

## HEALTH CARE DIVISION

# Grant Application Guidelines

### WHO WE ARE

- **Mission**

To improve the quality of life and the quality of health for the financially needy of North Carolina.

- **Legacy**

The Kate B. Reynolds Charitable Trust is named for the late Kate Gertrude Bitting Reynolds, who was married to William Neal Reynolds, chairman of R.J. Reynolds Tobacco Company. Before her death in 1946, Mrs. Reynolds established the Trust to continue much of the work she had supported during her lifetime. Even as a young woman, Mrs. Reynolds was active in addressing issues that affect the quality of life for the most vulnerable — better wages and working conditions, access to health care, safe and affordable housing, and quality care for children of working parents.

- **Distinctiveness**

Even as the world has changed and evolved, we continue to face many of the same challenges to human potential identified by Mrs. Reynolds in the early 1900s. The opportunities to improve the quality of life and the quality of health for North Carolinians remain abundant. While many of the nation's philanthropies share an interest in helping the vulnerable achieve better futures and improving health and health care, the Kate B. Reynolds Charitable Trust has a unique mandate and perspective:

- **Geography** — the Trust serves the health and wellness needs of North Carolina and in Forsyth County fosters self-reliance and supports human services that assist with basic life needs.
- **Honoring Mrs. Reynolds' wishes** — seventy-five percent of the Trust's funding is dedicated to health care for North Carolina and twenty-five percent is dedicated to fostering self-reliance and supporting basic needs in Forsyth County.
- **Making a Difference** — the Trust exists to protect and improve the lives of those who need it most — vulnerable populations, the underserved, and the economically disadvantaged. We invest where we believe we can make the greatest difference today and in the future.

## ■ Key Commitments

Three key commitments shape the Kate B. Reynolds Charitable Trust's pledge to improve lives in North Carolina. The Trust seeks to be an unprecedented force for progress by living these commitments in all that it does:

- **Impact** — Having impact — *making a difference* — is the most critical commitment we share with our grantees. The degree of impact is the measure by which the Trust makes its decisions, sets its strategy, chooses its partners, and serves the financial need of North Carolina. The Trust believes in the **full circle of impact**:
  - Impacting positively on individual recipients
  - Enhancing self-sustaining and robust organizations
  - Effecting needed change and adding value in the communities we serve
  - Contributing to the broader efforts to improve the human condition
  
- **Innovation** — The Trust is committed to innovation — defined as the successful implementation of something *creative, relevant, and useful* — that takes us beyond the current standards of the field. We are not looking for novelty; we are seeking to test and apply **promising approaches** that have been fueled by creativity and have a keen eye for where making a difference matters most. It is as important that we determine where to innovate as how to innovate. The Trust is taking greater risks, considering new methods, and seeking new collaborations, partnerships, and connections to tackle today's challenges and prevent tomorrow's problems.
  
- **Influence and Leverage** — There are many pieces to the human potential puzzle. At the Trust, we seek to be both one of the pieces and part of the leadership working for systemic change. We see ourselves as having **multiple obligations** in this arena:
  - To have a big voice and represent the vulnerable of our state by speaking in support of the many organizations and agencies whose work we sponsor.
  - To be part of the social movement to improve people's lives and well-being, including influencing and advocating for policy change that benefits the most vulnerable.
  - To share our best practices and learn from others as full participants in the larger efforts to improve the human condition.
  - To collaborate proactively and work with others because we know that alone our resources will not be nearly as effective as working together.
  - To take a leadership role in bringing together the pieces of the human potential puzzle by convening the committed, integrating the inspired, and sharing the successful.

## HEALTH CARE DIVISION

- Through the Health Care Division, the Trust responds to health and wellness needs and invests in solutions that improve the quality of health for financially needy residents of North Carolina. The Health Care Division seeks impact through two program areas—Supporting Prevention and Providing Treatment. Within those program areas, the Trust has identified areas of emphasis and more specific areas of priority. Grant proposals within our areas of emphasis and areas of priority will be given a higher priority in our funding decisions.
  
- **Supporting Prevention** — promoting wellness by providing health information, health services, and systems level interventions before conditions occur or are diagnosed. Successfully supporting prevention will effectively reduce the need to provide treatment. These interventions may occur at the individual or community level.

<i>Area of Emphasis</i>	<i>Priorities</i>
<p>➤ <b>Disease and Illness Prevention</b> – Programs and strategies that focus on the identification and prevention of chronic diseases (e.g., diabetes, heart disease, cancer, stroke) and communicable diseases through interventions that target populations specifically at-risk of the disease or illness (e.g., tobacco users). Preventive dental services (e.g., hygiene and sealants) fall within this area of emphasis.</p>	<ul style="list-style-type: none"> <li>▪ <b>Diabetes</b> – Efforts to identify and support those most at risk of developing diabetes through strategies reflecting the best practices in the field.</li> <li>▪ <b>Mental Health and Substance Abuse</b> – Efforts to identify and support those most at-risk of impairment and addiction reflecting the best practices in the field.</li> </ul>

<i>Area of Emphasis</i>	<i>Priorities</i>
<p>➤ <b>Health Promotion and Wellness</b> – Strategies for improving the health of individuals, groups, and communities by providing them with the tools to make informed decisions about their well-being and modify their behaviors. For example, these activities could focus on increasing physical activity and good nutrition or decreasing risky behaviors such as substance abuse and tobacco use. Programs that are educational in nature or involve community outreach such as efforts to reduce infant mortality, promote health literacy, or reduce obesity fall within this area of emphasis.</p>	<ul style="list-style-type: none"> <li>▪ <b>Community Change</b> – Efforts to improve individual and community health outcomes. These include sustainable policy, standards, and practice changes within and between community stakeholders and institutions (i.e. schools, worksites, faith communities, neighborhoods, and municipalities.)</li> </ul>

- **Providing Treatment** — improving health outcomes by making available health and medical services for diagnosed and existing conditions. Assisting vulnerable populations in getting access to treatment positively affects not only the individual and families who are in need, but the communities in which they live.

<i>Area of Emphasis</i>	<i>Priorities</i>
<p>➤ <b>Access to Primary Medical Care</b> – Includes the fields of internal medicine, family practice, general practice, obstetrics, and pediatrics and providers such as nurse practitioners and physician assistants. Access to prescription medications falls within this area of emphasis. This area of emphasis does not include adult day health programs, dental care, hospice services, inpatient hospital care, or long-term care.</p>	<p>▪ <b>Providing a Medical Home</b> – Efforts to identify and secure medical home for all. In addition to episodic primary care, a medical home features coordinated care and one or more of the following – chronic disease management, medication assistance, and preventive care.</p>
	<p>▪ <b>Increasing Health Care Coverage</b> – Efforts to increase the number of low-income North Carolinians who have coverage. Includes increases in coverage supported by both the private and public sectors.</p>

<i>Area of Emphasis</i>	<i>Priorities</i>
<p>➤ <b>Mental Health Services</b> – Counseling and other behavioral health services including substance abuse services. To determine if a project falls in this area of emphasis, the Trust will look at the services that are provided rather than the population that is served. For example, vocational programs for adults with developmental disabilities would not fall in this area of emphasis. Counseling services within a domestic violence program would fall within this area of emphasis.</p>	<p>▪ <b>Developing or Strengthening a Continuum of Care</b> – Efforts that respond to both systemic gaps and gaps in individual care.</p>
	<p>▪ <b>Integrated Care</b> – Efforts that brings mental and primary health care providers together in concurrent assessment and treatment. Includes co-location and reverse co-location models.</p>
	<p>▪ <b>Substance Abuse</b> – Expansion of evidence-based treatment to those most in need. Priority will be given to those proposals that are consistent with the North Carolina Institute of Medicine’s Substance Abuse Task Force recommendations.</p>

<i>Area of Emphasis</i>	<i>Priorities</i>
<p>➤ <b>Diabetes Care and Management</b> – Providing medical care and self-management education intended to keep the illness under control and delay, diminish, or prevent its many debilitating impacts on both physical health and quality of life. For example, these may include programs for people recently diagnosed with diabetes performed in an outpatient hospital setting or may involve the implementation of a heightened level of standardized care in a community clinic setting, among others.</p>	<p>▪ <b>Access to Quality Medical Care</b> – Efforts to provide a physician coordinated team that consists of a comprehensive initial patient evaluation and a continuum of care. Teams may include mid-level practitioners, nurses, dietitians, pharmacists, and mental health professionals. Proposals that use cost-effective care without compromising patients’ needs are of particular interest.</p>
	<p>▪ <b>Patient Self-Management</b> – Efforts to provide individualized self-management planning to include glycemic control, reasonable physical activity, and psychosocial care and support as recommended by the American Diabetes Association.</p>

## WHAT WE FUND

### ▪ Types of Grants

The Trust funds grants that benefit the financially needy. This includes both **direct services to people in need and support for the organizations, groups, and ideas** that can lead to grassroot changes and systemic improvements. We are committed to increasing support for those efforts that lead to long-term change. The Trust funds:

- **Operating programs** — generally for new programs or the expansion of existing programs and occasionally for short-term "bridge funding" for an existing program when there is a reasonable expectation of the availability of a new source of revenue in the near future.
- **Capital projects** — generally for construction/renovation projects or for equipment purchases (see "Additional Guidelines for Capital Projects").
- **Capacity building** — includes support for efforts to increase the likelihood that grantees will be measurably more effective overall. Examples may include staff and board development activities; leadership programs; organizational and resource development planning; core business operations support and training; and technology-based systems enhancements.
- **Technical assistance** — short-term capacity building activities related to the achievement of outcomes for a specific grant funded by the Trust. Examples may include use of consultants or training on new program methodologies.
- **Program planning** — for the development of specific operating programs within the areas of emphasis at the Trust's discretion.

The Trust usually does not fund:

- General operating expenses, but rather makes grants for a specific program or project
- Programs or projects ordinarily supported by government funds
- Community assessments
- Processes for organizational accreditation
- Support for grantee staff to pursue a degree or other intensive education and training
- Medical research

### ▪ Terms

- Grants are awarded usually for short-term projects with no more than a three-year commitment.
- Grants in the program area of Supporting Prevention may be awarded for a period of up to seven years.

## ▪ **Amounts**

- Multi-year grants are awarded ordinarily in decreasing annual amounts.
- Grant amounts are awarded in proportion to the number of financially needy individuals who will benefit. Common definitions of financially needy that are generally accepted by the Trust include: those living at or below 200% of the federal poverty level; those who are eligible for Medicaid; those who are uninsured; and those who qualify for the free/reduced school lunch program.
- Grants usually are not awarded as the total means of financial support but preferably in conjunction with other sources.
- The Trust does not prescribe maximum grant amounts for operating programs. The maximum grant amount for capital construction projects is \$150,000. The maximum grant amount for capital equipment projects is \$100,000. Exceptions may be made for capital projects that serve an extremely high number of financially needy individuals.

## ▪ **Overhead/Indirect Costs**

Ten percent will be added to all approved grants for operating programs to cover indirect expenses associated with administering a grant from the Trust. The maximum allowed is \$50,000 over the life of the grant. This additional 10% award excludes grants made to granting organizations, such as foundations or the United Way.

## ▪ **Existing Positions**

The Trust will fund existing positions only to the extent that they are a direct expense for the grant program.

## ▪ **Additional Guidelines for Capital Projects**

- **Construction Projects**
  - If a Certificate of Need (CON) is required, the CON must already be approved at the time of application.
  - Groundbreaking should occur within one year of application submission.
  - Grants may be awarded to pay down existing loans and mortgages if the debt has existed less than one year prior to the application to the Trust. Grants are not awarded to replenish an agency's reserves.
  - Grants are not awarded for projects that involve only the acquisition of land.
  - Governmental entities are not eligible for capital construction projects.
  - Funding priority will be given to projects that meet the following criteria:
    - The agency or the primary project site is located in a low-wealth county (Tier 1).
    - The agency has limited access to capital financing.
    - The agency would be hard pressed to meet operating expenses with a debt service.
    - Most of the funding needed for the project is identified, and the plan for the balance appears to be realistic and probable.

- **Equipment Purchases**
  - Funding priority will be given to projects that meet the following criteria:
    - The agency or the primary project site is located in a low-wealth county (Tier 1).
    - The request is for medical equipment as opposed to furniture and office equipment.
  - Applicants should make every effort to review the equipment as to quality, exact specifications, and best price.
  
- **Public Policy Advocacy**
  - Any grants made for advocacy will be initiated by the Trust. The Trust's funding for advocacy will focus on convening, education, and research.
  
  - While the Trust is not currently accepting applications that focus primarily on advocacy, we will potentially fund advocacy as a part of a larger grant program.
  
- **Evaluation and Research Studies**
  - Our commitment to measuring impact means that we are willing to consider support for evaluation costs within program budgets and may require it for some projects.
  
  - Grants may be made to support well-conceived studies that clearly define health problems in North Carolina and assist the Division in achieving its mission.
  
- **Rare exceptions could be made to any guidelines at the Trust's discretion.**

## WHO IS ELIGIBLE FOR FUNDING

- **Eligible Organizations**
  - Your organization is eligible for grants from the Trust if it has qualified for exemption under Section 501(c)(3) of the Internal Revenue Code and it is not a private foundation or a Type III supporting organization [as defined by Section 509(a) of the Code]. Your organization is also eligible if it is a governmental entity. Grants are not made to individuals.
  
  - Grants are not awarded to an organization to be used as pass-through funds for another organization that is not a 501(c)(3) public charity or governmental entity.
  
  - Grants may be awarded to a faith-based organization only if the organization has qualified for exemption under Section 501(c)(3) of the Internal Revenue Code.
  
- **Recurring Grantees**
  - The Trust may choose to fund select organizations on a recurring basis. Organizations may not apply for this status but would be selected by the Trust based on its areas of emphasis and priorities.

## APPLICATION PROCESS

### ▪ **Advance Consultations**

An advance consultation with a member of the Trust staff is the first step of the application process. Telephone consultations, at the staff's discretion, may be appropriate for some applications. Consult Trust staff to schedule an advance consultation.

### ▪ **Submission of the Application**

- Health Care Division application deadlines are March 15 and September 15 or the first business day thereafter if the deadline falls on a weekend or a holiday.
- In order to be considered, applications must be submitted online by the close of business on the deadline day.
- Applications will only be accepted online via the link found on the Trust website.

### ▪ **Review and Notification**

- Applications are assessed based on multiple criteria including:
  - **Area of emphasis/priority** — is the request in an area of emphasis for the Trust?
  - **Impact** — how significant is the impact that is proposed in the request? What difference will the project make and to how many people? Are the results likely to be long-term? Is the model replicable?
  - **Organizational capacity** — how capable is the applicant of achieving the stated impact? Has the organization had past success with similar projects? How strong are the organization's leadership and financial stability?
- Priority is also generally given to applications that:
  - Affect **Tier One** counties.
  - Involve **community-based collaborations** where the applicant organization is working together with local organizations such as schools, human services agencies, government, churches, or neighborhood associations.
  - Demonstrate **integrated care** where interdisciplinary health care providers — whether they be outpatient, inpatient, medical, dental, or mental health — collaborate to provide the best possible health outcomes for the target population to create a continuum of care.
  - Strive to effect **systemic change** where the program causes governmental, community, or organizational systems to change in a way that achieves better health outcomes. This may mean public policy initiatives, institutionalization of best practices, or creating efficiencies.
- Funding decisions are made at the discretion of the staff, advisory board, and Trustee according to these priorities as well as other factors, including the availability of funds.
- The Health Care Division advisory board meets in late May and late November to evaluate the proposals and make recommendations to the Trustee. Notification of funding decisions generally occurs within 90 days of application deadline.

## ▪ **Grant Requirements**

- **Reports**
  - The Trust is successful when its grantees are successful. We will follow up with grantees on a regular basis during the grant period and shortly thereafter to request reports verifying the implementation of the grant program or project as well as the impact that it has had. We will also be seeking input as to what you learned from the experience and what the Trust should learn as well.
- **Audits**
  - At the Trust's discretion, organizations that receive grants may be asked to provide certified public accounting audits that cover the entire duration of the award.

## APPLICATION FORMAT

### ▪ **Operating Programs vs. Capital Projects**

The Trust has developed two different applications — one for capital projects and one for operating programs.

- Use the application for capital projects if the primary purpose of your request is construction/renovation and/or equipment. If the majority of funds requested are for capital expenses, then use the application for capital projects.
- All other proposals should use the application for operating programs.
  - This includes both direct services for individuals as well as collaborations, capacity building, planning grants, and studies.
  - Applications for operating programs may include some capital expenses if they are related to the specific program.

### ▪ **Completing the Application**

- Our application is available to you through our web site at [www.kbr.org](http://www.kbr.org).
- You will be asked to provide organization information (including tax ID), answer application questions, and submit attachments for your budget and other documents.
- Your responses should be designed to fit the word limit indicated per question.

**NOTE:** These guidelines are subject to modification. Please check our web site for potential updates each time you submit an application.