

## 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.

## Application Questions for Operating Programs

### Organizational Capacity

1. What is your organization's mission?
2. What have you achieved in the past three years to advance your mission?

### Your Participants

3. What issue are you addressing? How many individuals or groups within your focus area are affected by it?
4. Describe the participants who will be included in your program. How many are financially needy? Are the participants different in any way from the full population you described in question three?

### Your Impact

5. What impact are you committed to achieving? How many of the participants will achieve that impact?
6. How many of the participants would be likely to achieve the anticipated impact if your program did not exist?

### Your Program

7. Describe the work for which you seek funds. What approach will you use to achieve the anticipated impact?
8. Is your approach backed by evidence of success? If so, what is it?

### Tracking to Success

9. How will you know when your impact has been achieved? What information or evidence will you use to verify success and/or make course corrections in your program?
10. What do you most want to learn from this program?

Please visit [www.kbr.org](http://www.kbr.org) to submit an application.

HEALTH CARE DIVISION  
Application Tips for *Operating* Programs

ORGANIZATIONAL CAPACITY

1. What is your organization's mission?

**Tips:** We see “mission” as what you are trying to accomplish. It describes the overall purpose of your organization. Your mission answers the question, “Why does the organization exist?” The best mission statements are short and clear. We are especially interested in how your mission gives you concentration and focus — discouraging you from taking on programs that are not related to your mission. If your organization is very large, for example a university, please provide the mission for the overall organization as well as the mission for the most relevant subgroup — that is, the department, division, or school.

***Example:** The Neighborhood Health Center of the East (NHCE) was founded in 1988 to provide health care services to low-income persons in Davis County. Our mission is to respond to the health care needs of all with quality and respect — regardless of the ability to pay.*

2. What have you achieved in the past three years to advance your mission?

**Tips:** Please know we are much more interested in how many people have improved their lives than how many people have been served. We do not equate growth or volume with achievement. Focus on the tangible human gains you have created for those you serve. We are less interested in how many new programs you have started and more interested in what success the participants in those programs have achieved. Please emphasize any measurable achievements that are relevant to this grant program.

***Example:** Over the last three years, we have continued our organizational and patient success. Major achievements are as follows:*

- *Developed agreements with Community Hospital and Doctor's Hospital for specialty care services at our clinic site. These services were previously unavailable in Davis County.*
- *Reduced waiting times for patients from one hour to 25 minutes through implementation of a better system of patient management. This allows us to see more patients and maintain a higher level of respect for the patient's time.*

- *Implemented a best practices model of care for patients with asthma that ensures they all have a specific care plan and that parents of asthmatic children are heavily involved in teaching their children about the disease. This has reduced emergency room visits by 30% for our patients with asthma.*
- *Developed a successful fundraiser that now contributes \$10,000 annually to the scholarship fund for those patients unable to pay our \$15 co-pay.*

## YOUR PARTICIPANTS

3. **What issue are you addressing? How many individuals or groups within your focus area are affected by it?**

**Tips:** State the issue in clear terms as it is experienced by people who are affected by it. Focus on the set of local people who are affected by the issue. It is not necessary to speak to national impacts. We want to understand the ongoing issue as it relates to people — not just a static condition of need. When it comes to a number, we do not want you to have to conduct original research. Just rely on existing data or even on estimates by those most in a position to know.

***Example:** Diabetes is an extremely serious health issue in Davis County. There are an estimated 4,000 adults with diabetes in the county, and the impact of the disease can be extreme, affecting patients' ability to work, care for their families, and enjoy a quality of life. The numbers of residents dying from the disease has doubled in the last five years. Our patient caseload indicates that 1,500 of our 7,000 active patients have been diagnosed with diabetes. Of the 1,500 patients, 1,300 are under age 65, 1,200 are overweight or obese, and 750 are African-American.*

4. **Describe the participants who will be included in your program. How many are financially needy? Are the participants different in any way from the full population you described in question three?**

**Tips:** We view it as a sign of strength that an organization has identified the people who are most likely to benefit from a particular approach. In the nonprofit world, it is rare that one program is always the best for everyone.

Any grants made by the Trust must benefit the financially needy. While other individuals may benefit from the program, grant amounts are awarded in reasonable proportion to the number of financially needy individuals who will benefit. For example, if 40% of the people you will serve are financially needy, the Trust will not fund more than 40% of the program.

It is critical that you estimate the number of financially needy individuals who are likely to benefit from your program. 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.

We are looking for a specific picture of the people you will be serving. They may be facing multiple barriers to improving their quality of health. They may be different from the full population, based on their age, race/ethnicity, income, education level, or the neighborhood where they live.

*Example: Our program will target the 500 diabetics under age 65 who are over 50% of their ideal weight and are employed full-time. Based on our patient information, 70% of these patients live at or below 200% of poverty. The majority live in the three neighborhoods surrounding the NHCE and are African-American. Most are employed in low-wage retail or low-skill hourly jobs. Only half graduated from high school. 20% have private insurance; 5% have Medicaid; and the remainder are uninsured.*

## YOUR IMPACT

### 5. What impact are you committed to achieving? How many of the participants will achieve that impact?

**Tips:** This is a very important question to the Trust. We are looking to achieve impact with our grant funds. We are successful when our grantees are successful. Consider what success means for you.

Please state clearly your desired impact, but come back and revisit this question before you finalize your application. The impact that you have stated should make sense relative to the entire program and should be realistic, given the participants and the nature of the services provided. Please put the number who will achieve the impact in the context of the total number you will serve.

The impact is what patients get from what you offer. The fact that people have completed a program, read your materials, participated in counseling, or attended a workshop is not an impact. This distinction is critical. Please focus on changes in behaviors and conditions for people — not on their activities in your program or their level of satisfaction. We are looking for impact (what changes for your participants), not process (what you do for your participants).

In most cases, a program succeeds because people change their behavior — for example, quit smoking, or exercise regularly. We encourage you to focus on behaviors rather than attitudes such as self-esteem. The value of a change in attitude is what the participant can now achieve because of it. We also consider changes in behavior to be a stronger impact than changes in knowledge. Just because someone knows that exercise is healthy does not mean that he/she will start exercising.

***Example:** We will work with 500 obese diabetics under 65. After one year of the program, 50 patients will be within 25% of their ideal weight. After two years, 125 patients will be within 25% of their ideal weight. At the end of the three-year program, 200 patients will be within 25% of their ideal weight.*

*The blood glucose levels (HbA1c) for the group will be reduced by 20% by the end of the grant period. Based on a chart audit, it is estimated that the average HbA1c levels for these patients is currently 8.6. The American Diabetes Association considers diabetes to be under control when the result is 7.0 or less and recommends that action be taken when the results are over 8.0. Decreases in HbA1c levels will slow to prevent the development of other complications such as eye, kidney, and nerve disease for these patients.*

*Diabetes-related emergency room visits will be reduced by 50%. Based on a chart audit, it is estimated that 5% of these patients have experienced a diabetes-related emergency room visit in the last 12 months.*

**6. How many of the participants would be likely to achieve the anticipated impact if your program did not exist?**

**Tips:** The success of your program is not only about achieving the desired impact. It is actually the difference between your impact and what would have happened without you. At least some individuals presumably would achieve success without the program. For example, a program for people with diabetes gets 60 people out of 100 in the program to keep their blood glucose levels within normal limits. If the evidence suggests 20% of people like those served in the program would maintain normal blood glucose levels on their own, the value of the program is 40 people maintaining their blood glucose levels, not 60.

We are not asking you to do original research. Just rely on whatever information exists at the most specific level you can get it. Past rates of achievement in a school or neighborhood are better than a city or county. Rates for a city are better than rates for the state or the nation. If no information exists, use the most educated guess you can find. Often people like health educators or guidance counselors

can look at a description of your participants and tell you with reasonable accuracy about how many are likely to experience a certain outcome.

This question does not apply only to programs seeking impact on an individual level. For example, if your program is working on systems-level change, then your approach to this question might be somewhat different. In the previous question, you have told us what will happen to the system if your efforts are successful. For this question, please tell us what would most likely happen without the efforts that you propose in your application.

***Example:** Of the 500 obese diabetics under 65 that we will work with, a good estimate based on our past clinical experience is that no more than 25-35 would lose significant amounts of weight without this targeted intervention. Lower-income people, many of whom have been overweight all their lives, are the least likely persons to lose weight and maintain weight loss — particularly with the many barriers related to food choices in their neighborhoods, lack of opportunity for exercise, and the struggles with taking care of their disease.*

## YOUR PROGRAM

### 7. Describe the work for which you seek funds. What approach will you use to achieve the anticipated impact?

**Tips:** Most programs are not a random set of activities. They are a coherent strategy designed to achieve a result. Please do not offer us a detailed work plan. Rather, tell us a few core elements of your particular way of addressing an issue and why you think it is the best way to engage participants and help them reach the desired impact.

***Example:** Our approach has three key elements: (1) A faith-based mentoring program that matches area residents who have successfully lost weight with those in need of support; (2) Integration of an exercise program into the care plan for every patient in the program, which includes working with an exercise physiologist to design a fun fitness program for the entire family; and (3) Coordination with employers to encourage the program participants (and other employees) to participate in daily worksite wellness activities. This program uses a variety of activities to connect with patients where they are every day — both at home and in the workplace. It also uses role models from local churches, which play a key role in the communities where the patients live.*

**8. Is your approach backed by evidence of success? If so, what is it?**

**Tips:** In most cases, your approach will have been used before — either by yourself or others. If your approach has any kind of evidence of past success, tell us what it is. In some cases, the approach may even rise to the label of “research-based” or “evidence-based.” The strongest kind of research and evidence shows that the approach achieves results.

***Example:** Our approach has not been piloted specifically for a low-income diabetic population. It does utilize proven interventions that have been successful in school-based, worksite wellness, and parish nurse programs. Of particular interest to us has been the work of the National Diabetes Group (NDG) and their successful partnership with the cities of Williamton and Turnersville. They were able to work with obese diabetics in health department clinics and following them through to home and work settings with great success. We saw this presentation at the state health department meeting for rural health clinics and followed up with the NDG for help with designing our program.*

## TRACKING TO SUCCESS

**9. How will you know when your impact has been achieved? What information or evidence will you use to verify success and/or make course corrections in your program?**

**Tips:** Foundations often ask you for an evaluation plan. We are much more concerned that you look at assessment as an integral part of what you do to track and verify success. Verification is about determining whether or not you achieved your stated impact. Think of it this way: how will you know when to celebrate success?

Please describe the software or other tools you are using and how these tools generate information for improving the program, not just reporting on it. We are interested in the information received by both front-line workers and program directors. We are also interested in how you use the data to change and improve the program. To generate information, you may be able to use existing measuring instruments and observations and reports by others, as well as self-reported behaviors.

***Example:** We will be verifying the impact of the program, using a number of ongoing methods. These will include:*

- *Monthly receipt and review of all emergency room data from area hospitals for diabetic-related visits of the program’s patients. Written agreements are in place to share this information, which will be transmitted to the program coordinator and the physician for analysis.*

- *Bi-weekly weight information will be reviewed by the program coordinator and physician as part of regular case review conferences.*
- *Blood glucose (HbA1c) data will also be reviewed by the program coordinator and physician as part of regular case review conferences.*

## 10. What do you most want to learn from this program?

**Tips:** High performing organizations make learning intentional in everything they do. In most programs, you are making one or more key assumptions. For example, if we offer the program in the evenings, more people will attend. It is your expectation that an activity prompts a certain consequence but it may well be far from a certainty. In that case, your learning might be to test an assumption.

This question is unique to your organization. Why is it important to do this program? What do YOU want to learn? From every grant program, you can potentially learn something that can be shared within your organization or with others to improve the health care system and/or the quality of health for program participants. Remember that a key test of whether you have learned something is whether or not you are doing something differently. If you have really learned something, then you will likely change some behavior as a consequence.

**Example:** *We want to learn whether focusing on weight loss — rather than on diabetes as a disease — can be a stronger intervention for this group of patients who often have a difficult time understanding the complexities of the disease. We believe that losing weight will have an immediate positive impact for this group and that we have developed a program that has enough clinic, home, and work support systems to have an excellent chance of success. We also want to learn if this multi-pronged approach is an effective way to help individuals with diabetes maintain their weight loss over time — and therefore achieve better control of their disease.*

## Application Budget Instructions

- Develop a complete budget for your operating program or your capital project. Include expenses by category and income by sources for the period you are requesting funds. If this is a multi-year request, please show income and expenses by year.
- You will be asked to attach a budget at the end of the online application process. Your budget file should be formatted to not exceed two pages when printed. If you need to summarize because of space limitations, you may submit an additional detailed budget to help Trust staff better understand your program or project. Because the advisory board will only see the information you provide in the main 1-2 page budget, do not use “See Attached.”
- Under your income sources, include the specific amount (or amounts by year) you are requesting from KBR. Do not lump our funds under a broader line item such as “Foundations.”
- If your application is for an operating program and therefore eligible for the additional 10% for indirect expenses, do not include the additional 10% in your request to KBR. This will be added by Trust staff when grants are approved.
- Indicate for which expense line items KBR funding will be used. Do not request KBR funds for indirect expenses.
- Be sure to check that your projected expenses and projected income balance.
- If any of your expense line-items would benefit from additional explanation, please provide the details at the bottom of the budget.
- If your budget includes additional grant funding (other than KBR funds), please indicate the ones that are pending by placing an asterisk (\*) next to those income sources. Note at the bottom of the budget the likelihood of receiving these funds and the date by which you expect to learn of the approval/disapproval of funds.
- Again, your complete budget—including the listing of income and expenses as well as any explanation needed for other foundation funding or specific expense line-items—will be uploaded as one file as a part of the online application and should fit 1-2 pages when printed.
- Other than these instructions, there is no required format for the budget.

Please visit [www.kbr.org](http://www.kbr.org) to submit an application.

**Kate B. Reynolds Charitable Trust**  
**Operating Budget Example**

Year One		
EXPENSES	Total Cost	KBR Funds
Director - 15% (Salary & Fringe)	11,000	
Program Coordinator - 100% (Salary & Fringe)	52,000	52,000
Travel/Mileage	1,000	
Office Supplies	500	
Program Supplies	500	500
Training	1,500	1,500
Advertising/Publicity	250	
Rent/Utilities/Phone/Etc.	1,200	
Miscellaneous	250	
<b>Total</b>	<b>\$68,200</b>	<b>\$54,000</b>

Year One	
INCOME	Amount
Agency Fundraising/ Reserves	6,700
County*	7,500
Kate B. Reynolds	54,000
<b>Total</b>	<b>\$68,200</b>

Year Two		
EXPENSES	Total Cost	KBR Funds
Director - 15% (Salary & Fringe)	11,330	
Program Coordinator - 100% (Salary & Fringe)	53,560	40,170
Travel/Mileage	1,000	
Office Supplies	500	
Program Supplies	500	
Training	0	
Advertising/Publicity	250	
Rent/Utilities/Phone/Etc.	1,300	
Miscellaneous	250	
<b>Total</b>	<b>\$68,690</b>	<b>\$40,170</b>

Year Two	
INCOME	Amount
Agency Fundraising / Reserves	20,020
County*	8,500
Kate B. Reynolds	40,170
<b>Total</b>	<b>\$68,690</b>

Year Three		
EXPENSES	Total Cost	KBR Funds
Director - 15% (Salary & Fringe)	11,670	
Program Coordinator - 100% (Salary & Fringe)	55,167	27,584
Travel/Mileage	1,000	
Office Supplies	500	
Program Supplies	500	
Training	1,500	
Advertising/Publicity	250	
Rent/Utilities/Phone/Etc.	1,400	
Miscellaneous	250	
<b>Total</b>	<b>\$72,237</b>	<b>\$27,584</b>

Year Three	
INCOME	Amount
Agency Fundraising/ Reserves	34,653
County*	10,000
Kate B. Reynolds	27,584
<b>Total</b>	<b>\$72,237</b>

## **Budget Notes: Expenses**

Director - The director will provide oversight to this position utilizing 15% of his time. Annual cost of living increases of 3% are calculated in the second and third years.

Program Coordinator - This is a new position to the agency. The individual will be licensed and credentialed. The Trust is requested to fund this position at 100% in year one, 75% in year two, and 50% in year three. Annual cost of living increases of 3% are calculated in the second and third years.

Travel - The coordinator will travel to the sites where the program will be conducted. Mileage is calculated at the current federal rate of \$0.485/mile.

Office Supplies - General office supplies for the new position.

Program Supplies - These are supplies specific to conducting this program including flip charts, markers, snacks, etc.

Training - The new program coordinator will need to attend the formal training session for this program. This training is held annually in Raleigh.

Advertising / Publicity - This will be promotional materials that are available through the training session that can be purchased to promote the program locally.

Rent/Utilities/Phone/Etc. - General overhead costs that will be covered by the agency.

Miscellaneous - As this is a new program to the agency, there may be unexpected costs. This line item will allow us to cover those unexpected costs.

## **Budget Notes: Income**

\*County funding is approved for the first year. We do expect to continue to receive the funding from the county, but it will be approved each Spring prior to the program year. In the event the county ceases to provide funding for this program, the agency is prepared to pick up the lost funding with agency reserves.

Agency funding is board approved.

## Application Attachment Instructions

When completing your application online, you will be prompted to attach the following documents:

- **Project Budget:**  
See separate application budget instructions.
- **Board list:**  
A list of members of your board of directors. Please indicate the titles of the Officers of the board.
- **IRS Determination Letter (non-governmental entities only):**  
Copy of most recent IRS letter indicating current name and 501(c)(3) status.
- **Current Audit (non-governmental entities only):**  
Applicant organizations are required to provide their most recent certified public accounting audit or advise us in writing if an audit has never been done.
- **Current Fiscal Year Organizational Budget (non-governmental entities only):**  
Current fiscal year budget with a statement of year-to-date income and expenses.
- **Specifications Sheet (equipment purchases only)**

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