



**Samaritan**

**Health Services**

[www.samhealth.org](http://www.samhealth.org)

3600 NW Samaritan Drive Corvallis, Oregon 97330

*Building healthier communities together*

**BUILDING HEALTHIER COMMUNITIES TOGETHER**

**SAMARITAN HEALTH SERVICES  
GOOD SAMARITAN REGIONAL MEDICAL CENTER**

**Request for Proposals**  
January 1 – December 31, 2021

Applications Due: September 25, 2020

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**SAMARITAN HEALTH SERVICES, INC.  
SOCIAL ACCOUNTABILITY GRANT  
GOOD SAMARITAN REGIONAL MEDICAL CENTER**

**BUILDING HEALTHIER COMMUNITIES TOGETHER**

A commitment to enhance community health has been central to the mission of Samaritan Health Services, Inc. (SHS). This commitment includes collaborating with community organizations to assess and meet community health-related needs. By investing in best practice initiatives that address those needs in partnership with local organizations, SHS supports its goal of building healthier communities together.

**BACKGROUND/PURPOSE**

Since 1997, SHS has contributed to community health and well-being through annual Social Accountability Grants, distributed to community organizations across Benton, Lincoln, and Linn counties. These grants are awarded through a selection process that takes place at each SHS-affiliated hospital. Grant proposals are invited according to identified community health needs as indicated through formal assessments and other means.

**GRANT FUNDING AVAILABLE**

The amount of grant funding available varies by site and availability. SHS affiliate hospitals will fund programs at a **minimum** of \$5,000 each funding cycle. Grants awards will be announced in the winter of 2020 based on funding availability.

**ELIGIBILITY**

Governmental entities, 501c3 non-profit organizations, and coalitions located within the hospital service area are eligible to apply for funding. Coalition applicants must designate a governmental entity or a 501c3 non-profit organization also located within the hospital service area to receive funding on behalf of their project.

**INELIGIBILITY**

The following are ineligible to apply for Social Accountability grants:

- Organizations that practice discrimination by race, gender, religion, age, sexual orientation or national origin
- Nationally recognized service organizations (i.e. Rotary, Lions, Altrusa, etc.) unless they are part of a community coalition
- Programs/Events where SHS-affiliated programs/services are direct beneficiaries
- Capital construction or renovation projects
- Event/Award sponsorships
- Political campaigns
- Religious organizations for religious purposes
- Private individuals

**GRANT GUIDELINES**

In order to be considered for a Social Accountability Grant, invited proposals must address one of the Samaritan Health Services goal areas and one of the community priorities listed below.

**Each goal and priority includes equity, diversity and inclusion**

**Goal 1: Healthy Families** – Increase physical activity, fitness and access to nutritious foods for children and families.

**Priorities** –Poverty, Food Insecurity

**Goal 2: Greater Access** - Increase access to medical, dental and mental health supports and services in the community.

**Priorities** -Access to medical care, Access to dental care, Access to mental/behavioral health care, Chronic Disease, and Substance Use Prevention & Treatment

**Goal 3: Better Networks** - Increase social supports for families.

**Priorities** – Homelessness, Housing, Transportation,

**Goal 4: Healthy Kids** - Increase services and supports for children.

**Priorities** - Child abuse and/or neglect

**Goal 5: Healthy Teens** - Increase services and supports for adolescents.

**Priorities** – Access to medical care, Access to dental care, Access to mental/behavioral health care, Chronic Disease, and Substance Use Prevention & Treatment

**Goal 6: Healthy Seniors** - Increase social support for seniors.

**Priorities** - Access to medical care, Access to dental care, Access to mental/behavioral health care, Chronic Disease, and Substance Use Prevention & Treatment

And meet the following:

- Focus on unmet needs in underserved populations;
- Be collaborative, involving partnerships with Samaritan Health Services or other local community organizations;
- Located and provide services within the Benton County region;
- Focus on prevention, with an emphasis on improving the health status in the community that includes equity, diversity and inclusion;
- Focus on a specific program or project within the agency or organization;
- Use quality indicators to measure progress, reporting results and sharing them widely to attract more resources;
- Plan for self-sufficiency; and
- Be fiscally responsible.

Requests MAY include the following:

- Funds for travel to accomplish the goals of the project/program/service may be included in these requests. Funds are not provided for travel to conferences and meetings.
- Requests may include funds for supplies, equipment and salaries to implement the program or project. Funds are not to be used for administrative overhead.

## **GRANT PERIOD**

The grant period will begin January 1, 2021 and end December 31, 2021 based on funding availability. Successful grant applicants will be announced in the winter of 2020.

## **CRITERIA**

Each of the following criteria must be taken in consideration when preparing grant proposals. The criteria are not listed in the order of importance.

- Clearly documented need for the project
- Detailed description of the proposed project that includes how health equity, diversity and inclusion is addressed
- Measurable results
- Feasibility in relation to time
- Budget, matching funds or the potential of further financial support

## **APPLICATION DEADLINE**

Applications **must** be received no later than 4:00 p.m. on September 25, 2020 to **Samaritan Health Services, Samaritan Square, 815 NW 9<sup>th</sup> Street., Suite 201, Corvallis, OR 97330**. Email copies are acceptable; however, we will not accept faxed copies.

## **REPORTING REQUIREMENTS**

Progress Reports: Successful applicants will be required to submit progress reports in July 2021 to reflect the work from January 1, 2021 – June 30, 2021.

Final Report: A final report will be due in January 2022 to reflect program activity from January 1, 2021 through December 31, 2021.

## **GRANT APPLICATION REVIEW MEETING**

A grant information meeting will be conducted to offer further guidance. All agencies and organizations that intend to apply for a grant are strongly encouraged to attend the review meeting. The meeting is scheduled for the valley on August 20, 2020, 10:00 a.m. using the Microsoft Teams platform.

[Join Microsoft Teams Meeting](#)

1 971-254-1254 United States, Portland (Toll)

Conference ID: 764 670 34#

## CONTACT INFORMATION

Additional information and guidance are available by contacting:

JoAnn Miller  
Samaritan Health Services  
815 NE 8<sup>th</sup> Street Suite 201  
Corvallis, OR 97330  
541.768.7330  
[jomiller@samhealth.org](mailto:jomiller@samhealth.org)

Rochelle (Shelley) Hazelton  
Samaritan Health Services  
1100 NE Circle Blvd. Suite 100  
Corvallis, OR 97330  
(541) 768.5256  
[rhazelton@samhealth.org](mailto:rhazelton@samhealth.org)

## APPLICATION INSTRUCTIONS

Applicant must respond to each section of the application within the assigned page limit. Each section must be numbered and include a clearly identified heading title. All applications must be double-spaced, paginated, no less than a 12-point font and **not exceed 8 pages**, including the cover page. Any application not adhering to these instructions will not be accepted for funding consideration. Applications must be an original if submitted through the US Postal Service or as an attachment in a **Word** or **PDF** format in an email. Completed applications must be received no later than 4:00 p.m. on September 25, 2020 at **Samaritan Health Services, Samaritan Square, 815 NW 9<sup>th</sup> Street Suite 201, Corvallis, OR 97330.**

The application should include the following components, in the following order:

Cover Page: *List the name of the hospital you are applying for funding at the top*

1. Project Title (please limit to 80 characters)
2. Applicant Information:
  - a. Applicant Organization Name
  - b. Contact Name
  - c. Organization Address (including city and zip code)
  - d. Organization Telephone and Fax Numbers
  - e. Contact Email Address
3. Request for Funding:
  - a. New Applicant or Previously Funded Applicant (If previously funded, indicate each year of funding and how much was received)
  - b. Total Amount Requested

Project Narrative:

4. Organization Overview: Provide a brief description of the organization requesting funds. Include organization mission and vision statement. Also include the target population and the geographic location your agency currently serves. (1-page limit)
5. Need: Identify the need for the project and include local or regional data to justify the need. Identify the target population for the project as well as the geographic location. (1-page limit)

6. Project Description: Describe in detail your proposed project including goals, objectives, activities and outputs that includes equity, diversity and inclusion. Also explain why the applicant organization has the capacity to implement the proposed project. (2-page limit)
7. Timeline: Include a timeline that shows when project activities will be implemented and when project outputs are anticipated. (1-page limit)
8. Budget: Prepare a complete budget of the requested project using the categories in the included budget example. (1page limit)
9. Budget Narrative: On a separate page provide a budget narrative to explain how requested funds will be used to support the project. Also describe how the project will continue and sustain itself once funding has ended. (1-page limit)

**BUDGET EXAMPLE**

Prepare a budget for all sources of income and itemized expenses for your proposed project. Income and expenses should be equal.

**INCOME**

- Amount of grant request – **minimum** of \$5,000.
- Other funding sources – list other sources of funding or in-kind support expected
- Total estimated project income

**BUDGET INCOME FORM**

<b>RESOURCE</b>	<b>AMOUNT</b>
Grant Request	
Other Funding Sources	
In-Kind Contribution	
<b>TOTAL</b>	

**EXPENSES**

Each expense category asks for total project expenses for that category. Space is provided to detail what portion of that category will be paid from this grant and what portion will be provided in-kind or from other sources.

- Personnel – salaries, wages and fringe benefits for staff time devoted to this project
- Materials
- Supplies
- Travel – transportation, lodging and related expenses
- Printing/Photocopying – educational and promotional materials and costs
- Marketing/Advertising
- Incentives – items provided to encourage or reward participation
- Other

**BUDGET EXPENSE FORM**

<b>ITEM</b>	<b>GRANT REQUEST</b>	<b>IN-KIND</b>	<b>OTHER SOURCE</b>	<b>TOTAL</b>
Personnel				
Materials				
Supplies				
Travel				
Printing/Photocopying				
Marketing/Advertising				
Incentives				
Other				
<b>TOTAL</b>				