



Illinois Children's  
Healthcare Foundation

## **2010 Request for Proposals Strengthening the Capacity of the ILCHF Oral Health Network**

### **Instructions for Completing the ILCHF Online Application**

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- Before you begin be sure you have read the open RFP thoroughly and are certain your organization and/or initiative qualify for the funding being offered.
- Make sure you have your organization's Employer Identification Number (EIN) from either the most recent IRS Form 990 or IRS Determination Letter ready when you enter the system. You will need it to establish your application file.
- Ensure copies of your organization's most recent key financial documents – IRS Form 990, Audited Financial Statement, IRS Letter of Determination – are all available to you in an electronic format to attach to your submission when you submit it. Instructions on how to submit these documents are in the form itself.
- There are several other documents that we ask be submitted electronically as well. If you are not able to submit them electronically, then you may mail them to our office, however they must be received by the application deadline date of 1<sup>st</sup> round May 7, 2010 and 2<sup>nd</sup> round October 1, 2010, or your application will be deemed incomplete and not considered.
- Remember that you may save your work in progress and return to make changes at any time before the RFP close date(s). After that date, the system is turned off and you will not have access to your application drafts or be able to submit documents electronically any longer.

**For any questions you may have about the application process, please contact:**

Bob Egan, Senior Program Officer  
Oral Health Initiatives  
[bobegan@ilchf.org](mailto:bobegan@ilchf.org)  
630.571.2555

Or

Debra Pitts-Brown, Foundation Manager  
[debrapittsbrown@ilchf.org](mailto:debrapittsbrown@ilchf.org)  
630.571.2555

### **Completing the Electronic Application Form**

(Note: All items in the application marked with an asterisk are required.)

#### **Eligibility Quiz**

The first time you enter the system to create an application you will be asked to complete an *Eligibility Quiz*. This short quiz provides key information that will enable qualified organizations to move forward in the application process. If you are denied access to the system, please call our office to discuss your organization's eligibility.

#### **Section 1 – General Information**

Please provide information as requested.

#### **Section 2 – Contact Information**

Please provide general information for the key contact for the proposal and the head of your organization or college/university/hospital department if different than you. All items in the application marked with an asterisk are required.

##### **\*Contact Person Information** (who we should call with questions about the proposal)

- Enter information about the key contact person for this application in the event they are different from the person entered in the first section
- For Phone/Fax numbers enter only the 10-digit number – no punctuation

##### **\*Executive Director/President/Department Chair Information**

- Enter all information required
- For Phone/Fax numbers enter only the 10-digit number – no punctuation

#### **Section 3 – Organization Information**

Please provide general information about your organization including its background and Board of Directors.

##### **\*Organization Information**

Enter information required

- For *Organization Type* and *Auspices*, select the answers from the drop-down boxes that most closely describe your organization
- For Phone/Fax numbers enter the 10-digit number – no punctuation
- The "Tax ID" number requested should be your organization's EIN number you used when entering the online system
- Tax status – select the appropriate response based on your IRS letter of determination

## **Organization Background**

You will need to be concise with your response to this question. If you run out of space, shorten your answer to the most critical information you want us to know about your organization.

### **\* Describing Your Board**

At the end of the application we ask for a list of your Board Members and their professional affiliations. For this question, we suggest you highlight key characteristics of the Board – do not list the members here individually.

### **\* Previous Funding**

You will need to report on all projects previously funded by ILCHF. Starting with the most recent, list the project title, dollar amount received and brief status report of each project. Also include the number of additional children the project proposed serving and the actual number served annually for the project once it was fully operational.

## **Section 4 – Specific Project Descriptions**

This is the section that provides us with the pertinent information about the proposed project. It is vital that you be specific with your responses. All items in the application marked with an asterisk are required.

### **Project Description**

#### **\* Project Title**

This will be used frequently in a variety of documents/communications and used to differentiate different requests from the same organization.

#### **\* Specific Request**

Describe your specific request in one or two sentences and how many children will be served annually by the project once it is fully operational.

*Example: We seek funding to hire a consultant to provide training in surgical procedures in our federally-qualified health center that will provide approximately 500 surgeries to low income children annually from throughout our County.*

#### **\* Statement of Need**

Be sure to use local oral health statistics and/or research here. Data from a national study may help substantiate your project's focus, but they will not provide the information we need to understand the real need for services in your community, county or region. Be sure to include pertinent patient population information.

**\* Strategies and Related Activities**

Your response to this question should flow from the previous one - the strategies you are proposing should clearly address the need you've outlined.

**\* Collaborative Partners**

The success of any project depends on a number of people involved in its planning and execution. While your agency may be taking the lead on it, there may be other agencies who have contributed expertise, who will help deliver a portion of the services, or who may be working to change public policy related to your work. Include them along with other funders who have committed dollars towards the project you are proposing to ILCHF. Later in the application we ask that you submit a list of these partners along with contact information. Be sure they are aware that we may reach out to them with questions during the review process.

**\* Cultural Competency**

What does your organization do to ensure staff members or contracted employees are prepared to address the unique needs of the specific population of children you serve?

**\* Recruitment & Retention**

Describe the process you will use to attract new staff needed for this project and how these positions will be sustained past ILCHF funding or if they are time limited positions.

**\* Start/End Dates**

Implementation of grant-funded projects for the 1<sup>st</sup> round of funding will begin October 1, 2010 and end on September 30, 2011. These are the only dates allowable in the fields.

**\* Request Amount**

Enter the amount of funding you are requesting from ILCHF in this box – do not include the "\$" sign and please round to whole numbers only – no cents.

**\* Allocating the Dollars Requested**

The budget spreadsheet that you will submit as part of your application contains the specific budget detail. Your response to this question should focus more generally on the broader categories of expenses. For example, *"We will hire one case manager to fully integrate oral health into the overall health services provided at our clinic."*

**\* Total Project Budget**

Enter the total dollar amount required to implement the project you are proposing. This includes dollars you and/or others will be contributing. This box and the one above would be the same number if you are requesting all of the proposed project's costs from ILCHF.

**\* Sustainability of Proposed Project, if applicable**

The answer to this question is very important. Because the funding being offered is for a limited time, the ILCHF Board of Directors wants to be sure that any grant awarded is an investment in a project that will be able to continue without any additional funding from the Foundation. Be specific with your response and include information on other funders, reimbursements for services, etc. that might begin once an initial Foundation investment is made.

**\* Project Goals**

List the overall goals for the project, or the change you anticipate making. You can be relatively brief here because you will also create and submit a logic model as part of your application (*note: there are separate instructions on our web site to help you develop the logic model for your project*).

**\* Project Evaluation**

Describe how you will track the progress of your project overall and the timing involved. Please indicate how the barrier this project is addressing, will further impact your organization's overall oral health outcomes. We're also interested in how you plan on using the information you gather to make modifications to the project or your organization overall. You can be relatively brief here because this information is also included in the logic model you will create and submit as part of your overall application.

**Project Demographics**

**\* RFP Category**

There is only one selection you can choose "2010 Oral Health – Strengthening the Network RFP"

**\* Program Area**

Please select "oral health".

**\* Funding Type**

Please select "regular grant".

**\* Age Group**

Please select up to three responses that cover the largest percentage of the population you will serve first and the others in descending order. For example, if the project you are proposing serves mostly children ages 0-5, then select that response and leave the others blank. If, however, your project serves a combination of children ages 0-13, select the group that represents the largest percentage in the first box, and then the second group in the next box and so on. Only one answer is required for this question.

**\* Ethnicity**

Please select up to three responses that describe the largest percentage of the population you will serve first and the others in descending order. For example, if the project will serve 60% Hispanic, 35% White/Non-Hispanic and 5% other, then you would select Hispanic for the first box, White/Non-Hispanic for the second box and enter nothing in the third box. Only one answer is required for this question.

**\* Gender/Population Served**

Select the best single response for each.

**\* Geographical Area Served**

Please select the portion of the state where the majority of the project will be implemented – NOT where your organization is located. You can refer to the map on the Online Application page in the Funding from ILCHF section of the web site for more details.

**\* Type of Support**

Please select "program support"

**\* Children Served**

Enter the general number of ADDITIONAL children your project will serve for each ethnic group. Enter zero for any population group your project will NOT serve.

**\* Total number of children to be served**

The numbers entered in the previous 7 boxes should total up to this number.

### **Section 5 - Submission Instructions**

Remember that the required attachments must be included with the application when you submit it through the online system. If you have difficulty with this step, please call our office *BEFORE* the closing deadline of May 7, 2010 for the 1<sup>st</sup> round and October 1, 2010 for the 2<sup>nd</sup> round, to discuss it with a program officer. You may be able to submit all/some of the required attachments via mail, but they must be received by the RFP closing date of May 7, 2010 for the 1<sup>st</sup> round and October 1, 2010 for the 2<sup>nd</sup> round, or the application will be deemed incomplete and not considered for funding. Once we have received your application, you will be notified by email.

### **Section 6 – List of Required Attachments and Uploading Instructions**

Electronic documents we require with the application:

- A copy of your *IRS letter of exemption* verifying your nonprofit status
- A copy of your organization's most recent *IRS Form 990*
- A copy of your organization's most recent *Audited Financial Statements*
- The *project budget* – this is an Excel spreadsheet template that is provided on our web site along with instructions (see "Online Application" page of site)
- A list of the members of your *Board of Directors* and their professional affiliations or most recent affiliation if retired
- *Logic Model and Indicators/Data Worksheet* for the proposed project – instructions and samples may be downloaded from our web site (see "Online Application" page of site)
- A signed *letter of support* for the project from the chair of your organization's Board of Directors
- Letters of support from *Collaborative Partners* including contact information – these letters should correspond to the answer you provided to the question about collaborative partners in Section 3 of the online application and be specific as to the role the collaborative partner will be playing on the team.
- The *Officer's Certification Form* signed by the CEO/President or Department Chair – this is a document that can be downloaded from our web site (see "Online Application" page of site)

In addition, **please mail separately** a copy of your organization's *most recent annual report*.

Instructions are provided in the online application for uploading the required electronic attachments.

**END**