**REQUEST FOR PROPOSALS**

**Comprehensive School-Based Health Center Program**

**Offered by PARTNERS for Equity in Child and Adolescent Health**

**Emory University School of Medicine, Department of Pediatrics**

[www.pediatrics.emory.edu/centers/PARTNERS](http://www.pediatrics.emory.edu/centers/PARTNERS)

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

**Background:** According to the 2016 KIDS COUNT Data Book, a study on the well-being of America's children, Georgia ranks 42nd in the nation in child well-being and 39th in education nationally. Georgia ranks in the bottom 10% in four categories: high-school dropouts; teens not attending school and not working; low birth weight babies; and children in single-parent families. In addition, over 189,000 of Georgia’s children are uninsured and as a result do not have a medical home and have very limited access to routine health care.

**Goals of the Comprehensive School-Based Health Center (SBHC) Program:**

* To increase access to quality health care (physical, behavioral, oral), improve the delivery of health services and improve the overall health of the children of Georgia.
* To improve the academic achievement of Georgia’s children through increased school attendance.
* To facilitate the expansion of school-based health centers throughout the state.
* To establish a state alliance for school-based health centers – Georgia School-Based Health Alliance (GASBHA).

Through the expansion of school-based health center services, children in Georgia will benefit from improved access to primary health care, improved health outcomes, and improved school attendance. The state will benefit from reduced costs to the Medicaid system through the reduction in inappropriate emergency room visits; hospitalizations for chronic illnesses

(i.e., asthma, diabetes, etc.); and transportation costs.

**Grant Purpose:** The purpose of this request for proposals is to stimulate planning and facilitate collaboration and community discussion to expand the number of school-based health centers in Georgia.

**Note:** PARTNERS for Equity in Child and Adolescent Health(PARTNERS)will provide technical assistance throughout the planning process as needed and requested.

**Award Amount: Up to $10,000.**

**Project Period: 12 months**

**Timetable:**

|  |  |
| --- | --- |
| April 9, 2018 | Publish, release, distribute RFP |
| April 23-25, 2018 | Potential grantees submit questions to PARTNERS for Equity in Child and Adolescent Health. Email questions to relli01@emory.edu |
| April 30, 20182:00pm – 3:00pm  | Statewide telephone conference to review RFP and respond to questions **Call-in # is 1-605-475-3220; access code 952430#** |
| June 11, 2018 | Proposal deadlineSubmit proposals to PARTNERS for Equity in Child and Adolescent Health, Department of Pediatrics Emory University Deadline via e-mail is 5:00 pmVia US mail, proposal must be postmarked no later thanJune 9, 2017 |
| July 9, 2018 | Award selection |
| July 23, 2018 | Award announcements |
| October 1, 2018 | Funds released |

**Successful proposals will demonstrate:**

1. How planning grant recipients will bring potential partners together in meetings, focus groups, planning teams, etc., to develop plans to improve the health of school students and their siblings. Potential partners should include, but are not limited to:
	* Local planning organizations, i.e., Georgia Family Connection Partnership collaboratives;
	* School systems, i.e., local school administrators (principals, teachers, etc.), school superintendents, school health personnel (nurses, social workers, counselors, etc.) and school boards;
	* Medical service providers and 3rd party payers, i.e., Community Health Centers, local hospitals/emergency departments, universities, private physician offices, Medicaid Managed Care Organizations, private insurers;
	* Medical and Training programs, i.e., academic centers;
	* Public Health Departments;
	* Behavioral and Mental Health Providers and organizations;
	* Community leaders;
	* Parents and PTA members;
	* Local businesses.

Proposals should provide letters of support from key planning partners. Partners should include but not be limited to the school superintendent; school board; local health department; community leaders; community medical providers; parents or PTA representative.

1. Strategic plans to engage and facilitate discussions with potential partners to develop and expand community support for the concept of comprehensive school-based health care. It is expected that successful grantees will provide the names and affiliations of advisory board members within two months of receiving grant funds. It is strongly recommended that parents of the school children you propose to serve be included as members of the advisory board.
2. Capacity for clinic development within the school:
	* Space allocation for **on-site** integrated primary care services
	* Potential providers
	* Potential funding grants or partners
3. Effective planning for resource development:
	* Capacity for grant writing
	* Facilitators
	* Data collection and analysis
4. The development of specific outcomes measures for use of grant funds.

**Budget:**

Grants will be approved for a 12-month planning period up to the amount of $10,000. The budget should include items for meeting facilitation, communications (i.e., postage, printing of flyers), community engagement activities, travel, office supplies, etc. Include in the budget the following expenditures:

* Membership in the School-Based Health Alliance. Visit their website at [www.sbh4all.org](http://www.sbh4all.org)

for information on this organization and their current organizational membership fee schedule.

* Three trips to Atlanta, Georgia during the grant year to attend vital grantee meetings/workshops (mileage and hotel, if applicable). Continental breakfast and lunch will be provided at each meeting.

**This is a planning grant. No funds are available for space renovation, furniture, medical equipment and supplies, and clinic operations.**

**Reporting:**

* At 6 months the grantee must submit a financial and progress report, to include a completed needs assessment.
* At the end of the 12-month planning cycle, the grantee must submit a completed project report and a financial report. The project report must reflect a summary of outcomes measures as documented in the grant proposal, i.e., number of partners/collaborators and collaborative meetings, grants written, and overall progress toward plan development, etc. It should also provide a draft business plan and a summary of strategies for ongoing SBHC development past the 12 month planning period.
* The PARTNERS staff will also conduct monthly telephone conferences with each grantee to receive updates and assess technical assistance needs. Participation in these monthly phone conferences is mandatory.
* An evaluator will be in contact with each grantee to collect data on partner engagement, community awareness and support, capacity building and plans for marketing, recruitment and resource development. Methods of data collection will include quarterly evaluation phone calls, community readiness interviews (at the beginning and the end of the grant year), and a survey of community partners at the end of the grant year.

**Contact and sources of additional information:**

For general information please contact Ruth Ellis @ 404-778-1402; e-mail: relli01@emory.edu

For questions on the RFP, join us April 30, 2018 for a conference call. See timetable above for call-in instructions.

Visit the Georgia School-Based Health Alliance website at [www.gasbha.org](http://www.gasbha.org) for information on activities in Georgia and various resources.

Please view a video on school-based health centers: <https://youtu.be/DJ0tB2DR23A>

**Submit proposals via US mail or Federal Express to**:

Ruth Ellis

Program Director

PARTNERS for Equity in Child and Adolescent Health, Department of Pediatrics

Emory University School of Medicine

49 Jesse Hill Jr. Dr. SE

Atlanta, GA 30303

**Submit proposals via e-mail to**: relli01@emory.edu.

**See Proposal Deadline on Page 2.**

**REQUEST FOR PROPOSALS**

**Grant Application Required Attachments**

**Please include a full description of your proposal based on guidelines outlined above.**

* An introductory letter describing the purpose and amount of the request.
* The one page “Grant Application Form” with pertinent contact information (Pages 6-7)
* A narrative **(no more than three pages)**:
	1. Describe the applicant organization and its history.
	2. List and describe factors within the community that would support the development of a school based health center, i.e., number of uninsured, limited number of providers and clinics in the community, limited number of school nurses in district, etc.
	3. Describe how you will facilitate planning, collaboration, coordination, and communication for the development of a comprehensive school-based health center within your community.
	4. List and describe current and potential partners. Describe how you are currently working together and how you will recruit additional partners in the development of a school-based health center.
	5. Outcome measures.
* Provide job descriptions for personnel who will be supported by these funds, if applicable.
* Provide a project budget, budget narrative and timeline for the project. (Sample budget is found on Page 8).
* 501(c)(3) status or name of fiscal agent.
* Most recent audit report of fiscal agent.
* Names of Board of Directors.
* Letters of Support (at least three). One should be from the local school system administration.

PARTNERS for Equity in Child and Adolescent Health

Emory University School of Medicine

Department of Pediatrics

**Comprehensive School-Based Health Center Program**

Grant Application Form

|  |
| --- |
| Date of Application: |
| Organization Official Name: |
| Otherwise Known as (DBA): |
| Organization EIN#: |
| Name & Title of Person to Contact Regarding this Proposal: |
| Email Address: |
| Telephone Number: |
| Fax Number: |
| Address: |
| City: State: ZIP: |
| Amount Requested: |
| Total Project Budget: |
| Overall Organization Budget: |

Organization Mission Statement:

Please summarize your request (one to three sentences):

PARTNERS for Equity in Child and Adolescent Health

Emory University School of Medicine

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Sample Budget

**INCOME**

 ***Source***

Government Grants

 Foundations

 Emory University PARTNERS for Equity in Child and Adolescent Health

 Corporations

 Individual Contributions

 Fundraising Events

 In-Kind Support

**TOTAL INCOME**

**EXPENSES**

 ***Item (Describe each line item in the budget narrative)***

 Consultants & Professional Fees (i.e., conveners; data gatherers/analysts)

 Membership Fees

 Travel

 Supplies

 Printing & Copying

 Telephone & Fax Charges

 Postage & Delivery

 Community Engagement Expenses

 Other (be specific)

**TOTAL EXPENSES**