



## Health Access RFP Proposal Questions

### Initial Proposal

United Way of Olmsted County (UWOC) is issuing this Request for Proposals to establish partnerships and invest in programs that improve the health of Olmsted County residents by improving access to physical, mental, dental, and/or behavioral health services.

Prospective partners are invited to submit a Round 1 Proposal by September 12 at 5 p.m. All proposals should be submitted through UWOC's online grants portal.

We recommend you aim for responses that fully answer the question as concisely as possible. We believe most questions can be answered in approximately one paragraph (3-7 sentences), unless otherwise indicated.

1. We are funding programs that improve people's access to health through one of the following program types. Please select one of the following that best aligns with your proposal:
  - *Direct care*: Programs that provide free or low-cost physical, mental, dental, and/or behavioral healthcare for uninsured or underinsured residents
  - *Peer support*: Programs that offer supportive mental health and/or addiction recovery services provided by a trained peer support specialist
  - *Direct support services*: Programs that provide direct health care and/or personal care support to assist individuals with physical, developmental, or intellectual disabilities to live safe and healthy lives
  - *Auxiliary services*: Programs that help people access healthcare through navigation, education, transportation, or other supports
  
2. Briefly describe the goals and activities of your program.
  
3. Explain how your program helps to address a specific, unique, and/or under-resourced need for the community(s) you serve.
  
4. Please describe your participant population. Who uses your services? (1-3 sentences)
  
5. How many people did your program serve last year? If you anticipate that the number of people served will change significantly in the coming year, please explain. (# of participants)

6. Equity is one of United Way of Olmsted County's core values. We define equity as the fair participation of everyone in a society in which all people can participate, prosper, and reach their full potential. Equity occurs when barriers based on race, gender, sexual orientation, and other identities are dismantled. Tell us how equity is embedded in your program and/or your organization. *For examples of what embedding equity may look like, please refer to our evaluation rubric. (2-3 paragraphs)*

### **Full Proposal (by invitation only)**

United Way of Olmsted County (UWOC) is issuing this Request for Proposals to establish partnerships and invest in programs that improve the health of Olmsted County residents by improving access to physical, mental, dental, and/or behavioral health services.

Prospective partners must submit a Round 2 Proposal (by invitation only) by November 3 at 5 p.m. All proposals should be submitted through UWOC's online grants portal.

We recommend you aim for responses that fully answer the question as concisely as possible. We believe most questions can be answered in approximately one paragraph (3-7 sentences), unless otherwise indicated.

1. Our goal with this investment is to serve low-income residents of Olmsted County, which we generally define as those living at or below 185% of [federal poverty guidelines](#). Please share participant demographics by income level (*e.g. 50% of program participants are living at or below 185% of federal poverty guidelines; 100% eligible for free school lunch*).
2. We recognize that racism shapes who has access to healthcare and good health. Please share participant demographics by race (*e.g. 30% of program participants self-reported as Asian American or Pacific Islander, etc*).
3. We invite you to share any other participant demographics that are relevant to your programming (such as age, gender, disability status, immigration status, home language) (*optional*)
4. How do your participant demographics shape the way you deliver your services?
5. How do you evaluate your program's effectiveness? Briefly describe your evaluation plans.
6. Please share recent participant outcome data to demonstrate how effectively your program supports people in improving their health (*eg. % of participants who maintain sobriety after 1 year; % participants who are connected to a primary care provider*).  
If available, please disaggregate your outcome data by race, income, or other key

demographics relevant to your program (eg. % of Black participants who achieve the outcome, % of Asian participants who achieve the outcome, etc)

7. Explain how your program gathers and uses feedback from participants to understand current community needs, anticipate new community needs, and adjust programming response accordingly.
  
8. We value learning mindsets, which include viewing challenges as an opportunity for growth. What is one program area you have identified for improvement and what steps are you taking to improve it?
  
9. How much funding are you requesting annually? This is the amount of grant funding you hope to receive each year of the 4-year grant. (*\$ requested*)

10. Does your organization currently have an active, multi-year grant from United Way of Olmsted County (whether for this program or another program)?

Yes/No/Not Sure

If Yes:

- a. A complete program budget, with all income and expense details.\*
- b. Your organization's budget

*\*We find that budgets help reviewers better understand program operations. Please note that United Way does not use overhead costs to prioritize proposals. We understand that your budget may change between now and the start of the grant period; budgets submitted now need not be final. Budgets may be submitted in your own preferred format; if you do not have a budget template of your own, a [sample](#) can be found on the [Budget Help Page](#) of our website.*

If No/Not Sure:

- b. A complete program budget, with all income and expense details.\*
- c. Your organization's budget
- c. Roster of your Board of Directors, including contact information
- d. Your IRS Determination Letter
- e. Your most recent IRS Form 990
- f. [Financial documents](#)

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