West Los Angeles Medical Center 2018 Grant Application

Celia Brugman, Community Benefit Health Manager

Kaiser Permanente Structure

Program Office	Regional	Local
National	Southern CA	12 Medical Centers
Oakland	Pasadena	West Los Angeles

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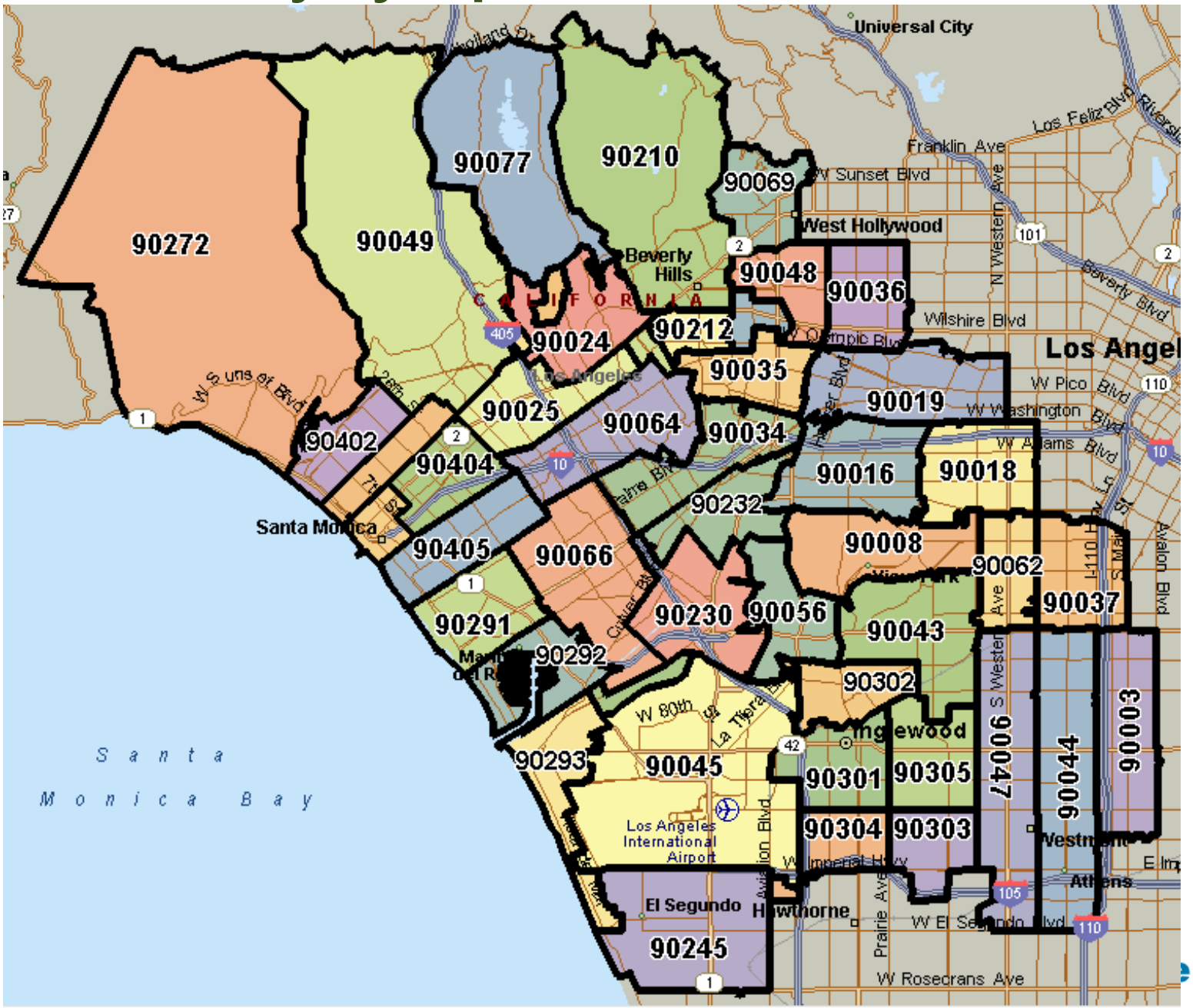
Local Grant Program

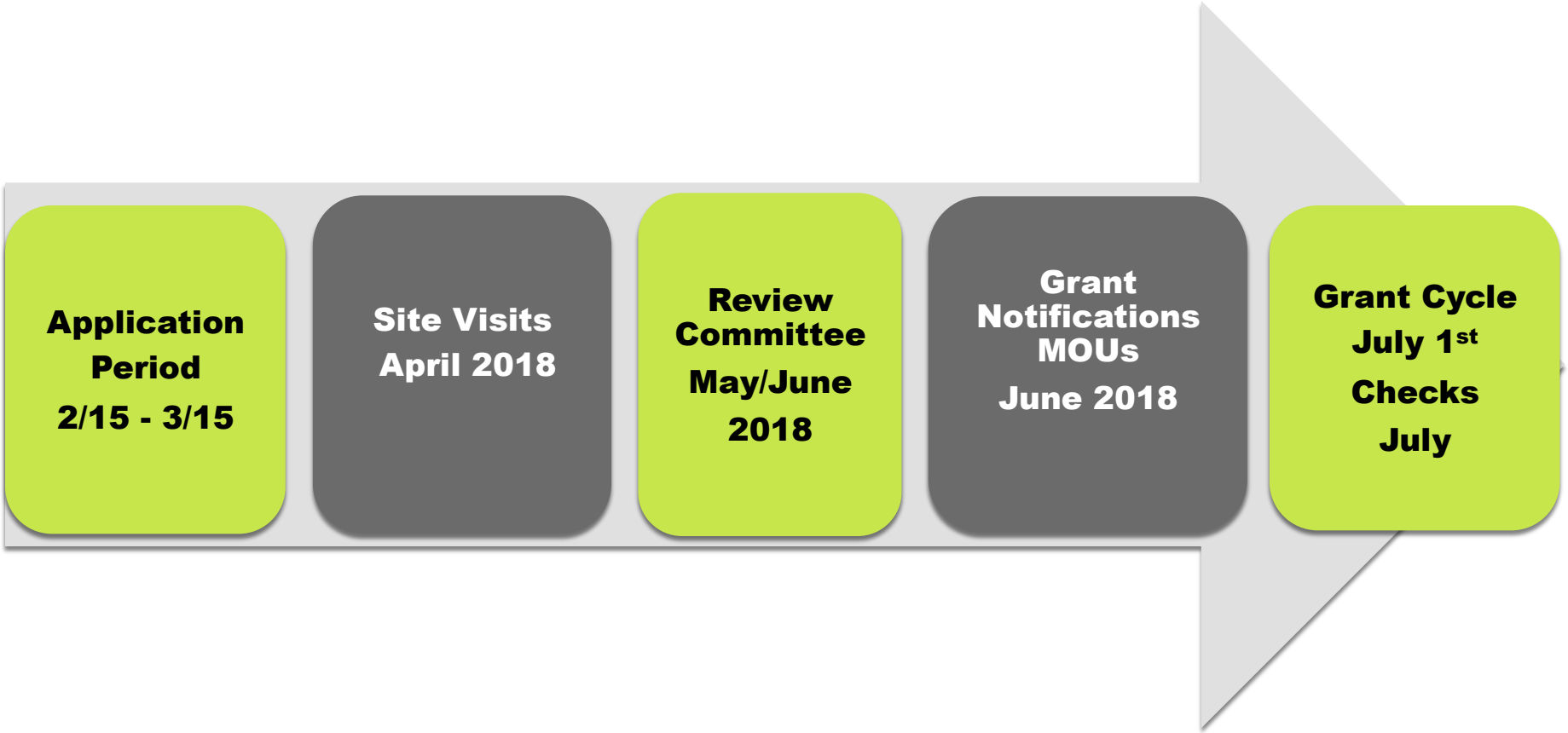
Eligibility

- To be eligible for a Community Benefit grant, an applicant organization (or fiscal agent), must have operations in California and be a local, state, or federal government agency operating for public purpose, or one of the following types of nonprofit organizations:
- 501 (c)(3) tax-exempt organization with a 509 (a) designation indicating that the organization is not a private foundation.
- 501(c)(19) –Veterans Organizations.
- 501 (c)(8) or 501 (c)(10) operating under a lodge system and only if used solely for charitable purposes and serving the general community.
- A local, state, or federal government agency, including any of its subdivisions that perform substantial governmental functions.

2017 WLA Territory by Zip Code



Grant Application Timeline



Key deadline: March 15, 2018 – 2:00 p.m.

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2016 – 2018 Community Health Needs

Priority Health Needs

Need 1. Access to Health Care
Need 2. Economic Security
Need 3. Mental and Behavioral Health
Need 4. Obesity/Healthy Eating Active Living (HEAL)/Diabetes

For more details, please visit:
http://community.kp.org/be-informed/service-area/west-los-angeles

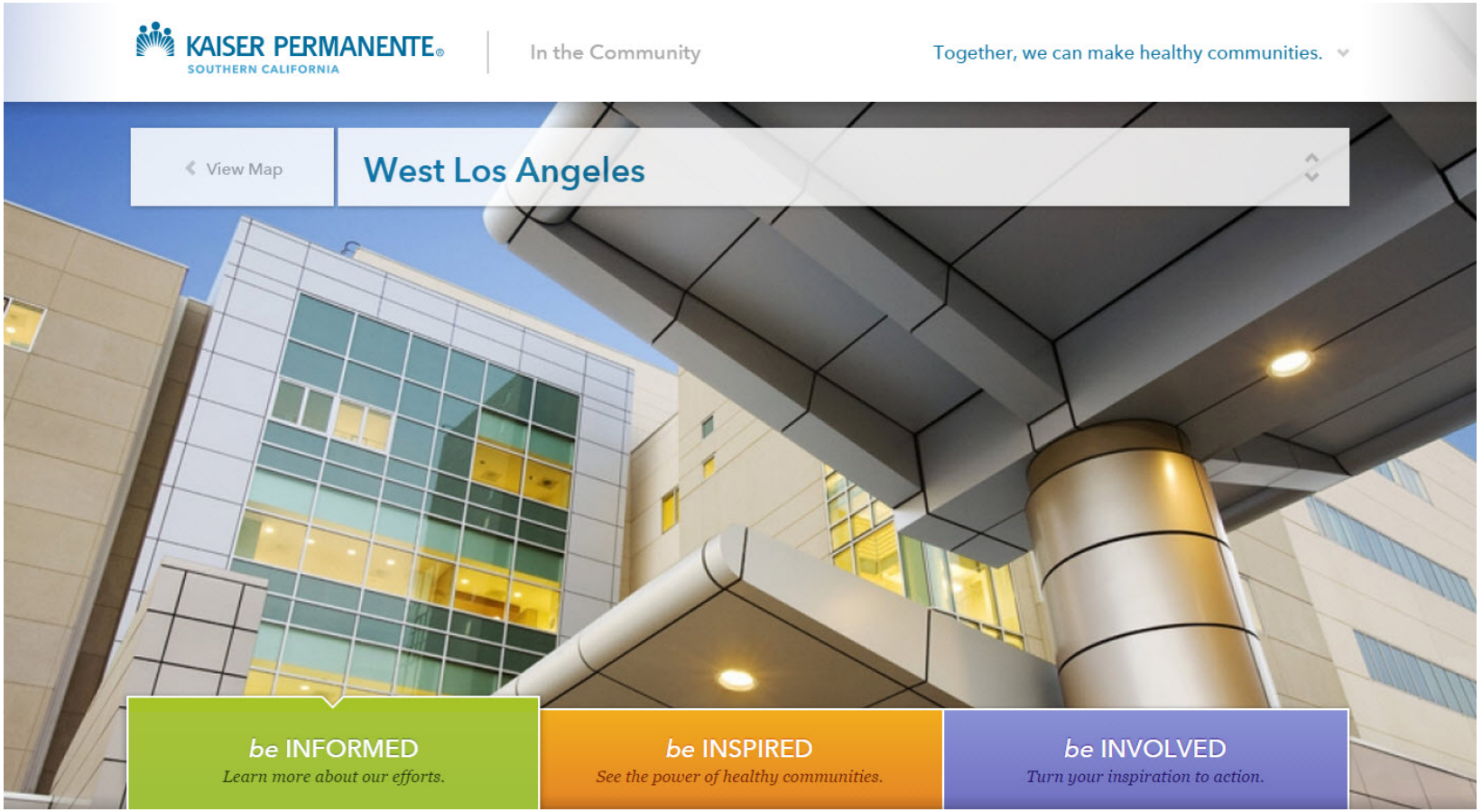
Evaluating Grant Proposals

Key Factors

- Project aligns with funding priorities and service area
- Specific, measurable, action-oriented, time-defined objectives
- Expected outcomes explain what you expect to change
- Budget (other funders besides KP)
- Population served (i.e. income levels, ethnicity & geography)
- Number of individuals served
- Previous KP funding and other KP funding
- Types of programs - evidence based/informed, multiple drivers
- Sustainability of project
- Collaboration and formal partnerships with other organizations
- Leveraging existing initiatives and resources
- Evaluations (submitted from previous years)

Online Grant Application Process

Apply online at **http://community.kp.org/west-la**



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Online Grant Application Process

Login page for new and existing accounts

Email Us | Logout

Please Sign In

In order to access our applications, you will need to establish an account with Kaiser Permanente.

If you do not have an account:

- Please create a new account by selecting the "New Applicant" link below and following instructions.

If you already have an account:

- Please login below with your account email address and password.
- If you receive the error message stating "Invalid e-mail or password" select the "Forgot Password" link and follow instructions to reset your password.
- If you have forgotten your password, please select the "Forgot Password?" link below.

E-mail

New Applicant?

Password

Forgot Password?

Login

Technical assistance e-mail: kp-community@kp.org

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Online Grant Application – Section 1

Introduction

Online Submission Process

- **SAVE THIS URL:** https://www.GrantRequest.com/SID_946?SA=AM. Use this link to access any Kaiser Permanente Community Benefit applications you may have started and/or submitted through our online process.
- When you are working on the online application form, you have the option to save your work and return to the application at a later time through the account you created.
- When returning to complete the form, please use the personal log-in link you received via email when this account was established. This link is the same as in the first bullet above.
- All applications must be submitted through this online form.
- You must complete items with a **red asterisk (*)**.
- Please review all information carefully to ensure it is complete and accurate, and that you have included all the necessary attachments.
- Printer-friendly versions of the application can be found at the top of the page.
- You will receive a submission acknowledgement.
- Once a grant application has been submitted, it cannot be edited or resubmitted.

Filing Deadline

- **The deadline for submitting your application is April 14, 2015, at 2:00 p.m.** Pacific time (PT)/5:00 p.m. Eastern Time (ET).
- *Please note: The time stamp on your application submission will be ET.*
- Every required document must be submitted by this date and time. We recommend you plan accordingly for uploading all documents and attachments.

Attachment Information

- **Attachments will be required throughout the application.**
- Please see the **Attachments** page for naming conventions and optional documentation.
- Each required document must be submitted.

Contact Us

Please direct any content-related questions to Celia Brugman, Community Benefit Health Manager, at (323) 857-3771. You may also send an email by selecting the "Contact Us" link at the top of this page.

Please direct any technical questions regarding the application process to Katherine Murphy, Sr. Data/Database Analyst, at KP-Community@kp.org or (626) 405-5999.

In your message, please enter "Online Application Question for West Los Angeles Medical Center" in the subject line. In the body of the email, state your questions or a detailed description of your technical difficulty. Be sure to include a phone number where you can be reached. We will respond as soon as possible.

Save & Finish Later | Next

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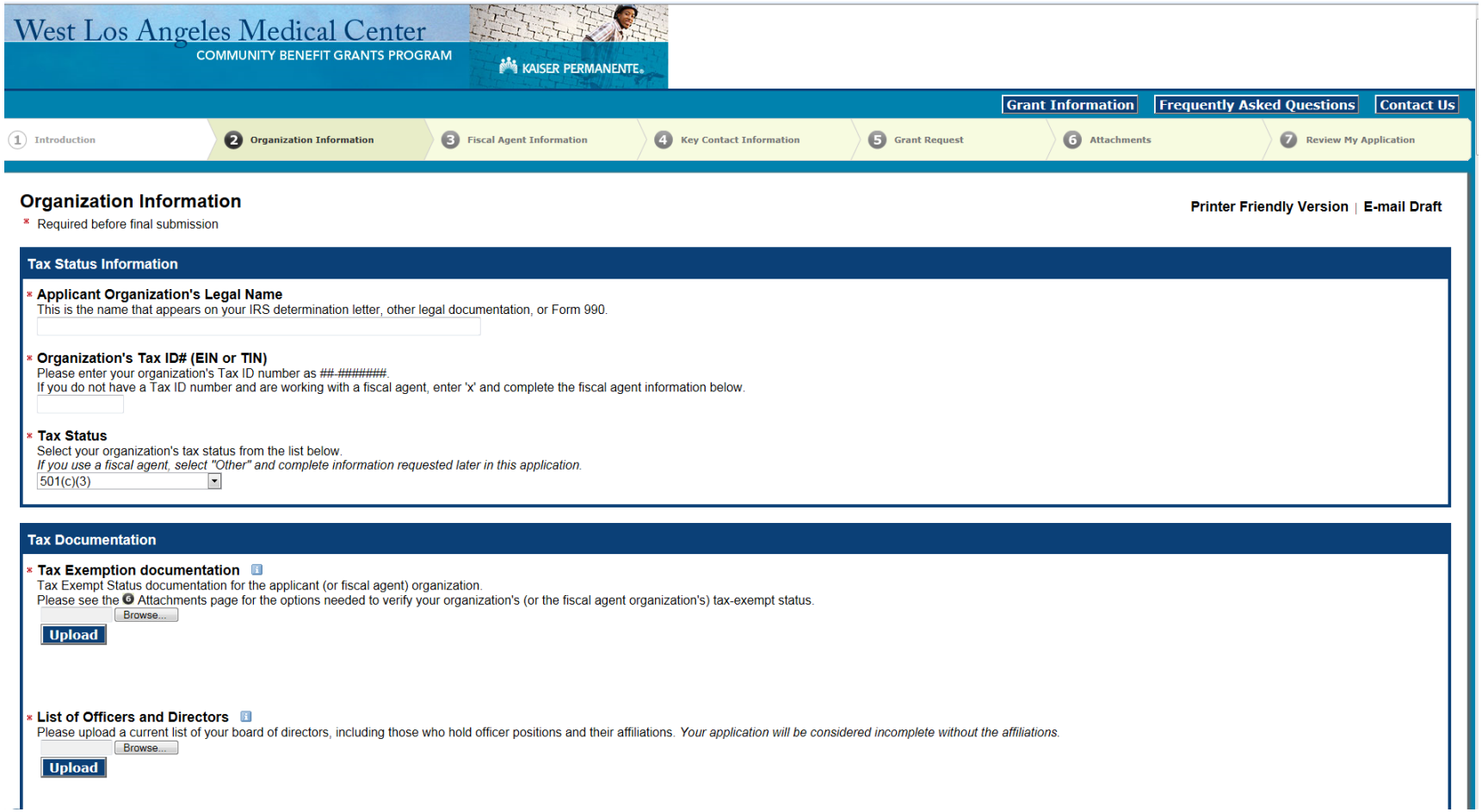
Online Grant Application – Sections 2, 3, 4

Organization and Contact Information



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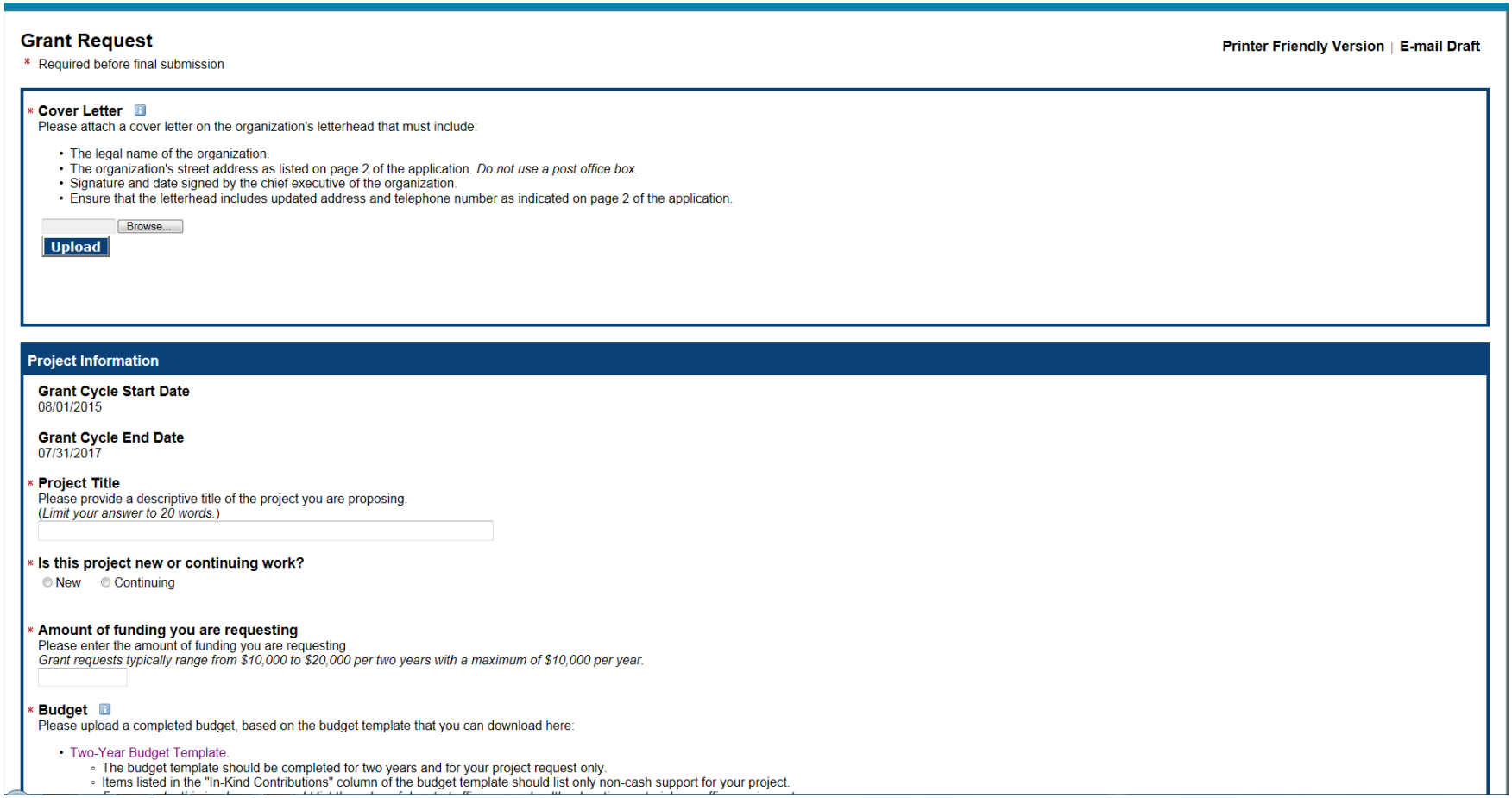
Online Grant Application – Section 5

Grant Request



Grant Request

* Required before final submission

Printer Friendly Version | E-mail Draft

* **Cover Letter**

Please attach a cover letter on the organization's letterhead that must include:

- The legal name of the organization.
- The organization's street address as listed on page 2 of the application. *Do not use a post office box.*
- Signature and date signed by the chief executive of the organization.
- Ensure that the letterhead includes updated address and telephone number as indicated on page 2 of the application.

Browse...

Upload

Project Information

Grant Cycle Start Date
08/01/2015

Grant Cycle End Date
07/31/2017

* **Project Title**
Please provide a descriptive title of the project you are proposing.
(*Limit your answer to 20 words.*)

* **Is this project new or continuing work?**
New Continuing

* **Amount of funding you are requesting**
Please enter the amount of funding you are requesting
Grant requests typically range from $10,000 to $20,000 per two years with a maximum of $10,000 per year.

* **Budget**
Please upload a completed budget, based on the budget template that you can download here:

- Two-Year Budget Template.
  - The budget template should be completed for two years and for your project request only.
  - Items listed in the "In-Kind Contributions" column of the budget template should list only non-cash support for your project.

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Online Grant Application – Section 5

Grant Request - Budget

- Excel Spreadsheet
- 3 sections to complete:
  - Personnel/Staffing
  - Program/Operating
  - Indirect/Overhead

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Community Benefit Grants Program

Budget

Organization Name:

Project Title: Date:

	Request from Kaiser Foundation Hospitals		In-Kind Contribution		Other Sources of Income		TOTAL BUDGET
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	
	00/00/0000	00/00/0000	00/00/000	00/00/000	00/00/000	00/00/000	
	00/00/0000	00/00/0000	00/00/000	00/00/000	00/00/000	00/00/000	
PERSONNEL/STAFFING (List title and % on project)							
1							$ -
2							$ -
3							$ -
4							$ -
Subtotal, Personnel/Staffing	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Benefits (_____ % of Personnel)							$ -
TOTAL, PERSONNEL	$ -	$ -	$ -	$ -	$ -	$ -	$ -
PROGRAM/OPERATING							
Office Supplies							$ -
Communications (e.g., printing, copying)							$ -
Postage							$ -
Telephone							$ -
Local Travel							$ -
Rent							$ -
Other:							$ -
1							$ -
2							$ -
3							$ -
TOTAL, PROGRAM	$ -	$ -	$ -	$ -	$ -	$ -	$ -
INDIRECT/OVERHEAD							
____% of Expenses							$ -
Subcontracts							$ -
Capital/Equipment							$ -
TOTAL, INDIRECT	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL (Personnel + Program + Indirect)	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Created 07/03/2012
Kaiser Foundation Hospitals, Southern California Region

* Note: It is the policy of Kaiser Foundation Hospitals that administrative overhead or indirect costs up to a maximum of 15 percent of total direct costs will be allowed. The following items must be omitted from the total direct costs calculation: subcontracts, capital improvements, and equipment purchases.

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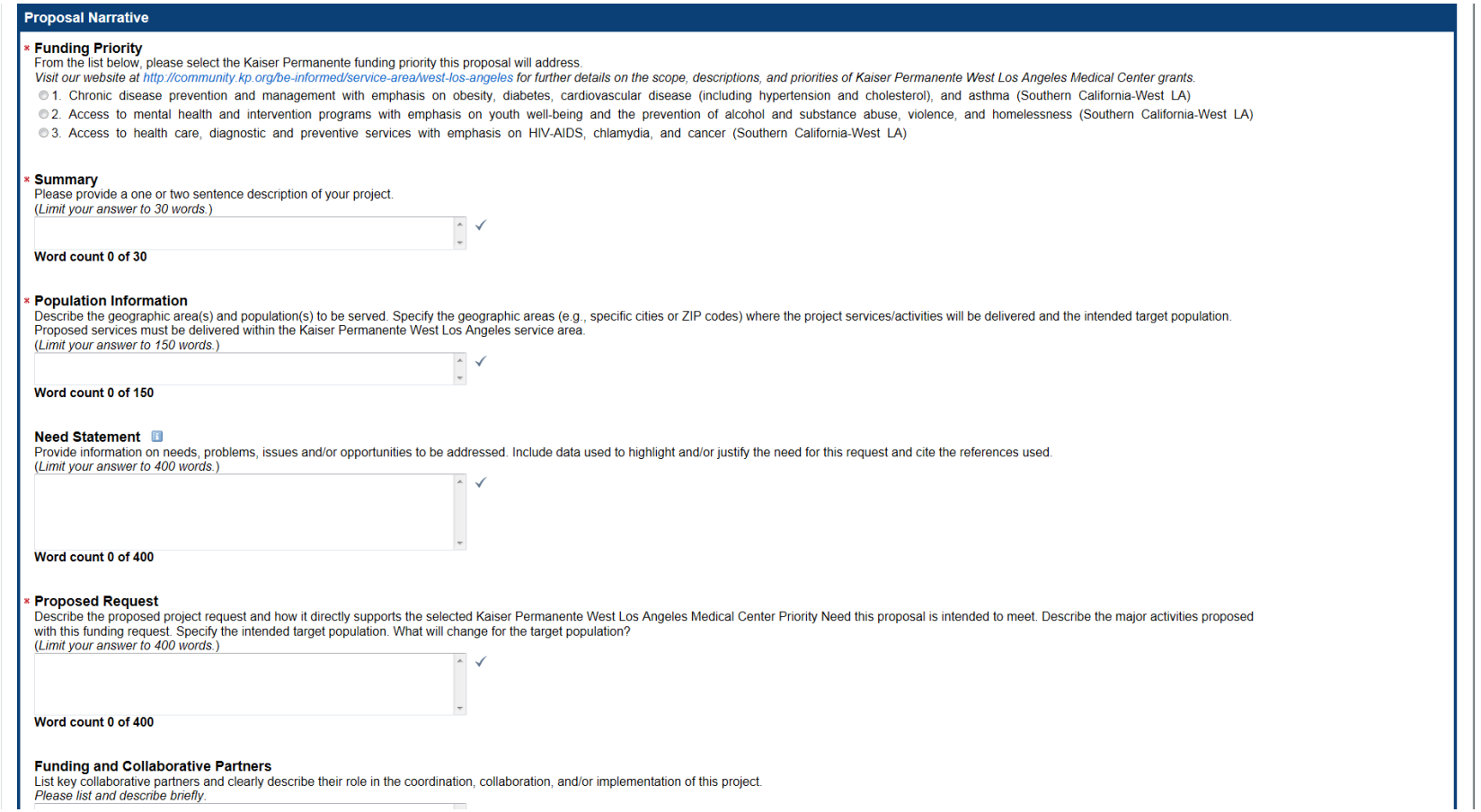
Online Grant Application – Section 5

Grant Request – Proposal Narrative



Proposal Narrative

* **Funding Priority**
From the list below, please select the Kaiser Permanente funding priority this proposal will address.
Visit our website at http://community.kp.org/be-informed/service-area/west-los-angeles for further details on the scope, descriptions, and priorities of Kaiser Permanente West Los Angeles Medical Center grants.

- 1. Chronic disease prevention and management with emphasis on obesity, diabetes, cardiovascular disease (including hypertension and cholesterol), and asthma (Southern California-West LA)
- 2. Access to mental health and intervention programs with emphasis on youth well-being and the prevention of alcohol and substance abuse, violence, and homelessness (Southern California-West LA)
- 3. Access to health care, diagnostic and preventive services with emphasis on HIV-AIDS, chlamydia, and cancer (Southern California-West LA)

* **Summary**
Please provide a one or two sentence description of your project.
(*Limit your answer to 30 words.*)
Word count 0 of 30

* **Population Information**
Describe the geographic area(s) and population(s) to be served. Specify the geographic areas (e.g., specific cities or ZIP codes) where the project services/activities will be delivered and the intended target population. Proposed services must be delivered within the Kaiser Permanente West Los Angeles service area.
(*Limit your answer to 150 words.*)
Word count 0 of 150

Need Statement
Provide information on needs, problems, issues and/or opportunities to be addressed. Include data used to highlight and/or justify the need for this request and cite the references used.
(*Limit your answer to 400 words.*)
Word count 0 of 400

* **Proposed Request**
Describe the proposed project request and how it directly supports the selected Kaiser Permanente West Los Angeles Medical Center Priority Need this proposal is intended to meet. Describe the major activities proposed with this funding request. Specify the intended target population. What will change for the target population?
(*Limit your answer to 400 words.*)
Word count 0 of 400

Funding and Collaborative Partners
List key collaborative partners and clearly describe their role in the coordination, collaboration, and/or implementation of this project.
Please list and describe briefly.

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Online Grant Application – Section 5

Grant Request – Objectives, Outcomes, Activities, Measure of Success

* **Measureable Objectives**
Briefly list three primary objectives for the proposed project.
(*Limit your answer to 75 words per objective.*)

Word count 0 of 225

* **Expected Outcomes**
List three outcomes linked to the measurable objectives of your proposed project (listed above). What do you hope to achieve by implementing this project? It is important that outcomes be meaningful and related directly to your objectives.
(*Limit your answer to 75 words per objective.*)

* **Plans and Activities**
Describe plans and activities to accomplish the goals and objectives.
(*Limit your answer to 200 words.*)

* **Long-Term Strategies**
Describe long-term strategies for funding this work.
(*Limit your answer to 100 words.*)

Word count 0 of 100

* **Measure of Success**
Describe how the success of your work will be defined and measured for the objectives and outcomes (listed above). Include data and other information you will use to document how the project is achieving its objectives and outcomes, i.e., how it's measuring its success. If applicable, include evaluation methods that the project will use, e.g., timelines, how data is collected.
(*Limit your answer to 100 words.*)

Word count 0 of 100

* **Key Staff and Responsibilities**
List key project staff and volunteers on the project and describe their responsibilities.
(*Limit your answer to 100 words.*)

Word count 0 of 100

* **Challenges and Opportunities**
Provide relevant information on challenges, both internal and external, confronting the proposed project. Describe how you will mitigate those risks.
(*Limit your answer to 250 words.*)

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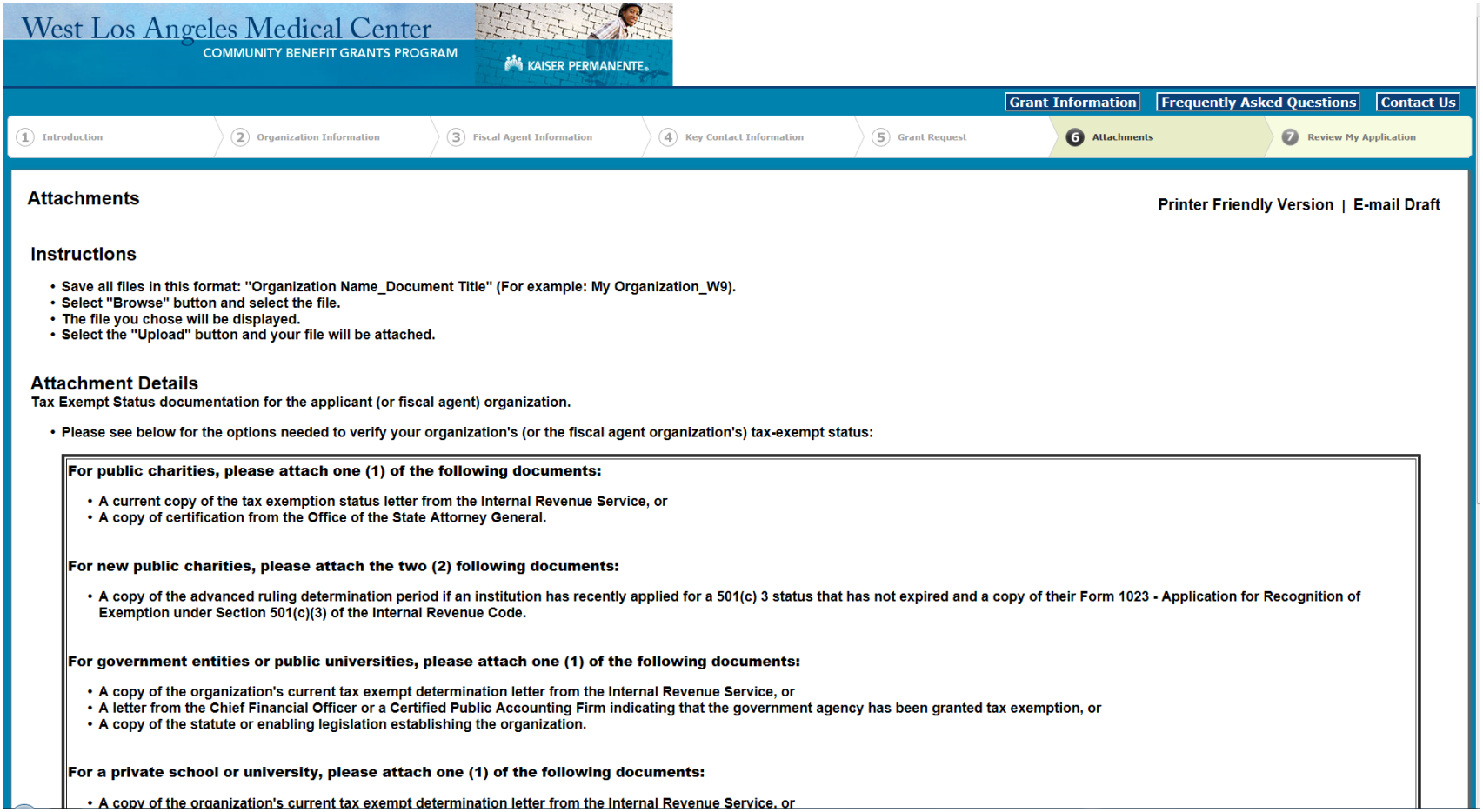
Online Grant Application – Section 6

Attachments



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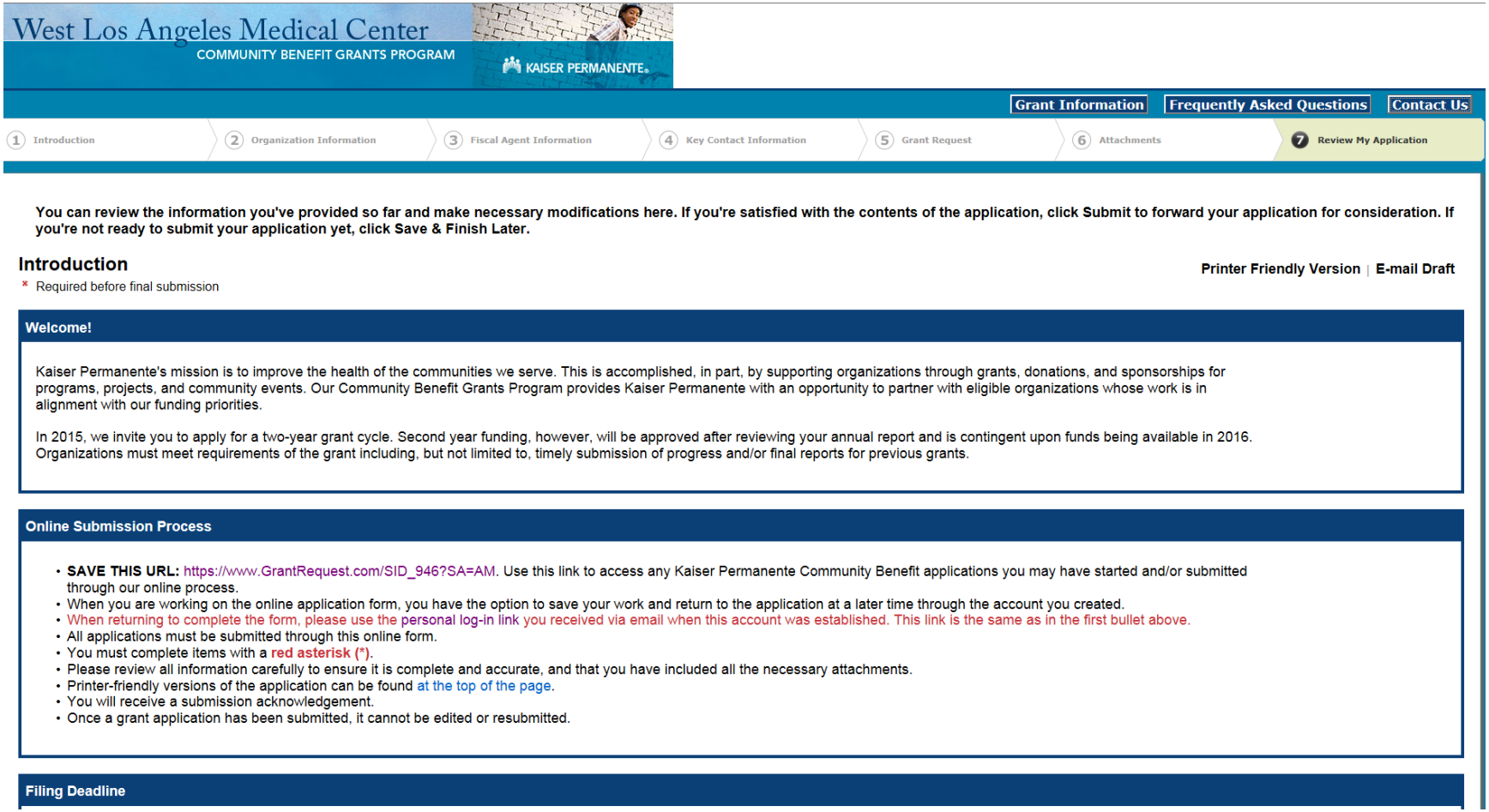
Online Grant Application – Section 7

Review My Application



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Other Resources

Community Relations Event Sponsorships	Apply online at www.kp.org/westlosangeles
Event Staffing/Booths	Download form at www.kp.org/ westlosangeles or contact carley.d.bickel@kp.org
Speakers	
Health Screenings	
Meeting Rooms	
Health Education Literature	Contact: carley.d.bickel@kp.org

Other Resources

- In-kind donations
- Community Health Dialogue (Substance abuse, depression, brain health, etc)
- KP Health education classes open to community members
- Providing technical assistance
- Sharing clinical protocols
- Small event CB support (student lead events)

Southern CA Regional Grants

- Multiple service areas:
  - http://community.kp.org/grants/apply-for-a-grant
- Send questions to: so.cal.grants@kp.org
- Contact: (626) 405-5999

Final Tips

- Apply early!
- Do not wait until the last day!
- 2:00 p.m. deadline
- Measurable objectives and outcomes
- Clear activities and measures of success
- At- risk, isolated and vulnerable populations

Thank you!