



REQUEST FOR CONCEPT PAPERS

The Priority Health Needs Grant program invests in collaborative outcome-based approaches designed to address an identified community health need as defined through local assessments and based on pertinent data. The Priority Health Needs Grant program is an opportunity for agencies to propose solutions they believe can have measureable impact on their community's health in a defined period of time.

ELIGIBILITY REQUIREMENTS

- Program must be health and wellness focused
- Serve Stone and/or Taney County residents
- Eligible applicants must have a 501c3 status, or be a school or government agency
- Small agencies, organizations without a 501c3 designation, or a coalition may apply with a fiscal agent
- Priority will be given to programs that are collaborative and address a top identified health need. These include:

- Access to Care (Medical, Dental or Mental)
- Unhealthy Body Weight
- Child and Family Safety
- Substance Abuse/Tobacco
- Mental Health
- Programs that implement a Community Health Worker model across both Stone and Taney Counties

APPLICATION PROCESS

Priority Health Needs Grants are solicited through a two-step competitive process. The first step is submission of a Concept Paper.

CONCEPT PAPERS DUE APRIL 28, 2017 — Concept Papers submitted outside of this timeframe will not be considered. The Priority Health Needs Grants Committee will review submitted Concept Papers and invite selected applicants to complete a full proposal. The full proposal will provide an opportunity to describe the need and program in more detail, and will require a detailed program budget, budget narrative, logic model, Memorandums of Understanding with partner agencies, proof of 501c3 status (if applicable), list of agency's board of directors, and organizational annual budget. All agencies will be notified regarding the outcome of the Concept Paper in May or June. A "Request for Applications" document will be released to those agencies invited to submit a full proposal. Invitation to submit a full proposal does not guarantee funding. Your Concept Paper must include a brief synopsis of the proposed program, a description of the health need including pertinent data, key collaborators, the intended change that will occur, how this program aligns with the mission of Skaggs Foundation as well as the mission of your organization, the length of the proposed program and the amount of funding you plan to request.



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CONCEPT PAPER REQUIREMENTS (compile in order listed below) Applications that do not follow the outline below, will not be invited to submit a full application.

- Application Cover Sheet (Appendix A)
- Concept Paper Narrative (Adhere to formatting requirements). Following the outline below, submit a narrative of no more than two (2) double-spaced pages, with a minimum 11 point font.

The narrative must address the following:

- 1) Provide a brief synopsis of the proposed program and the intended target population
- 2) What problem will you address? How will this program contribute to the solution of the problem?
- 3) Provide pertinent data that supports your case
- 4) Describe collaborative agencies and their role in this program
- 5) What will change? What will be different for participants after your program ends?
- 6) What is your organization's mission? How does this align with your mission and the mission of Skaggs Foundation?
- 7) Are you using a fiscal agent? If so, why? And which agency?
- 8) What is the duration of your program?
- 9) How much funding are you requesting?

Concept Papers must be emailed to Mindy Honey at mindy.honey@skaggs.net in the order listed above in a PDF attachment by 5 p.m. on April 28, 2017. For more information or if you have questions, contact Mindy at the email address above or at 417-335-7340.



CONCEPT PAPER COVER SHEET

This form acknowledges the application being submitted to Skaggs Foundation. It must be included as Page one (1) of the application PDF document.

Organization Name: _____

Program Title: _____

Contact Name: _____ **Phone:** _____

Email: _____

Mailing Address, City, State, Zip:

Duration of program: _____ **Total Amount Requested:** _____

Signature of Executive Director : _____ **Date:** _____

Printed Name: _____ **Title:** _____

For use by Skaggs Legacy Endowment Grants Committee Only

- Program serves Stone and/or Taney County _____ (10 points)*
- Program is health and wellness focused _____ (10 points)*
- Program addresses a top identified health need _____ (10 points)*
- Program is collaborative _____ (10 points)*
- Need is supported by data _____ (10 points)*
- Program has potential to have measureable impact _____ (10 points)*
- Program aligns with mission of applicant and Skaggs Foundation _____ (10 points)*

TOTAL SCORE: _____/70