NOTIFICATION OF FUNDING AVAILABILITY (NOFA)

FY 2022 State Funds Grant Program

Supported by

State of Georgia, Department of Community Health

SORH
State Office of Rural Health
A Division of the Georgia Department of Community Health

and the
Georgia Charitable Care Network, Inc.

July 6, 2021

INTRODUCTION

A.   Program Authority

This program is authorized by the Georgia General Assembly and the Governor to provide an appropriation for the State Fiscal Year beginning July 1, 2021 and ending June 30, 2022.

The Georgia Charitable Care Network (GCCN) is a grantee of the Georgia Department of Community Health and administrator of this program. GCCN's mission is to build collaborative partnerships that will assist in the delivery of compassionate health care to low income Georgians.

The applicant must be a free or charitable clinic that is an active member, in good standing, of the Georgia Charitable Care Network and provide health care services to uninsured patients.

B.   Limitations and Disclaimers

The receipt of an *Application* in response to this Notification of Funding Availability (NOFA) does not imply or guarantee that any one or all applicants will receive an award.

C.   Program Purpose/Goal Statement

Recognizing that Georgia citizens need access to high quality, affordable health care, free and charitable clinics are an alternative to providing cost efficient health care and fill an unmet need due to lack of providers, or providers who are at capacity for patients. The purpose of this funding is to improve health care access by expanding capacity and improve care delivery through expansion of services. Through a grant application and selection process, clinic sites may apply for funding specific to their needs.

The Georgia Charitable Care Network is requesting applications from free and charitable safety net clinics to improve health care access by expanding capacity and improve care delivery through expansion of services.

D.   Available Funding Amounts

The Georgia Legislature's appropriation for this program in 2021-2022 is $500,000.00. The number and amount of the grant awards will be based upon the number of applications received from eligible organizations, the applicant organization's current annual operating budget, and results of the application review process. There is no predetermined number of awards. Proposal requests cannot exceed 15% of the applicant organization's 2020 cash operating expenses, with a maximum request of $50,000.00. **The grant period is August 15, 2021 – June 15, 2022**.

E． Definitions

Applicant – Free or Charitable Clinic that is an active member of GCCN in good standing and provides health care services to uninsured, low income patients.

GCCN – Georgia Charitable Care Network, Inc., which serves as the administrator for this funding program, pursuant to a grant agreement with the Georgia Department of Community Health, State Office of Rural Health.

DCH/SORH – Georgia Department of Community Health, State Office of Rural Health is the grantor of the funding appropriated to GCCN in the FY 2022 state budget. The department's mission is to provide Georgians with access to affordable, quality health care through effective planning, purchasing and oversight.

Grant Agreement – Legal agreement to perform objectives within a designated timeframe for a specific amount of funding.

NOFA – Notification of Funding Availability

Uninsured Patient – A person without health insurance.

Sub-Grantee – An organization that is awarded funds though the program and is accountable to GCCN for the utilization of the resources.

I.   PROGRAM OVERVIEW

Georgia's uninsured rate is 18%. Our most vulnerable citizens need access to high quality, affordable health care. Charity clinics are an alternative for cost-efficient health care; a savings for taxpayers.

Each clinic is different because no two communities are alike in their needs, assets and resources. Guaranteed sustainability is largely a myth; every health care organization and provider operating today must continue to work hard and adapt their financing/funding and delivery systems to an ever-changing health care and consumer landscape. These clinics thrive because of their entrepreneurial spirit and innovative approach to serving their community.

Patients are disproportionately affected by barriers to coverage because of an insufficient number of providers, as well as very high prevalence of chronic illnesses. Recognizing that access to care for vulnerable populations is a profound challenge, for the last six years, the Georgia Legislature appropriated funds to the Georgia Charitable Care Network to disperse to member clinics through a carefully designed grant program and reimbursement process, allowing them an opportunity to apply for funding specific to their needs.

A. **Program Expectations**

Sub-Grantees under this program are expected to fulfill and report on their grant objectives as outlined in their grant application and grant agreement and demonstrate how their fulfillment of the grant objectives will improve access to care by expanding capacity and improve care delivery through expansion of services.

B. **Program Requirements**

Free and charitable clinics desiring to apply for a grant must submit a complete *Grant Application and Attachments* outlining their proposed project and the amount they are requesting to GCCN no later than **3:00pm on Thursday, August 5, 2021**.

Upon GCCN review and approval of any funding, sub-grantees will be required to execute a grant agreement with GCCN that will contain the requirements for maintaining their grant. Signing of the grant agreement will constitute a legally binding agreement, acceptance of the award and assigned objectives.

Reporting requirements will include submission of the following narrative and financial reports:

First Progress Report due by 3:00pm on Friday, October 8, 2021 – this 1st quarter report will include an update on progress made in achieving grant objectives as well as a financial report on expenditures from August 15 – September 30, 2021 including all documentation.

Second Progress Report due by 3:00pm on Wednesday, January 12, **2022** -- this 2nd quarter report will include an update on progress made in achieving grant objectives as well as a financial report on expenditures from October 1- December 31, 2021 including all documentation.

Third Progress Report due by 3:00pm on Friday, April 8, 2022 – this 3rd quarter report will include an update on progress made in achieving grant objectives as well as a financial report on expenditures from January 1- March 31, 2021 including all documentation.

Final Summary Report due by 3:00pm on Friday, June 17, 2022 – this report will contain a *final* summation of accomplishments in achieving grant objectives, a *final* statement of how the grant has enabled the grantee to expand their organization's capacity, and a 4th quarter financial report on expenditures for the period of April 1 - June 15, 2022.

GCCN may require site visits and may ask sub-grantees to provide additional information as needed to monitor accomplishment of grant objectives and ensure the overall success of the program.

In addition, all sub-grantees may be required to attend and participate in follow-up meetings and consultations with GCCN.

II.   TERMS AND CONDITIONS OF SUPPORT

A. Eligible Applicants

Eligible applicants for this program are free and charitable clinics that are active members of GCCN in good standing and provide health care services to uninsured patients. A free or charitable clinic that has multiple locations shall only submit one application for a grant under this program.

The following entities are **NOT** eligible to apply:

- Individuals
- Organizations that are not members of GCCN
- For-profit organizations
- Public agencies

B. Eligibility Criteria for Membership

Membership criteria to join GCCN are as follows:

- Located in the State of Georgia;
- Is a not-for-profit 501(c) 3 tax-exempt organization;
- Has a primary mission to provide health care services at little or no charge to low- income, uninsured or underserved individuals having a household income at or below 200% of the federal poverty level;
- Provides one or more of the following services: medical care, dental care, vision care, mental health care or prescription medications;
- Utilizes volunteer health care professionals, non-clinical volunteers, and partnerships with other health care providers.

To be in good standing, GCCN members are required to continue meeting the membership criteria and are required to remain current in the payment of membership dues, fees, and any other assessments that may be levied by the GCCN Board of Directors.

In addition to meeting the GCCN membership criteria, a free or charitable clinic applicant for this program must have a chief administrative officer capable of performing the duties required to manage and oversee the successful performance of the grant. The chief administrative officer is not required to be a paid staff member but must have the support and authorization of the Board to manage the grant and work at least 50% of the time of the clinic's operation. The free or charitable clinic must also

demonstrate that it can account for grant payments and expenditures in an organized fashion, as well as capture and report progress and outcomes regarding the grant objectives.

Free or charitable clinic applicants must have an annual *Audit* performed by an outside independent auditor if they have been in operation for three or more years. If the organization has operated less than three years, they must submit the most current IRS 990 tax return.

They must also submit current proof of workers' compensation insurance if required by law to carry the coverage. They must also submit proof of application to receive the state sales tax exemption given to Non-Profit Volunteer Health Clinics, or the current letter granting the exemption from the Department of Revenue.

C. Minority Participation

Grants under this program are available to GCCN-member organizations that serve the public without discrimination based on race, color, creed, sex, religion, age, disability, sexual orientation, marital status, or national origin.

D. Period of Support

Grant funds will cover allowable expenditures from August 15, 2021 – June 15, 2022. Expenditures prior to or after these dates may not be paid for with grant funds for this specific funding request.

E. Allowable Use of Grant Funding

- Increase access to a medical home for indigent, uninsured patients
- Hire mid-level providers to increase numbers of patients treated
- Telemedicine services to increase numbers of patients served
- Develop or expand services to patients (oral health, behavioral health, wellness services)

This available funding provides clinics the opportunity to strategically improve access to health care for vulnerable populations by expanding capacity and improve care delivery through expansion of services. No equipment may be purchased with any funds awarded.

III. APPLICATION PROCESS

Free and charitable clinics must complete and submit the *Grant Application* and required *Attachments* to be considered for a grant under this program.

A. **Grant Application**

You must have a Google account to complete the online *Grant Application* form. The form is available at: https://forms.gle/AcAd3PNHe4ZMzcUF6

Please read the instructions within the document carefully, complete all sections, and provide all requested information. The *Grant Application* requires an electronic signature of the chief administrative officer or the Board Chair/President.

B. **Grant Budget Form and Budget Justification Narrative**

The *Grant Budget* form is included as an Excel spreadsheet to this NOFA. Insert the name of your organization (clinic name) at the top of the form. Make sure that the project name and amount of grant funds requested match up identically with the "Funding Request" section of the *Grant Application*. Enter amounts in the "Other Funding Sources" column if applicable. While amounts entered in this column will not typically affect the grant allocation, it helps to indicate where a project plans to use other funding sources besides a grant from this program. Once completed, save the spreadsheet with the file name "*Budget* – (insert the initials of your clinic name)." See "Instructions for Submitting" below.

The Budget Justification Narrative for the project request is contained in the "Funding Request" section of the *Grant Application*. Be sure to provide sufficient justification for how you arrived at the amount requested for the project and the specifics of the project's costs.

C. **Application Package Deadline**

Grant Applications **and** *Attachments m*ust be submitted to GCCN via email by no later than 3:00pm on Thursday, August 5, 2021.** The following will not be accepted:

- Mailed or hand-delivered documents;
- Incomplete or unsigned documents;
- Submissions with missing required documents;
- Submissions improperly labeled, improperly formatted, or not sent to the correct email address;
- Submissions after the deadline; or
- Requests over 15% of an organization's 2020 cash operating expenses, up to $50,000.00 maximum.

GCCN will acknowledge receipt of your *Grant Application and Attachments* via email to the applicant within 48 after it has been received. If an acknowledgement is not

received, please call 678-389-3333 to confirm.

D. Format and Order of Application Package

The format and online order of your submission of the application package is as follows:

Attachment 1 (501c3 letter); PDF document; Filename: "Attachment 1 – (initials of clinic name)"
Attachment 2 (current annual operating budget of clinic); PDF document; Filename: "Attachment 2 – (initials of clinic name)"
Attachment 3 (audit/990); PDF document; Filename: "Attachment 3 – (initials of clinic name)"
Attachment 4 (Budget Form); Excel document; Filename: "Attachment 4 – (initials of clinic name)"
Attachment 5 (Proof of Workers Compensation Coverage) PDF document; Filename: "Attachment 5 – (initials of clinic name)". If your organization is not required to maintain workers' compensation coverage, please submit a statement to that effect.
Attachment 6 (Proof of Sales Tax Exemption); PDF document; Filename: "Attachment 7 – (initials of clinic name)"
Attachment 7 (Documentation); PDF document; Filename: "Attachment 8 – (initials of clinic name)"

Please do not include cover letters or letters of support.

You must have a Google account to complete the application. Please submit the application package and all attachments online at:

https://forms.gle/AcAd3PNHe4ZMzcUF6

IV. EVALUATION OF APPLICANTS

A. Scoring Methodology

Once the organization has been deemed a qualifying applicant by GCCN, an independent review committee will score each application package using the following 100+ -point scoring system:

Overall Quality of Application Package (10 points) – extent to which application and attachments are easy to read, well-organized, and were submitted in the order and format described in the Notification of Funding Availability.

Governance, Financial Planning and Accountability (20 points) – presentation and clarity of applicant's board governance, financial planning and accountability as evidenced by current annual operating budget and extent to which financial condition and activities have been examined and deemed acceptable by the organization's board outside CPA.

Funding Request (50 points) – extent to which application clearly and reasonably defines the project(s) for which funds are requested, the organizational need it will address, and the plan and timeline for the project.

Expected Successes and Outcomes (10 points) – extent to which successes and outcomes are appropriate and realistic given project plans and timelines. Deliverables should include specific actions with rationale and benefits to be taken to: 1) improve care delivery through expansion of services; and 2) improve access by expanding capacity.

Grant Budget and Justification Narratives (10 points) – extent to which "Grant Budget" line items match up with "Funding Request" in *Grant Application*; extent to which budget justifications provide sufficient explanation for how requested amounts were calculated.

Bonus ** Participation in 2020 GCCN Annual Conference & 2021 Webinars (5 points) – extent to which clinic representatives have attended and taken advantage of the various GCCN sponsored workshops, trainings, and educational opportunities.

B. **Award Criteria and Notification**
GCCN will use the following criteria to determine grant awards:

- Total Funds to be Awarded - $500,000.00
- Number of Qualified Applications
- Applicant's Current Annual Operating Budget
- Amount of Funds Requested by Applicant
- Results of Application Package Scoring

GCCN may conduct follow-up calls to ask questions and obtain additional information necessary to complete the review. The Review Committee's proposed allocations of grant funds will be presented to the State Office of Rural Health, Department of Community Health for review. GCCN staff will present the final recommendations for grant awards to GCCN's Board of Directors for approval. Grant agreements will then be issued to the approved applicants for execution.

GCCN reserves the right to negotiate revisions to proposed projects and to negotiate final funding prior to issuance of grant awards and agreements per their agreement with DCH.

It is anticipated that GCCN will announce funding awards by September 1, 2021.

IV.   TECHNICAL ASSISTANCE

If your organization has any questions about this NOFA, the application process, or the program overall, please contact GCCN at 678-389-3333 or by email to GCCN.GRANTS@gmail.com

Please contact ONLY the Georgia Charitable Care Network with any questions related to this funding program.

GCCN will conduct a pre-application webinar for all interested member organizations on Thursday, July15 from 1:00 – 2:00pm.

You must register for the webinar.
To register visit here: https://www.surveymonkey.com/r/Y8NN7Z9

Participation details for the webinar will be emailed in advance. **Interested applicants are strongly encouraged to participate.**