



Guidelines for the Letter of Intent

**HEALTH THROUGH ACTION – COMMUNITY PARTNERSHIPS
GRANT PROGRAM**

January 2007

Description of the “Health Through Action – Community Partnerships” Grant Program

Purpose

The Health Through Action – Community Partnerships Grant Program is a multi-year national grant program supported by the W.K. Kellogg Foundation. It is designed to strengthen and bolster community approaches to improving the health of vulnerable Asian American (AA), Native Hawaiian, and Pacific Islander (NHOPI) individuals and families, and children of these families by strengthening the capacity of AA and NHOPI led, local community based organizations and by capitalizing on local assets to meet health needs.

Vulnerable AA and NHOPI individuals and families, and children of these families are considered to be those who have limited access to health services and resources due to cultural and language barriers, are in lower socioeconomic strata, or do not have adequate health insurance coverage. This includes, but is not limited to, emerging and/or isolated communities throughout the U.S. that are recently arrived, undocumented, discriminated against, part of a geographically emerging community, economically vulnerable, etc.

The Kellogg Foundation’s *vision* for the **Health Through Action – Community Partnerships Grant Program** is vibrant and active communities that support individuals and families through strengthened capacity to conduct effective health programming and advocacy geared at eliminating health and healthcare disparities and to achieving optimal health and well-being of all individuals, families, and communities. This includes enhanced capacity of AA and NHOPI led, local community based organizations to effectively address the immediate and long-term needs of AA and NHOPI individuals and families, and children of these families beyond the grant period. This vision reflects the Foundation’s commitment to build on individual, family and community assets.

The Kellogg Foundation will support community collaboratives that may involve a cross section of organizations and leadership including AA and NHOPI led local community-based organizations, health centers, faith-based organizations, family associations, mutual assistance associations, social service organizations, and other agencies and institutions that have a specific interest in improving the health of vulnerable AA and NHOPI populations. Community leaders representing vulnerable populations will have an integral role in agenda setting and decision making so that the interests and needs of vulnerable populations are respected and acknowledged in the agenda and actions of the collaborative. Communities that receive this funding will bring together various community stakeholders to develop a robust infrastructure to develop and push forward sustainable improvements in health and healthcare for vulnerable AA and NHOPI individuals and families, and children of these families.

The Asian & Pacific Islander American Health Forum (APIAHF) will serve as the National Program Office with a focus on supporting and engaging the community collaboratives. The Kellogg Foundation will continue to provide leadership and support in the overall program as well as the program’s evaluation and communication strategies. The lead organization working together with their community partners will identify specific topic areas that they will target to improve capacity (i.e., areas that they would like to improve upon in terms of organizational and community capacity). Technical assistance will be provided to address the capacity-building needs of lead organizations and community collaboratives.

To launch the Health Through Action – Community Partnerships Grant Program, the Kellogg Foundation and APIAHF are seeking partnerships with selected communities. The Kellogg Foundation and APIAHF anticipate awarding grants of up to \$150,000 per year for four (4) years to approximately eight (8) communities. The eight communities will represent diverse AA and NHOPI subgroups, urban and rural areas, population sizes, and geographic locations. ***Each community collaborative will select a pressing local health or healthcare issue as a starting point, build on community assets, and identify and work on priority areas to strengthen the capacity of their collaborative to impact change.***

Objectives

The objectives of the community capacity grants are to:

- Increase the organizational capacities of AA and NHOPI led, local community-based health organizations that focus on improving the health of vulnerable individuals and families, and children of these families;
- Bolster the ability of community collaborations to assure the health of children and their families, especially through prevention and health promotion;
- Strengthen community collaborations to influence policy and systems changes that results in improved access to healthcare and better community health;
- Strengthen the capacity of community-based organizations to eliminate health disparities by documenting their health issues, communicating those needs to key stakeholders, and proactively capitalizing on opportunities; and
- Have grantees participate in a learning community and disseminate their learnings to other AA, NHOPI and other racial and ethnic communities.

Background

Asian Americans, Native Hawaiians, and Pacific Islanders are one of the most rapidly growing groups in America, especially over the last several decades and are projected to continue this high rate of growth well into the future. The population is presently about 4 percent of the American population and is projected to be about 11 percent of the population by 2050. Some ethnic groups that have been in this country for centuries have experienced rapid growth due to changes in immigration laws in the mid-1960s (for example, Chinese and Filipino groups). Since the end of the Vietnam War, there has been a large influx of Southeast Asian refugees who resettled in America — primarily Vietnamese, Cambodian, Laotian, Hmong, and Mien. There has also been a rapid growth of South Asians, over the past several decades. Early generations of Asian Americans, Native Hawaiians, and Pacific Islanders gradually settled in urban ethnic enclaves on the continental U.S. while also residing on the island of Hawaii. Interestingly, the more recent wave of immigrants has also led to the emergence of Asian American, Native Hawaiian, and Pacific Islander communities across the country, including in the Midwest and southern parts of the United States.

Racial and ethnic health disparities are prominent among AA and NHOPIs, especially with individuals and families who are most vulnerable because they are immigrants, have limited

access to health programs due to cultural or language barriers, are in lower socioeconomic strata, or do not have adequate health insurance coverage. For instance, AA and NHOPI children (12 %) are more likely than non-Hispanic White children (7%) to be uninsured. Despite the many challenges facing this population, there are also significant assets and strengths that can be bolstered for the benefit of AA and NHOPI communities and for the AA and NHOPI populations as a whole.

I. Eligibility and Selection Criteria

Grants will be made available to 501(c)(3) organizations in the United States. This funding mechanism is open to Asian American, Native Hawaiian, and Pacific Islander led local non-profit community based organizations serving Asian Americans, Native Hawaiians, and/or Pacific Islander communities.^{1, 2}

Characteristics of applicants include a demonstrated:

- Focus on vulnerable AA and NHOPI populations;
- Experience with or a clear interest in advocating for public and marketplace policies that impact the health of vulnerable AA and NHOPI populations;
- Deep understanding of cultural assets and approaches related to health-related interventions with vulnerable AA and NHOPI populations;
- Engagement in community capacity building through collaborative efforts with community partners;
- Having positive relationships and credibility in AA and NHOPI communities; and
- Experience in health programming is preferred, but not required.

Vulnerable Asian Americans, Native Hawaiians, and Pacific Islanders are considered to be those who have limited access to health services and resources due to cultural and language barriers, are in lower socioeconomic strata, or do not have adequate health insurance coverage. This includes, but is not limited to, emerging and/or isolated communities throughout the U.S. that are recently arrived, undocumented, discriminated against, part of a geographically emerging community, economically vulnerable, etc.

The Kellogg Foundation seeks one Letter of Intent per applicant community. Letters of Intent will be evaluated on the following selection criteria:

- Working knowledge of the community;
- Proposed project and capacity building work that is innovative/new and appropriate to local community (the proposed work can complement or leverage established or existing work);

¹ “AA and NHOPI led” is defined as organizations where at least 51% of the control and decision-making power rests with AA’s and/or NHOPI’s. For instance, having a governing body or Board of Directors that is comprised of at least 51% AA’s and/or NHOPI’s.

² Applicants must serve AA populations and/or NHOPI populations, but are not required to serve both for the purposes of this program.

- Proposed work that builds upon and significantly strengthens existing and available organizational, collaborative, and community resources and capitalizes on cultural assets and approaches;
- The rationale and quality of the proposed strategies and interventions to address identified health need(s) and the capability of achieving stated goals;
- Capacity (or planned capacity) for local policy and systems change strategies (i.e., ability to develop and implement health policy campaigns);
- Demonstration that the existing or new collaborative will engage diverse groups and organizations, including groups who are disproportionately affected, in a meaningful manner;
- Capacity to function and serve as part of a learning community; and
- Use of evaluation as a management tool for current and future activities of the lead organization and the community collaboratives.

Applicants are strongly encouraged to seek matching funds (i.e., external funding) that can be used to leverage and bolster the work that will be supported by the Kellogg Foundation. Obtaining matching cash investments is viewed as an opportunity for applicants to challenge potential donors to contribute cash to worthwhile health projects and is also a sustainability strategy. However, applicants should note that matching funds are not a requirement for this grant program.

II. How to Apply

To apply, please submit the following three items:

- Applicant Information Form
- Letter of Intent
- List of collaborating organizations and agencies

Letter of Intent

A Letter of Intent not to exceed five (5) pages should be submitted by Wednesday, February 28, 2007, 5:00 pm PST. Paragraphs should be single spaced in 12 point font with double spacing between paragraphs and one-inch margins.

Letters of intent should be submitted to: communitypartnerships@apiahf.org

Please address the following items in your Letter of Intent:

- Brief description of the community and target health or healthcare issue(s). Please identify existing needs, challenges, and opportunities as related to your target health or healthcare issue(s).

- Short narrative description of the other collaborative partners that will collaborate on this project and the reason and nature of their involvement.
- Briefly describe how vulnerable AA and NHOPI populations will be engaged in your proposed project in a meaningful manner.
- Describe specific community capacity development topics that would strengthen or enhance the ability of your community collaborative to address local health needs (e.g., leadership development, organizational development activities, data collection and analysis, policy development and advocacy, strategic communications, health education and promotion strategies, etc.)
- Clearly state the goals and objectives of your project and the expected outcomes or impact and key strategies and activities to achieve these targets.
- Describe the community’s readiness for policy advocacy and systems change and the collaborative’s approach to achieving policy and systems changes.

Include a separate attachment that lists organizations and groups and the individuals representing who will be actively engaged in your proposed project.

Applicants who are selected to move to the next stage and submit a full proposal must meet tax eligibility criteria to qualify for a grant. Please note that we are not requesting this information for the Letter of Intent submission. Based upon the review of full proposals, selected applicants will be asked to participate in an on-site review.

III. Assessing Progress and Evaluation

Grantees will be required to submit periodic information and reports needed for overall program management and assessment of progress. Grantees will also be expected to document and conduct an evaluation of their local work. Additionally, grantees will participate in a national cross site evaluation of the Health Through Action – Community Partnerships Grant Program that will be conducted by an independent group selected by the Foundation.

IV. Application Timeline and Inquiries

February 28, 2007	Deadline for submission of Letter of Intent to apply
April 4, 2007	Notification of applicant status. Invitations to submit a full proposal.
June 1, 2007	Deadline for submission of full proposals
July 20, 2007	Notification of site visits
November 16, 2007	Announcement of awards

V. Questions and Additional Information

Please visit www.apiahf.org for Frequently Asked Questions (FAQs).

Questions and requests for additional information should be directed to:

Marguerite Ro, Deputy Director

APIAHF

Phone: (415) 568-3332

email: mro@apiahf.org

API Community Health Capacity Grant Program

Applicant Information Form

Please fill in all information in order for your application to be processed in a timely manner.

I. Contact Information

Representative Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail Address: _____

II. Organization Information

Organization Name:

Other Organization Name (*other names or common references*):

Tax Status - 501 (c) (3) status? (*check appropriate box*):

YES

NO

Other _____

Tax Identification Number: _____

(*Employer Identification number (EIN) – required for all American companies. Other companies please insert equivalent code*)

Organization's Scope of Work:

(*Organizational mission, focus, audience served and geographic reach*)

