



Stronger Together Capacity Building Workshop: Grant Applications

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March 20 and 22, 2024



COOK COUNTY
HEALTH

Optional Virtual Capacity Building Workshops

Grant Applications

Wednesday, 3/20 | 12-1 pm CT

Friday, 3/22 | 12-1 pm CT

- Key Open Call components
- Common grant application elements
- Grant application best practices

Program Design

Wednesday, 3/27 | 12-1 pm CT

Friday, 3/29 | 12-1 pm CT

- Program design overview
- SMART goals, objectives, and outcomes
- Budget categories and narrative

Monitoring, Reporting, and Legal Agreements

Wednesday, 4/3 | 12-1 pm CT

Friday, 4/5 | 12-1 pm CT

- Tracking metrics and KPI's
- Federal compliance (ARPA)
- Legal Agreements

Stronger Together Open Call Important Dates

Description	Date
Open Call Launches	Wednesday, March 6, 2024
Information Sessions	Friday, March 8, 2024, from 12-1 PM CT Wednesday, March 13, 2024, from 12-1 PM CT
Capacity Building Workshops: Grant Applications	Wednesday, March 20, 2024, from 12-1 PM CT Friday, March 22, 2024, from 12-1 PM CT
Capacity Building Workshops: Program Design	Wednesday, March 27, 2024, from 12-1 PM CT Friday, March 29, 2024, from 12-1 PM CT
Capacity Building Workshops: Monitoring, Reporting, and Legal Agreements	Wednesday, April 3, 2024, from 12-1 PM CT Friday, April 5, 2024, from 12-1 PM CT
Application Deadline	Wednesday, April 17, 2024, at 5 PM CT
Grant Recipients Announced	Week of June 5, 2024
Program Planning	Week of June 5 – Week of September 9, 2024
Program Launch	September 2024 (estimated)

Grant Application Workshop Agenda



Grant Application Overview



Stronger Together Open Call Components



Q&A



Other Common Grant Application Components



Grant Application Overview

- Organization Eligibility
- How to Apply for 501(c)(3) Status
- What to Know Before You Apply

Applicant Eligibility Criteria

Organizations Eligible for the Stronger Together Grant*:

Community-based organizations (CBOs), defined as 501(c)(3) non-profit organizations that have demonstrated service delivery to specific populations and/or community areas

Community Health Centers, including free clinics, FQHC “lookalikes,” Independent Practice Associations (IPAs), mental health centers, and opioid treatment programs (OTPs)

Education agencies, including Regional Offices of Education, K-12 public school districts, K-12 public and private schools, and higher education institutions

Faith-based Organizations, defined as an organization whose values are based on faith and beliefs, which has a mission based on social values of the particular faith, including churches, synagogues, temples, monasteries, mosques, and other houses of worship

Federally Qualified Health Centers (FQHC), defined as federally funded nonprofit health centers or clinics that serve medically underserved areas and populations

***Note:** Organizations not listed above may be eligible as partners, but not as lead applicants. See FAQ document on <https://cookcountyhealth.org/strongertogether>

501(C)(3) Key Features

- ✓ Tax exempt
- ✓ Defined as non-profit trust, corporation, or association for charitable, religious, or educational purposes
- ✓ Limited ability to lobby towards political parties
- ✓ Donations are tax-deductible

How to Apply for 501(c)(3) Status

1. Check your eligibility:

- ❑ Organized as a corporation, trust, or unincorporated association with organizing documents (e.g., articles of incorporation) that limit purposes to 501(c)(3) activities
- ❑ Refrains from participating in political campaigns and restricts lobbying
- ❑ Ensures that any earnings do not benefit private shareholder or individual
- ❑ Avoids illegal activity and does not include a primary purpose of trade or business

2. Complete [Form 1023](#) or [1023-EZ](#)* at www.Pay.gov

3. Comply with annual filing requirements to maintain 501(c)(3) status

- ❑ Filing requirements may vary – please reference www.IRS.gov for full details.
- ❑ Annual Information Returns: Form 990, Form 990-EZ, Form 990-N

***Note:** Form 1023 E-Z is simpler and has a faster processing time, but organizations must meet [specific requirements](#)

SAM.gov Registration Required for Grant Recipients

1. Check if your organization is **registered on SAM.gov**:
<https://sam.gov/content/status-tracker>
2. **If you are not registered on SAM.gov**, visit the link: <https://sam.gov/content/entity-registration>
3. Click “Get Started” underneath “Register Your Entity or Get a Unique Entity ID.”
4. Create an account in the portal and follow the instructions.



Note: As of April 4, 2022, the federal government no longer requires a DUNS number to register on SAM.gov


NEW [Learn More](#)

Register Your Entity or Get a Unique Entity ID

Register your entity or get a Unique Entity ID to get started doing business with the federal government.

[Get Started](#)

[Renew Entity](#)

 [Check Registration Status](#)

What to Know Before You Apply

Applications take time to complete:

- Leave more time than you think—you may need to ask other team members or get advice on your responses
- This application requires multiple forms to be filled out and uploaded through a separate portal that you will need to access
- *Please ask questions! Submit to Q&A or email: strongertogetheropencall@cookcountyhhs.org*

Budgets should be thought-out and justified:

- Don't under- or over-estimate what you'll need—connect every dollar to an activity and goal
- *Funders know exact line items may change, but they are looking for justified, well-informed estimates*

Stronger Together Open Call Application

Required Sections

- Applicant Criteria
- Organizational Capacity & Project Overview
- Work Plan (Template)
- Budget and Budget Narrative (Template)

Stronger Together Open Call

Building a More Equitable Behavioral Health System In Cook County

Supported by funds from the U.S. Department of Treasury, under the American Rescue Plan Act, the Office of Behavioral Health at Cook County Health seeks to award **\$44 million in grants** over a 26/27-month period to resolve behavioral health inequities across the region's behavioral health system of care through

- increased systems alignment,
- enhanced system quality, and
- the expansion of access to early intervention and prevention, treatment, support, recovery, and crisis assessment and care.

Proposed projects must take place and impact communities **within Cook County**.

Deadline: **Wednesday, April 17th at 5:00 pm**



COOK COUNTY
HEALTH



Applicant Criteria

- Organization Contact Information**, Executive Director/CEO, Project Director/Manager, and Organization name, email, and phone number (including Organization's address)
- Organization Type**, community-based Organizations, Community Health Centers, Education Agencies, Faith-based Organizations, and Federally Qualified Health Centers (FQHC)
- Organization Description**, description of your organization and mission
- Organization Diversity, Equity, and Inclusion Efforts**, description of how your organization incorporates diversity, equity, and inclusion in operations.
- Organization Employee Count**, total number of employees
- Organization Operating Years**, total years of operation
- Previous Funding from CCH/Other Governments**, grant titles, award amounts and timelines (if any)

Organization Partnerships

1. Partnerships (*Optional – partnerships are not required*):

- ❑ List of partners / collaborators for this project
- ❑ Description of roles and responsibilities
- ❑ If relevant, partnerships can show how you will use a strong network to **achieve more** towards your goals

Your organization can partner with subcontractors to complete your project; subcontractors complete specific parts of the project at the direction of the lead applicant. In the Description of the Partnerships question, please clearly describe the roles and responsibilities of each partner organization.

Organization Experience

1. Organization Experience:

- ❑ Description of organizational experience in your chosen strategy area
- ❑ Description of general strengths and partnerships

2. Similar Projects:

- ❑ Description of similar projects previously completed (goals, objectives, and outcomes)
- ❑ If none, description of how you will successfully administer the project

➤ Show funders you have **valuable and relevant experience** that sets you apart

Project Overview

Open Call Strategies:

1. **Prevention and Early Intervention:** Youth & Family- Meeting the Behavioral Health and Health-Related Social Needs of Students and Families Inside and Outside of School
2. **Early Intervention:** Adults & Older Adults- Improving Screening and Integrated Care
3. **Treatment, Recovery, and Support Services:** Youth & Family- Increasing Access and Coordinated Care
4. **Treatment, Recovery, and Support Services:** Adults & Older Adults - Increasing Access and Coordinated Care
5. **Crisis Care:** Increasing Community Awareness and Engagement and Aligning Mobile Crisis Response
6. **Crisis Care:** Somewhere to Go- Youth and Family- Moving from Emergency Department to Living Rooms, In Home Stabilization, and Crisis Stabilization Units
7. **Crisis Care:** Somewhere to Go- Adults & Older Adults- Moving from Emergency Departments to Living Rooms, In Home Stabilization, Crisis Stabilization Units, and Sobering Centers

Funding Tracks:

1. **Track 1:** Up to \$500,000
2. **Track 2:** Up to \$1,000,000

Priority Populations and Communities:

- CCH identified priority populations and communities for these grants—select all that you would reach with your proposed project

Project Description

1. Proposal Description:

- Select one of the seven strategies to apply for
- Select your desired funding track
- Describe your organization's reason for applying for this funding opportunity, what need(s) related to the strategy selected you would address in the communities selected, your proposed plan to address these need(s), and how the need(s) and your proposed work are community informed. Please justify the need(s) you identify and your proposed solution(s) with data* and/or published literature.

*You can use the [Cook County Health Atlas](#) and [Chicago Health Atlas](#) to find health information

- Show funders you **understand the need and have evidence** to justify your selection

Work Plan Overview and Steps

- 1. Program Mission:** a short statement that indicates a clear problem and solution to your selected strategy. Use your program mission to guide the creation of your goals, objectives, and outcomes.
 - ❑ Please provide a mission statement for the proposed project.
- 2. Realistic Goals:** high level statements that describe what the project will accomplish. Goals should be related to the problem description and convey the program's final intended impact that will demonstrate that the problem has been addressed.
 - ❑ Please provide at least three (3) goals of the proposed project.
- 3. Objectives:** the specific steps that will lead to achieving the goal.
 - ❑ Please provide at least two (2) objectives for each goal.
- 4. Outcomes:** the “achieved” results that demonstrate the degree to which the objectives have been met. A successful proposal has outcome measures that are quantitative.
 - ❑ Please provide at least one (1) outcome per objective.

Work Plan Template

Goal 1:				
Objectives	Timeline	Outcome	Person/Area Responsible	Comments
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>An expected completion date (month and year) must be defined for each action step.</i>	<i>An expected outcome must be defined for each action step.</i>	<i>A responsible person must be identified for each action step.</i>	<i>Comments are optional.</i>

Budget Spotlight: Multiple Funding Sources

- Organizations receiving multiple grants must coordinate across funding sources
- Every dollar spent should be tied to its funding source in tracking and invoices
- Recipients cannot count the same expenses twice across different funding sources
- Failure to properly track or disclose multiple funding sources may result in termination of the grant or an obligation to return any misspent funds

Budget Template

Budget Narrative Detail- YEAR 1		
Applicant Organization Name:		
PERSONNEL		
Name	Title	Item Cost
Subtotal, Personnel		\$ -

BUDGET CATEGORY – PERSONNEL: List each position by title and name of employee if available. Explain each position’s role in the proposed program. Also, indicate if the position is existing or new and when the position will be on-boarded.

Funding Years:

- Year 1:** September 2024 – November 30, 2024
- Year 2:** December 1, 2024 – November 30, 2025
- Year 3:** December 1, 2025 – November 30, 2026

Narrative:

	Year 1 Requested OBH Grant Funds	Year 2 Requested OBH Grant Funds	Year 3 Requested OBH Grant Funds	Total Project Cost
a. Personnel	\$0.00	\$0.00	\$0.00	\$0.00
b. Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00
c. Local Travel	\$0.00	\$0.00	\$0.00	\$0.00
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials and Supplies	\$0.00	\$0.00	\$0.00	\$0.00
f. Consultants and Contractors	\$0.00	\$0.00	\$0.00	\$0.00
g. Other Direct Costs	\$0.00	\$0.00	\$0.00	\$0.00
h. Total Direct Costs (a to g)	\$0.00	\$0.00	\$0.00	\$0.00
i. Indirect Costs *	\$0.00	\$0.00	\$0.00	\$0.00
j. Total Project Budget (h + i)	\$0.00	\$0.00	\$0.00	\$0.00



Final Review: Grant Do's and Don'ts

DO:

- ✓ Do make sure you can properly access the GovGrants portal for application submission
- ✓ Do start the application process as soon as you know your project is eligible
- ✓ Do submit goals you can measure and deliver on within the proposed timeframe
- ✓ Do double-check that your Application, Work Plan and Budget forms are fully complete (and remember to proofread)
- ✓ Do attend workshops—and ask questions!

DON'T:

- ∅ Don't wait until the last minute to submit
- ∅ Don't overstate or understate your budget
- ∅ Don't submit the same application to multiple opportunities

How to Apply

1. Go to www.cookcountyhealth.org/strongertogether/ and review the Grant's overview and other information.
2. In the **Downloadable Files** section, download and review the “Open Call Information Packet,” and download and complete the “Open Call Application,” “Work Plan Template,” and “Budget and Budget Narrative” forms.
3. To access the **GovGrants portal** to submit the application, click the **Link to Submit** tab on the Grant's webpage.
 - ✓ Review the Grant overview in the portal.
 - ✓ Click “Submit Application” to begin the application.
 - ✓ Under the Organization Profile tab, enter all required information (fields marked with red asterisk).
 - ✓ Under the Files tab, upload required application materials to submit your application.
 - ✓ Save application. Organization profile and application file uploads must be complete to save and submit your application.

GovGrants Application

COOK COUNTY GOVERNMENT Enterprise Grants Management System

Announcement
Stronger Together: Building a More Equitable Behavioral Health System in Cook County Initiative

Submit Application | Download Application Package

EGMS ID	Status	Days Left to Apply	Application Due Date and Time
AN-001	Published	42	04/17/2024 5:00 PM

General Information

Title	Program Name	Internal Organization
Stronger Together: Building a More Equitable Behavioral Health System in Cook County Initiative	PG-TR011-0001	Cook County Health (Hospital)

CFDA Number

Financial Details

Award Ceiling	Award Floor
\$1,000,000.00	\$0.00

Description

Announcement Description

Stronger Together: Building a More Equitable Behavioral Health System in Cook County Initiative aims to address behavioral health inequities across the region's system of care through increased systems alignment, enhanced system quality, and the expansion of access to early intervention and prevention, treatment, support, recovery, and crisis assessment and care. This initiative, led by the Office of Behavioral Health at Cook County Health (CCH) is supported by funds from the U.S. Department of Treasury, under the American Rescue Plan Act (ARPA). Stronger Together: Building a More Equitable Behavioral Health System in Cook County Initiative aims to address behavioral health inequities across the region's system of care through increased systems alignment, enhanced system quality, and the expansion of access to early intervention and prevention, treatment, support, recovery, and crisis assessment and care. This initiative, led by the Office of Behavioral Health at Cook County Health (CCH) is supported by funds from the U.S. Department of Treasury, under the American Rescue Plan Act (ARPA).

Stronger Together Strategies:

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COOK COUNTY GOVERNMENT Enterprise Grants Management System

Save

INSTRUCTIONS: Under the Organization Profile tab, enter all required information (fields marked with red asterisk). Under the Files tab, upload required application materials to submit your application.
Organization profile and application file uploads must be complete to save and submit your application.

Required to Save | Required to Submit

Organization Profile | Files

Funding Opportunity Information

Enterprise Grants Management System	Funding Opportunity Title
AN-001	Stronger Together: Building a More Equitable Behavioral Health System in Cook County Initiative

Application Submission Details

*Executive Director/Chief Executive Officer Name	*E-mail Address
*Project Director/Manager Name & Title	*E-mail Address
Requested Budget Amount	*FEIN Number (Enter a 9 character FEIN in the following format: XX-XXXXXXX)
CFDA Number	*Proposed Program Geographic Cluster(s) Served (Include # and indicate Chicago or Suburb)
*Project Title	Internal Role (s)

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Questions?

Please raise your hand and we will call your name and ask you to unmute to ask your question.

- All questions and answers will be captured in the FAQ document; questions that we don't have time to answer today will also be addressed in the FAQ document on: www.cookcountyhealth.org/strongertogether

Email additional questions: strongertogetheropencall@cookcountyhhs.org

Appendix: Other Common Application Elements

Note: While none of these elements in the Appendix are required for this Open Call, these resources may be helpful for securing additional funding opportunities.

- Cover Letter/Executive Summary
- Organizational Chart
- References/Letters of Recommendation

Cover Letter: How to Write to Your Audience

A **Cover Letter** is a one-page summary of your proposal

- More common for long grant applications
- Some grants ask for an Executive Summary, which is a more detailed description of your proposal

Contents:

1. Open with the amount you are requesting and project name
2. Identify the team applying, including any partner organizations
3. Summarize your project (e.g., brief program description, goals, timeline)
4. Explain why your project is important and aligns with the funder's mission
5. Close with what this grant partnership can mean for the future of your organization

Cover Letter: Example

[Date]

[Name]

[Title]

[Organization]

[Address, City, State]

[Phone #]

Dear [Grant Funder Name],

The [organization] kindly requests [\$ amount] for the [project name] in [neighborhood/target population]. We look forward to partnering with you in what we believe will be an impactful project for our entire community and an important step in your mission for [funder grant name].

The main objective of our proposed project is to [objective] over the course of [time period]. We plan to achieve this by [methods]. We would like to see measurable progress in [time period] and we will specifically capture [goals] as our key success indicators.

With your funding, we will be able to do the following:

[outline the specific ways the grant will help execute the program].

We appreciate the [grant funder name/organization] taking an interest in helping our community and for your considering investing in our project. Please give me a call at [number] if you have any questions or require additional information.

Sincerely,

[Name, Title]

[Formal signed signature]



Letters of Recommendation

A **Letter of Recommendation** is a brief testament to your organization's ability to succeed with the given grant

- Helps funders evaluate an organization's ability to implement and perform their proposed program
- **Tell your Recommender what they should write about!**
 - Ask them to mention specific programs, outcomes, or strengths

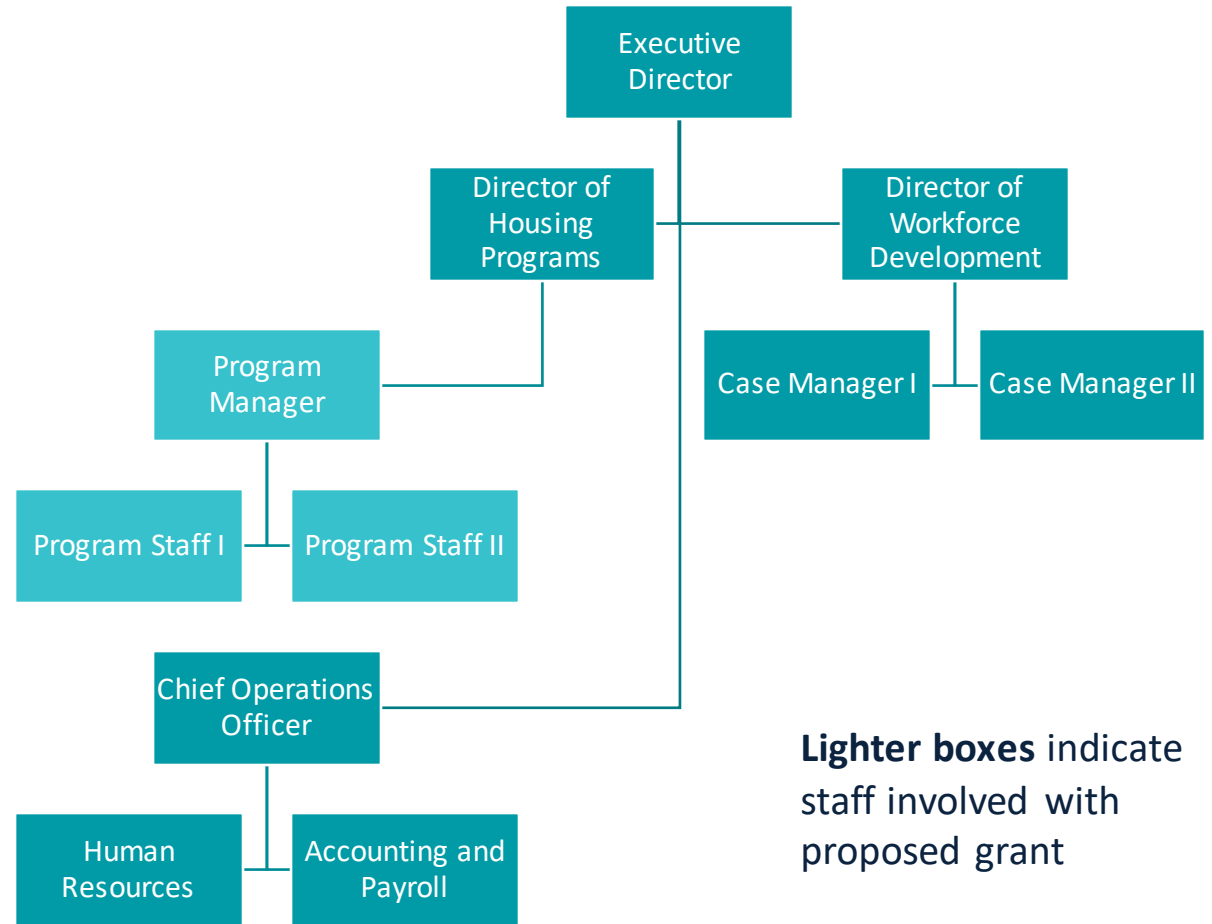
Contents:

1. Explain the **relationship** between the applicant and the recommender
2. Testify to the **applicant's suitability** for the proposed grant program
3. Cite the **recommender's experience with the applicant** (past successes, ability to track metrics and meet goals)
4. Speak to the **capabilities of specific applicant staff** who will be involved in the proposed project

Organizational Chart

An **Organizational Chart** shows the relative roles and responsibilities of your team for a particular project

- More common for larger grants or organizations
- Shows which departments or sub-teams have room to grow
- Clarifies communication and approval channels



Lighter boxes indicate staff involved with proposed grant