



## Request for Proposals (RFP)

### Central Oregon Health Council Regional Health Improvement Plan Stable Housing and Supports Workgroup

**Project Name:** Capacity Building for Housing Advocacy: Individual, Organizational and Systems Level Skill Building

**Access Code:** HOUSING23

#### **Future State Measures:**

Decrease severely rent and mortgage-burdened households

Increase Housing Choice Voucher holders able to find and lease a unit

**Contact Person:** Gwen Jones

**Email:** [Gwen.jones@cohealthcouncil.org](mailto:Gwen.jones@cohealthcouncil.org)

**Phone Number:** 541-306-3523

## About the Central Oregon Health Council

The [Central Oregon Health Council](#) (COHC) is a nonprofit public and private community governance organization. We partner with our communities to guide and align vision, strategy, and activities across industries for a healthier Central Oregon

Central Oregon Health Council champions diversity, equity, inclusion and belonging in our work culture, grant making and community partnerships. Inequalities based on geography, age, sex, race, ethnicity, national origin, language, culture, disabilities, immigration status, faith, gender identity and sexual orientation, along with income and wealth inequalities, prevent us from fully realizing our vision of creating a healthier Central Oregon. Therefore, we aim to build capacity in communities experiencing health disparities caused by oppression.

The Central Oregon Health Council is responsible for funding projects that improve the health priorities of the [Regional Health Improvement Plan](#). These priorities were decided by the diverse people of our region before the onset of the COVID-19 pandemic.

We recognize that when we invest in long-term, preventative solutions we build a Central Oregon that is better able to respond to present and future crises. Therefore, we reserve most of our funds for projects whose impact can be measured over decades. The goal of this request is to support long-term, system-level change.

We also provide smaller funding opportunities for \$5,000 or less called mini grants [HERE](#).

## Description of Grant Opportunity

**Available Funds:** \$870,346.00

**Funding Duration:** Single and multi-year projects will be considered.

The RHIP Stable Housing and Supports Workgroup is accepting grant applications for projects to strengthen and develop skills, processes and resources of individuals, organizations and communities to continue, initiate, promote and support housing-related policy changes at all levels of our communities (individual, organizational, city, regional, state, federal). Efforts should be related to one or more of the following:

- Decreasing severely rent and mortgage-burdened households.
- Increasing Housing Choice Voucher holders able to find and lease a unit.

Keep reading for further details and examples.

## Why are these efforts needed?

Fulfilling Central Oregon's visions of improving health for all people living in the region requires larger social change efforts.

Stimulating housing-related systems improvements requires enhancing organization decision-making structures, communications, relationships with external stakeholders, connections to grassroots partners, staff training and skills, and responsiveness to changing conditions.

It requires increasing staff, volunteer, and client ownership, creating opportunities for clients to speak for themselves, strengthening their leadership skills and leading improvement efforts.

Organizations, individuals, and communities often have developing, limited or varied skills, resources and opportunities to promote their needs and recommendations for improvements in housing-related systems.

Below are types of outcomes that may be included. This is not a complete list of ideas. Projects may focus on developing and/or expanding current efforts like:

- Individual knowledge, skill and confidence navigating housing-related situations systems (e.g., budget coaching or trauma informed budget coaching).
- Client and consumer advisory councils.
- Opportunities and skills of people with lived experiences to be in system-changing spaces (e.g., advocacy training, communications strategies, training to serve on a board of directors, meeting with decision-makers, etc.).
- Technical support for policies, practices, and procedures within an organization and/or system to create a welcoming and safe environment for people with lived experience to fully participate.

## Proposal Requirements

### Project Criteria

1. Applications must be submitted by an organization with an EIN/Tax ID. Both nonprofit and for-profit organizations are welcome to apply.
2. Projects must directly impact the Future State Measures of the Regional Health Improvement Plan specified above.
3. Projects must take place within Central Oregon:
  - Crook, Deschutes, and Jefferson Counties
  - Northern Klamath County, limited to:
    - Gilchrist, Chemult, Crescent, and Crescent Lake Junction, Beaver Marsh
  - The Confederated Tribes of Warm Springs,
  - Klamath Modoc Yahooskin Tribe
  - Cow Creek Band of Umpqua Tribe of Indians
4. Projects partnering with tribes will be required to submit a Memorandum of Understanding (MOU) or a Letter of Support (LOS).
5. Projects involving prioritized populations should be culturally and linguistically responsive.
6. Project must have an education, training, or awareness component.
7. Applicant must include the following in their application submission:
  - a. Letters of Support
  - b. Memorandums of Understanding, as applicable to the project
  - c. A statement and evidence of financial stability. (for example documented use of a gap-approved accounting control, internal financial system control methods, and/or an annual operating budget)

If your project meets these criteria, please apply!

Organizations serving and/or involving the following people will receive priority:

- Identify under the Central Oregon Health Council definition of priority population (see below).
- Live in rural Central Oregon (see below).
- Do not have access to transportation.

### **Restrictions**

Regional Health Improvement Plan grants cannot be used for:

- Advocacy work that does not directly improve member and/or community health or quality of health.
- Lobbying
- Any covered product or service that can be billed to any health insurance plan currently or known in the future (durable medical equipment, screenings, medicines, etc.)
- Individual rent/mortgage assistance and utilities (business costs associated with this project are allowable)
- Administrative activities to support the delivery of covered services
- Provider workforce or certification training
  - “Provider” is defined as any entity with a PacificSource Community Solutions contract to provide services to Medicaid recipients
- Brick and mortar construction
- Project benefitting a single individual or single household
- Health Information Technology that goes against PacificSource's one vendor policy
- Oregon Health Authority, Department of Human Services cannot apply

### **Evaluation Criteria**

The RHIP Stable Housing and Supports Workgroup will review your grant application using this [SCORECARD](#). We encourage you to use it to help build your proposal. Programs serving individuals at high risk of overdosing and those that are in contact with them are prioritized.

### **Funding Details and Important Information**

**Maximum Award Amount:** \$25,000-\$150,000

**Available Funds:** \$870,346.00

**Funding Duration:** Single and multi-year projects will be considered.

#### **Anticipated Selection Schedule**

Request For Proposal (RFP) Released: October 23, 2023

Application Submission Closes: December 4, 2023

Notification of Award by: January 30, 2024

## How to Apply

This Request for Proposal is posted on our website [HERE](#).

Instructions on how to submit your Proposal are [HERE](#).

Instructions on how to access this application are [HERE](#).

Once registered and logged in to the grant platform, use this access code to apply for this grant:  
**HOUSING23**

## Support

The RHIP Stable Housing and Supports Workgroup is available to support this project in a collaborative, advisory role and to provide networking support.

If you have questions about this Request for Proposal or need technical assistance filling out the application, please contact Gwen Jones by email at [gwen.jones@cohealthcouncil.org](mailto:gwen.jones@cohealthcouncil.org) or by phone at 541.306.3523

If you have questions about using the grant platform, please contact Kelley Adams by email at [Kelley.adams@cohealthcouncil.org](mailto:Kelley.adams@cohealthcouncil.org) or by phone at 541.306.3523

## Resources

2019 Regional Health Assessment [HERE](#)

2020-2024 Regional Health Improvement Plan [HERE](#)

Central Oregon Health Data website [HERE](#)

Glossary of Terms: [HERE](#)

Grant Writing Support: [HERE](#)

\*COHC definition of ***prioritized populations***:

As an organization created to improve the well-being of all residents across Central Oregon, the Central Oregon Health Council (COHC) has a responsibility to promote and protect that right to health. Prioritized populations are those that experience health disparities due to social, political, cultural, and economic exclusion, and discrimination. Marginalization occurs because of unequal power relationships regardless of reason based on geography, age, sex, size, race, ethnicity, national origin, language, culture, disability, spiritual beliefs, gender identity, sexual orientation, education, criminal background, housing status, income, wealth, displacement, immigration status. It affects both the quality of life of individuals and the equity and cohesion of society as a whole. Poverty is both a consequence and a cause of being marginalized.

**\*\*COHC definition of *rural*:**

We strive to support the creation of social conditions that lead to thriving economic, political, and social rights and opportunities in the lives of people at every level of society. The unique challenges of rural communities are within our purview to promote and protect the right to health. Due to the lack of access and inequitable distribution of resources, rural communities are considered marginalized. We define rural communities as:

Population of 35,000 or less AND one or more of the following:

Low income such as:

- High levels of poverty\*\*
- Gaps of incomes and cost of living
- High levels of generational poverty or persistent cycles of poverty

Limited infrastructure, such as:

- Regional connectivity (transportation, communications)
- Social services (affordable childcare, emergency food, shelters)
- Health care (maintenance and prevention)
- Emergency services (public safety, fire, and rescue)
- Economic services (business development, access to capital, and employment services)

\*\*Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members.

**Capacity building** is defined as the process of developing and strengthening skills, instincts, abilities, processes and resources that organizations and communities need to survive, adapt, and thrive in a fast-changing world. An essential ingredient in capacity-building is transformation that is generated and sustained over time from within; transformation of this kind goes beyond performing tasks to changing mindsets and attitudes.

At the individual level, this may look like training programs, workshops and conferences. At the organizational or institutional level, this may be development of internal policies, organizational and procedural restructuring. At the systemic level, this may look like advocacy initiatives, consultations, open dialogue, and reforms.

<https://www.un.org/en/academic-impact/capacity-building>

<https://www.learlab.com/insights/capacity-building-is-it-only-a-matter-of-training/>

**People with Lived Experience** is defined in this way: Lived experience is the things that someone has experienced themselves, especially when these give the person a knowledge or understanding that people who have only heard about such experiences do not have. A person with lived experience is someone who has gained knowledge through direct, first-hand involvement in everyday events, rather than through assumptions and constructs from other people, research, or media.

<https://www.oxfordreference.com/display/10.1093/oi/authority.20110803100109997>

<https://communityscience.com/blog/what-evaluators-mean-when-they-talk-about-lived-experience/>