

## Request for Proposals (RFP)

**Project Name:** Childcare Access for Asset Limited Income Constrained Employed (ALICE) Families

**Access Code:** **CHILDCARE**

**Maximum Award Amount:** \$882,099

**Organization Name:** Central Oregon Health Council; Regional Health Improvement Plan (RHIP)

**Regional Health Improvement Workgroup:** [Address Poverty and Enhance Self-Sufficiency Workgroup](#)

**Future State Measures:** [By December 2024, decrease the total population Asset Limited Income Constrained, Employed \(ALICE\) by 2 percentage points to: Jefferson 32%, Crook 27%, Deschutes 24%.](#)

[By December 2024, reduce combined housing and transportation cost for residents as a percent of income in their respective counties to no more than: Crook 64%, Deschutes 55%, Jefferson 55%.](#)

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### 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.

## Description of Grant Opportunity

The Address Poverty and Enhance Self-Sufficiency workgroup is accepting applications for comprehensive programs aimed at improving access to affordable and high-quality childcare services for [Asset Limited, Income Constrained, Employed](#) (ALICE)\* families within Central Oregon. The primary goal is to ensure that parents and caregivers can access safe, reliable, and developmentally appropriate childcare options, reducing barriers for them to work and provide for their families.

Applicants are encouraged to collaborate with local childcare providers, businesses, and other community organizations to create innovative solutions to increase the availability of affordable childcare options for ages 0 - 10. This project can be a part of a larger initiative to increase childcare as long as the funds are allocated to the priority population (ALICE). Projects must address transportation barriers. Examples of this include considering the location of the childcare program such as within a housing complex or worksite or offering bussing services. Special consideration will be given to projects that also address barriers to housing. All projects must be sustainable past COHC grant funding.

Examples of projects include:

- Startup for onsite employer-sponsored childcare
- Embedded daycares in workforce housing complexes
- Expanded childcare hours for working families and school holidays
- Cooperative childcare models, addressing transportation barriers
- Supportive programs for increasing licensed childcare providers in low-income housing settings

## Why are these efforts needed?

ALICE represents individuals and families that are above the federal poverty line but still struggle to make ends meet due to limited financial resources. ALICE individuals and families often find it challenging to afford basic necessities such as housing, food, childcare, transportation, and healthcare despite being employed or having some income.

The ALICE population typically includes individuals and families who may have low-wage jobs, face unexpected financial hardships or live in areas with a high cost of living. They are often one unexpected expense away from a financial crisis and may not have adequate savings or financial stability.

In 2022, the RHIP Address Poverty and Enhance Self-Sufficiency Workgroup partnered with Quon Design and Communication to conduct [11 focus groups](#) with ALICE individuals and families throughout the region with over 92 participants. Nearly all focus groups identified limited access to childcare impacted their ability to make ends meet.

Furthermore, there is a demonstrated relationship between socioeconomic status and health outcomes. Low socioeconomic status greatly increases an individual's risk for disease and premature death. There is also significant evidence linking income inequity to health disparities and poor health outcomes.

Healthy People 2020 highlighted the importance of economic stability including employment, food security, housing stability, and poverty status, to consider when developing strategies to positively impact health outcomes (2020-2024 Regional Health Improvement Plan). Sadly, 24.6% of Deschutes County households, 37.6% of Jefferson County households, and 42.2% of Crook County households are employed, but cannot afford the basic necessities to live (United for ALICE). Each community in Central Oregon is unique and requires specialized strategies to allow each household to thrive. Results from the listening session will allow the Address Poverty and Enhance Self-Sufficiency workgroup to partner with and meet the need of each community.

Source:

[2020-2024 Regional Health Improvement Plan](#)  
[ALICE Listening Sessions Final Report](#)

## 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 specified Future State Measures of the Regional Health Improvement Plan (see above)
3. Projects must take place within Central Oregon or serve the following tribal members:
  - a. Crook, Deschutes and Jefferson Counties
  - b. Northern Klamath County, limited to:
    - i. Gilchrist, Chemult, Crescent, Crescent Lake Junction, and Beaver Marsh (Zip codes at 97731, 97733, 97737, and 97739)
  - c. Confederated Tribes of Warm Springs, Cow Creek Band of Umpqua Tribe of Indians, Klamath Tribes
4. Projects partnering with tribes will be required to submit a memorandum of understanding (MOU) or letter of support
5. Projects must include **prioritized populations\*** & communities that are intentionally excluded from power, access, and privilege
6. Projects must be culturally and linguistically responsive for prioritized population
7. Project must be sustainable past the duration of COHC grant funding
8. Projects must address transportation barriers
9. Applicants must submit one letter of support

### Restrictions

Regional Health Improvement Plan grants cannot be used for:

- Activities that can be billed as clinical services
- Administrative activities to support the delivery of covered services
- Tenant assistance, housing assistance, housing construction, and utilities
- Brick and Mortar construction
- Building new buildings and capital investments in facilities designed to provide billable health services
- Projects benefiting a single individual or single household
- Projects that do not address the specified Future State Measures of the RHIP
- Projects *only* serving undocumented community members
- Projects that are primarily designed to control or contain healthcare costs
- Provider workforce and certification training, including credentialing
- Broad assessments or research that does not directly improve community health
- Advocacy work that does not directly improve community health or healthcare quality
- Patient incentives and items and services that could be covered by Flexible Services
- Projects that are inherently religious
- COHC staff and household members cannot apply
- OHA and DHS cannot apply

### **Recommended Partnerships**

The Address Poverty and Enhance Self-Sufficiency Workgroup recommends applicants partner with the [Early Learning Hub](#) of Central Oregon to compliment or enhance regional efforts to increase access to childcare.

### **Additional Documentation Required**

Applicants must submit one letter of support.

### **Evaluation Criteria**

The Address Poverty and Enhance Self-Sufficiency Workgroup will review your grant application using this [SCORECARD](#). We encourage you to use it to help build your proposal.

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

**Maximum Award Amount:** Up to \$882,099

#### **Anticipated Selection Schedule**

Request For Proposal (RFP) Released: February 5, 2024

Application Submission Closes: April 5, 2024

Notification of Award: June 4, 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:

**CHILDCARE**

## Support

The Address Poverty and Enhance Self-Sufficiency 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, please contact MaCayla Arsenault, Project Manager, at [macayla.arsenault@cohealthcouncil.org](mailto:macayla.arsenault@cohealthcouncil.org) or 541-306-3523

If you have questions about the application or using the grant platform, please contact Kelley Adams, Grant Platform Manager, at [kelley.adams@cohealthcouncil.org](mailto:kelley.adams@cohealthcouncil.org)

## 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.