



Rhode Island Department of Health
Three Capitol Hill
Providence, RI 02908-5094
www.health.ri.gov

Memo

To: Potential Mini-Grant Applicants

From: Michelle Wilson, Chief, Office of Minority Health

Date: May 30, 2019

Re: Call for 2019 Refugee Health and Office of Minority Health Mini-Grant Applications

The Rhode Island Department of Health, Health Equity Institute is offering mini-grants to qualified community, faith-based, and not-for-profit organizations to support projects in the areas of refugee health promotion, training and organizational capacity building, and women's health. Applicants may apply for mini-grants in the amount of \$1,000 or \$3,500 in one of two categories of funding:

1. Refugee Health Promotion
2. GEM's Radical Self-Care and Physical Activity

Please note that awards are limited due to available funding. Successful applicants will be expected to provide the Health Equity Institute with a brief final report of program accomplishments and evaluation of goals. The review criteria are included in the application document for your reference.

The mini-grant application and guidelines are attached. The total application, including the cover letter, the budget, and the W-9 form should not be longer than six pages in length. **Applications may be hand delivered to RIDOH, send via postal mail, or emailed to Michelle Wilson at Michelle.Wilson@health.ri.gov. Applications must be received or postmarked no later than Friday, June 14, 2019 by 5:00 p.m. Faxed applications will not be accepted.** Once received, submissions will be reviewed by RIDOH/HEI staff. The mini-grant activity period will vary depending on the grant selected.

Attached is a **revised W-9 form that you must complete and return** when you submit your application. This allows the HEI to process the appropriate paperwork, so your invoice can be paid at the end of the project period. You will be notified regarding the mini-grant award as well as other details prior to beginning of the grant. We look forward to hearing from you regarding this opportunity.



**Rhode Island Department of Health
Refugee Health and Office of Minority Health
2019 Mini-Grant Application Guidance**

BACKGROUND

The Rhode Island Department of Health (RIDOH) aims to advance health equity for all populations by working to eliminate health disparities, address the socioeconomic and environmental determinants of health, and ensure access to quality health services for all Rhode Islanders, including our vulnerable populations. For the past decade, RIDOH has made strides to improve population health outcomes and achieve Rhode Island’s goals for [Healthy People 2030](#). However, disparities persist, and the latest data from the US Centers for Disease Control and Prevention show that the average life expectancy has declined over the past few years. In addition, vulnerable populations (e.g. women, racial and ethnic populations, people with disabilities, and people with low socioeconomic status) continue to experience higher mortality and poorer overall health (as measured by incidences of chronic and infectious diseases, maternal and child health indicators, and behavioral risk factors), as well as disparities in access to medical and other healthcare resources.

RIDOH recognizes that to improve the health of all Rhode Islanders, we must address the physical, social, economic, and environmental conditions that drive health outcomes. This shift and commitment are reflected in RIDOH’s strategic vision below. (To learn more about RIDOH’s leading priorities, strategies, and goals, see www.health.ri.gov/about.)



RIDOH's strategic vision is grounded in the idea that every Rhode Islander, in every ZIP code, should have a fair and just opportunity to be healthy. Achieving and maintaining good health is more likely when people are part of communities, schools, worksites, childcare, healthcare systems, and environments that promote health. It takes multiple organizations and community members working together to create healthier, more equitable places and systems.

PURPOSE

RIDOH proposes to fund innovative projects geared aimed at improving the health and wellness of families and communities. Two categories of mini grant opportunities are eligible for funding:

- a. Refugee Health Promotion
- b. GEM's Radical Self-Care and Physical Activity

A. REFUGEE HEALTH PROMOTION

The Refugee Health Promotion grantees must demonstrate their ability to promote health and emotional wellness for refugees in Rhode Island preferably who have arrived within the last two years, although applicants may choose to focus on serving refugees that have been in RI for longer than two years. Applicants are encouraged to be innovative in their approach, and may choose from one of two funding categories:

Option A: Four (4) grant awards up to \$3,500 will be awarded for projects/programs specifically addressing refugee health promotion. Projects/programs must address one of the priority areas below:

- Activities aimed at promoting physical activity and healthy living, especially among youth and the elderly; or that directly align with one of RIDOH's 23 population health goals. Examples of programming may include exercise, nutrition education, cooking classes, walking clubs, etc. **(Please note: health fairs are not eligible for funding).**
- Activities that assess the community health assets and needs, as well as the social, economic, physical, and environmental conditions that impact the health of one or more refugee population communities. Assessments must aim to foster improved understanding and response to the cultural and linguistic diversity of refugee communities. Activities may include gathering and analyzing data, hosting community forums or focus groups, or collecting stories. Examples of resources that can be used to conduct a needs assessment include:
 - Community Needs Assessment Guide (Center for Urban Research at Loyola University)

<https://cyfar.org/sites/default/files/Sharma%202000.pdf>

- Community Toolbox – Needs Assessment Guide
<https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources>
- CDC CHANGE Toolkit for Conducting Needs Assessments
<https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/change/downloads.htm>
- Activities aimed at addressing a priority health condition that represents a distinct burden for resettling refugee populations. (See [Center for Disease Control and Prevention Refugee Health Profiles](#)).
- **Option B:** Two (2) grant awards totaling \$1,000 will be awarded for training and/or organizational capacity building aimed at improving organizational experience in addressing policies, systems, and environmental conditions that impact refugee health and wellness. The specific need and anticipated outcome (i.e., instruction, skill, transmission of knowledge, utilization) for technical assistance must be clearly articulated in the grant request.

Projects not addressing any of the above areas must demonstrate burden and strong justification for funding support.

NOTE: Funding for Refugee Health Promotion grants ends 9/27/2019.

B. GEM'S RADICAL SELF-CARE AND PHYSICAL ACTIVITY GRANT

As custodians of family health, women play a critical role in maintaining the health and overall well-being of her family and community. However, because of the many roles women play, they too often are caregivers for their spouse, children, and sometimes parents, while neglecting their own physical and mental health care needs. Regular physical activity can improve women's health and reduce the risks of chronic diseases like coronary heart disease, hypertension, type 2 diabetes mellitus, obesity, colon cancer, and premature mortality. Despite this information, most women remain physically inactive. The intent of the GEM's Radical Self-Care and Physical Activity Grant is to:

- Spotlight the cultural, sociodemographic, systemic, and institutional factors that adversely affect the health status of women of color.
- Activate women of color to collectively engage in healthy lifestyle choices through fitness, nutrition, education, and self-care.
- Foster social and multi-cultural connectedness among women of color across Rhode Island.

To help achieve these objectives, RIDOH will provide up to ten (10) grants of \$1,000.00 to not-for-profit, community and/or faith-based organizations to:

- Organize and launch a local [GirlTrek](#) Walking Team for women of color.
- Create culturally-minded physical activity and wellness programming aimed at promoting healthy physical and emotional living, especially for low socioeconomic women.

Walking teams must consist of at least 10 women, and funds may be used for activities such as purchasing promotional items or active wear from Girl Trek, outreach and promotion, printing, administrative time, etc. Applicants are encouraged to refer to resources on the Girl Trek website to help plan and organize their teams. Teams must participate in RIDOH's inaugural launch of the Girl Trek statewide program (date TBD) and are encouraged to participate in ongoing walking events.

About GirlTrek: Girl Trek is the largest public health nonprofit for African-American women and girls in the United States. With nearly 100,000 neighborhood walkers, [GirlTrek](#) encourages women to use walking as a practical first step to inspire healthy living, families, and communities. As women organize walking teams, they mobilize community members to support advocacy efforts and lead a civil rights-inspired health movement. Beyond walking, ***GirlTrek's*** active members have support local and national policy to increase physical activity through walking, improve access to safe places to walk, protect and reclaim green spaces, and improve the walkability and built environments. With Partnership for a Healthier America, The Centers for Disease Control, Stanford Prevention Research Center, The American Council on Exercise, Safe Routes to School National Partnership, and The Sierra Club, ***GirlTrek*** has developed a world-class training for African-American women to serve as health professionals in the areas of fitness, mental health, nutrition, and environmental stewardship. ***GirlTrek's*** mission is to inspire one million African-American women and girls to develop a daily habit of walking.

NOTE: Funding for GEM's Radical Self-Care and Physical Activity Grants ends 7/26/2019.

Instructions: Please read through and complete each of the following sections. Please refer to the review criteria document to understand how the application will be scored. The application form should not be longer than six (6) type written pages.

SECTION I: AGENCY CAPACITY

Briefly describe your organization and your organization's experience in providing services, support, and engagement with refugee populations, low SES and/or women of color in RI. Describe your organization's previous accomplishments in promoting health and wellness focused on addressing health disparities and achieving health equity.

SECTION II: SCOPE OF WORK & SUSTAINABILITY

Provide a summary of the proposed project and project goals. Discuss plans on how the project and/or related activities will support RIDOH's Strategic Framework for reducing health disparities and achieving health equity. Your scope of work should include the following:

- ✓ identification of the category of funding and project focus area as outlined under PURPOSE;
- ✓ description of the problem to be solved, or the need for your program or services;
- ✓ the demographic characteristics of population to be served;
- ✓ description of your program's outreach, promotion, and/or recruitment strategy (if applicable);
- ✓ description of the community and/or neighborhood (geographic location/place) impacted by the proposal (if applicable);
- ✓ description of the scope of activities
- ✓ description of how you will measure and evaluate your success, (if applicable);
- ✓ indicators (measures of program activity) that will be used to document achievement of project goals;
- ✓ a brief explanation of why you feel your program will be successful; and
- ✓ identification of other sources of funding that may support the sustainability of your project (if applicable).

SECTION III: PERSONNEL & TIMELINE

Describe who will work on the project, their experience working in this area, and a detailed timeline.

SECTION VI: BUDGET NARRATIVE

Please describe your proposed budget expenses and complete the budget form included in this application. **NOTE: DUE TO FEDERAL BUDGET RESTRICTIONS, MINI-GRANT FUNDS MAY NOT BE USED FOR THE PURCHASE OF FOOD OR BEVERAGES.** If you have any questions or concerns, please contact Michelle Wilson at 222-7549. Applications may be submitted via email to Michelle.Wilson@health.ri.gov or by US mail to the address below. **Application are due or must be postmarked no later than 5:00 p.m. June 14, 2019. FAXED APPLICATIONS WILL NOT BE ACCEPTED.**

Mailing address:
Michelle Wilson
Chief, Office of Minority Health
RI Department of Health
3 Capitol Hill, Room 304
Providence, RI 02908

**RHODE ISLAND DEPARTMENT OF HEALTH
Health Equity Institute**

Mini-Grant Application Cover Sheet, 2019

Agency Name:

Address:

City:

Phone:

FEIN#:

Contact Person:

Email:

Indicate the City/Town(s)/Neighborhood(s) where work may occur:

Submissions should use the templates provided and not exceed (6) pages. This includes the required forms noted below:

- Mini Grant Cover Sheet (1 page)
- Mini Grant Application Form (3 pages)
- Proposed Budget (1 page)
- W9 form (1 page)

Proposal Submission Deadline: Return via postal, email (preferred), in person no later than Friday, June 14, 2019, 5:00 pm to:

Michelle Wilson

Chief, Office of Minority Health

RI Department of Health, Rm. 304

Telephone: 401-222-7549

Email: Michelle.Wilson@health.ri.gov

**** Please note: Funding is limited, and RIDOH will not be able to award all applicants.**



**Rhode Island Department of Health
2019 Refugee Health and Office of Minority Health Mini-Grant
Review Criteria**

This document will be used by the Institute for Health Equity (IHE) to review Mini-Grant proposals. You may use this as a guide as you prepare your Mini-Grant application; however, it is not part of the application form.

- **Compliance**
 - Do the proposed program activities align with Mini-Grant specifications/requirements for funded activities?
 - Does the proposed budget make acceptable use of funding?
- **Agency Capacity**
 - **General.** Is the organization well suited to carry out the program/project?
 - **Staff.** Is the staff sufficient to carry out the proposed activities? Do the organization staff/volunteers have the appropriate experience and training to carry out the program activities successfully?
 - **Approach.** Are the overall strategy and methods well-reasoned and appropriate to accomplish the specific aims of the program? Are potential problems, alternative strategies, and benchmarks for success presented?
 - **Environment.** Will the community/setting in which the work will be done contribute to the probability of success? Is the organizational support, equipment and any other physical resources available and adequate for the proposed program activities? Does this organization have access to special resources/circumstances that would enhance the work carried out in this program?
 - **Partnerships.** Will the work be carried out with the assistance of other organizations/community collaboration? If so, to what degree will these parties contribute to the proposed program/activity?
- **Scope of Work and Sustainability**
 - **Previous Program(s) and Funding.** If this organization has previously received funding from the former RI Office of Minority Health to carry

- out this or a similar program what were the sources of funding? How successful was the program in achieving any outlined aims and goals?
- **Sustainability.** Assess the likelihood that the program will be sustainable throughout the grant period:
 - Does the organization have the necessary resources and human capital to carry out this program?
 - Is the proposed budget realistic/practical? Is the organization maximizing its use of existing resources?
 - Is the demand for the services that would be provided by this proposed program great enough to carry it on into the future?
- **Overall Program Impact/Merit.** What is the overall impact/priority score that reflects the likelihood that the proposed program/program will accomplish the outlined program/program goals
- **Significance.** Does the proposed program address an important problem or critical barrier to address refugee health? How will the proposed program be successful in changing the factors/circumstances that contribute to this problem(s)?
- **Innovation.** Does the proposed program provide services/opportunities that are not currently available to the communities that would be served? If not, how will the proposed program be better than what is currently available and how does this merit funding?

MINI-GRANT BUDGET TEMPLATE

- Refugee Health Promotion Grant
 GEM's Radical Self-Care and Physical Activity Grant

BUDGET Period (see grant guidelines):	
Organization:	Amount
Type of Grant: Program <input type="checkbox"/> Technical Assistance <input type="checkbox"/>	
I. GRANT FUNDS: EXPENSE CATEGORY	
1. Personnel	
<i>Sub Contracts</i>	
Fringe Benefits: (if included, must break down cost)	
Total Personnel:	
2. Travel (local only reimbursed at \$0.545 p/mile)	
3. Supplies (must be relevant to carrying out the purpose of proposed activities):	
4. Printing:	
5. Telephone:	
6. Postage:	
7. Facilities/Rental Expense:	
8. Other (please indicate)	
TOTAL DIRECT COST TO GRANT	
9. INDIRECT ADMINISTRATIVE COSTS:	
AMOUNT REQUESTED:	
II. IN-KIND CONTRIBUTIONS:	
TOTAL OF IN-KIND CONTRIBUTIONS:	

STATE OF RHODE ISLAND
FORM W-9 PAYER'S REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION



THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

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Employer ID No. (EIN)

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NAME

ADDRESS

CITY, STATE AND ZIP CODE

PAYMENT REMITTANCE ADDRESS, IF DIFFERENT FROM THE ADDRESS ABOVE

ADDRESS

CITY, STATE AND ZIP CODE

CERTIFICATION: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), **and**
- (2) I am not subject to backup withholding because either: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding.
- (3) I am a U.S. citizen or other U.S. person (as defined by the IRS).

Certification Instructions -- You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item (2) does not apply.

Please sign here and provide title, date and telephone number:

SIGNATURE _____ **TITLE** _____ **DATE** _____ **TEL NO** _____
Original Signature Required (Digital Signature Not Acceptable)

BUSINESS DESIGNATION:

Please Check One: Individual Corporation Trust/Estate Government/Nonprofit Corporation
 Partnership Medical Services Corporation Legal Services Corporation
 LLC Tax Classification: Single Member (Individual) Partnership Corporation

TIPS:

NAME: Be sure to enter your full and correct legal name as shown on your income tax return for the SSN or EIN provided.

ADDRESS, CITY, STATE AND ZIP CODE: If you operate a business at more than one location, adhere to the following:

- 1) Same EIN with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different EIN for each different location -- submit a completed W-9 form for each EIN and location. (One year-end tax information return will be reported for each EIN and remittance address.)

Mail Completed Form To:
Supplier Coordinator
Purchasing Department
One Capitol Hill, 2nd Floor
Providence RI 02908

Or Email To: doa.pursuppliercoordinator@purchasing.ri.gov

For State Use Only:	
IRS ___ RI SOS ___ FED ___ Other _____	
RI Supplier # _____ Approved _____	
Date Entered _____ Entered By _____	



**Rhode Island Department of Health
2019 Refugee Health and Office of Minority Health Mini-Grant
Final Reporting**

NOTE: Final report deadlines:

**GEMS Radical Self-Care and Physical Activity Grants: Friday, August 23, 2019
Refugee Health Promotion Grants: Friday, October 25, 2019**

A final report and invoice are required as a part of your Health Equity Institute Mini-Grant Program. We strongly encourage final reports and invoices be submitted well in advance of the deadlines above to allow for processing reimbursements. Please follow the directions and answer questions outlined below in narrative format.

The final report is comprised of TWO components:

- **Final Report Narrative**
 - Summary
 - Detailed Description of Program
 - Program Measurements
 - Evaluation of Program
 - Sustainability
 - Future Considerations
- **Final Budget and Expenditure Report**
 - Budget Form
 - Invoices

Organizations that fail to submit final reports by the deadline may affect the opportunity to receive future funding from the Health Equity Institute at the Rhode Island Department of Health. A final budget and expenditure report must accompany all reports. Merely submitting invoices and other financial statements will not suffice as a final report. Any receipts must be clearly visible and directly related to program activities. **Gas and food receipts are not reimbursable expenses.**

This final report allows the Rhode Island Department of Health and the Institute for Health Equity to assess and evaluate their impact in the community through the effectiveness of community partnerships.

We are pleased to have provided support for your project and for your entire organization and look forward to helping your continued efforts to improve the health of refugees in Rhode Island.

Final Report Narrative: The basic components of the narrative are outlined below. The questions are meant to act as prompts to help you and your organization evaluate the success of your program. If the prompt does not apply to your project or program, please skip. It is helpful to think about evaluation DURING planning stages, BEFORE a project/program has been implemented.

Summary of Program Results

- Give a brief description of the program/event
- List the objective(s) and purpose of the program/event
- Provide main findings and statistics gathered on program outcomes
- Share any recommendations for future programs

Detailed Descriptions of Program/Event Activities

- What were the objectives of your program/event as outlined in your original submitted grant proposal?
- What were the goals?
 - If any goals or objectives were changed added or deleted, please provide the rationale for these changes as well as any new goals that were established.
- What were the specific activities created and executed for this program/event?

Program Measurements (if applicable)

Please list all quantifiable measurements from program/event conducted including:

- Demographics, if applicable
- The number of people who have attended any workshop/activity/event
- The number of total refugees served by the program
- The number of referrals given, if applicable
- These measures are not exhaustive; if you have any data as a result of your program, please provide data and statistics in this section.

Evaluation of Program: Some evaluation questions to consider during implementation of your program/project are:

- Critically assess project strengths and weaknesses
 - What were the strengths of this project? How did they help achieve the goals of the project and the mission of the organization?
 - What were some of the weaknesses of this project?
- Assess the usefulness and effectiveness of the program and its components
 - How useful was each activity (e.g. workshop, event, etc.)?
 - How effective was each activity?
- Assess the effectiveness of partnerships with other organization(s)

- How did the partnerships with other organization(s) impact the project execution?
- What were the strengths of collaboration with your partner organization(s)?
- What were the weaknesses of your partnerships?
- What do you think the impact of the project was on the community you served?
- Assess the extent to which you followed your timeline with fidelity
 - Were you able to adhere to the timeline you included in your grant proposal?
 - What difficulties, if any, did you experience in adhering to your timeline?
- Program Barriers
 - What were the difficulties, if any, you encountered in pursuing the goals and objectives of your program/event?
 - How did you overcome or mitigate these barriers?
- The usefulness of the Health Equity Institute Mini-Grant
 - Did the grant help you achieve your organizational and program goals, and if so, how? If the grant did not help your organization achieve its goals, what factors contributed to this?
 - Was the amount of the grant sufficient for your program needs?
 - How do you feel the quality of the relationship between the Health Equity Institute and your organization helped your program?
 - How do you think this collaboration could be improved?

Sustainability

- What strategies have you identified for continuing and sustaining the objectives of this program within this community?
- How could the Rhode Island Department of Health help your organization achieve this program's objective in the future?

Future Considerations

- Do you have any recommendations for future programs?
- What changes could be made to improve this project?
- What type of help, if any, would you require from the Rhode Island Department of Health or any other government/non-government agency within Rhode Island?