



**ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION  
ILCHF 20<sup>th</sup> Anniversary Grant Opportunity**

***SUPPORTING A STRONG CHILDREN'S HEALTH WORKFORCE IN ILLINOIS***

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| <b>Grant Opportunity Title</b>                  | Supporting a Strong Children's Health Workforce in Illinois          |
| <b>Foundation Contact</b>                       | Bob Egan<br><a href="mailto:BobEgan@ilchf.org">BobEgan@ilchf.org</a> |
| <b>Application Posting Date</b>                 | March 14, 2023   |
| <b>Information/Technical Assistance Webinar</b> | April 4, 2023 at 10 am   |
| <b>Application Closing Date</b>                 | May 16, 2023   |
| <b>Grant Award Date (Anticipated)</b>           | September 21, 2023   |
| <b>Grant Period</b>                             | January 1, 2024 – June 30, 2025                                      |
| <b>Anticipated Number of Awards</b>             | 21   |
| <b>Award Range</b>                              | Up to \$20,000   |
| <b>Estimated ILCHF Funding Total</b>            | \$420,000  |

**ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION OVERVIEW**

**20 YEARS OF SUPPORTING CHILDREN'S HEALTH**

Illinois Children's Healthcare Foundation (ILCHF) has a single vision: that every child in Illinois grows up healthy. Working with grantee partners across the state, the Foundation focuses its grant making on identifying and funding solutions to the barriers that prevent children from accessing the ongoing health care they need, with a primary focus on children's oral health and children's mental health.

ILCHF was created in December 2002 through an action of then Attorney General Jim Ryan and an Illinois insurance carrier. This action and a settlement of approximately \$125 million established Illinois' only private foundation focused solely on the health needs of children across the state. The Foundation awarded its first grants in December of 2004. Approximately \$5.9 million funded 32 programs throughout the state, designed to improve access to pediatric health care; screen children for developmental delays; enhance the quality and accessibility of children's mental health services; and, improve the oral health of Illinois children.

Since inception, ILCHF has awarded over \$140 million in grants to organizations across the state that share our vision ***that every child in Illinois grows up healthy.***

## ILCHF's 20<sup>th</sup> ANNIVERSARY GRANT OPPORTUNITY

### ***SUPPORTING A STRONG CHILDREN'S HEALTH WORKFORCE IN ILLINOIS***

For over 20 years, the ILCHF team has been privileged to travel the state to meet and collaborate with people and organizations in communities working to improve health outcomes for Illinois children. Throughout its history, ILCHF has learned from communities, providers and families about the challenges and successes associated with improving children's health. The Foundation has partnered closely with inspiring teams and organizations to facilitate opportunities that address some of the state's most pressing children's healthcare needs.

Through the work of partners across the state, there is much to celebrate. Thousands of children have received the quality healthcare needed to help them live healthy. Even with all these successes, there is still much work to be done. One overwhelming challenge that impacts all areas of children's healthcare is related to the children's healthcare workforce shortages in Illinois. ILCHF has listened to stories of workforce shortage areas across Illinois, sought data specific to communities in Illinois and learned about innovative programs to help alleviate these shortages.

As the Foundation moves into its 21<sup>st</sup> year of collaborating with grantee partners, the Board of Directors has approved the **ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION 20<sup>th</sup> ANNIVERSARY GRANT OPPORTUNITY: *SUPPORTING A STRONG CHILDREN'S HEALTH WORKFORCE IN ILLINOIS.***

- This funding opportunity will provide 21 geographically diverse grants of up to \$20,000 each for strategies that encourage and nurture the next generation of oral health and mental health providers. ILCHF hopes to award 3 grants in each of its 7 funding regions (see attached map).
- The goal of the project is to provide learning opportunities and guidance to youth as early as grammar school to allow the exploration of potentially developing a career path in health care. Possible projects may include developing new partnerships between health training programs and schools, develop and/or expand existing mentorship programs, and/or develop health care career shadowing programs in the focus areas of children's oral and mental health. An example includes a school counselor developing a program that arranges for representatives from various medical professions to speak with children on a quarterly basis. There are many ways to think about this application and we encourage creativity and innovation.
- This grant opportunity is available to nonprofit organizations that have the capacity to help children learn more about careers in health care. These one time grant funds can be used to seed new programs or expand existing ones. Preference may be given to organizations serving historically underrepresented youth populations and professional healthcare workforce shortage areas that demonstrate the ability to sustain programming past the grant period and can share replicable models that may inspire other efforts.

In order to be considered for funding, applicants must complete the online application through the link provided and indicate how funds in the amount of up to \$20,000 will be used to support youth developing an interest in health care services within the fields of children's oral health or children's mental health.

**An Information/Technical Assistance Webinar will be held via Zoom on April 4<sup>th</sup> at 10:00 am. To register for the webinar click [here](#).**

ILCHF is working to provide greater transparency in its grantmaking practices and to help applicants have greater information regarding the details associated with implementing a grant. Toward that end, attached to this RFP please find the Grant Agreement template and the Final Report template. The only reporting associated with the grant will be a Final Report due August 15, 2025.

Grant recipients will be announced at ILCHF's 20<sup>th</sup> Anniversary Luncheon on September 21, 2023 in Oak Brook. (Recipients do not need to be present to receive a grant.) Grant funds will be disbursed no later than December 31, 2023. We are mindful that these grants will likely be implemented either in partnership with schools or consistent with a school calendar. In order to provide a full school year (August 2024 to June 2025) to implement any proposed programs, grantees will have until June 30, 2025 to complete their projects and spend their grant funds.

Below, please find the questions that are contained in the online application.

## **ORGANIZATION INFORMATION**

### **I. Title Page**

- a) Organization name
- b) Project title
- c) Project abstract (250-word limit)
- d) Total project budget
- e) Requested amount
- f) Project start date
- g) Project end date
- h) RFP Category

### **II. Organization Information**

- a) Executive Director/President/CEO first name
- b) Executive Director/President/CEO last name
- c) Prefix
- d) Executive Director/President/CEO title
- e) Executive Director/President/CEO email
- f) Tax ID

- g) Organizational background - "Please provide a brief description of your organization, including mission and population/communities served (100-150 words)"
- h) Annual budget
- i) Address
- j) City
- k) State
- l) Postal code
- m) County
- n) Phone
- o) Website

**III. Primary Contact Person** – Instruction: "This person will receive all communication related to the application."

- a) Last name
- b) First name
- c) Prefix
- d) Title
- e) Email
- f) Office phone
- g) Extension
- h) Mobile phone

**IV. Project Director** – Instruction: "This person will be the staff person in charge of operational management and implementation."

- a) Last name
- b) First name
- c) Prefix
- d) Title
- e) Email
- f) Office phone
- g) Extension
- h) Mobile phone

## **EQUITY, DIVERSITY, & INCLUSION**

### **V. Organizational Diversity**

Illinois Children's Healthcare Foundation is on a journey to learn, understand and embed the concepts of equity, diversity and inclusion more intentionally into our work. As part of our learning, we are seeking to have a deeper understanding of the approach our grantees are taking regarding equity, diversity, and inclusion and about the diversity of the staff and leadership of organizations we fund.

ILCHF values board, management and staff diversity among its grantees that is reflective of and/or responsive to the people our grantees serve. The Foundation recognizes that diversity is expressed in different ways, including race, gender, religion, ability, economic status, sexual

orientation, language, national origin and age. Collecting this data will help us have a deeper understanding of and help us to learn from the organizations that apply for funding. This information will inform but not be determinative of an application's success.

**The following questions seek both percentages and an optional narrative response because ILCHF is interested in understanding more about your organization in terms that are relevant to your work and enable you to share what is important to you. In addition to the data related to race/ethnicity and gender, for each of the questions below please share any other information you would like to share regarding the diversity of the people involved with or impacted by your work.**

### **Population Served**

Please provide the following information regarding the demographics of the population you serve. Include the total numbers served annually and numbers/percentages of those served according to race/ethnicity and gender, and to the extent possible the number of children served.

- a) Total number of community members served annually
- b) Total number of children (0-21) served annually
- c) Economic diversity of community members served annually
  - Median income for community served
  - Percentage of community members living at or below 150% of the Federal Poverty Line (FPL)\*  
\*(\$41,625 for a family of 4 is 150% of the 2023 FPL. Click [here](#) for 2023 FPL; A data source for economic data: <https://datausa.io/>)
- d) Racial/Ethnic diversity of community members served annually (Please provide percentages totaling 100%)
  - Alaska Native
  - American Indian, Native American, or First Nations
  - Asian or Asian American
  - Black or African American
  - Hawaiian Native
  - Latina, Latine, Latino, Latinx
  - Multiracial
  - Middle Eastern or North African
  - White
  - Unknown

### **Board of Directors**

Please provide the following information regarding your Board of Directors or comparable governing body.

- a) The number of Board Members
- b) Racial/Ethnic diversity of your Board Members (Please provide percentages totaling 100%)
  - Alaska Native
  - American Indian, Native American, or First Nations
  - Asian or Asian American
  - Black or African American
  - Hawaiian Native
  - Latina, Latine, Latino, Latinx
  - Multiracial
  - Middle Eastern or North African
  - White
  - Unknown
- c) Gender diversity of your Board Members (Please provide percentages totaling 100%)
  - Gender Non-conforming
  - Genderqueer
  - Man
  - Trans
  - Woman
  - Unknown
  - Data not available

**Organization Leader**

Please provide the following information regarding the organization's leader.

- a) Racial/Ethnic identity of the organization's leader
  - Alaska Native
  - American Indian, Native American, or First Nations
  - Asian or Asian American
  - Black or African American
  - Hawaiian Native
  - Latina, Latine, Latino, Latinx
  - Multiracial
  - Middle Eastern or North African
  - White
  - Unknown

b) Gender identity of the organization's leader

- Gender Non-conforming
- Genderqueer
- Man
- Trans
- Woman
- Unknown
- Data not available
- Prefer not to share

**Management**

Please provide the following information regarding your management team.

a) The number of Management team members (exclusive of the organization leader)

b) Racial/Ethnic diversity of your Management Team Members (Please provide percentages totaling 100%)

- Alaska Native
- American Indian, Native American, or First Nations
- Asian or Asian American
- Black or African American
- Hawaiian Native
- Latina, Latine, Latino, Latinx
- Multiracial
- Middle Eastern or North African
- White
- Unknown

c) Gender diversity of your Management Team Members (Please provide percentages totaling 100%)

- Gender Non-conforming
- Genderqueer
- Man
- Trans
- Woman
- Unknown
- Data not available

### **Staff**

Please provide the following information regarding the organization's staff members who are not part of the Management team.

- a) The total number of non-management staff members (exclusive of the organization leader and the management team members)
- b) Racial/Ethnic diversity of the organization's staff (Please provide percentages totaling 100%)
  - Alaska Native
  - American Indian, Native American, or First Nations
  - Asian or Asian American
  - Black or African American
  - Hawaiian Native
  - Latina, Latine, Latino, Latinx
  - Multiracial
  - Middle Eastern or North African
  - White
  - Unknown
- c) Gender diversity of the organization's staff (Please provide percentages totaling 100%)
  - Gender Non-conforming
  - Genderqueer
  - Man
  - Trans
  - Woman
  - Unknown
  - Data not available

### **Additional Diversity (optional)**

Please use this space to provide any additional information regarding the above questions or information regarding additional forms of diversity present within the organization that are relevant to your proposal or are important for you to share.

Please use this space to describe any efforts you have taken, are currently taking, or plan to take in order to address the concepts of equity, diversity and inclusion in your organization, both internally and as related to the populations you serve.



## PROJECT DETAILS, NARRATIVE and BUDGET

- VI. Project Details** – Please select the most appropriate designations for the populations you plan to serve.
- a) Geographic area/Primary county
  - b) All counties served by project
  - c) Primary age group – projected percentage of youth served by the project in each age group. (Please provide percentages totaling 100%)
    - Infants/Toddlers (0-5)
    - Children (6-13)
    - Adolescents (14-18)
    - Young Adults (19-21)
  - d) Primary race/ethnicity – projected percentage of youth to be served by the project in each demographic category. (Please provide percentages totaling 100%)
    - Alaskan Native
    - American Indian, Native American, or First Nations
    - Asian or Asian American
    - Black or African American
    - Hawaiian Native
    - Latina, Latine, Latino, Latinx
    - Middle Eastern or North African
    - Multiracial
    - Pacific Islander
    - White
  - e) Gender Diversity – please provide the projected percentage of youth to be served by the project in each demographic category. (Please provide percentages totaling 100%)
    - Gender Non-conforming
    - Genderqueer
    - Man/Boy
    - Trans
    - Woman/Girl
    - Unknown
    - Data not available
  - f) Socioeconomic status – please provide the projected percentage of youth to be served by the project in each category. (Please provide percentages totaling 100%)
    - Less than or equal to the Federal Poverty Level
    - Up to 150% of the Federal Poverty Level

- Up to 200% of the Federal Poverty Level
  - Unknown
  - Other
- g) If the project will focus on youth with one or more specific demographic characteristics within the community, please describe the rationale for this approach. (Limit 500 words)
- h) Focus area
- Mental/Behavioral Health
  - Oral Health
- i) Has the applicant organization received prior funding from ILCHF
- Yes
  - No
- j) Program area
- Workforce Development

## VII. Project Narrative

Please describe how you propose **to use up to \$20,000 within 18 months to support youth interested in health care services careers within the fields of children's oral and/or mental health.** (Limit 1000 words)

- a) Proposed number of children/youth to be engaged in the project and the frequency of engagement.
- b) How will success be defined and measured? (Limit 1000 words)
- c) Please describe the need that your project will address. Be concise using sources of data (i.e., statistics/research) specific to your geographic area and proposed population. (Limit 1000 words)

A number of organizations, including community foundations are partnering with us to provide outreach and dissemination regarding this opportunity and may consider funding proposals related to their communities and priorities. If a community foundation or other funder decides to partner in terms of funding applications we would like to have the ability to share your application with them. We will not share your application without your permission to do so. Please select the response below which reflects your level of interest in providing permission for us to share your application with an interested community foundation:

- Please do not share our application.
- Please share our application with any interested community foundation.
- Please contact us to discuss the possibility of sharing our application.

### VIII. Budget and Financial Information

Please complete the budget template found on the ILCHF website and upload it as an attachment ([www.ilchf.org](http://www.ilchf.org)). Examples of eligible costs include:

- Staff time to develop and/or administer program
  - Stipends for speakers
  - Travel time
  - Meeting expenses
  - Communications expenses
  - Materials/supplies
  - Incentives for students
  - Equipment
- a) Provide a budget narrative. Delineate details associated with the budget, clarify the calculations leading to the budget numbers, and provide details that do not fit within the budget template.

**Attachments** - Instruction, "If one of the required documents is not applicable for your organization please attach a note in its place explaining why the document cannot be provided."

- a) Budget template
- b) The *Officer's Certification Form* signed by the CEO/President or Department Chair – this is a document that can be downloaded from our website.
- c) Applicant organization IRS letter of exemption
- d) Applicant organization most recent form 990, if applicable
- e) Applicant organization most recent AG IL 990, if applicable
- f) Applicant organization most recent audited financial statements
- g) Board of Directors' list for applicant organization

### APPLICATION PROCESS

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ILCHF utilizes an online application system. The application link can be found by clicking [here](#) or visiting [www.ilchf.org](http://www.ilchf.org)

Prior to beginning the online application process:

- Be sure you have read the RFP thoroughly and are certain your organization and/or initiative qualify for the funding being offered.
- Make sure you have your organization's Employer Identification Number (EIN) from either the most recent IRS Form 990 or IRS Determination Letter ready when you enter the system. You will need it to establish your application file.
- Ensure copies of your organization's most recent key financial documents – IRS Form 990, Audited Financial Statement, IRS Letter of Determination – are all available to you in an electronic format to attach to your submission when you submit it. Instructions on how to submit these documents are in the form itself.
- **Proposals are due by May 16, 2023 and must be submitted online.**

## TECHNICAL ASSISTANCE/QUESTIONS

ILCHF will host an Information/Technical Assistance Webinar via Zoom on April 4, 2023 at 10:00 am. **Please click [here](#) to register for the webinar.** The webinar will be recorded and available on ILCHF's website for those who are unable to attend on April 4<sup>th</sup>.

Directions and technical assistance will be provided by Illinois Children's Healthcare Foundation located at:

Illinois Children's Healthcare Foundation  
1200 Jorie Boulevard, Suite 301  
Oakbrook, IL 60523  
Phone: 630.571.2555  
Fax: 630.571.2566  
[www.ilchf.org](http://www.ilchf.org)

For questions related to Children's Mental Health please contact:

Christine Brambila, Senior Program Officer  
[christinebrambila@ilchf.org](mailto:christinebrambila@ilchf.org)

For questions related to Children's Oral Health please contact:

Bob Egan, Senior Program Officer  
[bobegan@ilchf.org](mailto:bobegan@ilchf.org)

For technical assistance related to this RFP please contact:

Nedrane Hunt, Grants Manager  
[nedranaehunt@ilchf.org](mailto:nedranaehunt@ilchf.org)

### Illinois Children's Healthcare Foundation Funding Regions

