DEADLINE TO APPLY: AUGUST 1, 2023
LETTER OF INTENT (STRONGLY ENCOURAGED) DUE: JULY 14

BMS-F NJ Safety Net Innovation Program

Request for proposals

The Bristol Myers Squibb Foundation ("BMS-F") is offering grant funding to organizations focused on strengthening the healthcare safety net in New Jersey in order to improve health equity.

Website: The Bristol Myers Squibb Foundation (bms.com/foundation)

Email: NJSNIP@camdenhealth.org

Grant application link: https://forms.office.com/r/SwU2dP4vL2

FAQ document: *FAQ information to be added after informational webinar*

Overview

The Bristol Myers Squibb Foundation ("BMS-F") is an independent 501(c)(3) nonprofit organization primarily funded by Bristol Myers Squibb Company. The mission of the Bristol Myers Squibb Foundation is to promote health equity and improve the health of vulnerable communities burdened by serious diseases. Our grantmaking empowers partners to build innovative community-based solutions to improve access to quality healthcare.

In keeping with our mission to improve access to quality healthcare for vulnerable communities, BMS-F is launching the **NJ Safety Net Innovation Program ("NJ SNIP")**, a new grant program to advance health equity by supporting safety net healthcare organizations across New Jersey, including essential hospitals, community health centers, free and charitable clinics, and regional health hubs. The initiative seeks to provide flexible funding to enable grantees to strengthen their organizational capacity and address a critical health need facing their community.

Purpose

The goal of this grant program is to help increase access to quality healthcare for underserved communities in New Jersey by expanding safety net organizations' capacity to serve local needs while aligning with broader statewide goals and policy initiatives. BMS-F aims to fund

proposals that will provide transformative, sustainable value for the funded organizations and support demonstrable, strategic capacity building among the state's safety net providers. **The Camden Coalition** is supporting the BMS-F to co-design, implement, and administer this new grant program.

Background

Over the past decade, safety net institutions committed to providing quality healthcare services regardless of the patient's financial circumstances have positively influenced health outcomes for individuals disproportionately affected by health inequities. By virtue of their mission and the communities they serve, safety net institutions are uniquely well-positioned to advance health equity. BMS-F aims to create a grant program that can deliver sustainable value to these organizations and objectively demonstrate the success of investing in and empowering safety net organizations to identify their most pertinent strategic capacity building needs and allocate the funding as appropriate. We believe providing flexible funding resources to safety net organizations will strengthen their ability to address inequities and create an opportunity to improve the organization's relationship with community members and other health and social services providers in the community. See Appendix for the NJ SNIP logic model, which provides an orientation to the grant program activities/processes and links them with expected outcomes.

Consumer and community input and meaningful partnership is critical to designing and implementing changes in the health system that will benefit New Jersey's diverse population. Whether an organization is seeking seed funding for a new project, would like to continue a promising project, or invest in organizational capacity building, it is our hope that our grantmaking will empower local organizations to build and sustain ongoing, innovative, and impactful community-based solutions that improve access to quality healthcare for underserved communities here in New Jersey. The selected proposals will include a strategy for enhancing ongoing, meaningful partnership with the community served. This could be reflected as a formal partnership through a joint proposal with shared funding between an eligible entity and a local community-based organization. We believe that equitable partnership with community-based entities is a powerful strategy that can help organizations successfully implement their initiatives.

We aspire to reimagine the relationship between donors, nonprofits, and communities by supporting proposals that meaningfully incorporate the voice of the community throughout the implementation of the project. By encouraging healthcare providers to engage the individuals they serve as experts of their own lived experiences, we can begin to rebalance power in decision-making between foundations, non-profits, and consumers. Addressing these inherent power imbalances through meaningful consumer engagement will have a significant impact on the delivery of healthcare and related services to low income and marginalized populations that experience health-related disparities in New Jersey.

Program components

The BMS-F NJ Safety Net Innovation Program aims to support New Jersey safety net health care organizations in planning and implementing strategic initiatives to meet their unique community needs through two pillars of support:

1. **Grant funding:** Eligible organizations can apply for up to $150,000 per year for two years to address a community need and/or a strategic capacity building need. Up to 10 organizations will be selected for the 2023-2025 grant period.

2. **Technical assistance and capacity building:** One-on-one assistance will be provided by the Camden Coalition to develop and implement plans to ensure the success of the proposed project and to sustain strategic growth through alignment with state priorities, other funding streams, and partnership-building. Grantees will have access to Resilia, an online platform that delivers coaching, technical assistance, and capacity-building support to nonprofit organizations. At a minimum, grantees will attend quarterly check-ins on project plans and implementation wherein coaching and technical assistance needs will be assessed. The frequency of check-ins from the Technical Assistance project management team will be customized to reflect the level of support needed by the grantee.

Eligibility criteria

To participate in this grant opportunity, applicant organizations must:

- *Be a nonprofit with 501(c)(3) status, located in NJ, and qualify as one of the following four organization types:*

  - *Community Health Center (CHC) - including Federally Qualified Health Centers (FQHCs) and "look alikes"*
  - *Free and Charitable Clinic*
  - *Essential/Safety-Net Hospital*
  - *Regional Health Hub*

- *Identify a project leader committed to lead and facilitate the team's participation.*

- *Commit to attending all required convenings, including a kickoff meeting, quarterly progress check-ins, a closing session, and coaching sessions as needed.*

Review process and selection criteria

All applications will be assessed by members of the NJ SNIP Advisory Committee. Established and appointed by the BMS-F, the Advisory Committee will provide strategic advice to support the NJ SNIP. The BMS-F Advisory committee consists of a diverse cross-section of New Jersey health care leaders including representatives of state government, health policy experts, philanthropy, healthcare delivery, and Person with Lived Experience (PWLE)/consumer representatives. Advisory Committee members will review the submitted proposals and inform BMS-F of the selected proposals. Each application will be reviewed by multiple evaluators to facilitate a fair and unbiased process. Reviewers will recuse themself from the review of any proposal where participation constitutes a real or apparent conflict of interest that may affect the integrity of the review process or the integrity of their official capacity. See Appendix for list of 2023-2024 Advisory Committee Members.

Applications will be assessed on the following criteria:

- *Potential impact of the proposed activities*
- *Level of innovation proposed in project*
- *Demonstrated commitment to meaningfully partnering with community members to guide programmatic activities*
- *Proposed metrics to demonstrate success*
- *Vision for sustainability based on successful implementation of the project (extent to which the outcome of this project contributes to/changes the sustainability plan of the organization/services)*
- *Viability of plan to implement the proposed work during the project period including budgeting strategy*
- *Provision of services to priority municipalities identified as **Social Vulnerability Index (SVI) high vulnerability counties.** See Appendix for list of priority municipalities.*

Budget requirements

All proposals must include a proposed budget. Below are the budgetary requirements for grants submitted to the Bristol Myers Squibb Foundation.

The Budget must:

- *Be prepared in an Excel spreadsheet*
- *Be linked to activities and itemized*
- *Be annualized*
- *Include any matching funds (if applicable)*

Grant funds may be used for:

- *Project salaries (fringe benefits limited to 25%)*
- *Data analysis*
- *Communications and publications*
- *Project-related travel*
- *Direct project cost*
- *Indirect costs (up to 10% of budget)*

Direct cost are defined as cost that are clearly traceable to program planning and execution (no allocation is needed). "Indirect or overhead cost" are defined as administrative cost of operations that are allocated to the program (rent, utilities, etc.)

Reporting requirements

Grantees will be required to provide progress updates and participate in evaluation activities during the grant term to help us understand programmatic impact and improve our grantmaking, including:

- *Quarterly progress briefing and evaluation data collection*
- *Annual expenditures and budget update*

Application submission

Applicants intending to apply for the grant are strongly encouraged to email a brief letter of intent to **NJSNIP@camdenhealth.org** by July 14th.

Please submit the application materials listed below via **https://forms.office.com/r/SwU2dP4vL2 by August 1st, 2023**. An interview may be required as part of the final selection process.

Selected organizations will be notified of their grant award by November 1, 2023. Please check your email regularly, including spam folders, for time-sensitive communications.

An informational webinar on the grant process will be held on **July 12th at 11:00**am via Zoom. For more information, please visit the BMSF NJ SNIP webpage at **https://camdenhealth.org/NJ-SNIP**.

For any questions about the application process or for support with accessibility (language/digital ability), please contact Riz Carthins (they/them) at **NJSNIP@camdenhealth.org.**

BMS-F NJ SNIP Funding Application

Please use the following link to electronically submit your answers to the following application questions:
https://forms.office.com/r/SwU2dP4vL2. *Responses to all questions are limited to 4000 characters (including spaces). We recommend that you save your work in a separate document and paste answers in the form.*

Section 1: Applicant information and background

1. Primary organization name

2. Organization type [drop down list of 4 eligible entity types]

3. Primary organization address:

- *Street Address*
- *Street Address Line 2*
- *City*
- *State Province*
- *Postal Zip Code*

4. Primary organization website and social media handles (if applicable)

5. Project Lead/Director

- *First Name, Last Name*
- *Title*
- *Email*
- *Phone Number*

6. Primary contact person for the grant (if different from the Project Lead)

- *First Name, Last Name*
- *Title*
- *Email*
- *Phone Number*

7. Authorized signatory information:

- *Name*
- *Email*
- *Phone Number*

8. Priority (high-vulnerability) municipalities served [*drop down list*]

9. Number of people served per year [*drop down list of ranges*]

10. Annual operating budget for the current fiscal year [*drop down list of budget ranges*]

11. Upload proposed project budget (must be an Excel spreadsheet)

12. I acknowledge and agree to the following: Project leaders commit to participation in all evaluation efforts and attendance at all required convenings, including a kickoff meeting, quarterly progress check-ins, a closing session, and coaching sessions as needed. [check box]

Section 2: Proposed work

A. Current activities:

1. Provide a brief description of the organization's mission and population served.

a. If your organization is categorized as a free clinic, please also describe the existing healthcare delivery structure (how and where care is provided, and by whom).

2. Describe your relationship to the community and how consumers are currently engaged in the organization's governance, program design, process improvement, and other decision-making processes.

B. Proposed approach:

1. Describe the current need/problem that the proposed project seeks to address.

2. Describe the goal(s), objectives, and major activities of the proposed project.

3. How will this work impact the population served and/or the organization? How will the proposed approach and activities meet the stated goal(s) and objectives?

4. If similar services are already offered, explain how they are funded and will align with and complement the proposed activities.

5. How will the proposed project address health equity[1]? Describe how equity is incorporated into the strategy or project design.

6. Describe how the voice of the community and/or the individuals served will be meaningfully incorporated into the design and delivery of project activities or services.

7. What measures will you collect and use to understand impact of the project?

C. Organizational capacity:

1. Describe the proposed project management approach and provide the implementation team including names, titles, short summaries of qualifications, percentage of time allocated to proposed initiative, and roles of all members.

2. How does the proposed project align with local, state, or other initiatives that could inform or potentially help to sustain the work after the funding period ends?

3. Discuss anticipated challenges that may arise during this project and how you intend to mitigate them.

APPENDIX: Definitions, Advisory Committee Members, Priority Municipalities, and Logic Model

Definitions

- *Federally Qualified Health Centers "FQHCs"/Community Health Centers "CHCs"*

Community health centers "CHCs" (including federally qualified health centers "FQHC" and look alike organizations) are non-profit, patient-governed organizations that provide high quality, comprehensive primary healthcare to medically underserved communities, serving all patients regardless of income or insurance status. There are 23 CHCs with approximately 129 satellite community based ambulatory health care facilities in the state of New Jersey.

- *Free and Charitable Clinics*

Free and Charitable Clinics "FCCs" are non-profit facilities, funded by government or private donors, that provide primary care, preventive healthcare, and additional health services to the medically underserved at reduced or no cost as part of the healthcare safety net. There are approximately 13 FCCs in the state of New Jersey.

- *Essential/Safety-Net Hospitals*

Essential/Safety Net Hospitals provide access to health care to all, especially vulnerable populations. Essential hospitals provide a substantial volume of care to low-income patients, the uninsured, and others who face social and economic hardships with a significant focus on public health and health equity. For the purposes of eligibility for this grant, a safety net hospital is considered one that demonstrates a payer mix comprised disproportionately of Medicaid and uninsured patients and also is eligible to receive Medicare Disproportionate Share Hospital (DSH) payments.

- *Regional Health Hubs*

Regional Health Hubs "RHH" replaced state Medicaid Accountable Organizations to provide community-based structure for convening stakeholders, planning, and providing health interventions in order to eliminate healthcare fragmentation hampering care. RHHs work with both clinical and social service providers to explore innovative structures and practices to integrate, coordinate, and align disconnected programs in order to make communities healthier. There are four RHHs in the state of New Jersey.

- *Community-based organization*

A public or private nonprofit organization that is representative of a community or a significant segment of a community and works to meet community needs. A CBO is driven by community residents in all aspects of its existence, meaning:

- *The majority of the governing body and staff consists of local residents*
- *The main operating offices are in the community*
- *Priority issue areas are identified and defined by residents*
- *Solutions to address priority issues are developed with residents*
- *Program design, implementation, and evaluation components have residents intimately involved, in leadership positions*

Advisory Committee Members (2023-2024)

1. State Government - Health and Human Services: TBD - NJ Department of Human Services

2. State Health Policy Expert: Linda Schwimmer - NJ Health Care Quality Institute, President & CEO

3. Philanthropic Funder: Cecile Edwards - NJ Birth Equity Funder's Alliance, Senior Manager

4. Grantee Stakeholder / Philanthropic Funder: Sharif Braxton - Robert Wood Johnson Foundation, Community Officer (Formerly Executive Director of Medina Community Clinic)

5. Consumer Perspective/ Person with lived experience: Jacquelynn Bayard - Camden Coalition Community Advisory Committee, Co-Chair

Priority Municipalities

The following list of priority municipalities was determined based on a social vulnerability index developed by the Centers for Disease Control and Prevention.

1. Asbury City	19. Hackensack City	37. Perth Amboy City
2. Atlantic City	20. Haledon Boro	38. Plainfield City
3. Bayonne City	21. Harrison Town	39. Pleasantville City
4. Bridgeton City	22. Hightstown Boro	40. Prospect Park Boro
5. Camden City	23. Irvington Twp	41. Red Bank Boro
6. Carteret Boro	24. Jersey City	42. Salem City
7. Chesilhurst Boro	25. Keyport Boro	43. Teterboro Boro
8. City of Orange Twp	26. Lawnside Boro	44. Trenton City
9. Cliffside Park Boro	27. Lindenwold Boro	45. Union City
10. Dover Town	28. Long Branch City	46. Victory Gardens Boro
11. East Newark Boro	29. Millville City	47. Vineland City
12. East Orange City	30. New Brunswick City	48. Weehawken Twp
13. Elizabeth City	31. New Hanover Twp	49. West New York Town
14. Fairfield Twp	32. Newark City	50. Woodbury City
15. Fairview Boro	33. North Bergen Twp	51. Woodlynne Boro
16. Freehold Boro	34. Passaic City	52. Wrightstown Boro
17. Garfield City	35. Paterson City	
18. Guttenberg Town	36. Penns Grove Boro	

Logic Model

The NJ SNIP logic model provides an orientation to underlying theoretical assumptions, and links outcomes with program activities/processes. We encourage you to use the NJ SNIP logic model and its processes as an action-oriented tool to guide proposal planning, project design, implementation strategies, and practical application of available resources.

The BMS-F New Jersey Safety Net Innovation Program (NJ SNIP) logic model

Program aim: Support healthcare safety net providers with flexible funding and TA/training to increase in their capacity to implement organizational and service delivery changes and relationship development that will result in better access to health services and community support services for people living in marginalized communities, ultimately improving health equity and health outcomes within the community.

RESOURCES/INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACT
• 2 years of flexible funding • Grantee staff, community partners and consumers • Training and coaching resources • Technical assistance from National Center project management team • Camden Coalition consumer engagement staff and experts in the field • BMSF NJ SNIP Advisory Committee • Peer connections and information sharing among grantees (e.g lessons learned, processes, and resources)	• Grantees initiate or expand innovation or intervention • Grantees create or deepen relationships with consumers • Grantees create or expand relationships with other providers in the community • National Center provides coaching and project management support to grantees • Resilia provides training to grantee teams • National Center hosts Quarterly Advisory Committee meetings to work through challenges and generate potential solutions	• Increased engagement between safety net organizations and community members, community-based partners, and consumers • Increased service provision • Grantees trained through Resilia • Project management or direct service provider participation in coaching and technical assistance	• Increased organizational capacity to meet strategic objectives • Increased access to needed service(s) among high-need target population • Enhanced skills of direct service and or administrative workforce • Shift in power dynamic as evidenced by attitude changes regarding relationship between grantee, consumers, and community-based partner organizations (i.e., positive change in trust, buy-in)	• People in marginalized communities who historically have experienced disproportionately negative health outcomes will have better health and well-being • Growth and expanded capacity to meet the needs of the community among grantees and partners

Assumptions

- Providing flexible funding for safety net organizations can increase their ability to innovate and provide bespoke solutions to meet their community's needs
- Improving health and equity require engagement of the community and multiple services outside of healthcare delivery
- Supporting capacity building creates a pathway for accelerated growth and positions the organization to compete for a range of funding opportunities more successfully
- Alignment with state agency priorities is a key strategy for safety net organizations to sustain service expansion and uptake of evidence-based models for care