

# HEALTH AMBASSADORS FOR PEOPLE EXPERIENCING HOMELESSNESS

REQUEST FOR APPLICATIONS  
JUNE 2022



**T H E C E N T E R**  
*at Sierra Health Foundation*

The Center at Sierra Health Foundation is an independent 501(c)(3) nonprofit organization bringing people, ideas and infrastructure together to create a collective impact that reduces health disparities and improves community health for the underserved living in California. For information about The Center, visit [www.shfcenter.org](http://www.shfcenter.org).

This opportunity is provided by The Center at Sierra Health Foundation in partnership with the State of California's Department of Public Health.

# **READ ALL INSTRUCTIONS AND CRITERIA CAREFULLY**

## **BACKGROUND**

The Center for Health Program Management (The Center) was founded by Sierra Health Foundation in 2012 as an independent 501(c)(3) nonprofit organization. With offices in Sacramento and Fresno, The Center pursues the promise of health and racial equity in communities across California. Leveraging leadership, operational and funding support from Sierra Health Foundation and its partners, The Center establishes investment partnerships with public and private funders; community members; community organizations; national, state and local government agencies; nonprofits; and businesses to advance health equity.

A one-time grant from the California Department of Public Health supports hiring and training of peer Health Ambassadors for people experiencing homelessness across California. Health Ambassadors will provide ongoing outreach to help people experiencing homelessness feel more confident about COVID-19 vaccines and will link them to testing, vaccine resources and other health-related services. Health Ambassadors are people who have current or recent experiences of homelessness and who can offer peer support and share real-world experiences and personal motivations for getting vaccines. They also will provide other health information and services.

Awarded funds will support organizations to hire, train, mentor and support Health Ambassadors. Technical assistance and capacity-building activities, including intensive coaching, training and support, will be provided to those organizations awarded funding.

## **THE FUNDING OPPORTUNITY**

### **Scope of Work**

Activities supported by this funding opportunity must be related to a health ambassador program and must be focused on the following outcomes:

- Increasing vaccination rates and testing for COVID-19 and other illnesses for people experiencing homelessness
- Strengthening partnerships between stakeholders in the homelessness system of care and local public health and health care systems
- Identifying and documenting best practices and lessons learned to support scale-up and sustainability
- Providing connections to healthcare and housing-related resources and information for people experiencing homelessness

This funding opportunity is focused on people experiencing homelessness.

## Peer Health Ambassadors

A Health Ambassador is a compensated volunteer or paid employee who provides outreach and education around the importance and efficacy of testing and vaccinations, sharing personal reasons for confidence in vaccines based on personal experience, and helps connect people experiencing homelessness to available testing and vaccine resources.

## Technical Assistance

[Homebase](#) will provide direct technical assistance (TA) to grant recipients in the form of intensive coaching to develop and launch their health ambassador programs, including identifying and facilitating collaboration among potential partners. The TA will cover all aspects of designing, implementing, monitoring and reporting a successful health ambassador program, as well as support in complying with grant requirements. Specific assistance may include:

- Assessing local needs to understand each grant recipient's community landscape around street outreach, healthcare stakeholders, community-based organizations (CBOs), relationships with the Continuum of Care (CoC), and local resources, strengths, challenges and priorities
- Facilitating involvement of local program partners and participants in program design
- Support for building or strengthening relationships between the CoC, CBOs and local health departments
- Training and support related to best practices for health ambassador program planning and implementation
- Ambassador recruitment, training and retention support
- Sustainability planning
- Grant reporting and compliance
- Connections to other grant recipients for peer learning opportunities

## ELIGIBILITY CRITERIA

Organizations must meet the following minimum requirements:

- Located in California
- Provide services in California
- Are a 501(c)(3) community-based organization, government entity or health provider
- Have demonstrated experience serving people experiencing homelessness
- Applicant organizations and their partners must have evidence of inclusivity and shall not discriminate based on race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation or military status in any of its activities or operations.

## INSURANCE REQUIREMENTS

There will be insurance requirements under these contracts, the costs of which can be built into the project budget. Please see Appendix A. Once funds have been awarded, communication will be sent to awarded organizations to upload the insurance documents and demonstrate compliance with all insurance requirements. Payment will not be released until insurance compliance requirements are met. The Center recognizes that the terms and coverage conditions for insurance requirements are technical in nature. If you need additional support to answer these questions, you can contact [centergrants@shfcenter.org](mailto:centergrants@shfcenter.org). If you do not feel you will be able to meet the insurance requirements, please reach out to [centergrants@shfcenter.org](mailto:centergrants@shfcenter.org), with the subject "Project Name + Insurance Requirements." Refer to Appendix A for more information.

## SELECTION CRITERIA

The Center will select applicants who present the most complete and responsive applications demonstrating the most favorable mix of credentials, potential and cost. Applications will be judged on overall likelihood of impact, project sustainability, strength of implementation team and proposal, and budget.

Overall, the application should demonstrate the ability to document the best practices in peer ambassador models through staffing, peer ambassador approaches and program strategies.

**The following criteria will be used in the review of applications:**

### **Organizational Experience**

The application should provide a clear explanation of why the organization is the appropriate organization to implement the Health Ambassadors for People Experiencing Homelessness project, including, but not limited to:

- Track record of successfully being led by, serving and/ or partnering with people experiencing homelessness
- Experience providing culturally appropriate services to people experiencing homelessness from a diverse range of backgrounds and communities
- Application of trauma-informed care, harm reduction, motivational interviewing and cultural humility approaches
- Commitment to hiring and nurturing the skills of people with lived experience of homelessness and, where possible and desired, to assist with linking Ambassadors to ongoing work opportunities after the program ends

### **Intended Participants and Need**

The applicant should provide a brief description of the specific communities to be served.

## **Project Plans/Use of Funds**

Project plans must focus on engaging with people experiencing homelessness to better understand community barriers to testing and vaccination for COVID-19 and other illnesses, and empowering ambassadors with the information and material support they need to address these barriers wherever possible. Additionally, project plans should describe any existing partnerships, street outreach or backpack medicine programs and healthcare initiatives that this program would build on, as well as partnership development opportunities with homelessness, housing and public health stakeholders.

### **Additional Criteria Include:**

- The use of an equity framework that recognizes the need to target health interventions for those who bear the heaviest burden of health inequities due to systemic racism, ableism, poverty and other related structural conditions
- A comprehensive engagement plan that is responsive to the evolving COVID-19 pandemic
- Prevention and education that is tailored and utilizes a stigma-reducing approach

### **Organizational Capacity**

The application should describe the organization's capacity to implement the project in terms of the implementation team and other organizational resources, as well as areas where the funding can be utilized to further build organizational capacity and sustainability. A capacity-building plan should be included in an applicant's response.

### **Additional Requirements**

Applications must:

- Have executive support for the proposed project, as evidenced by a signed letter of support from the senior administrator, demonstrating willingness to commit staff time and resources to add new activities, including capacity for virtual learning opportunities
- Affirm the applicant's ability to submit bi-annual data and financial progress reports on a specific set of measures in the signed letter of support from the senior administrator

In addition to the above criteria, factors that inform the final slate of funded partners include demographic diversity, geographic coverage and programmatic approaches. The California Department of Public Health holds final decision-making authority in selecting funded projects.

### **Application Appeal Process**

An application appeal process is not available for this funding opportunity.

## **BUDGET AND BUDGET NARRATIVE**

Applicants are required to submit a detailed cost budget that adheres to funding guidelines and is clearly linked to the proposed activities. Criteria that will be reviewed include, but are not limited to, consistency with the proposed project plan including salaries, stipends or incentives with appropriate staffing levels and positions as other likely costs. The indirect cost rate must be no more than 20% of the direct costs.

## **FUNDING INFORMATION**

Awarded funds will support peer health ambassador activities across California. In the proposed budget, the number of clients to be served should be identified and the budget should include the funds necessary to provide outreach and education to that number of clients. Specifically, the budget should detail the personnel expenses, equipment and stipends associated with the program.

Costs associated with staff training, program development and/or program administration may be included.

Applicants are required to adhere to the budget guidelines included in the Budget Template. Applicants must submit their proposed budgets in the template format. Applications that do not conform to this template will not be considered. All items budgeted must be inclusive of all costs, including taxes and fees, in U.S. dollars.

### **Use of Project Funds**

Funds can be used for staff time to conduct outreach and education.

Funds also may be used to support grantee staff training, program development, program administration and evaluation.

## **EXAMPLES OF POTENTIAL FUNDED ACTIVITIES**

- Costs of recruiting, training and compensating health ambassadors
- Equipment such as computers and phones to support the health ambassadors
- Staff time and relevant expenses for convening planning and implementation sessions with program partners and key stakeholders
- Setting up data systems, data collection and reporting
- Participation in technical assistance activities

## WHAT WE WILL NOT FUND THROUGH THIS FUNDING OPPORTUNITY

- Debt retirement
- Operational deficits
- Partisan activities
- Religious organizations for explicit religious activities
- Activities that exclusively benefit the members of sectarian or religious organizations
- Purchase of properties
- Directly or indirectly, purchase, prescribe or provide marijuana or treatment using marijuana

## TOTAL AWARD AMOUNT

The award range for this opportunity is \$100,000 to \$250,000 for 18 months.

*\*Up to 20% of direct costs may be requested as indirect costs*

## GEOGRAPHIC CONSIDERATIONS

Applicants from all 58 counties in California and Tribal entities are encouraged to apply.

## PROJECT TIMELINE

Grants will cover activities for the following time period: September 1, 2022, through April 30, 2024.

## REPORTING REQUIREMENTS

Grantee partners will be required to submit regular progress reports responding to the performance measures identified in their grant agreement and work plan, as well as financial reports describing actual expenditures of grant funding. Potential performance measures include numbers and type of outreach and education activities conducted, number and demographics of the people reached, and evidence of effectiveness of activities.

Support will be available to assist selected organizations in their data collection and reporting requirements. *Performance measures may be revised as needed to address current situations and high-priority challenges. Progress reports will follow the timeline below.*

<b>Report</b>	<b>Period</b>	<b>Due Date to The Center</b>
Progress Report 1	9/1/2022 – 3/31/2023	4/30/2023
Progress Report 2	4/1/2023 – 9/30/2023	10/31/2023
Cumulative Final Report	10/1/2023 – 5/30/2024	6/15/2024

## **APPLICATION TIMELINE**

At The Center’s discretion, this timeline is subject to change to best meet programmatic needs and funder requirements.

APPLICATION DEADLINE:

**July 20, 2022, at 1 p.m. (Pacific Time)**

REVIEW OF APPLICATIONS:

**July - August 2022**

APPROXIMATE AWARD ANNOUNCEMENT:

**September 1, 2022**

APPROXIMATE DATE GRANTS ISSUED:

**September 1, 2022**

To be considered, organizations must submit applications online by **1 p.m. (Pacific Time)** on the deadline date of **Wednesday, July 20, 2022**.

Proposals received after the due date/time will not be reviewed. Submission before the deadline date is highly advised in case you experience technical difficulties with submitting your application through the portal. We may not be able to respond to your requests for help on the deadline date.

## **PROPOSERS’ WEBINARS**

We have scheduled a proposers’ webinar to explain this funding opportunity and the application process, and to answer questions. Participation in the webinar is strongly recommended. ***Please review the application materials prior to registering for the webinar.***

**Friday, July 8, from 10 a.m. to 11:30 a.m.**

[Register on Zoom.](#)



## IMPORTANT APPLICATION GUIDELINES

To help us process your application, please follow these submission guidelines:

- We encourage you to submit your application before the deadline date in case you need help with any of the RFA components.
- Applications are due no later than 1 p.m. (Pacific Time) on Wednesday, July 20.
- Submit the application via our online portal through this [link](#). You will use the link that you will receive via e-mail to continue working on your saved application.
- Respond to all required fields (marked with an \*).
- Upload all attachments listed under “Application Checklist” below.
- On the portal, you may click “Save my progress and resume later.” You will receive an e-mail with a link to return to your in-progress application.
- Click “Save my progress and resume later” any time you will not be working in your application for a few minutes.
- You may submit your application only once. Be sure your application is complete and accurate, including required documents, before submitting it. Revised applications will not be accepted.
- If you are unable to submit your application online or need help, please contact us at [centergrants@shfcenter.org](mailto:centergrants@shfcenter.org) with the subject line: Health Ambassador Application Online Help.

**Send questions and inquiries related to this funding opportunity  
to [centergrants@shfcenter.org](mailto:centergrants@shfcenter.org) with the subject line:  
Health Ambassador RFA Question**

## APPLICATION CHECKLIST

- Initiate the funding application in the [grant portal](#). The link is posted on the [Health Ambassador webpage](#).

### Required Application Attachments

- Proposed budget completed with The Center’s Proposed Budget Template (template available in the online portal)
- Proposed budget justification
- Applicant organization’s W-9
- Support letter signed by the applicant organization’s administrator/executive
- Support letter from partner(s)

Incomplete applications will not be reviewed. Applications received after the above deadline will not be considered.

If you are unable to submit your application online or need help, please contact us at [centergrants@shfcenter.org](mailto:centergrants@shfcenter.org) with the subject line: Health Ambassador Application Online Help.

**APPLICATION FOR REFERENCE ONLY**  
**SUBMIT YOUR APPLICATION USING THE ONLINE PORTAL**

*If you are unable to submit your application online or need help, please contact us at [centergrants@shfcenter.org](mailto:centergrants@shfcenter.org) with the subject line: Health Ambassador Application Online Help.*

**Grant Application: Health Ambassadors for People Experiencing Homelessness**

**Applicant Information (IRS qualifying organization; use legal name as registered with the IRS)**

Organization \_\_\_\_\_

Nonprofit

Public Agency

Applicant organization is a fiscal sponsor

*A fiscal sponsor is an organization that applies on behalf of an entity or group that does not have legal standing with the IRS.*

Yes  No

**Dept. or Project**

*(if applicable)* \_\_\_\_\_

**Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Tax Exempt ID # or Employer ID # \_\_\_\_\_

Web site \_\_\_\_\_

Social Media (*Twitter, Facebook, Instagram, etc.*) \_\_\_\_\_

**CEO/Director**

Name \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_

Office Phone \_\_\_\_\_ Extension \_\_\_\_\_

**Primary Project Contact (for questions related to this proposal)**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Office Phone \_\_\_\_\_ Ext \_\_\_\_\_ E-mail \_\_\_\_\_

**Additional Contact (optional)**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Office Phone \_\_\_\_\_ Ext \_\_\_\_\_ E-mail \_\_\_\_\_

**Project Summary Information**

Project Name (20 words or less) \_\_\_\_\_

Brief Purpose of Project (100 words or less):  
To \_\_\_\_\_

Project Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Amount Requested \_\_\_\_\_

**Project Geography**

*Please indicate the jurisdiction where your project will be focused.*

**Project Population**

**Estimated total number of people and/or families to be affected/served by the project:**

**Project Narrative Questions**

1. **Organization Description.** Provide a brief overview of your organization (the entity that is carrying out the project), including: a) when it was established, b) its mission, and c) whom you serve. (200 words maximum)
2. **Need.** Describe the need, challenge, or issue the project will address. If available, include relevant data from secondary sources (such as the Census) and/or primary sources (such as town halls or focus groups). (200 word maximum)
3. **Project Goal and Outcomes.** Describe your project's overall goal. Frame this in terms of the project's long-term aspirations. List 2-5 expected direct outcomes of the activities. (300 word maximum)
4. **Track Record with Proposed Focus Population.** Describe your organization's experience providing culturally and linguistically appropriate services to the focus population(s) to be served. Briefly describe 1-3 examples of your work with this community (or communities). (200 word maximum)

5. **Project Activities.** Describe in detail your plan to use these funds. List the specific activities and resources needed to carry out your proposed project, and the timeline. (300 words maximum)
6. **Track Record with Proposed Project Activities.** State whether the proposed activities are new to your organization or an expansion of or supplement to existing activities. Describe your organization's experience with the kind of work proposed in this application. Briefly describe 1-3 examples of successes your organization has had implementing similar work. (200 word maximum)
7. **Staffing.** Describe your plan for recruiting, training and supporting Ambassadors who have lived experience of either current or recent homelessness. (200 word maximum)
8. **Equity Implementation.** Describe what strategies you plan to use to ensure equity to those disproportionately impacted by homelessness in the implementation of this program. How will you ensure that those populations who are often missed will gain access to this program? (300 word maximum)
9. **Partnerships.** Describe partnerships that are already in place or will be established to support implementation of your program goals, including access to vaccines, testing, and other health services. If you plan to re-grant this funding to another organization, please describe the process you will use and provide a list of secured or pending partners. Include whether these are new or existing partners. If no partners are needed, please explain. Please include at least one letter of support from your partners with your application. (200 word maximum)
10. **Monitoring and Evaluation.** Describe how you will document, monitor, or evaluate project activities and progress toward the outcomes listed above. Please describe your organization's capacity to meet the reporting requirements. (300 words maximum)
11. **Organizational Capacity.** Describe the qualifications of the project leaders and key staff on the project. Explain how these staff members will carry out the activities identified above and support the evaluation and/or reporting requirements of this funding opportunity. If additional staff is needed, please tell us the positions that will need to be hired (200 words maximum)
12. **Additional Funding.** Provide information about any additional funding that the organization plans to leverage to support this project. Include applications that have been submitted or will be submitted for funding. Please tell us how the funds will complement and/or expand the work for this project. Please describe any future funding and/or sustainability planning (300 words maximum)

## **APPENDIX A - INSURANCE REQUIREMENTS**

All evidence of required insurance coverage must be submitted to The California Department of Public Health prior to the release of payment or as contract documents indicate.

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### **Commercial General Liability**

- Each Occurrence must be greater or equal to \$1,000,000
  - o Coverage Trigger: Occurrence must be present
  - o Insurance is written on an occurrence basis using ISO form CG 0001 or equivalent
- General Aggregate must be greater or equal to \$2,000,000
- Products/Completed Operations Aggregate must be greater or equal to \$2,000,000
- Personal and Advertising Injury must be present
- Primary and Non-Contributory Endorsement must be present
- Additional Insured Endorsement must be present
  - o With Completed Operations language
  - o Using a combination of ISO forms CG2010 10/04 and CG 2037 10/04 or equivalent

### **Automobile Liability**

- Combined Single Limit (each accident) must be greater or equal to \$1,000,000
- Coverage Applies to: Owned Autos Only must be present
- Coverage Applies to: Hired Autos Only must be present
- Coverage Applies to: Non-Owned Autos Only must be present
- Additional Insured Endorsement must be present
- Using ISO form CA 2048 or equivalent

### **Worker's Compensation and Employer's Liability**

- Statutory Limits must be present
- Employer's Liability Each Accident must be greater or equal to \$1,000,000
- Employer's Liability Disease – each employee must be greater or equal to \$1,000,000
- Employer's Liability Disease – policy limit must be greater or equal to \$1,000,000
- Waiver of Subrogation Endorsement must be present

### **Professional Liability**

- Each Claim must be greater or equal to \$1,000,000
- Aggregate must be greater or equal to \$2,000,000

### **Improper Sexual Contact and Physical Abuse Insurance**

- Coverage must be greater or equal to \$1,000,000

### **Cyber Liability**

- Claims made Coverage must be greater or equal to \$1,000,000

### **Additional Requirements**

- Certificate Holder must read: Sierra Health Foundation 1321 Garden Highway Sacramento, CA 95833
- A.M. Best rating of at least A-:VI
- 10 or more Passengers being transported in any one vehicle will require
  - o State of California Class B driver's license
  - o Auto liability in the amount of \$5,000,000 per occurrence for bodily injury and property damage combined.
- Description of Operations must read: The Center, Sierra Health Foundation, The State of California, their respective officers, directors, agents, representatives, constituent entities, affiliates, volunteers, officials, parents, subsidiaries, and employees shall be added as Insureds (“additional Insureds”) under each commercial general liability and automobile insurance policy. Agreement #21-10157 must be present