



**REQUEST FOR APPLICATIONS**

# **General Support for Advocacy**

2007



## 2007 General Support for Advocacy

### Request for Applications

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## **OVERVIEW**

As a primary objective, the Missouri Foundation for Health (MFH) seeks to fill gaps in services to the uninsured, underinsured, and underserved in its service region. Specifically, the MFH's Health Policy area works to improve the health of Missouri residents through positive health system change. In addressing health care gaps, MFH recognizes the significant impact public policy work has on the health status of Missourians. Strengthening the state's nonprofit advocacy agencies provides MFH the opportunity to promote positive health policy and to advance the health of all Missourians.

## **PROGRAM DESIGN**

MFH provides General Support grants (as described in I.R.S. Regulation 26CFR § 53.4948-2(a)(6)(i)) to tax-exempt nonprofit agencies currently involved in health-related public policy advocacy work on behalf of Missouri residents.

These unrestricted funds are intended to provide the financial flexibility for 501(c)(3) agencies to address newly emerging health policy issues in a timely way and are not earmarked for a specific project or activity. The funds cannot be used for lobbying activities other than those permitted under IRS regulations governing tax exempt organizations.

## **ELIGIBILITY**

To be eligible for General Support for Advocacy (GSA) funding, an organization must be a nonprofit organization exempt from Federal tax under Section 501(c)(3) of the IRS Code. Eligible organizations must be located within the MFH service region.

## **FUNDING GUIDELINES**

Funding limits on applications and awards are as follows:

- » Organizations with annual operating budgets of less than \$200,000 may apply for up to \$25,000 per year for two years (\$50,000 total grant award) or 25% of their annual operating budget per year, whichever is less.
- » Organizations with annual expense budgets of \$200,000 and greater may apply for up to \$75,000 per year for two years (\$150,000 total grant award) or 25% of their annual operating budget per year, whichever is less.

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- » MFH funding cannot exceed 25% of an organization's annual operating budget. All current MFH grants and contracts are considered in calculating an organization's 25% limit.
- » In-kind expenses are not considered in determining the size of an annual expense budget.

### **Multiple Application Limitation:**

MFH's Basic Support and General Support for Advocacy funding programs are designed to assist organizations in meeting their operating expenses. To avoid duplication of funding and to allow MFH to support more organizations, the following limitations are applicable for these funding programs.

Effective April 2006, organizations may apply for only one operating expense program, either Basic Support or General Support for Advocacy. An organization that has an existing Basic Support or General Support for Advocacy grant may not apply for additional operating expense funding under either program until the current grant has ended. Likewise, those organizations that receive either a Basic Support or General Support for Advocacy grant in 2007 will not be eligible to reapply under either program until the grant closes.

### **TIMETABLE**

<b>Application Available:</b>	June 5, 2007
<b>* Pre-Application Workshop:</b>	June 11, 2007
<b>Application Deadline:</b>	July 9, 2007 (must be received in MFH office by 4 pm)
<b>Anticipated Award:</b>	September 21, 2007

\* The June 11 pre-application workshop is at 1 pm at the MFH offices. This meeting provides an opportunity for applicants to ask questions regarding any part of the GSA RFA. The meeting is not mandatory, but is helpful for those planning to submit an application under this RFA. To RSVP for this workshop, contact Delesha George, 314.345.5576. To participate in the workshop via conference call, request the call-in number when making your RSVP.

## **HOW TO APPLY**

Applicants must submit the following materials (see the *Application Checklist* on page 4 for more information):

- » General Support for Advocacy application cover sheet
- » Application narrative
- » All required attachments

Any applications without the required items will not be accepted for review.

Applications may be mailed or hand-delivered to MFH offices – no faxed or e-mailed applications will be accepted. Mailed applications can be sent to the address below.

## **RIGHT TO REJECT**

MFH serves the right to:

- » Reject any or all applications submitted
- » Request additional information from any or all respondents
- » Conduct discussions with respondents for the purpose of clarification to assure full understanding of, and responsiveness to, the solicitation requirements
- » Negotiate modifications to a respondents' proposal prior to final award for the purpose of obtaining best and final offers
- » Approve subcontractors proposed or utilized in carrying out the scope of the work

## **INQUIRIES**

Please direct all inquiries about this RFA process to M. Ryan Barker, Policy Analyst, at 314.345.5510 (toll-free at 1.800.655.5560) or rbarker@mffh.org.

**Missouri Foundation for Health  
Attn: Health Policy Area – GSA  
1000 St. Louis Union Station, Suite 400  
St. Louis, MO 63103**

## **APPLICATION CHECKLIST**

### **General requirements:**

- » Applications that do not contain all of the required documentation *will not be reviewed* unless an applicant has contacted and obtained approval from MFH *prior to submission* to explain why certain documentation is unavailable. Incomplete applications will not be advanced for funding consideration.
- » Do not provide any other documentation such as leaflets, promotional materials, flyers, etc.
- » Do not staple the application or use any special folders or bindings.

### **Submitted applications *must* contain all of the items listed below:**

#### ***Provide two (2) sets of the following:***

- Application coversheet.** Complete and submit the form located on page 5 of this packet.
- Application narrative.** Submit a narrative no more than three (3) pages long that discusses the required content as included in this packet on page 6.

#### ***Provide one (1) set of the following:***

- Tax determination letter.** Provide a copy of the letter issued by the Internal Revenue Service that states that your organization is tax exempt under IRS code section 501(c)(3). Call 1-877-829-5500 to obtain a copy. *Do not send a Missouri sales tax exemption letter.*
- Annual audit report.** Provide the most recent (issued less than 15 months prior to date of application submission) audit report prepared by a Certified Public Accountant (CPA). Send the complete report including audit letter, financial statements, and notes to the financial statements.

**Note:** *If a recent audit report is unavailable, provide the most recent IRS Form 990 tax return (without supporting schedules).*

- Annual budget.** Provide the current fiscal year's approved expense budget. The budget must show detailed annual expense by type of expense.
- Current financial statements.** Provide current (issued less than 60 days prior to the date your application is submitted) unaudited financial statements (income statement **and** balance sheet).

<b>Missouri Foundation for Health General Support for Advocacy Application Cover Sheet</b>				<b>For Internal Use Only:</b> Date Received: _____ Docket Number: _____	
<b>Name of Applicant Organization:</b>		<b>Address:</b>			
<b>Legal Name (if different than applicant organization name):</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Primary Contact and Title:</b>		<b>Telephone (Area Code):</b>		<b>Fax (Area Code):</b>	
<b>E-Mail Address:</b>		<b>Federal Tax ID (EIN) Number:</b>		<b>Organization's Website:</b>	
<b>Organizational Profile</b>		<b>Organizational Financial Profile</b>			
Year organization established: _____  Number of FTE staff: _____  Average number of staff hours spent on health advocacy activities per month: _____  Has someone from your organization attended the Alliance for Justice training? Yes / No		2007 annual expense budget: _____  <b>Annual budget for health policy/advocacy activities</b> (include staffing and non-personnel expenses) In 2005: _____ 2006: _____ 2007: _____			
<b>Tax Status</b>		<b>Amount Requested (per year for two years)</b>			
<input type="checkbox"/> Exempt under 501(c)(3) of the IRS code (Has the organization taken the 501(h) election <input type="checkbox"/> Yes <input type="checkbox"/> No)  <input type="checkbox"/> Other (specify) _____  (All applicants must attach a Federal IRS letter. Call 1-800-829-4933 to obtain a copy.)		If annual expense budget is <\$200,000:  <input type="checkbox"/> \$25,000  <b>OR</b> (whichever is less)  <input type="checkbox"/> 25% of annual expense budget: _____		If annual expense budget is ≥\$200,000:  <input type="checkbox"/> \$75,000  <b>OR</b> (whichever is less)  <input type="checkbox"/> 25% of annual expense budget: _____	
<b>Printed name and title of person authorized by organization's governing board to sign grant award agreement if application is approved by MFH Board of Directors.</b> Name: _____ Title: _____					
<b>Printed name and title of organization's Chief Executive Officer (CEO):</b> _____					
<b>Signature of CEO:</b>			<b>Date:</b>		

## **PREPARING YOUR APPLICATION NARRATIVE**

The Application Narrative cannot exceed three (3) pages (excluding attachments).

The Application Narrative must be typed on standard white paper, single spaced with at least a 10-point font size and one-inch margins. Please attach (with a paper clip) a copy of the Application Cover Sheet, Application Narrative, and required attachments listed in the Application Checklist.

Do not staple or use any special folders or bindings to enhance the presentation of your proposal.

### **APPLICATION NARRATIVE**

Follow the Application Narrative requirements by typing the corresponding headings that reflect each lettered section:

- A. History and Mission** – Briefly summarize the history and mission of your organization. Describe the qualifications of your organization, including a description of your organization's track record and leadership in policy and advocacy.
- B. Objectives** – List your priority health-related objectives for public policy advocacy. Objectives should be linked to the organization's ongoing activities, goals, and mission, especially as they relate to MFH's mission. Objectives may include, but are not limited to, ongoing policy and advocacy activities of the organization, activities to enhance the organization's overall infrastructure or capacity, as well as collaborations with other policy and advocacy organizations.
- C. Target Population** – Describe the target population benefiting from your organization's services and the level or levels (i.e., local, state, or national) of your public policy advocacy work.
- D. Advocacy Activities** – Describe recent activities which you consider to be part of your public policy advocacy work.
- E. Policymaker Relationships** – Discuss how you are working to build long-term relationships with policymakers in Missouri.
- F. Successes** – Discuss what your organization identifies as its greatest successes in public policy advocacy over the last five years.
- G. Previous GSA Funding** – If your organization previously received a MFH GSA grant, describe how those funds were used to support the work of your organization.