

OBJECTIVES

The Liberty Hospital Foundation is seeking applications for the 2020 LiveWell Grant Program. Through this program, the Foundation partners with local non-profit agencies to improve health outcomes for the residents of the Liberty Hospital service area.

CURRENT PRIORITIES

Funding priorities are based on data from the most recent Community Health Needs Assessment and Community Health Improvement Plans produced by Liberty Hospital and the Northland Health Alliance.

Applications will be considered in support of projects, programs, community building, coalition work, training, and other efforts directly related to improving outcomes for the priorities listed below, with an overarching commitment to health equity. **Services funded by the grant must be delivered within the geographic area outlined under the eligibility guidelines and during the 2020 grant cycle (July 1, 2020 – June 30, 2021).**

- **Access to Care:** Prioritize residents disproportionately affected by access to behavioral health care services and link them to the appropriate level of care
- **Chronic Disease:** Food access based upon income, geography, and participation
- **Mental/ Behavioral Health:** Eliminate youth suicide deaths in the Northland through coordinated trauma-informed and evidence-based prevention

ELIGIBILITY

1. Active and documented 501(c)(3) non-profit status for all participating agencies
2. Services supported by grant funding must be delivered within six key ZIP codes served by Liberty Hospital, per the most recent Community Health Needs Assessment. These ZIP codes are: 64157, 64060, 64068, 64119, 64062, 64024.
3. The request must be submitted on the LiveWell Grant Application form and returned with all required signatures and attachments.

Each request is reviewed on its own merit for its ability to help improve the health of our community and promote health equity. Special consideration will be given to agencies that can demonstrate their participation in unique community partnerships and collaborations. Agencies with new and innovative programs are encouraged to apply.

APPLICATION AND REVIEW PROCESS

Funding requests for projects ranging from \$10,000 - \$50,000 will be accepted. Completed applications must be received by noon on March 4, 2020, and should be submitted to Maddison Watkins at maddison.watkins@libertyhospital.org - hard copies will not be accepted. The LiveWell Committee reviews and evaluates all submitted applications to determine if the project meets the objectives and priorities of the LiveWell Grant Program. Review Committee feedback can be requested if funding is not awarded.

AWARD PROCESS

All applicants will be notified of their award status by March 25, 2020. Awardees will be recognized at a post-event celebration on March 26, 2020. Grants will be distributed upon receipt of signed funding agreement by the agency and no later than June 30, 2020.

REPORTING PROCESS

Grantees will be required to complete the attached quarterly report template and arrange at least one date during the funding year for a site visit from the Liberty Hospital Foundation Board of Trustees and staff. Failure to provide required reports may result in the dissolution of funding agreement and ineligibility for future awards.

To receive a LiveWell grant application visit libertyhospitalfoundation.org or contact:

Maddison Watkins, Operations Coordinator

maddison.watkins@libertyhospital.org

(816) 415-3383

Name of Organization:

Project Name:

Reporting Period:

Funds used YTD:

Please report on the progress against the outcomes that were outlined in the Foundation's award letter you received. If this grant did not have specified outcomes, refer to the purpose of the grant as identified in your award letter when answering the below questions.

QUARTERLY REPORTS

1. Describe how the selected funding priority was addressed during the reporting period.
2. Is the implementation of your outcomes on track? Please describe any unforeseen circumstances that are affecting the implementation of your outcomes.
3. Do goals or outcomes need to be adjusted? If yes, describe the circumstances and the Foundation will contact you to discuss any adjusted outcomes.
4. Describe how any lessons learned from project planning, implementation and/or evaluation will be incorporated in the next reporting period.
5. Describe key accomplishments and the number of individuals served.
6. Please share a success story of the funded project.
7. Please provide a brief justification explaining how the funds were used and how they helped to achieve the approved objective. In doing so, describe any discrepancies between approved amounts. (See attached Budget Spreadsheet Template)

FINAL REPORT

1. How did your project address the Foundation's goal to improve health outcomes for the residents of the Liberty Hospital service area, specific to one of the following; access to care, chronic disease, and mental health.
2. Describe the results of your project/program/activity outcomes.
3. Were there unanticipated outcomes? Outcomes that exceeded expectations, outcomes that fell short of expectations, or changes that were made to the project? If so, please describe the circumstances and impact.