



NATIONAL ASSOCIATION OF
Community Health Centers

Mobile Health Advancement: Innovate, Empower, Collaborate Funding Opportunity

Funding Announcement: May 15, 2024

Application Due Date: June 14, 2024

Project Period (anticipated): ~July 1, 2024 – March 31, 2025



Leon
Lowenstein
Foundation

Mobile Health Advancement: Innovate, Empower, Collaborate

Funded by the Leon Lowenstein Foundation

Announcement Issuance Date: May 15, 2024

Application Deadline: June 14, 2024, 8:00PM EST

Announcement Type: Notice of Grant Opportunity

Funding Objective: Enable community health centers to expand, strengthen, or advance the reach and capabilities of mobile units at FHQCs and look-alikes. There are three (3) possible tracks for this funding opportunity:

- Track 1: Mobile Unit Innovation and Expansion of Services
- Track 2: Workforce Training and Development
- Track 3: Building Alliances

Award Amount: There are 10 awards of \$15,000 each available.

Eligible Organizations:

- a) Applicants must be a § 330 funded or look-alike health center organization.
- b) Applicants must have an active NACHC Organization Health Center Membership in good standing.
- c) Applicants must complete the application in its entirety, detailed below. An incomplete application may not be considered for an award.

NACHC Point of Contact: Please direct any questions regarding this opportunity to Carolyn Hane, Specialist, Development & Partnership Management at partnership@nachc.com.

Grant Funders

Funds for this grant award are provided by the Leon Lowenstein Foundation which aspires to support the expansion and excellence of mobile health delivery for those most in need by partnering with likeminded organizations to double the number of mobile health clinics in the U.S. within the next 5 years. The National Association of Community Health Centers (NACHC) is the administrator of the grant program.

Award Amount

There are 10 awards of \$15,000 each available.

Program Description

NACHC is pleased to announce the “Mobile Health Advancement: Innovate, Empower, Collaborate” funding program. The funding program's objective is to advance the reach and capabilities of mobile health units at FQHCs and look-alikes and support health centers in their work towards expanded care accessibility and health equity. This program focuses on three (3) funding tracks:

- Track 1: Mobile Unit Innovation and Expansion of Services
- Track 2: Workforce Training and Development
- Track 3: Building Alliances

Track 1: Mobile Unit Innovations and Expansion of Services supports training and technical assistance (T/TA) and program development activities to support expansion of services through mobile units at the FQHCs/look-alikes.

Track 2: Workforce Training and Development supports T/TA, workforce empowerment programs, and program development at FQHCs/look-alikes, aimed at health equity and cultural competency workforce training and development.

Track 3: Building Alliances supports collaborations and partnerships between FQHCs / look-alikes with mobile units and local community partners (community/faith-based organizations, public health departments, etc.); used to leverage resources and develop innovative mobile healthcare solutions.

NACHC anticipates repeating a new round in late 2024 for an additional cycle of awards to begin in early 2025. Applicants not selected in this round will be eligible to re-apply. Health centers may only receive one (1) award between these two (2) cohorts.

Required Reporting Metric

Reporting Period I	July 1, 2024 – October 31, 2024
Mid-Term Report Deadline	November 22, 2024
Reporting Period II	November 1, 2024 – March 31, 2024
Final Report Deadline	April 30, 2024

See Appendix I and II for details.

Required Activities

Awardees may be asked by NACHC to share their program development and findings from this grant with a national audience. This may take the form of presenting at a NACHC conference, presenting on a webinar, or sharing the model of care for a written publication. This is not part of the expected budget requirements and additional resources would be provided if needed.

Timeline

2024 Application period opens: May 15, 2024

Application period closes: June 14, 2024

Notice of awards: On or around June 28, 2024

Start of grant period: July 1, 2024

Mid-term report due: November 22, 2024

End of grant period: March 31, 2025

Final report due: April 30, 2025

Allowable Use of Funds

Awardees must use award funds to expand, strengthen, or advance the reach and capabilities of mobile units at FHQCs and look-alikes. Eligible costs for grant dollars as designated for each Funding Track include:

Track 1: Mobile Unit Innovations and Expansion of Services

- a) Participation of staff in virtual or in-person events including webinars, conference sessions, learning collaboratives, etc. to help advance their existing or planned mobile units.
- b) Training(s) related to telemedicine integration and advanced diagnostics within mobile units to facilitate virtual consultations, remote monitoring, telehealth services.
- c) Training(s) related to the development and implementation of mobile pharmacy services.
- d) Training(s) related to addressing mobile unit service needs via service expansion opportunities.
- e) Conduct focus groups and/or interviews with patients, health center staff, and other stakeholders to better understand mobile unit innovation and service expansion needs.

Track 2: Workforce Training and Development

- a) Virtual or in-person events including webinars, conference sessions, learning collaboratives, etc.

- b) Training(s) related to workforce empowerment, driver and mobile unit staff safety, and/or cultural competency for mobile healthcare professionals to address the unique needs of diverse patient populations.
- c) Conduct focus groups with health center staff, patients, or other stakeholders to better understand the workforce development needs of mobile units at FQHCs/look-alikes.
- d) Produce materials, tools, or resources related to workforce empowerment and training and/or program development at FQHC/look-alike mobile units.

Track 3: Building Alliances

- a) Virtual or in-person events, including webinars, conference sessions, learning collaboratives, etc.
- b) Educational/workforce training activities done in partnership with other CHCs, local government agencies, the MHA or other non-profit organizations, and other stakeholders.
- c) Partnership training(s) related to mobile units.
- d) Produce materials, tools, or resources related to collaborative partnerships with FQHCs/look-alikes.

Personnel Costs

- a) Mobile Healthcare Association (MHA) 2024 Annual Conference attendance (does not include MHA membership fees).
- b) Other direct costs
 - Supplies and materials
 - Meeting expenses (Grant dollars may be spent on food and non-alcoholic beverages for meetings. No more than 5% of the award can be used on food/non-alcoholic beverages.)
 - Other
- c) Indirect costs not to exceed 15% of the total award.

Ineligible costs for grant dollars include:

- a) Alcohol
- b) Employee bonuses

Receipt of Funds

Award recipients must submit an acceptance of award notice signed by the health center's CEO or Executive Director (or designee) within 10 business days of NACHC's transmittal of award notification. Funds will be dispersed via EFT upon NACHC's receipt of award acceptance.

Should the grantee fail to meet any of the requirements outlined above, grantees may be restricted from applying for another grant for at least one (1) year after reconciling the outstanding requirements (by either successful completion of outstanding requirements or forfeiting/returning the grant funding).

Application Submission

Applications must be received by **June 14, 2024, 8:00PM EST**. Please submit applications online via the Application Form link provided. Emailed or paper versions of applications will not be accepted. The application is reproduced below under "Application Requirements" for reference.

Application Requirements

- 1) Organizational name
- 2) If applicable, “Doing Business As”
- 3) Mailing address (no P.O. Boxes, please)
- 4) Primary contact for this application
 - First Name and Last Name
 - Title/Role
 - Phone (xxx-xxx-xxxx)
 - Email Address
- 5) Chief Executive Officer (CEO) or Executive Director
 - First Name and Last Name
 - Title/Role
 - Phone (xxx-xxx-xxxx)
 - Email Address
- 6) How did you hear about this funding opportunity?
 - NACHC membership newsletter
 - NACHC Development Download
 - NACHC social media
 - NACHC staff member
 - Word of mouth/from a colleague (not a NACHC staff member)
 - Mobile Healthcare Association (MHA) social media/announcement
 - Vendor: _____
 - Other: _____
- 7) Please select the funding track that you wish to apply for:
 - Track 1: Mobile Unit Innovations and Expansion of Services
 - Track 2: Workforce Training and Development
 - Track 3: Building Alliances
- 8) **Project Description.** Please describe your proposed project. What do you hope this grant and project will help you accomplish for mobile units at your health center? Why is your proposed project important for your health center? **(500 words)**
- 9) **Promotion.** How do you intend to promote receipt of this award and any subsequent activities? Please be specific on media, social media, and other outlets? **(250 words)**
- 10) **Intended Outcomes.** What are the intended outputs/outcomes that the health center aims to achieve with this grant? **(250 words)**
- 11) **Impact.** How will you measure the impact of the project? Note, if selected, you will be asked for a mid-term progress report (~ October 2024) and a final progress report (~March 2025). **(250 words)**
- 12) **Intended Use of Funds.** How do you plan to use the award funds for the proposed project? Please detail a brief budget narrative (indirect not allowed above 15%). **(250 words)**



- 13) (*Optional*) If awarded this grant, would you plan on attending the [Mobile Healthcare Association's 2024 Annual Conference](#)? This is not required as part of this grant or will be a factor in selection. Please indicate below.
- a. Yes
 - b. No
- 14) (*Optional*) If you answered “yes”, what would you most want to get out of attending this conference? **(100 words)**
- 15) (*Optional*) If you answered “yes”, what level of staff would you send to attend this conference? **(100 words)**

Evaluation Criteria

Program Description (60%)

- a) The applicant sufficiently describes their proposed project, what the applicant hopes to accomplish with this grant, the project's alignment with the selected funding track, and why this project is important for their health center.

Intended Outcomes and Impact (25%)

- a) The applicant sufficiently describes what the intended outcomes/outputs are for this project.
- b) The applicant sufficiently describes how they will measure the impact of this project.

Intended Use of Funds (15%)

- a) The intended use of grant funds is sufficiently descriptive of anticipated work.
- b) The intended use of grant funds is compliant with allowable use of funds.

Appendix I: Mid-Term Report Template

The first reporting period is from July 1, 2024 – October 31, 2024. Mobile Health Advancement mid-term reports are due November 22, 2024. Mid-term reports can be submitted via an online form whose link will be provided at least two weeks in advance.

- 1) Organization Name
- 2) Name of person completing this form
- 3) Email for the person completing this form
- 4) Who is the primary project manager for this opportunity (if different from above)?
- 5) Please describe progress towards the outputs and milestones identified in your project proposal. **(500 words)**
- 6) Were there any unexpected situations during the project period up to the time of this report? If so, briefly describe and please indicate how you are addressing/have addressed these. **(500 words)**
- 7) Budget narrative on the use of funds at this report's time. **(250 words)**

Appendix II: Final Report Template

The second reporting period is from November 1, 2024 – March 31, 2025. Mobile Health Advancement final reports are due April 30, 2025. Final reports can be submitted via an online form whose link will be provided at least two weeks in advance.

- 1) Organization Name
- 2) Name of person completing this form
- 3) Email for the person completing this form
- 4) Who is the primary project manager for this opportunity (if different from above)?
- 5) Please describe progress towards the outputs and milestones identified in your project proposal. **(500 words)**
- 6) Were there any unexpected situations during the project period up to the time of this report? If so, briefly describe and please indicate how you are addressing/have addressed these. **(500 words)**
- 7) Budget narrative on the use of funds at this report's time. **(250 words)**