

Building Resilient and Inclusive Communities Request for Proposals

2021

**Purpose**

*The Building Resilient Inclusive Communities (BRIC) Program is an initiative of the National Association of Chronic Disease Directors (NACDD) to support 20 state health departments and partner organizations to work with local communities on promoting healthy eating through improved nutrition security, improving safe access to physical activity, and reducing isolation and loneliness.*

*100% of funding for this project was supported by Grant Agreement Number 2-NU38OT000286-03 funded by Centers for Disease Control and Prevention.*

*In South Carolina, the SC Department of Health and Environmental Control is partnering with the SC Office of Rural Health and other state-level organizations to provide funding and technical assistance to four counties (Dillon, Lee, Marlboro, and Williamsburg). To improve nutrition security in these four counties, FoodShare SC is working with local hub coordinators to increase distribution of fruit and vegetable boxes.*

*This request for proposals is to allow organizations in the priority counties (Dillon, Lee, Marlboro, and Williamsburg) to propose projects to improve safe access to physical activity and to improve social connectedness within these communities. Please note that proposed projects should demonstrate the ability to improve community-level policies, systems, or environments.*

*Complete proposals that address one project (physical activity access OR social connectedness) for up to $9,000, or that address both projects (physical activity access AND social connectedness) for up to $18,000 will be accepted by the SC Office of Rural Health by 5:00 pm EST on August 6, 2021. Incomplete or late proposals will not be considered.*

*RFP Timeline:*

*July 20, 2021 – SC BRIC Kick-Off Meeting*

*July 22, 2021 – SC BRIC RFP Tutorial Workshop*

*August 6, 2021 – Proposals Due*

*August 9-19, 2021 – SC BRIC Proposal Review*

*By August 20, 2021 – Recipients Notified*

*Week of August 23-27, 2021 – Recipient Meeting/Agreements Initiated*

*August 30, 2021 – December 10, 2021 – Implement Proposed Projects (16 weeks/4 months)*

*By October 22, 2021 – mid-project written progress report due*

*December 15 or 16, 2021 – SC BRIC Community Showcase Meeting (serves as final report)*

**Requestor**

**First Name, Middle Initial, Last Name**

**Title**

**Direct Phone Number**

**Email**

**Street Address**

**City, State Zip + 4 digits**

**Organization**

**Organization Name**

***Physical Address Information***

**Street Address**

**City, State Zip + 4 digits**

***Mailing Address Information***

**Street Address**

**City,State Zip + 4 digits**

**County**

*Please specify the county in which your organization is located.*

**Type of Organization** *(501c3, non-profit, agency, government, education, etc.)*

**EIN#** *(if applicable)*

**Lead Applicant/Fiscal Agent**

*(If there are multiple agencies)*

**First Name**

**Middle Initial**

**Last Name**

**Title**

**Direct Phone Number**

**Email**

**Street Address**

**City,State Zip + 4 digits**

**Fiscal Agent Description and Annual Operating Budget**

*Brief description of the fiscal organization and annual operating budget*

**Project Coordinator**

*The “project coordinator”, should be the person responsible for administering the proposed project/program. If it is the same as Requestor, please complete only the required field “last name”.*

**First Name**

**Middle Initial**

**Last Name**

**Title**

**Direct Phone Number**

**Email**

**Street Address**

**City, State Zip + 4 digits**

**Project/Program**

**Project Type** *(check all that apply)*

o Physical Activity Access - Enhance equitable access to safe places for physical activity and essential travel through plan development and community engagement.​

o Social Connectedness - Promote opportunities to connect older adults who are socially isolated due to COVID-19 through plan development and community engagement.​

**Project Title**

**Project Description**

*Brief description of the project – what do you plan to do and how do you plan to do it. Please include monthly milestones highlighting what you expect to achieve each month of the four month project.*

**County Served**

**Target Population to be served** *(zip code, age group, racial group, etc.) (check all that apply)*

o Population 65+ Years

o African-American Population

o Hispanic Population

o Persons with Disabilities

o Other – Please Specify:

1. **How does this project fit into current plans** *(Community Health Improvement Plan, Blue Print for Health Action Plan, Pedestrian Plan, Transportation Plan, Recreation Master Plan, etc.)?* **How does this project build upon and enhance current community efforts?**
2. **According to the Robert Wood Johnson Foundation, “Health equity means that everyone has a fair and just opportunity to be as healthy as possible.” How does this project address health equity?**
3. **Describe how your community has been resilient in the face of COVID-19?**
4. **What do you hope to achieve by participating in BRIC? Describe how policy, systems, and/or environments will be improved through this project.**
5. **What opportunities exist to sustain or build upon the achievements of this project? If funding became available to build upon this project, how would you choose to sustain or expand your efforts in 2022?**
6. **List the name(s) of the current project partner(s) - Attachment**

*Please include name of organization, the representative name and the sector they serve (healthcare, school, etc.)*

1. **Total requested amount. One project (physical activity access OR social connectedness) for up to $9,000, or address both projects (physical activity access AND social connectedness) for up to $18,000. for the proposed project - Budget Attachment**

*Please enter the requested amount for the entire grant period you are proposing. A budget template will be included on the BRIC funding announcement page.*

**Attachments**

**Title** **File Name**

**Current Project Partner List**

**Line-Item Budget Template**

**Current Project Partners**

**Please list below all organizational partners, including the name of the organization, the representative name and the sector they serve (healthcare, school, etc.)**

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| **Partner Organizations** | **Representative Name** | **Sector Served** |
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**Line-Item Budget Template**

**Budget Justification:** Applicants are eligible to *address one project (physical activity access OR social connectedness) for up to $9,000, or address both projects (physical activity access AND social connectedness) for up to $18,000*. Please provide the items in which you will purchase with the funds given, an estimated cost, and the total amount requested below. An attached quote(s) must be included for each item.

See [BRIC resource guide](https://chronicdisease.org/wp-content/uploads/2021/06/BRIC-Allowable-Costs-6-8-2021.pdf)for list and explanation of allowable and not allowable costs.

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| **Item** | **Quantity** | **Cost Per Item** | **Total Cost** |
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| **Total Amount Requested** |  |