



**MICHIGAN HEALTH**

**ENDOWMENT FUND**

**2025 Capacity-Building**

**Request for Proposals Overview**

January 6, 2025



# AGENDA

1. Brief overview of the grant cycle and helpful tips
2. Evaluation Overview
3. Concept paper process and timeline
4. Q & A

# 2025 Capacity Building Initiatives



## **Organizational Capacity**

The Capacity Building grant program assists health-focused, community-based organizations in becoming stronger, more effective institutions within their community, allowing them to spend more time and energy focused on their mission.



## **Collaborative Capacity**

Supports community-based and community-led work that creates a sustainable foundation for cross-sectoral collaboration and coordination designed to spur progress on a key health issue(s).



Take Note!



Clearly explain your project and the issues it will address.



Community input leads to stronger programs.



Sustainability is more than a buzzword.



Address how your project aligns with the priorities outlined in the RFP.

# Organizational Capacity Building Grants

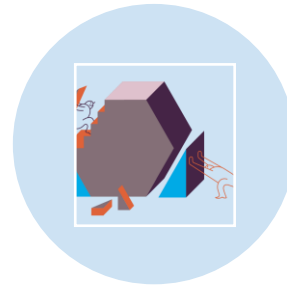
- Designed to increase health-focused, community-based organization's effectiveness or sustainability across Michigan.
- Applicants should consider what internal work would be most essential to ensuring the organization's consistent, effective function within the community it serves.



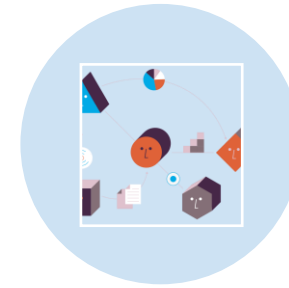
# Need help getting started?



THE ORGANIZATIONAL  
MAPPING TOOL (OMT)



THE NATIONAL COUNCIL OF  
NONPROFITS  
ORGANIZATIONAL SELF-  
ASSESSMENT TOOLS



HEWLETT FOUNDATION'S  
GUIDE TO ORGANIZATIONAL  
CAPACITY ASSESSMENT  
TOOLS



\*Make use of resources already at your disposal. Check to see if the work you are proposing can be completed with support through Catchafire, or one of our other capacity building resources before applying for a grant.

# Collaborative Capacity Building

- Assist with startup costs for new cross-sector collaborative efforts or expanding the scope and health impact of an existing collaborative.
- The collaborative should be focused on health issues related to a specific place such as a neighborhood, school(s), city, county, or region and/or a specific group within a defined geography.







Take Note!

Clearly explain the capacity issues this funding will address.

Proposals should focus on building the structure and capacity of the collaborative rather than implementing programming.

Tell us about what model or framework of collaboration you want to use and why.



# Outcome Considerations



**Short-term** outcome reporting will begin at 6 months from the start of the grant



**Long-term** outcomes reporting will begin at 1 year from the start of the grant

Some considerations when selecting your outcomes:

- ☒ It should **directly measure** outcomes related to activities in your program.
- ☒ It should be a measure that will also **help you make decisions** about the success and areas of improvement for your program.
- ☒ It should be something that will **change over time** (not something that is done or will remain constant).
- ☒ You can measure this in whatever way (quantitative and qualitative measures) makes the most sense to your program, but it **must be measurable**.

# ORGANIZATIONAL CAPACITY BUILDING OUTCOMES



## SHORT-TERM OUTCOMES

Reporting starting at 6 months.

OUTCOME	DEFINITION
1. Organization is better able to serve clients or stakeholders	1. Increase time, materials, or knowledge to better work with clients or stakeholders
2. Organization is better able to implement new evidence-based practices	2. Increase time, materials, or knowledge to implement an EBP
3. Increased efficiency in internal and/or external facing processes	3. Improve operations or capabilities either internal to an organization or external (for networks of collaboratives)
4. Increased partnerships	4. Increase the number or quality of partnerships for an organization
5. Improved organization leadership and/or executive coaching	5. Gain leadership skills or executive coaching for leadership
6. Enhanced and integrated evaluation activities	6. Evaluation is used to make decisions about program, project, or grant implementation



## LONG-TERM OUTCOMES

Reporting starting at 12 months.

OUTCOME	DEFINITION
1. Organization is better able to serve clients/stakeholders	1. Increase time, materials, or knowledge to better work with clients or stakeholders
2. Organization is better able to fulfill its mission	2. Increase time, materials, or knowledge to better align work with mission
3. Sustained operational improvements/permanent changes	3. Processes and procedures started because of the capacity building work are maintained
4. New or increased financial contributions	4. Increase in funding

# COLLABORATIVE CAPACITY BUILDING OUTCOMES



## SHORT-TERM OUTCOMES

Reporting starting at 6 months.

OUTCOME	DEFINITION
1. Aligned community vision or strategy to address health disparities, social determinants of health, or the eight focus areas	1. Organizations come together around a common vision or strategy addressing the areas listed
2. Nonprofits are more networked with collaborative partners	2. Organizations that work toward similar outcomes are aligned or integrated, reducing service duplication and leading to seamless experiences for end users
3. Barriers to effective collaboration or coordination are identified and reduced or eliminated	3. Issues that keep organizations from working together are addressed
4. More community leaders	4. Leaders are developed that represent the communities they serve
5. Improved ability to organize and analyze data to inform direction of collaborative	5. Increasing an organization or network's ability to use data



## LONG-TERM OUTCOMES

Reporting starting at 12 months.

OUTCOME	DEFINITION
1. Increased capacity to address targeted health outcomes by ecosystem	1. Having more access to tools, materials, resources, or knowledge to target health outcomes by community (geographical or topical). Topical communities focus on a particular population (e.g. children with diabetes) or a particular topic (e.g. heart disease or mental health).
2. Ability to demonstrate long-term health impacts	2. Increasing an organization or network's ability to use data or other means to show impacts to end users of health outcomes
3. Trust built between organizations	3. Organizations and/or networks show increases in indicators of trust (e.g. sharing data, entering into formalized agreements, surveying members about trust of the network)
4. Robust backbone organization	4. An effective and strong backbone organization. A backbone organization is one that supports a collective impact initiative. For more information see here: <a href="https://www.fsg.org/blog/evolving-our-understanding-backbone-organizations">https://www.fsg.org/blog/evolving-our-understanding-backbone-organizations</a>
5. Sustainable collaborative	5. The collaborative has the financial, personnel, and materials necessary to continue functioning
6. Reduced organizational turnover within the collaborative	6. Organizations stay in the collaborative
7. Nonprofits are more networked within their place (geographic or topical)	7. Organizations that work toward similar outcomes are aligned or integrated reducing service duplication leading to seamless experiences for end users
8. Collaborative members become go-to resource	8. Members become leaders about their area of focus (geographical or topical)

# Timeline and Process



Narrative = 8 pages or less  
(attachments do not count  
towards the 8-page limit).



You must register in our  
online grants portal  
(<https://mhef.fluxx.io>) to  
submit an application.

CYCLE 1	CYCLE 2
<b>January 16, 2025</b> Concept Papers (2 Pages Max) Due at 5 p.m.	<b>June 10, 2025</b> Concept Papers (2 Pages Max) Due at 5 p.m.
<b>February 20, 2025</b> Proposals Due at 5 p.m.	<b>July 22, 2025</b> Proposals Due at 5 p.m.
<b>May 2025</b> Awards Announced	<b>November 2025</b> Awards Announced



# Concept Papers

- **Concept papers are optional, but strongly encouraged!**
  - You can sign up for a time to discuss your concept with a member of our team or submit a two-page concept paper.
  - Please be prepared to discuss or include in your written paper the following information, in this order:
    - Title
    - Brief description of health issue being addressed
    - Project description
    - List of key partners and their roles
    - How the project will continue to live on in the community once the grant period ends
    - Estimated budget
- **Due January 16<sup>th</sup> by 5:00 pm (ET)**
  - Concept papers are answered in the order received
  - If the concept paper is received after the deadlines discussed earlier, they will be held for the next cycle



# A Note on Indirect Costs

- Indirect costs are costs necessary for an organization to support a project or program and essential for effective management of the organization but are not directly related to the execution of a particular project or program.
- Indirect costs include, but are not limited to:
  - Administrative office functions (i.e., finance, accounting, HR, and general IT services)
  - Costs to operate the organization's physical office or space (i.e., rent, utilities, janitorial services)
  - General business expenses (i.e., hardware, bank fees, corporate insurance policies)
  - Subcontractor or consultant management fees, outside of the necessary costs to directly oversee or guide the subcontractor or consultant's work on the project



# Questions and Answer Session

- To ask a question, select the Q&A icon on your screen and type your question.
- Please don't pitch specific ideas—submit a concept paper!
- We will answer as many questions as time allows.
- More info can be found on our website: [www.mihealthfund.org](http://www.mihealthfund.org)





# Who should I contact if I have more questions?

**Organizational or project  
questions:**

Veronica Marchese

[veronica@mihealthfund.org](mailto:veronica@mihealthfund.org)

---

**Application  
process and  
timeline:**

Grants Team

[grants@mihealthfund.org](mailto:grants@mihealthfund.org)