



Regional Health Prosperity Zone Program

2023-2024 GUIDELINES

Background

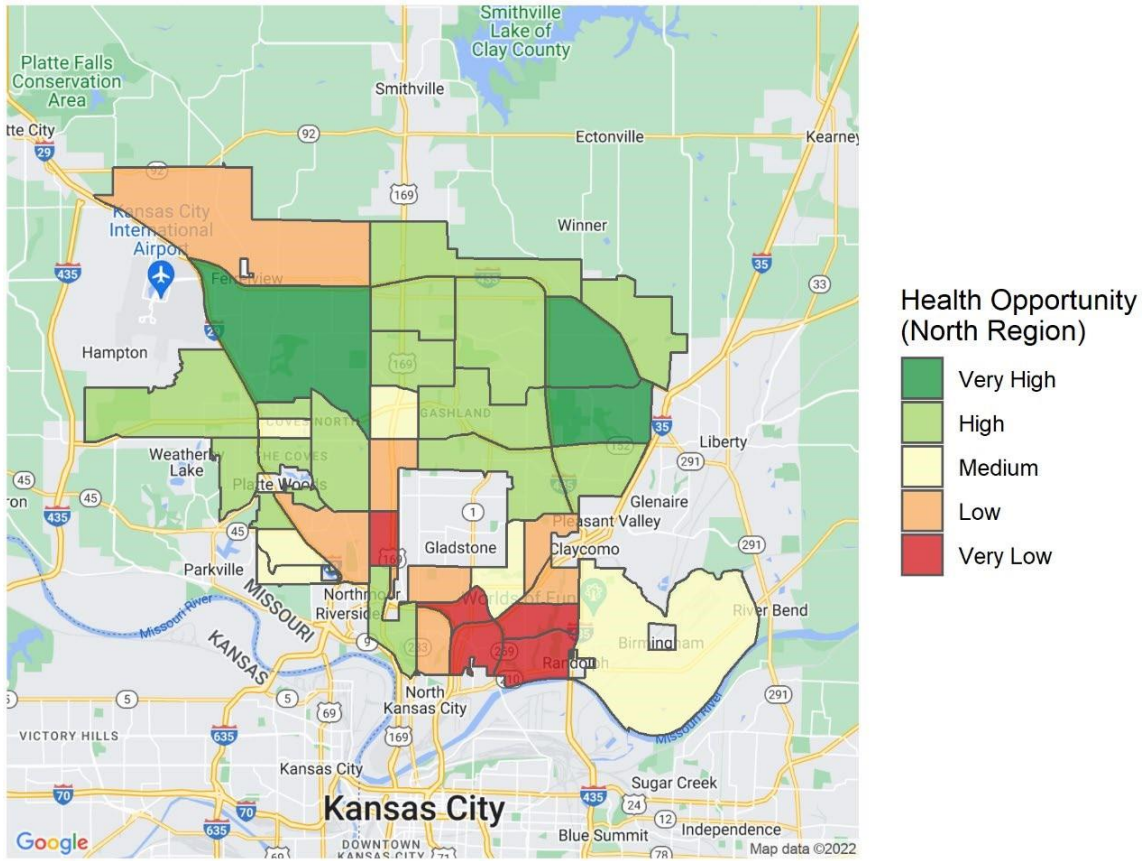
The opportunity to live a healthy life is not regularly accessible in Kansas City. Due to this reality, one's life expectancy is drastically impacted by the zip code they reside in. The Missouri River and Troost Ave are two of the most poignant examples of this divide along health determinants in the city. The Kansas City Health Department has teamed up with local non-profit organizations to pioneer a new program dedicated to addressing lower life expectancies across Kansas City. Using public health strategies that educate residents and reduce top predictors of lower life expectancy across the most opportunity-challenged places in Kansas City is the goal of this program. The top predictors for low life expectancy in Kansas City are below:

1. Less than 7 hours of sleep per night
2. Stroke
3. Asthma
4. Smoking
5. Has not exercised in the past 30 days.
6. Diabetes
7. Does not have health insurance.
8. Depression
9. Cancer
10. Cardiovascular Disease

WHAT IS A REGIONAL HEALTH ZONE?

The Kansas City Health Department has geographically identified three regions of the city that struggle with at least one of the top predictors of low life expectancy. The regions are the following: Northern, Central and Southern. Each non-profit selected for this program is responsible for a specific region. Regional Leads are responsible for finding Community Leads who reside/perform work in that area of the city. Regional Leads are responsible for identifying, organizing, and funding Community Leads in their respective region. The breakdown for each Regional Lead is below:

1. Arts Tech – Northern Region



Primary Contact: Joycelyn Burgo

Email: joycelyn@artstech-kc.org

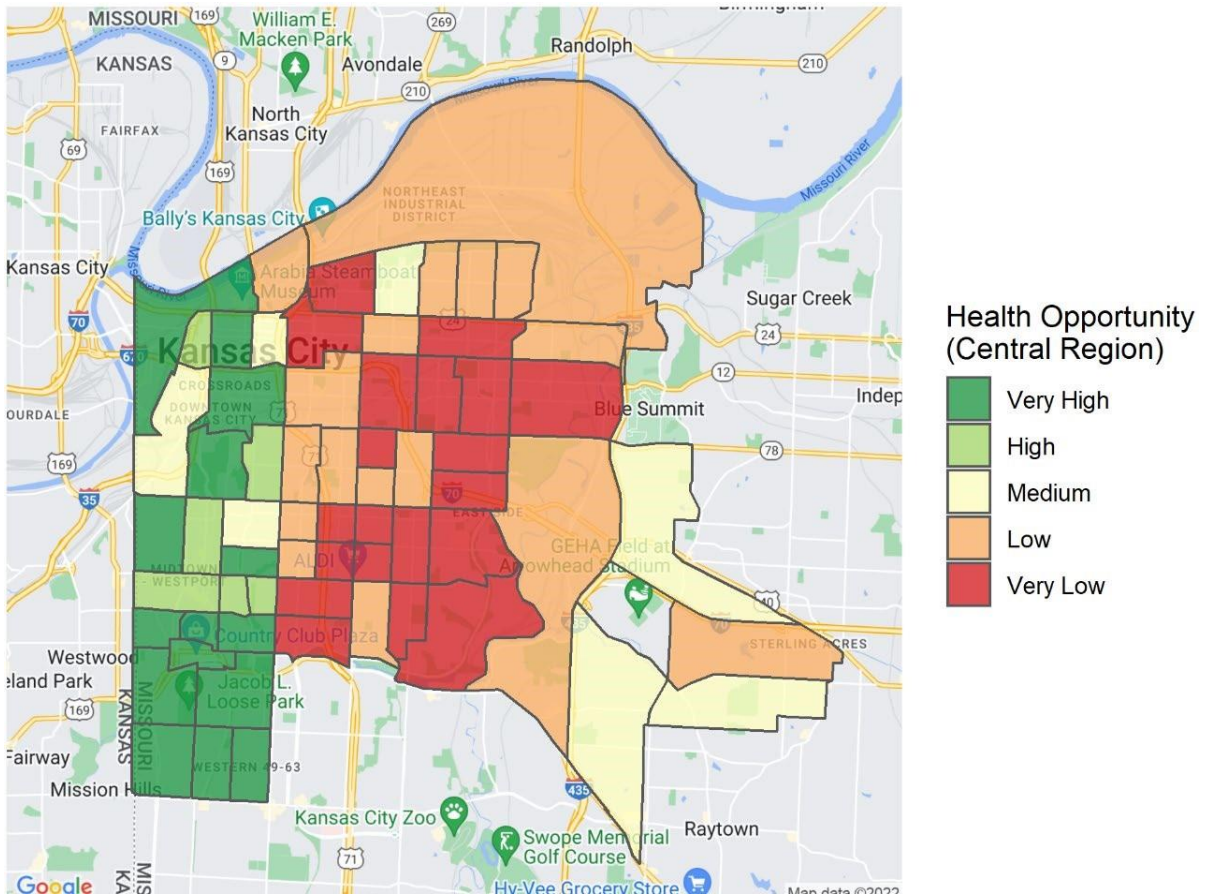
Phone: 816.461.0201

Phone: 816.944.0698 (Google Voice)

Address: 1522 Holmes St. | Kansas City, MO 64108

www.ArtsTech-KC.org

2. Mattie Rhodes – Central Region



Primary Contact: Alea Surrender

Email: ASurrender@mattierhodes.org

Address: 148 North Topping Avenue | Kansas City, MO 64123

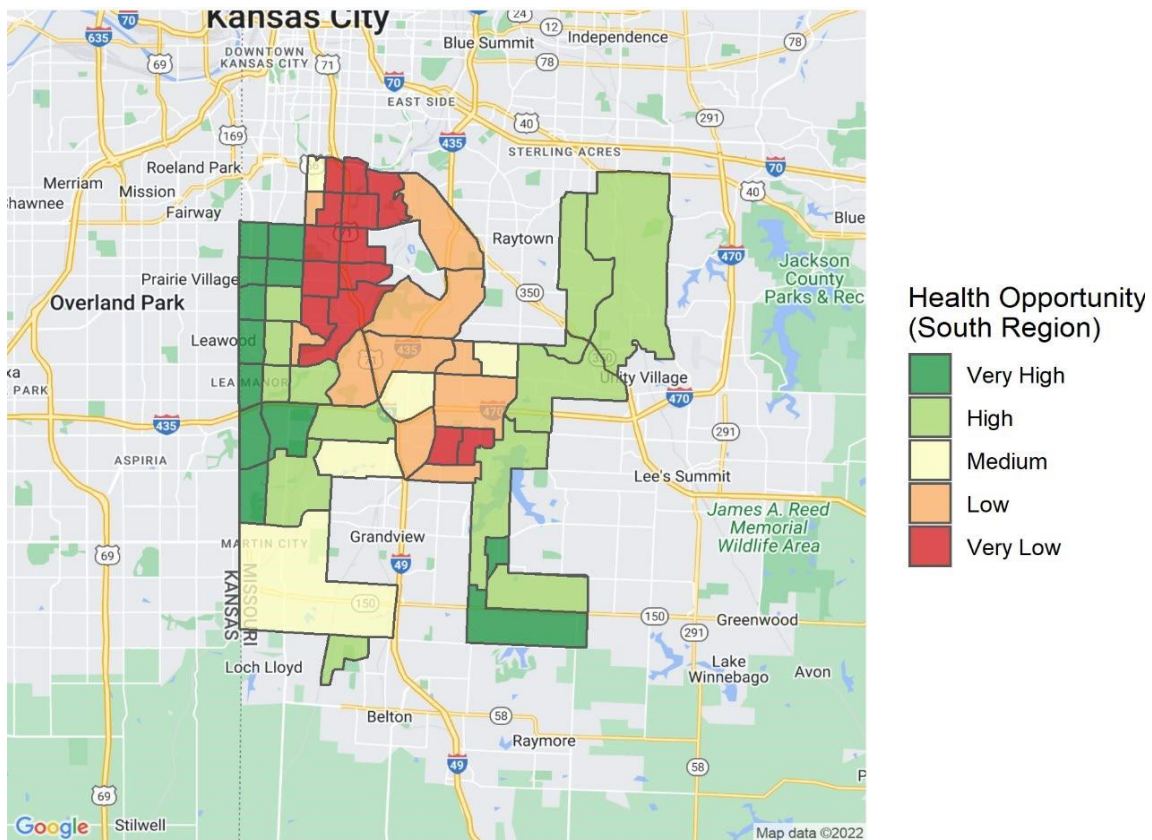
Phone: 816.581.5657

Fax: 816.471.2521

www.mattierhodes.org



3. Community Capital Fund – Southern Region



Primary Contact: Andrew Davis

Office Number: (816) 502-9584

Direct Number: (816) 683-4207

Email: andrew@ccfkansascity.org & dajaun@ccfkansascity.org

Address: 3200 Wayne Avenue | Kansas City, MO 6410



www.ccfkansascity.org

You can find a more detailed map of all of the Regional Health Zones at this link.

<https://kcmo.gov/healthprosperityzones>

WHAT IS A COMMUNITY LEAD?

As mentioned above, the Community Lead is an organization/neighborhood group that is selected by a Regional Lead to learn, identify, organize, and execute programs, strategies and initiatives that will address the top predictors of low life expectancy in Kansas City.

WHO SHOULD APPLY TO BE A COMMUNITY LEAD?

Only organizations/neighborhood groups that are either located/have historically performed work in one of the 3 identified regional zones are eligible for this program.

- ❑ The primary applicant must be either:
 1. A **recognized neighborhood association or community group**; or
 2. A registered **501(c)(3) organization** incorporated in Missouri or
 3. A **Small Business/Social Innovation**
- ❑ Nonprofit/Small Business/Social Innovation applicants should be in good standing with the State of Missouri.

To find out if your organization is in good standing visit the Missouri Secretary of State website here: <https://bsd.sos.mo.gov/BusinessEntity/BEsearch.aspx>
- ❑ Neighborhood Applicants must provide verification that they are registered in the city database.
- ❑ All applicants must be in good standing with the city of Kansas City, Missouri. This will be determined by their own due diligence process.
- ❑ Applicants should have the organizational capacity to complete the project by November 8th, 2024.



- No individual is eligible to apply.

WHAT IS THE RESPONSIBILITY OF A COMMUNITY LEAD?

- While not required, it is highly recommended that a representative from the Community Lead attend the monthly meetings held by the Health Department.
- Complete the following Trainings by the Health Department
 - Trauma-informed Care
 - Public Health 101
 - Community Toolbox
 - Data Collection
- Partner with Kansas City Health Department to distribute messaging about public health.
- Using the training provided by the Health Department, create an initiative/strategy to address at least one of the top predictors for low life expectancy in Kansas City.
- Complete all reporting and data collection required by your respective Regional Lead.

EXAMPLES OF PROJECTS ELIGIBLE TO BE FUNDED BY THIS PROGRAM?

The examples below are not exhaustive and by no means are designed to deter other creative ideas to address the top predictors of low life expectancy in Kansas City.

- Housing Improvements, affordable housing/unhoused solutions
- Infrastructure projects and improvements such as sidewalks, sustainable streetscapes, digital access, blight elimination, etc.
- Job creation and employment training programs
- Violence prevention and crime reduction initiatives
- Energy sustainability/efficiency programs, such as tree planting, solar or other alternative energy solutions
- Neighborhood Resiliency projects and programs
- Activities that promote healthy communities
- Other neighborhood and community projects or programs

HOW IS THE GRANT FUNDED?

The Community Leads grant is a reimbursable grant. Organizations will submit receipts and will be reimbursed for their expenses. For organizations that do not have the capacity to self-fund, speak with your respective Regional Lead about advancing a portion of the grant to ensure that the opportunity is accessible to small organizations.



WHAT IS THE COMMUNITY LEAD SCREENING AND PRIORITIZATION PROCESS?

It is highly recommended that organizations/neighborhood groups interested in applying to become a Community Lead, set up a meeting with that respective Regional Lead first before applying. Priority will be given to organizations located in and currently serving the region they are applying for. Priority will also be given to MBE/WBE certified organizations led by disadvantaged populations and projects with community impact.

COMMUNITY LEAD APPLICANTS MUST SATISFY THE FOLLOWING:

1. The time commitment of attending Health Department Meetings for 4 hours/month.
2. The willingness and time commitment to complete all training as identified by the Health Department.
3. The creativity to come up with a project/strategy that addresses at least one of the top predictors for low life expectancy in their respective region.
4. The project will need to be completed by November 8th, 2024.
5. The project will be financially feasible with a budget between \$10,000-\$30,000.
6. The project will leverage resources and funding from other community partnerships (that can include volunteers, supplies, in-kind contributions, and more) if the cost of the project exceeds the awarded amount.
7. The development and participation in a 30-60-90 Day Plan with their respective Regional Lead.

HOW IS SUCCESS DEFINED?

Each Community Lead is responsible for the following:

1. Submit a final report detailing the quantitative metrics of your project: number of residents reached, percentage of funded grassroots organization staff who report an increase in public health knowledge and capacity, number of groups/organizations engaged during the completion of said project.
2. In that same report, detail the follow qualitative data points:
 - a. Equipping residents in respective regional zones about health factors.



- b Building a sense of community and connectedness.
 - c Stimulating community-driven solutions to health problems.
3. Project summary: What worked well with your project? What would you change if you could do it again?
What are the next steps for the project and your organization? Will your organization continue with the project?
4. Final budget detail (income and expenses)
5. Accounting of grant money (copies of receipts, expenditures, value in-kind contributions)
6. Advertisements/ press releases / sample social media posts
7. Photos taken before, during, and after the project (sign-in sheets for project-related events should include language for the organization to use photos taken at the event)

It is highly recommended that each Community Lead set up monthly meetings with their respective Regional Lead.

HOW DO I APPLY?

NRF applications **must be submitted by 11:59 PM CST on November 26th, 2023**, in one of three ways:

1. Complete and submit the online form available at [Community Capital Fund \(grantplatform.com\)](https://grantplatform.com)
 - a You must create a profile on the Good Grants website to start the online application.
2. Download the REGIONAL HEALTH & PROSPERITY PROGRAM + Application fillable PDF. You can access the link by emailing the Regional Lead you are interested in applying for.
 - a Northern Region - joycelyn@artstech-kc.org
 - b Central Region – ASurender@mattierhodes.org
 - c Southern Region - andrew@ccfkansascity.org & dajaun@ccfkansascity.org
3. If online or email submission is inaccessible or burdensome, please print, complete, and mail your grant application to the appropriate Regional Lead's address.



WHAT HAPPENS AFTER I APPLY?

Award recommendations will be reviewed and finalized by the respective Regional Lead. Notification of award or denial will be sent to the application's primary contact. A partial approval is possible if either the grant submission is over the maximum amount awarded or if part of the grant is not within the scope of program objectives. All decisions of the committee are final.

Following award notification, grant agreements will be distributed to Community Leads, where they can provide additional information describing their roles and responsibilities in carrying out their funded projects. The grant agreement document should be read carefully and kept for reference, as it includes important information regarding grant reporting, tracking data, and communicating with your Regional Lead.

WHAT IF I NEED TO MAKE CHANGES TO MY PROJECT?

There is a process for seeking and obtaining approval for any changes to an awarded project. All changes that result in an increase in costs of \$1000 or more must be approved by the respective Regional Lead. All timeline changes must be communicated to the respective Regional Lead in a timely manner. Noncompliance may result in funds needing to be returned to the Regional Lead.

TIMELINE*

- October 23rd, 2023 – Program Launch, Applications are open.
- Nov 26th, 2023 – Applications are due.
- Nov 27th-Nov 30th, 2023 – Application Review Period
- Dec 1st, 2023 – Community Leads Members Selected
- Dec 7th, 2023 – Community Leads First Monthly Meeting with Health Department *
- January 25th, 2024 – Community Lead Meeting with Health Department*
- February 22nd, 2024 – Community Lead Meeting with Health Department *
- March 28th, 2024 – Community Lead Meeting with Health Department*
- April 23rd, Project Submittals for Funding Due
- April 25th, 2024 – Community Lead Meeting with Health Department*
- May 22nd, 2024 – Project Selection Notifications Due
- May 23rd, 2024 - Community Lead Meeting with Health Department*
- June 27th, 2024 - Community Lead Meeting with Health Department*



- July 8th, 2024, Mid-Project check-in due with Regional Lead Due
 - July 25th, 2024 - Community Lead Meeting with Health Department*
 - August 8th, 2024, Mid-Project check-in due with Regional Lead Due
 - August 22nd, 2024 – Community Lead Meeting Health Department*
 - November 8th, 2024 – Community Leads Reporting Deadline
 - December 9th, 2024 – Regional Lead Reporting Deadline
 - Dec 20th, 2024 – End of Program
- *Timeline subject to change.

STATEMENT OF NON-DISCRIMINATION

It is the policy of all Regional Leads to operate without discrimination as to age, race, religion, sex, sexual orientation, gender identity, language or national origin in its overall administration and consideration of grant requests.

GRANT ADMINISTRATOR CONTACT INFORMATION

- Northern Region – Arts Tech
 - joycelyn@artstech-kc.org
 - 816.461.0201
 - 1522 Holmes St. | Kansas City, MO 64108
- Central Region – Mattie Rhodes
 - asurender@mattierhodes.org
 - 816-581-5657
 - Address: 148 North Topping Avenue | Kansas City, MO 64123
- Southern Region - Community Capital Fund
 - andrew@ccfkansascity.org or dajaun@ccfkansascity.org
 - (816) 683-4207 or (816) 502 9584
 - Address: 3200 Wayne Avenue, Kansas City, MO 64109

ORGANIZATION INFORMATION



Name of Organization:

DBA Name (if applicable):

Name of Organization Executive Director / President/ Small Business Owner:

Organization Phone:

Organization Email:

Organization Website:

Organization Address:

Project Contact Info. Please provide two different contacts for this project.

Primary Project Contact:

Secondary Project Contact

Primary Contact Phone:

Secondary Contact Phone:

Primary Contact Email:

Secondary Contact Email:

What date was your organization established?

____ / ____ / ____

What Regional Zone are you applying for?

- North
- Central
- Southern



If you are a neighborhood association/group, what are the boundaries of your area?

What is the purpose and / or mission of your organization?

What community projects/initiatives have you successfully completed?

Describe your decision-making process (e.g., 51%, 75%, consensus, etc.) This only applies to Neighborhood groups and 501c-3's.

Which of the following best describes your organization? Please check all that apply.

- MO Registered Neighborhood Association
- Nonprofit 501c-3 (please provide your EIN: _____)
- Small Business/Social Innovation (please provide your EIN: _____)



COMMITMENT STATEMENTS:

- Applicant will complete KC Health Department training.
- Applicant commits to participating in monthly check-ins with Regional Lead as needed.
- Applicant commits to coming up with an initiative/project to address at least one of the leading causes of death in their area.

CAPACITY BUILDING SUPPORT – PLEASE CHECK ALL THAT APPLY:

- I would like assistance in completing final reports for my project.
- I request language assistance.

APPLICANT ENDORSEMENT

To the best of my knowledge and belief, the statements in this grant application are true and correct; the governing body of the applicant has duly authorized the document; and the applicant organization will comply with applicable laws, regulations, terms, and conditions in effect at the time of grant.

I understand that any of the Regional Leads, in evaluating this grant application, may, if deemed appropriate, review all the information submitted as part of this request.

Signature of Authorized Representative:	Date:
Printed Name:	
Title of Authorized Representative:	
Organization Name:	

