

Coordinating Efforts to Enhance Hospitals' Role in Population Health

Program-specific Frequently Asked Questions

This document will be updated for the benefit of all applicants as new questions are posed. Please direct questions to mknight@rwjf.org using the subject line: "EHPH Solicitation Inquiry." New questions and answers will appear in orange type.

----- ADDED MARCH 17, 2017 -----

1. Will you accept unaudited financial statements for organizations that do not currently have audited financial statements?
ANS: Yes, we will accept the most recent two years of unaudited financial statements. It would also be helpful for you to provide us with your tax returns for the same period of time.
2. Would we be responsible for evaluating the population health work or will that be done by an external party?
ANS: Evaluation is not a requirement of the coordinating office. However, the coordinating office will be expected to work with RWJF evaluation team who will execute program evaluation.
3. We are very new and only beginning to build up our team. We do have core people in place to get started immediately on the project but would also have to bring on someone new to manage it as it goes along. Does this work?
ANS: We are looking for applicants with significant experience-- and this can be in a role specific to population health or in similar roles with a different focus area, but the applicant must have requisite skills and expertise and can share the influence their previous work had on institutions or a field. Applicants must have capacity and ability to effectively execute the expectations we've set forth in the call for proposals.
4. While this proposal would be very specific to our proposed work with hospitals we would like to apply to other grant opportunities at RWJF as well that fit other aspects of our mission. Are there any restrictions on applying for multiple grants?
ANS: No. This opportunity offers neither an advantage nor a disadvantage for consideration of future funding. Other funding decisions will be made independently of this opportunity. For this CFP, each application will be reviewed on its merits and perceived abilities to meet the expectations set forth in the CFP.
5. We learned about this opportunity only recently since we just established our hospital program. While we would be able to get in an application by the 17th, our letters of reference may take a little longer. Would that preclude consideration?
ANS: In fairness to all applicants, applications and supporting documents are due at 3:00PM on March 17th. We are not able to make any exceptions.

6. We are classified as a private operating foundation. I know you don't fund private foundations but you don't distinguish between operating foundations and public charities on your site so I wanted to clarify?

ANS: We do fund operating Foundations.

7. Due Diligence - Financials - We are a fairly new organization, and have not had an audit completed. The online application is requesting 2 years of audited financials, which we don't have. Instead, would it be amenable to include our 2 most recent 990's? Or, most recent EOY financial statements?

ANS: Yes, please send both the two (2) most recent 990's and two (2) years of most recent EOY financial statements.

8. I have a question regarding the budget narrative for the grant. I'm not sure I understand if e are supposed to insert a table or utilize the one provided in the Budget Narrative template. Could you please provide some clarity?

ANS: You will need two documents: the budget and budget narrative that tells the story of/provide rationale for the line items in your budget. Along with a detailed description of what each budgeted person will be doing, you need to include base salary and FTE percentages. If you prefer, you can insert a table to show the base salary, FTE percentage (any increases etc.) instead of writing that portion out in the narrative.

9. I am inquiring about supporting documents. To whom should letters of recommendations be addressed to include mailing address? Also, are contracting organizations required to submit letters of Intent and budget fact sheets, only? Lastly, who should letters of Intent be addressed to?

ANS: We do not have a requirement for addressee. If you are applying with a partner organization, we require a letter of intent from that organization only.

10. I don't understand the work-plan and timeline instructions. I think the timeline is the grid with the X designation. But is the work-plan something separate? Where exactly do the B,O and C letters go?

ANS: The work-plan and timeline can be reflected one document—work-plan being the activities you plan to execute mapped onto the period within which you see these happening. The letter designations help us understand where you anticipate activities will begin, are ongoing, and will be completed. Letter designations are a matter of preference

1)	Plan Development	X	X	X											
1)	Plan Development	B	O	C											

11. Regarding the scope of work requirement for contracts under the Budget Narrative, a) is there an expected minimum or maximum length on this, and b) as this is likely to be specific tasks within the Full Project Narrative, will a scope of work which simply

references back to the Full Project Narrative suffice, or will those tasks need to be written back out and included on this fact sheet?

ANS: I'm reading your question to mean that you are asking about the contracts to extend an applicant organization's capacity to execute the role of the coordinating office. In this case, the contract is up to the applicant organization's discretion —contracts must be made within the proposed grant period between the grantee organization and RWJF. In this case the grant period is 2yrs. It is important, yes, to provide enough information to reflect what the contractor will be doing in the fact sheet.

12. If awarded, what is the schedule for grant payments (in-full at the time of award, monthly, per statement, etc.)?

ANS: Our payments are based on the size of the grant. Here are guidelines that can be helpful: <http://www.rwjf.org/content/dam/files/rwjf-web-files/GranteeResources/Payment-Models.pdf>

13. The CFP states this about RWJF “We also hope to learn more about incentives and policies that drive hospitals to collaborate across sectors in ways that encourage investment in the health and well-being of the residents in communities where they exist”. This intention is not addressed further within the CFP. Can you be more specific about what RWJF wants the coordination office to do to unearth “more about incentives and policies that drive hospitals to collaborate across sectors”?

ANS: Since we don't need the grantee to initiate original projects, we would hope to learn more about that as synthesized information from across existing programs and grants that we fund or that others are conducting.

14. If one applicant had relationships with thousands of hospitals across all regions of the U.S. but hadn't worked much with CBOs in non-health sectors, and another applicant had tons of experience working with CBOs in both health and non-health sectors but active relationships with only 20 hospitals nationally, which of these two would be considered by RWJF to be a better candidate for the national office (if we assume other attributes are equivalent)?

ANS: Ability to meet our needs and fulfill the role is most important, more than the characteristics of the applicant organization. There are advantages in both situations you presented. So it would depend more on demonstrating that the applicant understands and can execute the expectations of the role.

15. Of the ten selection criteria that are listed in the call for proposals (CFP), which ones does RWJF consider to be the top most three?

ANS: The whole list of expectations matter.

16. May there be 5 appendices of whatever length each, or do the instructions really mean 5 one-page appendices are possible?

ANS: We allow 5 pages total for appendices. Bear in mind that appendices are optional and are not guaranteed review.

----- ADDED FEBRUARY 10, 2017 -----

Related to the Coordinating Office's Role:

1. How does RWJF envision this operating between the coordinating office, hospitals and RWJF? Could this vision/approach shift focus from year 1 to year 2?

ANS: The coordinating office will work primarily with program officers at the Foundation. The coordinating office will as necessary build and maintain relationships with RWJF grantee organizations and other relevant organizations and leaders, especially to share insights and lessons. The coordinating office will not manage grantees and will not develop new programs with or for hospitals. While the Foundation's core expectations of the coordinating office will not change, changing circumstances and a natural evolution of the workplan will lead to some shifts in activities over time.

2. The CFP mentions two grantees (AEH and CHI) that the coordinating center will monitor: could you share a bit more about the other grantees in this portfolio and the type of activities they are conducting?

ANS: We anticipate that the coordinating office will work with RWJF grantees to advance complementary efforts across two of the Foundation's thematic areas, Healthy Communities and Transforming Health and Health Care Systems. Applicants should expect to maintain relationships with a minimum of 8 organizations. Examples of grantee organizations with relevant RWJF-funded projects in addition to the two examples provided in the CFP could include, but are not limited to: American Hospital Association's Health Research and Educational Trust, Stakeholder Health, the Democracy Collaborative, the Public Health Institute.

2b. How many grantees do you monitor and where are they located?

ANS: The programs that the coordinating office will be helping RWJF to coordinate across span two thematic focus areas: Healthy Communities and Transforming Health and Health Care Systems and are geographically spread across the country. The number of grantees is limited only in terms of relevancy to their work to this strategy: enhancing hospitals' role in population health. The coordinating office will not be asked to monitor or oversee grantees.

3. Is the work of the coordinating office intended to focus on hospitals that are in RWJF's portfolio, i.e., that it has already funded?

ANS: This award is to help extend RWJF's capacity to look across the aggregate of grants the Foundation has made to advance hospitals' role in addressing population health and the social determinants of health. Most of the relationships in this portfolio of grants are with organizations that support hospitals, not individual hospitals. We do not anticipate significant work with individual hospitals. We also expect the coordinating office to learn from, track, and make meaningful connections with relevant non-grantee partners and networks. We expect that the coordinating office will exercise good judgement in making recommendations to the Foundation regarding building relationships with non-RWJF funded efforts.

4a. Could you characterize the proportion of time communicating with RWJF staff versus hospitals/health systems?

4b. Will we have day-to-day/week-to-week dialogue with RWJF teams? If so, which ones?

4c. How do you anticipate the communication with RWJF staff will happen? Frequency of engagement, level of oversight, types of communication (calls, webinars, in person visits, etc). TBD based on what is needed?

ANS: We will primarily defer to applicants to propose a timeline and communication frequency that supports success in the role The Foundation will ask the coordinating office to be respectful of current grantee needs and time constraints.

5. Will Invest Health projects be considered for this award or will there be a separate RFP?

ANS: We interpreted this question as: Is Invest Health one of the grantees with whom the coordinating office will work? In this case, the answer is no.

6. What are examples of potential activities the grantee would be expected to perform.

ANS: The coordinating office might engage in activities including, but not limited to: gathering and synthesizing information, tools, resources, stories, and lessons from strategically aligned, but separate bodies of RWJF work or projects; tracking, learning from, and making meaningful connections with non-grantee partners and networks; disseminating best practices to the field at large and making recommendations to RWJF staff regarding synthesized learning.

7. Please give an example of an RWJ investment aimed specifically at enhancing hospitals role in population health, as well as other investments that help foster collaboration between hospitals and other community stakeholders to address the social determinants of health in their communities?

ANS: Currently, for example, RWJF is collaborating with America's Essential Hospitals (AEH) and Catholic Health Initiatives (CHI) as they each launch efforts to help their member health care organizations improve and increase efforts to address the social determinants of health in their surrounding communities. Many of the list of grantees in #2 are efforts that also work with hospitals.

8. Will we have access to the RWJF network of collaborators across the nation (a very large ecosystem)? Or is the expectation that we work within our own established ecosystems? Asked another way, will RWJF provide support to reach out to health systems to both lend credibility to our outreach and requests for information and support. Thoughts/comments?

ANS: The Foundation will introduce the coordinating office to strategically aligned grantees and networks. The coordinating office will also develop new relationships and stay connected to their established ecosystem. Our program staff will help facilitate connections as needed.

9. Can you provide examples of the peer-to-peer networking platform mentioned in the brochure

as part of the "collection and synthesis of external resources...?"

ANS: One example of a peer-to-peer organization that RWJF supports is HealthDoers. Applicants are also encouraged to make other suggestions. The Foundation prefers the coordinating office use existing resources and networks as much as possible, and not propose new platforms unless they are not duplicative and add significant value to the field for this issue.

10. Do you have any thoughts or preferences in terms of what type of organization would host this? (E.g., health system that already does a lot of national-scope work, an association of say hospitals, health policy non-profit)

ANS: No; we are looking for a team with the capacity and ability to effectively execute the expectations we've set forth in the CFP.

11. What is the purpose of asking organizations to form teams of two?

ANS: A single interested party could meet the Foundation's expectations to be this coordinating office. Partnering and contracting with other organizations is welcome in order to fill out the applicant's capacity to meet the Foundation's expectations of the role.

Budgeted-related Questions

12. Will we be able to adjust the budget based on discoveries/recommendations we find?

ANS: The total budget allotment for the 24 months of work is \$800,000. We expect the coordinating office to manage the timeline and budget appropriately. We do not anticipate a renewal of this opportunity. The total budget is final, though as the work evolves, the coordinating office could request a budget revision, as described in the standard guidance for RWJF grantees.

13a. Could you give an indication as to the dollar amount ask permitted and time frame?

13b. Is the \$800,000 for the full 24 months? or is the funding meant for all organizations applying?

ANS: Yes, the total amount of funding available is to \$800K for 24 months. This amount should support all the activities associated with executing this work.

14. Do you have any examples of budget templates?

ANS: The budget template and instructions to complete it are in the call for proposals. When you begin the application, you will have access to the budget template. There is a sample template accessible here: <http://rwjf.ws/2IKUMYj>

15. Travel expected for coordinating office?

ANS: Yes. We look to the coordinating office to make decisions about the frequency and destinations for travel to meet the expectations of the role. Proximity and face-to-face meetings can be important for relationship-development, learning and strategic communications..

16. Could the grant budget include staff member(s) to execute the synthesis?

ANS: The coordinating office will be expected to make decisions about the capacity needed to

execute this role. Assessing and meeting staffing needs, as well as subcontracts are up to the discretion of the coordinating office.

17. Do you have available on the RWJF website budget templates to use as example/guide?

ANS: Yes, please see the sample templates on the website:

<https://anr.rwjf.org/applicationPrintView.do?phaseId=2742>

Technology/resource related

18. Does RWJF use a specific electronic platform to share resources with its grantees/hospitals, or are we free to recommend one/build one for the coordinating center?

ANS: The Foundation will look to the coordinating center to scan the environment for available information technology options and make judicious, appropriate recommendations to the Foundation.. The Foundation prefers the coordinating office use or recommend ways to improve existing resources as much as possible, and not propose new platforms unless they are distinct and add significant value to the field.

19. What types of technologies will we use in coordination with RWJF? Will we have day-to-day/week-to-week dialogue with RWJF teams? If so, which ones?

ANS: The coordinating office and team at RWJF will make decisions together about frequency of meetings and how to best facilitate these. These could include phone calls, video calls, and in-person meetings. We will revisit frequency and methods as needed to ensure our arrangement is mutually agreeable and conducive to good work.

Geographic Scope

20. How large of a region will each coordinating center cover?

20b. Any preference for national organization as grantee vs a local or regional who has relationships and networks across the country?

20c. Are you looking for a national organization to assist RWJF nationally?

20d. Is there a limitation on geographic scope? (I.e. are you looking for a large geographic scale coverage?)

20e. Can you clarify the eligibility criteria for national geography?

20f. Does the applying organization need to have the capacity to convene or collaborate with hospitals and organizations across the country or could we propose to do this in one area or region?

ANS: The Foundation's work within this strategy is nationwide. The coordinating office will be expected to build relationships with partners and grantees whose work is nationwide, as well as some that have a regional focus.. The Foundation has expressed preference for 501(c)3 organizations. Any organization can apply and will be considered on its merit to effectively execute on the expectations of the role.

21. Can you say more about the recommendations that the RWJF later intends to make is at the level of government policies?

ANS: Our hope is that we will benefit from more depth and alignment to be better able to identify opportunities quickly; link to resources across the country more efficiently; to help

hospitals address some of the tough sticking points they are experiencing in their efforts to advance population health; to find best practices and disseminate them broadly, and; share lessons and more. We will work collaboratively with the funded organization/team and consider recommendations they may make that could help sharpen our strategy. Recommendations might also include evidence based, non-partisan material.

22. Can you point us toward any models of this Coordinating Office (in health or in other field)?

ANS: Applicants should shape the structure they think will best meet the expectations of this role. We are eager for your innovative ideas!

Data- related

23. Specifically, the question is on this criterion, and whether the applicant will need to show evaluation expertise or contract with an evaluator:

23b. Can you say more about the evaluation aspect? Partnering with our evaluators?

ANS: The coordinating office will work closely with RWJF research, evaluation and learning team to provide essential learning to support development of an evaluation for this work. Applicants are not expected to provide evaluation expertise, but will need the capacity to partner with our evaluation efforts.

24. The solicitation mentions case studies and other activities designed to collect new information about population health initiatives. What is the balance you expect between original data collection and secondary data/environmental scanning?

ANS: We look to the coordinating office to put forward a work-plan that will exemplify how data can help improve learning.

25. What would be the indicators of success for the organization receiving the grant?

ANS: Success for the organization's work would be based on reaching agreed upon benchmarks established for key roles for the coordinating office. The coordinating office influence on the field and specific RWJF strategic goals will be evaluated by an external evaluation. Benchmark indicators may include:

- Determined synergies and ways to facilitate greater shared learning, spread and access to resources and opportunities for collaboration across RWJF investments.
- Determine strategies to support hospitals and health systems to expand their roles in multi-sector collaborations and readiness, awareness and capacity in local communities.

26. Will there be an expectation to align deliverables with any specific frameworks (for example, the Culture of Health Action Framework, Healthy People 2020, CDC 6|18, etc.)?

ANS: The Action Framework is our guide to measuring progress toward our vision to build a Culture of Health in America; it helps us understand how to get to greater well-being and health equity for all. To the extent that it or any other framework can be a helpful tool or resource for the coordinating office, we'd encourage the use of this or any other framework, including those the funded organization may find useful to create.

Other

27. Is there any forum for pairing interested partners to join up and apply together?

ANS: No, in fairness to all applicants, the Foundation is not able to pair applicants.

28. Does this mean hospitals are ineligible?

28b. Can hospitals only to apply?

ANS: Hospitals can apply. Our focus is on capacity to execute the role and expectations of the coordinating office.

29. Is there a need to have hospital partnership as part of the initial grant application?

ANS: There are no requirements for types of partnerships. Applicants should think about and make strategic decisions about the types of collaborations that will add value and help ensure their success in this role. With that in mind, there is no need to

30. Would it be accurate to say that the task is a "needs assessment" if you may in the health services sector?

ANS: No, we are looking for broader capacity than conducting a needs assessment. The coordinating office support is needed to extend RWJF's abilities to objectively look across related investments to identify trends, areas for linkages, opportunities and barriers; it is intensive support to RWJF with specific budget and time limits.

31. I assume that the foundation would be interested in various stages of pop health work through hospitals and partners (early stages, planning, implementation and measurement). Is this true?

ANS: Yes

32. Do you anticipate covering population health with regard to the adult and pediatric populations or might it just be one or the other?

ANS: Yes. All of the above - consider the broadest definition possible. Life course from infancy to old age.

33. What funding opportunities, if any, for coordinating health work may be available this year, other than the upcoming Culture of Health grant?

ANS: Please check our funding opportunities webpage via this link: <http://rwjf.ws/24zMK5y>

34. Does the Foundation have a sense of what human resources this effort would require (how many people and % of time spent)?

ANS: Within the budget section of the application, applicants should present a well reasoned rationale for number of individuals they see as critical to executing the expectations of this role.

35. What are the specific grant requirements/expectations for being an RWJF Coordinating office?

ANS: Please visit the purpose section of the call for proposals: <http://rwjf.ws/2ksuRHd>

Equity-related

36. Can you speak a bit more about the requirement of experience with health equity? What type of experience are you looking for specifically? Research on health equity?

ANS: RWJF is working to build a Culture of Health where everyone has the opportunity to live a healthier life. This means shifting values so that seeking to be healthy is part of everything we do. In what ways do you contribute to creating healthier communities where everyone has a fair shot? We are looking to representation of work that has effectively influenced health equity efforts.

Technical questions

37. Should letters of recommendation come from organizations that are endorsing us or that would like to partner with us on the project?

ANS: A minimum of 2 letters of recommendations or support are required for applicant(s). Letters should speak to your ability to effectively execute the expectations of this role. A letter of intent is required from the collaborating organization's leadership, if applicants apply as a pair.

38. Should the narrative be single or double spaced?

ANS: The narrative should be 10 pages long and single spaced.

39a. How many partnerships will you be awarding and are there geographic considerations? For example, 1 on the east coast and 1 on the west coast.

39b. How many awards are you anticipating? ONE

ANS: The coordinating office can be a single entity or a pair of collaborating entities. Only 1 award will be made for the coordinating office. The coordinating office is required to coordinate across national efforts, though it is not required to be a national entity itself.

40. The grant is for up to 2 years. At its completion, how do you see your continuing to learn amplify and share in this area?

ANS: Enhancing Hospitals' Role in Population Health is a strategy that the Foundation is committed to advancing. We are open to learning and sharing through various types of activities though these may look differently based on evidence and signals from the field.

Definitions

40. What do we mean by external organization?

ANS: We are looking for an organization/team that will extend RWJF's capacity to expand the impact and help sharpen the strategy behind the Foundation's efforts to enhance hospitals' role in building a culture of health. Our reference to "external" means external to RWJ Foundation.

41. Please talk more about the motivations for the grant program. What are you seeing in the healthcare field that makes this program needed?

ANS: We believe that there are a number of key opportunities that are converging to advance

efforts that improve the health of whole populations. For example: payment and delivery system reform efforts underway is driving momentum to focus on addressing not just clinical, but importantly social needs, also. Business interests in terms of financial risk and strong social missions are also motivating many hospital leaders to address the health and well-being in the communities where they exist. We know too (pause) that hospital leaders are looking for help to make these shifts. Community organizations are also, looking to hospitals --that have deep roots and are important social and economic contributors-- to help their communities reach their highest health potential.

42. Can a Health Department be an applicant?

ANS: Yes

43. Can a regional collaborative - - of hospitals and CBOs - - be an applicant?

ANS: Yes

44. Is the intent to connect /synthesize across RWJF investments or focus equally on non-RWJF efforts to understand the entire field?

ANS: Both. We would prioritize RWJF funded efforts, but we expect the coordinating office to learn from, track, synthesize, and make appropriate meaningful connections with non-grantee partners and networks.

45. To clarify, the RWJF has a body of work already it will expect the Coordinating office to synthesize, yes? Are these projects/activities national, statewide or a mixture of both?

ANS: Both

46. Is it [the award] only for organizations that you fund or also those who do not have RWJF funding?

ANS: We are open to either and both. You do not need to have been funded previously to apply and be considered for the coordinating office. Please see question #5 above.

47. Are there particular dimensions of the social determinants of health / population health improvement that RWJF wants to prioritize or other that are less of a priority. Obviously obesity prevention, healthy eating, active living has been a priority for RWJF. Do other priorities include housing, workforce development, environmental health, other?

ANS: RWJF has made several grants which are in some way or other engaging in hospitals in population health improvement. This award will allow us to collect and synthesize information and support cross program learning, so it will be important to build upon the focus already established by these grants, especially since the coordinating office will not develop new programmatic work. That said, we are committed to addressing a broad range of social determinants of health and we are not prioritizing particular issues in this body of work, but will determine foci for the work with RWJF Program Officers. .

48. If you only expect one award, do new partners involved in population health have less of a chance of winning this award?

ANS: We look for capacity and ability to effectively execute the expectations of this role. Please read the purpose section of the call for proposals for some of the expectations of the role.

49. Do you have expectations developed around reporting and final report? Data collection and sharing, synthesis, analysis, narrative. What would the primary delivery goal be for the grantee?

ANS: We expect that applicants will make recommendations in their work-plans in accordance with the scope of the work and timeline. RWJF reserves the right to negotiate the frequency and types of reports we anticipate will meet the needs of the Foundation.

50. Will RWJF continue to invest in these type of initiatives - health systems and other partners participating in population health partnerships?

ANS: The short answer is yes. The longer answer is that we are continually looking to refine our strategy and discover the best ways to provide support to improve outcomes. Thus, how we support this work can shift based on what we learn. The Foundation is committed to catalyzing collaboration and partnering across sectors -- bringing health care, public health, community-based organizations, to education, community investment, transportation, housing, and other sectors and entities to improve health outcomes for everyone in communities.

51. When you say that you want to become more strategic does that include how population health can be used to improve the management of healthcare facilities like hospitals?

ANS: This is an issue, among many, that is relevant. When we refer to refining our strategy it is with the recognition that there is tremendous momentum, opportunities and challenges in this field and RWJF is interested in being strategically responsive and providing support in ways that can help catalyze progress.

52. The proposal template's list of supporting documents states both that "a minimum of two is required" and "up to two should be used". Can you clarify whether two is the minimum or maximum number of suggested Letters of Recommendation?

ANS: A minimum of two LORs are required.

53. The FAQ includes the following text, "an additional five (5) pages of supplemental materials may be included to support your full proposal." We want to clarify that this means 5 pages total, not 5 pages per appendix.

ANS: Applicants may submit (optional) appendices totaling no more than a total of 5 pages.

54. Do the letters of recommendation count as appendices?

ANS: No. The required supporting documents do not count toward the allotted number of pages for the appendices nor the narrative.

55. Is there openness to having a couple subcontractors that would be managed by the main partners? We understand that there should be only two main partners on the application.

ANS: Partnering and contracting with other organizations beyond the co-director role is welcome in order to fill out the applicant's capacity to meet the Foundation's expectations of the

role.

56. If one proposed deliverable were a convening, is the expectation that all food, venue, and participant travel costs be covered by the grant? Or could the coordinating office work with RWJF to produce a convening where some costs could be shared?

ANS: Applicants should propose deliverables within the budget offered. Keep in mind, the coordinating office's role will include partnership with RWJF's program officers to inform this strategy.

----- **ADDED FEBRUARY 1, 2017** -----

1. How does a coordinating office differ from other support organization roles/structures that RWJF has employed in the past, for e.g. a Coordinating Center, a National Program Office (NPO), or Supporting Program Office (SPO)?

ANS: We use "coordinating office" to describe support/assistance that is needed to extend RWJF's abilities to objectively look across investments to identify trends, areas for linkages, opportunities and barriers; it is intensive support to RWJF with specific budget and time limits.

2. Does this funding opportunity limit an applicant's current or possible future funding from RWJF?

ANS: This CFP is an open, competitive funding opportunity. Current investments do not preclude an applicant from submitting a proposal for consideration and future funding decisions will be made independently of this opportunity. For this CFP, each application will be reviewed on its merits and perceived abilities to meet the expectations set forth in the CFP.

3. What do you mean by population health relative to this call for proposals?

ANS: Population Health is the health outcomes of a group of individuals, including the distribution of such outcomes within the group. These groups are often geographic populations such as communities. The Foundation sees the broad goal of population health as a vehicle for bringing health care, public health, community-based organizations, including behavioral health, social services providers, and other entities together to improve health outcomes for everyone in communities. Improving health outcomes is as much about addressing the social determinants of poor health as it is about providing high quality medical care. Therefore, this call for proposal uses the classic public health definition of population health that focuses on geographic communities rather than a patient population.

4. What are the other projects in the "portfolio" that you expect the coordinating office will help synthesize learning across and potentially build linkages to?

ANS: The coordinating office will coordinate and connect efforts across a number of RWJF investments that are complementary in nature. These include, but are not limited to efforts focused on community benefits, engagement of hospital leaders; hospital and community partnerships. The portfolio of projects will bear particular relevance to two of the Foundation's thematic areas: Transforming Health and Health Care Systems and Healthy Communities.

5. What is the expectation for the level of relationship between the coordinating office and related RWJF projects mentioned in the call for proposals?

ANS: The Coordinating Office will be the conduit for making learning across a number of current RWJF investments more efficient and timely so that it provides maximum benefit to RWJF program officers and the field at large. The relationships with those working in the field and current RWJF grantees align with the overarching goal of this effort, and will likely vary among projects and at various points in time. However, there is no expectation of managing the work of grantees.

6. Can the coordinating office contract additional services to expand its capacity?

ANS: Yes. The primary work of the coordinating office is to determine how to most efficiently and effectively facilitate learning across the field and from an array of current RWJF investments. Processes and mechanisms to accomplish this may be through contracted services or even subcontracts.

7. If I have multiple proposed partners for my proposal, which ones should I include in the "Partners" form of the online application, since it only provides space for two partners?

ANS: The partner organization form should be reserved for organizations that, in addition to your organization, will receive funding through the RWJF grant, either by providing consulting services or through a contract with your organization. As the CFP states, we welcome collaborations. In developing your proposal you will need to determine how best to accomplish the expectations of the award and with whom. You will not only need to fill in the form, but also provide a letter of intent from the collaborating organization's leadership. You are free to mention other (non-funded) organizations in your proposal narrative and provide letters of intent, if you wish. Funding/Budget

8. Is the \$800,000 budget per year for the entire 24 month period? Will there be an opportunity for renewal?

ANS: The RWJF award of \$800,000 for the coordinating office is the total amount for the two-year grant period, not per year. At this time, this is the only Call for Proposals planned for the Enhancing Hospitals' Role in Population Health program.

9. If I apply with a partner organization, is there an expectation that the budget be divided equally between the two applicant organizations?

ANS: The partner organization will essentially be contractual agreement and the terms of said agreement, including financial compensation, scope of work, etc. are up to the discretion of partnering organizations.

Other

10. Should my organization include references or citations in the Proposal Narrative? If so, will they count toward the 10-page limit?

ANS: You may include references if you wish, however the maximum length for the proposal narrative is 10 pages including any references. To save space, you may cite references in text

only without including the full citation at the end, or with only a brief citation, or note that a full reference list will be provided upon request.

11. Can we submit appendices that provide additional detail beyond the 10 pages to help you more fully understand our relevant experience and proposed organizational structure for the coordinating office?

ANS: Per the instructions, an additional five (5) pages of supplemental materials may be included to support your full proposal. We have included template and instructions for appendices. As noted in the instructions, examples of materials that may be submitted include, but not limited to: evidence of prior work; communications products/assets, such as briefing papers or tool kits; press clippings with specific relevance to the work you will execute under this proposal; description(s) of the organization with whom you will work or other documents directly supporting your partnership; and/or charts of proposed organization structure for the coordinating office.

12. Are there helpful guidelines we should consider regarding submitting letters of recommendations and their use in evaluating my proposal?

ANS: Letters of recommendation should be used to further validate your accomplishments, relationships and/or confidence others in the field have for your ability to fulfill the expectations of the CFP and be a resource to RWJF and the field in the role as Coordinating Office.