Call for Proposals:
Mini-Grants for Mobile Clinics for COVID-19 Best Practices

Thanks to funding received by the Leon Lowenstein Foundation,

We are pleased to announce that Harvard Medical School’s Family Van will be awarding mini grants to mobile clinics to assist with costs associated with COVID-19 best practice implementation.

Title of RFA:
Mini-Grants for Mobile Clinics for COVID Best Practices

Key Dates
- Release Date: 11.16.20
- Proposal Due: 12.16.20 at 12:00 midnight
- Award Announcements: 1.15.21
- Award funds to be spent by 6.30.21

Background and Purpose:
There are over 2,000 mobile clinics nationwide, each providing on average of 3,491 visits annually. This represents close to 7 million annual visits to the Mobile Health Clinics (MHCs) sector. Visitors to the clinics are often the medically disenfranchised – people who cannot or will not engage with the traditional health care system. MHCs extend the reach of the fixed system deeper into the community,

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to the people most in need, overcoming barriers of geography, logistics and trust. Unlike brick and mortar clinics, MHCs can travel right to where the need is most, especially apt at responding to natural disasters, like hurricanes and wild fires, as well as pandemics and health emergencies.

Mobile clinics, like The Family Van in Boston, reach patients who are often missed by our health care systems: the uninsured, underinsured and undocumented, vulnerable groups that have been hit disproportionately hard by the pandemic. The Family Van’s clients, and the clients of many of the mobile clinics around the country, include essential workers, like grocery store clerks, home health aides and the many others who keep society going. They are also the people who experience the brunt of health inequalities and racism. The trust that the mobile health clinics have earned in their communities, as well as their ability to break down barriers like language, culture and insurance status are key components to improving health and health access. The flexibility and adaptability of mobile clinics make them ideal partners in responding to health emergencies, such as COVID-19.²

The COVID-19 pandemic along with a growing awareness of health disparities has created a window of opportunity to raise awareness about the benefits of mobile health, including the business case while expanding access to underserved populations. In addition, the rapidly changing landscape with regards to insurance coverage for telemedicine may stimulate innovation that allows for expanded access to specialty care in rural communities.

With funding from the Leon Lowenstein Foundation, we are able to:

Award 10 - 15 small grants of $2,500 to $5,000 each to mobile clinics across the U.S. to assist them with implementing best practices in the time of COVID. Recognizing that clinics have extremely limited resources currently; the grant process is simple and streamlined. Funds may be used for costs associated with restarting or adapting operations, such as the purchase of PPE, air filtration systems, technology that allows mobile clinics to link to telehealth services, or any other specific necessity a program may require to respond and support their community.

Grant funds must be fully used by June 30, 2021 and a final report summary must be submitted by August 1, 2021 to: mobilize_health@hms.harvard.edu

Program Eligibility

Mobile programs must be a 501C(3) or a program of a fiscal sponsor affiliated with a non-profit. Mobile programs can provide any type of services, (ie: prevention, dental, pediatric, clinical, vision, general practice) but must serve marginalized or under represented populations in the United States of America. Program must have been in operations for at least 1 year as of the Award Announcement Date of November 16, 2020. A mobile unit is not required if the program itself provides services in a mobile capacity.

Amount of Funding

Total funding amount for all grants is $50,000. Funds will be awarded to between 10 – 15 programs with amounts between $2,500 and $5,000 each. Allowable expenses include such items as air filtration systems, disinfectant and cleaning expenses, purchase of PPE, plastic barriers and phone charges for telecare, printing costs to distribute safety information....... Unallowable expenses include IDC, staff salaries and van regular maintenance costs.

Appendix A: Proposal requirements: All sections should be combined into a single pdf with the Program Name in the title

Cover Page: Include organization name, address, Tax ID number, main contact name and contact information, project title, project topic

Section 1: Program Executive Summary (500 word max) Include program history, populations you serve and annual encounter and demographic information.

Section 2: Background, Specific Aims

a.) Use of Funds Narrative and Impact of Funding (1,500 words max) - please list specific aims
b.) Community Engagement - Please help us understand your experience working with the communities you serve. How will these funds help you engage with your community and adapt to meet their needs? (500 words)
c.) Organizational Readiness - Please help us understand your organization’s capacity to work on the needs (500 words) you have identified. What staff, partners, networks, and infrastructure do you have in place that will help your utilization of these funds?

Section 3: Detailed Budget and ½ page budget narrative,

Submission info: RFP Can also be found at https://www.mobilizehealth.org/mini-grants

Contact Mary Kathryn Fallon at mobilize_health@hms.harvard.edu with questions.