

ACCOUNTABLE COMMUNITIES FOR HEALTH

Funding Opportunity

EXECUTIVE SUMMARY

The California Accountable Communities for Health Initiative (**CACHI**), launched in 2016 as a public-private partnership, has been supporting 13 **Accountable Communities for Health (ACHs)** through grants, technical assistance, policy, learning, and evaluation.

Local ACHs are addressing a range of chronic diseases and community conditions, from cardiovascular disease to community violence, to children's health, with a focus on communities that have experienced historical inequities known to result in poorer health outcomes. The success of CACHI was acknowledged in California's state budget for 2022-23 with a \$15 million allocation to continue and expand ACHs in California.

CACHI INITIATIVE GOALS AND OUTCOMES

- » Support the expansion of ACHs, which prioritize the role of community voice and equity in health system transformation, into 25 additional geographies experiencing significant inequities.
- » Support the successful implementation of key state initiatives through the active engagement and participation of ACHs locally.
- » Continue to demonstrate the value of ACHs in building cross-sector partnerships to advance community priorities.
- » Document systems changes associated with having an ACH in place.

This announcement describes the application process and timeline for \$10 million in funding over 2.5 years to develop and implement up to 25 new Accountable Communities for Health in California. A separate invitation-only request for proposals to fund existing ACHs was released January 2023. Existing ACHs also are eligible to apply for funding to develop ACHs in new geographies.

STATEMENT OF INTENT TO APPLY DUE JANUARY 17, 2023

*Potential applicants are encouraged to submit a **statement of intent** to apply. This is non-binding.*

Applicants submitting an SOI may choose not to apply and applicants not submitting an SOI may still apply. The SOI will assist the program team to ensure a fair and equitable process.

The California Accountable Communities for Health Initiative (CACHI) is leading efforts to [modernize our health system](#), advance statewide health equity and improve the health of entire communities, not just individual patients.

To realize this vision, CACHI utilizes a new model known as **Accountable Community for Health (ACH)**, a groundbreaking vehicle for bringing key stakeholders, community leaders and residents together across multiple sectors to collectively address our most pressing health priorities.

Learn more at www.CACHI.org

Funding totaling \$400,000 over 2.5 years per grantee will **support activities to accelerate progress toward the goals and milestones of an ACH**, including building cross-sector partnerships to develop shared outcomes; establishing governance and distributing leadership; elevating the role of community leaders; identifying strategies that achieve health equity; and developing strategies to attract, blend and braid resources.

In addition, **this funding opportunity requires applicants to identify a state initiative as the area of focus for collaboration**. The goal of this requirement is for the ACH to become engaged with an effort that holds potential for providing additional and ongoing financial support to the ACH as well as to demonstrate how the ACH infrastructure can provide critical support to a range of state priorities. For more information, see the [Guidance and Overview of Select State Health-Related Initiatives and Examples of the Role an ACH May Play](#).

Applications are encouraged across a range of collaborative readiness and development. CACHI’s goal is to support collaboratives in all parts of the state, focusing on those communities that experience significant inequities. CACHI will take a holistic approach in reviewing and assessing applicants to ensure the cohort is diverse, covers the whole state, and includes a range of community collaborative capacities and experiences.

APPLICATION TIMELINE



| | |
|---|----------------------------------|
| Application Released | January 4, 2023 |
| Application Launch Webinar (Zoom) | January 10, 2023 at 1 p.m. |
| Statement of Intent to Apply (non-binding) | January 17, 2023 |
| Application Due | February 23, 2023 |
| Site Visits (for subset of applicants) | April 10 – 28, 2023 |
| Notice of Awards | May 17, 2023 |
| Start Date | July 1, 2023 |
| Term of Grant | July 1, 2023 – December 31, 2025 |

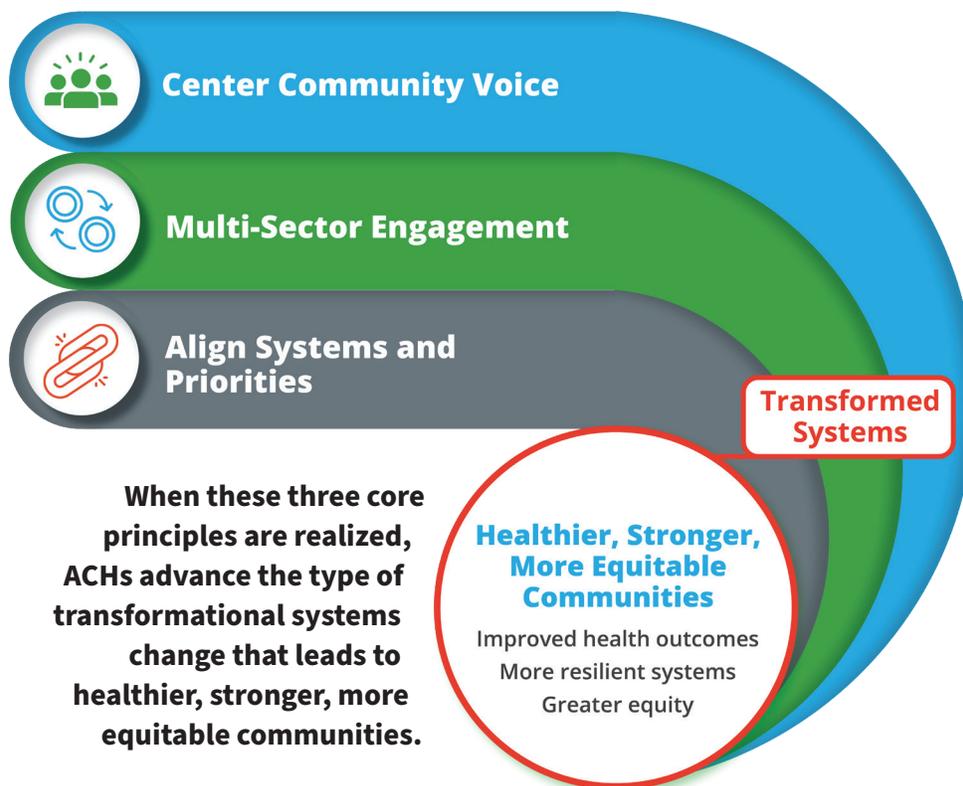
INTRODUCTION

ACHs provide residents and key partners from various sectors an infrastructure for working together to change systems, advance equity and build stronger, more cohesive communities

California communities face a range of health challenges, many of which result from long-standing inequities experienced most profoundly in and by specific places and populations. Overcoming barriers to achieving equity across California demands a new and more holistic approach that aligns diverse strategies, engages multi-sector partners, and inspires trust by centering the voice and role of community residents in identifying priorities and developing corresponding solutions. Around the nation, communities and policymakers are discovering that Accountable Communities for Health (ACH) provide an effective and sustainable pathway for transforming the health system.

External evaluation findings show that CACHI communities are achieving meaningful systems changes and becoming an essential part of the civic infrastructure in their communities, enabling partners and residents to come together and work collectively toward common goals. ACHs provide residents and key partners from various sectors an infrastructure for working together to change systems, advance equity and build stronger, more cohesive communities prepared to address both existing and emerging health challenges over the long term.

THE ACH'S DEFINING CHARACTERISTICS:



- » **Center Community Voice:** Community residents are too often excluded from critical decisions that impact their health. ACHs reengineer this reality by placing residents at the heart of all community health-related discussions. ACHs level the playing field by ensuring that residents have a prominent and active role in their ACH, helping to ensure that equity—and the realities that shape their health—is paramount.
- » **Multi-Sector Engagement:** ACHs include not only traditional healthcare and public health systems but partnerships that embrace the social drivers of health because improving health outcomes for all requires that health and other sectors, which reflect the various contributing factors needed for healthy communities, work in concert.
- » **Align Systems and Priorities:** ACHs help partners shift from transactional, program-specific approaches to a new norm where participants align local community interests, incubate fresh ideas and expand collective capacity. Built on a foundation of transparency and data sharing, this alignment results in greater impact than any one entity could achieve alone. By ensuring both transparency and accountability, trust is built among ACH members and the community.

The State of California also recognizes the need to promote greater connections across health and social services and is supporting multiple initiatives to better align the social drivers of health with medical care services. Consequently, this is an opportune time to sustain, spread and scale ACHs to ensure these initiatives have the greatest chance of success and that communities have an active voice in shaping them. ACHs provide a forum for community power to be exercised, for collective action across sectors to be facilitated, and for systems changes to be achieved. To advance these outcomes, applicants must identify a state initiative as an area of focus for their proposed ACH to address locally. For more information, review the [*Guidance and Overview of Select State Health-Related Initiatives and Examples of the Role an ACH May Play.*](#)

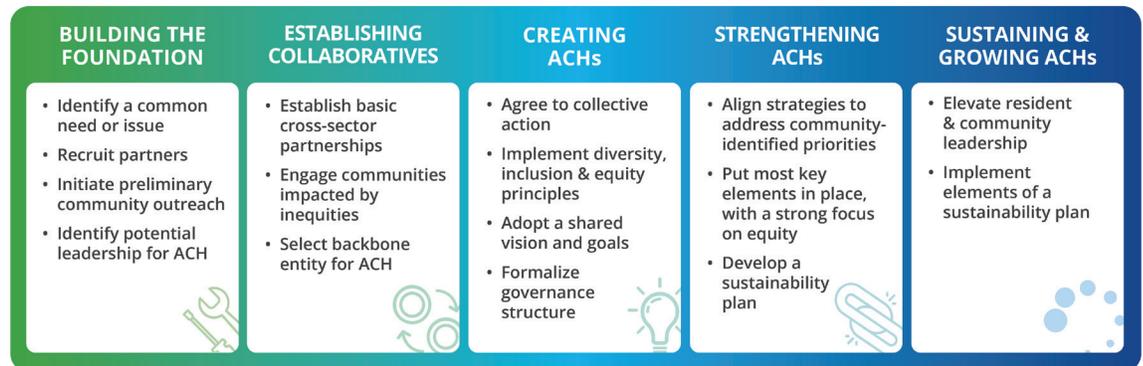
CACHI INITIATIVE GOALS AND OUTCOMES

- » Support the expansion of ACHs, which prioritize the role of community voice and equity in health system transformation, into 25 additional geographies experiencing significant inequities.
- » Support the successful implementation of key state initiatives through the active engagement and participation of ACHs.
- » Continue to demonstrate the value of ACHs in building cross-sector partnerships to advance community priorities.
- » Document stories of systems changes associated with having an ACH in place.

THE ACH MODEL



The ACH model was developed through a series of stages and processes as depicted in the [Developmental Pathway](#), which identifies key milestones and indicators associated with each phase of development. The goals and milestones incorporate the priorities and building blocks for implementing an ACH.



ACHS ARE DEFINED AS COLLABORATIVES THAT:

- » Solidify the ACH infrastructure (including multi-sector partners and an identified backbone), a governance structure, and the ACH's relationship to other local initiatives and/or collaboratives.
- » Embed equity as a core principle through ACH policies and practices, and institute meaningful community participation.
- » Develop, implement, measure and refine a coherent portfolio of actions.
- » Develop and implement the ACH's sustainability approach, secure funds, and establish a [Wellness Fund](#) (see examples from Georgia [here](#)).
- » Collect, synthesize, and share data/information, and communicate transparently the ACH's progress to communities and stakeholders.

Every community begins with unique assets, history, and challenges and will move at their own pace toward completion of the milestones. To date, the [experience of ACHs](#) indicates that it is essential to take time to establish the foundations of an ACH so that they endure during times of transition (e.g., a pandemic, an individual leadership change) and collectively continue to propel equity forward. In addition, experience indicates that the goals and milestones are not a linear recipe nor an ordered process. Multiple milestones should be pursued simultaneously using an iterative approach. For example, the ACH may pursue development of its infrastructure and governance while simultaneously working to embed equity, identify data, and plan for sustainability.

The ACH model recognizes that community health problems are multifaceted and require multidimensional solutions. No single program, organization, or sector can change a system, prevent disease, or elevate health equity on its own. Applicants should become familiar with the ACH model, its implementation and lessons learned. It is also useful to review [Collective Impact](#) resources as an ACH incorporates the practices of this approach.

APPLICATION

STATEMENT OF INTENT TO APPLY DUE JANUARY 17, 2023

*Potential applicants are encouraged to submit a **statement of intent to apply**. This is non-binding.*

Applicants submitting an SOI may choose not to apply and applicants not submitting an SOI may still apply. The SOI will assist the program team to ensure a fair and equitable process.

This announcement describes the application process and timeline for up to \$10 million funding over 2.5 years to develop and implement up to 25 new Accountable Communities for Health in California. Applicants must identify a **state initiative** as an area of focus for the ACH and outline a plan of action to foster its success. Funding will total \$400,000 over 2.5 years per grantee.

Applications are *encouraged* across a range of collaborative readiness and development. CACHI's goal is to support collaboratives in all parts of the state, focusing on those communities that experience significant inequities. CACHI will take a holistic approach in reviewing and assessing applicants to ensure the cohort is diverse, covers the whole state, and includes a range of community collaborative capacities and experiences.

Every community has assets and resources and its own unique context. The Developmental Pathway of an ACH was developed to provide a roadmap and set of milestones for developing an ACH. This funding opportunity is intended to support communities that have basic capacities established yet may represent varying developmental stages of implementing an ACH.

The **Developmental Pathway and Milestones Checklist** is a tool for applicants to assess community readiness and candidly examine existing capacities and gaps prior to developing an application for funding. There is not a hard and fast distinction between the stages of development. Experience indicates that capacities may vary for each of the different components or core elements of an ACH. For example, a community may have a collaborative structure but it may not yet have meaningfully engaged residents in setting priorities or has not previously identified a backbone organization.

Because of the short time frame associated with this funding opportunity, applicants that have engaged in work to establish partnerships with an understanding of collective action and systems change are encouraged to apply. In general, applicants should: 1) be well underway to completing most of the milestones associated with Building the Foundation stage and be ready to establish a more structured collaborative with cross-sector partners and community residents (Establishing Collaborative Stage) or 2) have collaborative governance and a backbone entity and are ready to create an ACH (Create an ACH Stage).

Applicants with a range of collaborative readiness to become an ACH are encouraged to apply. In general, all applicants should have the following attributes:

- » A collaboration of organizations representing community, health care, public health, and non-health sectors (community organizing, education, housing, social services, community development) with some history of working together.
- » The collaboration demonstrates some experience or a commitment to engage residents in setting priorities. Over time, ACHs should develop a prominent ongoing role for residents with explicit supports for their participation in the governance structure and/or engage community organizing partners to provide support for resident engagement and participation.
- » The collaboration demonstrates a focus on populations or communities with significant inequities.
- » The collaboration intends to establish and sustain an ACH that aligns for collective action to change systems and advance equity.
- » The collaboration demonstrates or commits to develop and practice principles of anti-racism, equity, diversity, and inclusion in all decisions and operations.
- » The collaboration is intentional about including communities, grassroots entities, and organizations that may not have participated previously in collaborations.
- » The collaboration has identified a backbone entity or is prepared to select one.
- » The collaboration is committed to achieving systems change through collective action.
- » The collaboration is committed to working on a state health initiative that is a community priority and will advance the aims of the initiative locally.

ELIGIBLE APPLICANTS



Eligible applicant entities include public agencies, private nonprofit organizations, neighborhood associations or other community-based entities in collaboration with residents, health and behavioral health care systems, public health, community organizing entities, social services organizations, schools, and other public and private agencies who are submitting a proposal on behalf of their partners serving a geographic area.

CACHI's goal is to expand ACHs across the state. It is highly unlikely that awards will be made for a new ACH in a geography that overlaps significantly with a current ACH, even to work on a different health issue or condition. High-population counties, however, may benefit from multiple ACHs serving distinct regions within the county. **Current ACHs** are eligible to apply to create a new ACH in a different geography.

It is preferred that the applicant be identified as the backbone organization for the ACH. A fiscal intermediary or partner may serve as the applicant on behalf of the collaboration. Based on the experience of the original cohort of ACHs, different entities can serve successfully as the backbone for an ACH. For example, community organizing or other local community organizations, public health departments, city government and health care intermediaries have all served this role. In addition, some ACHs created a co-facilitation structure between a public agency and community organization.

Funding will support activities to accelerate progress toward the goals and milestones of an ACH, including building cross-sector partnerships to develop shared outcomes; establishing governance and distributing leadership; elevating the role of community leaders; identifying strategies to achieve shared outcomes and advance greater health equity; and developing strategies to blend and braid resources.

KEY ATTRIBUTES FOR A BACKBONE ENTITY

- » Maintains the trust of diverse stakeholders, partners, and the community.
- » Has the skills and capacity to facilitate hard conversations, broker relationships, incubate new ideas, and shepherd work forward.
- » Is organizationally nimble and independent to respond to a changing environment.

A successful funding award also requires applicants to identify a state initiative as the area of focus for collaboration

A successful funding award also requires applicants to identify **a state initiative** as the area of focus for collaboration. It is intended that the state initiative chosen is one that aligns with local interests and community-identified priorities. Although some of the state initiatives are in early phases (e.g., CalAIM), others are well underway (e.g., violence prevention). Irrespective of the status of the initiative, it is essential that the collaborative engage with key partners, such as managed care plans during the proposal development process, to ascertain how ACHs can best contribute and participate. The chosen state initiative should address existing needs, build on local assets, involve multiple cross-sector partners, and benefit from ACHs's unique contributions in facilitating partnerships and centering community voices and priorities in the implementation of the program. In addition, communities should consider how the state initiative may support funding for ACH capacities, backbone, and infrastructure over the long term. Such support may occur through a grant or contractual arrangement.

EXPECTATIONS OF CACHI GRANTEES:



- » Make progress along the developmental pathway of an ACH through implementation of ACH goals and milestones.
- » Collaborate and work on one state initiative at the local level as an area of focus where the ACH can play an important role and show value to the success of the initiative. A secondary key aim of working on a state initiative is to identify, and potentially secure, funding from the state initiative to support a portion of the backbone infrastructure.
- » Engage actively in the CACHI learning community by attending virtual and in person meetings, contributing materials and documents, sharing lessons learned, and offering peer exchange to new ACHs and the broader field.
- » Participate in coaching, check-in meetings and technical assistance.
- » Participate in the initiative-wide evaluation, including annual site visits and regular phone calls, as well as completion of surveys and milestone reports.
- » Provide a commitment of matching resources (in-kind or funding) totaling a minimum of \$100,000 over the grant period. It is encouraged that collaborative partners, such as major health care institutions, provide matching resources.

WHAT REVIEWERS LOOK FOR IN A SUCCESSFUL APPLICATION:



Reviewers understand that applicants' self-assessment will indicate differing levels of development and experience with the following factors. The final cohort of grantees will include collaboratives with a range of developmental levels and geographies and will prioritize communities and populations impacted by inequities. Successful applications will embody:

- » Demonstrated commitment of key stakeholders for successful implementation of the proposal and the selected state initiative.
- » Partnerships that address the root causes of health disparities and inequities.
- » Clear descriptions of partner roles, involvement of decision makers, and a history of collaboration.
- » Collaborative culture and mindset that embraces collective action, systems change approaches, continuous development, mutual accountability, and risk.
- » Demonstrated willingness to distribute leadership, share power and build equitable operations.
- » Candid assessments of overall capacity to implement the ACH goals, milestones, and proposed work plan and focus on systems change.
- » Commitment to equity throughout the proposed approach.
- » Specific approaches to strengthen community engagement and grass-roots community organizing or resident participation in the ACH, including in decision making roles.
- » Selection of a state initiative based on local relevance and needs that includes multiple cross-sector partners, and will benefit from ACHs' unique contributions facilitating partnerships and centering community voices and priorities in the implementation.
- » Work plan narrative with sufficient detail to outline the steps and timing to achieve the outcomes.
- » Budget including all required elements, including resources to support community resident participation, travel to two statewide convenings, and at least a half time dedicated senior staff person.

APPLICATION AND SUBMISSION OF DOCUMENTS

NARRATIVE APPLICATION



Use the [template here](#) to provide a narrative of **up to seven pages** that includes the following information. Brevity is appreciated. If additional information beyond the seven pages is important to the application, please include this as an appendix. You will be prompted by the online application system to upload the completed file as part of your submission.

1. COMMUNITY INFORMATION.

- » Describe the geography (community, city, county or region) that is the focus of the collaborative and any relevant history or context, as it relates to your proposal.

2. PARTNERSHIP AND HISTORY OF COLLABORATION PROPOSED FOR AN ACH.

- » Provide the name of the current partnership or collaborative and its vision and overarching aim.
- » List the active collaborative partners with organization, title, and role in the collaborative. An ACH should include, at a minimum, public health, health care organizations (e.g., clinic, hospital, managed care organization), and community organizations.
- » Describe in what ways the current partners reflect the diversity of the community and include the sectors necessary to improve health for the particular state initiative or health issues you are proposing.
- » Describe the history of the collaboration: when and why it formed, how often it meets, how it is staffed, funded, or resourced, and the top accomplishments of the collaboration to date.
- » Describe any history of community engagement and the current involvement of residents or grassroots community groups in the collaborative.
- » Describe how the current collaboration defines equity, prioritizes equity in governance, operation, and program priorities and monitors progress to achieve equity.

3. WORK PLAN NARRATIVE: THE WORK PLAN NARRATIVE COMPLEMENTS INFORMATION PROVIDED IN THE WORK PLAN TEMPLATE (INCLUDED BELOW).

3.1 IDENTIFY 3-5 KEY OBJECTIVES TO BE ACHIEVED DURING THIS GRANT PERIOD.

What will you achieve over the 2.5 years of funding to develop and sustain the ACH and facilitate implementation of a state initiative by addressing equity and centering community priorities? What overall stage on the Developmental Pathway

do you plan to achieve by the end of the funding period? It is expected that most capacities will progress by one or two stages over the course of the grant period.

3.2. IDENTIFY THE STATE INITIATIVE FOR ACH FOCUS AND WHY THIS IS PROPOSED.

- » How have you engaged with the key players associated with the initiative? **If possible, include letters of support or commitment for the proposed ACH involvement and approach in the state initiative, such as support from health plans, county office of education/school districts, homeless/housing funders or other local stakeholders who are key to this state initiative.** If a letter of support or commitment is not possible prior to submitting the application, describe any next steps or plans for how you will work with the key players on the state initiative. General letters of support from partners are not encouraged.
- » Include a description of the local context and rationale for the state initiative selected. The state initiative chosen should address existing needs, build on local assets, involve multiple cross-sector partners, and benefit from ACHs' unique contributions in facilitating partnerships and centering community voices and priorities in the implementation of the program. Explain how the state initiative aligns to existing collaborative priorities or represents a new area of focus. Include ideas for how the state initiative may strengthen the collaborative, such as funding for the backbone and/or contributing to the collaborative vision and how the collaborative proposes to facilitate successful implementation of the initiative.
- » If available, include information on the proposed or potential roles for the backbone organization and collaborative partners and how the collaborative strengths may facilitate greater equity in the state initiative, such as strengthening community engagement and centering community voice.

THERE ARE MULTIPLE APPROACHES TO WORK ON A STATE INITIATIVE BASED ON LOCAL CONTEXT AND ASSETS.

Examples of the Role an ACH May Play:

- » **ACH LEADS COLLABORATION ON A STATE INITIATIVE:** The ACH Collaborative has an established focus aligned to a state initiative or develops a new area of focus based on community priorities that aligns to a state initiative.
- » **ACH LINKS to an EXISTING STATE INITIATIVE TABLE:** An ACH joins an existing local partnership working on a state initiative and provides backbone support and other unique values, such as centering community.

3.3. PROPOSE A 2.5-YEAR PROCESS TO PLAN AND IMPLEMENT ACH GOALS AND MILESTONES.

While significant demonstrable success is expected, given your ACH's starting point, it is not expected that all milestones would be completed during the grant period and applicant readiness and experience will vary, although each indicator should advance one or two stages. The prompts below are intended as a guide only.

- » Will new partners be recruited to join the existing collaboration?
- » What is the proposed operating structure and governance? How do you propose to operationalize equitable participation among multi-sector partners?
- » What is needed to deepen the involvement of residents and/or grassroots community groups, including specific supports, leadership development or approaches for resident participation?
- » What is the process, purpose, and timeline for engaging community as part of identifying and prioritizing community needs? Specify how you are defining "community" and ensuring that it is diverse and inclusive.
- » How and when will partners develop a shared vision, goals, and outcomes? How will residents and/or grassroots community groups be involved in developing the vision, goals, and outcomes?
- » How does the collaborative define equity for the community, including how it reflects racial equity? In what ways will the collaborative explicitly prioritize advancing equity in its operations, identifying and prioritizing community needs, reflecting equity in the development process and including equity in the vision, goals, and outcomes?
- » If not yet identified, describe the process to select a backbone entity. If already selected, provide a description of the backbone entity and rationale for the choice.

4. IDENTIFY TECHNICAL ASSISTANCE, TRAINING, OR PEER SUPPORT FROM OTHER ACHS TO ENSURE SUCCESS.

Please identify trainings or tools you would need to:

- » Ensure equity in ACH operations and outcomes
- » Approaches and resources for community engagement and resident participation
- » Information related to the selected state initiative
- » Other topics

DEVELOPMENTAL PATHWAYS AND MILESTONES CHECKLIST



Complete the Developmental Pathway and Milestones checklist, preferably as a collaborative. Download the [Milestones Checklist](#) to work on it offline with your partners. The online application system will link you to a [SurveyMonkey](#) form for you to fill out and submit the responses to your checklist. Developing an ACH is an iterative process involving multiple stages and interdependent steps. It is anticipated that applicants will have a mix of capacities across the five goals. The purpose of the assessment is to support developing an ACH work plan based on existing context. It is expected that most indicators/capacities will progress by one or two stages over the course of the grant period.

Determine whether the collaborative has completed, is mid-stage or early stage of progress for each indicator. Identify the overall developmental stage that best fits your collaboration. CACHI will take a holistic approach in reviewing and assessing applicants to ensure the cohort is diverse, covers the whole state, and includes a range of community collaborative capacities and experiences.

WORK PLAN TEMPLATE

Use the [work plan template](#) to provide 3-5 high-level objectives and a timeline of key activities to achieve the objectives. You will be prompted by the online application system to upload the completed file as part of your submission.

BUDGET TEMPLATE AND GUIDELINES



Use the [budget spreadsheet](#) to provide details of your proposed 2.5-year budget. Instructions can be found on the first tab of the budget template. You will be prompted by the online application system to upload the completed file as part of your submission.

The requested CACHI funding should not exceed \$150,000 per year and \$400,000 total over 2.5 years. Funding may be used for any of the activities listed below:

- » Staffing and facilitation of ACH and governance structure.
- » Support for resident participation to include training, stipends, childcare or other expenses.
- » Start-up of key ACH structures, such as a local Wellness Fund
- » Consultant support.
- » Participation in the evaluation and learning collaborative.
- » Participation of the backbone and/or partner organizations in the ACH learning collaborative, including travel to one annual meeting for members of the leadership team.

The budget should reflect in-kind or a funding line-item request for:

- » An evaluation liaison staff person either in-kind or funded.
- » At least 50% FTE staff member as part of the backbone organization. Applicants are encouraged to use matching resources to create a 100% FTE staff position.
- » Expenses to support resident participation.
- » Expenses for travel to one in-state convening event annually for 2 – 4 individuals. The CACHI program office will fund attendance for other regional or statewide meetings, if implemented.

BUDGET NARRATIVE



Using the guide below, develop a [budget narrative template](#). You will be prompted by the online application system to upload the document as part of your submission. This is not included in the page limit.

OVERALL STATEMENT

Provide an overall statement on how the grant dollars will be allocated to accomplish your program goals. In each section below, provide a short narrative to describe the use of funds.

REVENUE

Describe additional funding sources supporting this work and indicate whether the funds have already been committed or are projected.

- » List in-kind or funding support (such as such as personnel, meeting space, consultant support) and the entity providing the support. A commitment of matching resources totaling a minimum of \$100,000 over the course of the grant period.

PERSONNEL EXPENSES (INCLUDING BENEFITS)

Describe the personnel carrying out the work for this project. List job titles, whether the position(s) will be filled by current staff or new hire(s), their percent time devoted to this work, and briefly summarize each person's responsibilities related to the CACHI project.

NON-PERSONNEL/OTHER EXPENSES

Describe other non-personnel expenses (including consultants and subgrants to partner organizations) and how these expenses will support advancing your goals.

INDIRECT/OVERHEAD COSTS

Describe how the general operations and finance/administrative arms of your organization support this project and will help it move forward. The maximum overhead allowed is 15%.

OTHER

If relevant, provide additional narrative describing other uses of the CACHI funds.

SUPPORTING ATTACHMENTS



You will be prompted by the online application system to upload supporting attachments as part of your submission.

- a. Letters of support and commitment to the ACH involvement and approach in the state initiative, if available. Letters should focus on the commitment of key stakeholders for successful implementation of the proposal, for example a health plan, schools, and community organization partners important to success.
- b. A visual of the governance structure, if available.
- c. Minutes from most recent collaborative meeting, if available.
- d. Logic model or Theory of Change, if available.
- e. Audited financial report of lead applicant. If the lead applicant is a government agency, then an audited financial report is not required.
- f. IRS nonprofit determination letter for the lead applicant (non-governmental applicants).

PROCESS FOR SUBMISSION AND CHECKLIST



All of the application documents and attachments are to be submitted through the [online application portal \(available January 16\)](#) by February 23, 2023 at 11:59 PM Pacific Time.

CACHI is grateful to the California Department of Public Health, Fusion Center, for their support of this RFP.

CACHI also wants to express its deep appreciation to The California Endowment, The California Wellness Foundation, and Blue Shield of California Foundation for their support in making this initiative possible.