

REQUEST FOR PROPOSALS (RFP) FOR **WORKGROUP MEMBERS** IN
JANE BANCROFT ROBINSON FOUNDATION’S STRATEGIC DESIGN INITIATIVE

Description of RFP: Identify and engage up to 20 community-based, nonprofit organizations (CBOs), or individual community-organizing partners to serve on one or both of two workgroups designed to be the heart of a 12-18 month, community-driven, strategic design initiative that will inform the Foundation’s investment priorities in reducing cancer mortality and creating health-related career opportunities for women in Wards 7 and 8.

Total Awards: Grants of up to \$10,000 each will be awarded to a number of nonprofit organizations or individual community organizers who are selected to participate. A competitive selection process will identify successful candidates. Applicants can apply for one or both of the workgroups (Patient Navigation and Workforce Development, respectively). If selected for two workgroups, total award would be for up to \$20,000 (i.e., up to \$10,000 for each workgroup). Payments will be made in three installments (November 2019, May 2020, and December 2020).

Anticipated Level of Effort: Workgroup members will contribute an anticipated 5 to 10 hours/month for 12-18 months. If selected to serve on two workgroups concurrently, anticipated level of effort will be 10 to 20 hours/month for 12-18 months. Monthly meetings will be held in-person and virtually (schedule will vary). It is also expected that some work will be required between convenings (i.e. reading materials in preparation for the meetings, and/or reacting to group work products with feedback).

Issuance Date: Wednesday, June 19, 2019

Deadline for Proposals: Wednesday, August 7, 2019 by 5:00 p.m. ET

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Introduction

The Jane Bancroft Robinson Foundation (JBRF) is launching a 12-18 month, strategic design initiative to work in deep partnership with women living in Wards 7 and 8 and the community-based organizations (CBOs) that serve them. This initiative will help inform the Foundation's investment priorities toward reducing cancer mortality and creating health-related career opportunities. The goal of this initiative is to develop:

- People-led, community-based solutions that inform JBRF's investment priorities;
- Ready-to-fund interventions that are designed to get at the REAL root causes of cancer mortality and workforce development disparities;
- Prioritized indicators/metrics to monitor success and tell the full story behind disparities;
- Increased community capacity to act and change the outcomes of women diagnosed with cancer and the career trajectories of women from Wards 7 and 8;
- Increased awareness of JBRF as a reliable partner for meaningful change;
- Assurance that future philanthropic investments in Wards 7 and 8 will be money well spent on that which really matters for community residents in cancer mortality reduction and workforce development.

The Foundation's goal is to support action with lasting impact. JBRF understands this often requires upfront investments of time and financial resources in strategic planning to achieve effective, informed action. We believe that the people telling us how to invest in the District's cancer navigation and workforce development systems should be the people living and working in those systems every day.

Therefore, before we begin committing funds to traditional cancer navigation and workforce development grants, we are first investing in community residents and community-based organization (CBO) partners. We believe this is an investment in human capacity and leadership, creating opportunities for stakeholders and residents of Wards 7 and 8 to act and change their own conditions. This philanthropic strategy relies on community and grantee partners informing us what interventions are most needed to meaningfully and purposefully reduce cancer mortality and create health-related career pathways for women in Wards 7 and 8.

So, we are asking YOU to partner with us in this process. We welcome your leadership! The following information will provide background on the Foundation and the strategic design initiative.

About the Jane Bancroft Robinson Foundation

The Foundation provides charitable support to organizations caring for the spiritual, physical and emotional needs of the underserved. Grounded in the legacy of the Methodist Church and Sibley Memorial Hospital, the Foundation invests in nonprofit organizations that share our vision, values and goals. The Foundation supports nonprofit organizations regardless of religious affiliation.

Vision: To improve the lives of the historically underserved residents of Washington, DC's Wards 7 and 8 and increase the opportunity for these residents to have a voice in the decisions that impact their lives.

Mission: To reduce cancer mortality and create health-related career opportunities for women in Wards 7 and 8.

Values: The Foundation seeks to strengthen the spiritual, physical and emotional well-being of the residents of Wards 7 and 8.

Leveraging Relationships: The Foundation looks for opportunities to leverage its relationships with Johns Hopkins, Sibley Memorial Hospital, the United Methodist Church, its grantee partners, and the residents of Wards 7 and 8 to achieve outcomes far greater than JBRF could achieve on its own.

History

The Foundation was created to honor the legacy of the Lucy Webb Hayes National Training School for Deaconesses and Missionaries conducting Sibley Memorial Hospital. Operated by the Woman's Home Missionary Society of the Methodist Episcopal Church, the school trained deaconesses and missionaries to care for the spiritual, physical and emotional needs of the underserved and was responsible for starting and maintaining Sibley Memorial Hospital in its early years. Jane Bancroft Robinson was the Secretary of the Deaconess Bureau and later President of the Woman's Home Missionary Society. She was the founder of the Lucy Webb Hayes National Training School, which included Sibley Memorial Hospital.

Strategic Design Initiative Overview

JBRF Mission: To reduce cancer mortality and create health-related career opportunities for women in Wards 7 and 8.

Approach: Invest in a 12-18 month, JBRF-funded, strategic design initiative—carried out in deep partnership with community residents and relevant community based organizations (CBOs). *Note: The design of this initiative is based, in part, on the Community Ownership, Empowerment, and Prosperity (COEP) Action Team initiative carried out by the Chesapeake Foodshed Network (CFN).*

Outcomes:

- 1) Priorities for investment, identified by women living in Wards 7 and 8, and the CBOs that serve them;
- 2) Ready-to-fund interventions designed to get at the REAL root causes of cancer mortality and workforce development disparities;
- 3) Prioritized indicators/metrics to monitor success and tell the full story behind disparities;
- 4) Increased community capacity to act and change cancer and career outcomes for women from Wards 7 and 8;
- 5) Increased awareness of JBRF as a reliable partner for meaningful change;
- 6) Assurance that future JBRF investments will be money well spent on that which really matters for community residents in cancer mortality reduction and workforce development.

Philosophy/Underlying Values:

- Any steps we take as a funder to address cancer mortality and workforce development disparities for women living in Wards 7 and 8 must be done in partnership with community residents and community-based organizations.
- Program solutions need to be driven by those who most have their finger on the pulse of what is really preventing women from being able to prioritize health, cancer screenings, prevention, treatment and career aspirations.
- We need to get at the reasons that are levels below what the surface barriers appear to be.
- And then, we need to take the time to thoughtfully, and in partnership with community residents and CBOs, design philanthropic interventions that REALLY address the root causes/barriers.
- These partners need to be paid for their time, appropriately honored for their lived experience and valuable expertise.
- The action framework that results from the program design phase will identify enough interventions that JBRF can fund ourselves to make a difference. But ultimately, the full systems-change approach will be more than JBRF alone can fund. To that end, JBRF will lead an effort to identify collaborative funding partners for implementation.
- Sustainability is key. As implementation efforts begin, the steering committee will also work with partners to establish a relevant, ongoing infrastructure or advisory council to measure and monitor success of implementation (a subsequent infrastructure that will be larger than JBRF, but in which we will likely take part).

Strategy -- Achieve JBRF mission through a two-pronged approach with data/impact evaluation woven throughout the process by:

1. Building up the **patient navigation system** in our region to ensure:
 - a. Navigator capacity is sufficient;

- b. Navigation services are designed to address the real pain-points in a woman’s cancer journey, those root causes/barriers preventing her from being able to prioritize cancer screenings, prevention or cancer treatment;
- c. Navigators’ referral pathways to CBOs/solutions are clear and well-defined;
- d. CBOs have capacity within their sphere of service to respond to Ward 7 and 8 client needs in a timely way;
- e. The existence of financial navigation supports to ensure that families with a cancer diagnosis have access to all available public benefits; and
- f. That the necessary building blocks are in place in order to assess the financial return on investment (ROI) for patient navigation, with the goal of eventually working toward a financially sustainable model.

2. **Strengthening and increasing Workforce development** initiatives that:

- a. Create scholarship programs and supports for pathways in health-related fields for women from Ward 7 or 8;
- b. Develop a fully-integrated education curriculum and well-connected career pipeline with multiple bridges and “on-ramps” so that learners, at all levels of educational readiness, have equal opportunity to participate and benefit from meaningful employment; and
- c. Partner and collaborate with the patient navigation workgroup, building out the community health-worker (CHW) and patient navigator workforce, where needed.

3. **Data** – the data/impact perspective will be fully integrated into both workgroups and is a fundamental lens through which the solutions and interventions are designed. Our robust data approach will ensure we are collecting the right indicators to tell the full story behind the high mortality rates and workforce development needs. What indicators do we need to be tracking? Are we already tracking them? If not, how can we start tracking them? Who should be tracking them? And if the full data “story” is being collected by dozens of CBO partners, how do we build a platform that aggregates those data points to tell the collective story behind the disparities (and eventual progress!) seen in Wards 7 and 8?

Tactics & Timeline:

- Develop and field RFP to hire a co-lead consultant (through competitive selection process). Preference will be given to candidates whose lives have been touched by cancer in some way and women with lived experience in Ward 7 or 8 and/or a deep history of working in accountable partnership with residents (**Complete, Apr – Jun 2019**).
- Identify 2-3 CBO partner leads to chair each workgroup (through competitive selection process also) and form the core steering committee for this initiative – *Application deadline was June 19, selection process to be completed by late July* – (**In-Progress, May - Jul 2019**) = **~\$75,000 in grants to CBOs or individual community-organizing partners.**

- Establish Steering Committee = JBRF Senior Program Officer, co-lead consulting partner, 2-3 workgroup chairs, **(In-Progress, Jul 2019)**
- Stand up two workgroups (through competitive selection process also) for a community-driven 12-18 month strategic planning and program design initiative. **(Jun - Oct 2019) = ~\$200,000 in grants to CBOs and ~\$40,000 in stipends to community residents.**
 - Patient navigation/Data
 - Workforce development/Data
- Program Design Phase (Oct 2019 – Jun 2020) – includes regular meetings and online work in between times. Start with a scan of existing work/capacity/solutions. Identify true barriers and needs. Develop a targeted set of solutions to meet those needs, conduct comprehensive stakeholder engagement to vet solutions/interventions and develop a collective impact approach toward implementation of interventions. = **\$25,000 in program costs (food at meetings, stakeholder engagement, original data collection/research stipend – if applicable)**
- Roadmap Implementation (Jul 2020 – Dec 2020, with funding in 2021) – establish grant programs/funding mechanism, secure funding for implementation, solicit proposals, make grantee selections and get money out the door for program implementation. = **\$1.5 million annually for JBRF + additional money from funders collaborative.**

Who Serves on Workgroups (list is not exhaustive):

- Community Members - Ward 7 and 8 residents whose lives have been touched directly or indirectly by cancer; women living in Wards 7 and 8, including but not limited to, high school students and second-career individuals, interested in health sciences
- Community Based Organizations – Direct service providers (healthcare, social service, workforce development)
- DC Government – Department of Health, Department of Social Services, Department of Aging, Department of Employment Services, Office of the State Superintendent of Education, Mayor’s Workforce Investment Council
- National nonprofits with interest in Wards 7 and 8
- Academic and Hospital Partners
- Business Partners
- JBRF Board Members/Sibley Community Affairs

Perspectives/sectors/skills represented at table (list is not exhaustive):

- Healthcare, Hospitals, Primary Care and Cancer Specialists
- Public health
- Patient navigation/community health worker/case management
- Housing

- Aging
- Disability
- Religious/Faith-community
- Financial security/literacy
- Food Security
- Behavioral Health
- LGBTQIA
- Medical-Legal Partnership/Public Interest Law Firms
- Workforce development
- Violence interruption and violence prevention
- University and Academia (including high school and community college)
- Research/data analysis
- Childcare
- Transportation
- Business Community

Submission Requirements

The primary scope of work will be to actively participate in one or both of two working groups (patient navigation and workforce development, respectively)—designed to be the heart of a 12-18 month, community-driven, strategic design initiative that will inform the Foundation’s investment priorities in reducing cancer mortality and creating health-related career opportunities for women in Wards 7 and 8.

Workgroup members will contribute an anticipated 5 to 10 hours/month for 12-18 months. Applicants can apply for one or both of the workgroups. If selected for two workgroups, total award would be for up to \$20,000 (i.e., up to \$10,000 for each workgroup) and the anticipated level of effort will be 10 to 20 hours/month for 12-18 months. Monthly meetings will be held in-person and virtually (schedule will vary). It is also expected that some work will be required between convenings (i.e. reading materials in preparation for the meetings, and/or reacting to group work products with feedback).

Preference will be given to organizations or individual candidates:

- Whose organizational mission or personal/professional lives intersect with the field of cancer prevention/treatment/ navigation or cancer disparities/health equity work, or workforce development and scholarship initiatives;

- With an established presence in Ward 7 or 8; and/or a deep history of working in accountable partnerships with residents of these Wards;
- With deep connections to relevant networks in these Wards and an ability to bring the voices and concerns of those networks to the table; and
- Who have previous experience participating in coalition-led, successful program design efforts.

Please see below for a full list of the things we need for proposal submission. See next section for detailed instructions on how to submit:

- Draft a **cover page** with all information requested below (as a Word or PDF document).
- Answer **Workgroup Member questions**, to the best of your ability and comfort level.
- Include a **personal statement, bio or resume** (as a Word or PDF document)
- Provide a **list of references** (2-3 references required) and (optional) letters of support from organizations/individuals within the networks you are connected to.
- If representing a nonprofit organization, please provide a **letter, signed by organizational leadership**, indicating support for staff involvement in this initiative.

Cover Page Information

- Full legal name
- Name of the organization or business with which you are affiliated (if applicable)
- Organization or business website (if applicable)
- Organization, business or personal mission
- Job title or role in community
- Location of your work/service area (i.e., national, regional, specific counties, State(s), District Ward(s))
- Email address
- Phone number
- The workgroup/s to which you are applying (i.e., patient navigation, workforce development, or both)

Workgroup Member Questions – We want to get to know you and are glad you’re interested in being part of this strategic design initiative. These questions are intended to help us get a sense for who you are. Please answer to the best of your ability and comfort level.

1. What does equity mean to you? How does your organization, or you individually, work toward equity in the things that you do?
2. Describe your or your organization’s presence and history of working in Ward 7 and/or 8 and the nature of that work;
3. It matters to us that workgroup members bring the voices and concerns of their networks to the table. Please describe the communities, networks, or coalitions with whom you collaborate.

4. If applicable, please describe the ways in which your personal or professional life and/or your organization's mission has intersected with the field of cancer prevention/treatment or cancer disparities/health equity or workforce development and meaningful careers/financial security for underserved communities.
5. Why do you want to be a part of this strategic design initiative? What do you hope to see happen through this work?
6. What are some strengths that you or your organization (if applicable) would bring to the strategic design initiative workgroup(s)? How do your strengths make teams you are a part of better?
7. Please describe your specific experience(s) participating in successful, collaborative, strategic-planning initiatives. What outputs and/or outcomes were achieved? What lessons were learned? How were community partners involved?
8. Please speak to your capacity to serve in this workgroup member role. Workgroup members will contribute an anticipated 5 to 10 hours/month for 12 to 18 months. If selected to serve on two workgroups concurrently, anticipated level of effort will be 10 to 20 hours/month for 12-18 months. Monthly meetings will be held in-person and virtually (schedule will vary). It is also expected that some work will be required between convenings (i.e. reading materials in preparation for the meetings, and/or reacting to group work products with feedback.)
9. Is there anything else you want to share about your organization or yourself (including relevant demographic information) and your work as part of this application? What should we have asked about you (or your organization, if applicable) that we didn't? We're not looking for anything specific here! Just giving you more space to tell us what you think we need to know.

Budget – Workgroup members will contribute an anticipated 5 to 10 hours/month for 12-18 months. If selected to serve on two workgroups concurrently, anticipated level of effort will be 10 to 20 hours/month for 12-18 months. Grants of up to \$10,000 each (or up to \$20,000 if selected for both workgroups) will be awarded to a number of nonprofit organizations or individual community organizers who are selected to participate. Whether submitting as a nonprofit CBO or as an independent contractor, please provide a budget that reflects the estimated level of effort and a budget narrative, explaining the details behind each budget line item. Please include all anticipated expenses related to your or your organization's involvement as a workgroup member.

Organizational Leadership Approval Letter (where applicable) – If representing a nonprofit organization, please provide a letter, signed by organizational leadership, indicating support for staff involvement in this initiative.

RFP Process and Timeline

This RFP is an open call. If after reviewing the RFP and related information you decide that you (and/or your organization) are interested in submitting a proposal, JBRF welcomes your insights.

There will be an applicant webinar on Tuesday, July 16, 2019 from 1:00pm – 2:30pm for anyone interested in learning more about the initiative. Q&A will follow a brief presentation and a recording of the webinar will be available upon request. Please send an email to JaneBancroftRobinsonFoundation@gmail.com for webinar registration details.

There will be one submission stage – only a full proposal. A selection committee made up of JBRF staff, the strategic design initiative steering committee and advisors will review applications and conduct applicant interviews. The anticipated timeline for this RFP is as outlined below.

RFP Released to Applicants	Wednesday, June 19, 2019
Applicant Webinar and Q&A	Tuesday, July 16, 2019, 1:00pm – 2:30pm ET
Full Proposal Submission Deadline	Wednesday, August 7, 2019
Applicant Interviews	September 6, 2019 – September 20, 2019
JBRF's Anticipated Notification	Week of September 30, 2019
Anticipated Project Start Date	October 2019
Anticipated Project Completion	December 2020

Proposal Submission Requirements

All proposals must be submitted via email (either in PDF or Microsoft Word document format) to JaneBancroftRobinsonFoundation@gmail.com with “Strategic Design Initiative Workgroup Member” in the subject line. Proposals must be received by Wednesday, August 7, 2019 by 5:00 p.m. ET. Respondents will receive an email to confirm that their proposal has been received. If you have questions regarding your submission, please send an email to Kara Blankner and Manon Matchett at JaneBancroftRobinsonFoundation@gmail.com.

Proposals may not exceed 10 pages maximum (excluding attachments such as the budget and resumes). There are no additional requirements regarding format (margins, font size, etc.)

Evaluation Criteria

The **selection** process will consider the following factors for each applicant during the review:

- **Strong Community Relationships.** Applicants should demonstrate a commitment to and have a history of meaningful partnership and collaboration with stakeholders in Wards 7 and 8, including evidence of a network in these wards and a recent history of coordination with residents and multiple community-based organizations.

- **Commitment to Equity.** Applicants should have a passion for health and racial equity; regularly employ inclusive, systemic approaches to equity in their work; seek to build the capacity of communities to act for themselves; and have a proven track record of respect, knowledge sharing, and accountable relationships with historically underrepresented communities.
- **Specific Cancer or Workforce Development Expertise (respectively).** Ideally, applicant's personal or professional life and/or organization's mission has intersected with the field of cancer prevention/treatment or cancer disparities/health equity. Or conversely, has intersected with the field of workforce development and creating equitable opportunities for meaningful careers/financial security for underserved communities.
- **Bridge-building.** A history of sustained working relationships with multi-sector collaborators, across varying backgrounds and experience levels, to broaden the perspectives and diversity around the table and encourage participation by nontraditional partners.
- **Coalition Participation.** A history of participation in a successful, collaborative, strategic-planning initiative with concrete outputs and outcomes and deeply engaged community partners. A history of working well on a team, effective communication and an ability to foster healthy team dynamics, manage conflict and support agreed upon conflict resolution methods and remedies.
- **Capacity.** Sufficient capacity to meaningfully participate in activities of the working group(s). A clear fit with organization's [or individual's] strategic goals. If from a nonprofit organization, demonstrated leadership support for applicant's involvement in the initiative, including a letter signed by organizational leadership, indicating support for staff involvement in this initiative.

JBRF Strategic Design Initiative

Philosophy/Underlying Values

Tactics & Timeline

Steering Committee

Kara Blankner/JBRF Co-lead consulting partner CBO partner co-chairs

PATIENT NAVIGATION WORKGROUP

- **Community Members** – Ward 7 and 8 residents whose lives have been touched directly or indirectly by cancer
- **Community Based Organizations** – Direct service providers (healthcare, social service)
- **DC Government** – Department of Health, Department of Social Services, Department of Aging
- **National Nonprofits with Interest in Wards 7 and 8** (American Cancer Society, Prevent Cancer Foundation)
- **Academic and Hospital Partners** (Sibley, Howard, GW)
- **Business Partners** (Ward 8 Giant, W.C. Smith)
- **JBRF Board Members/Sibley Community Affairs/Cancer Specialist**

WORKFORCE DEVELOPMENT WORKGROUP

- **Community Members** – Women living in Wards 7 and 8, including high school students and second-career individuals interested in health sciences
- **Community Based Organizations** – Direct service providers (social service, workforce development)
- **DC Government** – Department of Employment Services, Office of the State Superintendent of Education, Mayor's Workforce Investment Council
- **National Nonprofits with Interest in Wards 7 and 8**
- **Academic Partners** (Trinity, UDC, Montgomery College and/or Prince George's Community College)
- **Hospital and Business Partners** – from employer perspective (Sibley, Howard, GW, W.C. Smith)
- **JBRF Board Members/Sibley Community Affairs/Human Resources**

DATA

Interwoven throughout both workgroups (intermediate & long-term measures)

Outcomes (specific to each workgroup & overall for JBRF)

1) Priorities for investment (both patient navigation- and workforce development-related), identified by women living in Wards 7 and 8, and the CBOs that serve them; 2) Ready-to-fund interventions designed to get at the REAL root causes of cancer mortality and workforce development disparities; 3) Prioritized indicators/metrics to monitor success and tell the full story behind disparities; 4) Increased community capacity to act and change cancer and career outcomes for women from Wards 7 and 8; 5) Increased awareness of JBRF as a reliable partner for meaningful change; 6) Assurance that future JBRF investments will be money well spent on that which really matters for women residents of Wards 7 and 8 in cancer mortality reduction and workforce development.

Separate Implementation Roadmaps for Each Workgroup

Who will implement? – CBOs, DC Gov't and other partners from respective workforce development or patient navigation spheres, using collective impact approach to implement

Who will pay? – JBRF will lead an effort to identify collaborative funding partners: Regional & Nat'l Foundations, DC Gov't, Payers/Insurers (CareFirst, AmeriHealth), Hospitals, Corporate Philanthropy, Etc.

How is it sustained? – Steering committee will work with partners to establish ongoing infrastructure or advisory council to measure and monitor success of implementation (beyond JBRF, but we will take part)

Apr - Jun 2019
Develop and field RFP to hire a co-lead consultant

May - Sep 2019
Stand up two workgroups
Identify 2-3 CBO partner leads to chair each workgroup
Establish Steering Committee

Oct 2019 - Jun 2020
Program Design Phase

Jul 2020 - Dec 2020
Roadmap Implementation