# Community Partner Stipend

**Background**

The Healthcare Association of New York State, Inc. (HANYS) through the Healthcare Educational and Research Fund, Inc., (HERF) with support from the Mother Cabrini Health Foundation, is pleased to offer 10 cost-reimbursable stipends for up to $20,000 each.Stipends will support health equity and community health projects, co-led by AHEI hospitals and 501(c)(3) not-for-profit community partner organizations. Stipend projects will focus on improving the health of marginalized or vulnerable populations. One or more community partners collaborating with an AHEI hospital or health system may apply for and be awarded stipend funds.

**Eligibility**

To apply for the AHEI Community Partner Stipend, an organization must:

* be a 501(c)(3) not-for-profit community-based organization;
* provide service to New York state residents;
* have an existing partnership with a hospital or health system participating in HANYS’ AHEI program, or plan to partner with an AHEI hospital or health system by June 1, 2024; and
* have a mission that aligns with the ethical principles, tenets and teachings of the Roman Catholic Faith, according to the [Mother Cabrini Health Foundation](https://cabrinihealth.org/catholic-values/#:~:text=Rooted%20in%20Catholic%20Values&text=Mother%20Cabrini's%20lifelong%20commitment%20to,the%20work%20of%20the%20Foundation.&text=Other%20key%20principles%2C%20such%20as,of%20serving%20vulnerable%20New%20Yorkers.).

Applicants will provide their mission statement, EIN, a copy of their 501(c)(3) paperwork and a letter of support from their partner hospital or health system, along with their written application.

**Selection criteria**

Applications will be evaluated within the three categories below on a scale of 1 to 5 (1: strongly disagree, 2: somewhat disagree, 3: neutral, 4: somewhat agree, 5: strongly agree), then ranked by cumulative score.

1. Financial need: the stipend will address a funding gap to enable the organization to implement the project.
2. Project feasibility: this organization’s project is clearly defined with measurable goals and outcomes.
3. Potential impact: the project selected by this organization has potential to advance health equity.

**Timeline**

The AHEI Community Partner Stipend program uses the following timeline:

**Participation requirements:**

Stipend recipients will complete the following requirements:

* Enter into an agreement with HERF to be reimbursed for up to $20,000 for work completed in partnership with AHEI hospitals to advance health equity.
* Attend two mandatory hour-long online educational presentations in February 2024: a health equity overview, and a financial orientation, which will cover expense reporting requirements.
* Meet at least bi-monthly with their HANYS project manager and partner hospital or health system, between March and October 2024.
* Submit the interim report and financial reimbursement request form by August 1, 2024.
* Submit the final report, financial reimbursement request form and other required attachments by November 8, 2024.

**Reporting requirements**

Stipend recipients will submit an interim report to their HANYS Project Manager by August 1, 2024, and a final report by November 8, 2024. Each report will include the following documents:

* Interim or Final Report (Word document) explaining how the funds were used and demonstrating the impact of the funding as specified in the recipient’s stipend application;
* Reimbursement Request Workbook (Excel) documenting all expenses incurred under stipend agreement;
* Supporting financial documentation, including invoices and proof of payment;
  + If requesting reimbursement for staff hours, you must provide the hourly rate of each employee during the pay periods covered, total hours per period, and fringe rate calculations. Proof of payment may include labor distribution reports, earnings statements that display hourly rate and hours worked, payroll registers, or a confirmation from Human Resources on letterhead.
* Form W9 Request for Taxpayer Identification Number and Certification (PDF): a completed and signed [Form W9](https://www.irs.gov/pub/irs-pdf/fw9.pdf) identifying the TIN to which payment will be made.

**Financial reimbursement**

Reimbursement requests may be submitted after expenses have been incurred. Payments will be issued within 30 days of HANYS receiving a completed Financial Reimbursement Request form.

Stipend recipients are required to submit for reimbursement on August 1 and November 8, but may choose to submit for reimbursement as frequently as once per month.

# Community Partner Stipend Application

**Organization’s legal name (the "Recipient"):**

**DBA/AKA (if applicable):**

**EIN:**

**Primary contact**

Please list the primary contact for this stipend, including full name, credentials, role, email and phone number.

**Financial contact**

Please list the contact who, if awarded the stipend, will manage all financial responsibilities.

**Organization type**

Please provide your organization’s mission statement, indicate the type of work done by your organization and describe the population your organization serves. (150 words).

**Project narrative**

1. Describe: (150 words)

1. the proposed project and how it aligns with the goal of advancing health equity;
2. how the target population will be involved in executing the proposed project; and
3. the number of individuals this program will impact (an estimate is fine).

2. Define the project's goals and objectives. (150 words)

1. Goals: What is the desired result of your project?
2. Objectives: What steps will be taken to achieve your goals?

3. Describe the project’s evaluation plan. (150 words)

a. How will you measure improvement?

b. What does success mean for your project?

4. Organizations that receive a stipend must complete their work in partnership with an AHEI hospital.

1. Please list the hospital you intend to work with in 2024.
2. Please select the most accurate statement below:

* My organization is currently partnering with an AHEI hospital.
* My organization intends to partner with an AHEI hospital in 2024.

**Proposed use of funds**

Please indicate your proposed use of funds by selecting one or more of the four options below:

* **Technology enhancements**: funds will be used for new or upgraded hardware and/or software to improve access, screening or referral processes (example: referral tracking software and laptops).
* **Staff hours**: funds will cover salary and fringe expenses for staff time spent on the project. Eligible staff include client-facing and project management staff (example: funding a community health navigator).
* **Staff education and training**: funds will cover training expenses for staff in your organization or at your AHEI partner hospital. Educational topics must relate to health equity. (Examples: formal certificate or credentialing programs for key staff, or informal or one-time training by an outside organization).
* **Client education and outreach:** funds will be used for client-facing education designed to improve self-management of chronic disease, address social care needs and/or reduce healthcare disparities.

**Budget**

Please use the budget template below to provide an estimate of your expenses.

|  |  |  |  |
| --- | --- | --- | --- |
| *Example proposed budget: supportive housing organization* | | | |
| *Item description* | ***Unit cost*** | ***Total cost*** | ***Justification*** |
| *Salary expense:  Program coordinator* | *$12,000* | *$12,000* | *Hire part-time program coordinator to help with the referral process 1-2 days per week. (Feb. 15, 2024 – Oct. 31, 2024); 600 total hours @ $20 per hour* |
| *Fringe rate* | *$3000* | *$3000* | *27% fringe rate applied to salary expense* |
| *Supplies: Two laptops* | *$1,000* | *$1,000* | *Purchase two laptops. Three staff all share one desktop computer. Laptops would make us more efficient.* |
| *Miscellaneous: Implement referral system* | *$3,000* | *$3,000* | *Implement a computer-based referral system so hospitals can refer clients to us directly and we can track closed loop referrals.* |
| *Consultant: Referral system training* | *$1,000* | *$1,000* | *Staff will be trained on the new computer-based referral system.* |
| *Total amount: $20,000* | | | |

**Please complete the template below.** In the Unit cost column, please indicate the cost of each item. In the Justification column, provide the rationale for your funding request.

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed budget** | | | |
| **Item description** | **Unit cost** | **Total cost** | **Justification** |
| ***Salary expense***  *(include hourly rate, period of time and total hours)* |  |  |  |
| ***Fringes*** *(indicate total fringe rate)* |  |  |  |
| ***Supplies*** |  |  |  |
| ***Miscellaneous*** |  |  |  |
| ***Consultant*** |  |  |  |
| ***Other*** |  |  |  |
| **Total amount:** | | | |

**Financial need**

HANYS aims to award this stipend to organizations with financial need. Please describe the expected impact of this funding on your organization’s ability to advance health equity. (150 words)

**Questions**

Please contact Maria Baum, stipend program lead, at [mbaum@hanys.org](mailto:mbaum@hanys.org).