

Strategies to Repair Equity and Transform Community Health (STRETCH) 2.0 Initiative

Request for Applications

The CDC Foundation is currently accepting applications for participation in the STRETCH 2.0 Initiative Cohort.

Summary of RFA

STRETCH 2.0 is a partnership between CDC Foundation, Michigan Public Health Institute (MPHI) and the Association of State and Territorial Health Official (ASTHO). This initiative will convene a cohort of up to seven Collaboratives, each comprised of a state public health agency partnering with a community-based organization (CBO) or existing community coalition. The Collaboratives will go through capacity-building activities to build and strengthen trust and accountability among partners, develop approaches to power sharing, identify community priorities and build a shared set of actions to achieve their common goals of advancing health equity. The CBO or coalition and state public health agency should jointly apply to this RFA; the community partner will receive the funding award for the Collaborative to support this work. If selected under STRETCH 2.0, the CBO or community coalition will receive up to \$128,000 in funding to support their effort and participation in the Collaborative from January 2024 through March 2025.

Timeline

RFA released	September 7, 2023
Informational webinar for prospective applicants (recording will be posted to the CDC Foundation's Request for Proposals Page)	September 14, 2023 at 1pm EST: Register HERE
Deadline to submit screening application	11:59pm EST October 6, 2023
Screening application review period and 2 nd round interviews (as needed)	October 9 - 27, 2023
Notice of selection status	5:00pm EST, November 2, 2023
Project Period	January 1, 2024 – March 31, 2025

Initiative Background

Purpose

Communities, including state health agencies and community-based organizations, have been working toward everyone having opportunities to access health care, clean air, parks, childcare, transportation options and the many other aspects of our lives that impact our overall health. The COVID-19 pandemic exacerbated barriers some members of our communities experience in having health opportunities. As a result, state health agencies have an influx of funding to strengthen their workforce capacities and the public health infrastructure. State health agencies cannot create build impact alone, though; they can only achieve long-term, sustainable change through partnership and leadership from their communities and by addressing the community's specific needs. The Strategies to Repair Equity and Transform Community Health (STRETCH) Initiative works to strengthen the foundational relationships imperative to ensuring all members of the community can thrive and improve the structures and processes needed to consistently move this work forward.

With support from the Robert Wood Johnson Foundation, the [Strategies to Repair Equity and Transform Community Health \(STRETCH\) 2.0 Initiative](#), will build on the first phase of the project in which 10 state public health agencies collaborated with partners to transform public health practice and systems to advance health equity and promote thriving communities. The STRETCH project partners—CDC Foundation, ASTHO and MPHI—developed the STRETCH Framework as a tool for building sustainable change to help everyone have the opportunity to live their healthiest life. The STRETCH Framework aims to re-imagine standard public health practice by centering equity as a through line throughout all public health domains and deploys a systems change approach, meaning the underlying policies, practices, resource allocations, power dynamics, relationships and mental models (our deeply held beliefs or assumptions that influence our perceptions about inequities and power relations) that have allowed health inequities to persist.

In STRETCH 1.0, we learned that state public health agencies are committed to addressing health inequities in their communities by improving community engagement and trust. We have designed this program for state public health agencies to authentically engage with community to address the systems that lead to health inequities—such as funding, workforce limitations, policies, relationships, power dynamics and more. Along the way, state public health agencies will learn about what it takes at the organizational and collaboration levels to address the policies, practices, funding flows and mental models to address their equity goals. CBOs and state public health agencies will engage throughout the project to drive forward changes. Oftentimes, grant programs do not adequately fund CBOs to participate in systems change initiatives. STRETCH 2.0 designates funding specifically to the community partners who will be engaged as a partner in this journey. This opportunity offers different, however complementary, training and activities than the [Public Health Infrastructure Grant](#), and your team will be connected to technical assistance through that program based on your needs.

The goal of STRETCH 2.0 is to promote necessary skills, core competencies, power sharing and authentic relationships among state team members and their community partners to advance and sustain health equity through systems change.

Collaboratives will move through capacity building activities to develop and achieve their common priorities and goals. Prior participation in STRETCH 1.0 is not required. Collaboratives from states who participated in STRETCH 1.0 and states who did not are both encouraged to apply.

Levels of Engagement

STRETCH 2.0 will have three levels of engagement: National, Cohort and Collaborative. The National tier provides technical assistance resources pertinent to challenges and needs across public health and is open for all public health practitioners to participate, regardless of their participation in STRETCH. The Cohort and the Collaborative levels are only available to those accepted through this RFA. Acceptance into the initiative reflects your commitment to engage within the cohort of a peer learning network of the up to seven collaboratives as well as within your individual collaborative partnership.

National*

Open to all public health practitioners from all levels of government and from outside government. Learning activities will focus on public health systems change and equity for all practitioners across states and territories.

Cohort

Peer learning network of seven Collaboratives comprised of a state public health agency and community organization or coalition in authentic partnership to develop and implement strategies to build capacity.

Collaborative

Tailored and individualized technical assistance and capacity building provided to the Collaborative with a goal to grow in knowledge and skills related to equity and systems change.

*You do not need to apply to this RFA if you wish to participate solely in the national opportunities.

From January 2024 to March 2025, Collaboratives will engage in the following:

Activity	Who	Timeframe
3-hour virtual kick-off meeting with the STRETCH Project Team to lay the groundwork for the project.	STRETCH 2.0 Cohort	January 2024
Two day, in-person workshop to strengthen relationships and identify common goals and priorities (will be held for each collaborative in their state).	Individual Collaborative	Feb/March 2024
Monthly workshops (up to 3 hours) on health equity and systems change core concepts, boundary spanning leadership and more.	Individual Collaborative	March-November 2024
Facilitated workplan development to identify specific, actionable strategies to practice applying what is learned to actual projects, programs and planning.	Individual Collaborative	December – March 2025
Expert technical assistance and thought partnership tailored to your specific needs and assets	Individual Collaborative	Ongoing
Access to asynchronous learning modules, funding navigation training (provided by Georgia Health Policy Center) and narrative change training (provided by FrameWorks Institute).	STRETCH 2.0 Cohort	Ongoing
Peer learning with the entire cohort of collaboratives.	STRETCH 2.0 Cohort	Ongoing
Peer network calls for the executive leadership from the state public health agency to discuss facilitators and barriers to equity work, as well as approaches to implement equity work in different geographic and community contexts.	STRETCH 2.0 Cohort	Ongoing
Virtual networking and relationship building opportunities.	Open to all public health practitioners	Ongoing

Benefits of Participation for the Collaborative

Deepened understanding of the local context for equity-focused systems change.

Specific, actionable strategies to address the root causes of inequities in your community.

Stronger capacity to promote equity in all your work.

Improved capacity for partnership between community and state public health agency.

Ability to identify various policy levers, power dynamics, opportunities and challenges to address entrenched inequities.

Peer learning network of communities striving to improve opportunities for health across their communities.

Collaborative Details

Collaboratives should identify a core project team who will be involved in STRETCH activities and convenings. We encourage cross-departmental teams from within all partner organizations to encompass various community engagement roles and initiatives. Additional team members could be included in project activities on an ad hoc basis.

Suggested core project team members could include:

- Project lead from CBO or coalition
- CBO or coalition leader(s) (or designee(s) with decision-making ability)
- State/Territorial Health Official (or designee with decision-making ability)
- Minority Health/Health Equity Director and/or Lead from the state public health agency
- State public health agency Community Engagement Lead (or designee) where applicable

Applicants are also encouraged to engage the following individuals in STRETCH activities:

- State public health agency Finance Director (or designee)
- Local Health Official(s)
- Any other SHPA or CBO/Coalition team members with relevant responsibilities or experiences

If needed, STRETCH team members will work with Collaboratives to identify appropriate team members that align with their specific project goals.

Program Commitments

By applying to participate in this initiative, the Collaborative agrees to the following:

- Assemble a collaborative inclusive of an existing CBO or community coalition and the state public health agency which should include local representatives that authentically reflect the community being served.
- Participate in capacity building activities, including virtual and in-person events over the project period.
- Participate in the STRETCH outcome evaluation efforts, including but not limited to completing pre- and post-assessments, key informant interviews and focus groups. The findings will be shared back to assist in your own project and program improvement efforts.
- Participate in communications activities to tell your story about your experience and what you are learning and accomplishing, including but not limited to, photos and videos highlighting your team's experience, interviews for blogs and media, social media posts and other promotional content. The communications materials developed will be shared back to use in your communications about your work.
- Use learnings and capacity building opportunities to develop an action-oriented, equity-driven, systems focus work plan.
- The state public health agency should be prepared to provide in-kind resources to participate and accomplish goals.

Grant Details

Collaborative capacity building grants will support community-based and community-led work that creates a sustainable foundation for cross-sectoral collaboration and coordination designed to spur progress on a key public health issue(s) that advances health equity. Projects should focus on a specific place such as a city, county or region and/or a specific group within a defined geography. STRETCH seeks applicants who plan to work through cross-sector collaboration to address health issues that focus on systems change approaches to advancing health equity.

What We Will Fund

- This funding is intended to assist with project costs for **established** cross-sector collaborative efforts or expanding the scope and impact of an existing collaborative.
- Applications should focus on building the capacity of the collaborative to advance health equity.

What We Will Not Fund

- Ongoing operating costs, unrelated to supporting focus areas/activities;

- Capital Improvements, unrelated to furthering focus areas activities; or
- Political/lobbying activities.

Funding Specifics

- Seven awards will be made to the community partner in each collaborative in an amount up to \$128,000.
- If the community partner jointly applying is a coalition, one organization within the coalition must serve as the fiscal sponsor. If the community partner jointly applying is a CBO, that CBO will receive the funds. The state public health agency may not serve as the fiscal sponsor.
- Funding must be used for the purposes described in the application, and must be expended or committed between the date of award and March 31, 2025

Application Details

Alignment and Eligibility Criteria

Applicants should consider the following “readiness¹” criteria when assessing whether they are a good fit to participate in the STRETCH 2.0 cohort. If your collaborative meets the criteria, then see below on how to apply.

- ✓ Have a **pre-established** partnership between a CBO/community coalition and a state public health agency and a commitment to engage in the project together.
- ✓ Committed to addressing the root causes (e.g., structural biases, ableism, sexism, etc.) of health inequities that are being addressed.
- ✓ Focus on addressing inequities for historically and currently marginalized populations.
- ✓ Have potential for buy-in and active involvement of community, public health and other pertinent leaders.
- ✓ Have prior experience with (or willingness to engage in) collaboration between multi-sector organizations and a state public health department.
- ✓ Have leadership team members who authentically identify with the community being served.
- ✓ Have a commitment to implement and sustain efforts for the long term.
- ✓ Capacity to attend and participate in the core program listed above.

¹ Preparedness to enact change, where preparedness refers to knowledge, skills, power, and role clarity.

The CBO/community coalition fiscal sponsor should be defined as an organization that works at the local and state level, using their deep connections and role as a trusted resource within the community to improve a community's social, physical, economic and emotional health, wellbeing and overall vitality. Further, organizations must:

- ✓ Be recognized by their state of incorporation as a non-profit organization;
- ✓ Have sustainable operations, be in good financial standing and have a proven record of program effectiveness. The CDC Foundation reserves the right to conduct applicants' financial and due diligence reviews; and
- ✓ Be an equal opportunity employer with all-inclusive membership that does not discriminate on the basis of gender, race/ethnicity, color, sex, sexual orientation, country of national origin or nationality, age, religion, intellectual or physical disabilities and military or veteran status in its activities or operations.

How to Apply

Oftentimes grant applications can be time consuming and burdensome. The STRETCH partners intentionally developed a streamlined application process to reduce barriers to applying for grant funds. The application process is outlined below.

The STRETCH partners are committed to providing accessible materials. If any of our documents or links present accessibility challenges, please email Erin Salvaggio (esalvaggio@cdcfoundation.org) with the subject line "Accessibility Assistance." We will gladly work with you to provide the information in a different format.

There are four phases to our selection process:



Application Components

All applicants are required to submit the screening application by completing the [online application form](#) by **11:59 PM ET, October 6, 2023**. Please collect all required information before attempting to enter it in the online application, as **there is no option to save and return to your work if application is only partially completed**. Please include the following information:

1. **Fiscal Sponsor Organization Information** including the contact and mailing information for the CBO or collation fiscal sponsor organization, Federal Tax Identification Number/Employer Identification Number (EIN), Data Universal Number System (DUNS) number, SAM Unique Entity ID (UEI) and non-profit status. Please email Erin Salvaggio, esalvaggio@cdcfoundation.org, with any questions or for assistance regarding the financial information.
2. **Project Description** in either the written or video screening application:
 - a. **Capacity statement:** A description of who you are, how your collaborative is organized, and the relationship between collaborative partners, including the state public health agency. Please also explain how your collaborative meets the alignment criteria.
 - b. **Approach:** A description of the type of goals you would like to achieve, who participated in developing them and how you will achieve them.
 - c. **Community engagement:** A description of how you will engage the community in all aspects of the project.
 - d. **Collaboration:** Applicants should provide examples of how they have worked collectively in the past and how you envision working together for this project. Applicants may also include what they hope to gain by participating in this initiative.

Instructions for submitting your online screening application with written responses or video:

Written: provide short responses (no more than 500 words) to each of the four project questions (see #2 Project Description a-d above) in this application (2000 words total). You do not need to use the full word count.

- OR -

Video: record a simple video up to 12 minutes long with your responses to the four project questions; you may have up to 2 people in the video. You do not need to use the full amount of time. Upload as an unlisted video to YouTube, and provide the link in [the application form](#). This should be a simple recording of yourself speaking to your webcam or phone. In order to maintain fairness among applicants with different resource capacities, videos with additional footage, camera work and editing will not be reviewed. Instructions on how to upload an unlisted video are available [via this link](#).

3. Application Attachments

- a. Signed Letter of Support from your State Health Officer or authorized representative (can use the [provided template](#) or your own).
- b. Budget and Narrative
 - i. Please download the [Budget Narrative document](#) and complete your organization's proposed budget for the project period, January 1, 2024-April 30, 2025.
 - ii. Please include an estimate for in-state travel for one two-day in-person workshop for your full community team, as well as potential out of state travel for a one-day project closeout convening (see budget tool for estimates).
- c. Required Financial Documentation:
 - i. Audited Balance Sheet and Income Statement (preferably most current year, 2022, or no older year than 2021) AND/OR
 - ii. IRS 990 Tax Form (preferably most current year, 2022, or no older than year 2021) *An IRS 990-N is not sufficient*

4. Certify Program Commitments

5. Applicant Contact Person Information

Any questions should be submitted to Erin Salvaggio, esalvaggio@cdcfoundation.org.

Application Evaluation Criteria

All written and video screening applications will be assessed for alignment and then reviewed using the following criteria:

Capacity Statement

- Do the applicants clearly describe the members of their Collaborative and how they are organized?
- Do the applicants clearly describe how their Collaborative is uniquely positioned to address the challenges their community faces?
- Do the applicants address how they meet the alignment criteria?

Approach

- Are there measurable goals identified?
- Does the proposed work align with the STRETCH 2.0 framework by applying a systems level approach to address inequities?
- Is the approach compelling, innovative and/or evidence-based?
- Does the proposed approach leverage grantee activities already planned or in progress through other funding sources?

Community Engagement

- Do the applicants clearly specify how they will engage the community through all aspects of the project, including through participatory approaches and community responsiveness?
- Do the applicants demonstrate the robust community connections and commitment to equitable partnerships required to ensure that they have the ability to carry out project activities?
- Do the applicants demonstrate a readiness for planning and navigating difficult conversations or partnerships that may be a result of power dynamics or potential mistrust?

Collaboration

- Does the Collaborative create synergies and eliminate or avoid duplication of effort?
- Do the applicants clearly explain their relationship with the collaborative members and/or how they plan to collaborate during the project?
- Do the applicants explain well what they hope to gain from participating in the initiative?

Budget and Narrative

- Is it feasible to implement strategies and demonstrate progress towards intended outcomes as proposed, within the term of the grant period and amount of funding requested?
- Does the application clearly describe how funding will be utilized to achieve desired impact?
- Is the budget reasonable/appropriate for proposed objective(s)/approach?

Commitments

- Do the applicants understand and agree to all program commitments?

Letter of Support

- Did the applicants attach a signed Letter of Support from the State Health Officer?