

Chiron Fund

Complete Application & Evaluation Materials

Impact Area: *Access to high-quality, affordable, mental health care*

Issued March 1, 2021

Letters of Interest due **by 12:00 pm Central Time on Wednesday, March 24, 2021**

Proposals may be found at: <https://www.grantinterface.com/Home/Logon?urlkey=stlgives>





## OVERVIEW

The purpose of the Chiron Fund is “to fund promising projects of nonprofit organizations with a strong track record of facilitating positive change for individuals living in economically challenging circumstances.” The Chiron Fund is a component fund of the St. Louis Community Foundation, offering financial support to organizations for projects that meaningfully address *mental health care, basic needs, or education/ training for youth and young adults*. The Fund operates on the belief that when the most vulnerable individuals in a community are respected and supported in their growth and development, those individuals’ lives will stabilize. In turn, communities will be strengthened, offering a better quality of life for all in the present and the future. Successful applicants will be able to demonstrate a strong organizational commitment to principles of non-discrimination, anti-racism and equity, and effective inclusion.

- **Impact Area 1:** Access to high-quality, affordable, **mental health care** (ex: counseling, psychiatry, adjunctive therapeutic interventions)
- **Impact Area 2:** Access to **basic needs** (ex: adequate food, shelter, health care, household equipment/furnishings)
- **Impact Area 3:** Access to **education and training opportunities** for youth and young adults, ages 0-26.

***In the 2021-2022 funding year, applications will be accepted in Impact Area 1 only.***

In the 2020-2021 funding year, the following initiatives were funded under Impact Area 1:

- \$15,000 (renewable for up to 5 years) was awarded to LOVEtheLOU an organization in North St. Louis City that provides youth training and development programming, neighborhood renewal, and small business assistance. This organization will use the funds awarded for capacity building and implementation of programming designed to provide access to high quality mental health care for their participants. Specifically, a consultant will be engaged to assist in design and of a service model that will meet the needs of eligible LOVEtheLOU program participants. Further, the capacity building process will educate staff members about the screening and referral processes, as well as ways to ensure any mental health services to be delivered will meet the highest standards in terms of ethics and effectiveness.
- \$25,000 (renewable for up to 5 years) was awarded to Circle of Concern, which serves low-income families located within the Parkway, Rockwood, and Valley Park School Districts by providing food, financial assistance, and case management. This organization will provide direct access to quality mental health services in partnership with subcontracted local licensed mental health providers with whom they have previously developed working relationships. This grant also includes training for Circle of Concern’s staff, providing a "tool box" of coping and stress management skills for staff, intake volunteers, and case workers.

Examples of other types of projects that would be eligible for funding under Impact Area 1 include:

- A program partnering 501(c)(3) nonprofit organization with licensed mental health care providers that offer easily accessible high-quality mental health services (this could be an onsite “push-in” model or a model where clients access services at provider’s location)

- Efforts by 501(c)(3) nonprofit organizations to eliminate barriers to access to high-quality mental health care for traditionally underserved populations through provision of safe transportation, reduction of language barriers, provision of space in accessible locations to licensed mental health care providers, or implementation of screening and referral processes that reduce stigma
- A training program on an effective mental health intervention for staff of a 501(c)(3) nonprofit organization, followed by funding to implement the training protocols
- Programming at existing 501(c)(3) nonprofit mental health agencies that meets an identified need of clients (or others in the community) and expands the organization's scope of services, allowing clients to access a new type of service designed to become a long-term offering
- A capacity-building or planning grant to determine how a 501(c)(3) nonprofit organization can provide high-quality mental health programming for their community
- Mental health support for 501(c)(3) nonprofit organization staff members impacted by vicarious trauma sustained through (or exacerbated by) their ongoing professional work
- Augmenting mental health services with support options for individuals not yet ready to access available services of licensed providers (support groups; peer-to-peer, clinician or volunteer led mental health awareness sessions embedded in programming; adjunctive services such as mindfulness, yoga, wellness groups; compassionate listening or companion type program implementation, etc.)
- Other opportunities for bringing mental health care to traditionally underserved populations through the efforts of 501(c)(3) nonprofit organizations

#### DEFINITION OF GRANT PURPOSE

Please be sure your project is in keeping with the purpose of the grant. The Chiron Fund's Project Advisory Team defines "**access to high-quality, affordable, mental health care**" as follows:

**Access** = Increasing organizational capacity and/or decreasing existing barriers to receipt of mental health services by addressing issues such as:

- lack of a sufficient number of licensed providers
- inadequate continuum of care in the area
- need to train non-clinical staff in ethical and effective screening and referral procedures
- high cost of services/ lack of insurance coverage
- lack of safe transportation
- need for non-traditional or extended hours
- existence of stigma
- language differences
- specialized training for licensed providers (such as to serve those with high needs, cultural differences, etc.)
- lack of confidential space to provide services

**High-Quality, Affordable, Mental Health Care** = client-centered, ethical, efficient, and effective care at a cost that is manageable for the client.

At a **minimum**, the mental health care must:

- **be provided by a currently licensed mental health provider in good standing** who is clearly operating within his or her scope of practice, and is utilizing evidence-based therapeutic intervention techniques
- meet **all** ethical standards of the recognized national professional association and the licensing body of the provider, including but not limited to standards related to informed consent,

confidentiality, refraining from imposition of personal values, maintenance of professional boundaries, and crisis intervention/ management

- demonstrate respect for rights and beliefs of client
- be safe (meaning not harmful physically, culturally, emotionally, and psychologically)
- offer services appropriate to the presenting need and/or appropriate referral to accessible services
- be provided in a timely manner and offered with enough frequency for therapeutic intervention(s) to be effective
- be effective, with therapeutic impact evidenced by measurable and meaningful symptom reduction
- be provided on an equitable basis
- be offered at a cost the client can afford
- be supported by adequate and appropriate infrastructure, resources, and support

The Chiron Fund's Project Advisory Team particularly favors project applications that demonstrate effective collaborative partnership between a community-based organization and at least one other organization.

#### GRANT PARAMETERS

Grants may range from \$5,000 to \$30,000 per year for up to five years. Eligibility for second through fifth year funding will be based on successful implementation of project goals as documented by annual evaluation and report as well as timely completion of an acceptable funding renewal application. Project proposals must address sustainability after funding is completed by indicating how the organization intends to maintain delivery of programs or services in the impact area after the five-year period has elapsed.

After reviewing grant proposals, the Chiron Fund may choose to ask an organization that meets eligibility criteria but whose proposal indicates a need for strengthening to engage in a funded capacity building process. This capacity building would include working with a consultant from a list approved by the Chiron Fund to guide development of a sustainable model and to assist in submission of an appropriate funding application for client services in future years. Additional funding may be available for staff and volunteer training and limited client or community mental health awareness activities in the first year as a part of the capacity building effort.

#### CHIRON FUND 2021 FUNDING APPLICATION PROCESS

The Chiron Fund uses an open application process to consider organizations for project funding and capacity building. **All eligible applicants must first submit a Letter of Interest (LOI) through our online application system.** All LOIs will be reviewed by members of our Advisory Team, which includes Saint Louis Community Foundation staff members and several volunteers with expertise in organizational development and nonprofit program implementation. Organizations will be notified whether their requests are approved to move to the application stage.

#### ELIGIBILITY

**Eligible** organizations (including prior applicants and prior grantees) who are interested in being considered for funding in 2021 must first submit a Letter of Inquiry (LOI). After members of the Chiron Fund Advisory Team reviews the LOI, **you may be invited to submit a full proposal.**

**IMPORTANT:** Be certain you can answer “yes” to all of the following questions before proceeding with submission of any materials in response to this Request for Proposals.

1. Does your proposed project meaningfully address the Chiron Fund’s 2021 funding priority by showing a strong promise of *increasing access to high-quality, affordable, mental health care*? (See Chiron Fund’s “Definition of Grant Purpose” found on pages 3 - 4 of funding application packet.)
2. Does your organization have 501(c )(3) nonprofit status? (This may be independently or through a fiscal sponsor.)
3. Does your organization serve residents of Saint Louis City and/or Saint Louis County?
4. Can you describe how your organization demonstrates a strong organizational commitment to principles of non-discrimination, anti-racism and equity, and effective inclusion?
5. Have you reviewed the funding exclusions to be sure your funding request is a good fit? (See “Exclusions” found on page 5 of funding application packet.)
6. Is the organization’s Executive Director (or designee authorized to accept grant funding) aware of the potential funding application for this project?

**EXCLUSIONS**

The Chiron Fund does not provide funding to be expended on the following interests/entities:

- Individuals
- Organizations or projects designed to evangelize or proselytize
- Political action groups, lobbying activities, or projects designed to directly influence political outcomes
- Employee salaries, though stipends to supplement existing staff salaries or consultant services may be approved
- Vehicles
- Debt reduction
- Endowments
- Publications
- Fundraising events

Proposals that are not aligned with the Chiron Fund’s statement on inclusive practices, outlined in the Fund Overview, will not be considered.

**TIMELINE for 2021-2022 FUNDING CYCLE**

<b>March 1, 2021</b>	<b>DETERMINATION OF ELIGIBILITY TO APPLY</b>
	<ul style="list-style-type: none"> <li>• RFP- “Chiron Fund Complete Application &amp; Evaluation Materials Packet” becomes available online.</li> <li>• Letter of Inquiry (LOI) submission period begins.</li> <li>• Potential applicants evaluate whether they meet eligibility requirements prior to submitting a LOI.</li> </ul>
<b>March 24, 2021</b>	<b>LETTER OF INTEREST (LOI) DEADLINE</b>
	<b>Online submission period ends March 24, 2021 at noon CDT.</b>
<b>April 2, 2021</b>	<ul style="list-style-type: none"> <li>• On or before this date a Saint Louis Community Foundation staff member will contact potential applicants with invitation to submit a full application.</li> <li>• Question period begins: Applicants encouraged to ask any questions prior to submitting your application.</li> </ul>

## TIMELINE for 2021-2022 FUNDING CYCLE (continued)

April 30, 2021	<b>APPLICATION DEADLINE</b> Online submission period ends April 30, 2021 at noon CDT.
April 30, 2021 – May 14, 2021	<b>APPLICATION REVIEW PROCESS</b> <ul style="list-style-type: none"> <li>Chiron Advisory Team will review applications.</li> <li>During this time, we will contact finalist organizations to schedule a site visit. Due to COVID restrictions, in 2021 all “site visits” will be virtual (via Zoom.)</li> </ul>
May 24-27, 2021	<b>FINALIST SITE VISITS</b>
June 2021	<b>GRANTS AWARDED</b>
July 2021	<b>FUNDS DISBURSED</b>
December 31, 2021	<b>MID-YEAR PROGRESS STATEMENT DUE</b>
June 10, 2022	<b>YEAR-END EVALUATION REPORT &amp; FUNDING RENEWAL APPLICATION DUE</b>
June 2022	<b>RENEWAL GRANTS AWARDED WITH TIMELINE FOR 2021-2022 FUNDED PROJECTS</b>
July 2022	<b>SECOND YEAR FUNDS TO BE DISBURSED</b>

### SUBMISSION PROCESS

Steps to submit a letter of interest include:

- Determine your eligibility.** If you **cannot** provide “yes” answers to all of the eligibility questions, **do not submit a Letter of Interest.** If you can answer “yes” to the eligibility questions, complete and submit your Letter of Interest by noon on LOI due date, **March 24, 2021.**
- Access our grant portal at <https://www.grantinterface.com/Home/Logon?urlkey=stlgives>. Complete LOIs will include answers to the questions found on page 7 and a copy of your approved FY21 organizational Operating Budget.
- You’ll know by **April 2, 2021** whether or not to submit a grant application.
- If invited, login again to the online portal to complete and submit a grant application by noon on **April 30 2021.**

### APPLICATION MATERIALS

Application materials, including LOI questions, application questions and required materials, mid-year progress report, and year-end evaluation report may be found in the following pages. These are provided for interested applicants to understand the expectations of the Chiron Fund and the steps ahead for granted partners. Materials will be held on the St. Louis Community Foundation’s grant portal with access given to nonprofits as they move through the application and award process.

### QUESTIONS

Please contact us with questions about the Chiron Fund and this Request for Proposals.

Elizabeth George- Director of Community Investment 314.880.4956 [egeorge@stlgives.org](mailto:egeorge@stlgives.org)

Nikki Martinez – Community Investment Manager 314.880.4961 [nmartinez@stlgives.org](mailto:nmartinez@stlgives.org)

## Letter of Intent Questions

1. Name of Organization
2. Does your organization use another name (d/b/a)?
3. Are you using a fiscal sponsor?
4. IRS 501 (c )(3) Tax ID (If you have a fiscal sponsor, please indicate that below and describe the relationship briefly.)
5. Organization Website
6. Are you a previous applicant? Yes or No
7. Name and Title of Staff Contact
8. Email of Staff Contact
9. Phone Number of Staff Contact
10. Mailing Address
11. Applicant Type (select one):
  - a. Mental health applicant organization proposing to partner with community-based organization\* through proposed project
  - b. Community-based organization\* proposing to partner with mental health organization/provider(s) through proposed project]
12. Grant amount requested (up to \$30,000, renewable for up to 5 years)
13. Describe how your organization demonstrates a strong organizational commitment to principles of non-discrimination, anti-racism, equity, and effective inclusion. (1600 characters)
14. Please describe the proposed project in 8,000 characters or less. Be as specific as possible.
15. How will you measure outcomes? (Select as many measures as you will be able to provide to demonstrate project effectiveness.)
  - a. Number of clients accessing mental health awareness services
  - b. Number of hours of continuing education, coaching, or other project specific support received by staff
  - c. Number of people offered or referred to services appropriate to the presenting need
  - d. Timeliness of connection to appropriate services
  - e. Frequency of therapeutic intervention(s) received by clients
  - f. Non-identifying clinical data demonstrating therapeutic impact evidenced by measurable and meaningful symptom reduction
  - g. Evidence that services were provided on an equitable basis
  - h. Information demonstrating that services were offered at a cost the client can afford
  - i. Analysis of pre and post training staff surveys
  - j. Analysis of pre and post training client surveys
  - k. Analysis of pre and post intervention client surveys
  - l. Other Method(s) of measuring effectiveness. (Please describe.)
16. How did you hear about the Chiron Fund application?
  - a. Contacted by STLCF
  - b. STLCF website
  - c. STLCF Facebook Page
  - d. STLCF Instagram post
  - e. Contacted by project partner
  - f. Word-of-mouth
  - g. Previous applicant
  - h. Other (please explain)

Completed LOIs will include a copy of the organization's approved FY21 Operating Budget.

\* Note on community-based organizations: public and other nonprofit schools, nonprofit religious organizations, and nonprofit grassroots organizations may be considered community-based organizations for the purpose of Chiron Fund proposals.

### Application Questions

1. Project Name
2. Proposal Summary
3. Funding Period Start
4. Funding Period End
5. Amount Requested
6. Total Project Budget
7. Number of people who will directly benefit from project
8. Organization Mission or Purpose
9. Organization History, including year founded
10. Principal Services
11. Organization's Annual Budget
12. How does your organization demonstrate a strong commitment to principles of nondiscrimination, anti-racism, celebration of diversity, equity, and effective inclusion?
13. How does your organization ensure that the programs/services, policies, and practices of the organization are as responsive as possible in meeting the needs of diverse clients or community members?
14. Please describe who will be served, benefited, or impacted by this project. Include, as appropriate, descriptors such as
  - a. demographics
  - b. population strengths
  - c. environmental factors and trends impacting the population
  - d. any other descriptors that are important to understanding your targeted population
15. Please describe how this project / program will work to address access to mental health care for those you serve. What activities or services do you intend to engage in or provide? How often will you provide these activities/services? Over what time period?
16. Please provide the objectives and measurable goals for this project, including a timeline for attainment of each. You may respond with narrative or a table format.
17. Please describe any partnerships, collaborations, or joint ventures you will engage in to provide this service and/or fulfill your project goals.
18. How does your project incorporate volunteers and/or the community in which you work?
19. How will you measure and assess the benefit and impact of your project? Please be specific, such as identifying the benchmarks that will demonstrate your progress.
20. What is the impact you expect from this grant in its first year? If continued, what impact will this project/program have over the next five years?
21. Please describe any past and/or current efforts within the community to address this need that you are aware of.
22. What other organizations in the area are providing similar services as this project/program? How is this project/program different from those services? How is it similar?

23. If your initial year project is successful, do you plan to ask the Chiron Fund to support this project again? (Organizations that have implemented projects successfully are eligible to submit renewal applications for continued funding from the Chiron Fund for up to a total of five consecutive years.) Yes or No
24. If your request is for a new program or service, please explain how your organization anticipates securing additional funding to carry on this project after funding from the Chiron Fund is depleted.
25. What other funding, if any, do you have for this project/program?
26. After completing the budget template, please provide a description of each line item expense listed on the program/project budget. Indicate whether this is a new expense for your project or if funding is being requested to cover a current/existing expense. Please explain how the numbers are being calculated.
27. If this request is approved and granted, the results of your project must be reported in writing by the dates specified at the time the grant is issued. (For your information, the forms to be submitted and timeline for submission are included in the RFP packet.) Will you be able to make such written reports? Yes or No
28. If this request is approved and granted, records regarding all grant expenditures must be maintained in an easily accessible format by the recipient organization and made available upon request to the Chiron Fund Project Advisory Team for inspection. Will you be able to make records available? Yes or No
29. Documents to upload
  - a. Project Budget
  - b. Operating Budget
  - c. Letters of Support
  - d. Board and Staff List
  - e. Organization Demographics Table
  - f. Audited Financial Statement OR 990
  - g. Annual Report

Complete applications will include:

- Responses to all application questions
- Completed chart of organizational demographics
- Copy of approved FY21 organizational OPERATING BUDGET
- LETTERS OF SUPPORT from partnering organizations, if applicable
- LIST OF BOARD MEMBERS and STAFF with full names and affiliations
- Organization's most recent AUDITED FINANCIAL STATEMENT or IRS FORM 990
- Most recent ANNUAL REPORT

## CHIRON FUND GRANT APPLICATION

### Organization Demographic Information

Please provide the following information for the clients/program participants that your organization serves. Please include all clients/participants, not just those served by the proposed project/program.

	Gender					Age			
	Male	Female	Transgender	Agender	Other	0 – 17 yrs	18 – 26 yrs	27 + yrs	Unknown
% of clients and/or participants									
Estimate, Exact, or Fairly Accurate									

	Poverty Level	Race		Residency			
	Live below 200% Federal Poverty Line*	White/Caucasian	Non-white/Not Caucasian	St. Louis City	St. Louis County	Other	Unknown
% of clients and/or participants							
Estimate, Exact, or Fairly Accurate							

\*Use the 2021 Poverty Guidelines as a resource: <https://aspe.hhs.gov/poverty-guidelines>. Remember to double the amount shown to report 200% of poverty line.

*OVER for STAFF, BOARD, AND VOLUNTEER DEMOGRAPHICS*

Please provide the number of staff, board, and volunteers for each of the following demographics. Please consider all who currently serve your organization. If any numbers are estimates, please indicate with an “E” after the number.

	TOTAL	Gender					Status	
		Male	Female	Transgender	Agender	Other	Full-time	Part-Time (less than 30 hrs/wk)
Staff								
Board								
Volunteers								

	Paid/Unpaid		Race		Residency			
	Paid	Unpaid	White/Caucasian	Non-white/Not Caucasian	St. Louis City	St. Louis County	Other	Unknown
Staff								
Board								
Volunteers	0							

## CHIRON FUND -- 2021 FUNDED PROJECT MID-YEAR PROGRESS STATEMENT

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*Please respond reflectively to all of the following questions. The report will be found and submitted through the St. Louis Community Foundation's on-line grant portal at <https://www.grantinterface.com/Home/Logon?urlkey=stlgives>. [NOTE: The Chiron Fund's Project Advisory Team will reply to request more information if a change in the original scope or budgeted use of funds is requested through the Mid-Year Progress Statement.]*

### **Part 1- Project Implementation Update**

1. To date, which project goals have been substantially addressed?
2. To date, which project goals are in progress?
3. To date, which project goals have yet to be addressed at all?
4. During the course of the project, what is transpiring differently from what you anticipated?
5. Based upon current conditions, are there things that you would like to do differently in utilizing the remaining grant award for the current year? If so, what?
6. What impact do you anticipate the full implementation of the project will have on the population you serve? Your staff? The community?

### **Part 2- Project Budget Update (Income & Expenses)**

Using the originally approved budget, please provide a mid-year accounting of amounts spent in each expense category to date. If additional funding has been secured by your organization for this project or a closely related project in the same area of impact for the current year, please make a note of the source(s), amount and purpose of such funding.

## CHIRON FUND -- 2020 FUNDED PROJECT YEAR-END EVALUATION REPORT

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*Please respond reflectively to all of the following questions. The report will be found and submitted through the St. Louis Community Foundation's on-line grant portal at <https://www.grantinterface.com/Home/Logon?urlkey=stlgives>.*

### **Part 1- Project Evaluation**

1. Has the grant expanded or made a difference in the quality of the services that you provide and/or in your organizational capacity and effectiveness? If so, in what way(s)? If not, what circumstances or obstacles impeded or limited your work? Present the data you collected in the course of the project and explain how it informs your responses to these questions.
2. What impact did the grant have on the population you serve? Your staff? The community?
3. During the course of the project, what transpired that differed from what you anticipated?
4. What did you learn from your pursuit of the goals and objectives that you established?
5. Are there things that you wish you would have done differently in utilizing the grant award? If so, what?
6. What were the primary lessons that you and your staff learned from this grant project? How might they impact your future thinking, performance, or services?
7. What steps has your organization taken to ensure that your commitment to providing effective programs and/or services in this impact area will continue in the long term?
8. If the project involved collaboration with other organizations, please comment on the process of teaming together, including pros and cons that emerged.

**Part 2- Project Budget Update (Income & Expenses)**

Using the originally approved budget, please provide an accounting of amounts spent in each expense category to date. If additional funding was secured by your organization for this project or a closely related project in the same area of impact for the grant year, please make a note of the amount and purpose of such funding.

**CHIRON FUND -- 2020 FUNDED PROJECT RENEWAL APPLICATION COVER PAGE**

**Check One Option:**

\_\_\_\_ 1. Applying for funding for Year 2 (2022-2023) to continue the current project. Please go to <https://www.grantinterface.com/Home/Logon?urlkey=stlgives> to provide the following:

- Any updates to your organizational information, including leadership, contact information, programs and services, of diversity initiatives
- An updated Organization Demographic form
- An updated Board list
- Any updates, changes, or refinements to your project scope from the previous year’s project
- An updated Project Budget including amount requested
- An updated organization budget
- Your organization’s most recent audit

\_\_\_\_ 2. Applying for funding for Year 2 (2021-2022) for a new or different project/program. Please complete a new application outlining the new or different project/program. The application may be found at: <https://stlgives.org/>

\_\_\_\_ 3. Declining opportunity to apply for continued funding for Year 2 (2021-2022) for the following reason:

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**NOTE:**

*If option 3 is selected, signature of Executive Director will appear below, and the remainder of the application will be blank.*

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**Executive Director’s Signature, printed name & date**