

Application Deadline

- Nine (9) copies of the complete application packet must be received at Blue Cross and Blue Shield of Nebraska by April 1, 2009. Copies must be typewritten; e-mail copies will not be accepted. Incomplete applications, late applications, or those longer than five pages will not be reviewed.

- **Submit application to:**

Celann LaGreca, APR
Vice President of Community Investment
Blue Cross and Blue Shield of Nebraska
7261 Mercy Road
Omaha, Nebraska 68180

- **Direct questions to:**

Carol Vidlak
carol.vidlak@bcbsne.com
Phone: 402.398.3734



Other Considerations

- Grant applications will be reviewed by the BCBSNE Corporate Contribution Committee, with outside representation from the wellness community. Grants will be awarded to those which best meet the criteria described in this RFP.
- Grant recipients will be notified in June. Presentation of grant funds will occur no later than October 2009.
- Accountability – Grant recipients will be expected to report measurable outcomes by the end of the grant cycle.
- Grants will be awarded for a period of one year. Multi-year requests will not be considered.
- Consecutive year approvals will be decided on measurable outcomes.

2009 Request For Proposals

BLUEHEALTH ADVANTAGE WELLNESS GRANTS

A Program for Greater Nebraska Communities



7261 Mercy Road
PO Box 3248
Omaha, Nebraska 68180-0001



A new you.
BlueHealth Advantage
Small changes can make a big difference.



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BlueHealth Advantage
Small changes can make a big difference.



**BlueCross BlueShield
of Nebraska**

An Independent Licensee of the Blue Cross and Blue Shield Association.

“People are interested in living a healthy life if given the right tools....”

–2008 BHA Wellness Grant Winner

Blue Cross and Blue Shield of Nebraska wants to help you give your community the right tools. Just tell us what you believe will work in your hometown. As we learned in the first year of the BHA Wellness Grants program, the very best ideas come from Main Street, Nebraska. From “Fit Farmers” to children learning the importance of “MAGIC–Making All Good Intelligent Choices,” the 2008 winners convinced us that you know what’s best for you, your family, and your neighbors.

We’re excited to reach more Nebraska towns in 2009, with twice as much funding. We want to challenge you to help find the answer for your community. And we’re here to help.

Blue Cross and Blue Shield of Nebraska is pleased to announce the second year of this community-initiated grant program. In 2009, \$100,000 will be divided among non-profit organizations in as many as 10 towns and villages outside of the Omaha/ Lincoln metropolitan areas. Inside this document, you will find the guidelines and how-to’s for making sure that your organization competes for these dollars. While Blue Cross and Blue Shield of Nebraska is committed to supporting healthier communities, we firmly believe that the real ideas and answers will come from you, your neighbors, and your town leaders.

We look forward to hearing from you.



Proposal Review Criteria

GUIDELINES

Grant recipients should be able to demonstrate several of the following:

- Innovative, community-based solutions that produce positive health outcomes and measurable results;
- Active participation in health and wellness initiatives by community residents;
- Preventive health and wellness practices that focus on the root of specific diseases before the diseases become life-threatening;
- Collaboration and partnership among community organizations, where appropriate;
- Increased community awareness of effective health and wellness practices;
- Defined measurable outcomes.

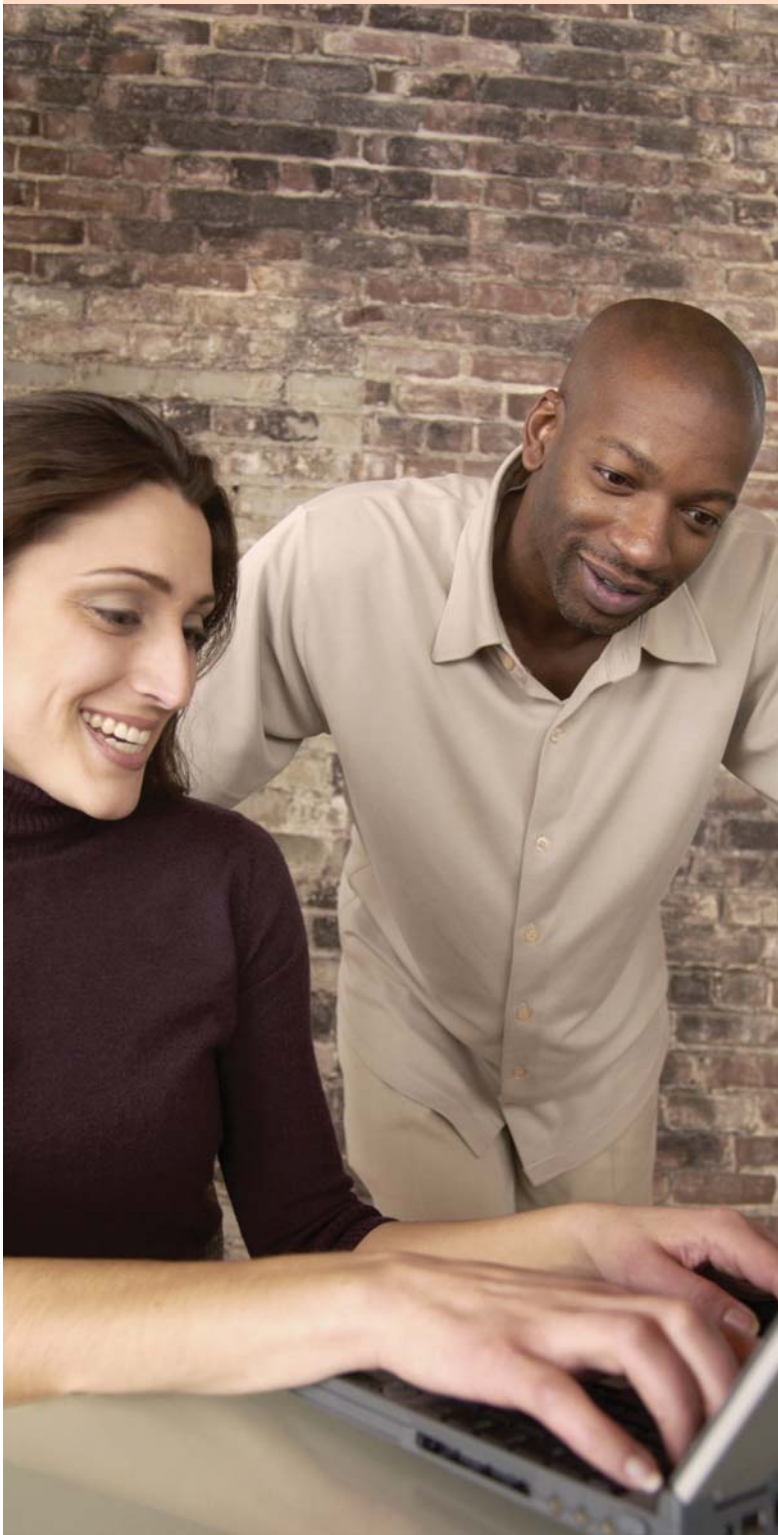
FUNDING PRIORITIES FOR 2009

- Wellness, Nutrition and Fitness Programs
- Diabetes Education
- Childhood Obesity
- Health and Wellness Disparities
- Prevention and Early Detection of Chronic Disease
- Tobacco Cessation

ELIGIBILITY

Organizations eligible to apply for a grant must meet these criteria:

- be located in a Nebraska community outside of the Omaha and Lincoln metropolitan areas (Douglas, Sarpy and Lancaster Counties are ineligible);
- provide documentation showing IRS 501 (c) 3 tax-exempt status;
- be in existence for at least one year;
- demonstrate that it is fiscally responsible, well-managed and successful in meeting measurable goals.



HOW TO APPLY

Applicants should submit a letter, not to exceed five (5) pages, 12-point type, with the following information in order:

- Provide a **brief overview** of the applicant organization and its mission
- **Describe the grant request** by answering the following:
 - Project name
 - Requested amount
 - Concise description of the program
 - **Outcomes**–based narrative on the impact of the program or project on those served:
 - What are the measurable outcomes you expect if you receive funding?
 - What methods will be used to evaluate the project or program?
 - **Demographics** – Describe the population you plan to serve, including number of individuals, geographic location of individuals (statewide or your community), age, socio-economic status, race, ethnicity, language, gender, etc.
 - **Public Relations** – Explain how you would raise awareness of the grant, if awarded, and your public relations efforts related to the grant.
- Answer the following questions:
 1. What are some of your recent accomplishments? Emphasize achievements of the past year, both quantitative and qualitative.
 2. Explain any significant changes in agency revenues or expenses from one year to the next, as well as purpose of cash reserves or endowment.
- 3. Do you **collaborate** with other agencies? If so, describe which ones and your organization’s track record regarding collaboration.
- 4. List any additional sources of funding you are soliciting for this project, noting committed dollars and pending grants.
- **Attachments:** (These are not included in the five page maximum)
 - Copy of most recent IRS tax-exemption letter indicating your agency’s status.
 - List of current officers and board of directors and their professional affiliations.
 - Two (2) testimonial letters from program clients.
 - This and prior year’s major corporate and foundation donors.
 - Staff list including name, position, titles and indication of full-time, part-time and volunteers.
 - **Agency Budget** – Income (committed and anticipated) and expenses for the current and previous fiscal years. Please also include budget from previous fiscal year. If there is a positive fund balance or deficit from previous year, account for it in current year’s budget.
 - **Agency Financial Statement** – Balance Sheet and Income/Expenses Statement, audited if available, for the most recently completed fiscal year.
 - **Program Budget** – Actual or proposed budget for which funds are being requested.