

# W.W. Caruth Jr. Fund Request for Proposals (RFP)

## Our Vision

Over the past 20 years, the W.W. Caruth Jr. Foundation has provided bold, visionary, large-scale “risk capital” for transformational North Texas projects in the areas of **health, education, and public safety**. Without changing these areas of focus, we are in the process of exploring new strategic approaches to Caruth grantmaking that are grounded in our vision of a thriving community.

At CFT, we believe that a thriving community is one where all people have equal access to good jobs, strong relationships, transformational educational opportunities, quality healthcare, and safe neighborhoods. Solutions today must cross single issue areas because the factors that affect health, education, and public safety are highly interconnected. This graphic illustrates that intersectionality:



The Caruth Foundation will remain dedicated to investments focused on pushing the boundaries on solutions to our most complex community issues. However, in an effort to maximize our ability to make transformational investments in intersectional areas, CFT seeks to support a wider range of initiatives, including emerging projects in early planning stages and mature projects dedicated to scaling up effective interventions and advocating for policy change.

## Key Challenges

Over the past several months, CFT has been collecting feedback from residents, nonprofit leaders, social service administrators, policymakers, and academics about challenges and opportunities in the North Texas community related to Caruth issue areas. We have received over 200 responses so far and thank those of you who participated. Your feedback was combined with data from community needs assessments and other

secondary sources to identify where CFT might have the greatest impact on the key outcomes that impact quality of life, especially for members of our community who are socially or economically marginalized. We have organized this Request for Proposals (RFP) in response to this information.

*The following is a list of the top problems that were reported, organized by issue area:*

Primary Issue Area	Problem
Health	<ul style="list-style-type: none"> <li>• Inadequate healthcare access</li> <li>• Food deserts in the southern sector of Dallas</li> <li>• High maternal death rates, especially among black women</li> <li>• High rates of cardiovascular disease, diabetes, obesity, and hypertension</li> <li>• High rates of teen pregnancy, particularly in communities of color</li> <li>• Un- or undertreated behavioral health issues, especially among youth of color</li> </ul>
Public Safety	<ul style="list-style-type: none"> <li>• Growing homelessness, especially among black men and Dallas ISD families</li> <li>• Lack of trust between police and community</li> <li>• Inadequate rehabilitation and reentry services for formerly incarcerated individuals</li> <li>• Vulnerability of older adults</li> </ul>
Education	<p><i>Focused on teachers and principals:</i></p> <ul style="list-style-type: none"> <li>• Inequitable access to effective, diverse teachers and school leaders</li> <li>• Decreasing number of talented, diverse teacher and school leader candidates</li> <li>• Future teachers and school leaders inadequately prepared to meet the needs of students in our region</li> <li>• A lack of differentiated, job-embedded professional development and learning opportunities for existing teachers and school leaders</li> <li>• Attrition of promising and effective teachers and school leaders</li> <li>• Shortage of teachers with strong STEM training</li> </ul> <p><i>Focused on families and communities:</i></p> <ul style="list-style-type: none"> <li>• Lack of access to quality 0-5 early education programs</li> <li>• High levels of family mobility disrupting continuity of children’s education</li> <li>• Lack of access to or under-utilization of quality out-of-school time programs</li> </ul> <p><i>Focused on outcomes:</i></p> <ul style="list-style-type: none"> <li>• Low ACT/SAT scores and unsuccessful transitions after high school</li> <li>• Low levels of completion of post-secondary training or schooling</li> <li>• Difficulty making the transition to independence for foster youth</li> <li>• Inequitable access to living wage jobs or advancement opportunities</li> </ul>

This list demonstrates that the challenges this community faces are highly interdependent- several intersect with multiple Caruth issue areas. In addition, almost all relate to the underlying problems of poverty and inequality.

## Two Types of Solutions

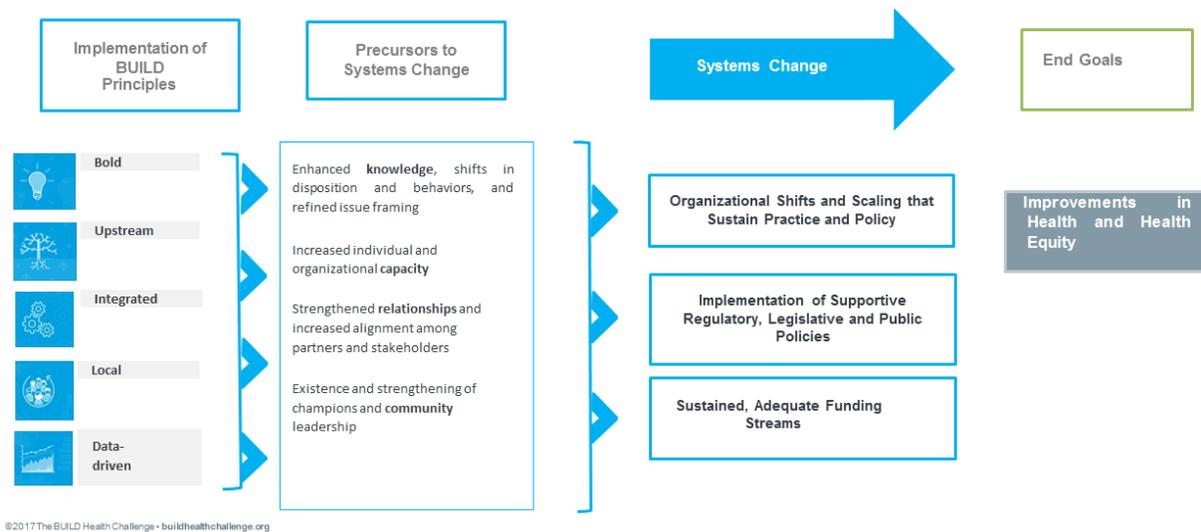
Part of the legacy of the Caruth fund has been making investments in partnerships such as Commit, the Meadows Mental Health Policy Institute diversion program, and the Parkland Center for Clinical Innovation, which bring about change through a collective impact or systems coordination model. We have also invested in scaling programs that have shown concrete evidence of effectiveness in other parts of the country such as Teach for America, City Year, and Year Up. These approaches align with the recommendations we received through the community engagement survey about ways philanthropy can support the growth of thriving communities. They also represent the two types of solutions we aim to support in the current funding cycle.

### *Improving system coordination*

There is a growing awareness that many of the systems meant to protect or support vulnerable members of our community fail to do so because of inadequate coordination. The ecosystem of organizations and policies that should work together to serve a common set of people or produce certain outcomes breaks down in predictable ways. This results in systems that are punitive, siloed, and crisis-oriented, rather than proactive, integrated, and strengths-based.

The complex nature of these challenges calls for collaborative, multisectoral solutions that are sensitive to the ways risks tend to be concentrated in low opportunity areas and among people of color. There are many examples of networks that are working on systems change efforts both locally and nationally. We spotlight one example here as an illustration. The BUILD HEALTH Challenge incorporates several best practices when it comes to the design and implementation of a systems approach in the public health space (see [www.buildhealthchallenge.org/about/](http://www.buildhealthchallenge.org/about/)). Recognizing that health outcomes are largely determined by social, physical, and economic factors, BUILD supports local partnerships of community-based organizations, hospitals, public health departments, and other key players to identify the root causes of a pressing health challenge and implement a strategic response. The following graphic provides an overview of the BUILD framework for action. It starts with setting up the conditions for systems change. This includes intentional efforts to use data and agree on a common set of goals, create capacity to work on the joint initiative, cultivate relationships across the partners, and designate key leaders. The ongoing work of the partnership is to engage

in programmatic activities that address the stated problem while also working to create pathways to scale and sustainability.



Caruth seeks to fund proposals to lay the foundation for, expand, evaluate, or disseminate the learnings from systems change efforts, drawing on best practices in this field.

We also encourage applications to build technological innovations that may help systems operate in a more integrated way, either by enabling staff in different organizations to do their jobs more effectively or by directly assisting the individuals who must navigate them. This is especially important for participants who are highly mobile and have a spectrum of needs. A technological solution may be an improved data system, decision tool, application, or device. The Ventura County foster care agency created a new database designed to assist with systems navigation. The county recognized that children in foster care move into and out of different care settings frequently, often losing track of vital documents and health records. This leads to the loss of children’s personal history or incomplete medical information, which can interfere with completing essential tasks associated with the transition to independence such as opening a bank account or managing a chronic illness. To address this problem, the county partnered with a set of private organizations to create an “electronic backpack” to store each child’s information in a secure online portal that can be shared with providers and caregivers in a manner that complies with privacy laws. A description of the pilot can be found at <https://californiahealthline.org/news/electronic-backpack-for-foster-kids-launched-in-ventura-county/>. We hope this will inspire proposals to design and/or build the technological tools that might extend the impact of existing programs and improve systems coordination.

### *Improving Implementation while Scaling Up*

We recognize that not all effective solutions involve the intentional coordination of partners to improve system performance. Some efforts have a more targeted agenda. Here we are referring to programs that improve outcomes by offering high-quality services to the right group of participants at the right time. A portion of the Caruth funding will be dedicated to investing in strengthening and scaling efforts like these that show at least preliminary evidence of effectiveness.

By “preliminary evidence,” we mean that the program carefully tracks *outcomes* as distinct from *outputs* (see box) and, at the very least, is able to show that participant outcomes at the end of the program are meaningfully improved compared to their starting point.<sup>1</sup> Ideally, outcomes would be tracked for all participants who enroll in the program, whether or not they complete. Another way to show preliminary

#### Definitions

<b>OUTPUT</b>	Program activities that have a direct link with the program’s intended goals (e.g. number of bags of books distributed each week in classrooms participating in a reading program)
<b>OUTCOME</b>	Medium-term results that measure how well the program is achieving its goals (e.g. improvement in reading scores)
<b>PRELIMINARY EVIDENCE OF EFFECTIVENESS</b>	Comparison of outcomes at the start and end of the program, or comparison of outcomes between program participants and non-participants (e.g. students in participating classrooms increased reading scores by X percent compared with students in non-participating classrooms).
<b>IMPACT</b>	Using evaluation techniques to determine with confidence that but for the program, the above outcomes would not have been achieved.

<sup>1</sup> For more information about levels of evidence, see *Social Innovation Fund’s Rubric for Identifying Subgrantee Applicant’s Incoming Level of Evidence*: <https://www.nationalservice.gov/sites/default/files/resource/SIF-Rubric-Assessing-levels-of-evidence.12.19.14.pdf>. Office of Research and Evaluation, CNCS.

evidence of effectiveness is to compare outcomes for people in the program to a similar group that did not enroll. The Becoming a Man (BAM) program in Chicago exceeds this minimum threshold of evidence. BAM offers weekly group sessions for young men at risk of engaging in violence. The facilitator delivers a form of cognitive behavioral therapy designed to help youth slow down and avoid impulsive overreactions that can jeopardize their futures. A rigorous randomized controlled evaluation of BAM showed that the program reduced arrests for violent crime by 50%, and improved graduation rates by 19%. See <https://urbanlabs.uchicago.edu/projects/becoming-a-man> to learn more.

We are eager to broaden the reach of evidence-based interventions. This could be done by replicating or scaling up an evidence-based program in North Texas. The Aspen Institute’s Economic Opportunities Program defines scale as “expanded volume, reach, [or] increased efficiency resulting in sustainability and deepened social impact.” Investments in this area could also be used to codify the methods used in a successful program, and/or measure impact more rigorously (e.g. through a randomized controlled trials evaluation).

Given CFT’s dedication to working with the nonprofit community to strengthen capacity, we strongly encourage applications that include plans to address challenges that even the highest performing programs face. These challenges often relate to converting eligible individuals into enrolled participants, keeping them engaged, and helping them to make good decisions about which services to utilize. They might also relate to getting staff to implement a new procedure or tool with fidelity. We ask that you consider creative solutions to address these problems, and how you will systematically track any change in performance.

**In sum, we are inviting proposals in 2018 that seek to address an important problem in North Texas by:**

- 1. improving system coordination by mobilizing organizations or technology, and/or**
- 2. strengthening and substantially scaling up a program for which there is at least preliminary evidence of effectiveness.**

## Proposals for Improving System Coordination or Scaling Up

This RFP is the first round of a two-stage grantmaking process. In this round, we invite **short** proposals. These will be scored and a select number of applicants will be invited to submit **full** proposals later in the year.

We invite proposals from organizations for grants of up to a maximum of \$500,000 (to be paid out over 1-2 years) that are trying to solve a complex community challenge within or across education, health, and public safety, and need a grant starting in 2019 to either explore a new solution, or to take an idea or plan to the next stage. Caruth will not include medical and scientific research studies in this grant cycle but expects that it will be included in next year's grant cycle.

Qualifying organizations may submit a proposal for initiatives at any stage of development, including for research, evaluation, planning, programming, technical assistance, technology, data systems, advocacy, dissemination, or marketing.

In this grant cycle, CFT will be prioritizing proposals that:

- 1) are at points of intersection across education, health, and/or public safety-related challenges;
- 2) address a current and important problem in North Texas for a key population<sup>2</sup>;
- 3) focus on systems change or expand the reach of evidence-based interventions; and
- 4) will yield high-quality data about the implementation process and/or participant outcomes.

The timing for this grant cycle is the following:

- **Short proposals are due August 15, 2018 at 5PM CST.** Please submit through the CFT website. Proposals are initially reviewed by a staff subcommittee. Applicants will be notified if more information is needed.
- **Selected applicants will be invited to submit a full proposal in late September/early October with an expected due date of mid-November or early December.** Agencies that are not invited to submit a full application will be notified at the same time.
- **Final decisions will be announced in early 2019.** The Foundation's Board of Trustees makes all final decisions regarding approval of grant recipients.

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<sup>2</sup> Applicants can propose to address any problem they can document as being "current and important" in North Texas. They are not restricted to the problems on Page 2 of this RFP, although they are strongly encouraged to review that list.



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If you have questions about the application process, please send them to [grants@cftexas.org](mailto:grants@cftexas.org) by July 9, 2018.

We will host a Caruth RFP Workshop on July 12, 2018 at 9AM at Communities Foundation of Texas, 5500 Caruth Haven Lane. This will serve as an opportunity to review the RFP in detail and address questions. You can sign up for the Workshop on our website.

Please follow CFT on Twitter using #CFTImpact or Facebook. We will be posting regularly with answers to questions about this grant cycle, learnings, and other related opportunities.

## Proposal Form

Organizations must submit answers to the following questions using [CFT's online form](#). There are tight word limits for each question. We advise that applicants draft responses in Word or another word processing program before uploading them into the online form, since the online form does not allow you to save your work and return to it.

### Section 1: Introduction

1. Contact information for lead organization:

Primary Contact Person:

Organization:

Address:

Address 2:

City/Town:

State/Province:

ZIP/Postal Code:

Country:

Email Address:

Phone Number:

2. Problem statement you propose to address (include data where available). *(100 word limit)*
3. Which focus area(s) does this proposal address? (select all that apply)
  - Education
  - Health
  - Public Safety
4. Who will be targeted? Provide detail on the types of people you will serve and where they live. *(100 word limit)*.

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5. CFT will prioritize applicants whose initiatives focus on 1) systems change or implementing a technology solution aimed at improving systems integration, **OR** 2) expanding the impact of evidence-based interventions. Please select which area of focus best aligns with the proposed project/initiative.
- Systems change or technology solution aimed at improving systems integration
  - Expand impact of evidence-based interventions

**Section 2a: Systems Change or Technology Solution Questions** (*questions in Section 2a are only relevant for organizations that are seeking funding to support a systems change initiative or are implementing a technology solution aimed at improving systems integration.*)

6. Briefly describe the project. *(400 word limit)*
7. How will you use the requested support? *(200 word limit)*
8. What outcomes do you hope to achieve within the time of this grant? Outcomes should fulfill SMART criteria (specific, measurable, achievable, relevant, time-bound). *(200 word limit)*
9. At what stage is the planning for this effort?
- Just planning. We have not launched yet.
  - We are doing this on a small scale.
  - This is an established project.
  - Other (please specify)
10. List proposed partnerships. For each entity, indicate whether they have agreed to participate in this project if funded. *(200 word limit)*
11. Rate the stage of your collaboration (adapted from Kania and Kramer, 2011). If this is not an applicable framework for your project, please select N/A and explain.

Do you have a common understanding of the problem and shared agenda for change across organizations? Briefly explain your response.

- Yes
- No
- N/A

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Do you have a system for collecting data consistently across organizations? Briefly explain your response.

- Yes  No  N/A

Do you have a plan of action that describes how each organization's actions contribute to the whole? Briefly explain your response.

- Yes  No  N/A

Is communication between organizations open and frequent? Briefly explain your response.

- Yes  No  N/A

Is there a backbone organization that will support the initiative? Briefly explain your response.

- Yes  No  N/A

12. If you are proposing a technology solution, describe how your proposal is an advance beyond existing technological or data tools that have a similar function. *(200 word limit)*

**Section 2b: Expanding Evidence-Based Program Questions** *(questions in Section 2b are only relevant for organizations that are seeking funding to expand the impact of an evidence-based intervention.)*

13. Briefly describe the project. *(200 word limit)*

14. How will you use the requested support? *(100 word limit)*

15. What outcomes do you hope to achieve within the time of this grant? Outcomes should fulfill SMART criteria (specific, measurable, achievable, relevant, time-bound). *(200 word limit)*

16. Do you have preliminary, moderate, or strong evidence that the proposed intervention is effective? When was the evaluation conducted and by whom? *(100 word limit)*

17. Briefly describe a significant implementation challenge you face and how you could use grant funding to address it? *(200 word limit)*

**Section 3: Final Questions**

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18. Description of lead organization background/history doing similar work. *(200 word limit)*
19. How does what you propose contribute positively to equity and inclusion and move us toward a thriving community for all?<sup>3</sup> How will you strive for equity and inclusion<sup>4</sup> in your organization’s governance and operations? *(200 word limit)*
20. Project budget
- Total projected project budget:
- Amount raised to-date:
- Amount requested from Caruth Fund for project:
- Total organization budget:

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<sup>3</sup> We adopt the Independent Sector’s definition of equity: “The fair treatment, access, opportunity, and advancement for all people, while at the same time striving to identify and eliminate barriers that have prevented the full participation of some groups. Improving equity involves increasing justice and fairness within the procedures and processes of institutions or systems, as well as in their distribution of resources. Tackling equity issues requires an understanding of the root causes of outcome disparities within society.”

<sup>4</sup> We adopt the Foundation Center’s definition of inclusion meaning “the degree to which diverse individuals are able to participate fully in the decision-making processes within an organization or group. While a truly ‘inclusive’ group is necessarily diverse, a ‘diverse’ group may or may not be ‘inclusive.’” From: Benchmarking Diversity: A First Look at New York City Foundations and Nonprofits. 2009.