

Executive Summary

The committee’s recommendations emphasize strengthening equity, accessibility, and accountability across the RFP to better support Black-led, Black-serving, and grassroots organizations within the Community Wellness Network. Central to this is the adoption of a “show, not tell” framework that requires applicants to provide verifiable evidence of community embeddedness, trusted relationships, and meaningful outreach strategies. The group also recommends adding clearer structural signposting within the Qualifications and Eligibility section, ensuring that smaller and emerging organizations can navigate requirements without facing unnecessary barriers. Additional equity-centered requirements—such as an Implementation Partnership and Capacity-Building Plan and a Black/African American Provider Inclusion and Development Plan—are proposed to ensure that the RFP proactively strengthens long-term Black organizational capacity rather than reinforcing existing disparities.

Geographic considerations remain important but require nuance: while priority census tracts should guide investment, the committee cautions against restricting services exclusively to these areas due to risks of undercounting and exclusion. Meaningful preferential points should be awarded to providers rooted in priority neighborhoods, and the RFP should explicitly name unpartnered, non-system-involved Black males as a priority subpopulation—addressing a longstanding gap in service pathways. Funding distribution discussions highlighted the need to direct 70–75% of resources toward crisis stabilization categories such as behavioral health and reentry, while also strengthening maternal/infant supports by explicitly including fathers and adding essential services such as HIV/STI prevention, reproductive health, and healthy-relationship programming.

Across collaboration, network expectations, and accountability measures, the committee recommends shifting permissive language (e.g., “expected”) to firm requirements that reinforce the centrality of partnership, coordinated care, and demonstrated effectiveness. Capacity-building—both operational and administrative—should be allowable and accessible, particularly for Black-led organizations that have historically been underfunded yet deeply rooted in their communities. These recommendations collectively aim to create an RFP that is equitable, accessible, rigorous, and aligned with long-term community wellness and sustainability goals.

1. Strengthen Black Community Provider Development

The committees recommend adding a new required section:

Black/African American Provider Inclusion and Development Plan

Applicants should describe how they will:

- Identify and recruit Black-led and Black-serving organizations.
- Reduce barriers to participation.
- Provide technical assistance and capacity-building support.
- Support long-term organizational sustainability.

- Track provider participation and funding distribution.
- Develop future Black organizational leadership.

This recommendation shifts Black provider participation from an aspirational goal to a measurable implementation requirement.

2. Add an Implementation Partnership & Capacity Building Requirement

The committees strongly supported requiring applicants to demonstrate how they will:

- Partner with trusted grassroots organizations.
- Build administrative and fiscal capacity over time.
- Support organizations with limited infrastructure.
- Create pathways for long-term sustainability.

The Network should strengthen community organizations rather than simply reward organizations that already possess robust infrastructure.

3. Adopt a "Show, Not Tell" Standard

A consistent recommendation across committees was to move beyond narrative claims and require evidence.

Applicants should demonstrate:

- Existing partnerships.
- Community relationships.
- Outreach strategies.
- Neighborhood presence.
- Community impact.
- Leadership connected to lived experience.

Examples may include:

- Named community partners.
- Documented engagement activities.
- Referral relationships.
- Specific outreach methods.
- Community testimonials or letters of support.

The focus should be on verifiable evidence rather than boilerplate descriptions of cultural competence.

4. Increase Accessibility for Grassroots Organizations

The committees expressed concern that the current RFP may unintentionally favor larger organizations with government contracting experience.

Recommendations include:

- Plain-language revisions throughout the RFP.
- Improved section headings and navigation.
- Clear explanation of eligibility pathways.
- Explicit allowance of fiscal sponsorship arrangements.
- Capacity-building supports for smaller providers.

The goal is to ensure accessibility without reducing accountability.

5. Rebalance Scoring Criteria

Current scoring may overvalue:

- Administrative infrastructure.
- Data systems.
- Staffing structures.
- Government contracting experience.

The committees recommend greater weight for:

- Community trust.
- Community embeddedness.
- Demonstrated impact.
- Lived experience.
- Existing neighborhood relationships.

Organizations with deep community roots should remain competitive even if they require operational support.

6. Strengthen Geographic Equity Requirements

The committees support prioritizing service delivery within the identified priority census tracts but do not support limiting services exclusively to those areas.

Recommendations include:

- Prioritize but do not restrict service delivery to priority neighborhoods.
 - Award meaningful preferential points to organizations rooted in priority communities.
 - Evaluate whether providers actively reach residents living in priority neighborhoods.
 - Consider long-term investment in Black professional infrastructure within those communities.
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7. Address Gaps in Service Populations

The committees identified an important service gap:

Unpartnered, Non-System-Involved Black Males

Current service pathways largely engage Black men through:

- Fatherhood programs linked to maternal health.
- Reentry programs linked to incarceration.

The RFP should explicitly require applicants to describe how they will engage:

- Single fathers.
 - Isolated men.
 - Underemployed men.
 - Men experiencing health disparities.
 - Men disconnected from traditional service systems.
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8. Strengthen Collaboration Expectations

The committees recommend revising collaboration language throughout the RFP.

Current Language:

Providers are expected to collaborate.

Recommended Language:

Providers are required to collaborate.

Similarly, partnership scoring should evaluate demonstrated effectiveness rather than simply listing partnerships.

Applicants should show:

- Active partnerships.
 - Shared outcomes.
 - Referral pathways.
 - Collaborative service delivery.
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9. Refine Accountability Measures

The committees support accountability but caution against excessive administrative burden.

Accountability should focus on:

- Community outcomes.
- Community engagement.

- Service access.
- Provider collaboration.
- Demonstrated impact.

Reporting requirements should remain accessible to smaller organizations.

10. Refine Service Category Funding Framework

The committees generally supported the six service categories but recommended adjustments:

Family/Maternal & Infant Health

Expand to include:

- Fathers.
- Parenting supports.
- Healthy relationships.
- Domestic violence prevention.
- Reproductive health education.
- HIV/STI prevention.

Integrated Service Delivery

Providers should be permitted to offer services across categories when qualified to do so.

Operational Capacity

Allow limited operational and indirect cost support to strengthen Black-led organizations.