



Enhancing Access to Basic Health Care through Community Outreach and Education



Request for Applications

Issued by: Contra Costa Health and Contra Costa Regional Health Foundation

Grant Opportunity: Basic Health Care Access Initiative (BHCAI)

Funding Amount: Up to \$250,000

Release Date: 10/3/2025

Response Deadline: 10/17/25

A. INTRODUCTION

Contra Costa Health (CCH) is pleased to announce the availability of \$250,000 to support the Basic Health Care Access Initiative, referred to as BHCAI hereafter.

CCH, through the support of the Contra Costa Regional Health Foundation, solicits this Request for Applications from community-based providers who may be selected to enter a contract for the provision of outreach, education services, and application assistance that aims to improve access to and successful enrollment in the County's Basic Health Care program for qualified Contra Costa residents.

About Contra Costa Health

Contra Costa Health is the largest county department in Contra Costa County with over 5,100 employees. Our mission is to care for and improve the health of all people in Contra Costa with special attention to those who are most vulnerable to health problems.

CCH is an integrated health system that includes Hospital and Health Centers, Public Health and Safety Programs, Emergency Medical Services, Detention Health, Housing and Homeless Services, Behavioral Health Services, and a Managed Care Plan

Please see our website for more information about Contra Costa Health: cchealth.org

About Contra Costa Regional Health Foundation

CCRHF is a 501(c)(3) nonprofit organization dedicated to eliminating barriers and enhancing the capabilities of Contra Costa Health (CCH) and the community to improve the safety, health, and wellness of every resident in Contra Costa County.

Since its establishment in 2003, CCRHF has supported critical health initiatives and services provided by CCH. As a major fundraising vehicle, CCRHF is committed to advancing public health efforts and fostering partnerships across Contra Costa County.

Key aspects of their mission include increasing community awareness, expanding access, and securing philanthropic support for unfunded programs.

For more information about CCRHF, please visit their website at ccrhf.org

About the Basic Health Care Program

Basic Health Care (BHC) is a health program for low-income, uninsured people who live in Contra Costa County regardless of their documentation status. BHC program provides essential health services to underserved populations, offering preventive care, chronic disease management, and other vital health services at little to no cost. The program is designed to bridge the gap in health care access for those who do not qualify for traditional health insurance systems.

Current Eligibility criteria include *(and subject to change)*:

- Adults residing in Contra Costa
- Have incomes no greater than 300% of the [federal income guidelines](#)
- Are not eligible for Medi-Cal or any other health insurance
- Are not members of HMO or PPO health insurance plans

[Medical services](#) under this program are provided at [Contra Costa Regional Medical Center](#) or at one of the [Health Centers](#) located throughout the county. Additionally, medical services are also available at select community clinics.

B. FUNDING

Contra Costa Health has partnered with the Contra Costa Regional Health Foundation (CCRHF) to administer up to \$250,000 in funds.

The County may award multiple contracts depending on the availability of funds, availability of qualified respondents, and community needs.

Respondents may apply for all the available BHCAI initiative funds or a portion thereof.

C. APPLICANT MINIMUM QUALIFICATIONS

To be eligible to apply for this funding, organizations must meet the following criteria:

- Be a registered 501(c)(3) non-profit organization or have a fiscal sponsor with a 501(c)3 designation.
- Have a proven track record of providing community-based outreach and education service delivery.

- Demonstrate the capacity to manage and report on the use of grant funds effectively.
- Willing to attend and complete training sessions as determined by the County for selected community organizations
- Experience serving populations with limited English proficiency and providing language access services
- Demonstrate ability to deliver services in a culturally competent and responsive manner to meet the needs of diverse and immigrant communities

C. ALLOWABLE ACTIVITIES

- **Outreach Services:** Efforts focused on increasing awareness and engagement among community members, particularly those from underserved populations. This may include door-to-door canvassing, informational workshops, and distribution of educational materials to inform residents about available health services and programs.
- **Education:** Provision of structured educational programs that aim to improve basic health care literacy among community members. These programs can be delivered through workshops, seminars, online courses, printed materials, 1-on-1 interactions and other effective methods
- **BHC Screening Assistance:** One-on-one assistance to help individuals and families navigate the Basic Health Care screening process. This includes providing guidance on completing and submitting the necessary application and other required information that may be required for eligibility for the program.

D. HOW TO APPLY/ PROPOSAL SUBMISSION REQUIREMENTS

Bidders must submit the application and budget through the [online portal](#)

- **Application** (see Appendix A): Submission of a complete application that includes the following information:
 - Brief explanation of how your organization meets the minimum qualifications.
 - Description of the proposed program model, including the type, location, and frequency of service activities that will be offered to participants.

- Plan for staffing the project, including a description of how the organization utilizes supervision or other internal strategies to promote effective service delivery.
 - Proposed outcomes/performance
 - How the program will refer community members to services and resources in the community that may be relevant for individuals seeking BHC, such as Medi-Cal, CalFresh, childcare resources, substance use recovery support, housing and transportation assistance, etc.
 - Two Letters of support from agencies
- **Budget and Budget Justification:** Using the provided template (Appendix B), provide a detailed budget and justification for the proposed activities. Please note: CCRHF will cap reimbursement of administrative (overhead/indirect) costs at 15%.

If the applicant agency utilizes a fiscal agent, a corporate profile of the fiscal agent and a letter of support is required.

**All applications must be submitted via the online application portal by
Wednesday, October 17, 2025, using [this link](#)**

The cost of developing and submitting an application in response to this RFA is the responsibility of the applicant and will not be reimbursed through any contracts resulting from this RFA process or from any other CCRHF funds.

Any questions regarding the RFA may be directed to bhcai@ccrhf.org. Questions must be received by October 13, 2025, and will be answered within 48 hrs. A final Frequently Asked Questions (FAQ) will be posted at www.ccrhf.org/bhcai on October 15, 2025.

E. SELECTION PROCESS AND CRITERIA

CCH will appoint a selection committee of county staff and community partners to review the responses to this RFA. The information in each proposal will be reviewed and evaluated based on the following criteria:

Criteria	Points
Organizational Capacity, including use of resources, tracking and reporting, existing infrastructure to deploy funds expediently and efficiently	20
Proposed Program Model, including service delivery approach, staffing model, and alignment with recognized effective practices	20
Relevant qualifications and experience, including demonstrated ability to reach populations who could benefit from program, understanding of and alignment with program goals	25
Cost of proposed services and ability of applicant to leverage in-kind, public and/or private funding resources	20
Demonstration of community collaboration/partnership for delivery of services	15

F. CONTRACT AWARD AND TIMELINE

The County intends to award a contract to the successful Responder(s); however, issuance of this RFA and receipt of qualifications is not a commitment to award a contract. Contra Costa Health expressly reserves the right to accept or reject any or all qualifications received in response to this RFA, to negotiate with more than one Responder concurrently, or to cancel all or part of this RFA. No response shall be binding upon CCH or CCRHF until after the Agreement is signed by duly authorized representatives of both the Contractor and the County/CCRHF.

Deadline	Task
October 3, 2025	RFA published
October 17, 2025	Response Submission Due
October 24, 2025	Announcement of Awards
Within 3 business days of award notification	Deadline for Submission of Appeals
October 31, 2025	Anticipated Contract Start Date

G. APPEAL PROCESS

Only respondents submitting a response in accordance with this RFA may appeal the RFA process. Appeals must be submitted in writing and should be addressed to

bhcai@ccrhf.org no later than three (3) business days after the notification of awards. When submitting, an appellant must clearly state the action appealed, the harm to the appellant, and the remedy sought. Appeals shall be limited to the following grounds:

- a. Technical errors related to the selection committee's assessment of the responder's application and associated materials (e.g., errors in scoring calculation or other miscalculation of submission requirements)
- b. There has been a violation of conflict of interest as provided by California Government Code Section 87100 et seq.

H. CONTRACTUAL OBLIGATIONS/ PERFORMANCE METRICS

CCH will actively monitor and provide support as needed for all services provided as a part of the contract(s) that result from this RFA process. The monitoring will determine if the Contractor is performing as intended and if good cause exists to terminate the contract prior to the end of the contract term.

At a minimum, contractors will be expected to:

1. Engage timely and meaningfully with CCH and CCRHF staff around contracting, invoicing, and fund deliverables. Providers are required to timely and thoroughly comply with all invoicing and related documentation to receive payment for services.
2. Contractors will collect and timely document participant data and services delivered.
3. Submit monthly reports to CCH.
4. Attend Basic Health Care program trainings as required by the County.
5. Meet as needed with CCH, to monitor and track grant progress, discuss changes to service activities.

Specific contract objectives will be developed and determined collaboratively with the selected contractor for the performance measures below. At a minimum, the contract will include all or a combination of the following measures:

1. The estimated number of participants the program will serve in a year for each service activity selected.
 - a) Number of participants receiving outreach services
 - b) Number of participants receiving education services
 - c) Number of participants receiving application assistance

2. Number of participants that will submit a completed application with relevant documents.
3. Aggregate demographic data

Appendix A: Sample Application (complete on-line via grant portal)

Name of Agency	
Primary Contact Name, Email Address, and Phone Number	
Alternate Contact Name, Email Address, and Phone Number	
Agency Address (main)	
Other addresses for satellite locations	
Are you a 501(c)3 organization?	
Do you have a fiscal sponsor? List the fiscal sponsor if applicable? Also, upload corporate filing and letter of support.	
Is this a collaborative application? If yes, please list all partner agencies.	
Please select each area of the county your organization serves	<input type="checkbox"/> West County <input type="checkbox"/> East County <input type="checkbox"/> Central County <input type="checkbox"/> South County
Amount of Funding Requested:	
Project Category (Select all that apply)	<input type="checkbox"/> Outreach <input type="checkbox"/> Education <input type="checkbox"/> Screening assistance
Organizational Capacity: Please describe your organizational history and experience you have operating similar services. Please include your operational and fiscal capacity to quickly put in place and operate the project?	
Project Description: <ul style="list-style-type: none"> Description of the proposed program model, including the type, location, and frequency of service 	

Appendix A: Sample Application (complete on-line via grant portal)

<p>activities that will be offered to participants.</p> <ul style="list-style-type: none"> • Plan for staffing the project, including a description of how the organization utilizes supervision or other internal strategies to promote effective service delivery. • How the program will refer community members to services and resources in the community that may be relevant for individuals seeking BHC, such as Medi-Cal, CalFresh, childcare resources, substance use recovery support, housing and transportation assistance, etc. 	
<p>Please list expected outcomes (please refer to Section H of the RFA).</p>	
<p>Project Readiness: Date when you expect to have the project ready to launch.</p>	
<p>Project Budget: You must submit a project budget with your application. Please upload the provided budget template listing equipment, supplies, staffing, and other spending related to the proposal. See Excel Spreadsheet</p>	
<p>Required document checklist:</p> <ul style="list-style-type: none"> • Budget Form (Excel) • Two letters of support • Fiscal Sponsor corporate filing (if applicable) 	<p>All items must be submitted via email to bhcai@ccrhf.org by midnight, October 17, 2025.</p>

Appendix A: Sample Application (complete on-line via grant portal)

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| <ul style="list-style-type: none">• Fiscal Sponsor Letter of Support (if applicable) | |
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By clicking "Submit" below you acknowledge that all the information and answers to questions herein are complete, true and correct to the best of your knowledge and you are hereby authorized, on behalf of the organization, to submit this application.

Appendix B: Budget and Budget Justification Template



Budget Template

12 mos. Project Period

Organization Name:

[INSERT]

Project Title:

Basic Health Care Access Initiative

Budget Contact Name & Phone:

[INSERT]

PROJECT BUDGET	TOTAL EXPENSES	CCRHF Funding Request	Leveraged Funding Sources			TOTAL REVENUE	Budget Justification (Narrative)
			[LIST SOURCE 1]	[LIST SOURCE 2]	In-kind Support		
PERSONNEL/STAFFING EXPENSES (List title and % FTE on project)							
NON-PERSONNEL EXPENSES							
Occupancy costs (includes rent, utilities, etc)							
Supplies and Materials							
Equipment (laptops, copiers, etc)							
Telecommunications/Software							
Travel (mileage reimbursement)							
Training/Conferences							
Printing/Copy							
Other:							
1							
2							
3							
INDIRECT/OVERHEAD EXPENSE [INSERT %]		No more than 15% of direct expenses above may be applied					
OTHER COSTS							
Subcontracts (list each subcontractor and contract amount)							
1							
2							
TOTAL EXPENSES (Personnel + Non-Personnel + Other Costs)							