Fall 2025 Community Grants

Last updated: 10/8/2025

Q: What definition of "primary care" are you using?

A: For this process, we are aligning with the Oregon Administrative Rule's (OAR) definition(s) of primary care/primary care provider as noted below:

1) **OAR 836-053-0028(1)(b)(A-B)**
   (b) "Primary care provider" means an individual licensed or certified in this state to provide outpatient, non-specialty medical services or the coordination of health care for the purpose of:
   (A) Promoting or maintaining mental and physical health and wellness; and
   (B) Diagnosis, treatment or management of acute or chronic conditions caused by disease, injury or illness.
2) **OAR 836-053-1510(a)(b)**
   a. "Primary care" means family medicine, general internal medicine, naturopathic medicine, obstetrics and gynecology, pediatrics or general psychiatry.
   b. "Primary care provider" means: A physician, naturopath, nurse practitioner, physician associate or other health professional licensed or certified in this state, whose clinical practice is in the area of primary care.

Q:Is my project eligible for consideration?

A: To maintain a fair and equitable process, we cannot review individual application proposals or concepts prior to submission. Here is the information we can provide: once the applications are received, they go through a minimum qualification screening (based on the "Funding Specifics" section of the focus area's RFP) and then to an independent review panel. This panel reviews the applications and scores each application based on a rubric that includes attention to focus areas and how well the application as written will improve health outcomes and/or implement, promote, and increase wellness and health promotion activities in Lane County, among other consideration factors.

Q: What cannot be funded?

A: These are Medicaid dollars with some specific funding limitations. Please refer to the RFP for a list of items that cannot be funded.

Q: What can be funded?

A: Broadly, the intention for these funds is for non-covered services under Oregon's Medicaid plan that are not administrative requirements and are intended to improve care delivery and overall member and community health and well-being. **Please see the end of page 2 of this document for more information.**

Q: Can my organization submit multiple proposals?

A: At this time, we can only accept one proposal submission per organization. Please note that organizations that provide primary care services may demonstrate **partnerships** with multiple community-based organizations.

Any organizations that provide primary care services may only submit one **standalone** proposal under their own organization's name.

Q: Will applying for the maximum amount ($250,000) negatively impact my proposal's consideration?

A: There are not unlimited funds available for distribution. We will review each application that is received that requests up to $250,000. Projects may be awarded partial funding.

Q: What information should be included on my project's budget?

A: Please group budget by item. Applicants are encouraged to report costs in terms of the services provided/programming and not in terms of staffing costs (including staff benefits, bonuses, etc.). We recommend not including FTE/staffing cost in your budget but approaching from the lens of program growth/expansion.

Q: My organization has received a LCHC grant in the past. Can I apply again?

A: Yes. Please indicate on the application the last time you received LCHC funding.

Q: My organization has a project that is currently funded by an LCHC grant through the end of 2025. Can I apply for this round of funding?

A: Yes. Please be sure to indicate on the application details of the last time you received LCHC funding.

Q: Can I have more guidance on what may or may not be eligible for funding?

A: Oregon Health Authority (OHA)'s Health Related Services (HRS) guidance informs the majority of our funding streams; our goal is to align closely with the HRS guidance. More details on what **is or is not** HRS is available here: https://www.oregon.gov/oha/hpa/dsi-tc/pages/health-related-services.aspx

Additional FAQ added on 9/16:

Q: Are there specific IRS designations that an organization must hold to be eligible for this process?

A: No, there is no specific designation required for this process.

Q: What is the allowable indirect rate for this process?

A: For this grant cycle, we do not have a set maximum allowable indirect cost; however, we encourage you to look through what may or may not be funded on the RFP and in this FAQ, particularly in the FAQ's linked HRS guidance section (pg. 2 of this document). Our aim is to align with HRS guidance to the maximum extent possible.

Additional FAQ added on 9/26:

Q: How do you define a community-based organization (CBO)?

A: We define community-based organizations broadly as entities that work to serve either the community at large (Lane County) or a subsection of the community (specific populations or areas of Lane County) and who do not bill or submit claims.

Additional FAQ added on 10/1:

Q: What do you need to indicate a partnership with an organization that provides primary care services?

A: We are flexible on the format, etc. but request a letter of attestation/MOU of some type with the partnering organization providing primary care services, signed by both parties.

Additional FAQ added on 10/7:

Q: Can I submit letters of support from other community organizations?

A: Yes, you may submit letters of support under "Additional documents" (near the end of the application). **Please note** that letters of support are **not** equivalent to the letter of attestation/MOU between a community-based organization and a partnered organization providing primary care services, signed by both parties.

~~**Q: When will the grant close applications?**~~

~~A: The grant will close at 5pm PST on Friday, October 10.~~
This question has been updated! Please see pg. 4

Q: My project utilizes Traditional Health Workers/Community Health Workers (THW/CHW) who bill OHP for certain services; is this the same as offering any clinical (Medicaid-/OHP-billable) services (in the dropdown menu under "Organization Type (continued)")?

A: If you are billing OHP for any THW/CHW services provided by THWs/CHWs through your program, please indicate "yes" (and, as you mentioned, ensure that no billable services are duplicated in the request). If you are working with THWs/CHWs but not billing OHP for any of that work, please indicate "no."

Updated 10/8

Q: Are marketing expenses for my program not allowable? I.e., flyers, brochures, other written or visual materials?

A: Funding may be spent on marketing items specific to your program. **Unallowable** marketing expenses would be promoting any specific Coordinated Care Organization (CCO) over another.

Q: When will the grant close applications?

A: You now have until **Sunday, October 12 at 11:59pm PST** to submit your application.

> ****Please note: LCHC will not be able to provide technical assistance after 5pm PST on Friday, October 10**. Please double check to make sure you are able to log into the grant website prior to this date!