

## Los Angeles County Abortion Safe Haven Grant Application

Thank you for your interest in the Los Angeles County Abortion Safe Haven (LASH) Grant Program! Essential Access Health is looking forward to learning more about your organization's work to support and expand abortion services in Los Angeles County. Please submit the requested application information and documentation by **March 7, 2025, at 11:59pm Pacific Time**. All questions are mandatory except for the optional submission of supplemental materials.

Application information will be saved automatically, and registered users may return to complete the application at any point before the submission deadline. Support with using the Apply platform may be found in this [FAQ](#) document.

Questions about the LASH grant program may be sent to [CaReproHealthEquity@essentialaccess.org](mailto:CaReproHealthEquity@essentialaccess.org)

### Eligibility

Does your organization serve individuals or communities in Los Angeles County?

- Yes
- No

Was your organization selected to receive LASH funding in the 2023 RFP cycle (Cohort 1)?

- Yes
- No

### Please describe your organization

Select all that apply:

- Healthcare provider participating in Medi-Cal and/or Family PACT
- Non-profit (501(c)3) community-based organization
- Hospital
- Association representing healthcare providers serving LA County
- Academic institution
- Government agency or department
- None of the above
- Other \_\_\_\_\_

## **Organization and Contact Information**

**What is the name of the applicant organization?**

**What is the website of the applicant organization?** Please include full web address – [www.sample.org](http://www.sample.org)

**What is the physical address of the applicant organization?**

**What is your name and job title?**

**What is your email address?**

**What is your phone number?** (Please write in the following format: 123-456-7890)

**Who in your organization is authorized to sign contracts (if someone other than yourself?)**  
(Please include name and title)

**What is the email address for your organization's grants and/or contracts manager? (If different from your own)**

**What is the name of your organization as it should appear on a legal contract?**

## **Organizational and Project Background**

**What is your organization's current annual budget?**

**Please tell us about the barriers and facilitators to success your organization experienced while supporting abortion access in LA county with your initial LASH funded project (5,000 character limit)**

**(OPTIONAL: If this has changed since your initial application)** Please tell us about the communities and geographic regions your organization serves (5,000 character limit)

**(OPTIONAL: If this has changed since your initial application)** Please describe your organization's commitment to and experience with advancing equity and reducing disparities in healthcare access and/or outcomes (5,000 character limit)

Please include information about how your staff and board reflect the communities you serve

## Project Information

Funding must be used to further advance and improve access to abortion in Los Angeles County AND must expand on work completed as part of the 2023-2025 funded project to deepen its impact based on:

- Areas of need based on evolving access + landscape;
- Lessons learned; and
- New opportunities identified during the initial project period

Applicants may apply for 1- or 2-year project periods and funding may be used to support one or more of the following focus areas:

- **Training** – Train healthcare workers and abortion providers
- **Education** – Conduct community-based education activities that provide medically accurate education and training tools that counter misinformation
- **Clinical care** – Advance and improve access through expanded clinical services
- **Practical support** - Coordinate care and provide patient support services including transportation, lodging, childcare, etc.
- **Infrastructure** – Build secure infrastructure for patients, staff, and volunteers
- **Other access improvements** – Increase access to abortion care including provision of legal support, research, and education for decision makers

### What are the focus areas of your project?

Choose as many as apply

- Training

- Education
  - Clinical care
  - Practical support
  - Infrastructure
- Other, please specify: \_\_\_\_\_

**What do you plan to do with this funding? (10,000 character limit)**

Please provide an overview of your proposed project, clearly describing how it will build on/expand the work conducted in the 2023-2025 project period.

**Please provide details about your project goals, objectives, and associated evaluation metrics using the Workplan Template provided. (See link below)**

Please upload your completed workplan

[LASH Project Workplan Template](#)

**How will your project incorporate lessons learned during the 2023- 2025 project period to further expand access to abortion in Los Angeles County? (5,000 character limit)**

Please use the project goals and objectives described in your workplan to guide and organize your response.

**How will your project continue to advance health equity and address inequitable health outcomes? (5,000 character limit)**

Please link the project goals and objectives described in your workplan in your response.

**How will your organization sustain this work after the grant funding ends? (5,000 character limit)**

**What local partners will you engage and/or collaborate with to achieve your stated project goals and objectives? (5,000 character limit)**

## Project Budget

Up to \$1,920,680 will be distributed over the next 2 years. Project funding awards will range from \$50,000 - \$160,000 per year for up to 2 years.

### Allowable project expenses include:

- Staff time
- Consultants
- Infrastructure such as building costs, equipment, systems to support access and/or security
- Project promotion, outreach, and dissemination including printing and marketing
- Costs incurred in practical support of patients (transportation, lodging, childcare, etc.)
- Costs related to convenings, including catering and facility rental
- Travel costs
- Indirect costs (*up to a maximum of 10% of total budget request*)
- Other costs necessary to support the project goals and objectives

### The following activities are NOT allowable uses for funding:

- Activities that counter the intent of the funding, including misinformation about abortion, and providing other information and/or services that are not medically or scientifically accurate
- Lobbying
- Funding requests to supplant existing funding and/or programs

### Are you applying for 1 or 2 years of project funding?

- 1 year
- 2 years

### How much grant funding are you requesting for the entire project period?

Funding ranges from \$50,000 - \$160,000 per year for up to 2 years.

### Please submit requested budget information and budget narrative for the LASH funds.

Please download, complete, and upload the budget worksheet using the template below.

#### [LASH Budget Worksheet Template](#)

- **Budget:** Please include 10 hours of staff time in your budget to participate in grantee meetings and evaluation activities facilitated by Essential Access
- **Personnel Narrative:** Describe the professional qualifications, roles, and responsibilities of each staff member listed in the budget.
- **Other Costs Narrative:** Describe how these additional allowable costs will support the budget and project goals.

Is there anything else you would like us to know? (3,000 character limit) (Optional)

**Do you have any supplemental materials you would like to share? (Optional)**

Please include any materials that will help us get to know your organization and the work you do. Examples include reports, media placements, videos, client stories, testimonials, etc.

## **Final Agreement and Application Submission**

**All grantees are required to submit timely reports and participate in grantee meetings and evaluation activities facilitated by Essential Access.**

Do you accept these grantee requirements?

- Yes
- No

## **Funding Decisions**

Applications submitted will be scored based on the following criteria:

- **Experience:** Applicant has a demonstrated commitment to/experience in sexual and reproductive health, abortion access rights and justice.
- **Project Goals, Objectives, and Measures:** Proposed project goals and objectives are clear and address stated need, building upon Cohort 1 project goals and objectives. All objectives are attainable and feasibly measurable, including steps to evaluate success (indicators of success).
- **Expanding Access:** Proposed project demonstrates a clear and strategic plan for expanding abortion services and education, leveraging the insights, lessons learned, and successes from the 2023-2025 funding period. Expanded work must build upon the foundation established in the first two years, ensuring continuity, scalability, and long-term impact.
- **Advancing Health Equity:** Organization demonstrates a robust track record of advancing health equity in LA County and proposed project clearly and directly prioritizes health equity.
- **Partnerships:** Proposed project details robust, achievable partnership(s) with other organizations. Partnership clearly advances stated goals and addresses stated needs.
- **Demonstrated Impact:** 2023-2025 funded project clearly shows positive and measurable impact on access to abortion and comprehensive SRH care in LA County.
- **Project Sustainability:** Proposed project fits within organizational priorities. Application includes clear, attainable steps to ensure project sustainability beyond the grant period.
- **Budget and Scope Alignment:** Budget and budget narratives clearly detail, and support funds requested. Funds requested align with project goals, objectives, and scope of project.
- **Strength of Overall Proposal:** The proposal clearly establishes the need for the proposed project, thoroughly explains how the project will address the needs outlined, including well-supported statements and statistics.

## Reporting Requirements

Grantees will work with Essential Access staff during the first 3 months of the project period to develop an individualized evaluation plan based on the work plan submitted with their application.

Grantees will submit progress reports, including updates on progress per their evaluation plan, financial reports, and narrative reports.

## Important Dates and Reminders:

1/21/2025	Applications open at 8am
1/29/2025	Informational webinar – 11am Pacific <a href="#">REGISTER HERE</a>
2/05/2025	5:00pm Deadline to submit questions to <a href="mailto:CaReproHealthEquity@essentialaccess.org">CaReproHealthEquity@essentialaccess.org</a>
2/07/2025	FAQ document published to Essential Access Website
3/07/2025	Applications close at 11:59pm
3/28/2025	Award notifications released
4/01/2025	Project year begins

## Questions about the RFP may be submitted to:

[CaReproHealthEquity@essentialaccess.org](mailto:CaReproHealthEquity@essentialaccess.org). We will respond to questions received by 5pm on February 5, 2025. An application FAQ will be posted on the [Essential Access Health website](#) on February 7, 2025.