

REQUEST FOR APPLICATION (RFA)
2018 BEHAVIORAL HEALTH/CHRONIC DISEASE MULTI-YEAR GRANT

INTRODUCTION

CHNA 7 MetroWest and the Blue Hills Community Health Alliance (CHNA 20) are pleased to offer a multi-year funding opportunity to qualifying organizations within their service areas. There is \$120,000 available in grant funding in this two-year funding cycle. **Awards ranging from \$15,000 - \$30,000 (per year) may support programs, events and sustainable change projects, which will serve and benefit CHNA 7 and/or CHNA 20 communities and their residents for the project period of April 1, 2018 to April 30, 2020.** Distribution of Year Two funds will be based on achieving agreed upon benchmarks in Year One. Funding requests must be for two years.

GRANT PRIORITY AREAS

Funding has been made available through the Massachusetts Department of Public Health Determination of Need (DoN) program. A Joint Advisory Committee used the MetroWest Community Health Improvement Plan 2017, Norwood Hospital Community Benefits Report 2016, and community reports from hospitals to determine local and regional priorities. For 2018, CHNA 7 MetroWest and CHNA 20 have the following priorities for the two regions:

1. **Behavioral Health**
2. **Chronic Disease**

We invite proposals that address behavioral health and/or chronic disease, and focus on one or more of the following strategies (in no particular order of importance):

- **Health Education and Promotion**
- **Environmental Changes (including socioeconomic and cultural)**
- **Risk and Protective Factors**

The 2018 funding goals are to:

- 1) **Improve access to care in our service population; especially to those most vulnerable.** *“Vulnerable” may be defined as low income, high-risk for a particular health indicator (e.g. youth, older adults), racially or ethnically marginalized or experiencing barriers to services due to language or other significant socio-economic and environmental factors¹.*
- 2) **Engage community partners to focus on chronic disease & wellness.** *“Chronic disease” is defined as conditions that last one year or more and require ongoing medical attention, limit activities of daily living or both. In addition to comprising physical medical conditions, chronic conditions also include problems such as substance abuse and*

¹ <https://matracking.ehs.state.ma.us/Climate-Change/vulnerable-populations.html>

addiction disorders, mental health disorders, dementia and other cognitive impairment disorders, and developmental disabilities.²

- 3) **Support efforts to develop and foster collaborations and partnership across sectors, agencies and communities.** *Consider collaboration at various levels including networking, coordination, partnership, coalition building and integration.*

Funds will not support:

- Direct services
- Treatment services
- Out-of-state training expenses – food, lodging, travel

ELIGIBILITY

- Applicants must be from a current 501(c)(3)/509(a)(1) or municipal agency.
- An applicant's funding request must serve one or more of the CHNA 7 or CHNA 20 communities. See attachment for map and listing of towns in each region.
- An organization may only apply for one project as the lead. However, an organization can be listed as a collaborator on more than one application.

SCORING

There are several key areas that will be reviewed by a team of CHNA 7 and CHNA 20 members. Scores will be weighted for a total of 50 points.

Need	5 points
Project Plan	10 points
Evidence of Collaboration	10 points
Goals/Objectives and Evaluation	5 points
Sustainability/Capacity	10 points
Budget	10 points

TOTAL POINTS	= 50 points
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The final equitable allocation of grant funds will be determined by the review team and approved by the CHNA 7 and CHNA 20 Steering Committees.

APPLICATION INSTRUCTIONS

- All electronic copies must include the following:
 - Cover Sheet
 - Proposal Narrative: Format must include page numbers at the bottom of each page; single space; 1" margins; Arial 12 font

² http://www.hhs.gov/ash/initiatives/mcc/mcc_framework.pdf

- Budget detail and narrative (Year 1 and Year 2)
 - Letter of Understanding – Affirmation of Collaborative Commitment: You must have a letter with each collaborating partner
 - IRS Determination Letter (Only of lead agency if two or more organizations are included in one application; Does not apply to municipal agencies)
 - Electronic copies must be sent to: chna7coordinator@gmail.com and astockwell@baystatecs.org.
 - No hard copies are accepted
 - Please include in the subject line: CHNA 7/20 – 2018 Funding Request
 - Applications submitted after the deadline of Thursday, February 1, 2018, 5:00pm will not be eligible for review or funding
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TIMELINE³ AND SUBMISSION REQUIREMENTS

- Funding Opportunity Announcement and Release: Monday, November 13, 2017
- Information Sessions⁴:
 1. Monday, November 13, 2017 (CHNA 7)
 2. Thursday, November 30, 2017 (CHNA 20)
- Applications must be received via email by 5:00pm on Thursday, February 1, 2018.
- Award decisions will be emailed by March 31, 2018.
- Programs, upon award verification, will receive funds in April 2018.
- All grantees will have an initial meeting with CHNA 7 and CHNA 20 Steering Committee members and Coordinators along with the lead agency and its participating agencies and groups in Spring 2018.
- Project implementation begins and ends within the funding period of April 1, 2018 – April 30, 2020
- At the midpoint of the project, CHNA 7 and CHNA 20 Steering Committee members and Coordinators will meet with participating agencies to determine if any technical assistance is needed.
- Written project updates are expected two times for the duration of the project. Additional brief updates may be requested, as needed.

³ CHNA 20 & CHNA 7 reserve the right to amend this RFA as indicated including any of these dates as deemed necessary. Any change will be communicated immediately to the membership and all grant applicants.

⁴ CHNA 20 & CHNA 7 highly encourage participation in the facilitated Information Session by at least one member of the potential applicant's organization or group. An overview of the funding opportunity will be provided. There will be a chance for networking, questions & answers, and collaboration building.

- Questions should be submitted in writing to Denise Lau, CHNA 7 Coordinator, at chna7coordinator@gmail.com and Ashley Stockwell, CHNA 20 Community Health Specialist at astockwell@baytstatecs.org.

COVER SHEET

Project Title:

Brief description of the proposed project (1-2 sentences):

Applicant Organization or Group Name:

EXECUTIVE DIRECTOR/PRINCIPAL:

Street Address:

City:

Zip Code:

Phone: ()

Fax:

Email:

PROJECT DIRECTOR/CONTACT:

Street Address:

City:

Zip Code:

Phone: ()

Fax:

Email:

Collaborating Partners/Agency Names:

Amount of Funding Requested: \$

NAME OF FISCAL CONTACT PERSON (if applicable):

Address:

City:

State:

Zip Code:

Phone: ()

Email:

Signature of Fiscal Contact Person:

PROJECT NARRATIVE

Please respond to the following items using no more than 4 pages. The specifications for the font are 12 point, Arial, 1 inch margins, single spaced and page numbers. Intent to Apply, Cover Sheet, Goals and Objectives, Collaboration Chart, Budget, Signature Page, and attachments such as IRS Determination Letter are not included in the 4-page limit.

1. Overview

In 2-4 sentences, briefly state the mission of the lead agency and relevant programs/services for the project that you seek funding.

2. Statement of Need

- a. Identify and describe the current problem your program will address.
- b. Describe who the project will serve, including:
 - i. The targeted priority population (e.g., gender, age, race, ethnicity, socioeconomic status),
 - ii. The geographic community that will be impacted by your program, and
 - iii. The estimated number of people your program will reach
- c. Identify how the problem relates to one or more of the RFA's funding goals. *Refer to pages 1& 2.*

3. Program Summary

- a. Provide a detailed description of your program. What evidence⁵ supports your proposed services?
- b. Goals and Outcomes: What are the goals and objectives of the project? Include an explanation of why you expect to achieve these outcomes. *Please complete the attached Goals and Objectives Chart.*
- c. Timeline: Include the action/tasks for the project, who is responsible and the dates they will occur. *Please complete the attached Timeline.*
- d. Describe how you will measure the success of your project. How do you intend to track and evaluate your project?
- e. Describe your plan for sustainability for the proposed project. How will this project continue to impact your community beyond the funding period?

⁵ Applicants should submit proposals that demonstrate the use of methods proven through research OR promising innovative practices that are linked to existing research. Applicants should show how the use of these evidence-based methods will lead to enduring outcomes on one or more of CHNA 7 and/or 20's focus areas.

TIMELINE

Action/Tasks	Description	Person Responsible	Dates

GOALS AND OBJECTIVES

Timeframe: For the timeframe below, please list month and year (e.g. 1/18 – 3/18)

SMART Goals: S – Specific, M – Measureable, A – Attainable, R – Relevant, T – Time-bound

Metrics: Note your measureable criteria for success

EXAMPLE:

Timeframe	Goals / Objectives/ Activities / Metrics / Change
Mar 2018 – Dec 2018	<p>Goal 1: Build broad sector support for increasing access to fresh food in Smalltown.</p> <p>Objective 1 (SMART): By November 2018, recommendations for mobile farmer's market sites are presented to the following Smalltown decision-makers for approval: Mayor's office, Smalltown Housing Authority, Smalltown Department of Public Works, etc.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Review census data and work with partners to collect input from residents to identify mobile farmer's market sites. • Draft proposal for each new site. • Meet with individual site decision-makers (for example, housing authority) to present proposal for mobile farmer's market site. <p>Measureable criteria for success:</p> <ul style="list-style-type: none"> • Demonstrated support for new farmer's market sites through data collected from 50 site residents. • Tailored proposals are crafted for each new site. • Conduct 5 presentations to decision-makers. <p>Change/Impact</p> <ul style="list-style-type: none"> • Multi-sector Advisory Committee established to oversee and assess program progress • Approval of mobile farmer market sites at three locations with the potential to increase the number of sites based on meeting benchmarks

TEMPLATE:

Timeframe	Goals / Activities / Metrics / Change
	<p>Goal 1 (SMART):</p> <p>Activities:</p> <ul style="list-style-type: none">• <p>Metrics:</p> <ul style="list-style-type: none">• <p>Change/Impact:</p> <ul style="list-style-type: none">•

REPORTING & PROGRAM EVALUATION

CHNA 7 and CHNA 20 will be conducting an overarching evaluation to gather information on population served and programmatic outcomes. This information will be used by the CHNAs to describe funded projects, to identify successes, to plan for future funding, and to meet reporting requirements.

Quantitative Evaluation Data

Programs funded will be required to provide quantitative data on the following topics to the CHNA 7 Coordinator or/ CHNA 20 Community Health Specialist:

- Participant demographics (age, gender, race / ethnicity, language spoken at home, socioeconomic status, geography)
- Indication of priority areas addressed by program
- Counts and levels of program partnerships

To standardize data collection across all programs receiving CHNA funding, **all programs will be required to collect data using specific questions and response options that will be provided by CHNAs 7 and 20 upon award.** These questions will align with CHNAs 7 and 20 priorities and reporting requirements, and will be adapted from existing standardized surveys.

Programs are also required to collect data on at least 2 results or measurable outcomes that align with the program's goals and objectives. Given the diversity in funded programs, this data will vary by program. **In the Goals and Objectives chart, applicants must specify at least 2 metrics for which they plan to collect data; funded programs will then discuss these proposed metric(s) with the evaluator for approval early in the grant period.** Examples of metrics include change in knowledge, change in behavior, number or percent of individuals reached / connected to services, and system, environmental and policy change.

Quantitative data can be collected through participant surveys, interviews, program tracking, or any other method. Programs will be required to provide this evaluation data, in aggregate form, using a simple data entry template provided by the CHNAs. Programs will enter their data into this easy-to-use template (an Excel spreadsheet), and e-mail the completed template to the CHNA 7 Coordinator or CHNA 20 Community Health Specialist, annually. Programs will not provide any identifiable information (names, date of birth, social security number, etc.) about participants.

Qualitative Evaluation Data

On an annual basis, programs will also be required to answer a brief set of questions (qualitative data) for the CHNA 7 and CHNA 20 evaluation.

COLLABORATION CHART

Directions for completing the collaboration chart:

- The first organization listed is the lead organization of this project
- Include the title of the contact person for each organization in this project
- Clearly define the partner role for this project
- Note the strengths of each partner that they specifically bring to this project
- Describe the role of each partner in the sustainability of this project

Organization	Contact Person	Partner Role	Strengths/Level	Role in Sustainability

1. How did you involve the partner(s) in developing the scope of this project?
2. Describe and address any current or anticipated challenges to the collaboration.
3. How will collaboration make the project be sustainable after the funding period? How will the project continue? Please explain.
4. Describe any in-kind donations that will be made on behalf of the partner(s) identified.

**LETTER OF UNDERSTANDING:
AFFIRMATION OF COLLABORATIVE COMMITMENT**

In order to demonstrate the value of your planned collaborative activities, your application requires submitting a completed Letter of Understanding from the Lead Agency and each Collaborative Partner. That is, if you have two collaborative partners, then the application should include two Letters of Understanding. This letter covers the entirety of the grant funding period from April 1, 2018 through April 30, 2020.

- Lead Agency: _____
- Lead Agency Contact Person: _____
- Collaborative Partner: _____
- Collaborative Partner Contact Person: _____

[*Collaborative Partner Agency*] is pleased to submit this letter of understanding affirming our commitment to participate in [*Lead Agency*]'s programmatic efforts in fulfillment of the CHNA 7 & CHNA 20 2018 Request For Application. Our collaborative relationship is the result of [*what factors led you to form this partnership?*].

Our role in this collaboration will include the following activities:

Please list, in bulleted format, your role including no fewer than 2 specific activities your organization plans to participate in as a collaborator with the lead agency. These can include project design, program planning and implementation, financial resources, personnel duties, and in-kind contributions.

1.

2.

We hereby affirm our understanding that our collaborative relationship will be sustained throughout the two-year time period covered by CHNA 7 and CHNA 20 funding, and that any withdrawal of our collaborative commitment to the project or change in role must be submitted in writing to the Lead Agency, CHNA 7 and CHNA 20. We further affirm our understanding that we will be asked to provide documentation, signatures, or other written materials in service to the annual reporting requirements the Lead Agency will fulfill, and offer our commitment to complete these requests to the best of our ability.

Signature of Collaborative Partner Contact Person

Date

Contact Information of Collaborative Partner Contact Person

Email: _____

Phone #: _____

BUDGET TEMPLATE AND NARRATIVE – Year 1

1. List and explain all project costs needed for you to have a successful program.
2. Provide a **one-paragraph** budget narrative for this program that provides further clarity and detail of costs. Highlight additional funds or in-kind contributions that will be important for its success.

Item	YEAR 1 Amount requested in this application	YEAR 1 Other Funding Sources (Specify)	YEAR 1 Sources and Amounts of In-Kind ⁶ Support	YEAR 1 Total Program/ Project Costs
Personnel Staff Consultant				
Supplies & Printing				
Equipment related to program (e.g., tape recorder, camera)				
Administration /Overhead (May not exceed 10% of budget requested)				
Other expenses (list and explain)				
TOTAL	\$	\$	\$	\$

Budget Narrative:

⁶ Examples of in-kind support: meeting space, food/drink, staffing, etc.

BUDGET TEMPLATE AND NARRATIVE – Year 2

1. List and explain all project costs needed for you to have a successful program.
2. Provide a **one-paragraph** budget narrative for this program that provides further clarity and detail of costs. Highlight additional funds or in-kind contributions that will be important for its success.

Item	YEAR 2 Amount requested in this application	YEAR 2 Other Funding Sources (Specify)	YEAR 2 Sources and Amounts of In-Kind Support	YEAR 2 Total Program/ Project Costs
Personnel Staff Consultant				
Supplies & Printing				
Equipment related to program (e.g., tape recorder, camera)				
Administration /Overhead (May not exceed 10% of budget requested)				
Other expenses (list and explain)				
TOTAL	\$	\$	\$	\$

Budget Narrative:

SIGNATURE PAGE AND POST AWARD EXPECTATIONS/OBLIGATIONS

CHNA Reporting and Participation

- Each grant recipient will be responsible for providing a mid-year and final report. Dates and reporting templates will be provided to recipients within 60 days of the award.
- Funded programs are required to submit evaluation data to the CHNA that provided the award. A simple data entry template (Excel spreadsheet) will be provided to the grantee after discussion with the CHNA Coordinator and evaluation consultant. The completed spreadsheet must be emailed to the CHNA Coordinator by Monday, January 15, 2018.
- If any serious challenge arises during the funding cycle that prevents successful implementation of the grant funded program, grantees must notify CHNA 7 and CHNA 20 within 120 days of the award. If efforts to mitigate the problem have not been made prior to mid-year reporting, grantees will be required to return grant funds.
- A representative(s) from the grant recipient organization must attend the CHNA 7 and/or CHNA 20 Grant Showcase to give a brief presentation about their funded project. In addition, attendance at least one other CHNA 7 or CHNA 20 sponsored event is required.

Promotion and Funding Acknowledgement

- Grant recipients consent to allow CHNA7 and CHNA 20 to publicize their grant awards and projects. Such promotion may include names, website postings, social media, fliers, photography/videography, news coverage, and distribution of project summary reports. Grant recipients will be notified in advance of promotional activities involving their organizations and programs. CHNA 7 and CHNA 20 will work with grant recipients to assure that privacy and confidentiality are appropriately safeguarded.
- Grantees are asked to acknowledge the support of CHNA 7 and CHNA 20 in publicity and communications regarding the funded project.

I certify that the information in this application is accurate and true to the best of my knowledge and that the grant our agency may receive from CHNA 7 and CHNA 20 will be used in accordance with granting guidelines as indicated in this application.

Signature

Title

Date

*For additional information please email Denise Lau at chna7coordinator@gmail.com
and Ashley Stockwell at astockwell@baystatecs.org.*

GRANT APPLICATION CHECKLIST

Please check all items once you have included them in your grant application. Please note that all items listed below are **REQUIRED**.

- ☐ Signed Coversheet
- ☐ Proposal narrative (not more than 4 pages in length)
- ☐ Budget (year 1 and year 2)
 - Line-item cost and a brief description of each line item
 - Evidence of other funding sources relevant to the project
 - Justification for any capital/equipment expenses
- ☐ IRS Determination Letter for nonprofit status (does not apply to municipal agencies)
- ☐ Attachment 1: Goals and Objectives Chart
- ☐ Attachment 2: Collaboration Chart
- ☐ Letter of Understanding – Affirmation of Collaborative Commitment: A letter for each partner listed in your application.
- ☐ Signature Page and Post Award Expectations/Obligations Page
- ☐ Grant Application Checklist

Please do not attach additional documents or letters of support beyond the list of above attachments.

Proposals must be submitted electronically in PDF format with **CHNA 7/20 – 2018 Funding Request** in the “subject” line. **THE PROPOSALS MUST BE EMAILS TO BOTH:**

Denise Lau, CHNA 7 Coordinator at chna7coordinator@gmail.com

AND

Ashley Stockwell, CHNA 20 Community Health Specialist at
astockwell@baytstatecs.org

**All proposals must be received by
Thursday, February 1, 2018, 5:00pm.
NO LATE SUBMISSIONS WILL BE ACCEPTED.**