



Blue Hills Community Health Alliance

CHNA 20

Braintree, Canton, Cohasset, Hingham, Hull, Milton, Norwell, Norwood, Quincy, Randolph, Scituate, Sharon, Weymouth

Grant Application for Funding Overview

Grants available for \$500 to \$3,500 to support programs, events and sustainable change projects that will serve and benefit CHNA 20 communities and their residents, in 2012.

Important DATES and Mandatory Information Session:

- ❖ Funding Opportunity Announcement: Wednesday, October 19, 2011
- ❖ **First Information Session:** Friday, October 21, 10AM-12PM at Donovan Bldg, 5 Randolph St., Canton
- ❖ **Second Information Session:** Tuesday, October 25, 3-5pm, 114 Whitwell Street, Conference Room B/C at Quincy Medical Center, 114 Whitwell Street, Quincy.
- ❖ Any additional questions must be submitted by email before Friday, November 4, at noon. bluehillschna@gmail.com.
- ❖ Applications must be received by **Friday, December 2, 2011 at 1:00pm EST**.
- ❖ The grant period is **January 1, 2012 to December 31, 2012**. Funded projects must be completed by December 31, 2012. Applicants will be notified regarding award decisions via email on Friday, December 23, 2011

Informational sessions for applicants are **mandatory** and at least **one** must be attended to be considered for funding. A call-in option is available, please contact bluehillschna@gmail.com

About the Blue Hills Community Health Alliance—CHNA 20 and It's Mission

The Blue Hills Community Health Alliance is one of 27 Community Health Network Areas (CHNA) across Massachusetts. The Alliance is a partnership between the Massachusetts Department of Public Health, residents, hospitals, local service agencies, schools, businesses, boards of health, and other concerned citizens who are working together to identify the health needs of communities, find ways to address needs, and improve the health of the community.

***The mission:** To work to improve the overall health of local residents through increased coordination and delivery of existing services, expanded community actions, and the mobilization of community resources.*

Eligibility and Priority Areas of Funding:

This is the 9th year of the grant program! CHNA 20 seeks applications from residents, hospitals, local service agencies, organizations, Boards of Health, coalitions, and community groups to create Healthy Communities. If you have received funds from CHNA 20 before or if you are a first time applicant – CHNA 20 welcomes your submission.

CHNA 20, is concentrating on fostering collaboration within the CHNA area. Projects that involve collaborations between organizations or between CHNA member towns are encouraged and will be scored higher.

Informational sessions for applicants are **mandatory** and at least **one** must be attended to be considered for funding. A call-in option is available, please contact bluehillsschna@gmail.com

Applicants should submit proposals which use proven or promising, innovative practices with a focus on at least one of the following Massachusetts Department of Public Health issue priorities:

1. **Wellness chronic disease management**
2. **Reducing disparities in care and health equity**
3. **Youth violence**
4. **Sustaining local and state public health infrastructure**
5. **Health care**

CHNA 20 has undergone a comprehensive community health assessment for the 13 communities in our region. As a result of the assessment, the following areas of need have been identified:

1. **Access to Care**
2. **Preventing/Managing Chronic Disease**
3. **Mental Health**
4. **Substance Abuse**

Preference will be given to applications which address these areas of need; however, it is anticipated that applications not addressing these areas of need (Access to Care, Preventing and Managing Chronic Disease, Mental Health and Substance Abuse) will be considered for funding.

Application Directions:

- All applications must be typed and answer the six questions in the order below.
- Responses to questions 1 through 6 may not exceed six pages and may not exceed the \$3500 budget request.
- Please use no smaller than 11 point font.
- The budget and cover sheet are **not** included in the 6 page limit.
- Administrative overhead may not exceed 10% of the total amount requested.
- Proposals will be evaluated against the criteria listed below.
- Proposals that exceed the page limit or exceed the budget request will not be considered.

Proposal Evaluation and Scoring

Provide a brief but clear abstract of the proposed program including participating partners, and requested amount. **(500 words or less)** **5 points**

Describe how your proposal will focus on the Massachusetts Department of Public Health's priority areas including: the elimination of racial and ethnic health disparities and their social determinants; the promotion of wellness in the home, workplace, school, and community; prevention and management of chronic disease. Moreover, please describe if and how your initiative will address, or impact the CHNA 20's newly identified funding priorities of: Chronic Disease and Wellness, Access to Care, Substance Abuse and Mental Health. Lastly, please describe the priority area(s) you have selected and please describe why you selected this topic area. **20 points**

Describe the agencies who have agreed to work with you to implement your program and how these collaborations will enhance the effectiveness of your proposed project. Clearly and concisely please describe the mission and reach of each of the participating partnering agencies and groups, and any past experience working together. Please include why you are seeking to work together at this time. **15 points**

Describe (a) the targeted priority population (e.g., gender, age, race, ethnicity, socioeconomic status), (b) the geographic community that will be impacted by your program, & (c) the number of people your program will reach. **10 points**

Describe your goals, objectives, program design, implementation plan and person(s) responsible for addressing the key initiatives, and activities **20 points**

Describe your evaluation plan. What is your criteria for success and how will it be defined? Conversely, how will you identify and observe challenges? **10 points**

Please describe how your grant initiative will promote sustainable change(environmental, policy, system) over time? **10 points**

Provide a budget for your program using the attached form. You must include line-item costs and a brief description of each line item, as well as evidence of other funding sources relevant to the project. Please include justification for any capital/equipment expenses. **10 points**

**= 100
TOTAL
POINTS**

REQUIRED ATTACHMENTS:

Current IRS letter confirming the tax exempt status: 501c (3), 509(a) of the lead organization, group or fiscal sponsor.

Please feel free to include supplemental attachments that may be related to the proposal you are submitting. Examples included: program, agency brochures, media clippings, flyers

Post Award Expectation and Obligations

CHNA participation.

A representative from the grant recipient organization must complete a membership registration form to register as a Blue Hills Community Health Network Alliance member. The determined representative(s) must attend at least two general meetings of CHNA 20 within the funding cycle which includes a WINTER Meeting where a brief summary of the project to date must be presented. This summary may be presented in a brief oral presentation or a visual presentation, such as a poster display, picture album, etc.

Final report:

Each grant recipient will be responsible for providing a report (not to exceed three pages) within 90 days of the proposed project's completion on December 31, 2012. A template that outlines requirements will be sent to all grant recipients by November 1, 2012 or by individual request before this date bluehillschna@gmail.com. The report will address outcomes, evaluation strategies, populations served, successes, challenges and lessons learned.

Promotion and funding acknowledgment:

Grant recipients consent to allow CHNA 20 to publicize their grant awards and projects. Such promotion may include website postings, 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 20, will work with grant recipients to assure that privacy and confidentiality are appropriately safeguarded. Grantees are encouraged to acknowledge the support of CHNA 20, in publicity/communications regarding the funded project/activity.

Application Submission and Support

Applicants will be notified regarding award decisions via email

All questions received by November 4th regarding the grant process will be posted to the CHNA 20 webpage at the Regional Center for Healthy Communities at www.healthier-communities.org/chna20.

Please email an electronic copy to Vickie Reeves, at Vickie.Reeves@state.ma.us with **CHNA 20 GRANT SUBMISSION** in the “SUBJECT” line. Also mail 8 hard copies (double-sided) to Vickie Reeves, Commonwealth of Massachusetts, Department of Public Health, Canton, MA, Donovan Health Building, 5 Randolph Street, First Floor, Canton, Massachusetts, 02021
direct line: 781-774-6741, TTY – 781-774-6619

Both your email and 8 subsequent hard copies must be received by December 2 at 1pm

2012 CHNA 20 Grant Cover Sheet

PROJECT TITLE:

1-2 SENTENCE DESCRIPTION OF THE PROPOSED PROJECT

APPLICANT ORGANIZATION OR GROUP:

**EXECUTIVE
DIRECTOR/PRINCIPAL:**

ADDRESS CITY, STATE, ZIP :

PHONE:()

FAX: ()

EMAIL:

PROJECT DIRECTOR/ CONTACT:

ADDRESS CITY, STATE, ZIP :

PHONE:()

FAX: ()

EMAIL:

**COLLABORATIVE
PARTNERS:**

AMOUNT OF FUNDING REQUESTED: \$

GEOGRAPHIC AREA SERVED BY PROJECT:

NAME OF FISCAL CONTACT PERSON:

ADDRESS CITY, STATE, ZIP :

PHONE:()

FAX: ()

EMAIL:

NOTE: If your group has a fiscal agent/conduit other than the applicant named above, please complete the following information. Name of fiscal agent/conduit:

GRANT BUDGET FORM

Item	Total Project Costs	Other Funding Sources	Amount requested in application
Staff			
Supplies			
Equipment			
Administration (may not exceed 10% of budget requested)			
Other expenses (list and explain)			

Total	\$	\$	\$
--------------	-----------	-----------	-----------

Grant Budget Narrative:

Please list and explain all project costs to be funded on this page. Be sure to include justification of all line items included in your proposal and identification of other sources of funding.