



GLHA
GREATER LOWELL HEALTH ALLIANCE

**GREATER LOWELL HEALTH ALLIANCE
2016 COMMUNITY HEALTH INITIATIVES GRANT
REQUEST FOR PROPOSAL**

2016 Community Health Initiatives Grant

The Greater Lowell Health Alliance of the Community Health Network Area 10 (GLHA of CHNA 10) is comprised of healthcare providers, business leaders, educators, civic and community leaders with a common goal to help the Greater Lowell community identify and address its health and wellness priorities. The Greater Lowell Health Alliance of CHNA 10 is proud to offer grants for the Fall of 2016 to support programs and services to improve the overall health of the Greater Lowell community. The purpose of this RFP is to provide grant funding to increase support for services and programs to better meet the needs of communities in the Greater Lowell area. Grants will be awarded around the following priority areas:

- **Mental Health and Mental Disorders**
- **Substance Abuse (Including Tobacco Use)**
- **Chronic Disease (e.g. Asthma, Obesity, Diabetes)**
- **Prevention & Screenings (e.g. Cancer, children's nutrition)**

Grant awards cannot be used to fund capital or overhead expenses. Non-profit organizations or public entities (such as municipalities, schools, health institutions and services) are eligible to apply. Priority will be given to agencies with representatives serving on one of the five GLHA task forces;

- **Mental Health Task Force**
- **Substance Use and Prevention Task Force**
- **Cultural Competency Task Force**
- **Maternal/Child Health Task Force**
- **Healthy Eating and Living Task Force**

and whose service area is within the CHNA 10 designated by the Department of Public Health. Those communities include Billerica, Chelmsford, Dracut, Dunstable, Lowell, Tewksbury, Tyngsboro, and Westford. Towns outside the CHNA 10 service area may serve as partners on grants. Organizations not currently participating in above task forces are encouraged to apply and welcome to join the task forces. Preference will be given to projects that serve low-income, vulnerable, minority and/or at-risk communities.

(Additional task forces may be established to meet priority areas if not currently being met.)

Award Amount and Eligibility

Two hundred thousand dollars will be allocated to support effort in these critical health issues. Grants will be awarded at the discretion of the review committee. Awards will not be given to individuals or be used for scholarships.

Criteria - \$200,000 will be allocated to grants ranging from \$10,000-\$100,000.

Award Criteria

Completed applications will be judged on the following criteria:

- Well-designed concrete project that fits into the priority areas
- Clear explanation of the proposed project and demonstration of the impact the project will have on increasing and/or improving healthcare services provided to target population
- Clear, demonstrated health need supported by available data
- Clear, measurable goals and objectives
- Realistic timeline for implementation of project
- Explanation of expected outcomes
- Demonstrated plan for evaluation to measure program success
- Demonstrated collaborative efforts with other community organizations that are part of the system of care for the stated target population
- Plan for sustainability of funded program in future years (if applicable*)
- Appropriate budget

(“Applicable” defined: If this project is part of an effort your organization plans to continue beyond the grant cycle, we’d like to know how you intend to continue the project.)*

Application Process

Applicants must complete the following application and may apply for up to **\$100,000**. Funds must be used to advance the objectives of the proposed program and will be reviewed accordingly. An organization may only submit **one** proposal as the lead organization, but can be listed as a collaborator on others.

Required Pages and Information

In addition to the **cover sheet**, **narrative page**, and **budget**, an application will only be considered complete when it includes the following supporting documents:

- ✓ Updated list of your Board of Directors or Board of Selectmen
- ✓ Federal tax exempt letter including tax identification number
- ✓ Most recent 990 filing (if applicable)

Letters of commitment are preferred to letters of support, but are not required. Please do not include more than 4 total letters of commitment/support.

A grant review committee will review and score all applications based upon the previously stated award criteria.

Scores will be weighted as follows for a total of 50 points.

- Demonstration of Program/Project Need – 10 points
- Target Population – 5 points

- Project plan, objectives, and proposed outcomes – 25 points
- Budget – 10 points

Deadlines

- The RFP will be released on **May 19, 2016** and all grant applications must be received **no later than 4:00 pm on Friday, June 24, 2016**. Applications can be sent by email (preferred method) to kdentremont@greaterlowellhealthalliance.org or by mailing a hard copy to:

Kerrie D’Entremont
 Greater Lowell Health Alliance
 55 Technology Drive, Lowell, MA 01851

- All questions or concerns in regard to this RFP may be directed to Kerrie D’Entremont at 978-934-8368 or at kdentremont@greaterlowellhealthalliance.org **until 4:00 pm on Friday, June 17, 2016**.
- Grant recipients will be notified by August 24, 2016.

GLHA Grant Deadlines	
RFP released	May 19, 2016
Deadline for questions	June 17, 2016
Application deadline	June 24, 2016
Grant recipients notified	August 24, 2016

Requirements of Recipient Organizations

Successful applicants will be expected to:

- Assign a representative to participate in the GLHA task force aligned with their project, if they have not already done so.
- Submit a *progress report* six months after receiving the award and a *summary report* within three months following the completion of the funded project.
- Create a poster display of the project for the 2017 GLHA annual meeting in September.
- Money is to be spent out in a 12 month period or returned to GLHA.

When filling out the application, ask yourself the following questions:

- 1) *Does the project meet the RFP requirements, including priority areas and service area of the CHNA10?*
- 2) *Is your project collaborative?*
- 3) *Are program outcomes clearly defined?*
- 4) *Are objectives expressed in quantitative terms?*
- 5) *Is the timetable feasible in relation to the objectives?*
- 6) *Are methods clearly described?*
- 7) *Are methods explicitly related to specific objectives?*
- 8) *Are the methods appropriate for achieving the desired results?*
- 9) *Is the program as described likely to produce the desired impact?*
- 10) *Is an appropriate method for evaluating the program clearly described?*

- 11) Is the budget reasonable in relation to the stated objectives of the program?*
- 12) Is the CHNA funding a percentage of the entire budget?*
- 13) Are expenses adequately explained?*

**GREATER LOWELL HEALTH ALLIANCE
2014 COMMUNITY HEALTH INITIATIVES GRANT
APPLICATION FORM**

Please include the Application Form as the Cover Page. Complete all of the following information.

Project Title: _____

Name of Contact Person: _____

Full Legal Name of Organization/Group: _____

Alternate Name(s) of Organization/Group: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Amount of Funding Requested: \$ _____

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

Name of Fiscal Contact Person: _____

Name of Fiscal Agent/Conduit: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

NARRATIVE

Please answer the following questions about your project. Application, including cover sheet, narrative, and budget, may not exceed **six** pages.

I. Organizational Overview

Provide a brief overview of your organization's mission, history, and details of your organizational structure. Describe who you are, why you exist, and what you do. Detail your history to date, including the age of your organization and key accomplishments or areas of significant work in the community. Include your size, structure, and who is involved with the organization in no more than one page.

II. Proposal Summary

Provide a brief overview of the proposed project, in no more than one page. Include: a statement of the community need based on available data, the target population, estimated number of people that will be impacted, overall purpose of the project, how this project will increase or improve services in the Greater Lowell area, specific barriers your project may address, and expected outcomes.

III. Project Description

Outline specific project goals and objectives and include a timeline for each of them. Identify your goals by number. Please note that objectives must be measurable. *Suggested format for objectives: SMART (specific, measurable, attainable, realistic, and time-framed).*

IV. Evaluation

Describe the evaluation process you will use to determine whether the project meets the stated goals and objectives.

V. Sustainability

Provide a brief plan for how you intend to sustain this work beyond current funding. Programs that demonstrate how services will continue beyond the duration of this grant period will be favored.

VI. Budget and Justification

Provide an itemized budget and justification for the total amount of funding you are requesting. Include a total budget for this project, as well as any additional matching/contributing funds and in-kind services. No funds may be used for capital or overhead costs.