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**GREATER LOWELL HEALTH ALLIANCE**

**2017 COMMUNITY HEALTH INITIATIVES GRANT**

**REQUEST FOR PROPOSALS**

**2017 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 2017 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.

**Identifying the Need / Implement Community Health Improvement Plan (CHIP)**

In partnership with the Greater Lowell Health Alliance, Lowell General Hospital in 2016 commission researchers and students from the University of Massachusetts Lowell to conduct a community health needs assessment to identify the unmet medical and public health needs within the Greater Lowell Community. Based on the health priorities identified, and the engagement of over 50 community agencies, the Greater Lowell Health Alliance has developed a Community Health Improvement Plan (CHIP).

**All proposals MUST incorporate a plan to meet the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care**

**CULTURAL COMPETENCY/CULTURAL RESPONSIVENESS** – ***Vision:*** To improve the capacity of health and social services agencies to provide national standards for Culturally and Linguistically Appropriate Services (CLAS) to all individuals in order to reduce disparities and achieve health equity.

*“****Principle Standard****: Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs”* – US Department of Health and Human Services Office of Minority Health,

<https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

* Governance, Leadership, and Workforce
* Communication and Language Assistance
* Engagement, Continuous Improvement, and Accountability

Grants will be awarded around **the following health priorities** and programs that **meet the specific areas of focus identified by the CHIP process**:

**MENTAL HEALTH** – ***Vision****: To foster a supportive and mindful community that has a shared, respectful understanding of mental health equal to physical health.*

* Increase well-trained, culturally-diverse, and culturally competent mental health providers and community health workers
* Decrease mental health stigma among youth, general population, and elderly (i.e. community forums, panel discussions, workshops, and train-the-trainer programs)
* Strengthen the integration of behavioral health services, based on awareness of cultural factors in substance use.

**SUBSTANCE USE & PREVENTION** – ***Vision***: *To create a region that prevents and/or reduces substance use disorder and associated mental health illnesses for all populations.*

* Early intervention through preventative education, assessments, and screenings
* Collaborate on strategies that emphasize treatment over punishment (i.e. jail diversion, recovery coaching)
* Increase access and awareness to treatment services and resources

**ACCESS TO HEALTHY FOOD** – ***Vision***: *To foster a community that focuses on providing access to nutritious food through resources and education. Our ultimate goal to reduce the rates of diabetes, hypertension, and obesity.*

* Provide educational opportunities on healthy eating
* Provide healthy incentive programs (within grocery stores, public schools, healthcare facilities, senior centers)
* Improve or create nutritional practices within municipal policies
* Promote and educate economic benefits of accessing healthy foods (i.e. SNAP & HIP benefits)

**PHYSICAL ACTIVITY** – ***Vision****: To improve the overall health of the region by creating safe, equitable access to physical activity.*

* Create policies and practices that increase access to physical activities
* Establish or promote safe indoor or outdoor physical activity sites (playgrounds, recreational sites, walking trails, green space, community centers, gyms)
* Develop and promote workplace initiatives

**ASTHMA** – ***Vision****: To reduce the burden and incidence of asthma in the region through education, prevention, and advocacy efforts*.

* Increase resources to conduct asthma assessments, education, and prevention
* Increase communication to enhance the continuity of care (Pharmacies, healthcare providers, healthcare workers, care givers, schools, and daycares)
* Educate residents on identifying triggers and addressing environmental issues
* Advocate for the development and adherence to policies for better air quality in housing, schools, and public areas

**SOCIAL DETERMINANTS OF HEALTH** – ***Vision:*** *To create a culture that provides equal access to education, employment opportunities, transportation, housing, positive social environments, and health care to achieve improved health outcomes.*

* Provide trainings and workshops for providers and community leaders to increase their awareness of contextual, social, historical and cultural factors that influence health behaviors and health outcomes
* Increase access and capacity to preventative care for low-socioeconomic populations
* Increase understanding of specific underserved communities’ health-related priorities, obstacles and strengths

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**
* ***We also acknowledge the members of the Asthma Coalition of Greater Lowell***

 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**

One hundred and fifty thousand dollars will be allocated to support efforts of 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** - $150,000 will be allocated to grants ranging from $10,000-$100,000.

**Award Criteria**

Completed applications will be judged on the following criteria:

* Project fits into the priority areas and specific areas of focus identified
* Incorporates a plan to meet National CLAS Standards
* Clear explanation of the proposed project and demonstration of the impact the project will have on target audience.
* 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**.

* Plan to incorporate National CLAS Standards – 5 points
* Meets Specific Priority Area - 5 points
* Demonstration of Program/Project Need – 10 points
* Target Population – 5 points
* Project plan, objectives, and proposed outcomes – 20 points
* Budget – 5 points

**Deadlines**

The RFP will be released on **May 19, 2017** and all grant applications must be received **no later than 4:00 pm on Friday, June 23, 2017.** 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

295 Varnum Ave, Lowell, MA 01854

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 16, 2017**.

Grant recipients will be notified by **August 25, 2017.**

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| **IMPORTANT DATES** |
| **RFP released** | **May 19, 2017** |
| **GLHA Grant Info Session*****\*Not required to attend*** | **June 7, 2017** |
| **Deadline for questions** | **June 16, 2017** |
| **Application deadline** | **June 23, 2017** |
| **Grant recipients notified** | **August 25, 2017** |

**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 2018 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?*

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**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: $** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Priority**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **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 using no less than one inch margins and 12 pt. Times New Roman font.

**Additional RFP Requirements:**

* List the name(s) of all active members on specific GLHA task force or GL Asthma Coalition
* List the health priority on application form
* Required: 12 pt. font (Times New Roman) with no less than 1 inch margins
* Describe timeline of task to be completed with specific dates
1. **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**.

1. **Proposal Summary**

Provide a brief overview of the proposed project, in no more than **one paragraph**.

1. **Project Description**

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. 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)*.

1. **Evaluation**

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

1. **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.

1. **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.