



**GREATER LOWELL HEALTH ALLIANCE
2022/2023 COMMUNITY HEALTH INITIATIVES GRANT**

REQUEST FOR PROPOSALS

2022/2023 Community Health Initiatives Grant

The Greater Lowell Health Alliance of the Community Health Network Area 10 (GLHA of CHNA 10) is a coalition 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 2022 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 2019 commissioned 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 500 community members from over 50 agencies, the Greater Lowell Health Alliance developed the 2020 Community Health Improvement Plan (CHIP). Grants will be awarded around **the following health priorities and subcategories identified by the CHIP process.**

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

Additionally, proposals MUST include what the equity disparities are for the target audience AND what your direct plan is the address this

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



- Service Access, Workforce Development and Suicide
- Prevention & Education and Services & Treatment
- Nutrition, Physical Activity, Tobacco & Vaping and Chronic Illness
- Emergency Preparedness, HIV/ Hep C, Insect Illnesses, and Vaccines
- Maternal Mortality, Perinatal Mental Health and Teen Pregnancy
- Affordable Housing, Transportation, and Accessibility
- Domestic Violence, Sexual Assault, Bullying and Discrimination

Priority will be given to proposals addressing CHIP Objectives that have not yet been funded (seen highlighted areas below).

Health Priority: Alcohol/Substance Misuse

Subcategories	Specific Activity Targets	Priority given to projects that:
<p>1. Prevention and Education:</p> <p>Projects that increase the number of community residents receiving comprehensive, evidence-based prevention education addressing a range of substances,</p> <p>OR</p> <p>Projects that increase the understanding of evidence-based and culturally competent practices related to substance use prevention and treatment</p>	<p>1. Projects that evidence-based in-school programs in Greater Lowell communities</p> <p>2. Projects that provide training/education regarding evidence-based best practices for management of substance use disorder</p> <p>3. Projects that collect data regarding current practices and needs regarding treatment, bias, and stigma for areas of focus (SUDs, LGBTQ, engagement of pediatricians, provider burn out, etc.)</p>	<ul style="list-style-type: none"> - Consider the factors that limit access to services, like transportation, insurance/cost, immigration status, mobility, language, etc. - Protect the confidentiality of participants in programs - Consider education regarding substances other than/in addition to opiates

<p>2. Services and Treatment:</p> <p>Projects that increase the accessibility of available treatment for alcohol and SUD,</p> <p>OR</p> <p>Projects that reduce the number of individuals dying from opiate overdose</p>	<p>1. Projects that aim to collect data regarding barriers to services and treatment particularly for the following areas of focus: transportation barriers and sustainability of transportation programs, re-entering from incarceration, programs for refugees/ immigrants, programs and services for youth</p> <p>2. Projects that reduce overdose and death from overdose</p>	<ul style="list-style-type: none"> - Include evidence-based and culturally competent training and education - Consider the disproportionate effects of alcohol and SUD on different populations and communities - Include the voices of people affected by alcohol and SUD in their design, implementation, and evaluation -Specifically target social determinants of health in their program design
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Health Priority: Behavioral Health

Subcategories	Specific Activity/Targets	Priority given to projects that:
<p>1. Service Access:</p> <p>Projects that increase access to mental and behavioral health services through increasing understanding of services offered, decreasing stigma regarding mental health needs, and diversifying the range of services to specifically target gaps in services available to particular populations</p>	<ol style="list-style-type: none"> 1. Projects that increase services that specialize in youth, elders, veterans, people whose primary language is not English, and LGBTQ community members 2. Projects that expand capacity of support groups in each community specializing in group support for community-specific topic areas (for example, elders in isolation, caregivers of people with SUD, people experiencing homelessness, people with eating disorders, etc.) 3. Projects that contribute to efforts to reduce the waiting time for behavioral health services 	<ul style="list-style-type: none"> - Consider the factors that limit access to services, like transportation, insurance/cost, immigration status, mobility, language, etc. - Address the needs of populations outside of Lowell and in surrounding communities - Include team leaders who are also members of key stakeholder groups

<p>2. Workforce Development:</p> <p>Projects that improve the recruitment and retention of a diverse and credentialed mental health workforce to improve service access</p>	<ol style="list-style-type: none"> 1. Projects that provide training to existing providers relevant to service delivery to populations of focus 2. Projects that contribute to efforts to increase the number of psychiatrists, social workers, recovery coached, providers offering services to children, and multilingual providers 3. Projects that engage in policy actions relevant to the development of the mental health workforce. 	<ul style="list-style-type: none"> - Include evidence-based and culturally competent training and education - Engage providers in smaller practices or non-traditional care settings - Engages in strategies to ensure a diverse candidate pool
<p>3. Suicide:</p> <p>Projects that decrease the rate of suicide, suicide attempts and suicidal ideation through education and building resource capacity</p>	<ol style="list-style-type: none"> 1. Projects that conduct a needs and assets assessment specific to issues of suicide and suicidal ideation for our community 2. Projects that provide suicide prevention education or expand the capacity of existing education programs 3. Projects that involve advocacy for funding/policy changes to address limitations on services for target populations relevant to suicide prevention (i.e. access to in-patient treatment for youth, etc.) 	<ul style="list-style-type: none"> - Specifically address disparate rates of suicide or suicidal ideation among specific groups, including youth, LGBTQ folks, and veterans

Health Priority: Wellness and Chronic Disease

Subcategories:	Specific Activity Targets	Priority given to projects that:
<p>1. Prevention and Education:</p> <p>Projects that increase the knowledge of and access to community health resources for individuals and/or providers relevant to the prevention and management of targeted chronic conditions (i.e. asthma/COPD, diabetes, heart disease, cancer, obesity and related illnesses, health effects of aging, etc.)</p>	<ol style="list-style-type: none"> 1. Projects that provide educational workshops, trainings, materials or other programs that promote wellness to reduce the burdens or risks of chronic illness 2. Projects that address smoking/vaping and their health impacts 	<ul style="list-style-type: none"> - Take into consideration participants' need for flexible scheduling, transportation, and/or childcare - Target populations disproportionately impacted by health disparities in these areas (i.e. asthma in Hispanic children) - Articulate plans to scale up interventions to reach all communities in Greater Lowell Area
<p>2. Community Resources:</p> <p>Projects that consolidate and make accessible the various community resources that serve individuals' needs for food, shelter, healthcare, housing assistance, childcare, etc., which are vital for promoting and protecting wellness</p> <p>OR</p> <p>Projects that establish baseline data regarding the services available and services accessed in the community that are relevant to promoting wellness and managing chronic health issues</p>	<ol style="list-style-type: none"> 1. Projects that highlight collaboration between agencies to promote equitable access to nutritious food 2. Projects that support the scale up of existing community wellness initiatives (i.e. community gardens, asthma spacer distribution programs, age-friendly initiatives) to communities within the Greater Lowell area outside of the Lowell 3. Projects that engage in data collection and assessment regarding resource access across the Greater Lowell region (i.e. food audits, preventative health service utilization, etc.) 	<ul style="list-style-type: none"> - Adapt of design materials to meet language and cultural diversity considerations - Reflect the needs of all communities within Greater Lowell - Target programs to specifically address disparate access to community wellness resources, particularly for low-income community members, immigrants/refugees, veterans, and youth

Health Priority: Infectious Disease

Subcategories	Specific Activity Targets	Priority given to projects that:
<p>1. Emergency Preparedness:</p> <p>Projects that increase the capacity of the community response to a major disease outbreak event, across all sectors of critical need including health care access, food security, housing stability, etc.</p>	<p>1. Projects that support efforts to collaborate between agencies and sectors to collect data or develop a strategic action plan to support community members and efficiently deploy community resources in the event of an emergency</p>	<ul style="list-style-type: none"> - Collaborate across communities in Greater Lowell, including cultural communities - Incorporate knowledge from the experience of the current Covid-19 pandemic
<p>2. HIV/Hep C:</p> <p>Projects that decrease the new infection rate of both HIV and Hep C, as well as increase the accessibility of evidence-based services for people living with HIV and/or Hep C</p>	<p>1. Projects that support and scale up the capacity of existing community programs working to prevent HIV/Hep C infection and support people living with HIV/HEP C</p> <p>2. Projects that provide education/training for community members and providers regarding best practices for the treatment and management of HIV and Hep C, with a specific focus on issues of cultural competence and stigma</p>	<ul style="list-style-type: none"> - Consider the specific needs of people living with HIV/Hep C who are also homeless, speak a language other than English, and/or have limited access to transportation for treatment
<p>3. Tick and Insect Illnesses:</p> <p>Projects that increase knowledge of the evidence-based prevention and management of tick and other insect borne illnesses</p>	<p>1. Projects that support the creation and distribution of city-specific materials and resources relevant to the community management of and response to insect-borne illnesses</p>	<ul style="list-style-type: none"> - Have engaged community stakeholders in all levels of planning and executing project initiatives

<p>4. Vaccines:</p> <p>Projects that increase the proportion of individuals reporting timely and appropriate vaccinations (including childhood vaccinations and yearly vaccinations, like the flu shot)</p>	<p>1. Projects that promote the dissemination of evidence-based education and resources regarding timely and appropriate vaccinations</p> <p>2. Projects that provide vaccination services</p>	<p>- Incorporate cultural and language considerations into the creation and distribution</p>
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<u>Health Priority: Housing and the Built Environment</u>		
Subcategories	Specific Activity Targets	Priority given to projects that:
<p>1. Affordable Housing:</p> <p>Projects that Increase the number of community members in safe, stable, affordable housing</p>	<p>1. Projects that engage in policy advocacy at the local, state or national level to promote policies that protect or promote affordable housing</p> <p>2. Projects that support individuals and families in securing safe housing</p>	<p>- Include input from community stakeholders directly impacted by housing needs/issues</p> <p>- Consider the varying and disparate burdens of housing for homeowners, renters, multi-family homes, people who are homeless, etc.</p>
<p>2. Transportation:</p> <p>Projects that build capacity to address transportation limitations for individuals and communities</p>	<p>1. Projects that provide direct transportation support to individuals, with considerations given for sustainability and scale up</p> <p>2. Projects that contribute to the collection of baseline data reflecting current community transportation assets and needs</p>	<p>- Include input from community stakeholders directly impacted by transportation needs</p>
<p>3. Accessibility:</p> <p>Projects that increase the accessibility of public spaces in the Greater Lowell area particularly for people with limited mobility due to age or disability status</p>	<p>1. Projects that facilitate collaboration between local stakeholder agencies and advocacy groups to conduct needs assessments or implement accessibility projects</p>	<p>- Have engaged community stakeholders in all levels of planning and executing project initiatives</p>

Health Priority: Maternal-Infant Health

Subcategories	Specific Activity Targets	Priority given to projects that:
<p>1. Family Planning:</p> <p>Projects that decrease the rate of teen (or otherwise unplanned) pregnancy as well as increase the quality of and accessibility to resources for young parents to help them achieve family wellbeing</p>	<ol style="list-style-type: none"> 1. Projects that support the delivery of comprehensive sexuality education to youth 2. Projects that provide perinatal education and resources to young parents 3. Projects that provide tangible pregnancy prevention resources (e.g. contraception, condoms, etc.). 	<ul style="list-style-type: none"> - Take into consideration participants' need for flexible scheduling, transportation, and/or childcare - Consider the various cultural considerations that contribute to family planning decision making, including the use of contraception, delegation of parenting responsibilities, etc. - Offer materials or services in multiple languages
<p>2. Perinatal Mental Health:</p> <p>Projects that promote maternal mental wellbeing through the use of evidence-based prevention and intervention approaches, including screening and services</p>	<ol style="list-style-type: none"> 1. Projects that offer training to providers regarding identification of and responses to perinatal mental health needs 2. Projects that support the scale up of existing resources to support perinatal mental wellbeing, including support groups, educational services, and clinical services 	<ul style="list-style-type: none"> - Adapt of design materials to meet language and cultural diversity considerations - Consider the wide range of perinatal mental health needs including the management of pregnancy in the context of a pre-existing mental health need, perinatal health and trauma, postpartum mental health and mental health after pregnancy or infant loss

<p>3. Maternal-Infant Mortality and Morbidity:</p> <p>Projects that increase the awareness and deployment of evidence-based interventions to reduce the disparate burden of maternal-infant mortality and morbidity</p>	<ol style="list-style-type: none"> 1. Projects that support the collection of local data regarding perinatal experiences specific to populations in the Greater Lowell area 2. Projects that support efforts to increase the number of pregnant people attending perinatal health care visits 3. Projects that promote awareness and education regarding disparities in maternal and infant mortality, particularly in regards to the role of racism in maternal and infant mortality 	<ul style="list-style-type: none"> - Have engaged community stakeholders in all levels of planning and executing project initiatives - Specifically address disparities in maternal-infant mortality
<p>4. Infant Feeding:</p> <p>Projects that increase quality and availability of resources available to families who want to breastfeed their babies, as well as promote standards for safe bottle-feeding of non-breastfed infants</p>	<ol style="list-style-type: none"> 1. Projects that promote continuing education about breastfeeding and safe bottle-feeding, particularly education for health care providers but also for families 2. Projects that involve advocacy for policies that support evidence-based infant feeding practices 	<ul style="list-style-type: none"> - Incorporated cultural and language considerations into the creation and distribution of materials and content

Health Priority: Safety and Violence

Subcategories	Specific Activity Targets	Priority given to projects that:
<p>1. Domestic Violence:</p> <p>Projects that increase knowledge and accessibility of resources for people experiencing domestic violence</p>	<p>1. Projects that support efforts to build the capacity of existing community programs to prevent domestic violence and support survivors and their families</p>	<ul style="list-style-type: none"> - Consider the factors that limit access to services, like transportation, insurance/cost, immigration status, mobility, language, etc. - Protect the confidentiality of participants in programs - Reflect the way things like housing, poverty, mental health, immigration status, and substance use impact domestic violence (and strategies for responding to domestic violence)
<p>2. Sexual Assault:</p> <p>Projects that reduce the occurrence of sexual assault and rape through both primary prevention efforts as well as programs that support survivors</p>	<p>1. Projects that provide education and resources to reduce gender-based violence, including workshops that address health masculinity, violence in the LGBTQ community, and the prevention of sexual violence</p> <p>2. Projects that create, distribute, and make visible the various resources available to people who have experienced rape or sexual assault</p>	<ul style="list-style-type: none"> - Include evidence-based and culturally competent training and education - Incorporate language and cultural diversity - Consider gender and sexual identity diversity are core components of programming - Ensure representation of the community in the leadership of this program/agency

<p>3. Bullying:</p> <p>Projects that increase awareness and deployment of evidence-based interventions addressing interpersonal violence and bullying in high-risk settings</p>	<p>1. Projects that provide education and skills through a range of approaches (e.g. film screenings, panel discussions, trainings) for community members on approaches to preventing, addressing and responding to bullying and interpersonal violence</p>	<ul style="list-style-type: none"> - Engage with members of the population of interest as key stakeholders - Specifically target high risk settings including schools and elder care facilities - Consider the intersections of bullying and discrimination, particularly discrimination based on race, immigration status, gender, gender identity, sexuality, and income
<p>4. Discrimination:</p> <p>Projects that decrease the perpetration of discrimination on the basis of several identified domains, particularly perpetration of discrimination by public workers, care providers, or others in positions of leadership and power</p>	<p>1. Projects that support efforts to build the capacity of existing community programs to prevent discrimination and violence and support anti-discrimination advocates in their programming and policy actions</p>	<ul style="list-style-type: none"> - Engage with members of the population of interest as key stakeholders - Demonstrate effort to prevent retaliatory effects

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.

Please consider participating in one or more of the following GLHA task forces designed to bring community partners together to address these issues:

- **Behavioral Health Task Force**
- **Substance Use and Prevention Task Force**
- **Health Equity Task Force**
- **Maternal/Child Health Task Force**
- **Healthy Eating and Living Task Force**
- **Housing & Built Environment Task Force**

We also acknowledge other collaborative/leading efforts addressing these health priority areas (e.g., the members/work of the Asthma Coalition of Greater Lowell).

Service area must be 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

Three hundred and fifty-five 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 - \$355,000 will be allocated to grants ranging from \$5,000-\$100,000.

Award Criteria

Completed applications will be judged on the following criteria:

- Project fits into the health priority areas and subcategories identified. Projects can include multiple health priority areas/subcategories.
- Project addresses a health priority area that has not been previously funded through the GLHA
- Incorporates a plan to meet **National CLAS Standards**
- Identifies the equity disparities for the target population AND includes the plan to address those disparities
- 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
- Appropriate budget (Project budget and justification) **See budget example*
- MUST meet all scoring requirements

*****Priority will be given to projects not previously funded*****

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.

SCORING and REQUIREMENTS

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**.

- Grants **will not** be accepted if received after 4pm on Thursday, July 21, 2022 - no exceptions. This includes ALL attachments.
- ***Requirement***– *Applications must be scanned and sent as one PDF document.* This includes ALL attachments. Applications sent as multiple documents will not be reviewed, no exceptions.
- Applications **will not be accepted** if required font and margins sizes are not met. (**Required:** 12 pt. font, Times New Roman, no less than 1-inch margin)
- Application, **including** cover sheet, narrative, and budget, may not exceed **seven** pages.
- Application Meets Specific Priority Area – 5 Points (To achieve a score of 5 points in this section, you must identify at least one health priority area, and at least one subcategory (for example: Health Priority Area: Mental Health, Subcategory: Suicide)
- Plan to incorporate National CLAS Standards – 5 points (To achieve a score of 5 points in this section, you must have a well-developed plan to incorporate CLAS standards.)
- **Demonstration of Program/Project Need** – 10 points
 - Well-designed project that fits into the priority area.
 - Clear, demonstrated health need supported by available data
- **Clearly Identified Target Population** – 5 points
Include justification of why you have selected that population. Has this population been identified as at-risk in the CHNA & CHIP? **Pay close attention to “Priority will be given to” Section.*
- **Project plan, objectives, and proposed outcomes** – 20 points
 - Clear explanation of proposed project and demonstration of the impact the project will have on increasing and or improving healthcare services provided to target population.
 - Clear, measurable goals and objectives and 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.
- **Budget and Justification**– 5 points
 - Is there a plan for sustainability beyond the duration of this grant?

- Budget it itemized and has clear budget justification for the total amount being requested.
- Is there additional matching/contributing funds and in-kind services?
- Did you utilize the Budget example/template?

Deadlines

The RFP will be released on Friday, June 10, 2022. All grant applications must be received **no later than 4:00pm on Thursday, July 21, 2022**. Applications can be sent by **email** (preferred method) to **grants@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, July 15, 2022. (**One week prior to deadline*)

Grant recipients will be notified by **September 30, 2022**.

IMPORTANT DATES	
RFP released	June 10, 2022
GLHA Grant Info Session: <i>*Attendance is <u>not</u> required</i>	June 23, 2022 (Thursday) Time: 11-1pm RSVP to- Amanda.clermont@greaterlowellhealthalliance.org
<i>*NEW* Letter of Intent - DUE</i>	June 27, 2022
Deadline for questions	July 15, 2022
Application deadline	July 21, 2022 (*Thursday/4PM)
Grant recipients notified	September 30, 2022 (Announced to public at GLHA Annual Meeting in October)

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.
- Graphic display of the completed project for the 2021 GLHA annual meeting in October.
- 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
2022/2023 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: \$ _____

CHIP Health Priority & Subcategory : _____

List the name(s) of all active members on specific GLHA task force or other lead effort (ie. GL Asthma Coalition):

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, and narrative may not exceed **seven** pages using one inch margins and 12 pt. Times New Roman font.

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.

Additional RFP Requirements:

- List the name(s) of all active members on specific GLHA task force or relevant collaboration
- List the CHIP health priority & subcategory on application form project aims to achieve.
- Required: 12 pt. font (Times New Roman) with 1-inch margins
- Describe timeline of task to be completed with specific dates
- Please see section “**SCORING and REQUIREMENTS**”

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 paragraph**.

III. 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).* Applications must include a plan to incorporate CLAS standards and clearly define CHIP health priority area and subcategory of focus.

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 (*Template available*)

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. (*Separate page suggested*)

Applications can be sent by **email** (preferred method), **as one PDF document** to **grants@greaterlowellhealthalliance.org** or by **mailing a hard copy** to:

Mailing address:

Kerrie D'Entremont
Greater Lowell Health Alliance
295 Varnum Ave, Lowell, MA 01854

Physical address: (For drop off)

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