



**GLHA**  
**GREATER LOWELL HEALTH ALLIANCE**

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2024/2025 COMMUNITY HEALTH INITIATIVES GRANT**

**REQUEST FOR PROPOSALS**

**2024/2025 Community Health Initiatives Grant**

The Greater Lowell Health Alliance of the Community Health Network Area 10 (GLHA of CHNA 10) is proud to offer grants for the fall of 2024 to support initiatives that improve the wellbeing 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.

**WHO CAN APPLY:** Non-profit organizations or public entities (such as municipalities, schools, health institutions and services) with service areas within CHNA 10 are eligible to apply. 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.

**FUNDING OBJECTIVE: Continued Implementation of the 2023 Community Health Improvement Plan (CHIP)**

The GLHA, in partnership with Tufts Medicine Lowell General Hospital and the University of Massachusetts Lowell, completed the 2022 Community Health Needs Assessment to identify the most pressing health and safety needs within the Greater Lowell Community. Based on those priorities, and the engagement of an additional 200 community members from over 50 agencies, the GLHA developed the 2023 Community Health Improvement Plan (CHIP) which provides a goal-based framework for addressing the needs identified in the CHNA.

Grants will be awarded to organizations to implement projects or services that are aligned with a specific objective(s) described below. Applicants must indicate in their application the HEALTH PRIORITY, SUBCATEGORY, and SPECIFIC GOAL that their proposed project will address.

**1) Mental Health**

- a) Depression, Anxiety, Isolation & Related Challenges
  - i) Projects that increase access to care & support, including workforce development activities, mental health career exploration for youth, community support groups, increasing access to prescribers, etc.
- b) Suicide & Suicide Prevention
  - i) Projects that deploy suicide prevention activities to high risk populations (youth, elder, veterans, etc.)
  - ii) Projects that increase resources for communities & families following the death by suicide of a loved one
- c) Perinatal Mental Health

- i) Projects that strengthen the perinatal care continuum
- ii) Projects that increase new parent support (including fathers/partners/support people)

## **2) Chronic disease**

- a) Cancer
  - i) Projects that increase access to cancer screenings, especially screenings that may be impacted by stigma or fear (i.e. colon cancer, breast cancer, cervical cancer, etc.)
  - ii) Projects that reduce risk factors for cancer, including individual behavior factors (i.e. smoking) and/or environmental risk factors (i.e. environmental contamination)
- b) Heart health
  - i) Projects that reduce individual risk for heart-related diseases (i.e. hypertension, stroke, diabetes, etc.) in high-risk populations (i.e. pregnant people, people with comorbidity, elders, etc.)
  - ii) Projects that support management of chronic health issues like hypertension, diabetes, etc.
- c) Lung & breathing health
  - i) Projects that address smoking/vaping
  - ii) Projects that address management of chronic lung conditions like asthma
  - iii) Projects that improve air quality

## **3) Substance use**

- a) Education & prevention
  - i) Projects that increase knowledge of substance use, risk factors, and prevention strategies, especially for high-risk populations (i.e. youth)
- b) Alcohol misuse
  - i) Projects that increase knowledge of the risks of alcohol and support strategies to reduce alcohol use
  - ii) Projects that support people in alcohol addiction or recovery
- c) Opioids & fentanyl
  - i) Projects that increase access to treatment for opioid use disorder
  - ii) Projects that increase knowledge of fentanyl

## **4) Accessibility**

- a) Transportation
  - i) Projects that increase access to transportation
- b) Equitable access
  - i) Projects that promote access to spaces & services for people of all abilities, ages, language, etc.
  - ii) Projects that increase ADA compliance

## **5) Safety & Violence**

- a) Domestic & sexual violence
  - i) Projects that increase services for people experiencing domestic and/or violence
  - ii) Projects that promote domestic and/or sexual violence prevention
- b) Gun violence
  - i) Projects that reduce gun violence
  - ii) Projects that increase support for survivors of gun violence
- c) Discrimination
  - i) Projects that address structural discrimination (i.e. discrimination in housing, racism in healthcare, etc.)
  - ii) Projects that reduce bullying or mitigate the effects of bullying
  - iii) Projects that increase the availability and diversity of affinity spaces

## **Award Amount and Eligibility**

One hundred and thirty-five thousand dollars total will be allocated to support efforts of these critical health issues. Individual grant amounts will range between \$5,000 and \$50,000. Grants will be awarded at the discretion of the review committee. Awards will not be given to individuals or be used for scholarships. Grant awards cannot be used to fund capital campaigns or overhead expenses.

## **Award Criteria**

Completed applications will be judged on the following criteria:

- Goodness-of-fit between proposed project and CHIP goal/goals
- Project addresses a health priority area that has not been previously funded through the GLHA
- Demonstrates an understanding of the inequities and disparities relevant to the proposed project
- Project proposal is clearly explained
- Proposal states the intended project impact on the target population
- Proposal incorporates relevant data to support the existing need
- Project goals/objectives are clear, relevant, measurable
- Realistic timeline for implementation of project
- Demonstrated plan for evaluation to measure program success
- Demonstrated collaborative efforts with other community organizations
- Plan for sustainability of funded program in future years
- Appropriate budget (Project budget and justification) *\*Template available upon request*
- MUST meet all scoring requirements *\*Scoring Sheet available on the GLHA website for reference*

## **Application Process**

Applicants must complete the following application and may apply for up to **\$50,000**. 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**, 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)

## **Grant Review Process**

A grant review committee will review and score all applications based upon the previously stated award criteria. An application will only be considered for review under the following conditions:

- Grants **will not** be accepted if received after **4pm on Thursday, June 27, 2024**. This includes ALL attachments.
- ***Applications must be scanned and sent as one PDF document.*** This includes ALL attachments. Applications sent as multiple documents will not be reviewed.
- Applications **must be typed** in 12 pt. font, Times New Roman, with no less than 1-inch margin

- Application, **including** cover sheet, narrative, and budget, **may not** exceed **seven (7)** pages. Any page beyond page 7 will not be reviewed.

**Deadlines**

The RFP will be released on Thursday, May 23, 2024. All grant applications must be received **no later than 4:00pm on Thursday, June 27, 2024**. Applications can be sent by **email** (preferred method) to **grants@greaterlowellhealthalliance.org** or by **mailing a hard copy** to:

Amanda Clermont  
 Greater Lowell Health Alliance  
 295 Varnum Ave, Lowell, MA 01854

All **questions or concerns** in regard to this RFP may be directed to Amanda Clermont at 978-934-8531 or at amanda.clermont@greaterlowellhealthalliance.org until 4:00 pm on Thursday, June 16, 2024. (*\*One week prior to deadline*)

Grant recipients will be notified by **August 30, 2024**.

<b>IMPORTANT DATES</b>	
<b>RFP released</b>	<b>May 23, 2024</b>
<b>GLHA Office Hours</b>	<b>June 13, 2024 2-4pm</b>  <b>June 14, 2024 9-12pm</b>
<b>Deadline for questions</b>	<b>June 16, 2024 (*Thursday/4PM)</b>
<b>Application deadline</b>	<b>June 27, 2024 (*Thursday/4PM)</b>
<b>Grant recipients notified</b>	<b>August 30, 2024</b> (Announced to public at GLHA Annual Meeting in November)

**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.
- Submit evaluation metrics, as described in the application, at the mid- and end-point of the grant period
- Submit a visual to represent the completed project for the 2025 GLHA annual meeting in November.

- Complete disbursement of all grant funds in a 12-month period (October 2024-September 2025) or return the funds to GLHA



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

**CHIP Health Priority:**

Main Category	Subcategory	Goal numeral
<i>Ex: 1. Mental Health</i>	<i>a) Depression, Anxiety &amp; related</i>	<i>i.</i>

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 (7 page maximum including cover sheet, narrative, and budget)**

### **I. Organizational Overview (1/2-page MAX)**

Provide a brief overview of your organization. Describe who you are, why you exist, and what you do.

### **II. Emergent Need (1/2-page MAX)**

Provide a brief summary of the evidence of the need for your project (i.e. evidence of an underserved population, a high rate of disease, etc.). Include specific, relevant, cited data wherever possible.

### **III. Project Description**

Summarize the proposed project. Include 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.

### **IV. Culturally and Linguistically Appropriate Services (CLAS) Standards Plan (1/2-page MAX)**

Describe how this project will tailor services to the culture and language preferences of the target population. Examples: a plan that address how your project will be delivered to people who speak Portuguese; a plan that provides transportation to your program for homebound seniors; or a plan to incorporate trauma-informed care into the delivery of your program for survivors of violence; etc.

### **V. Timeline and Objectives**

Describe the project timeline for implementation. Include specific project objectives for each of them. And benchmarks for success. Please note that objectives must be measurable. *Suggested format for objectives: SMART (specific, measurable, attainable, realistic, and time-framed)*

### **VI. Evaluation and Metrics**

All projects must report on *at least two* of the *standard performance metrics* listed below. All projects should report on additional metrics (quantitative or qualitative) that will capture specific program success or impact. Please indicate which metrics will be reported, as well as your plan for collecting those metrics.

#### **Metric Example**

Total engagements	<i>Number of engagements with community at an event, number of interactions between staff &amp; community</i>
Number of workshops/educational sessions/trainings/other program elements/sessions held	<i>Number of classes held, number of trainings provided, number of workshops hosted</i>
Number of community members receiving services	<i>Number of community members receiving direct services as opposed to outreach engagements (i.e. number of clients meeting with a social worker versus number of people given information about social work services at an event)</i>

Amount or value of tangible resources distributed	Description of distribution as a summary number (i.e. 250 lunches), an indicator value (i.e. 600 lbs. of food), or a cash value (i.e. \$13,000 worth of food); number of educational resource materials printed/distributed (i.e. 600 flyers)
Additional metrics specific to your project/program that captures impact	

**VII. 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.

**VIII. Budget and Justification (*Template available upon request*)**

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 – budget does count towards your 7-page max*)

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:**

Amanda Clermont  
 Greater Lowell Health Alliance  
 295 Varnum Ave, Lowell, MA 01854

**Physical address: (For drop off)**

Amanda Clermont  
 Greater Lowell Health Alliance  
 55 Technology Drive, Lowell, MA 01851