

**GREATER LOWELL HEALTH ALLIANCE**

**2025/2026 COMMUNITY HEALTH INITIATIVES GRANT**

**REQUEST FOR PROPOSALS**

# 2025/2026 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 2025 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 the topic area or special population listed below. Applicants must indicate in their application area of which their project addresses (indicate more than one if appropriate).

1. **Poverty**
2. **Mental Health**
3. **Chronic Disease**
4. **Nutrition/Food Access**
5. **Substance Use Disorder**

**AND/OR**

1. **Older Adults**
2. **Youth & Adolescents**
3. **People with disabilities**
4. **Pregnant/Postpartum people**
5. **Immigrants/refugees**
6. **LGBTQ+**

## Award Amount and Eligibility

One hundred thousand dollars total will be allocated to support efforts of these critical health issues. Individual grant amounts will range between $5,000 and $30,000. 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 **$30,000**. 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 26, 2025.** 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** in12 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 22, 2025. All grant applications must be received **no later than 4:00pm on Thursday, June 26, 2025.** 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

55 Technology Dr. Lowell, MA 01851

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 29, 2025.**

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| --- | --- |
| **IMPORTANT DATES** | |
| **RFP released** | **May 22, 2025** |
| **GLHA Office Hours** | **June 4, 2025**  **2-3pm**    **June 5, 2025  9-10am** |
| **Deadline for questions** | **June 12, 2025 (\*Thursday/4PM)** |
| **Application deadline** | **June 26, 2025 (\*Thursday/4PM)** |
| **Grant recipients notified** | **August 29, 2025** (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 2026 GLHA annual meeting in November.
* Complete disbursement of all grant funds in a 12-month period (October 2025-September 2026) 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: $** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Priority:**

|  |  |  |
| --- | --- | --- |
| **Main Topic** | **Special Population (id applicable)** | **Goal numeral** |
| ***Ex: 1****. Mental Health* | *a) Older Adults* | *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 | *Number of engagements with community at an event, number of interactions between staff & community* |
| Number of workshops/educational  sessions/trainings/other program elements/sessions  held | *Number of classes held, number of trainings provided, number of workshops hosted* |
| Number of community members receiving services | *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)* |
| 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 or Drop off address:**

Amanda Clermont

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