



CIRCLE HEALTH BALL FOR COMMUNITY HEALTH INITIATIVES
2020 COMMUNITY HEALTH INITIATIVES GRANT
REQUEST FOR PROPOSAL

2020 Community Health Initiatives Grant:

Circle Health is proud to offer grants as part of the 15th Annual Circle Health Ball for Community Health Initiatives. In order to help support the growing need for community health programs, Circle Health developed this event to raise awareness and funds for community outreach and education. The purpose of this RFP is to increase the overall health and wellbeing in the greater Lowell community and surrounding areas.

Grants for 2020 will be awarded to agencies addressing the following health priority that has been identified as an opportunity area in assessing the community’s health needs and is a significant part of the 2019 Greater Lowell Community Health Needs Assessment conducted on behalf of Lowell General Hospital and the Greater Lowell Health Alliance and in partnership with University of Massachusetts Lowell.

<p>Priority Area: SOCIAL DETERMINANTS OF HEALTH</p> <p><i>Improving equitable access to any or a combination of the following: housing, education, employment opportunities, transportation, positive social environments, nutrition and/or health care to achieve positive health outcomes in, but not limited to, physical health, behavioral health, and/or substance use and prevention.</i></p>
<p>Objectives</p>
<p>Obj. 1: Increase access and awareness to services and resources</p>
<p>Obj. 2: Create social and physical environments that promote good health for all</p>
<p>Obj. 3: Increase access and capacity to preventative care for low-socioeconomic populations</p>
<p>Obj. 4: 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</p>
<p>Obj. 5: Increase understanding of specific underserved communities’ health-related priorities, obstacles and strengths</p>

For additional information on the 2019 Greater Lowell Community Health Needs assessment, please visit: www.lowellgeneral.org/chna

Award Amount and Eligibility:

Grants in the amount of up to \$10,000 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 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 whose service area is in the communities of Billerica, Chelmsford, Dracut, Dunstable, Lowell, Tewksbury, Tyngsboro, or Westford. Preference will be given to projects that serve low-income, vulnerable, and/or at-risk communities. Collaborative efforts are also encouraged.

Organizations that were funded between 2017 through 2019 will not be eligible to apply for funding unless it is for a new project/program.

Award Criteria:

Completed applications will be reviewed on the following criteria:

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

Application Process:

Applicants must complete the following application (cover sheet and narrative with budget) and may apply for up to **\$10,000** per project/program. Funds must be used to advance the objectives of the project/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.

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

- Updated list of your Board of Directors
- Federal tax-exempt letter including tax identification number
- Most recent 990 filing

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

Deadlines:

The RFP will be released on Friday, November 15, 2019 and all grant applications must be received **no later than 5:00 pm on Friday, December 27, 2019.** **PLEASE NOTE:** No extensions or exceptions will be allowed on the application deadlines.

Applications can be sent by email to Jennifer.Hanson@lowellgeneral.org or by mailing a hard copy to:

Jennifer Hanson
Office of Philanthropy
Lowell General Hospital
295 Varnum Avenue
Lowell, MA 01854

All questions or concerns in regard to this RFP may be directed to Jennifer Hanson at 978-788-7174 or at Jennifer.Hanson@lowellgeneral.org until **12:00 pm on Friday, December 20, 2019.**

Winning grant recipients will be notified by January 10, 2020 via phone or email.

Requirements of Recipient Organizations:

Successful applicants will be expected to:

- Submit a *progress report* six months after receiving the award and a *summary report* within three months following the completion of the funded project.
- Participate in video projects pertaining to the 2020 Circle Health Ball for Community Health Initiatives.
- Send a representative to the Ball at the InterContinental Boston on Saturday, March 28, 2020 at 6:00 p.m. *Ticket is complimentary and attendance is optional.*



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APPLICATION FORM**

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

Project/Program 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 PAGE

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

1. Provide a brief overview of your organization's mission, history of the organization, and details of your organizational structure. Describe who you are, why you exist, and what you do. Describe your history to date, including the age of your organization and key accomplishments or areas of significant work in the community. Describe your size, structure, and who is involved with the organization in no more than one page.
2. Provide a brief overview of the proposed project/program including: 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/program, how this project/program will increase or improve services in the Greater Lowell area, specific barriers your project/program may address, and expected outcomes in no more than one page.
3. Outline specific project/program 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).*
4. Describe the evaluation process you will use to determine whether the project/program meets the stated goals and objectives.
5. Provide a brief plan for how you intend to sustain this work beyond current funding. Programs that fund staff time without demonstration of how services will continue beyond the duration of this grant period will not be favored.
6. Provide an itemized budget for the total amount of funding you are requesting. Include a total budget for this project/program, as well as any additional matching/contributing funds and in-kind services. No funds may be used for general administrative or overhead costs.