



GLHA
GREATER LOWELL HEALTH ALLIANCE

**GREATER LOWELL HEALTH ALLIANCE
2019/2020 COMMUNITY HEALTH INITIATIVES GRANT
REQUEST FOR PROPOSALS**

2019/2020 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 2019 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 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 50 community agencies, the Greater Lowell Health Alliance developed a Community Health Improvement Plan (CHIP) in 2017. Grants will be awarded around **the following health priorities** and programs that **meet the specific areas of focus 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.

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

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 six GLHA task forces and/or working groups;

- **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**
- **Social Determinants of Health**
- *We also acknowledge the members/work 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 eighty 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 - \$185,000 will be allocated to grants ranging from \$10,000-\$100,000. (*Projects under \$10,000 may be considered upon Board/Committee approval.*)

Award Criteria

Completed applications will be judged on the following criteria:

- Project fits into the priority areas and specific CHIP 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
- Appropriate budget
- **MUST** meet all scoring requirements

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 25th**, no exceptions. This includes ALL attachments.
- ***NEW 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 not only identify the health priority area, (for example “Mental Health”) your plan must identify and achieve at least one specified, bulleted CHIP goal.
- **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 that population been identified as at-risk in the CHNA & CHIP?
- **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, measureable 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 is itemized and has clear budget justification for total amount being requested.
 - Is there additional matching/contributing funds and in-kind services?

Deadlines

The RFP will be released on **May 20, 2019** and all grant applications must be received **no later than 4:00 pm on Thursday, July 25, 2019**. 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 19, 2019.

Grant recipients will be notified by **September 26, 2019**.

IMPORTANT DATES	
RFP released	May 20, 2019
GLHA Grant Info Session: <i>*Attendance is not required</i>	June 4, 2019, 11am-1pm Lowell General Hospital – Saints Campus, One Hospital Dr., Lowell (1 st Fl. Conference Rm.)
Deadline for questions	July 19, 2019
Application deadline	July 25, 2019 (*Thursday/4PM)
Grant recipients notified	September 26, 2019 (Announced 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.
- Create a poster display of the completed project for the 2020 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?*

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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 & Specific CHIP Goal: _____

List the name(s) of all active members on specific GLHA task force or 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 GL Asthma Coalition
- List the health priority on application form and specific CHIP goal to be achieved.
- 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 plan to incorporate CLAS standards and clearly define health priority area and CHIP 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

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:

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