

MULTI-YEAR COMMUNITY HEALTH GRANTS – 2021/2022

INTRODUCTION

Beth Israel Deaconess Hospital Plymouth (BID Plymouth) is pleased to offer a unique funding opportunity to qualifying non-profit organizations within its service area. **Up to three, multi-year, community health grants will be awarded consisting of a three-year grant period, with each awardee receiving \$5,000 in grant funding per each year for a total of \$15,000.**

BID Plymouth is a community hospital that is a member of Beth Israel Lahey Health (BILH). The hospital provides a wide range of healthcare services including inpatient medical/surgical care, a 24-hour Emergency Department staffed by Beth Israel Deaconess Medical Center emergency medicine physicians, diagnostic testing and imaging, as well as outpatient care. BID Plymouth's primary service area includes the communities of Plymouth, Carver, Kingston, and Duxbury. Non-profit entities serving these towns may apply for grant funding. Please note, organizations within towns outside of BID Plymouth's primary service area may apply as collaborating partners to entities that are located within Plymouth, Carver, Kingston, and Duxbury.

FUNDING OPPORTUNITY OVERVIEW

In 2019, BID Plymouth conducted a Community Health Needs Assessment which identified the service area's needs, as well as the hospital's core community health priority areas. Through this process, clear gaps were identified between health resources and community needs. After careful review of the quantitative and qualitative data, it was determined that BID Plymouth could make the most impact funding multi-year, sustainable programs that would bridge these gaps.

BID Plymouth's new multi-year, community health grants are designed to fund evidence-based or evidence-informed programs that address one or more of the following priority areas:

- **Social Determinants of Health – Food and Housing Insecurity:** Social determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.¹ Programs that specifically address housing and/or food insecurity are eligible for grant funding in the 2021 grant cycle. Examples of programs that are eligible for funding, include: increasing the number of adults and children with access to healthy food; providing nutrition education and food access to low- and moderate-income populations living in public housing; increasing housing stability and decreasing the number of people who struggle with financial insecurity/rent insecurity.
- **Behavioral Health (Substance Use & Mental Health):** As defined by the Substance Abuse and Mental Health Services Administration (SAMHSA), behavioral health, in this context means the promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.² Examples of programs that may be considered for funding, include: for adults and youth

¹ Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>, web site accessed on June 30, 2021.

² Substance Abuse and Mental Health Services Administration: <https://www.samhsa.gov/sites/default/files/samhsa-behavioral-health-integration.pdf>, web site accessed on June 30, 2021.

increasing access to screening, education, referral, and patient engagement services for those individuals who identified with or at-risk of mental health and substance use issues in clinical and non-clinical settings; reduce stigma associated with mental health and substance misuse; reduce risky behaviors in youth through programming; and reduce elder health isolation and depression.

Applicants may also submit programs that are not cited specifically as examples above, as long as the grant program addresses one of the noted priority areas (SDoH, specifically food and/or housing insecurity and Behavioral Health, including substance use or mental health programs). All proposed programs must be evidence-based or evidence-informed.

In addition, programs should target disproportionately affected populations, which are defined as under-resourced communities, and groups experiencing disadvantages due to other significant socio-economic factors, etc.

Applicants should also have a sustainability plan to continue the work of the initiative beyond the three- year grant funding period.

Applicants are encouraged to seek out opportunities to collaborate with community partners in the development and implementation of their proposed program and to cite this collaboration in their grant proposal. Collaborating with another provider will give an applicant additional points in the review process.

Grant-funded programs must start on or before March 2022.

Grant applicants must meet one of the priority areas stated above and service one or more of the following communities of Plymouth, Carver, Kingston, and Duxbury. Additional points will be provided for each town participating in a project.

IMPORTANT DATES:

Request for Proposal (RFP) released:	October 15, 2021
Application due:	November 19, 2021
Grantees notified:	December 17, 2021
Agreement of MOU	January 2022
Distribution of funds:	February 2022
Program start:	On or before March 2022

*BID Plymouth reserves the right to amend this RFP as necessary, including any of the above dates. Any change will be communicated to all grant applicants.

QUALIFICATIONS:

Organizations applying for a BID Plymouth multi-year, community health grant must meet all of the following eligibility criteria:

- Must primarily serve one or more of the communities in BID Plymouth's service area, including Plymouth, Carver, Kingston, and/or Duxbury;
- Must be a non-profit organization with valid 501c(3) or 509(a) status;
- Must be able to demonstrate previous experience in implementing successful, multi-year grant funded evidence-based or evidence-informed programs; and
- Must not be a hospital-based or affiliated program.

GRANT RECIPIENT OBLIGATIONS:

Within 12 months of beginning the grant-funded program, the recipient must:

- Conduct a thorough annual review of the program's implementation, quality, and effectiveness in meeting goals and make any necessary program adjustments in consultation with BID Plymouth's Community Benefits/Community Relations Department;
- Develop and implement a rigorous evaluation methodology that will track changes in participants' knowledge, behaviors or health outcomes;
- Attend the hospital's Community Benefits Annual Meeting to present a brief summary of the project. This summary should include the project's objectives, community collaborators (if any) results-to-date, number of individuals reached and plans for future action;
- Consent to allow BID Plymouth to publicize grant awards, including but not limited to, publication in web site postings, social media and news coverage.
- Recipients are required to acknowledge the support of BID Plymouth in funded project publicity/communications.

Grant awardees will also be required to submit semi-annual and annual reports on progress, results, challenges, and successes to qualify for funding in Years 2 and 3 of the grant. A reporting template will be provided.

GRANT APPLICATION:

Please follow the format starting on the next page in the order provided. Note the corresponding point value for scoring the project. Applications may not exceed five (5) pages in total (excluding the Cover Sheet, as well as the requested logic model, budget form and narrative) nor exceed the \$5,000 budget request **per year**. Hospitals within the BILH system and hospital-affiliated organizations may not apply. Please use Times New Roman 12-point font for an application. Proposals that are incomplete or exceed the total page limit will be rejected.

Following are parts of this application:

1. Cover sheet
2. Description of the project (10 points)
3. Health risk factors addressed (25 points)
4. Collaborating agencies (10 points)
5. Targeted priority populations (25 points)
6. Specific objectives (20 points)
7. Budget form and narrative (10 points)

1. COVER SHEET

PROJECT TITLE:

DESCRIPTION OF PROPOSED PROJECT (2 -3 sentence description):

NAME OF LEAD APPLICANT:

EXECUTIVE DIRECTOR/PRINCIPAL:

Address, city, state, zip: _____

Phone: ()

Fax: ()

Email: _____

GRANT PROPOSAL CONTACT:

Address, city, state, zip: _____

Phone: ()

Fax: ()

Email: _____

COLLABORATIVE PARTNERS (IF ANY):

Amount of Funding Requested:

\$ _____

Geographic Area(s) Served by Project:

NAME OF FISCAL CONTACT PERSON: _____

Address, city, state, zip: _____

Phone: ()

Fax: ()

Email: _____

Note: If your group has a fiscal agent/conduit other than the applicant named above, please provide the name and complete contact information of the fiscal agent/conduit.

2. DESCRIPTION OF THE PROJECT

Please provide a clear description of the evidence-based or evidence-informed project, **including a brief description of the organization's purpose, history, programs and services.** Please include your agency's previous experience in administering similar, multi-year, community health grants. Please provide evidence that this project will produce the intended outcomes for the noted population(s). Description is not to exceed one page in length. (10 points)

Additionally, please attach a program logic model using the template provided in Attachment A. A logic model is a graphic depiction (road map) that presents the shared relationships among the resources, activities, outputs, outcomes, and impact for a proposed program. The logic model depicts the relationship between a program's activities and its intended effects. To learn more about logic models and the key steps to developing a useful logic model visit the Centers for Disease Control and Prevention web site (<https://www.cdc.gov/eval/logicmodels/index.htm>). You may also use this [step-by-step guide](#) and watch this [corresponding video](https://youtu.be/OY7IClgrsgw) (<https://youtu.be/OY7IClgrsgw>).

3. HEALTH RISK FACTORS ADDRESSED

Please describe how the project will address the identified community health priorities. (25 points).

4. COLLABORATING AGENCIES

Please describe the agencies, if any, which agreed to help develop and/or implement the proposed project and how these collaborations will enhance the effectiveness of the program. Include the names, titles and contact information of key collaborators (10 points).

5. TARGETED PRIORITY POPULATION

Describe the proposed program's (a) targeted priority population (e.g., gender, age, race, ethnicity, and socioeconomic status); (b) the geographic community impacted; and (c) the anticipated number of individuals that the proposed project will reach.

Preference will be given to applications which target vulnerable populations defined as low-income, high-risk for a particular health indicator, racially or ethnically marginalized, or experiencing barriers to services due to other significant socio-economic factors. (25 points).

6. SPECIFIC OBJECTIVES

Describe the specific objectives of the project (including service delivery and/or timeline to deliver the project). Also, identify expected results of the project and a system to periodically measure such outcomes.

Preference will be given to applications that have S.M.A.R.T. goals (Specific, Measurable, Achievable, Results-focused, and Time-bound), and propose a realistic timeframe to accomplish the noted goals. (20 points).

7. BUDGET FORM AND NARRATIVE

Complete the budget form below and **provide a separate, one (1) page budget narrative for the project.**

The budget narrative should answer the following questions in the order provided (10 points).

- Describe each line-item cost for the project;
- Agency overhead may not exceed 10% of the budget request;
- Justify all expenses for the project; and
- Explain how the project will be funded with a possible BID Plymouth community health grant and with other funding sources, if applicable. How may partial funding from BID Plymouth impact the success of the project?

Budget Example – Applicants must use the following budget template below when outlining costs associated with the proposed project.

Below is an example of how to complete the template.

Item	Total Project Costs	Other Funding Sources (Specify)	Amount Requested in Application
Staff	\$300	\$300	\$0
Youth Center Staff Consultant (2 hours)	\$100.00		\$100.00
Stipend (10 peer leaders, 10 training hours @ \$8 per hour)	\$800.00		\$800.00
Supplies (paper, markers, food for youth meetings)	\$50.00		\$50.00
Equipment (tape recorder and microphone)	\$50.00		\$50.00
Agency Overhead (May not exceed 10% of budget requested)	\$200.00	\$200.00	
Other expenses (list and explain)			
TOTAL:	\$1,500.00	\$500.00	\$1,000

Budget Justification Example: A group of ten peer leaders will work out of the youth center, overseen by the youth center staff, and an outside consultant will be invited to run a special session on HIV transmission with the peer leaders. For a stipend of \$100, the consultant will spend two hours training peer leaders and will be available for email consultation during the rest of the program. The tape recorder and microphone equipment will allow the peer leaders to gather input and feedback from neighborhood youth about the ways that HIV is transmitted and about safe sex. This process will be

tape-recorded, so that the responses can be used in future training sessions. Markers, paper and other supplies will be purchased to enhance the presentations that the peer leaders will give to after-school programs throughout the year. Funding for the Youth Center Staff is provided by a grant from the neighborhood foundation, and agency overhead, including rent and administration, will be supported by Social Services, Inc.

8. GRANT BUDGET FORM

Item	Total Project Costs	Other Funding Sources	Amount Requested
Staff			
Supplies			
Equipment			
Administration (Not to exceed 10% of budget requested)			
Other Expenses			
TOTAL:			

9. SUBMISSION OF PROPOSAL

In addition to the above, please include a copy of a current Certificate of Tax-Exempt Status with the application.

Completed applications must be emailed to Deb Schopperle at dschopperle@bidplymouth.org by 5 pm on November 19, 2021

Applications submitted after this day/time will not be accepted or reviewed. Applicants are encouraged to submit their application earlier to not encounter any technical or logistical challenges.

If you have any questions about this solicitation, please contact Deb Schopperle, Manager of Community Benefits/Community Relations at dschopperle@bidplymouth.org.

Attachment A: BID Plymouth Template Logic Model

Target Pop/Aim	Inputs	Activities	Outputs	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	Anticipated Impacts
Who will benefit? What is our intention?	Resources needed	What we do	Direct products of activities	Immediate changes	Behavior changes	Changes in policies, practices, conditions	Longer term indicators of impact

Program:

Overarching Goal: