



Community Grant Guidelines Fall 2019

Background

The Greater Milford Community Health Network Area (CHNA 6) is committed to working with municipalities and nonprofit organizations to improve the health of the region. In recent years, CHNA 6 has offered grants to address specific objectives of the 2015 Community Health Improvement Plan (CHIP). This “collective impact” strategy will allow for lasting social change around health issues identified as part of the Community Health Assessment.

The CHNA 6 Steering Committee recognizes that valuable community projects may fit with the overall priorities of the CHIP but do not address specific objectives and strategies. The Community Grants Program was designed to support these projects, with a special emphasis on smaller community-based and/or grassroots organizations.

Priorities

In keeping with the recommendations of its 2015 Community Health Improvement Plan, CHNA 6 is pleased to solicit proposals from eligible nonprofit and government organizations for the following four CHIP Priority Areas (to review the CHIP, click [here](#)).

1. Chronic Disease Prevention and Health Promotion

Priority Area Goal: To create healthier communities and prevent chronic disease by improving nutrition and increasing physical activity.

2. Mental Health and Substance Use

Priority Area Goal: To increase emotional health across the lifespan and build an accepting community for those who are affected by mental health and substance use issues.

3. Violence Prevention

Priority Area Goal: To promote non-violent behaviors across the lifespan.

4. Access

Priority Area Goal: To Increase availability, knowledge, and use of services and resources that promote health, wellness, and access for vulnerable populations in CHNA 6 communities.

Funding

Applicants may apply for up to \$10,000.00 Funding may be used for the following purposes:

- Educational seminars/workshops
- Educational materials, including resource guides, translation, promotional materials
- Staff development and/or training
- Community events
- Technical assistance
- Community-engagement activities
- Exercise equipment
- Other time-limited, capacity building projects

Applications are due on **October 11, 2019**. Funding will be awarded for the grant period of up to one year beginning no earlier than November 1, 2019. Grants are non-renewable.

Form of Intent

CHNA 6 requires applicants to email a Notification of Intent to Apply prior to a full proposal.

The Intent to Apply form will help CHNA 6 assess how the proposed project is aligned with the funding priorities and also provide CHNA with the estimated amount of funding being requested.

The Notification of Intent to Apply can be downloaded on the CHNA 6 website www.chna6.org and emailed on or before **Friday, September 27, 2019** to grants@chna6.org.

Letter of Collaboration

CHNA 6 requires Letter(s) of Collaboration whenever the grantee's proposal is dependent upon or requires the cooperation of another organization for the success (or execution) of the program. Letters should state explicitly how the organization plans to collaborate with the grantee on the requested project. **Letters are required from School Superintendents for projects that involve school districts.**

Application Information

Grant applicants are required to submit the following:

1. Notification of Intent to Apply by **Friday, September 27, 2019**.
2. Narrative (including cover sheet): Pages 8-10 of grant packet.
3. CHNA 6 project budget and budget narrative form downloadable from www.chna6.org. Click [here](#) for excel budget.
4. Documentation of 501(c)3 status (not required for municipal agencies)
5. Most recent audited financials or Copy of 990 (not required for municipalities)
6. Letter(s) of collaboration (if applicable)

Deadline

Grant proposals must be submitted via email by **4:00 p.m. on Friday, October 11, 2019**. Please send proposals to grants@chna6.org. Incomplete or late proposals will not be considered for review.

Dates to remember:

September 27, 2019: Required Notification of Intent to Apply

October 11, 2019: All grant proposals due by 4pm

November 1, 2019: Grants announced

CHNA 6 Support: Once a grant is made, CHNA 6 staff will work with grantees to ensure that project outcomes are achievable and measurable, that grant activities are connected to larger community efforts to address area health needs, and that grantees have access to technical assistance and training to help them achieve success. Progress Reports are due at 6 months and Final Reports are due upon completion of the project year.

CHNA 6 seeks to learn from each grant, using grantee reports to record lessons learned that can inform our work and that of future grantees. Grant recipients may be asked to share projects at CHNA 6 meetings throughout the year and attendance is required at least 50% of CHNA 6 meetings. CHNA 6 also requests that grantees cite CHNA 6 in any publication or media report of your CHNA 6 funded project. The Grantee shall send to CHNA 6 copies of papers, manuscripts, and other information or materials, including print media and publications, that relate to the funded project. Any press statements or releases, brochures, reports or other printed or electronic media that are produced as a result of this project shall include proper attribution to CHNA 6 as a funder. It is recommended that the following language be used: *Support for this project provided in part by the Greater Milford Community Health Network: CHNA 6.*

General Requirements: CHNA 6 supports programs that directly benefit the health of those who live and work in one of the 13 communities served by CHNA 6, with a particular focus on underserved communities. Such support is limited to organizations that qualify as tax-exempt under Section 501(c)(3) of the IRS Code, or organizations that are recognized as instrumentalities of state or local government.

CHNA 6 does not provide grants to individuals, nor does it provide funds for endowments, fundraising drives and events, retirement of debt, operating deficits, projects that directly influence legislation, political activities or candidates for public office or programs that are customarily operated by hospitals in Massachusetts.

CHNA 6 does not award grants to organizations that discriminate in the provision of services on the basis of race, color, religion, gender identity or expression, age, ethnicity, marital status, disability, citizenship, sexual orientation or active military or veteran status.

About CHNA 6: The Greater Milford Community Health Network (CHNA 6) is one of 27 Community Health Network Areas (CHNAs) across Massachusetts. We serve the 13 communities of: Bellingham, Blackstone, Douglas, Franklin, Hopedale, Medway, Mendon, Milford, Millville, Northbridge, Sutton, Upton and Uxbridge. CHNA 6 is a partnership with the Massachusetts Department of Public Health, the Milford Regional Medical Center, local service agencies, schools, businesses, Boards of Health, community health centers and other health organizations, as well as other concerned citizens who are working together to build healthier communities.

Budget Terms

LINE ITEMS

Project Personnel

Include all salaries for individuals who will be working directly on the project. This includes part-time and full-time permanent and temporary employees. Do not include fee-for-service consultants in this category.

For each employee, include the following in the appropriate column:

1. "Position Title" – their title within their agency
2. "Base Salary" – their annual salary
3. "% Time" – the percentage of the time working on the project
4. "Total" – the amount of their salary apportioned to the grant. This is calculated by multiplying the "Base Salary" x "% Time".

Of the "Total" for each employee, indicate how much will be covered by the sponsoring/collaborating agency/ies ("In-Kind"), how much will be covered by other sources ("Other Support") and how much are you requesting from the CHNA 6 ("CHNA 6 Request"). For example:

Position Title	Base Salary	% Time	Total	In-Kind	Other Support	CHNA6 Request
Project Director	\$45,000	.25	\$11,250	\$1,250	\$5,000	\$5,000

Fringe

Include the agency's Fringe Rate (%) where indicated on the budget form and then apply this rate to the project personnel subtotal. Your agency's Fringe Rate is a calculation of the benefits offered to employees as a percentage of total salaries. It generally includes benefits such as unemployment taxes, life insurance, health insurance and FICA. An agency's director of finance or accountant should know your agency's fringe rate.

Other Direct Costs

Include items that are required specifically to support the development and implementation of your initiative such as the design and printing of brochures, copying program materials, mileage, meeting costs and postage.

Equipment

Include durable goods purchased (equipment) for purpose of supporting the activities of the

grant. Consumable supplies should be listed under “Other Direct Costs.”

Consultants/Contracts

Include all individuals who are not considered employees of the sponsoring organization(s). This includes all individuals and organizations hired solely for the duration of the grant period on a contract or fee-for-service basis.

**Note: Administrative Support Rate /Overhead Rate
may not be included in this budget**

SUPPORT TYPE

In-Kind

An in-kind expense is a good (facilities, staff, etc.) or service (photocopying, transportation, etc.) that the sponsoring agency and its collaborating partners provide to the project free-of-charge. They are items the project would normally have to pay cash for had they not been provided for free. They must have an accurate market value for tax purposes, i.e. you must be able to document how you arrived at their value. Volunteer time, while a valuable contribution to a project, should not be included in the budget.

Other Support

Other support is an actual cash contribution for a line item. This can be a grant from another funding source or it can be cash contributed by a collaborating partner.

BUDGET NARRATIVE

Justification

Include a description for each budget item and the role it will play in the project. For employees, describe their roles and responsibilities for the project. Include a calculation for all direct costs and equipment, i.e. how you arrived at the line item amounts included on the budget.

Project Budget
(Use one Form B for each project year)

Sponsoring Organization: Farm Healthy
 Project Name: Home Delivery Program
 Budget Period: 4/1/2017-3/31/2018

I. Project Personnel						\$ Requested from CHNA 6
Position Title	Base Salary	% Time	Total	In-Kind	Other Support	
Project Director	50,000	25%	12,500		10,000	2,500
Driver	35,000	100%	35,000		30,000	5,000
Subtotal Personnel			47500	0	40000	7500
Fringe <i>show as decimal rate (ex: .28)</i>	→	0.22	10450	0	8800	1650
Total Personnel			57950	0	48800	9150
II. Other Direct Costs						
Item:	Description	Total	In-Kind	Other Support	CHNA 6	
Supplies	Bags for Food	500	300			200
Printing /Copying	Flyers	250				250
Postage	Mail flyers	110				110
Travel	Food Deliveries	3,300				3,300
Food	Healthy food	15,000	7,500	6,000		1,500
Total Other Direct Costs			19,160	7,800	6,000	5,360
Total Personnel & Other Direct Costs:			77,110	7,800	54,800	14,510
III. Equipment						
Description	Total	In-Kind	Other Support	CHNA 6		
Total Equipment			0	0	0	0
IV. Consultants/Contracts						
Description	Total	In-Kind	Other Support	CHNA 6		
Nutritionist (5 hours/month @ \$125/hour)	7,500		5,000		2,500	
Total Consultants/Contracts			7,500	0	5,000	2,500
V. Other						
Description	Total	In-Kind	Other Support	CHNA 6		
					0	
Total Other			0	0	0	0
TOTAL PROJECT BUDGET:			84,610.00	7,800.00	59,800.00	17,010.00

Budget Narrative

In the space below provide a justification for each item included in your budget.

I. Project Personnel/Fringe

The Project Director is responsible for overseeing daily operations, recruiting participants, and supervising drivers. She will dedicate 25% of her time to the project. Other support comes from corporate donations.

The Driver is responsible for delivering food to participants. All of her time is dedicated to the project. Other support comes from corporate donations.

II. Other Direct Costs

Supplies: Canvas for food delivery , 50 bags @ \$10 per bag= **\$500**

Copying/Printing: Copies of flyers to advertise the program, 250 flyers @ \$1.00 per flyer = **\$250**

Postage: 250 flyers will be mailed to prospective participants at \$.44 each=**\$110**

Travel: 50 deliveries per month averaging 10 miles each at a reimbursement rate of \$.55/mile.= **\$3,300**

Food: Healthy Food for deliveries to 50 families per month @ \$25 per family per month for one year = \$15,000

IV. Equipment

IV. Consultants/Contracts

The program contracts with a registered nutritionist for 5 hours each month at \$125/hour. She works with participants, the program director and the driver to determine which foods to include in deliveries. Many participants have strict dietary restrictions.

V. Other

Other Support- Please indicate sources of other support listed in the budget sheet:

Other Support comes from corporate donations



Fall 2019 Grant Cover Sheet

Legal Name of Sponsoring Organization:

Executive Director/Superintendent:

Mailing Address:

Office Phone:

E-mail Address:

Project Title:

Projected Funding Requested:

Project Director:

Phone Number:

E-mail:

CHIP Priority Area (choose one):

Grant Submission Checklist:

Cover sheet

Project narrative

Project budget

Budget narrative

Documentation of 501C3 status (if applicable)

Most recent audited financials or copy of 990 (if applicable)

Letter(s) of collaboration (if applicable)



Project Narrative – Community Grants

Using this two page template, provide a narrative description of your proposed project. CHNA 6 is trying this format as a pilot. Each section is required in order to be able to submit your grant proposal. There is no word limit but please be concise. When complete, you can submit directly with the "Submit" button if your Internet browser is set up to open into a PDF reader like Adobe. If not, please save all documents and attach as part of your grant application.

The document will not automatically save so make sure you save your work!

1. Need:

- a. Describe and document the problem that you propose to address.

- b. Provide relevant local data or citations supporting the need.

2. Program Design:

- a. Describe in detail the elements of the project for which funding is being requested.

- b. Who and how many will be served?

3. Evaluation:

- a. What are the specific outcomes you expect to achieve?

- b. What is the anticipated timeline for achieving these results?

- c. How will you measure your results?

4. Collaboration :

- a. Identify partners and their role in the project.

- b. Include letters from collaborating organizations (if applicable).

5. Sustainability

- a. Describe how you intend to sustain the work of the project once CHNA 6 funding ends, keeping in mind that sustainability means more than replacing funding.

- b. What is your organization's track record in sustaining other projects?