



## Community Benefits Grant Program 2012 Request for Proposals

Fallon Community Health Plan requests the submission of applications for the development or the continuation of programs in the following areas:

- 1) **Preventive health and social services for children in the first five years of life**
- 2) **Programs that improve access to good nutrition and/or promote physical activity**
- 3) **Preventive health and social service programs for seniors**

Grants will be awarded to programs that serve the target populations in Worcester County, Berkshire County, Hampden County, Hampshire County, Essex County, Franklin County, Middlesex County, Norfolk County, Bristol County and northern Plymouth County.

The purpose of these grants is to support new programs or improvement of existing programs aimed at:

- 1) **Providing support for children in the first five years of life**, including the prevention of risk factors associated with insufficient prenatal care or parenting skills, unstable family situations and inadequate access to pediatric services. Particular consideration will be given to programs that engage in any of the following:
  - a. Identifying very young children in need of continuous medical care and providing them with or linking them to a "medical home" that can meet their needs
  - b. Providing support for families in unstable situations through social service intervention, with preference given to programs that seek to maintain intact families
  - c. Identifying and linking children to culturally appropriate services that promote early education and school readiness
  - d. Linking pregnant women with services that promote healthy prenatal behaviors and adequate medical care
- 2) **Promoting good nutrition and promoting physical activity**, especially among vulnerable populations. Particular consideration will be given to programs that engage in any of the following:
  - a. Improving access, availability and utilization of food in food-insecure environments
  - b. Seeking to improve or enhance the nutritional value of food provided through nutrition assistance programs
  - c. Promoting better nutrition through educational programs or other methods
  - d. Providing programs that seek to prevent or control obesity
  - e. Providing programs that promote physical activity, healthy eating and other healthy behaviors

- 3) **Providing support for senior populations**, in particular those of seniors who are vulnerable, at-risk or underserved. Particular consideration will be given to programs that engage in any of the following:
- a. Identifying chronic illnesses such as depression and substance abuse within senior populations, and providing or linking those affected with services or programs to address these needs
  - b. Identifying specific issues that affect seniors and linking them to appropriate services
  - c. Linking seniors with services or programs that promote physical and emotional wellness

**Fallon Community Health Plan intends to award grants in the range of \$5,000 to \$45,000 annually, per proposal, to fund new programs or the continuation or expansion of existing programs that address one or more of the issues raised above.** For existing programs, grants would be awarded in order to extend services to a greater number of beneficiaries and not to supplant other ongoing funding sources.

Eligible organizations include, but are not limited to, nonprofit health and social service agencies, public schools, city or town agencies, community health centers, community mental health agencies and hospitals.

Applications will be judged by the FCHP Community Benefits Committee on the basis of:

- The program's ability to address one or more of the needs outlined above, including its potential for:
  - a. reducing the incidence of serious health problems in the first years of life; or
  - b. improving access to good nutrition and/or promote physical activity; or
  - c. providing support to vulnerable senior populations
- The importance of the particular problem being addressed and the number of people who will be served
- The qualifications of the organization(s) sponsoring and implementing the program
- The sustainability of the program
- Collaboration between the program and other community resources, with a goal of reducing or eliminating duplication of services
- The degree to which the program can provide linguistically and culturally appropriate services

Please note that FCHP will not make grants for capital expenditures, debt reduction or endowment campaigns or for political lobbying or organizations; nor will we make a grant to the same organization for two consecutive years.

Fallon Community Health Plan will make grants for operations during one given program year. FCHP will entertain proposals for a second year of funding; however, those continuation proposals will be judged competitively with other applications received during that year.

Full proposals are due by 4 p.m. on Thursday, June 21, 2012. **Please note that proposals will only be accepted as hard copy documents.** Any proposals submitted electronically will **not** be considered for funding through Fallon Community Health Plan's 2012 Community Benefits Program.

Funding decisions will be made in August, 2012. All applicants will be notified of funding decisions by mail. Grants will be awarded in September 2012.

Please direct any questions and all proposals to:

**Kimberly M. Salmon, Director, Community Relations, Fallon Community Health Plan**  
10 Chestnut St., Worcester, MA 01608  
1-508-368-9523 — kimberly.salmon@fchp.org



## Community Benefits Program 2012 Request for Proposals

The following information must be included in your proposal, with each section clearly labeled, and submitted along with the cover sheet.

### I. Description and importance of the problem

- a. Describe the problem that your program will address.
- b. Describe how the need for this service was determined and the amount of community input that went into program formulation.

### II. Organizational description

- a. Describe your organization, and please include:
  1. Its mission
  2. The communities it serves
  3. The nature of the organization and whether it is a tax-exempt charitable 501c(3) agency, public entity or other type of not-for-profit organization
- b. List your organization's board of directors and the communities they represent.

### III. Description of program

- a. Describe the goals and objectives of the program.
- b. Describe the population being served, including:
  1. The number of persons who will benefit
  2. Race and ethnicity
  3. Special needs
  4. Geographic area(s) served
- c. Describe the desired outcomes of the program.
- d. Describe how the program will work with and/or complement other community efforts to address the stated need.
- e. Describe how the program addresses FCHP's Community Benefit goals concerning very young children, access to good nutrition and physical activity or good health for seniors.

### IV. Evaluation plan

- a. Describe how your program will be evaluated and how success will be measured.
- b. Explain your data collection plan.

### V. Budget

- a. Include a detailed program budget, including:
  1. Projected income and expenses
  2. The nature and source of any other funding
  3. Any long-term funding strategies
  4. Explanation of how FCHP funding will fit within the overall context of the program
- b. Include, if applicable, your organization's most recent audited financial statement, proof of your organization's tax-exempt status, and IRS Form 990.

**VI. Staff and qualifications**

- a. Include a list of the key staff that will work on the program, with a brief description of their duties and qualifications (no resumes please).

**VII. Board of Directors**

- a. List of Board of Directors with affiliations/place of employment and titles.
- b. A copy of the current IRS determination letter indicating 501 (c) (3) tax-exempt status.

**VIII. Recognition of funder (FCHP)**

- a. Please describe how the funder will be recognized through this program and your organization.
  1. Printed materials
  2. Press events
  3. Other opportunities

Applications also may include letters of endorsement from other individuals or organizations in the community and any program materials that you wish to share. **Please limit the application to no more than six double-spaced pages in a 12-point font, excluding the cover sheet.**



## Community Benefits Grant Program 2012 Request for Proposals

Name of organization:

\_\_\_\_\_

Title of program:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total program budget: \$ \_\_\_\_\_

Amount requested  
in this proposal: \$ \_\_\_\_\_

Tax ID #: \_\_\_\_\_

Program director:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fiscal officer (if applicable):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Geographic area(s) served by this program:

\_\_\_\_\_

Brief summary of proposed program:

\_\_\_\_\_

Collaborative partners (if applicable):

\_\_\_\_\_

Signature of program director(s):

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of fiscal officer:

\_\_\_\_\_ Date: \_\_\_\_\_

**For internal use only:**

Tracking No.: \_\_\_\_\_ Geography: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_