



Community Benefits Grant Program 2014 Request for Proposals

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

- 1) **Programs that promote opportunities for "at-risk"/ "proven risk" youth and young adults between the ages of 12 to 21**
- 2) **Programs that improve access to good nutrition and/or promote physical activity**
- 3) **Preventive health and social service programs for seniors**
- 4) **Programs that provide services to support individuals with behavioral and/or mental health issues with a specific emphasis on addressing the needs of the most vulnerable groups by their ethnicity, age, demographics and risk-factors.**

Grants will be awarded to programs across our service area throughout Massachusetts with a particular focus on populations in Barnstable County, Berkshire County, Bristol County, Essex County, Hampden County, Hampshire County, Franklin County, Middlesex County, Norfolk County, Plymouth County and Worcester County.

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

- 1) **Providing support for "at-risk"/ "proven risk" youth and young adults between the ages of 12 to 21,** with programs that seek to provide counseling and intervention services, recreational and vocational after-school and summer programming, violence prevention programs, or drug education and diversion services. Particular consideration will be given to programs that engage in any of the following:
 - a. Providing educational, recreational and/or vocational opportunities for at-risk/proven risk and/or economically disadvantaged youth and/or young adults, and those ensuring access to such opportunities through transportation or other much needed services.
 - b. Providing an integrated approach for at-risk/proven risk youth and/or young adults to assist them in accessing the available resources that support their social and mental health needs with a specific emphasis on youth preparing to age-out of the system that have a history of mental illness, trauma, truancy, substance abuse and/or criminal activity
 - c. Providing additional support, education and access to resources for the families of at-risk/proven risk youth and/or young adults in unstable situations, with preference given to programs that seek to maintain and support intact families
- 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

- 4) **Programs that provide services to support individuals with behavioral and/or mental health issues with a specific emphasis on addressing the needs of the most vulnerable groups by their ethnicity, age, demographics and risk-factors.** Particular consideration will be given to programs that engage in any of the following:
 - a. Programs with a comprehensive integrated approach that work collaboratively across all member agencies to provide access to quality mental and behavioral health services that support, engage and empower their clients to lead full and productive lives.
 - b. Programs that are providing a coordinated approach to accessing the critically needed mental health services and resources across their service area including but not limited to advocacy, outreach, education and transportation to services.
 - c. Community-based programs addressing the behavioral health needs by offering a continuum of services including Outpatient Mental Health and Substance Abuse Counseling, Day Treatment and Partial Hospital Programs, and Early Intervention

Fallon Health 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 Fallon 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. Programs that promote opportunities for at-risk/proven risk youth and young adults between the ages of 12 to 21 with a specific emphasis on youth preparing to age-out of the system and lose services; or
 - b. improving access to good nutrition and/or promote physical activity; or
 - c. providing support to vulnerable senior populations; or
 - d. Programs that provide services to support individuals with behavioral and/or mental health issues with a specific emphasis on addressing the needs of the most vulnerable groups by their ethnicity, age, demographics and risk-factors.
- 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 Fallon 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 Health will make grants for operations during one given program year. Fallon will not entertain proposals for a second year of funding.

Full proposals are due by 4 p.m. on Friday, June 27, 2014. **Please note that proposals will only be accepted as hard copy documents.** Any proposals submitted electronically will **not** be considered for funding through Fallon Health's 2014 Community Benefits Program.

Funding decisions will be made in September 2014. All applicants will be notified of funding decisions by mail. Grants will be awarded in October 2014.

Please direct any questions and all proposals to:

Kimberly M. Salmon, Director, Community Relations, Fallon Health
10 Chestnut St., Worcester, MA 01608
1-508-368-9439 — kimberly.salmon@fchp.org



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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

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 one or more of the outlined Fallon's Community Benefit funding priorities.

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 Fallon Health 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 (Fallon Health)

- 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
2014 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: _____

Identify which one of the four funding priorities your submission is under:

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: _____