 

Community Health Initiative

GRANT PROCESS

Through a series of public hearings, prioritization meetings and strategy sessions in 2016, the island community developed a Community Health Improvement Plan known as Healthy Nantucket 2020 that identified four key priorities. They are: Behavioral Health, Access to Healthcare, Women’s and Children’s Health, and Access to Housing. Language and translation services were considered as a cross-cutting strategy.

Nantucket Cottage Hospital’s Community Health Initiative is requesting proposals that would accomplish the strategies identified in Health Nantucket 2020 and address these four key priority health needs.

The Community Foundation for Nantucket has been contracted by the Nantucket Cottage Hospital to implement this grant process for the Community Health Initiative. This partnership will help provided experienced grant making knowledge with the one time funding source available, for five years, as part of the new building initiative.

The Community Health Initiative is intended to foster collaborations and innovations among local nonprofits, local community based partners, public health authorities and others in one of the four mentioned sectors to improve the health status of the island and promote social determinants of good health. These funds associated with the initiative are intended to support effective health services and also build sustainable capacity for community health promotion involving broad-based cooperation among public and private sector institutions, organizations, leaders and residents.

**Focus of grants**:

The Community Health Initiative seeks to stimulate Nantucket entities to develop innovative, collaborative, measurable, replicable, evidence based and sustainable local programs that impact the most urgent needs of Nantucket populations and strengthen the local public health infrastructure \*. Healthy Nantucket 2020 seeks proposals that also:

* Directly addresses priorities listed
* Utilizes local data
* Shows ability to adhere to proposed timelines and reporting requirements
* Includes reasonable and well-planned budget projections
* Demonstrates measurable goals and outcomes
* Does not replicate existing services and programs

Eligibility Threshold:

* Provides services or benefits to the Nantucket Community
* Must be a non-profit organization or public entity (such as schools, town or county departments) providing services to Nantucket.
* Must have staff resources to execute the plan
* The program must be sustainable going forward after the grant is received. This is the last year of funding available.

\*Please become familiar with Factor 9 requirements as set forth by the Department of Public Health at

http://www.mass.gov/eohhs/docs/dph/quality/don/don-community-health-initiatives.pdf

Criteria for applying:

* Please read the Nantucket Community Health Improvement Plan (CHIP) ([www.nantucketcottagehospital.org](http://www.nantucketcottagehospital.org)., [www.CFNAN.org](http://www.CFNAN.org) )
* Pick one of the four goals to ensure that your application supports one or more of the strategies that lead to work toward a goal as identified by the community.
	+ For example: Priority Area 1: Behavioral Health
		- Goal 1: Enhance overall wellness for the Nantucket community through the implementation of an effective and collaborative Behavioral Health System.
		- Objective:
		- By 2020, decrease the suicide attempts of 10% a year.
		- 1.1.1 Educate all employers (e.g.) small and large employers, Builder’s Association, Chamber of Commerce), on Nantucket and implement Employee Assistance Programs to recognize and refer high risk employees.
* If your grant request is for seed money, please include a one page business plan that must include the following:
	+ One line description of company
	+ Financial model that will include current operating funds, projected revenue, and expenses
	+ Action plan for success. Milestones you must meet in year one. At what point will be you be financially sustainable?
	+ Why are you uniquely qualified to succeed?
	+ Organization structure and management team
	+ Sustainable plan

Non-Allowable Expenditures:

* Medical treatments that fall within the customary scope of the hospital’s activities;
* Capital and operating expenses for medical programs based at NCH or its affiliated health facilities;

Expenditures must be for “new money” and are not meant to replace programs that applicants already provide.

**Instructions:**

When submitting your Grant Application for the Community Health Initiative please follow these instructions, and review the list below carefully:

Read the Grant Guidelines, and sign acknowledgement form provided below which confirms your understanding that receipt of this application does not imply eligibility or approval and that all the information contained in the application is current and accurate to the best of your knowledge.

Submit applications by the deadline of 5pm June 3 to the Community Foundation for Nantucket. We prefer that applications come to us by email, if mailing, must be postmarked by June 1, 2021.

Keep a copy of your submission for your files

Please do not include videos, promotional materials or any additional information other than what is requested on this form. An interview will be conducted by a representative of Healthy Nantucket 2020 and at that time the video or other materials can be presented.

Application is available at one of the two sites: [www.nantucketcottagehospital.org](http://www.nantucketcottagehospital.org) or [www.cfnan.org](http://www.cfnan.org)

Submit one (1) copy of the following in this order:

* Completed 2021 Grant Application PDF or WORD
* Names and addresses of the current Board of Trustees if available or appropriate
* Copy of the letter from the IRS stating your tax status i.e. 501c3 or other.
* Copy of your most recent Form 990 (if applicable) and complete financial statements in accordance with Commonwealth of Massachusetts requirements.
* Applications from for-profit businesses or organizations that meet all the eligibility criteria will be considered, but must also be pre-authorized by the Department of Public Health to receive funding. Working with the applicant, NCH and CFN would request authorization from the DPH.

If at any time you have difficulty with this application, please contact Jeanne Miller at 508-823-9993 at the Community Foundation for Nantucket.

 

Community Health Initiative

Healthy Nantucket 2020

 **GRANT APPLICATION**

**CONTACT INFORMATION:**

Organization/Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project contact/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Direct Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Direct Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number full time equivalent employees \_\_\_\_\_\_

Number of board meetings per year \_\_\_ Number of board members who contribute to annual budget \_\_\_

**PROGRAM INFORMATION:** 501(c)(3)? Y □ N □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which of the Community Identified Sector does your request address:

 Access to Affordable Housing

  Access to Healthcare

  Access to Women and Children Healthcare

  Behavioral Health

  Other (explain how it relates to the Community Needs)

* + - 1. Please describe your organization and the program/services you provide in detail. You should be as concise as possible, but please feel free to add additional lines if necessary.
			2. Date Founded/Mission Statement/Business Case.
			3. Describe which Sector, Goal, Objective, and Strategy your request will address? (Example: This grant request addresses 4.1.4.).
			4. Describe the proposed program.
			5. Please include the target population and number of people on Nantucket who will be directly served by this program/project. What would be the frequency/duration of this program?
			6. Who are the key staff and/or volunteers directly involved in this program? Is this a new initiative or currently operating program?
			7. What is the total cost of the program/project? How was this cost estimate determined? What percent of this amount, if any, will be directed to the evaluation of the program/project?
			8. What is the amount of the grant you are requesting from the Community Health Initiative/Healthy Nantucket 2020?
			9. Is there any other additional funding available for this program/project? If so, please identify sources and amounts. (fund raising events, annual appeal, other grants, etc.) and what % of this project are you requesting from Community Health Initiative/Healthy Nantucket 2020?
			10. If this program is not fully funded will this program be implemented?
			11. When do you plan to initiate this program and when will it be completed?
			12. What is your baseline for measurements of your initiative? And what milestones do you expect to reach semi-annually? And annually?
			13. Will any other organizations be participating in the proposed program? If so, which organization.
			14. What infrastructure do you have in place to support the program/project (i.e. staffing, facilities, equipment)?
			15. How will you know your program/project had an impact on the Nantucket community?
			16. What documented evidence will you use in your evaluation, and or how will you define success for your program?
			17. If your initiative will take more than one year, how many of the 5 years do you anticipate applying?
			18. Outline your plan for sustaining this program/project beyond its initial inception [without further grant money].

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**Grant Application Acknowledgement Form**

Community Health Initiative/ Healthy Nantucket 2020 will award grants only to organizations that have met all requirements in their application.

A member of the Staff and/or Sector team member will follow up with all Grant applicants.

If at any point in the application process the applicant experiences difficulty, we encourage you to consult with the Program Officer to seek solutions. There will be reviews throughout the grant process by members of the Community Health Initiative . We offer support throughout the process so don’t hesitate to reach out to the Community Foundation for Nantucket.

Each recipient receiving a grant must meet requirements of reporting and accountability of all financial expenditures

**We have read the Grant Guidelines and acknowledge that I understand that receipt of this application does not imply eligibility or approval and that all of the information contained in the application is current and accurate to the best of my knowledge.**

**Executive Director Signature Date**

**Board of Trustee Rep.**

**Organization**