



Massachusetts Community Health & Healthy Aging Funds

Capacity Building Webinar #3

November 14, 2019

Introductions



Kevin Myers
Program Officer,
Community Health Fund



Emily Breen
Grants & Program Coordinator



Webinar Objectives

Participants of this webinar will discuss and understand how to:

- Engage multi-sector partners for a Community Health Improvement Plan (CHIP)
- Formulate a proposal to the CHIP funding opportunity
- Submit a proposal to the CHIP funding opportunity

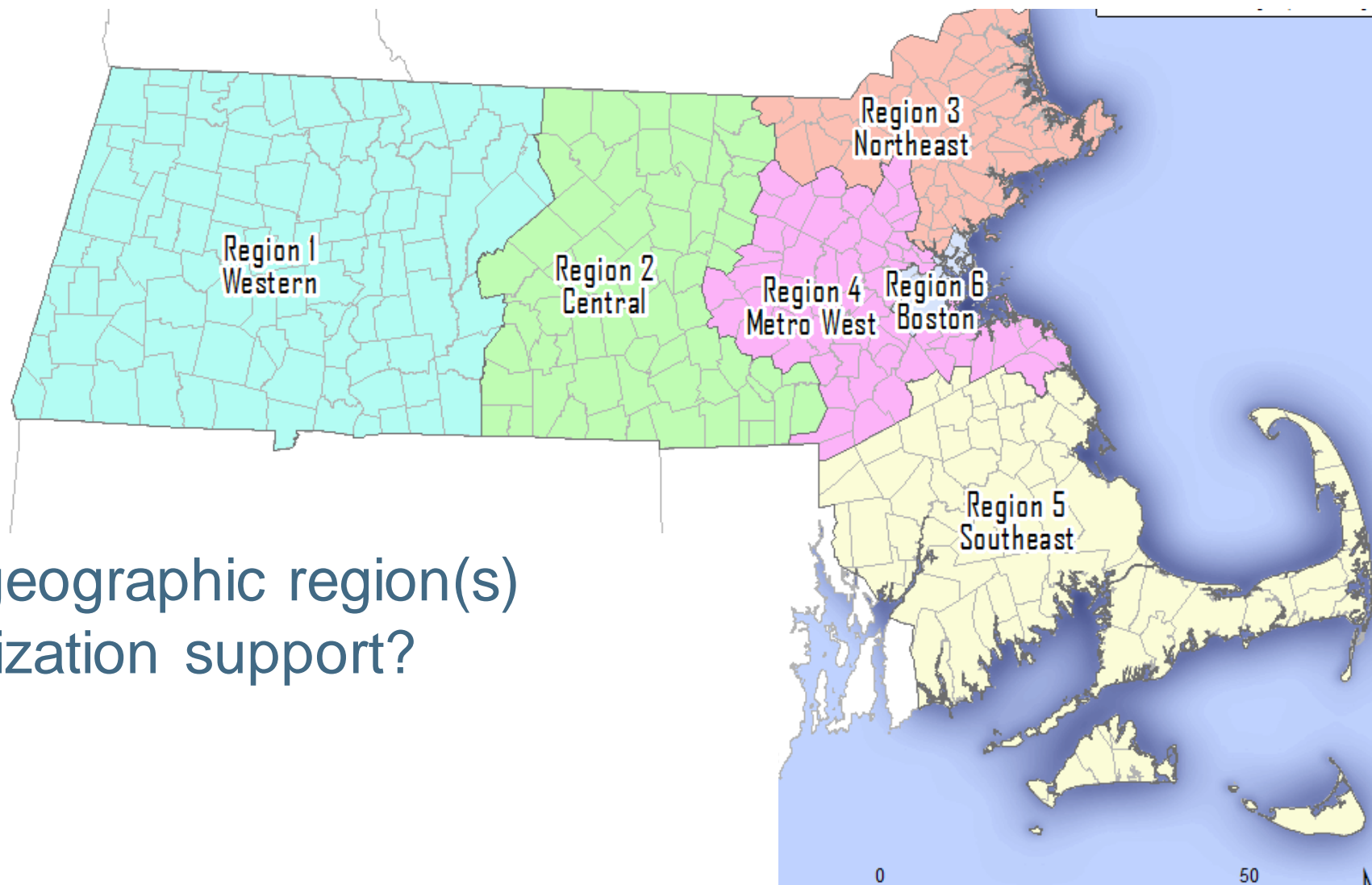


Housekeeping

- If you have any **questions** related to this webinar, please type them into the chat box. Answers to questions raised will be available on the Frequently Asked Questions webpage.
- When responding to questions, please select “to everyone”
- The webinar recording, slides, and transcript will also be available.
- To make this webinar accessible we will communicate all details on the slides.



We Want to Hear From You!

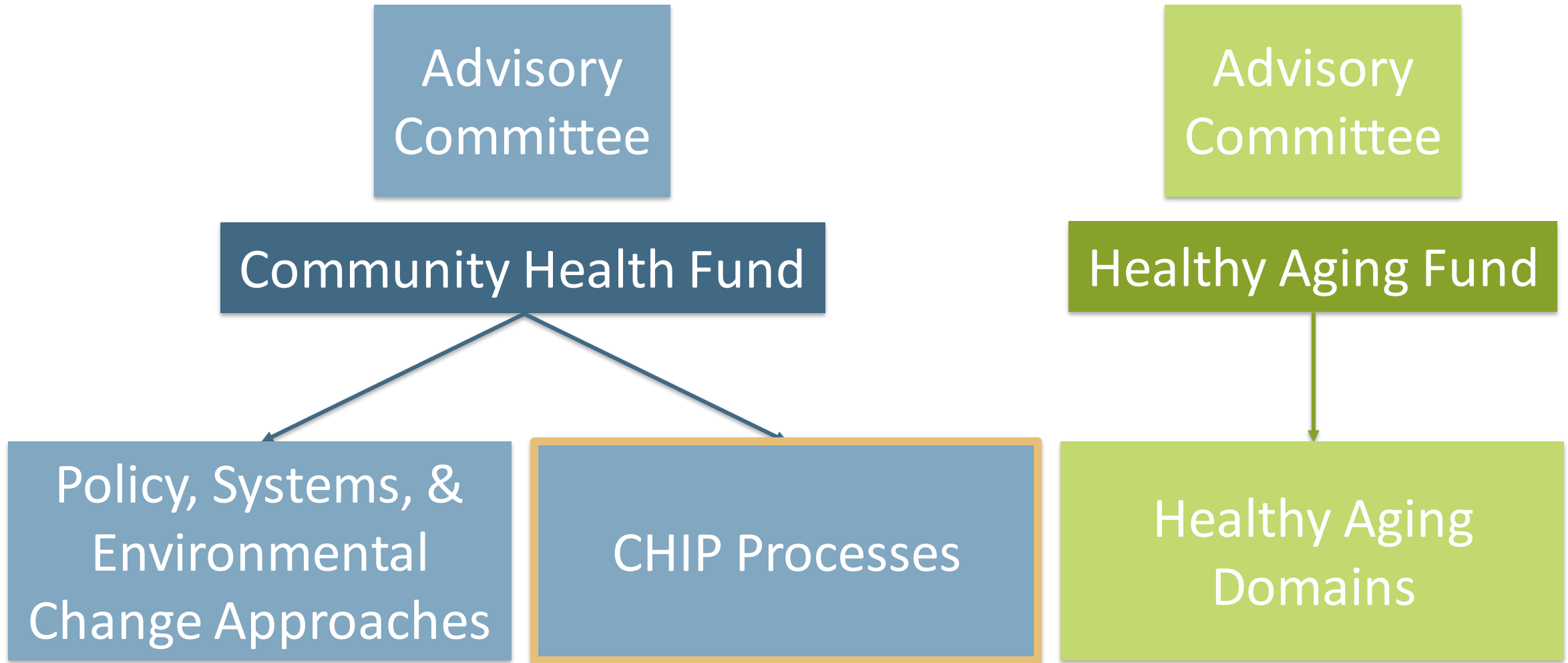


Which EOHHS geographic region(s)
does your organization support?

Background



Two Funds and Three Funding Opportunities



The Community Health Fund's Vision



Massachusetts communities are transformed so all residents have an equitable opportunity to have the highest quality of life possible.



Previous Webinars Topics

Capacity Building Webinar #1 September 4, 2019	Capacity Building Webinar #2 September 12, 2019
<ul style="list-style-type: none">• Engaging Community & Identifying Need• Using Data to Define Your Idea• Policy, Systems, and Environmental Change Approaches	<ul style="list-style-type: none">• Engaging Partners• Communicating Your Idea• Submitting Your Idea

<https://mahealthfunds.org/capacity-building-opportunities/>



Additional CHIP Information

→ ↻ mahealthfunds.org/apply/

Funding Announcement Webinars

For more information on how to apply, you can view recordings, slides, and transcripts of the funding announcement webinars:

- Community Health Improvement Planning (CHIP) Processes Funding Announcement Webinar
 - [Webinar Recording](#)
 - [Webinar Slides](#)
 - [Webinar Transcript](#)



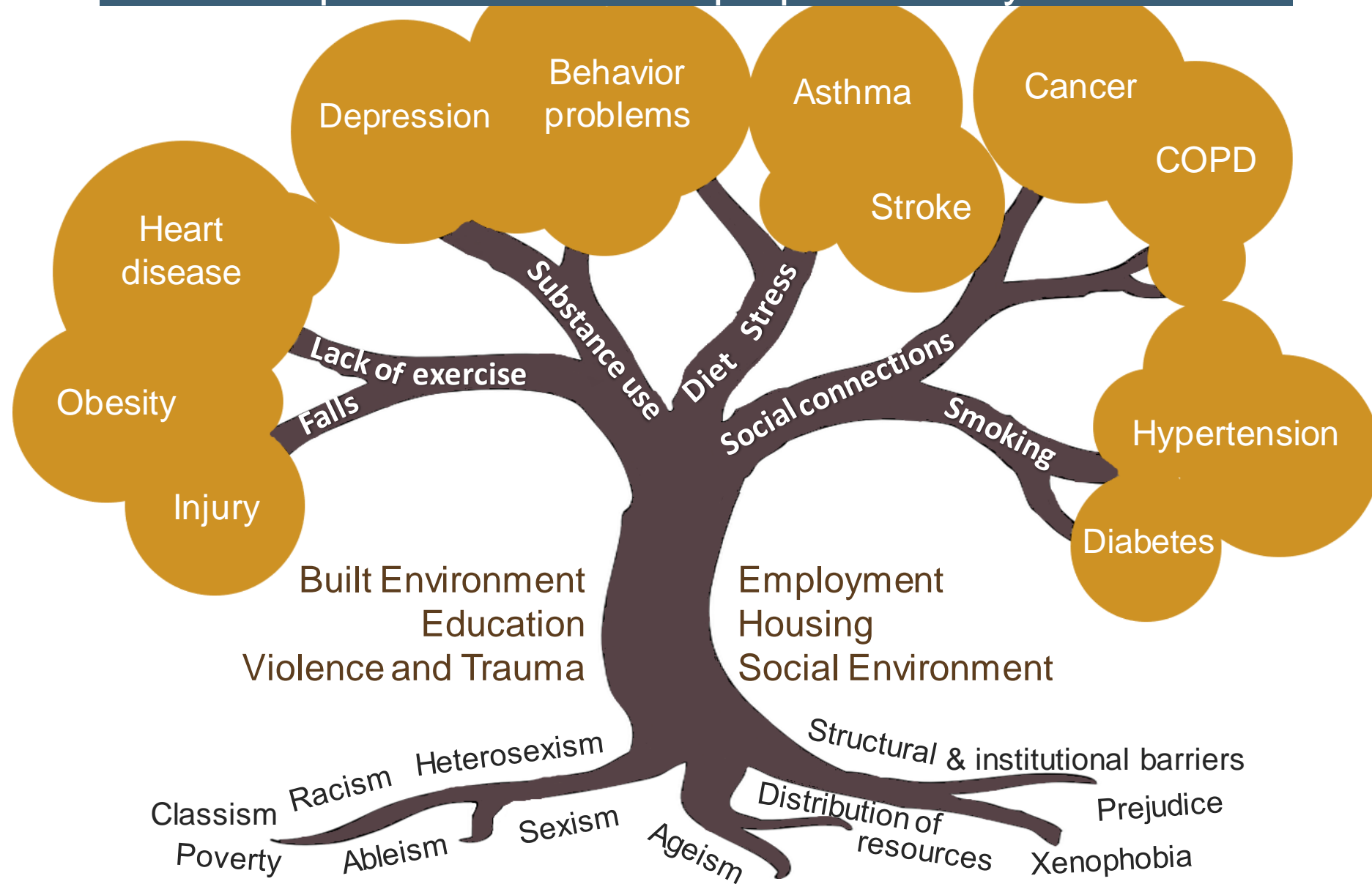
Funding Opportunities Timeline

Activity	Healthy Aging	PSE
Inquiry of Idea due	Wednesday, September 18, 2019	Wednesday, October 2, 2019
Notice of decision	Friday, November 22, 2019	

CHIP Activity	Date
Proposals due	Wednesday, November 20, 2019
Notice of awards	Friday, February 7, 2020



Health outcomes... influenced by health behaviors...
shaped by the social determinants of health...
health inequities created and perpetuated by root causes.



Defining Health Equity

Health Equity - everyone has a fair and just opportunity to be as healthy as possible. To achieve this, we must remove obstacles to health — such as poverty, discrimination, and deep power imbalances — and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.*

“Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death.”

*Source: Human Impact Partners, Health Equity Guide
<https://healthequityguide.org/about/defining-health-equity/>

Martin Luther King Jr.



CHIP Funding Opportunity



Community Health Improvement Planning (CHIP) Processes

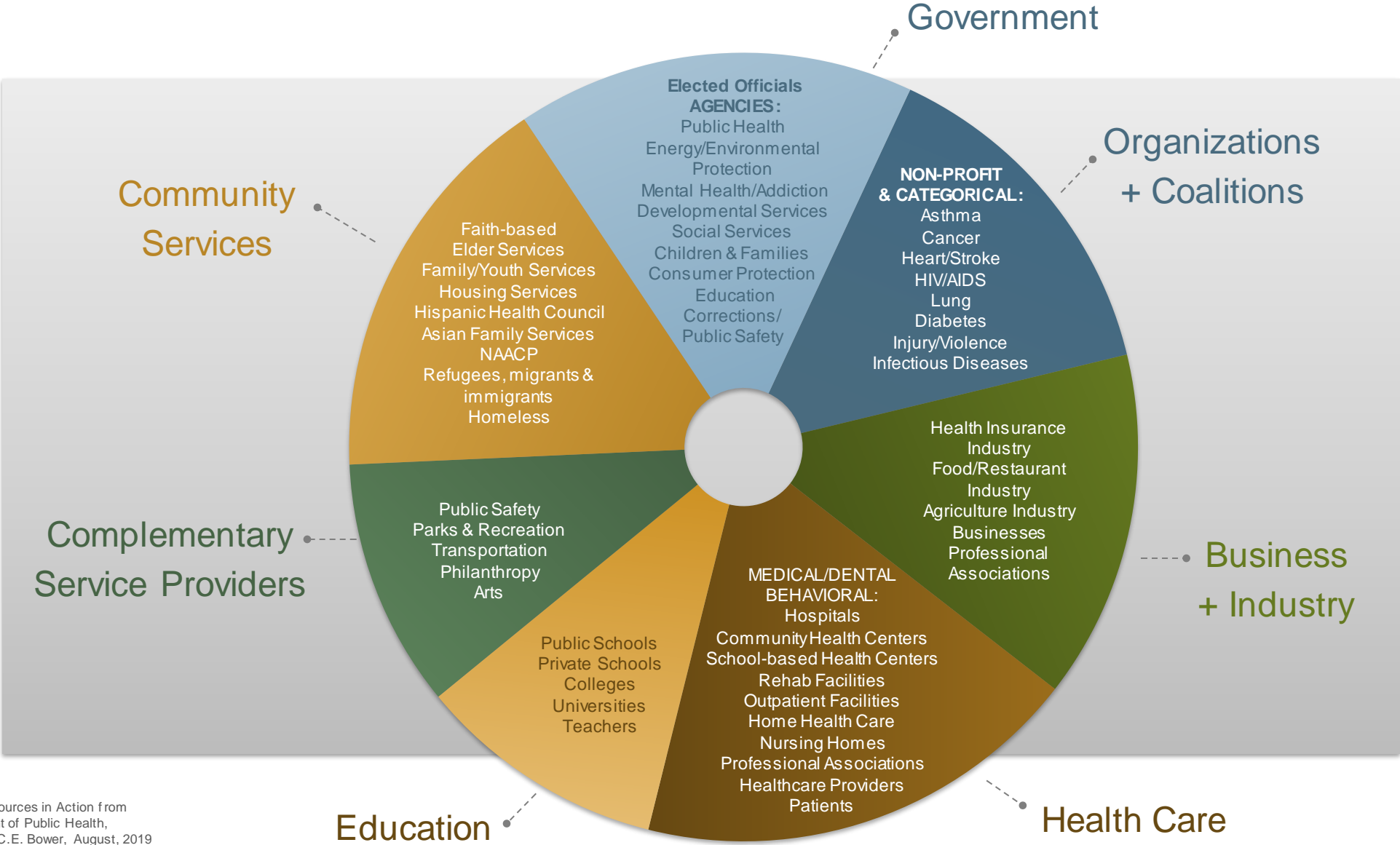


Key Components of a Successful CHIP

- A single, grounded and collective process that incorporates health equity and social determinants of health
- Full and broad community engagement
- Clear, focused, and measurable objectives
- Clear definition of realistic outcomes with specific action plans
- Plans that are fully integrated into the work of partner organizations



Sectors to Engage in Partnership



We Want to Hear From You!



As you think about submitting a proposal to the CHIP funding opportunity, what type of partners have you engaged, or would like to engage?



The Three Sections of a Proposal

- Background
- Approach
- Resources



Background

1. Briefly describe your agency, organization, or collaborative and its role in community health improvement planning processes.
2. If this is a collaborative, please describe its history and the roles of the collaborative's members in the CHIP process work.
3. Briefly describe the current status of this CHIP process.
4. Briefly describe how data is currently or will be used in this CHIP process.
5. Briefly describe how this CHIP process addresses or will address root causes of health.



Approach

6. Describe what you need to make your CHIP process a success.
7. Briefly explain how this idea will address the SDoH area(s) and improve health outcome(s).
8. Define the geography that will be impacted/benefit from this CHIP process and how they will, at a minimum, be engaged in the proposed work. Using the Guidelines for Community Engagement, describe the expected level of community engagement for this CHIP process.
9. Identify any additional CHIP processes (including Public Health Accreditation Board accreditation activities) that serve all or part of the geography this CHIP process will serve and describe how activities will be coordinated with these related CHIP processes.
10. Identify any additional partners you will need to engage to make this process a success.



Resources

11. Complete one budget form for each year that you are requesting funding.
12. List any other resources you need to implement your idea, such as training, technical assistance, data/other information.



Submitting Your Idea



The Application Portal – Basic Steps

1. Follow the link on the MA Health Funds website
2. Create an account (or login to existing account)
3. Complete Eligibility Questions
4. Complete Part A: Cover Form
5. Complete Part B: Proposal
6. Add attachments – Budget form(s)
7. Save or submit



The Application Portal – How to get there



MAHealthFunds.org

ABOUT THE FUNDS ▼

WHAT WE FUND ▼

APPLY ▼

RESOURCES ▼

Apply

Share Your Idea

To share your idea for one or more funding opportunity, download and complete the **Inquiry of Ideas (IOI) or Request for Proposal (RFP)** then **submit via the online application portal**. We encourage applicants to watch a live or recorded funding announcement webinar before submitting an IOI or RFP.

Online Idea Submission

Community Healthy Improvement Planning (CHIP) Processes

Request for Proposals

Budget Form

Template (for narratives only)

Application Portal

Healthy Aging

The Healthy Aging funding opportunity is now closed. The due date for submissions was October 2, 2019. Applicants will be notified if they have been selected to submit a full proposal by November 22, 2019.



Accessing the Portal

1. Follow the link provided. This is the page you will see the first time



Health Resources in Action
Advancing Public Health and Medical Research

Contact Us | Logout

Please Sign In

Welcome to Health Resources in Action's online portal for application and report submission.

NEW Users: Click the "Create an Account" link below to get started.
We recommend creating your account with a general email inbox.

RETURNING Users: If you have an account, enter your email address and password to login.
If needed, click the "Forgot Password" link below to reset your password.

E-mail

Create an Account

Password

[Forgot Password?](#)

Login

2. Create an Account

New Applicant?

An account allows you to access your saved and submitted applications at any time. It also allows us to send you a submission confirmation e-mail and notify you if additional information is necessary to process your application.

E-mail

Confirm E-mail


Password (must contain at least 5 characters, with both letters and numbers)

Confirm Password

Continue

[Return to login](#)

The Application – Eligibility Reminders



— Massachusetts —
COMMUNITY HEALTH AND
HEALTHY AGING FUNDS

[Contact Us](#) | [Application Materials](#) | [Logout](#)

Please complete the following questions to verify your eligibility for the Massachusetts Community Health Fund's Community Health Improvement Planning (CHIP) Processes funding opportunity.

I am starting a new application for the Massachusetts Community Health Fund. (Go to your [Account Page](#) to return to a saved application). We recommend bookmarking your Account Page.

-Select One- ▼

The Application – Instructions and Important Links

Massachusetts Community Health

grantrequest.com/Application.aspx?sid=2364&aid=21167

— Massachusetts —
COMMUNITY HEALTH AND
HEALTHY AGING FUNDS

Contact Us Application Materials Logout

Instructions Part A: Cover Form Part B: Proposal Certifications Attachments Review My Application


Instructions Printer Friendly Version

* Required before final submission

Please read the following instructions before you begin.

- The Community Health Fund's Community Health Improvement Planning (CHIP) Processes Request for Proposals and the application template for narrative submissions are accessible via the **Application Materials** link in the upper right corner.
- Please save your work as you complete the application by clicking **Save and Continue**. You can also return to a saved application by clicking **Save and Finish Later**. To return to a saved application, visit your **Account Page**. We recommend bookmarking this page.
- If you have any questions related to the Community Health Fund, click the **Contact Us** link in the upper right corner. If you need assistance or have questions regarding the applicant portal and submitting your application, please contact Emily Breen at **ebreen@hria.org** directly.

The Application – Part A: Cover Form

 Massachusetts Community Health ×

← → ↻ 🔒 grantrequest.com/Application.aspx?sid=2364&aid=21167 ☆ E ⋮

[Contact Us](#) | [Application Materials](#) | [Logout](#)

[Instructions](#) | [Part A: Cover Form](#) | [Part B: Proposal](#) | [Certifications](#) | [Attachments](#) | [Review My Application](#)

Part A: Cover Form

[Printer Friendly Version](#)

* Required before final submission

Organization to Lead Proposed Project

* **Organization Name**
Please list the organization to lead the proposed project. If the organization to lead the proposed project is different from the fiscal sponsor, please enter fiscal sponsor information below. If there is no fiscal sponsor, please list the legal name and Tax ID of your organization again in the section below.

Organization Information (or Fiscal Sponsor if applicable)

* **Legal Name of Lead Organization**
Awards will be transmitted to this organization. If you are applying independently, please list your organization information here. If you are applying with a fiscal sponsor, list them here.

* **Tax ID/Employer ID Number of Lead Organization**

Organizational Operating Budget
Please note your organizational operating budget for the most recent fiscal year.

The Application – Part B

The screenshot shows a web browser window with the URL `grantrequest.com/Application.aspx?sid=2364&aid=21167`. The page has a dark blue header with navigation links: [Contact Us](#), [Application Materials](#), and [Logout](#). Below the header is a horizontal menu with tabs: [Instructions](#), [Part A: Cover Form](#), [Part B: Proposal](#) (active), [Certifications](#), [Attachments](#), and [Review My Application](#). The main content area is titled **Part B: Proposal** and includes a link for [Printer Friendly Version](#). A red asterisk icon indicates a required field: *** Required before final submission**. The section is titled **Proposal Attachment Submission**. Under the heading ***Instructions***, a paragraph states: "To describe your proposal in more detail, you will need to upload an attachment that addresses the questions in the Request for Proposals (RFP). To review the RFP, click on the Application Documents link in the right hand corner." Below this, a sentence reads: "This attachment may be any one of the following:" followed by a bulleted list:

- Narrative Document (.doc or .pdf) up to 10 pages, 12 pt font, single-spaced, half-inch margins
- Video (URL) up to 30 minutes
- Presentation (.ppt or .pdf) up to 40 slides

 The section **Narrative** follows, with instructions: "If you are submitting a narrative, please use the [application template](#) available via the Application Materials link in the upper right corner. Please save your file as: **CHIP_[Organization Name]**. Example: CHIP_Health Resources in Action." The final section, **Presentation**, states: "If you are submitting a presentation. Please save your file as: **CHIP_[Organization Name]**. Example: CHIP_Health Resources in Action."

Massachusetts Community Health

grantrequest.com/Application.aspx?sid=2364&aid=21167

[Contact Us](#) | [Application Materials](#) | [Logout](#)

[Instructions](#) | [Part A: Cover Form](#) | [Part B: Proposal](#) | [Certifications](#) | [Attachments](#) | [Review My Application](#)

Part B: Proposal [Printer Friendly Version](#)

* Required before final submission

Proposal Attachment Submission

Instructions

To describe your proposal in more detail, you will need to upload an attachment that addresses the questions in the Request for Proposals (RFP). To review the RFP, click on the Application Documents link in the right hand corner.

This attachment may be any one of the following:

- Narrative Document (.doc or .pdf) up to 10 pages, 12 pt font, single-spaced, half-inch margins
- Video (URL) up to 30 minutes
- Presentation (.ppt or .pdf) up to 40 slides

Narrative

If you are submitting a narrative, please use the [application template](#) available via the Application Materials link in the upper right corner. Please save your file as: **CHIP_[Organization Name]**. Example: CHIP_Health Resources in Action.

Presentation

If you are submitting a presentation. Please save your file as: **CHIP_[Organization Name]**. Example: CHIP_Health Resources in Action.

The Application – Attaching Proposal

Attachment Submission

Below, please add your attachment answering the questions listed in the RFP. **You will attach your budget form(s) on the last page, after certifications.**

Narrative or Presentation Attachment

Please attach your proposal here. Remember to choose your file AND click upload. If you are submitting a video, please skip this step and insert your URL below. **Remember to choose your file AND click Upload to ensure the document is fully uploaded to your application.**

No file chosen

Video URL

Please enter your video URL below

*** Type of Submission**

Please verify which type of attachment you submitted above.

▼



The Application – Certifications

[Instructions](#) [Part A: Cover Form](#) [Part B: Proposal](#) **[Certifications](#)** [Attachments](#) [Review My Application](#)

Certifications [Printer Friendly Version](#)

* Required before final submission

I certify that:

- I have read the Community Health Fund's Community Health Improvement Planning (CHIP) Processes Request for Proposals in full.
- I understand that the deadline to submit a Idea for the Community Health Fund's Community Health Improvement Planning (CHIP) Processes funding opportunity is **Wednesday, November 20, 2019 at 2 PM** and no late submissions will be accepted.
- The answers submitted in this application are accurate and complete to the best of my knowledge.
- My organization's senior leadership is aware of and supportive of this application.

* Initials

Note: Please attach your budget form(s) on the last page.

[Save & Finish Later](#) [Save & Continue](#)



The Application – Budget Form Attachment

[Contact Us](#) | [Application Materials](#) | [Logout](#)

[Instructions](#) | [Part A: Cover Form](#) | [Part B: Proposal](#) | [Certifications](#) | **[Attachments](#)** | [Review My Application](#)

Attachments[Printer Friendly Version](#)

REQUIRED: Budget Forms
Please attach your budget form(s) here. You can access the budget form on the [How to Apply](#) page of the MA Health Funds website. Please submit one budget form for each year that you are requesting funding.

Upload
The maximum size for all attachments combined is 100 MB. Please note that files with certain extensions (such as ".exe", ".com", ".vbs", or ".bat") cannot be uploaded.

Title:

File Name:

Choose File

No file chosen

Upload

Save & Finish Later

Review & Submit

Completing your Budget Form(s)

- The budget form is available on the How to Apply page of our website under Online Idea Submission

mahealthfunds.org/apply/

Apply

Share Your Idea

To share your idea for one or more funding opportunity, download and complete the **Inquiry of Ideas (IOI)** or **Request for Proposal (RFP)** then submit via the online application portal. We encourage applicants to watch a live or recorded funding announcement webinar before submitting an IOI or RFP.

Online Idea Submission

Community Healthy Improvement Planning (CHIP) Processes

[Request for Proposals](#)

[Budget Form](#)

[Template \(for narratives only\)](#)

[Application Portal](#)

Healthy Aging

The Healthy Aging funding opportunity is now closed. The due date for submissions was October 2, 2019. Applicants will be notified if they have been selected to submit a full proposal by November 22, 2019.

Policy, Systems, and Environmental Change Approaches

The first round of the Policy, Systems, and Environmental (PSE) Change funding opportunity is now closed. The due date for submissions was October 9, 2019. Applicants will be notified if they have been selected to submit a full proposal by November 22, 2019.

Budget Form

BUDGET FORM A
Total Project Costs from All Sources
Employee Compensation

Please complete one form for each year you are applying for funding:
Select the funding year below by **bolding** or underlining the year:
Year 1 Year 2 Year 3 Year 4 Year 5

Position Title	Annual Salary	FTE (on this project)	Total Project Costs	Other Funding Sources	Amount Requested from MA CH Fund
1.					
2.					
3.					
4.					
5.					
Subtotal (salaries):		\$	\$	\$	\$
Payroll Taxes (%)					
Fringe Benefits (%)					
Subtotal (benefits):			\$	\$	\$

Total Employee Compensation
(salaries + benefits):

\$	\$	\$
----	----	----

Non-Employee Compensation (e.g. volunteer or community ambassador stipends)

Total Non-Employee Compensation

\$	\$	\$
----	----	----



Budget Form

Operating Expenses

Item	Total Project Costs	Other Funding Sources	Amount Requested from MA CH Fund
Office Supplies			
Equipment			
Copying and Printing			
Telephone and Fax			
Postage and Delivery			
Rent			
Utilities			
Office Maintenance			
Program Advertising			
Staff Travel			
Training and Educational Supplies			
Staff Training			
Evaluation			
Other Expenses <i>(list and explain on Budget Form B)</i>			
Total Operating Expenses:	\$	\$	\$
Total Direct Expenses <i>(Total Employee Compensation + Total Non-Employee Compensation + Total Operating Expenses)</i> :	\$	\$	\$
Total Indirect Expense <i>(may not exceed 20% of Direct Expenses)</i>	\$	\$	\$
GRAND TOTAL	\$	\$	\$



Budget Form

BUDGET FORM B

**JUSTIFICATION OF PROGRAM EXPENSES REQUESTED FROM THE MA COMMUNITY HEALTH FUND
and
IDENTIFICATION OF OTHER FUNDING SOURCES**

Please list and explain all project costs to be funded by the MA Community Health Fund. Include additional pages if necessary.

Employee Compensation:

<u>Position</u>	<u>Explanation</u>
-----------------	--------------------

Non-Employee Compensation:

<u>Position</u>	<u>Explanation</u>
-----------------	--------------------



Budget Form

BUDGET FORM B

**JUSTIFICATION OF PROGRAM EXPENSES REQUESTED FROM THE MA COMMUNITY HEALTH FUND
and
IDENTIFICATION OF OTHER FUNDING SOURCES**

Please list and explain all project costs to be funded by the MA Community Health Fund. Include additional pages if necessary.

Operating Expenses (including other expenses):

<u>Item</u>	<u>Explanation</u>
-------------	--------------------

Other Funding Sources:

List ALL other current and pending funding sources related to this project. Please include the amount funded or requested and identify all that are in-kind.



Reminders

- Log into the online portal before the deadline to create an account and familiarize yourself with its format
 - Contact Emily at ebreen@hria.org with any technical challenges as soon as possible.
- You can save your application and finish later.
- Consider submitting before 2 PM deadlines!



Resources



Capacity Building and Technical Assistance

- E-mail questions to CHFUND@hria.org
- Visit our Frequently Asked Questions webpage, www.MAHealthFunds.org/frequently-asked-questions
- Sign up for a 15-minute phone session with a technical assistance provider to discuss additional questions. More information at <https://mahealthfunds.org/capacity-building-opportunities/>



Visit Our Website

ABOUT THE FUNDS ▼

WHAT WE FUND ▼

APPLY ▼

RESOURCES ▼



Massachusetts Community Health & Healthy Aging Funds

www.Mass.gov/MAHealthFunds



Community Health Improvement Planning (CHIP)

Proposal Deadline

Wednesday, November 20, 2019 at 2:00 PM



Contact Information

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