**Due Date: Wednesday, November 20, 2019 at 2 PM**

Directions for using this template:

1. Please **do not** change the font, font sizes, spacing, or margins.
2. Please **do** answer each question within the box.
3. Please **do** change the length of each answer (add space to the box) as needed.
4. Please **do** insert the name of the applicant organization in the document footer.
5. Please **do** answer all the questions in this document.
6. Please **do** contact CHFund@hria.org if you have any questions or concerns. Please note that while staff will do their best to answer questions, they may not be available to immediately assist you in the final 24 hours before the application due date.
7. Please save your document as CHIP\_Organization Name. Ex: CHIP\_Health Resources in Action
8. **Please delete these instructions before saving and submitting your application attachment.**

# **Massachusetts Community Health Fund Application**

# Community Health Improvement Planning (CHIP) Processes

## Part B: Proposal

### Background

**Briefly describe your agency, organization, or collaborative and its role in community health improvement planning processes.**

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**If this is a collaborative, please describe its history and the roles of the collaborative’s members in the CHIP process work.**

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**Briefly describe the current status of this CHIP process.**

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**Briefly describe how data is currently or will be used in this CHIP process.**

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### Briefly describe how this CHIP process addresses or will address root causes of health.

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### Approach

**Describe what you need to make your CHIP process a success.**

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**Briefly explain how this idea will address the SDoH area(s) and improve health outcome(s).**

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**Define the geography that will be impacted/benefit from this CHIP process and how they will be engaged in the proposed work. Using the** [**Guidelines for Community Engagement**](https://www.mass.gov/files/documents/2017/01/vr/guidelines-community-engagement.pdf)**, describe the expected level of community engagement for this CHIP process. Priority will be given to ideas that come from and are led by populations with lived experience related to the issue being addressed.**

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**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.**

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**Identify any additional partners you will need to engage to make this process a success.**

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### Resources

**Complete one budget form for each year that you are requesting funding. *These forms are not included in limits set for the main part of your submission.***

**List any other resources you need to implement your idea, such as training, technical assistance, data/other information. One of the main goals of the Community Health Fund is to support applicants with capacity building training and resources. Topics may include, racial equity, assessment, use of data, policy, systems and environmental change approaches, institutional/structural racism, proposal writing, and budget development.**

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