

## West Suburban Community Health Network Area (CHNA) 18

Brookline ★ Dedham ★ Dover ★ Needham ★ Newton ★ Waltham ★ Wellesley ★ Weston ★ Westwood

### Non-Competitive Funding Application for Local Health Departments

CHNA 18 is offering a one-time non-competitive grant opportunity in the amount of \$1,000 for cities and towns in the CHNA: Brookline , Dedham , Dover , Needham, Newton , Waltham , Wellesley , Weston , and Westwood.

Only one application from each community will be accepted. Towns should apply via the health department/local board of health. Health departments may identify a local non-profit organization to apply instead, and must include the letter template below acknowledging their approval of the application.

These funds, totaling up to \$1,000 per community, can be used for any purpose the applicant determines, provided the following requirements are met:

- The funding is used for a public health-related project
- The funding is used to benefit the community

This funding can be used to address any health-related issue area that the applicant identifies as a need in the community. CHNA 18 recently completed a health needs assessment (available online at [www.CHNA18.org](http://www.CHNA18.org)) for all nine cities and towns within our region. Priority health areas were identified from the data for program planning purposes. Applicants are encouraged to refer to this assessment to identify areas of need in their community, but it is not a required that the applicant utilize the funds to address an issue identified in the CHNA 18 health needs assessment.

#### **Application Process:**

Applicants should submit a narrative, **no more than two pages in length**, which includes the following information:

- Organization/applicant contact information and BRIEF description of organizations' mission and activities.
- Description of the proposed project for which the funding will be used.
- Statement of community need for the project (provide data or examples that demonstrate this need).
- Expected benefits of the project to the community.
- Evaluation of the project :
  - Expected outcomes (what specifically will you hope to achieve?)
  - Measurement of success (how will you know if your project was successful?)

Applicants should also include a budget and a letter of approval from the Health Department/Board of Health (if needed) using the templates below. These will not be included in the 2 page narrative.

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Applications should send all documents in **one** email to the CHNA 18 Coordinator, Jhana Wallace, at [jhanaw@gmail.com](mailto:jhanaw@gmail.com) .

Applications will be accepted on a rolling basis starting July 1, 2013 and ending on May 1, 2014.

Applications will be reviewed at the next scheduled Steering Committee meeting from the date they are submitted.

### **Additional Funding Information and Requirements**

If funded, recipients will be awarded 100% of funds up front (at project start up.)

Funding recipients must agree to:

- Attend and actively participate in all CHNA 18 General Meetings (held 2-3 times per year.)
- Support the sharing of information about the CHNA and needs assessment. Grantees may do so using suggested activities (see below) or develop their own idea. Once funded, applicants will be asked to identify how they will fulfill this requirement.

#### Suggested ideas:

- Host a meeting to introduce community members to the CHNA and learn about the recently completed needs assessment.
- Invite CHNA members to an already scheduled community meeting to introduce the CHNA and share information from the needs assessment.
- Submit a letter to the CHNA upon completion of the project with any data collected/evaluation results and completed project activities.

### **Submission Instructions:**

**Email** one copy of the application narrative, with budget and health department approval letter (if needed) to [jhanaw@gmail.com](mailto:jhanaw@gmail.com)

This application is available on-line at: <http://www.chna18.org>

Please submit any questions in writing to Jhana Wallace, CHNA 18 Coordinator, at [jhanaw@gmail.com](mailto:jhanaw@gmail.com). If necessary, questions and responses will be shared on the CHNA website, [www.chna18.org](http://www.chna18.org).

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### Budget Template

Item	Total Project Costs	Other Funding Sources	Amount requested in application
Staff			
Supplies			
Equipment/Materials			
Other expenses (list and explain)			
Total	\$	\$	\$
Fiscal Contact:			
Address:			
Phone:	Email:		

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Health Department/Board of Health Letter of Approval for CHNA 18 Funding  
Application For Local Organizations/Non-profits

The town of (Insert Town) Health Dept./Board of Health declines to apply to CHNA 18 for the **Non-Competitive Funding Application for Local Health Departments** grant.

I approve (organization name) to apply and receive funds with our support.

Sincerely,

(Print Name) \_\_\_\_\_

Insert Town, Director, Health Department/Board of Health