



**HEALTH PROJECT COMMUNITY BENEFIT BOARD INITIATIVE (CBI)
GRANT PROGRAM GUIDELINES
FY 2021**

The Health Project Community Benefit Initiative Grant program was created to facilitate the investment of community benefit funds allocated to the Health Project's Advisory Board of Directors by Mercy Health Muskegon. This discretionary fund supports initiatives and/or programs that address health needs identified in Mercy's most recent *Community Health Needs Assessment and Implementation Strategy*, as well as strengthen and sustain our organizational Mission in the community.

Like all such programs, we expect the demand for these funds exceeds availability. For this reason, we have developed specific guidelines for funding that are intended to ensure that each request is evaluated fairly and that all applicants adhere to the intent of the program.

FUNDING STRUCTURE

Principal grant awards will be \$25,000. The Health Project Board may award grants of \$10,000 or less if funding is available after Principal grants are approved.

All applicants are required to submit a Letter of Intent on the form provided to be considered for funding.

GENERAL GRANT CRITERIA

All proposals must address an area of need identified in Mercy's 2019 Community Health Needs Assessment found at [CHNA 2019](#)

- Quarterly reporting will be required, including quarterly financial reports.
- Funds will be paid out in July of the grant cycle year.
- Applicants that are selected for funding and fail to return a signed grant contract forfeit their grant award.

Continuation Funding

- Limit of three years, with a full application required each year
- The program must be based on evidence of expanded services or geographic area being served.
- The program must provide evidence of additional support being sought and include a plan for sustaining the program in subsequent years.
- Show history of organizational capacity and accountability, specifically reliable reporting, documented outcomes and fiscal responsibility.

GRANT APPLICATION GUIDELINES

- Requests must be consistent with the mission and core values of Mercy Health Muskegon. Funding will target a health or human service need in the community identified in the current *Community Health Needs Assessment (CHNA)* [CHNA 2019](#)
- Organizations must demonstrate management capacity and other evidence of accountability.
- Programs must have clear goals, quantified objectives, performance outcomes, and corresponding measures to track outcomes.
- Programs must list strategies and activities that are designed to achieve the listed objectives.
- Implementation timelines must be realistic.
- The program should have a clearly defined evaluation process.
- Applications should highlight existing and/or potential collaborations with community partners, especially those partners who will be providing material support to the program.
- The application must contain a detailed budget and budget narrative.
- Quarterly progress reporting and a final report are required.
- **Letters of Intent and Applications must be submitted as Microsoft Word documents or PDF's, attached to an email; Google Docs will not be accepted.**

TIMELINE

Friday March 13, 2020	<p>REQUIRED Letter of Intent due. Template available on page 3 of grant application packet.</p> <p>Email to healthprojectgrants@mercyhealth.com Confirmation of receipt will be provided.</p>
Monday April 13, 2020 At 5:00 pm	<p>Applications Due</p> <p>All application materials must be submitted via email to healthprojectgrants@mercyhealth.com Applications must be submitted as Microsoft Word documents or PDF's attached to an email, Google Docs will not be accepted.</p>
June 2020	Award Notifications Distributed
TBD	Signed Grant Agreements Due
July 2020	Funding Released



**HEALTH PROJECT COMMUNITY BENEFIT BOARD INITIATIVE GRANT
GRANT LETTER OF INTENT
FY 2021**

Letter of Intent Deadline: March 13, 2020 at 5:00pm Submit to: healthprojectgrants@mercyhealth.com ALL FIELDS ARE REQUIRED	
Grantee Organization: [Click here to enter text.]	
IRS Tax Exempt ID Number or other evidence of Non-Profit Status: [Click here to enter text.]	
Project Name: [Click here to enter text.]	
Project Description (1-2 sentences): [Click here to enter text.]	
Estimated Funding Request:	
Contact Person: [Click here to enter text.]	
Email: [Click here to enter text.]	Phone #: [Click here to enter text.]
Mailing Address: [Click here to enter text.]	
City: [Click here to enter text.]	Zip Code: [Click here to enter text.]



HEALTH PROJECT COMMUNITY BENEFIT BOARD INITIATIVE GRANT

GRANT APPLICATION

FY 2021

You must use the following format for your application.

NARRATIVE

1. EXECUTIVE SUMMARY (150 word max.)

The Executive Summary should not exceed a half-page in length. Content can briefly include:

- An introduction of your agency;
- The purpose of the program;
- The amount requested;
- Which CHNA priority your proposal aligns with;
- What part of the community you are targeting;
- How many individuals you intend to serve;
- The strategy you intend to employ and,
- Anticipated outcome(s) should funding be awarded.

2. PROJECT DESCRIPTION (500 word max.)

Organizational History

- Briefly describe your organization's history, mission and goals.

Statement of Need

- Use the *Community Health Needs Assessment* to cite the issue you intend to address and why your organization is positioned to address this priority
- Indicate the population being targeted.
- How will the population benefit if funding is received?
- Identify whether this is a new program, an expansion of an existing effort, or program that needs support for other reasons. In the latter case, please provide details.

Partnerships

- List current collaborative partners.
- List prospective collaborative partners you will approach.

Staffing

- List staff that will be responsible for delivering the program and what their responsibilities will be.

Sustainability

- How do you anticipate sustaining the program once funding ceases?
- Are there supports we (Mercy Health Muskegon) can help you with to reach sustainability?

3. REPORTING MATRIX (not included in word count)

You must include a completed Reporting Matrix template (attached) with your grant application. This will be used to report your outcome numbers, based on the proposed measures. This template will be used throughout the year as the quarterly reporting tool. From your program narrative, fill out the Reporting Matrix as follows:

- In Column 1 “Project Objectives,” insert the key project objectives and the anticipated target number(s) or other defined result for each objective.
- In Column 2 “Strategies/Activities,” insert the strategies and activities you have proposed to accomplish each objective.
- In Column 3 “Timeline,” insert the timeframe(s) in which you expect to complete each of the objectives.
- In Column 4 “Outcome Measures,” insert the performance outcome measures you will be reporting for each of your objectives.
- In Column 5 “Outcome Progress,” leave this column blank for reporting your achievements on a monthly basis, using the performance outcome measures in Column 3.

4. EVALUATING SUCCESS (200 words max.)

Please discuss how you will gauge your success. for example pre/posttests, # clients served, services provided, surveys. Include quantitative and qualitative measures you will use to evaluate the impact of your project; for example pre/posttests, # clients served, services provided, surveys. Using the outcome performance measures you listed with each of your project objectives, you will be asked to describe the overall successes, failures and lessons learned in the course of your project period.

A final report is required at the end of the grant period. Your quantitative outcomes will be compiled from your monthly reports. A final report template will be provided to all grantees.

5. PROJECT BUDGET AND BUDGET NARRATIVE

Use the attached Project Budget Format. Applicants must prepare a Budget Narrative on a separate sheet to provide a brief explanation of the budget items and the method used to derive the costs. Follow the same order as the Project Budget Format. Budget must detail expenses, revenue sources and how the Health Project Board Initiative funds will be spent. Be sure that the figures on the Project Budget Format are consistent with the figures in the Budget Narrative.

6. ATTACHMENTS

Letters of commitment/support will be accepted and are not included in the page count. If the project includes key contributors and/or partners in the project, letters of commitment from them should be included.



**HEALTH PROJECT COMMUNITY BENEFIT BOARD INITIATIVE GRANT
REPORTING MATRIX
FY 2021**

Project Name: [Click here to enter text.]			Report Period: _____	
Grantee Organization: [Click here to enter text.]				
Project Objectives	Strategies/Activities	Timeline	Outcome Performance Measures	Performance Outcome This Period (Completed Monthly)
Column - 1	Column - 2	Column - 3	Column - 4	Column - 5
[Click here to enter text.]	[Click here to enter text.]	[Click here to enter text.]	[Click here to enter text.]	[Click here to enter text.]
[Click here to enter text.]	[Click here to enter text.]	[Click here to enter text.]	[Click here to enter text.]	[Click here to enter text.]
[Click here to enter text.]	[Click here to enter text.]	[Click here to enter text.]	[Click here to enter text.]	[Click here to enter text.]
[Click here to enter text.]	[Click here to enter text.]	[Click here to enter text.]	[Click here to enter text.]	[Click here to enter text.]

Additional rows may be added as needed.