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| **PHASE II ACTIVATION FUND APPLICATION GUIDE** |

**ORGANIZATIONAL INFORMATION**

1. **Please summarize the organization’s mission, including year established, core programs**

**and activities, geographic service area, and primary population(s) of focus.**

Please tell us about your organization, when it was founded, and the work you do through your programs. Please include a description of the people served by your organization, including how many individuals and/or families you serve annually and any known demographic information about them as a group. If the organization serves a large area of the state, please share how your programs/service offerings overlap with the [**Foundation’s geographic service area**](https://hfcm.org/eligibility-criteria/)**.**

1. **If applicable, please share any recent (within the past two years) or anticipated**

**major changes to the organization’s leadership, programs, or finances.**

Examples of relevant changes to note in response to this question include a recent, or upcoming transition in the organization’s senior leadership staff, a significant shift in programming that impacts the population of focus, such as opening of a new location or closure of a previously operating facility, and/or a substantial change in net assets, positive or negative, with a brief explanation. Please respond “not applicable” if no such changes have occurred or are expected.

**PROJECT DESCRIPTION**

1. **Please describe your proposed project, including any collaborating partners involved, and**

**anticipated impact on the population of focus. Please include a high-level explanation**

**of project costs and other sources of support, if applicable, highlighting any significant**

**changes to your plans or estimated costs as described in the concept paper.**

Please use this section to tell us more about your proposed project, why it is needed, specific plans for implementing it, and the estimated number of people (individuals and/or families) you believe will be impacted by this work. If other organizations are directly involved, please indicate their respective roles and responsibilities. If a partner organization is responsible for one or more specific deliverables associated with the project, a letter of support or Memorandum of Understanding should be included as an attachment.  Please be sure to include reference to the estimated cost of the project and note that the Foundation requires a professional estimate or quote for capital projects/equipment purchases of $5,000 or more as an attachment. If estimated costs are more than the grant amount requested from The Health Foundation, please reference other funding sources, including cash and donated goods or services (in-kind support), and/or plans for securing additional funding needed and the status of your efforts.

1. **How will your proposed project help build organizational capacity or effectiveness in**

**alignment with the primary goal of the Activation Fund?**

With this question, we are seeking to understand the connection between your project and the Activation Fund goals. Please explain if or how the project will strengthen the organization, help it serve more people, and/or improve outcomes. The Foundation does not name specific health issues, so this is a good place to explain why you see your project as important and/or urgent and provide background information to help us understand the health issue(s) to be addressed (if applicable) and relevant data to quantify it, and if/how you have incorporated evidence-based strategies for addressing the issue into your plans. If your project involves trying a new approach or strategy, please explain why you think it will be helpful. If new partnerships are being explored, please describe the status of engagement. If the project is intended to address a new/emerging health challenge, please explain how you learned of the issue or opportunity. If it is a capital project aimed to enhance service delivery, please describe the expected impact. If applicable, describe how it aligns with priorities identified by your local [**Community Health Network Area**](https://www.mass.gov/service-details/community-health-network-areas-chna-configuration)(CHNA) or other coalitions.

1. **How does the organization plan to sustain the project once the Activation Fund grant ends?**

Plans for how projects will continue after the grant period ends will vary depending on the type of project proposed (program, capital, etc.). For programs, a strong sustainability plan involves having a dependable, long-term funding source that goes beyond writing more grants for additional funding.  Examples may include third-party reimbursement, a revenue-generating activity that covers costs, or evidence of a varied donor base (i.e., limiting reliance on one or two donors). For capital projects, sustainability plans might need to address ability to cover related operating costs and/or ongoing maintenance needs.

**PROJECT TEAM**

1. **What are the relevant qualifications of the project director and others who are expected to play significant roles in the proposed project?**

Please tell us about the people who will be significantly involved in implementing this project, including their credentials, skills, and experience. Please also share examples of their past experience implementing similar projects and/or working with similar people, including the results achieved.

**PROJECT GOALS & EVALUATION PLANS**

1. **What are the measurable goals and desired outcomes, as defined by the organization, for**

**the proposed project?**

Goals are broad yet practical real-world statements that describe what you set out to

accomplish. Outcomes are measurable signs of success or progress toward your goals.

Goals often begin with “To.” For example, “To expand the organization’s capacity to

provide behavioral health services for children, youth and young adults.”

Related outcomes for this goal might include, “To serve an additional X/number of patients within a 12-month period,” or “To reduce waiting periods for appointments with behavioral health care providers from X weeks to Y days.” If desired outcomes involve increased capacity, please include both baseline (current) and target figures.

1. **How will you assess progress toward your project goals?**

Please identify specific indicators or measures of progress you intend to monitor and describe

the methods you will use to determine if your project is successful and who will be involved.

To use the same example from above, an indicator of progress might be, *“To hire and train X*

*number of new clinicians within the first six months.”*

**KEY STAKEHOLDERS**

1. **How will you listen to and learn from the people most affected by the issue you are**

**addressing?**

Please describe how you will involve the people who will be impacted by this project (and/or

people with lived experience) in the planning and implementation of this project.

1. **How will you engage with other key stakeholders to seek input or share information related**

**to the project?**

Please help us to understand how you will share information about this project with key

stakeholders. If relevant, describe plans to gather information about similar or

complementary efforts to address the identified issue and share lessons learned with other

organizations for the benefit of similar service provision in other areas.

**PROJECT WORKPLAN/TIMELINE**

1. **Please list the specific activities planned to accomplish project goals within the grant period**

**(July 1 – June 30), along with target dates for completion, in bulleted format below:**

* Specific activity (target date for completion)

Please list key activities/milestones you will use to track progress along with estimated completion dates. If funding is provided, dates may be updated as the project evolves.

1. **Is there any additional information you would like to share? *(Optional)***

Please tell us anything you’d like us to know about your request that you haven’t already had

the opportunity to share.

**ATTACHMENTS REQUIRED:**

* + Project Budget Form:
    1. The project budget may be downloaded from the Foundation’s website as an Excel spreadsheet that includes both a budget template and budget narrative on two separate tabs within the worksheet. Please complete the necessary sections in white on the budget tab, which will automatically update the budget narrative tab. On the narrative page, please provide a description of all budget line items. Please note, **this form should be submitted as a separate document in Excel Format** (rather than as a PDF).
    2. Organizations may include up to 10% of the total direct costs for indirect costs (e.g., fixed costs associated with operation and management of the organization such as rent/mortgage, utilities, insurance, accounting & administrative staff).**The following items must be listed in a separate section of the budget form and omitted from the total direct costs on which the indirect cost calculation is based: subcontracting arrangements, capital improvements (including renovation and purchase), and equipment purchases.**For more information on calculation of indirect costs, please see the Indirect Costs Policy tab on the Project Budget Form.
    3. In an effort to support smaller organizations more explicitly, the Foundation is allowing organizations with operating budgets of less than $500,000 to request an additional 10% of total project costs for supplemental support. *These funds are unrestricted and may be used where most needed.*
  + Financial Statements for most recent year (audited if available) or IRS Form 990
  + (If Applicable), organizations or groups applying through a fiscal sponsor are asked to complete and return a Fiscal Sponsor Agreement form signed by an authorized representative of the sponsoring agency. This form may be downloaded from the Foundation’s website.
  + (If Applicable) Letters of support from partnering organizations, signed by the Executive Director or CEO, which delineate specific commitments to the project
  + (If Applicable) Quotes/professional estimates for capital projects/purchase of goods or services exceeding $5,000