

ADVANCING CARE. ENHANCING LIVES.

## COMMUNITY BENEFITS PROGRAM

### REQUEST FOR PROPOSALS (RFP)

#### *BETTER TOGETHER GRANTS 2024 (FY 2024) GRANT GUIDELINES*

ISSUED BY	Baystate Medical Center (BMC) in partnership with BMC Community Benefits Advisory Councils (CBAC)
DATE RFP ISSUED	Monday, February 5, 2024
INFORMATION SESSION	Wednesday, February 14, 2024
APPLICATION ROUND ONE DEADLINE	Wednesday, March 27, 2024 11:59 PM EST
APPLICATION ROUND TWO FINAL DEADLINE <i>for selected applicant finalists</i>	Friday, April 19, 2024
APPLICANT INTERVIEWS	April 22-26

## Table of Contents

I. Introduction .....	3
II. Grant Overview .....	3
III. Better Together Grants Criteria .....	6
A. Priority Social Determinant of Health (SDoH) and Focus Areas .....	7
B. Priority Population .....	7
C. Intersectionality .....	8
D. Evidence-based .....	8
E. Project Feasibility and Impact .....	9
F. Community-Clinical Linkage .....	10
G. Cultural Humility .....	10
H. Health Equity .....	11
I. Partnerships & Collaboration .....	11
J. Policy, Systems and Environmental Change .....	12
K. Online Resource Library .....	13
IV. Eligibility .....	14
Grant Award Amounts .....	14
Allowable Uses of Grant Funding .....	15
Non-allowable Uses of Grant Funding .....	15
V. Submission Guidelines .....	15
A. Information Session .....	15
B. Optional Feedback Office Hours .....	16
C. Accessing the Online Application .....	17
D. Two Part Application, Required Documents & Virtual Interview .....	17
E. Timeline .....	19
F. Proposal Review Process .....	20
G. Summary of Scoring Criteria .....	21
VI. Post-Award Requirements .....	23
Right to Amend .....	24
VII. For More Information .....	24
VIII. Appendix A: Social Determinants of Health .....	25

## I. Introduction

[Baystate Medical Center](#) (BMC) is a 746-bed independent academic medical center and home to the UMass Chan Medical School – Baystate. Baystate Medical has one of New England’s busiest emergency departments and is the region’s only Level 1 trauma center. Baystate Medical is part of Baystate Health (BH), a not-for-profit, multiinstitutional, integrated health care organization serving more than 800,000 people throughout western Massachusetts. Baystate Health, with a workforce of 13,000 employees, is the largest employer in the region and includes: Baystate Medical Center, Baystate Franklin Medical Center, Baystate Wing Hospital, Baystate Noble Hospital, Baystate Medical Practices, Baystate Home Health, and Baystate Health Foundation

BH’s core mission is improving the health of its community. Traditionally, this is accomplished through health care. However, the model of improving health care only within hospital walls is changing. BH’s Community Benefits Program, through place-based investments, supports projects that advance both BH’s **charitable mission**, *“to improve the health of the people in our communities every day, with quality and compassion”* and BH’s **community benefits mission**, *“to reduce health disparities, promote community wellness and improve access to care for vulnerable populations.”*

Funded projects are intended to address community health needs by making it easier for people to live healthier lives and for communities to be healthier places to live. Success in these projects will be measured as improved health status of populations and increased community capacity to promote health. Applicants are encouraged to submit proposals that address social determinants of health and foster collaborations between institutions, local public health authorities, and community-based partners.

We hope that offering these grants will generate excitement and energy and provide resources for organizations to work on innovative, local projects where there is a common interest in mitigating downstream impacts - serious health consequences, disease, and disability.

## II. Grant Overview

The goal of [BH’s Community Benefits Program’s](#) **FY 2024 BETTER TOGETHER GRANT (BTG)** opportunity is to bring together health and community-based social service organizations focused on the **Baystate Medical Center service area** to improve health outcomes and reduce health inequities. The aim this year is to develop approaches that advance youth well-being through strategic interventions that seek to

decrease adverse youth mental health outcomes. BMC recognizes that addressing youth mental health is not limited to clinical settings or traditional medical treatment, thus this grant opportunity encourages proposals that target social determinants of health and other community/cultural factors that improve people's overall well-being and make our communities healthier places to live.

Funding for BMC's BTG Request for Proposal (RFP) is made possible through the Massachusetts Department of Public Health's (MDPH) Determination of Need (DoN) requirements related to the Ambulatory Surgery Center Joint Venture project approved in 2022. The total cost of the project is \$14.8 million. Per DoN regulations, 5% of the total cost of the project is to be invested in Community Health Initiative (CHI) funds, which totals \$742,231. After separating a one-time payment required to give to the state, additional costs related to evaluation and administration, the Community Health Initiative funding is \$485,976. Baystate Medical Center's community benefits program is adding additional funding to make **the total funding to be invested in the BMC service area \$500,000.**

The RFP for BTG outcomes-based projects will be released on **Monday, February 5, 2024** and closes on **Wednesday, March 27, 2024 at 11:59 PM EST** when the **Round One Application** is due. All applicants must submit a Round One application by the stated deadline to be considered to move forward in the grant process. A select number of finalists will then be invited to submit **Final Application Materials by Friday, April 19, 2024** and will be notified of a **Final Interview Date between April 22<sup>nd</sup> to 26<sup>th</sup>, 2024.** Applicants who move forward to the final round will be notified of this decision on or before **Friday, May 10, 2024.** *Please note, dates are subject to change.*

**Table 1. BTG FY2024 Focus Areas**

Overarching Goal of BMC Better Together Grant	
To advance opportunities for youth well-being by facilitating youth-centered strategies that reduce risk and prevent adverse mental health outcomes in young people ages 12-25.	
Grant Focus Areas (Strategies) Defined	
<b>Destigmatizing and Normalizing</b>	<p>Projects have a clear focus of reducing mental health stigma and advancing youth well-being through creating environments, programs and/or supports that allow youth to feel empowered to discuss their mental well-being.</p> <p><i>See pages 8-12 in Youth Mental Health Roadmap for Western MA</i></p>
<b>Social Connection</b>	<p>Projects have a clear focus of reducing social isolation by facilitating opportunities for social connection among youth and their families, peers, schools, culture, activities, and/or place of living.</p> <p><i>See pages 13-16 in Youth Mental Health Roadmap for Western MA</i></p>
<b>Social Emotional Learning (SEL) Skills Building</b>	<p>Projects utilize the Social and Emotional Learning (SEL) framework and curriculum design as a means to equip youth with the knowledge, skills, and attitudes to support one's emotional and behavioral health, overall well-being, and productivity in school and society.</p> <p><i>See pages 17-20 in Youth Mental Health Roadmap for Western MA</i></p>
<b>Social Media</b>	<p>Projects leverage social media strategy as a tool to foster a healthy view of youth mental well-being, addressing both benefits and harms of technology.</p> <p><i>See pages 21-24 in Youth Mental Health Roadmap for Western MA</i></p>
<p><b>At a minimum, <u>one</u> of these strategies must serve as the core focus for the proposed project. More than one can also be utilized in the project design.</b></p>	

### III. Better Together Grants Criteria

Through BMC's Community Benefits FY 2024 BTG opportunity, \$500,000 is being invested over a maximum of three years to fund outcome-based, community-driven efforts that advance youth well-being in the Springfield community. The term youth is defined by ages 12-25. The BMC Community Benefits Advisory Council (CBAC) has identified and defined youth well-being (for this grant purpose) as efforts that create environments, learning opportunities, or programming for young people to thrive in their development, relationships, social connection and overall sense of belonging. The proposal must include this population as part of the proposal, but may also consider engaging populations of younger focus (children) or specifying sub-populations (Ex: youth of color) to complement the broader work. By striving to achieve youth well-being, the CBAC hopes to address a long-standing regional crisis of adverse youth mental health outcomes. The BTG funding aims to support prevention-based efforts through innovative strategies that move beyond the traditional medical model.

The FY 2024 BTG focus areas have been selected based on the [Youth Mental Health Roadmap for Western MA](#) as developed by the Public Health Institute of Western MA. This roadmap serves as the foundation for strategy selection and recommendations that the grant criteria is built upon. The criteria listed below reflect required criteria as identified by MDPH, as well as criteria established by the BH Community Benefits Program with input from CBAC members and a RFP Design Team.

**Link to the full roadmap:**

[https://www.publichealthwm.org/application/files/7017/0509/0373/Youth\\_Mental\\_Health\\_Roadmap\\_for\\_Western\\_MA\\_2024-1-10\\_Final.pdf](https://www.publichealthwm.org/application/files/7017/0509/0373/Youth_Mental_Health_Roadmap_for_Western_MA_2024-1-10_Final.pdf)

## A. Priority Social Determinant of Health (SDoH) and Focus Areas

Applicants can be the lead on one proposal, and the proposed project must focus on at least one of the hospitals' focus areas of youth well-being as a means to mental health prevention. The focus areas are named below again for reference. This focus area must intersect with one or more Social Determinant of Health(s) listed below.

**Please refer to Table 1 on Page 6 for the grant focus area descriptions:**

- Destigmatizing and Normalizing
- Social Connection
- Social Emotional Learning (SEL) Skills Building
- Social Media

**See Appendix A for a full list and description of the Social Determinants of Health based on the MDPH framework:**

- Built Environment
- Education
- Employment
- Housing
- Social Environment
- Violence

To learn more about potential strategy recommendations that align to the four focus areas, the full Youth Mental Health Roadmap for Western MA can be read [HERE](#).

[https://www.publichealthwm.org/application/files/7017/0509/0373/Youth\\_Mental\\_Health\\_Roadmap\\_for\\_Western\\_MA\\_2024-1-10\\_Final.pdf](https://www.publichealthwm.org/application/files/7017/0509/0373/Youth_Mental_Health_Roadmap_for_Western_MA_2024-1-10_Final.pdf)

## B. Priority Population

Project must focus on youth as defined by the age range of 12-25. In addition, proposals will be asked to select whether specific engagement is being made to youth based on the following identities:

- Immigrants and/or refugees
- Latinos and Blacks
- LGBTQ+
- People experiencing homelessness
- People living on low incomes
- People reentering society after incarceration.
- People with disabilities
- People with dual diagnoses (mental health and substance use disorder)
- Transgender individuals

### C. Intersectionality

it is understood that there is significant intersectionality between social determinants of health, health outcomes, and barriers to accessing care. The application will give you an opportunity to share how your proposal incorporates intersectionality in the work. This could be reflected through describing additional focus area strategies and/or social determinants of health that the proposal targets, such as additional populations to be engaged, or telling about the complexity of addressing youth mental health and well-being and how your proposal plans to take a multi-pronged approach.

***See Appendix A for graphic illustrations and descriptions of all six SDoHs.***

### D. Evidence-based

Each project strategy must demonstrate through **evidence-informed** or **evidence-based** information the expected impact on health outcomes. Proposals that are evidence-*informed* require citations and references that describe how and why the project being proposed is a best practice or promising practice for the community. These references can include local studies, peer-reviewed articles, literature reviews, and the like. Projects that are rooted in an evidence-*based* framework have already been analyzed and assessed for effectiveness based off previous implementation. It will be important for proposals that are evidence-based to describe why they believe translating the project to the Springfield community will have a high likelihood of success. The evidence should highlight the health outcome(s) that have been linked to the strategy.



## E. Project Feasibility and Impact

Applicants must address each of the following elements: Reach; Population/community to be impacted; and Community support.

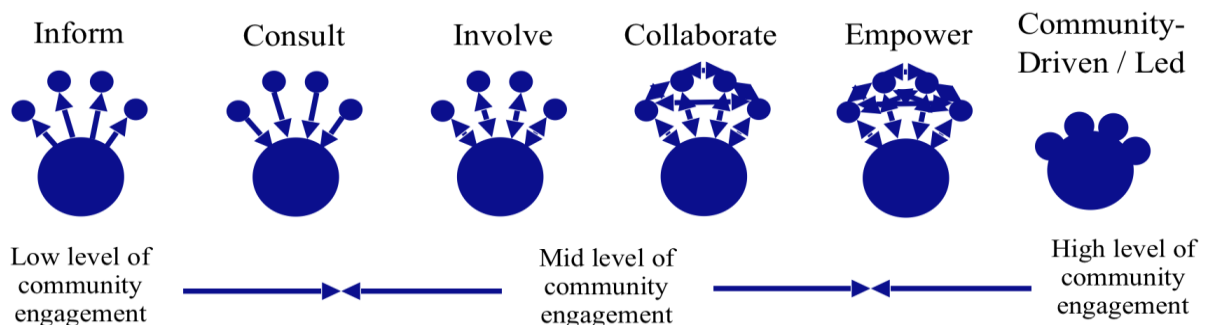
### Reach

To maximize impact on population health, there is growing recognition of the importance of community wide strategies that aim to address policies, systems, and environments. When considering the reach of proposed strategies, applicants must consider maximum reach, that is, the percent of the population that can potentially be impacted by the strategy. In addition, applicants are also directed to consider how a community-wide strategy addresses a specific health inequity which may have a smaller reach in terms of number but a large reach in terms of reaching the population experiencing the inequity.

### Population/Community to Be Impacted

Applicants must identify how/if a priority population(s) identified in the [Community Health Needs Assessment](#) will benefit from the proposed strategy. Priority populations are those that are determined, using community and patient level data, to be most at-risk and/or experiencing disparities in outcomes. The “hot spotting” of populations occurs best when health and other socio-economic indicators are paired with each other to determine the most effective way to impact the social determinants that are driving health outcomes for different population groups. In addition, the populations who are the focus of the intervention should be involved in/consulted on the design of the program.

### Community Support/Engagement



Applicants must address the level of support for implementing the proposed strategy. This includes seeking input from those at the neighborhood/community-level, those from both the health care and non-health sectors, and local legislators/politicians. This also includes involving the community members who are most impacted by the issue in the decision-making about the project design. Applicants will be asked to discuss how long they have been working in the community that is the focus of the work, and how they have determined the existence of community demand for what is being proposed. More specifically, the engagement of youth voice and representation will be of particular emphasis.

## F. Community-Clinical Linkage

Community-clinical linkage strategies allow for the opportunity to extend care and prevention activities from the clinical to community setting. They include interventions that occur in community settings, but that also impact clinical outcomes. As defined by Agency for Healthcare Research and Quality (“AHRQ”), community-clinical linkage strategies can include coordinating services at a given location, establishing new evidence-based programs at non-clinical organizations, coordinating services between different locations, and/or establishing referral protocols to connect patients with resources outside the clinic. These strategies are intended to 1) better equip high risk individuals to make critical lifestyle changes related to unhealthy behaviors, 2) expand access to a menu of evidence-based services that clinicians cannot provide themselves, but may want to refer patients to, 3) build partnerships and capacity with community organizations to offer these kinds of evidence-based services, and 4) create established protocols to connect community organizations with the patients for whom their evidence-based programs were designed. *Examples of community-clinical linkages related to youth mental health can be found on pages 25-27 of the Youth Mental Health Roadmap report and also linked [here](#).*

## G. Cultural Humility

Applicants will be asked to assess and describe how the organization(s) practices [cultural humility](#). Applicants are also encouraged to identify gaps or areas of improvement along with how you plan to address those gaps. The core tenets of cultural humility include critical and intentional self-reflection (life-long), power sharing in the consumer/provider dynamic, institutional accountability, and mutually beneficial partnerships. Applicants may include (but not be limited to) examples related to board of directors, leadership, staff hiring practices, and interactions with culturally and linguistically diverse populations. The proposed project should also apply a cultural humility lens specific to the planning and design, implementation, and measurement (evaluation) of the project. Applicants should consider how project partners will practice cultural humility.

## H. Health Equity

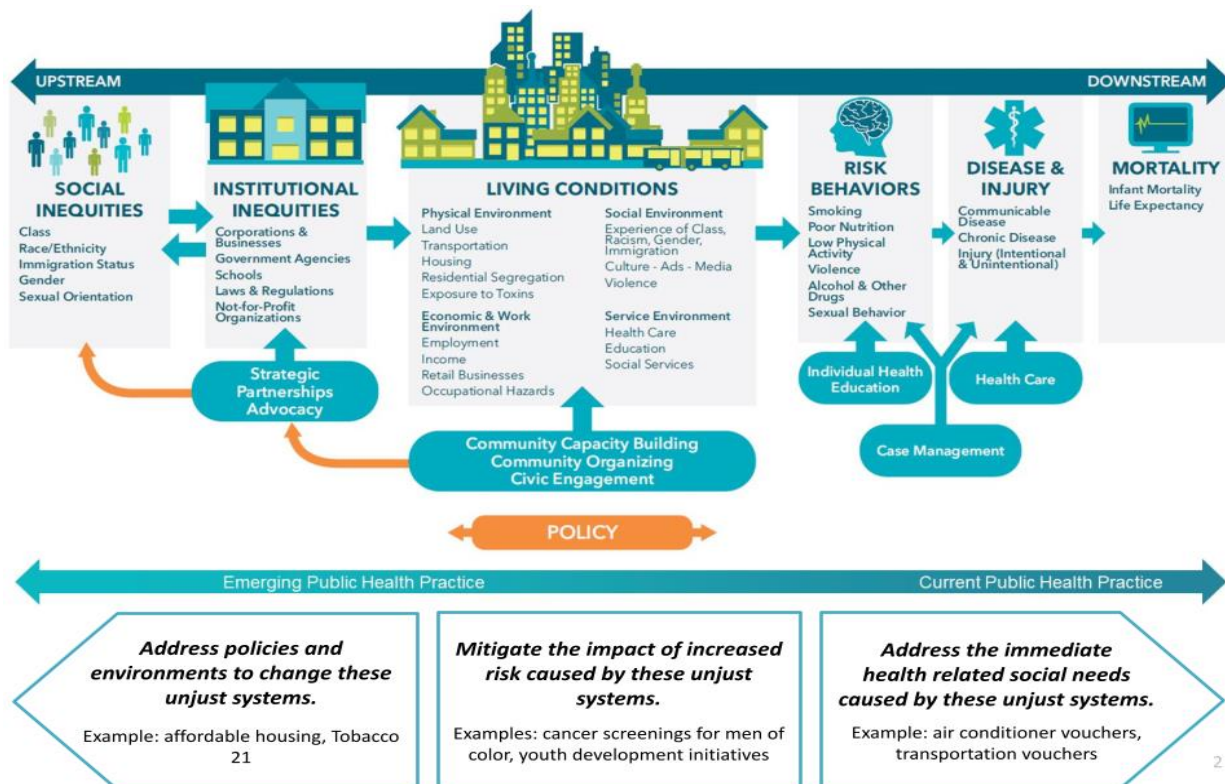
Applicants need to describe how the organization applies a [health equity](#) lens at the policy, workforce, programmatic, and consumer level. Applicants may include (but are not limited to) examples related to board of directors, leadership, staff hiring practices, and interactions with culturally and linguistically diverse populations. Program design should demonstrate the applicant's understanding of health equity and describe how the program closes gaps or removes obstacles to health to reduce inequities. Applicants should also identify gaps or areas of improvement along with how they plan to address them.

## I. Partnerships & Collaboration

Applicants are *strongly encouraged* to work in partnership with at least one other organization or community-based group. Multiple organizations can also choose to work together. Grant reviewers will especially be looking for partnerships that include organizations who are “close to the ground” and/or who represent the stakeholders most impacted by the issue being addressed. Partnership agreements will need to outline what strengths each organization brings to the partnership, what role each organization will play in the collaborative effort, how the partners will make decisions together and how the budget will be shared.

## J. Policy, Systems and Environmental Change

As part of the framework of the Better Together Grant process to maximize community impact, applicants will be asked to describe if and how their proposal focuses on policy, systems and environmental (PSE) change. Initiatives that focus on “upstream” interventions in the PSE model target underlying root causes of inequities in health and well-being versus individualized approaches to care. The application will encourage applicants to describe how they envision moving more “midstream” and “upstream” in their work overall and how this proposal may fit into those goals. The image below is an illustration to describe in more detail the PSE Change framework with some examples.



## **K. Online Resource Library**

The following recorded workshops listed below is a free resource for all organizations and potential applicants that want to learn more about how to better align their proposal to the various grant components. Please note that some of the content on this resource page are no longer required for the this current BTG opportunity. The full workshop descriptions and video links can be found [HERE](#).

### ***Writing Your Proposal***

#### **Tips for Writing an Effective Grant Proposal**

This workshop is designed to help people: Understand instructions and terminology; Understand how to write with clarity and tailor writing to funder/reviewers; Understand the importance of, and how to, visually communicate a program and expected outcomes through a logic model.

#### **Overview of Evaluation Methods: From Logic Models to Measuring Outcomes**

Building on the pre-recorded session Tips for Writing an Effective Grant Proposal, this workshop will help you craft logic models and develop appropriate success measures for your proposal.

#### **Helpful Websites For Evidence-Informed Programs**

Designed for beginners, this workshop will help you document community need and plan evidence-informed programs. We will look at helpful websites to locate information on local demographic trends, health needs, and community organizations.

### ***Policy, Systems, and Environmental Change (PSE)***

#### **Designing a Program for Impact**

In this workshop, viewers will learn more about the basics of program design from conception to implementation. The importance of considering policy, systems and environmental (PSE) changes when designing programs is also discussed.

#### **Designing for Policy, Systems and Environmental Change (PSE)**

This workshop will delve into the world of “PSE” and explore how to focus on upstream and midstream strategies to achieve health equity.

### ***Cultural Humility and Health Equity***

#### **Cultural Humility, The Basics**

This 1-hour introductory workshop provides a foundation for participants to gain a basic understanding and history of Cultural Humility and its four tenets.

#### **Cultural Humility in Action**

This workshop will build on the introductory Cultural Humility workshop. Learn about local organizations that are modeling cultural humility internally--among staff, board and leadership--as well as in their programmatic work with external stakeholders.

#### **Building Successful Partnerships for Health Equity**

In this workshop, seasoned coalition conveners from Communities That Care will discuss how to build authentic, effective relationships with partners to achieve bold health equity goals.

## **IV. Eligibility**

To receive a grant award, an organization must:

- Demonstrate experience in successfully providing high-quality programs or initiatives aligned with the RFP priority focus area and social determinants of health.
- Be legally incorporated as a not-for-profit charitable organization under section 501(c)(3) of the Internal Revenue code; or operating under the fiscal sponsorship of a tax-exempt nonprofit organization.
- Applicants must be serving and/or engaging youth from the City of Springfield

### **Grant Award Amounts**

BMC, in partnership with its CBAC, intends to award \$500,000 through this RFP process. In total, there will be three awards invested at the following levels:

- **ONE** \$300,000 award for outcomes-driven projects spanning 2-3 years
- **TWO** \$100,000 awards for pilot or planning projects spanning 1-2 years

The purpose of the two tiers of funding is to diversify the scope of applicants. An evaluation of previous BTG processes have shown that organizations vary in the level of capacity to manage large multi-year awards. By offering pilot-level and planning project support, the CBAC hopes to encourage organizations that have not previously applied for funding in the past, grassroots and neighborhood associations, or other organizations who may need more time to scale up an idea.

Applicants can submit one grant application as the lead applicant. However, applicants *can* also be written into other proposals as supporting organizations or partners.

#### *Allowable Uses of Grant Funding*

- Program operation and all reasonable related expenses
- Salary and benefits of program personnel
- Agency overhead (not to exceed 15% of the overall program budget)
- Staff support to participate in evaluation and technical assistance with Public Health Institute of Western Massachusetts (PHIWM)

#### *Non-allowable Uses of Grant Funding*

- Capital expenses, construction projects, and purchases of large equipment
- Capital projects and/or campaigns
- Debt reduction or retroactive funding
- Direct delivery of reimbursable health care services
- Endowments
- Fundraising events, the purchase of tickets for benefits, courtesy advertising
- General operating support
- Grants or scholarships to individuals (stipends for community members for participation or engagement is allowed)
- Projects that seek to directly or indirectly influence specific legislation or elections
- Religious organizations, except for programs that meet broad community needs

## **V. Submission Guidelines**

### **A. Information Session**

There will be one RFP information session hosted via Zoom by BH's Office of Diversity, Equity and Inclusion. The 60-minute RFP Information session is scheduled for **Wednesday, February 14, 2024 from 1-2 PM**. The session will be recorded as well and made available on BH's website. Applicants must either

attend the session live or watch the recorded session before applying. We strongly encourage live participation so that you can benefit from time sensitive information and from hearing questions asked by your peers. Click [HERE](#) to register for this information session. After registering you will receive a confirmation email containing information about joining the meeting.

### **B. Optional Feedback Office Hours**

The BH Community Benefits Team will be available for “office hours” via Zoom. Office hour timeslots can be used for general inquiries related to the grant guidelines, technical application questions, and to receive feedback on a preliminary idea. Utilizing these office hours is highly encouraged to ensure adherence to grant criteria.

Office hours will take place every Monday from 11am-1pm and Fridays from 12pm-2pm from RFP release until the closing of the application cycle. Email [Brittney.rosario@baystatehealth.org](mailto:Brittney.rosario@baystatehealth.org) to sign up for a 20 minute time slot. *Please note that dates and times are subject to change and may need to be modified based on staff availability.*



### C. Accessing the Online Application

All proposals must be submitted through the Baystate Health online grant application portal. To access the application, please visit the link **below and follow** these instructions:

1. Create a user account or Sign in if you have previously created an account for a Baystate funding request
2. Once logged in, click on the top of the page where it says “Apply”
3. Select the “Baystate Medical Center Better Together Grant FY24” application
  - a. Once selected, applicants can start, save, and resume revising the proposal at a later time

**Link to Online Application Portal:** <https://www.grantinterface.com/Home/Logon?urlkey=baystate>

You can review the Round One application questions by following this [link](#) and then clicking the “Preview” button under the Better Together application description.

### D. Two Part Application, Required Documents & Virtual Interview

#### *Round One Application:*

The Round One Application will appear as a tab called LOI (Letter of Interest). **This is the Round One Application** and the first required form to submit a proposal for consideration. **Applications are due by Wednesday, March 27, 2024 11:59 EST.** Proposals received after the deadline will not be reviewed. You will receive an email confirmation once your application is received.

Documents required:

- W-9 or proof of tax-exempt status for a fiscal agent. Fiscal sponsorship agreement letter is required to be submitted if utilizing a fiscal sponsor
- Preliminary budget worksheet\*
- Signed letters of understanding and agreement for all project collaborators necessary for the implementation of the project. The agreement will outline each partner’s role and allocation of budget to each partner. (Word or PDF)

***\*Template provided via downloadable link in the full application***

**Round Two Application:**

A review of the Round One applications will be conducted and finalists will be asked to submit further materials for consideration via the online application portal. This is considered **Round Two** of the process. Proposals that move forward to this next stage will be sent an email with further instructions on how to properly submit the needed materials/responses. Round Two **will include a virtual interview** component after submission of additional documentation. Integration of an interview gives participants an opportunity to present their proposal in a format that moves beyond writing and allows for personalization through conversation, presentation of visuals, and live question and answers with the proposal review committee.

Documents required:

- Finalized budget worksheet\*
- Workplan\*
- Preliminary evaluation questions\*
- Other documents unique to each organization may also be requested by the proposal review committee at this stage.

***\*Template will be provided***

## E. Timeline

Please carefully adhere to all timeline and application requirements. Proposals will not be accepted past the stated deadline(s).

ACTIVITY	DATE
RFP Issued	Monday, February 5, 2024
RFP General Information Session (Zoom) Click to <a href="#">REGISTER</a>	Wednesday, February 14, 2024 1:00 – 2:00 PM
“Office Hours” with Baystate Community Benefits Team	Office hours will take place every Monday from 11am-1pm and Fridays from 12pm-2pm from RFP release until the closing of the Round 1 Application cycle.  Email <a href="mailto:Brittney.rosario@baystatehealth.org">Brittney.rosario@baystatehealth.org</a> to sign up for a 20 minute time slot. <i>Please note that dates and times are subject to change and may need to be modified based on staff availability.</i>
Application Round ONE Due	Wednesday, March 27, 2024
Finalists Notified & Interview Times Set	Monday April 8, 2024
Final Documents Due	Friday, April 19, 2024
Final Round Interviews	April 22 - 26, 2024 <i>Will provide specific dates/times within this range to finalists</i>
Funding Decisions & Notifications	On or before May 31, 2024 based on timeline of the Baystate Medical Center leadership approval of recommendations
Initial assessment/ post-award technical assistance with PHIWM (Grant Evaluator)	June 2024
Grant Awards Public Announcement	June 2024

## **F. Proposal Review Process**

The proposal review process will operate as follows:

- A proposal for BTG funding must be submitted in accordance with the criteria outlined in this RFP via the online grant application portal;
- An RFP Review Team comprised of hospital team members, members of the CBAC, and other guest reviewers (content experts, community residents) will review and assess proposals in March and April, according to the pre-established criteria;
- Individuals on each team will be assigned proposals to review and score. The scores of each proposal will be averaged and the teams will deliberate on each proposal;
- After the Review Teams have narrowed to a pool of finalists, the Review Team will invite 3-5 finalists to submit final supporting documents and participate in a presentation/interview with the Grant Review Team in April. The Grant Review Team will then make its final recommendation to the CBAC who will submit a recommendation to the respective hospital leadership;
- Final approval by the leadership of Baystate Medical Center is expected no later than May 24, 2024;
- Applicants will be notified of funding decisions by Friday May 31, 2024.

## G. Summary of Scoring Criteria

Each CBAC's Grant Review Team will evaluate all proposals by using the selection criteria outlined below. Each criterion is scored on a scale of 1-3. The final score is a significant factor, but not the sole factor, in the decision-making process.

<b>CRITERIA BTG FY 2024</b>  <b>Application Round One (written application; screening phase)</b>  <i>For review of applications submitted in March, 2024</i>	
1.	Project/initiative addresses at minimum one of the four priority focus areas and the specific outcomes within that priority identified by the hospital CBAC
2.	Project/initiative has a clear focus and engagement of youth as the priority population
3.	Applicant describes how the project/initiative <b>addresses an existing need</b> , connected to a health disparity or inequity, and provides data to support the description of need, including community validation of the need to be addressed.
4.	Grant Applicants have identified both <b>short- and long-term outcomes</b> and identified how the work aims to <b>target mid-stream and/or up-stream</b> interventions. Thoughtful consideration has been given to consider how this proposal feeds into broader PSE Change of the applicant(s). If it does not at this time, applicant describes why, including potential limitations.
5.	Applicants demonstrate elements of <b>meaningful partnership or collaboration either within their project scope (for example: youth advisory board, facilitating opportunities for community feedback) and/or with a formal agreement with a</b> organizations. If pursuing the latter, applicants should submit a letter of agreement detailing the roles for each partner, as well as a description of how each will contribute to the work and how they will share decision-making and resources.
6.	<p>Proposal design demonstrates Applicants' understanding of <b>cultural humility</b> and describes how they will be intentional in applying a cultural humility lens to the planning and design, implementation, and measurement (evaluation) of the project.</p> <p>The applicant(s) have shared the racial/ethnic/age/geographic demographics of their board and staff. This information will help to assess how the applicant's commitment to diversity and equity commitment is lived out in their organization.</p>
7.	<b>Health equity.</b> Program design demonstrates applicants' understanding of health equity and describes how they will be intentional in applying a health equity lens to the planning and design, implementation, and measurement (evaluation) of the project.

8. The proposal demonstrates a **clear story of community engagement/legitimacy**. It is clear how long the applicant has been working with/in this community and there is evidence of understanding of the needs as well as a depth of relationships. If the applicant is newer to this community, they outline what steps they have taken or will take to build relationships and partnerships. The proposal describes how the priority population members/communities are engaged in decision-making.
9. Applicant organization(s) have the **capacity** and qualified project staff required to successfully manage and implement project
10. Applicants submitted an **estimated budget range** and percentage breakdown of budget allocations for each partner. Budget estimates reflect likely/potential investment by the organization(s) to successfully implement the project (e.g., in-kind support, leveraged funds from other sources).

#### CRITERIA BTG FY 2024

##### Round Two: Final Application/Interview

*For Finalists who will be interviewed in April, 2024*

All the Round One Criteria will be considered again in Round Two. In addition, the following criteria will be considered in the final interview and set of final documents.

1. Project presents clear and promising engagement of youth in the proposal development, implementation and/or evaluation. Youth voice is not seen as an afterthought.
2. Applicant demonstrates both passion and practical capacity to implement the proposed project as seen through the one-year work plan, additional written responses and virtual interview. Clear thought has been given to potential limitations and preliminary ideas to mitigate those challenges.
3. Applicants have identified preliminary **measures** that will be used to create and refine an evaluation plan with PHIWM/TA assistance. The applicant defines at least one way of **measuring or evaluating progress** toward the outcomes. If outcomes will not be fully reached in the three-year timeframe, the applicant explains how the work outlined in the proposal will begin to change conditions in the three-year timeframe.
4. Applicants speak to the allocation of resources in their **budget and budget narrative** in a way that matches the project work plan. Budget reflects an investment by the organization(s) to successfully implement the project (proposals that include in-kind support, leveraged funds from other sources or ways this funding will be used to leverage other funding will be assessed more favorably)

5. Applicants fully completed and submitted required attachments: Budget Template and Work Plan.

## VI. Post-Award Requirements

Organizations awarded a grant will be required to:

- Enter into a grant agreement, based on the final negotiated proposal with BH, prior to receiving any funds.
- Refine project work plan, evaluation plan and budget with support from the Public Health Institute of Western Massachusetts (PHIWM). BH has contracted with PHIWM to serve as its grant evaluator.
- Implement the program in concert with the approved proposal and budget, or an agreed upon revised proposal and budget.
- Comply with BH's electronic performance, impact, evaluation, and financial reporting requirements.
- Host BH staff and a CBAC liaison for an on-site or virtual visit to see funded projects in action.
- Annually attend and provide a project status update at a BH CBAC meeting. BH will provide grantee a minimum of one-month notice. Grantees will be given the date, time, and location of the specific CBAC meeting they should attend based on the hospital region selected.
- Implement publicity and co-branding with BH Health in marketing and press materials related to the funded program. Materials, including logo usage on print, web, social media, and press releases, must comply with BH's brand standards and be vetted through BH's Office of Diversity, Equity and Inclusion.
- Proactively address changes in organization or grant project that are barriers and challenge the organization's ability to fulfill the requirements of the BH grant.
- Regular engagement with [Public Health Institute of Western Massachusetts](#), (PHIWM) the evaluator contracted by BH Health, to provide ongoing technical assistance to grantees. This will include, but not limited to:
  - Initial phone call with PHIWM (within two weeks of grant award notification) to review the program proposal and identify potential technical assistance needs.

- In-person consultation meeting with PHIWM (within one-month of grant award notification) to review technical assistance needs, complete a technical assistance assessment and develop a technical assistance plan specific to grantees' needs.
- Grantees will further refine and finalize a work plan, evaluation plan, and any other unique planning documents that may be important to the proposal implementation
- Participate in an annual Grantee Community of Practice (CoP) session(s), facilitated by PHIWM, to share and learn with other BH Better Together grantees.
- Participate in an annual community benefit forum hosted by Baystate Medical Center to highlight the Better Together Grant investments

## Right to Amend

BH Health reserves the right to:

- Reject any or all proposals submitted;
- Reject a proposal that does not include all required information and attachments;
- Adjust program guidelines, including submission deadlines;
- Contact you to discuss your proposal and/or request additional information
- If awarded, to terminate a contract should it be determined that the project can no longer move forward (this would only occur after a series of conversations between Baystate Health community benefits staff, BMC CBAC members and the grantee contacts)

## VII. For More Information

If you have questions regarding any aspect of this RFP or application process, please submit your question(s) in an email to [Brittney.rosario@baystatehealth.org](mailto:Brittney.rosario@baystatehealth.org).

**BRITTNEY ROSARIO, MPH**

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## VIII. Appendix A: Social Determinants of Health

