

# Baystate Health

ADVANCING CARE. ENHANCING LIVES.

## COMMUNITY BENEFITS PROGRAM

### REQUEST FOR PROPOSALS (RFP)

*BETTER TOGETHER GRANTS 2021 (FY 2022)  
GRANT GUIDELINES*

ISSUED BY	Baystate Health (BH) in partnership with BH Community Benefits Advisory Councils (CBACs)
DATE RFP ISSUED	Monday, October 4, 2021
DEADLINE FOR MINI-GRANT REQUESTS	Wednesday, November 3, 2021
APPLICATION ROUND ONE DEADLINE	Wednesday, January 12, 2022 11:59 PM EST
FINAL APPLICATION MATERIALS DEADLINE <i>for selected applicant finalists</i>	Wednesday, February 23, 2022
APPLICANT INTERVIEWS	February 28 - March 4, 2022

## Table of Contents

I. Introduction .....	4
II. Overview .....	4
III. Mission and Purpose .....	6
V. Better Together Grants Criteria.....	6
A. Priority Social Determinant of Health (SDoH) and Priority Focus .....	8
B. Priority Population.....	8
C. Intersectionality.....	9
D. Buckets of Prevention .....	9
Bucket 2: Innovative Community / Clinical Linkage .....	10
Bucket 3: Total Population/Community-Wide Prevention .....	10
E. Evidence-based .....	10
“Proven” .....	10
“Prove It” .....	11
F. Project Feasibility and Impact.....	11
Reach .....	11
Population/Community to Be Impacted .....	11
Community Support/Engagement .....	12
G. Cultural Humility .....	12
H. Health Equity .....	13
I. Partnerships & Collaboration.....	13
VI. Eligibility .....	13
A. Grant Awards.....	14
Allowable Uses of Grant Funding.....	14
Non-allowable Uses of Grant Funding .....	14
VII. Submission Guidelines .....	15
A. Information Sessions .....	15
B. Mini-Grants for Planning and Proposal Development.....	15
C. Optional Feedback Panels.....	16
D. Application Round One .....	17
E. Required Attachments.....	17
Round One Application: .....	17

Only required for selected Finalists: ..... 17

F. Timeline ..... 18

F. Capacity Building Workshops ..... 19

G. Proposal Review Process ..... 22

H. Summary of Scoring Criteria ..... 23

VIII. Post-Award Requirements ..... 25

IX. Baystate Health’s Commitment to Grantees ..... 26

X. Right to Amend ..... 27

XI. For More Information ..... 27

XII. Appendix A: Social Determinants of Health ..... 28

## I. Introduction

[Baystate Health](#) (BH) is a not-for-profit, multi-institutional, integrated health care organization serving more than 800,000 people throughout western Massachusetts. With a workforce of 12,000 employees, BH is the largest employer in the region and includes: Baystate Medical Center (BMC), Baystate Franklin Medical Center (BFMC), Baystate Wing Hospital (BWH) (and Baystate Mary Lane Outpatient Center), Baystate Noble Hospital (BNH), Baystate Medical Practices (BMP), Baystate Home Health (BHH), and Baystate Health Foundation (BHF).

BH's core mission is improving the health of its community. Traditionally, this is done through health care. However, the model of improving health care only within hospital walls is changing. As an anchor institution, BH understands that by leveraging its economic output (hiring, purchasing, real estate, and facility investments) it can simultaneously address the organization's operational needs and social determinants of health in surrounding communities. BH's anchor institution role takes many forms, from creating new vehicles for community engagement, to supporting local businesses, developing high quality educational and health services, creating mechanisms for local hiring and contracting, or catalyzing community economic development. It is through prioritizing and targeting these investments that BH aims to address root causes of health (economic and social factors) and improve overall health, wellbeing, and quality of life for all residents of western Massachusetts.

## II. Overview

The goal of [BH's Community Benefits Program's FY 2022 BETTER TOGETHER GRANT \(BTG\)](#) opportunity is to bring together health and community-based social service organizations across BH's four hospital service areas to improve health outcomes and reduce health inequities. The aim is to develop approaches that, by targeting the social determinants of health, will improve people's overall well-being and make our communities healthier places to live, while complementing the health care system's current offerings.

Funding for BH'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 replacement of BMC's 17 Operating Rooms as part of the Hospital of the Future project approved in December 2020. The total cost of the project is \$69.8 million. Per DoN regulations, 5% of the total cost of the project is to be invested in Community Health Initiative (CHI) funds, which totals \$3.5 million. After separating a one-time payment required to give to the state, additional costs related to evaluation and administration, and \$1 million for regional public health initiatives, **the total funding to be invested among the four BH hospitals is approximately \$1.2 million.**

Although this project was unique to BMC, BH’s goal is to equitably distribute the CHI among our four hospital’s service areas. This was an intentional step towards health equity, recognizing that our community hospitals historically have lower likelihood of accessing DoN CHI funds.

The RFP for BTG outcomes-based projects opens on **Monday, October 4, 2021** and closes on **Wednesday, January 12, 2022 at 11:59 PM EST**. Applicants are required to submit their **Round One Application** by **Wednesday, January 12, 2022 at 11:59 PM EST**. A select number of finalists will then be invited to submit **Final Application Materials by Wednesday, February 23, 2022** and will be notified of a **Final Interview Date between February 28-March 4, 2022**. Applicants who move forward to the final round will be notified of this decision on or before **Friday, February 11, 2022**. *Please note, dates are subject to change.*

In addition, a pool of funds has been set aside to provide funding to support activities associated with the application process. These **mini grants** must be requested no later than **Wednesday, November 3, 2021** and will be distributed within three weeks to support applicants’ capacity to submit a strong proposal in January 2022. More information about the mini grants and acceptable uses is described in *Section VII, Submission Guidelines below*.

<b>Grant Focus Areas and Amount Available.</b> <b>Total funding pool is for a three-year period.</b>		
Baystate Franklin Medical Center (BFMC)	Seeking proposals that enhance the engagement of people with lived experience in policy making and project design for one of the priority populations identified in the 2019 BFMC CHNA (Social Environment)	\$300,000 [two grants]
Baystate Medical Center (BMC)	Seeking proposals on education related to workforce development (Education)	\$500,000 [two grants]
Baystate Noble Hospital (BNH)	Seeking proposals that advance issues of equity and anti-racism within institutions and at the community level (Social Environment)	\$150,000 [one grant]
Baystate Wing Hospital (BWH)	Seeking proposals that address ‘Education to Employment’ with a focus on career readiness for children/youth and young adults (Education)	\$200,000 [one grant]

### III. Mission and Purpose

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."*

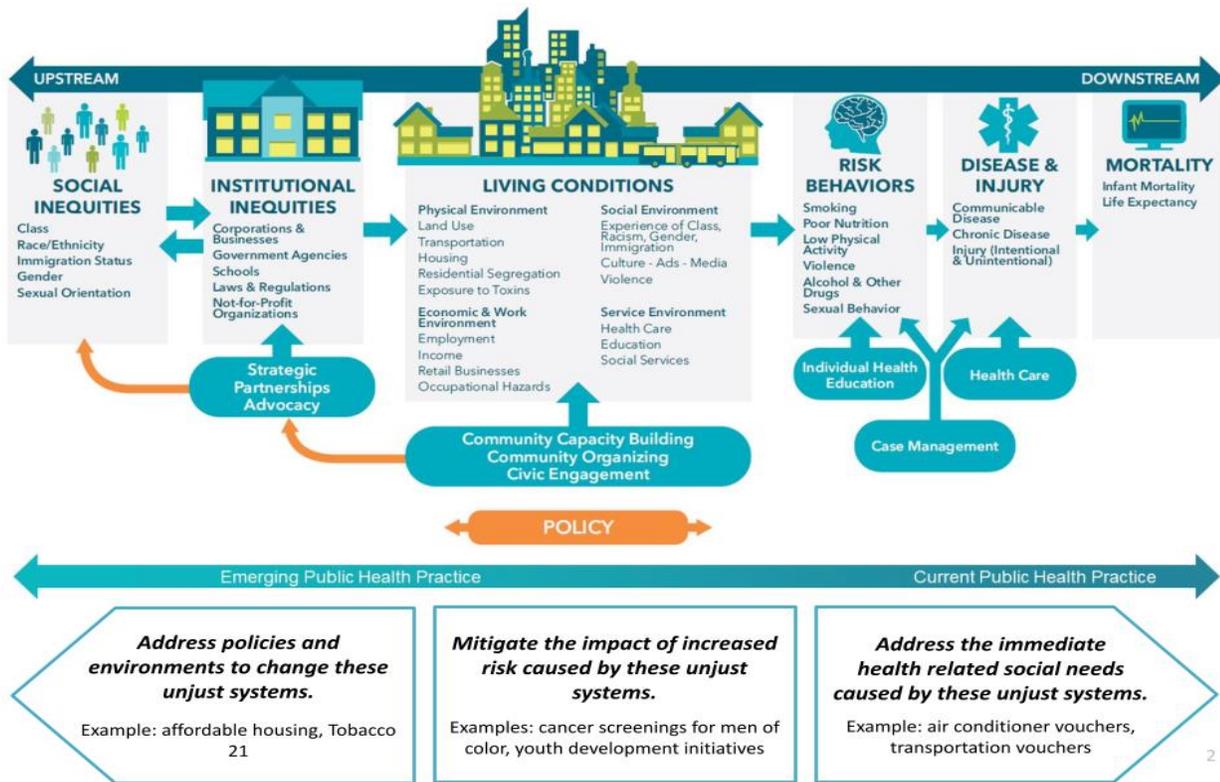
Funded projects are intended to address community health needs by making it easier for people to live healthier lives and for communities to be healthier places to live. Success in these projects will be measured as improved health status of populations and increased community capacity to promote health. 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.

### V. Better Together Grants Criteria

Through BH's Community Benefits FY 2022 BTG opportunity, \$1.2 million is being invested over three years to fund outcome-based, mid- and upstream efforts that address one of the hospitals' selected [MDPH DoN Health Priorities](#) along with more targeted outcomes or populations as identified by each hospital's Community Benefits Advisory Council (CBAC). 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 an RFP Design Team. *For more detail on how the criteria will be considered when proposals are scored, see Section VII, letter H (Submission Guidelines; Criteria)*

This year's BTG places a greater emphasis on addressing underlying root causes of inequities by focusing on solutions and interventions that focus on policy, systems and environmental change. In other words, the work is focused at the mid- or upstream level. The graphic below illustrates what is meant by "midstream" and "upstream." Proposals that solely focus on addressing immediate needs, risk behaviors or treating illness will not be considered for this grant round.



To maximize the impact of this funding and the intent of reaching midstream/upstream outcomes, each hospital will award only one or two proposals. This was the guidance of the RFP Design Team and was also responsive to feedback received from applicants and grant reviewers after last year's Better Together Grant process. While only one or two grants will be awarded, there is a partnership/collaboration requirement as well, which means multiple organizations will be part of each proposal and grant award.

**SUMMARY OF KEY CHANGES IN THIS YEAR'S BTG APPLICATION PROCESS:**

- INCREASED FOCUS ON MID-STREAM and UPSTREAM SYSTEMS CHANGE
- BH CBACs TO PROVIDE NARROWER PARAMETERS
- FEWER, LARGER GRANTS TO BE AWARDED
- MORE TIME FOR PROPOSAL & PARTNERSHIP DEVELOPMENT
- REQUIREMENT AROUND PARTNERSHIP/ COLLABORATION
  - Priority on partnership with grassroots and smaller organizations
  - Priority on partnerships with organizations working with those most affected by the issue being addressed with the funding
- MULTIPLE ACTIVITIES AIM TO BUILD CAPACITY THROUGHOUT THE PROCESS
  - Capacity building workshops
  - Mini grants offered to support proposal development
  - Optional feedback panels offered during proposal development

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

Applicants can be the lead on one proposal, and the proposed project must focus on the hospitals' priority Social Determinant of Health. For this BTG round, CBACs have lifted a priority focus within the SDOH as well, which will narrow the focus of applications. The focus area may be around a specific population or a sub-issue within the social determinant of health. The selected focus areas were chosen so that they align with and/or complement other strategic planning efforts in each region.

- Baystate Franklin Medical Center (BFMC) / ***Seeking proposals that enhance the engagement of people with lived experience in policy making and project design for one of the priority populations identified in the 2019 BFMC CHNA (Social Environment)***
- Baystate Medical Center (BMC) / ***Seeking proposals on education related to workforce development (Education)***
- Baystate Noble Hospital (BNH) / ***Seeking proposals that address issues of equity and anti-racism at the institutional and community level (Social Environment)***
- Baystate Wing Hospital (BWH) / ***Seeking proposals that address 'Education to Employment' with a focus on career readiness for children/youth and young adults (Education)***

To see more detailed definitions and examples of interventions for each of the above health priorities that would be considered mid- or up-stream, please review the MDPH DoN Health Priority Guidelines: <https://www.mass.gov/doc/health-priority>. See page 7-35 of DoN Health Priority Guidelines.

Applicants can also look at APPENDIX A of this RFP for more details on the definitions of each Social Determinant of Health. **The INFORMATION session on Wednesday, October 20, 2021 will provide additional description/examples of upstream and midstream interventions and a separate workshop will also be offered that focuses on Policy, Systems and Environmental change. [Register Here](#)**

## B. Priority Population

Project must focus on one primary population from the following list. Note: In the case of BWH, children/youth/young adults are already predetermined to be the priority population, so proposals for BWH should have that focus.

- Children and youth
- Immigrants and/or refugees
- Latinos and Blacks
- LGBTQ+
- Older adults
- 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
- Veterans

### C. Intersectionality

While proposals should focus on one primary social determinant of health and one primary population, it is understood that there is significant intersectionality between social determinants of health, health outcomes, and barriers to accessing care. The proposal will give you an opportunity to share additional social determinants of health to be addressed and identify additional populations reached. Project may intersect with other SDoHs which include:

- Built Environment (includes Food Security, Access to Care, Transportation)
- Education
- Employment
- Housing
- Social Environment
- Violence and Trauma

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

### D. Buckets of Prevention

Projects must align with MDPH-endorsed “The 3 Buckets of Prevention” (Author: John Auerbach, MBA, published in [Journal of Public Health Management and Practice: May/June 2016 - Volume 22 - Issue 3 - p 215-218](#)). Projects must be categorized as either a **Bucket 2 or 3** project. See below for definitions and/or refer to pages 46 and 47 in [MDPH DoN Health Priority Guidelines](#).



\*Adapted from Auerbach, J. The 3 Buckets of Prevention.[Editorial] *Journal of Public Health Management & Practice*. 22(3):215-218, May/June 2016.

### ***Bucket 2: Innovative Community / Clinical Linkage***

Innovative 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.

### ***Bucket 3: Total Population/Community-Wide Prevention***

Total population or community-wide prevention strategies include those that are not oriented to a single patient or even to all those within a practice or covered by a given insurer. Rather, the target is an entire population or subpopulation typically identified by a geographic area such as a neighborhood, city, or county. Interventions and strategies occur in such settings as the community, school, or workplace and are policy, systems or environmental (PSE) changes that change the context of the SDoH for all populations.

## **E. Evidence-based**

Each project strategy must be shown through **evidence-informed** or **evidence-based** information to impact health outcomes. See below for definitions and/or refer to pages 44 and 45 in [MDPH DoN Health Priority Guidelines](#).

### ***“Proven”***

Proposals under this bucket include project strategies that have been reviewed and assigned an evidence rating based on the quantity, quality, and findings of relevant research. There are six evidence ratings that range from scientifically supported (strongest) to evidence of ineffectiveness (weakest). MDPH will review strategies falling under the three highest levels: Scientifically Supported (high likelihood that project will make an impact due to multiple studies with consistently positive results), Some Evidence (likely to work due to multiple implementations, but further research is needed to confirm effect on outcomes), and Expert Opinion (recommended by credible, impartial experts but warrants further research with stronger designs to confirm effect on outcomes).

### *“Prove It”*

In the absence of an existing analysis, applicants can submit a brief statement that includes citations (e.g., local studies, peer-reviewed articles, literature reviews) that clearly demonstrates the strategy is backed by evidence. The evidence should highlight the health outcome(s) that have been linked to the strategy.

## **F. Project Feasibility and Impact**

Applicants must address each of the following elements: Reach; Population/community to be impacted; and Community support. See below for definitions and please refer to ages 47 and 48 in [MDPH DoN Health Priority Guidelines](#).

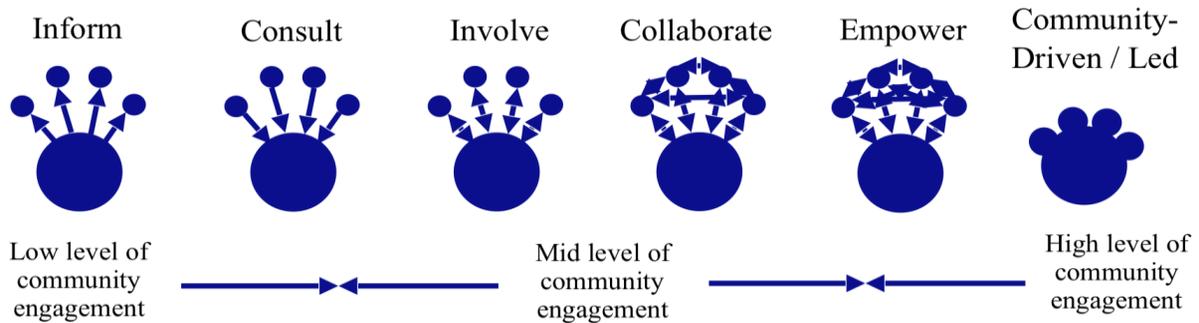
### *Reach*

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. However, applicants are also directed to consider how a community-wide strategy addresses health inequity and should be choosing strategies that impact broad numbers of people while also addressing underlying inequities. This is particularly important for Bucket 3 strategies.

### *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. Applicants must also provide a rationale for why they have selected a community or population group for strategy implementation. The expectation is that efforts will be focused on populations and communities experiencing health inequities.

### 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.

### 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 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.

*For more information on cultural humility, a workshop will be offered focused on this topic. See workshop schedule in the Timeline. In addition, there is a workshop that was offered last year that is in the [resources library of our website](#) which can be viewed prior to this year’s workshop, which will go into more depth.*

## 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.

*For more information on health equity, please see the link above and attend the Information Session on Wednesday, October 20, 2021.*

## I. Partnerships & Collaboration

This year, given the sharper focus on upstream and midstream impact and fewer total grants, applicants will be required to work in partnership with at least one other organization. Multiple organizations can also choose to work together. In part this is based on a recognition that one single organization rarely achieves upstream impacts by itself. 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.

*For more information on effective partnership/collaboration, a workshop will be offered focused on this topic. See workshop schedule in the Timeline.*

## VI. Eligibility

To receive a grant award, an organization must:

- Demonstrate experience in successfully providing high-quality programs or initiatives aligned with one of the RFP priority 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.
- Preference will be given to locally based organizations serving the BH catchment area.

## A. Grant Awards

BH, in partnership with its CBACs, intends to award \$1.2 million through this RFP process. Each region will award only one or two grants in this grant round. If one grant is given, the full amount of funding allocated to that hospital area will be awarded. The grants can be spent over two-three years, as requested by the applicant. If two grants are given, the full allocation for the hospital area will be split evenly between the two grant recipients. The amount of funding allocated to each hospital region is guided by a formula designed to support equitable distribution of funds. The formula considers population indicators and social/environmental justice indicators, while providing a base amount for each region.

Total funding available for each respective hospital over three years is as follows:

- Baystate Franklin Medical Center – \$300,000 [Two \$150,000 awards]
- Baystate Medical Center – \$500,000 [Two \$250,000 awards]
- Baystate Noble Hospital – \$150,000 [One award]
- Baystate Wing Hospital – \$200,000 [One award]

Applicants can submit one grant application as the lead applicant. Given the limited resources available, this will be a highly competitive grant making process. **In making grant decisions, emphasis will be placed on the Applicant’s attention to upstream impact and the strength of the partnerships between collaborating 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
- Projects that seek to directly or indirectly influence specific legislation or elections
- Religious organizations, except for programs that meet broad community needs

## VII. Submission Guidelines

### A. Information Sessions

There will be one required RFP information session hosted via Zoom by BH's Office of Government and Community Relations. The 90-minute RFP Information session is scheduled for **Wednesday, October 20, 2021 from 2:30 - 4:00 PM**. The session will be recorded as well and made available on BH's Office of Government and Community Relations 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.

The BH Community Benefits Team will be available for drop-in "office hours" via Zoom from **12:00 – 1:00 PM each day during the week of October 25, 2021**. Zoom links for the office hours will be posted on the BH website and shared with all Information Session participants.

### B. Mini-Grants for Planning and Proposal Development

This year, a pool of funding has been set aside for mini grants that will be awarded during the fall of 2021 to provide support for proposal development. We recognize that some organizations who have full time grant-writers and discretionary funding to hire additional capacity are at an advantage in the application process. In order to make the application process more equitable and to help ensure high quality proposals, we are offering mini grants of up to \$5,000.

Applicants and their partners may apply for one mini-grant of up to \$5,000. The following types of expenses are allowable for mini-grant requests. (Other requests may also be considered, so you may ask for things outside of this list as well).

- To hire a facilitator to support development of partnership/collaboration agreements
- To offer stipends / transportation support / childcare to ensure that the proposal design involves people with lived experience
- To hire a grant-writer to support proposal writing
- To pay for space / food / transportation / childcare for proposal development meetings
- To pay for staff time that may be redirected toward the coordination of partners and/or writing of the proposal (for organizations that are minimally staffed or volunteer-based)

To apply for a mini grant, we ask that you submit an email to Baystate's Office of Government and Community Relations describing the request: what you plan to use the funds for and how much you are requesting. That email can be sent to: [governmentcommunity@baystatehealth.org](mailto:governmentcommunity@baystatehealth.org).

The decisions about mini-grant awards will be made by the Government and Community Relations staff and amounts will be determined based on availability of funds and the number of requests. We cannot guarantee that every request will be funded or funded at the level requested, but every effort will be made to fund as many of the mini-grant requests as possible. The request can be for any size, but no more than \$5,000.

The **deadline** for applying for a mini grant is **Wednesday, November 3, 2021 by 5:00 PM EST**. We encourage you to submit the mini-grant requests as soon as you know what you might need in terms of additional support. Decisions about mini grants will be made within a week, and the funding itself will be released by **Friday, November 19, 2021**.

### C. Optional Feedback Panels

A new feature of this year's RFP Process is Optional Feedback Panels. BH will be offering four-six Virtual Feedback Panels where applicants will have a chance to present preliminary ideas related to their project proposal and hear feedback from community experts and Baystate Health leaders on those ideas. The feedback panels are optional, but highly encouraged. The intended benefit of the panels is that applicants can incorporate guidance and direction from neutral 'experts' so that final proposals align as closely as possible to the Better Together Grant criteria.

The feedback panels will be held during the weeks of **November 8 and November 15, 2021**.

Information about how to sign up for a feedback panel will be provided to all interested applicants who attend the information session on Wednesday, October 20, 2021

## D. Application Round One

Applicants will be able to log-in and complete their Round One Application via the online portal. **Round One Applications are due by Wednesday, January 12, 2022 11:59 EST.** Proposals received after the deadline will not be reviewed. You will receive an email confirmation once your application is received. Once you log in to the online system, you will see a tab called LOI (Letter of Interest). **This is the Round One Application.**

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.

## E. Required Attachments

### *Round One Application:*

- 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***

### *Only required for selected Finalists:*

- Logic Model\*
- Detailed budget worksheet\*
- Workplan\*
- Preliminary evaluation questions\*

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

**F. Timeline**

Grants awarded through this RFP will cover the time period of April 2022 through May 2024 or 2025 (dependent on the years of grant funding awarded). Proposals will not be accepted past the stated deadline. Please carefully adhere to all timeline and application requirements.

ACTIVITY	DATE
RFP Issued	Monday, October 4, 2021
<b>RFP General Information Session</b> <b>REQUIRED</b>  Click to <a href="#">REGISTER</a>	Wednesday, October 20, 2021 2:30 – 4:00 PM ZOOM
<b>Drop In “Office Hours” with Baystate Community Benefits Team</b>	Once/week throughout application process Starting Week of October 25, 2021 12:00 - 1:00 PM
<b>Sign Up for Optional Feedback Panels</b> <i>See Description in Guidelines</i>	A link to sign up for a time slot will be made available on the <a href="#">Baystate Health website</a> as of Wednesday, October 20, 2021
<b>Apply for mini grants for costs associated with preparing application</b> <i>See Submission Guidelines above for Description</i>	Deadline: Wednesday, November 3, 2021 Apply as early as possible
<b>Capacity-Building Workshops</b>	Weeks of November 1 and November 8, 2021 Each virtual workshop will be held from 12:00 - 1:00 EST  Five optional workshops will be offered once and recorded for future viewing. The final dates and registration links will be available on the <a href="#">Baystate Health website</a> in mid-October. <ul style="list-style-type: none"> <li>I. Cultural Humility in Action</li> <li>II. Designing for Policy, Systems and Environmental Change (PSE)</li> <li>III. Building Successful Partnerships for Health Equity</li> <li>IV. From Logic Models to Evaluation Frameworks</li> <li>V. A Deeper Dive into Priority Social Determinants of Health</li> </ul>

ACTIVITY	DATE
	<p><i>In addition to these live workshops, there is a resource library of workshops available that were recorded last year.</i></p> <p><a href="#"><u>2020 Capacity-building Workshops</u></a></p>
<p><b>Mini Grant Checks Released</b> <i>See Submission Guidelines above for Description</i></p>	<p>Friday, November 19, 2021</p>
<p><b>Optional Feedback Panels Conducted</b></p>	<p>Weeks of November 8 and November 15, 2021 Two options will be offered each week</p>
<p><b>Application Round ONE Due</b></p>	<p>Wednesday, January 12, 2022 <a href="http://www.baystatehealth.org/applyforfunding"><u>www.baystatehealth.org/applyforfunding</u></a> Scroll down; Click green “Request Funding” tab</p>
<p><b>Finalists Notified &amp; Interview Times Set</b></p>	<p>Friday, February 4, 2022</p>
<p><b>Final Documents Due</b></p>	<p>Wednesday, February 23, 2022</p>
<p><b>Final Round Interviews</b></p>	<p>February 28 - March 11, 2022 <i>Will provide specific dates/times within this range to finalists</i></p>
<p><b>Funding Decisions &amp; Notifications</b></p>	<p>Week of April 4, 2022</p>
<p><b>Initial assessment/ post-award technical assistance with PHIWM (Grant Evaluator)</b></p>	<p>April 2022</p>
<p><b>Grant Awards Public Announcement</b></p>	<p>May 2022 - TBD</p>

### F. Capacity Building Workshops

The following workshops will be offered through the Public Health Institute of Western Massachusetts and other training organizations from 12:00 - 1:00 PM **during the weeks of November 1 and November 8, 2021**. The workshops are free, offered by video conference, and open to grant applicants as well as organizations in the community that are not applying for this grant round.

The emphasis on capacity building workshops is intended to support applicants to submit the strongest possible proposals while also strengthening organizational capacity for the sector overall. An added benefit of the workshops is that if your organization decides not to apply or is not selected as a finalist, your skills will have been strengthened for future application processes.

Building on the [four sessions recorded in 2020](#), the following set of workshops together provide deeper learning to support your efforts to advance health equity. Cross-cutting learning objectives include:

- Translate your community's priority Social Determinant of Health (SDOH) into relevant policy goals.
- Transform focus on downstream activities to incorporate midstream and upstream policy solutions.
- Craft realistic and attainable objectives and strategies to achieve systemic health equity outcomes.
- Center cultural humility internally and in collaboration with partners and constituents as you work toward upstream policy change.
- Understand tangible, local examples of organizations and collaboratives practicing cultural humility and/or effective systemic change to win health policy changes.
- Develop evaluation and learning questions that will help you gauge progress in your journey toward greater cultural humility, more effective partnerships and more upstream change.

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

This workshop will build on the pre-recorded [introductory Cultural Humility workshop](#) from last year. 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.

- Understand how to set realistic and measurable goals to make progress on your organization's journey toward greater cultural humility.
- Explore how to model cultural humility in partnership with other organizations, including those that may have different competencies in this area.
- Practice incorporating cultural humility into your planning for upstream health equity strategies.

### ***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.

- For the priority social determinant in your service area, explore the types of policy, systemic and environmental changes that are possible.
- Learn about the differences between downstream, midstream and upstream solutions in advancing health equity.
- Study examples of local policy campaigns and find out what made them successful.

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

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

- Learn how to build trust and lay the groundwork for collaborative relationships during the grant application process.
- Explore the difference between short-term, transactional alliances and long-term, transformational partnerships that can advance upstream change.
- Share tips on managing effective coalitions and assessing their health and impact.

### ***From Logic Models to Evaluation Frameworks***

Building on the pre-recorded session [Tips for Writing an Effective Grant Proposal](#) from 2020, this workshop will help you craft logic models and develop appropriate success measures for your proposal.

- Hear tips for creating great logic models and using them to formulate your proposal.
- Learn how to identify progress indicators for midstream and upstream policy work.
- Discuss real examples of health equity metrics and typical evaluation methods.

### ***A Deeper Dive into Priority Social Determinants of Health***

In this session we will break into small groups based on each social determinant prioritized for your hospital service area. Come find out why this focus area was chosen and what kinds of upstream change Better Together will be looking for in the application review process.

## G. 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;
- There will be four RFP Review Teams, one unique to each hospital. Each team will include a mix of hospital team members, members of the CBAC, and other guest reviewers (content experts, community residents).
- Teams will review and assess proposals in late January-early February, according to the pre-established criteria and in line with the specific Social Determinant of Health identified by the hospital region.
- 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 late February-early March. 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 each respective hospital is expected no later than the middle of March 2022.
- Applicants will be notified of funding decisions by mid- March 2022.

## H. 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 2022</b> <b>Application Round One (written application; screening phase)</b> <i>For review of applications submitted in January 2022</i>	
1.	Project/initiative addresses the priority health area of focus/ <b>social determinant of health</b> and the specific outcomes within that priority identified by the hospital CBAC
2.	Project/initiative has a clear focus on one or more <b>priority populations/communities</b> , which fulfills the requirement of the MA Department of Public Health’s Determination of Need.
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 will <b>target mid-stream and/or up-stream outcomes</b> . The applicant has demonstrated where the work outlined in the proposal would fall on the graphic spectrum of upstream/downstream interventions. <i>Link to workshop on outcomes/upstream emphasis.</i>
5.	Applicants demonstrate at least one <b>meaningful partnership or collaboration</b> and include letters of understanding and agreement from partnering organizations. Roles for each partner are outlined as well as a description of how each will contribute to the work and how they will share decision-making and resources. At least one of the partners works directly with the population/community affected by the issue being addressed.
6.	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.  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.
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 2022

#### Round Two: Final Application/Interview

*For Finalists who will be interviewed in early March 2022*

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 proposal includes relevant **data to define the problem** and demonstrates an identified health disparity/inequity to be addressed
2. Applicant demonstrates at least one meaningful **partnership or collaboration** and includes letters of understanding and agreement from partnering organizations, including roles for each partner. Partnership is further demonstrated during the interview through shared presentation and response to questions. Partners speak to their agreements about roles and decision-making clearly and openly.
3. Grant Applicant(s) convey clear understanding of the required emphasis on outcomes and they add definition to their description of how the work will target mid-stream or up-stream outcomes. Policy/Systems/Environment (P/S/E) examples are described. Logic model clearly outlines how the activities will lead to P/S/E outcomes.
4. Applicants have **analyzed potential challenges** with the project and developed a plan to mitigate. This may include a discussion of contingency plans for COVID.
5. 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.

6. 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)

7. Applicants fully completed and submitted required attachments: Budget Template, Work plan, Logic Model.

*Applicants can consider using mini grant funds to support the development of these products. Feedback can also be offered on logic model or work plans during the feedback panel in November.*

## VIII. Post-Award Requirements

Organizations awarded a grant will be required to:

- Refine project logic model, work plan, evaluation plan and budget with support from the Public Health Institute of Western Massachusetts (PHIWM), formerly Partners for a Healthier Community. BH has contracted with PHIWM to serve as its grant evaluator.
- Enter into a grant agreement, based on the final negotiated proposal with BH, prior to receiving any funds.
- 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 Government and Community Relations.

- 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 logic model, work plan, evaluation plan, and sustainability/transition plan. Finalized documents will be included in the grant agreement as exhibits.
  - Participate in Grantee Community of Practice (CoP) session(s), facilitated by PHIWM, to share and learn with other BH Better Together grantees.

## **IX. Baystate Health's Commitment to Grantees**

BH is committed to fostering the capacity-building of grantees. To express this commitment, we are offering the following additional post-award support and opportunities:

- PHIWM will be available for regular technical assistance check-ins and meetings with grantees.
- PHIWM will be available to review performance, impact, evaluation, and financial documents prior to submission to BH.
- Grantee participation in trainings (free) on topics identified by grantees (i.e. applying health equity lens in our work, deciding when to use qualitative or quantitative approaches for monitoring and evaluation).
- Grantee and project photo session with BH contracted photographer. The goal is to get live action photos of the project for use in grantee and BH promotional materials (annual report, website, social media, etc.). All photographed participants will be required to complete and sign a waiver. Images will be made available to grantees for their own use.

- Promotion of grantee and the funded project to BH's employees, patients, leadership, and other community and business stakeholders, including annual community benefits reports as filed with the MA Attorney General and Internal Revenue Service.
- Access to BH's community grant writer for additional proposal development and refinement, as well as researching and identifying other funder prospects.
- Opportunity to promote your project and associated events (except for fundraising and donation solicitations) to BH internal communications and external networks (i.e. BH's Office of Government and Community Relations monthly e-newsletter).

## X. 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

## XI. 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 [governmentcommunity@baystatehealth.org](mailto:governmentcommunity@baystatehealth.org).

As questions are submitted electronically to our office, responses to questions will be shared with ALL applicants in an [FAQ document](#) that is regularly updated. Our goal is to be consistent, transparent, and fair.

**ANNAMARIE GOLDEN**

Director, Community Relations  
Office of Government and Community Relations  
Email: [annamarie.golden@baystatehealth.org](mailto:annamarie.golden@baystatehealth.org)  
Phone: 413-794-7622  
Cell: 978-807-7132

**BRITNEY ROSARIO, MPH (GONZALEZ)**

Community Benefits Specialist  
Office of Government and Community Relations  
Email: [brittneygonzalez2@baystatehealth.org](mailto:brittneygonzalez2@baystatehealth.org) Phone:  
413-794-1801

## XII. Appendix A: Social Determinants of Health

