

**Medford Health Matters**  
**2011 REQUEST FOR PROPOSAL**  
**Medford Health Matters and Mt. Auburn Hospital DoN Funds**

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**Applications DUE June 3, 2011**

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**Medford Health Matters Mission**

Medford Health Matters' mission is to foster an environment of wellness and healthy lifestyles for all those who live, work and play in the City of Medford.

**MHM Vision for DoN funds**

Medford Health Matters has received Determination of Need (DoN) funds from Mt. Auburn Hospital and will utilize those funds to address gaps in community services. Two areas that will benefit from new services have been identified through community assessments and will be our 2011-2013 priorities. They are programming for middle school-aged youth and services for Medford's senior citizens. Our first project will be to support the creation and operation of new programming for middle school youth in Medford.

**2011 Mini-Grant Initiative**

The goals of this grant initiative are to support middle school-aged students in:

1. A new program that builds social and emotional well-being;
2. A program for parents that helps them support the social and emotional well-being of their children;
3. A program that supports academic achievement for middle school-aged children, enhancing self-esteem.

Applicants must develop a proposal for one or more of the above goals. Examples of fundable proposals could include: an after school program that builds self-esteem in middle school boys and girls, a series of talks for middle school parents about healthy adolescent development and building resistance to harmful activities, a tutoring or mentoring program that supports academic learning and social and emotional well-being, a program to help parents better understand early adolescence and how to better communicate with their child (children).

**Award Amount & Eligibility**

**A total of \$20,000 is available to be distributed for grants up to, but not exceeding \$7,500 per applicant.** Eligible applicants include, but are not limited to service providers, health and community-based organizations, local agencies, schools, and communities of faith who are interested in improving the well-being of Medford's middle school children. Grant applicants must be located in Medford and/or must create programs that serve Medford residents. It is expected that all applicants will be 501(c)(3) or have access to an appropriate fiscal agent.

**Award Criteria:**

Criteria for determining awards include:

- evidence of collaboration with at least one other Medford agency
- measurable goals and objectives
- a clear, well-designed project that proposes strategies based on identified community needs
- a realistic timeline for implementation
- a plan for evaluation of demonstrated outcomes
- consideration for sustaining demonstrated outcomes
- an appropriate budget

## **Application Process**

Applicants must complete the enclosed application: 1) cover sheet; 2) narrative 3) letter of agreement(s) from collaborator(s), and 3) budget, and may apply for up to **\$7,500** for a project. Funds must be used to advance the goals and objectives of the program and will be reviewed accordingly by the Grant Review Subcommittee.

## **Deadlines**

- Grant applications are due no later than June 3, 2011
- Grant recipients will be notified by June 27, 2011
- Applicants may expect requested funding within thirty days of notification of a grant award.
- Funding for recipients must be spent appropriately within **one year** from the date of the award.

## **Requirements of Recipient Organizations**

Successful applicants will be expected to:

- Submit a **Progress Report six months** after receiving the award (**December, 2011**), and a **Summary Report** within three months following the completion of the funded project;
- Present results of project to Medford Health Matters at both a board meeting and members' meeting TBA;
- Identify Medford Health Matters as a co-sponsor of events/activities in any media and/or public relations efforts related to project.

**For more information or questions, contact:**

[medforhealthmatters@gmail.com](mailto:medforhealthmatters@gmail.com)

Medford Health Matters  
c/o Board of Health  
85 George P. Hassett Drive, Room 311  
Medford, MA 02155

**Medford Health Matters**  
**2011 MIDDLE SCHOOL SOCIAL/EMOTIONAL WELL-BEING GRANT**  
**APPLICATION FORM COVER SHEET**

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*Please complete the following information. Please type or print neatly and attach additional sheets/documents where necessary to provide all of the information.*

**Please Check Proposal's Primary Focus Area:**

- New Program for Middle School students*    *Parents' program*    *Academic enrichment program*

**Project Title:**

**Contact Person:**

**Name of Group/Organization:**

**Address:**

**City/State/Zip Code:**

**Telephone:**

**Fax (if applicable):**

**Email:**

**Website (if applicable):**

**Amount of funding requested:**

**NOTE:** If your group has a fiscal agent/conduit other than the applicant named above, please provide the following:

**Contact Person:**

**Name of fiscal agent/conduit:**

**Address:**

**City/State/Zip Code:**

**Telephone:**

**Fax (if applicable):**

**Email:**

**Website (if applicable):**

**Medford Health Matters**  
**2011 MIDDLE SCHOOL SOCIAL/EMOTIONAL WELL-BEING GRANT**  
**APPLICATION FORM NARRATIVE REQUIREMENTS**

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***Please answer the following questions about your project and feel free to attach more sheets or documents where necessary.***

1. Provide a brief overview of the proposed project including: a statement of purpose; estimated number of people that will be served by the project; and the expected outcome(s). The statement of purpose should describe why your project is important, what need(s) it addresses, and how it will meet that(those) need(s).
2. In addition please include a list of collaborator(s) and their contact information, and briefly state your organization's and collaborator(s) experience with this work. Describe what the collaborator(s) will bring to the project.
3. Outline specific project goals and objectives. Identify your goals by number (1, 2, 3...) with their objectives. Objectives must be measurable.
4. Describe how you will evaluate whether the project met the stated goals and objectives.
5. We would like projects to be sustainable beyond the grant award. Please consider how this might be accomplished.
6. Provide an itemized budget for the total amount of funding you are requesting as well as any additional matching or contributed funds. You must provide a narrative that demonstrates how the funds will be used and why they are necessary.

***E-mail or mail completed applications (Cover page, Narrative, Letter(s) of Agreement, and Budget) to:***

[\*\*medfordhealthmatters@gmail.com\*\*](mailto:medfordhealthmatters@gmail.com)

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c/o Board of Health  
85 George P. Hassett Drive, Room 311  
Medford, MA 02155

**Medford Health Matters**  
**2011 MIDDLE SCHOOL SOCIAL/EMOTIONAL WELL-BEING GRANT**  
**APPLICATION SAMPLE SCORING SHEET**

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This is a **SAMPLE** scoring sheet the Grant Review SubCommittee will use to evaluate grant applications.  
**PLEASE DO NOT FILL OUT THIS SHEET- THIS IS FOR YOUR INFORMATION ONLY.**

**Organization:**

**Project:**

**Amount Requested:**

**Total Score:**

Please rank how well the grant proposal answers the criteria based on the following scale:  
 5 = excellent; 4= good; 3 = average; 2 = poor; 1 = very poor.

Criteria	1	2	3	4	5	Comments
Evidence of collaboration with at least one other organization preferably in Medford						
Goals and measurable objectives						
A clear, well-designed project that proposes strategies based on identified community needs (roles, strategies matched to goals and objectives, objectives measurable)						
A realistic timeline for implementation (does it fit with the project plan – will more time be needed?)						
A plan for evaluation of demonstrated outcomes						
A plan for sustaining those outcomes						
An appropriate budget (costs itemized, is the budget sufficient to meet the goals/objectives)						

Does the proposal include the following?

- |                        |     |    |
|------------------------|-----|----|
| 1. Cover Sheet         | Yes | No |
| 2. Narrative           | Yes | No |
| 3. Collaborator Letter | Yes | No |
| 4. Budget              | Yes | No |