**Medford Health Matters Mission**

Medford Health Matters is a community coalition with a mission to foster an environmental of wellness and healthy lifestyles for all those who live, learn, work, and play in the City of Medford.

**Program Priorities**

Medford Health Matters is the recipient of Determination of Need (DoN) funds from Mt. Auburn Hospital and will consider funding sub-grant proposals that address gaps in community services within a broad definition of health. Areas of focus include but are not limited to:

* Access to services
* Reduction of racial and ethnic health disparities including social determinants of poor health outcomes in vulnerable communities
* Prevention and management of chronic disease
* Social and emotional wellbeing

**Grant Awards**

Awards will be granted for projects up to $5,000 per applicant with half of the funding distributed following a signed contract, and the remainder of the funds awarded, subject to compliance with the terms of the contract, at the midpoint of the project. If for any reason the sub-grantee is unable to provide the program or services specified in the proposal, the sub-grantee shall promptly notify Medford Health Matters of its inability to provide the program or service and indicate the specific reason. Medford Health Matters reserves the right to suspend payment and/or reduce a grant award in whole or in part after an evaluation if it is determined by a vote of the Board of Directors that the sub-grantee has failed to comply with the contract provisions.

Eligible applicants include, but are not limited to service providers, health and community-based organizations, local agencies, schools, and communities of faith that are interested in improving the physical and mental wellbeing of residents within the City of Medford. Grant applicants must either be located in, or must create programs that serve, Medford residents. It is expected that all applications will be 501(c)3 organizations or have access to an appropriate fiscal agent.

**Award Criteria**

* A clear, well designed project that proposes strategies based on identified community needs
* Describe how the project fulfills Medford Health Matters’ identified program priorities
* A clear definition of the target population and number of people that will be served
* A realistic timeline for implementation; projects must be completed within one year of the award
* Measurable goals and objectives
* An itemized project budget; proposed operating and personnel expenses must be detailed
* Evidence of collaboration with at least one other Medford agency is preferred but not required
* An evaluation plan with demonstrated outcomes
* A plan for sustainability, as appropriate

**Reporting Requirements**

* Project Midpoint: Grant recipients will be expected to provide a narrative progress report at the midpoint of their project as well as an accounting of expenses versus proposed budget incurred during the period.
* Conclusion of Project: Grant recipients will be expected to file a final narrative report and budget and will be asked to present their final report at a Medford Health Matters board meeting

**Application Process:**

All applicants must provide and complete:

* Cover sheet
* A narrative outlining the above award criteria
* Memorandum of agreement with any collaborators, if applicable
* Project Budget

**Submission Requirements:**

* Submit the proposal and accompanying documents electronically to [vpoole@mves.org](mailto:vpoole@mves.org)
* **Proposal due date: Wednesday, May 14, 2014 at 4:00 p.m.**
* Applicants will be notified following the Medford Health Matters June meeting
* **Contract period: July 1, 2014-June 30, 2015**

**Tips for Writing the Proposal**

* **Be clear and concise.** Explain what you plan to do, when, and how
* **Provide detail.** Numbers are more informative than adjectives. How many people will be served and what ***other*** funds, if any, support this work?
* **Explain the relevance** of the proposed program to Medford Health Matters’ priority areas and how it will reach the targeted population.
* **Describe past performance, if applicable,** **and provide evidence** of your organization’s experience working with the targeted population and ability to deliver and sustain the proposed services at a high level of quality
* **Define** the impact your program will make on the targeted population
* **Style.** Use 12 point font. Margins should be at least 1” all around.
* **Proofread** the document and the budget; check your math, and ensure your numbers are consistent throughout.

**Outreach/Marketing/Publicity**

Grant recipients will acknowledge Medford Health Matters and Mount Auburn Hospital in all publicity related to the funded program and are asked to submit any publicity to Medford Health Matters prior to releasing it to the media.

For more information or questions, please contact: Vida Poole, Medford Health Matters Clerk at 781-388-2375 or [vpoole@mves.org](mailto:vpoole@mves.org).

Cover Page. Complete the following information.Please type or print neatly.

*The completed proposal should not exceed six (6) pages, excluding this cover page*

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| --- | --- | --- |
| Project Title: | | |
| Name of Contact Person: | | |
| Name of Organization or Group: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Telephone Number: | | |
| Fax Number: | | |
| E-mail: | | |
| Amount of Funding Requested: | | |
| amount of any other funding supporting this project: | | |
|  | | |
| NOTE:  If your group has a fiscal agent/conduit other than the applicant named above, please complete the section below | | |
| NAME OF FISCAL CONTACT PERSON: | | |
| NAME OF FISCAL AGENT/CONDUIT: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Telephone Number: | | |
| Fax Number: | | |