# INNOVATION GRANT APPLICATION

**Due: October 30, 2020**

The Greater Brockton Health Alliance (GBHA) Innovation Grant is for an award of up to $10,000.   
  
Funding Period: January 1, 2021 - June 30, 2021 OR January 1, 2021 - December 31, 2021. Please specify your proposed end date in the grant narrative.

Eligible community-based organizations should submit proposals for projects that will advance GBHA’s behavioral health focus, promote cultural humility, and support one or more of our ten communities: •Abington • Avon • Bridgewater • Brockton • East Bridgewater • Easton

• Holbrook • Stoughton • West Bridgewater • Whitman

Applicants may be a 501(c)(3) non profit organization, utilize a fiscal agent who is a 501(c)(3) non profit organization, or be exempt from taxation under another section of the Internal Revenue Code. Applicants that do not meet the aforementioned criteria will also be considered with review of a fiscal management plan. Please send applications to [chna22@gmail.com](mailto:chna22@gmail.com) by Friday, October 30th at 5:00PM.

GBHA focuses its work on behavioral health and defines it in the following context: “Behavioral health is more than mental health and substance use…it is looking at the whole person – where they are and where [and how] they can thrive.”

–Steven Nikolsky, Manager of Clinical Social Workers, South Shore Health System Department of Behavioral Health

The Greater Brockton Health Alliance is “looking at the whole person” in the context of the following areas: social determinants of health (education, housing, income and transportation), early intervention and prevention, and physical and social environment (stigma, cultural barriers).

Furthermore, GBHA strives to work through a lens of cultural humility which practices beyond cultural competency and acknowledges people’s authority over their own experience as well as acknowledges the power dynamics that contribute to the marginalization of certain groups of people.

Three factors to sojourner cultural humility:

* Lifelong commitment to self-evaluation and self critique
* Fix power imbalances
* Develop partnerships with people and groups who advocate for others

This grant aims to promote health equity within the community by allowing community organizations the framework to create innovative interventions to lift up the voices of those with lived experience to lead community change. This will serve as a powerful tool to promote equity within a behavioral health context.

Grant applicants being considered for funding will be contacted to schedule an in-person innovation presentation to the review committee sometime during the month of November 2020. Funding will begin on January 1, 2021. Unless otherwise specified in the proposal, funds must be spent by June 30, 2021. If your agency anticipates the innovation will run beyond June 30th, please include your spending timeline in the grant narrative.

All grantees will be required to present their projects at a Greater Brockton Health Alliance meeting and complete a mid-year and year-end report.

We are here to provide guidance and support throughout the application process. Please contact Dennis Carman at United Way of Greater Plymouth County if you are in need of any guidance/technical assistance at [dcarman@uwgpc.org](mailto:dcarman@uwgpc.org) or

508-583-6306 x105. TA is available to help all interested applicants with grant questions as well as fiscal guidance as needed throughout the process.

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**Due: October 30, 2020**

**Name of Organization/ Applicant:**

**Fiscal Agent (if applicable);**

**Address:**

**Contact Person:**

**Phone: Email:**

**Application Instructions**

• Please use a 12-point font, single-spaced text, and a 1-inch margin on all sides.

• Answer each question completely and concisely. Please respond below each question within this template and limit your submission to five pages or less (not including the grant budget). All questions in the application are weighed equally.

**Grant Questions**

1. **Please provide a creative title for your project/ initiative.**
2. **Briefly describe how you propose to spend GBHA grant funds. Describe the project for funding including:**

* **Describe what is important for us to know about the population you aim to serve**
* **Which GBHA communities will this project serve**
* **Anticipated project timeline**
* **Describe the collaborations involved in the program**
* **What innovations or changes in policy or practice are involved in the project?**

1. **How does this innovative initiative related to GBHA’s behavioral health focus?**
2. **How does this proposed project tie into your organization’s overall mission?**
3. **How does your innovative idea promote cultural humility and racial equity?**
4. **What are your specific goals and how will you measure your success? (Example: *We will know the project has been successful if the following is completed…*.)**
5. **What is your sustainability plan for this proposal after the grant period ends?**
6. **Do you envision this proposal to be replicable in other cities/towns in the GBHA’s geography? If so, how?**

**Please provide a complete project budget using the provided template below.**

I affirm that I have reviewed the material in this application, and to the best of my knowledge, the information furnished is correct and provides full and fair disclosure.

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Name of Program Contact

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Program Contact

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Fiscal Sponsor (if applicable)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name of Fiscal Sponsor Organization  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Fiscal Sponsor Contact – Name & Title  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Fiscal Sponsor Contact

**GBHA Innovation Grant Budget**

Funding requests should not exceed $10,000, however, if your total projects costs exceed this amount please indicate other funding or in kind sources in the column below.

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Total Project Costs | Other Funding or In Kind Sources (if applicable) | Amount requested from GBHA |
| Staff (Please detail positions and hours) | *$* | *$* | ***$*** |
|  | *$* | *$* | ***$*** |
|  | *$* | *$* | ***$*** |
| Supplies (Please provide details) | *$* | *$* | ***$*** |
| Equipment (Please provide details) | *$* | *$* | ***$*** |
| **Administration** (may not exceed 10% of budget requested) | *$* | *$* | ***$*** |
| **Food** (may not exceed 5% of budget requested) | *$* | *$* | ***$*** |
| **Other expenses***(list and explain)* | *$* | *$* | ***$*** |
| **Total** | ***$*** | ***$*** | ***$*** |