# INNOVATION GRANT APPLICATION

**Due: January 3, 2024 by 5:00PM**

Funding Period: January 15, 2024 - June 30, 2024

The Greater Brockton Health Alliance (GBHA) Grant is for an award up to $2,500. This particular round of funding will focus on supporting behavioral health for youth through youth led projects. Although not required, it is strongly suggested to have youth actively involved in the development of the grant proposal.

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 must 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 **Wednesday, January 3rd at 5:00PM.**

Greater Brockton Health Alliance’s focus is on community wellness inclusive of behavioral health and preventative care. The Greater Brockton Health Alliance defines community wellness broadly through a holistic lens working to address the needs of the community in the context of the following areas: social drivers of health, early intervention and prevention, and physical/social/emotional well-being.

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.

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 us at chna22@gmail.com. TA is available to help all interested applicants with grant questions as well as fiscal guidance as needed throughout the process.

Please see application on the following pages.

# CAPACITY BUILDING GRANT APPLICATION

**Due: January 3, 2024**

**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 keep responses to three pages or less (not including the grant budget). All questions in the application are weighed equally.

**Grant Questions**

**1. 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 youth population you aim to serve**
* **Which GBHA communities will this project serve**
* **Anticipated project timeline**
* **Describe the collaborations involved in the program**

**2. How does this initiative relate to GBHA’s behavioral health focus?**

**3. How does this proposed project support the mission of the youth that are part of your organization?**

**4. How does your proposal support racial equity and inclusion?**

**5. Please list your goals for the project and share what success will looks like at the end of the project?**

**(Example: *We will know the project has been successful if the following is completed…*.)**

**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.

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

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 $2,500, 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 in application |
| 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** | ***$*** | ***$*** | ***$*** |