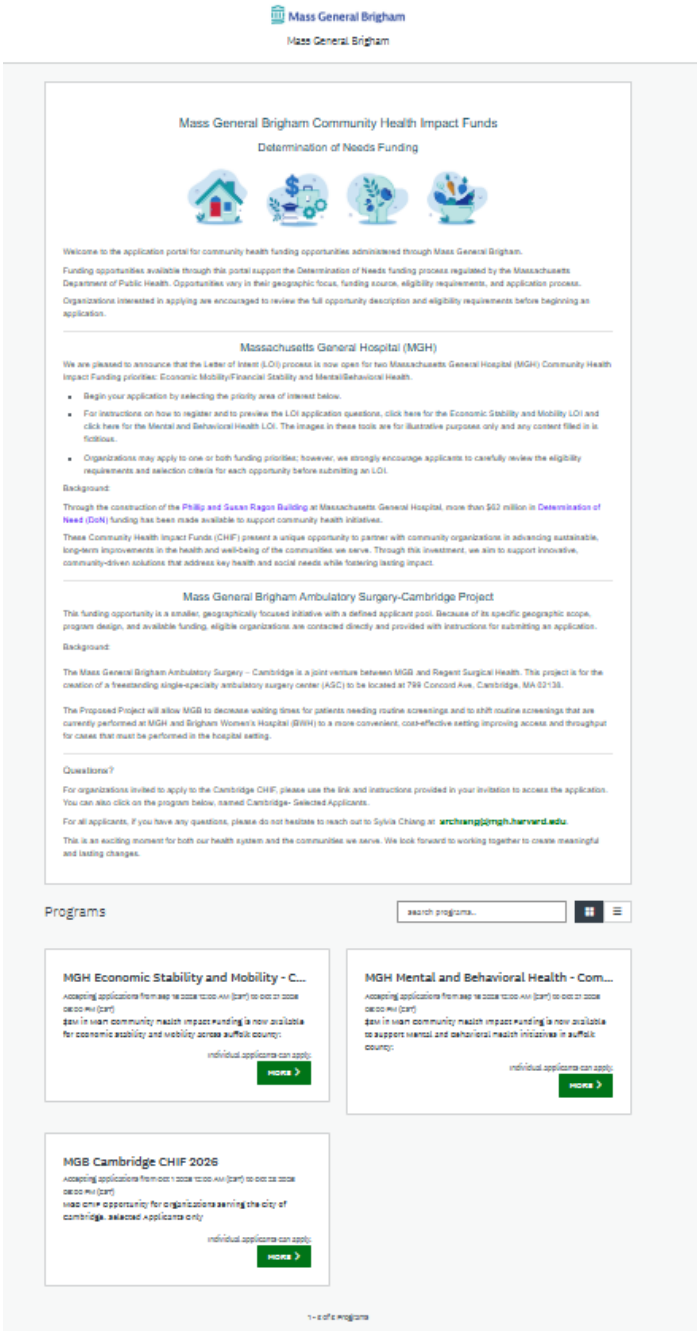
MGB Community Health Impact Funds
SurveyMonkey Apply Guide

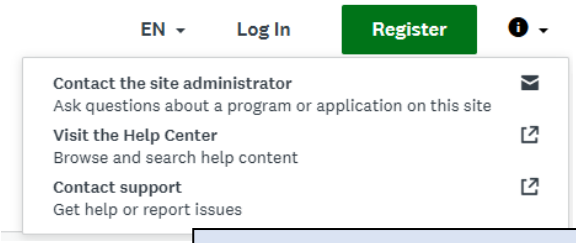
The main URL link (https://mgb.smapply.us) will take you to the SurveyMonkey Apply page below:

- If you already have a SurveyMonkey Apply log in, click on 'More' to begin the application for the Community Health Impact Fund of interest.

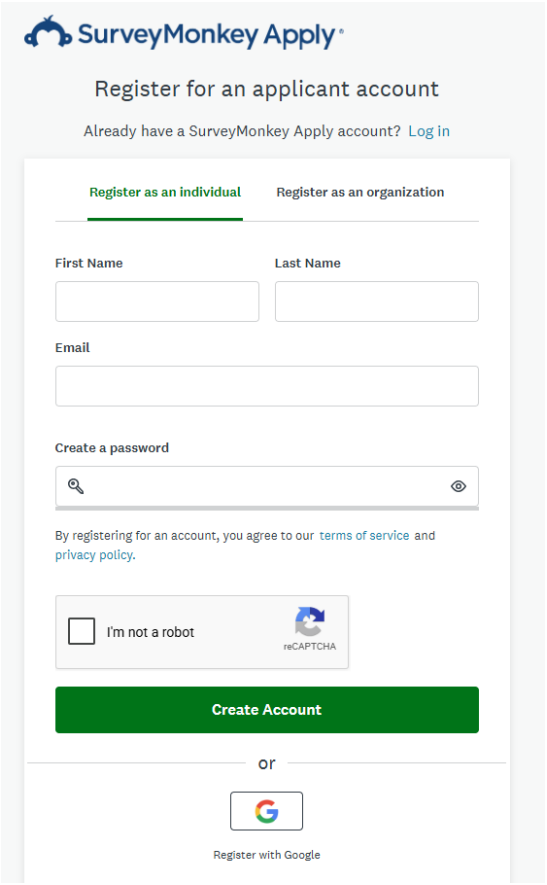
- If you do not already have a SurveyMonkey Apply log in, click on Register to create an account.

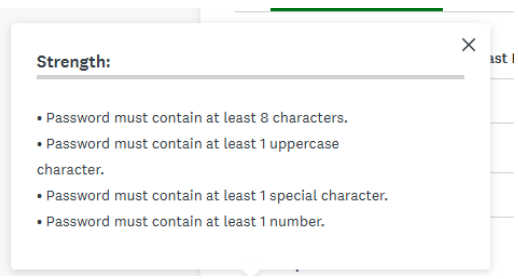


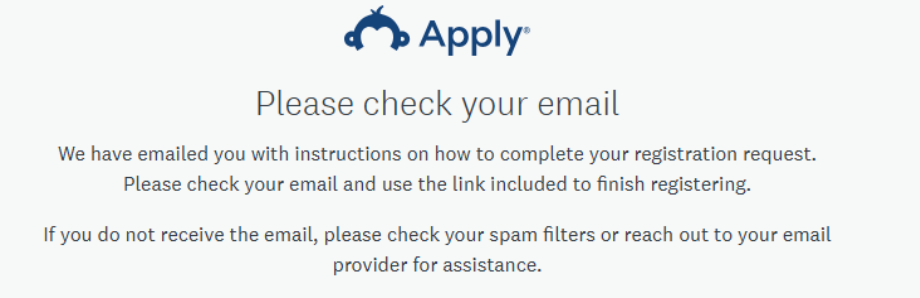
“Register” is at the top, right hand corner:



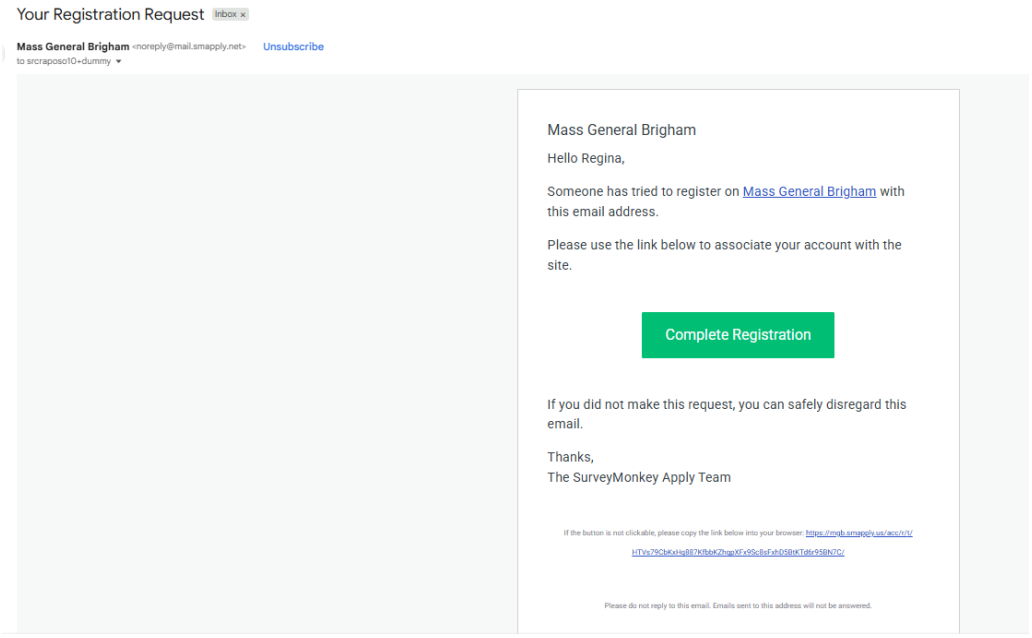
If there are any issues related to the LOI or website, the info (i) icon here can direct to the right contact.



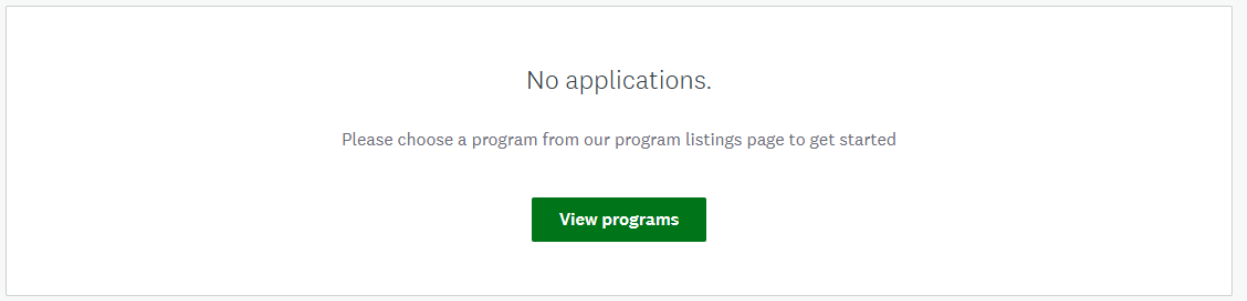




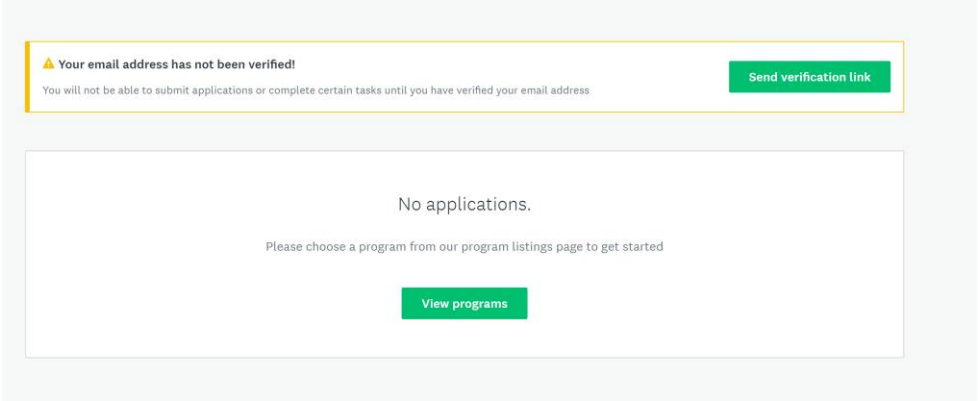
You will receive an email verification email from Mass General Brigham noreply@mail.smapply.net. Please check your Spam folder if you do not see in your Inbox**. Click to confirm email address.**



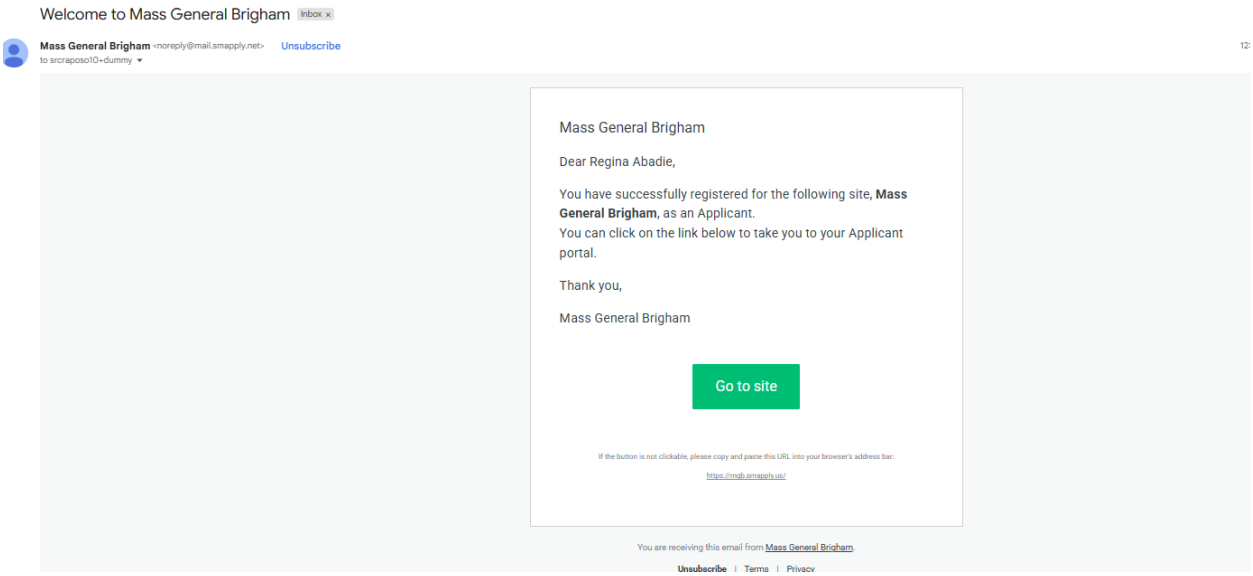
Upon clicking, it will take you to the mgb.smapply.us/prog/ and you will see this:



If your email hasn't been verified the following message will appear. Click on '**Send verification link**.'



You will also get this email and the link takes you to the site too.

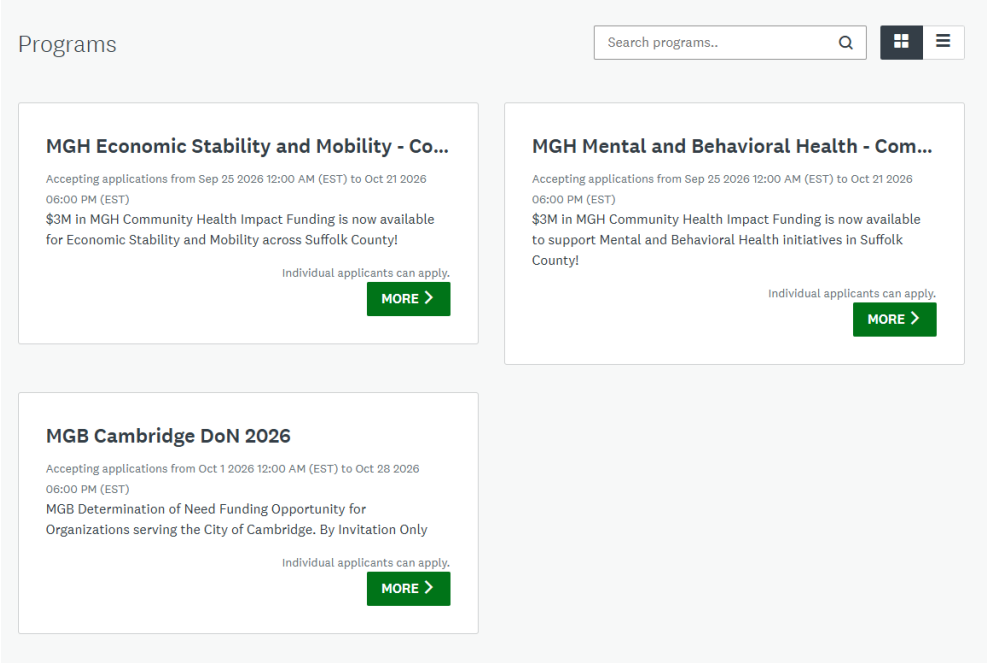


Click on “View Programs” and the following programs should now appear when you log into SurveyMonkey Apply:

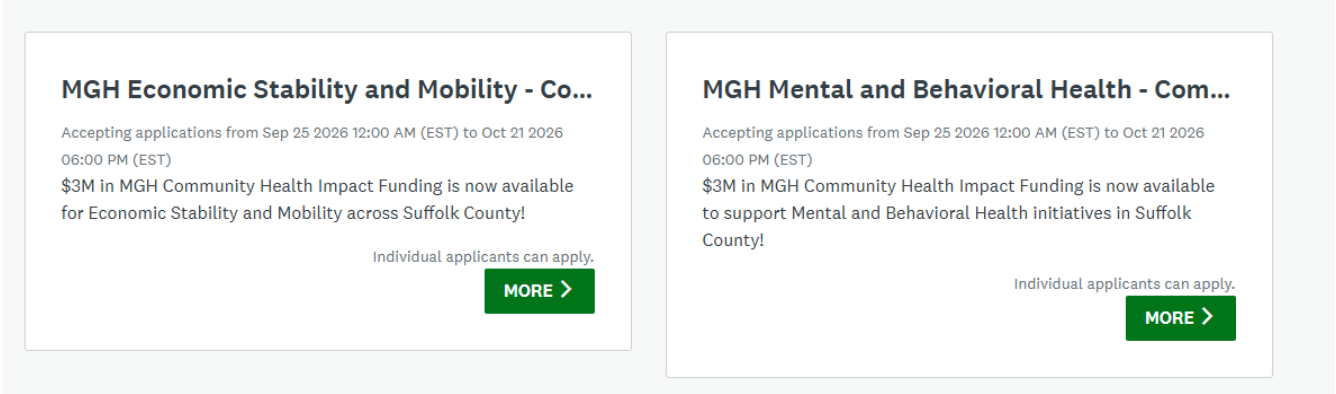
- MGH Economic Stability and Mobility
- MGH Mental and Behavioral Health

You will also see a third program called, MGB Cambridge DoN 2026- This program has a selected pool of applicants, they will get specific instructions.

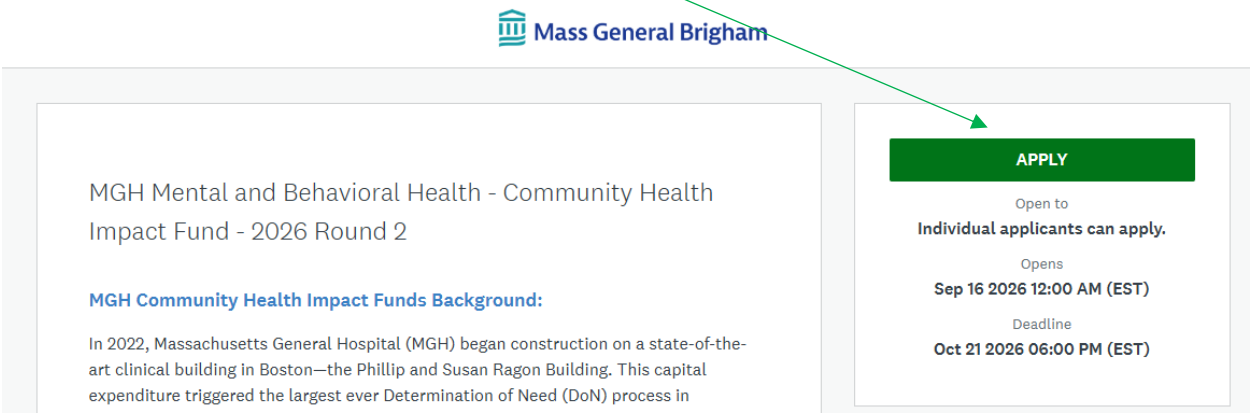
Please select an MGH priority to apply.



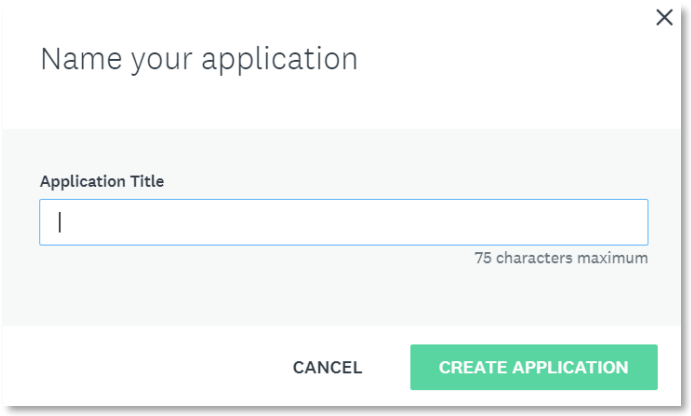
To apply for either of the MGH's Health Community Health Impact Fund click on 'More" and read the full funding description to determine fit for your organization and eligibility.



If the program is a good fit, please click on "Apply"

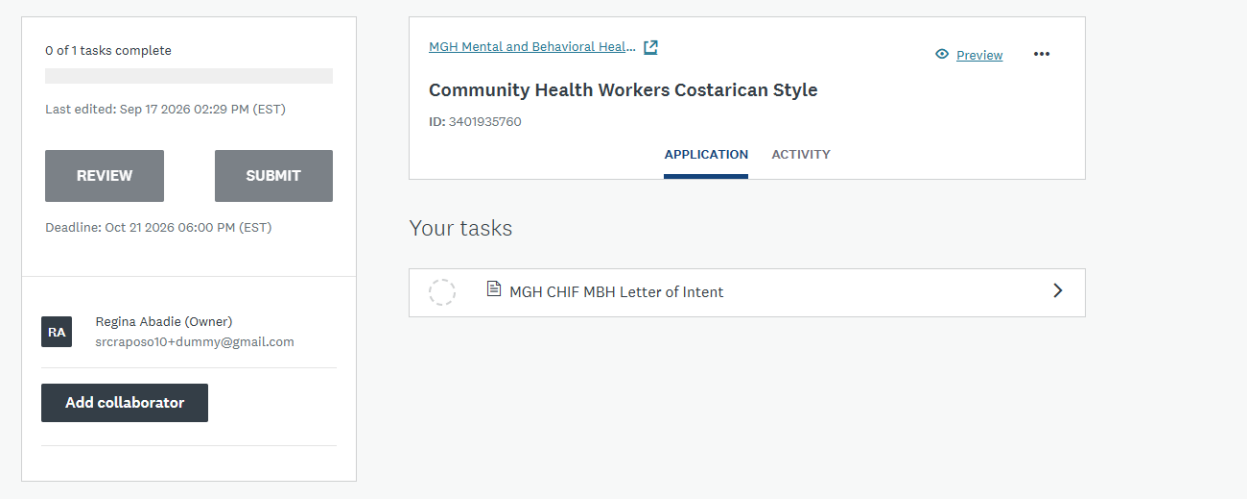


The first step is to name your application.

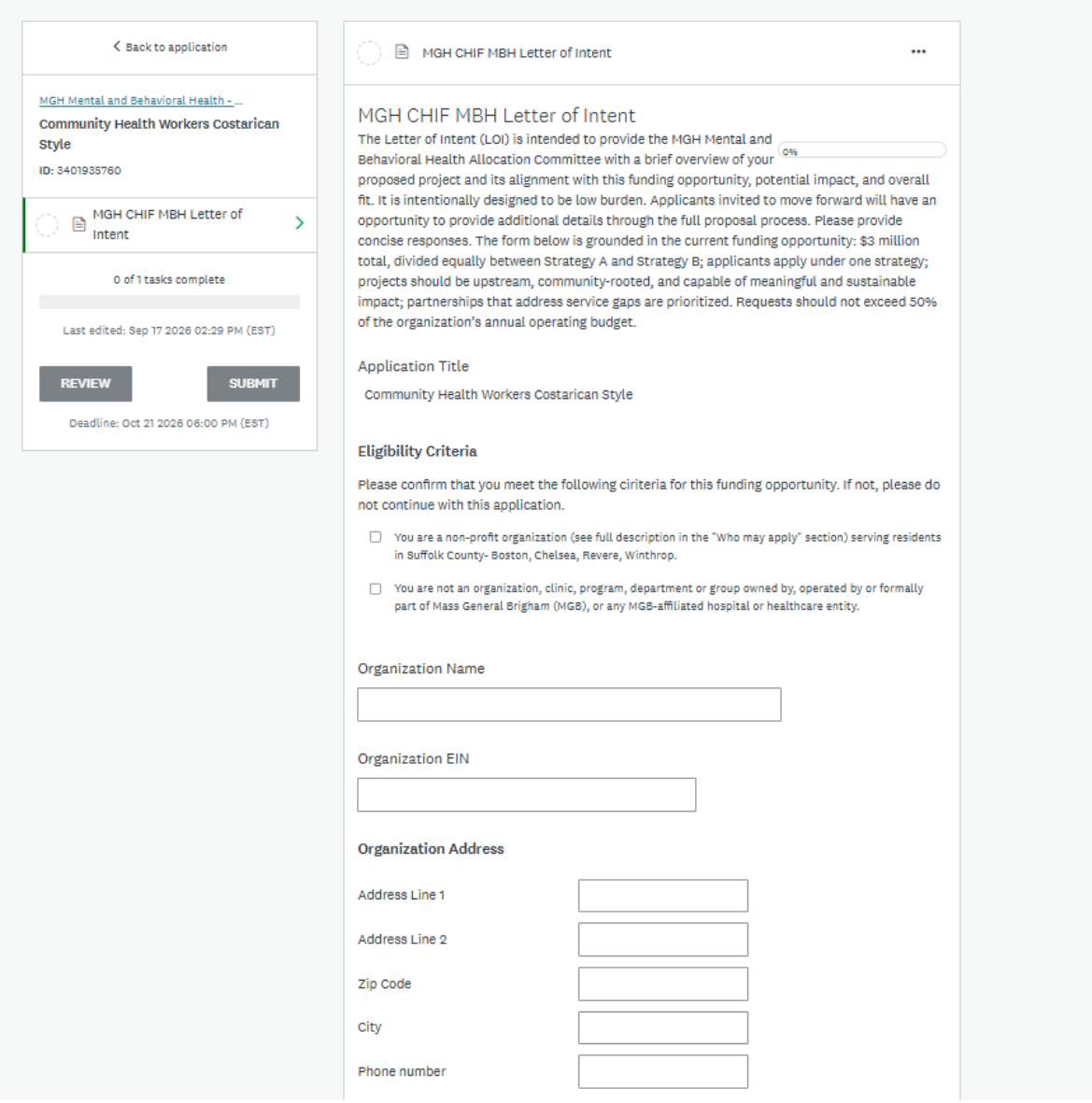


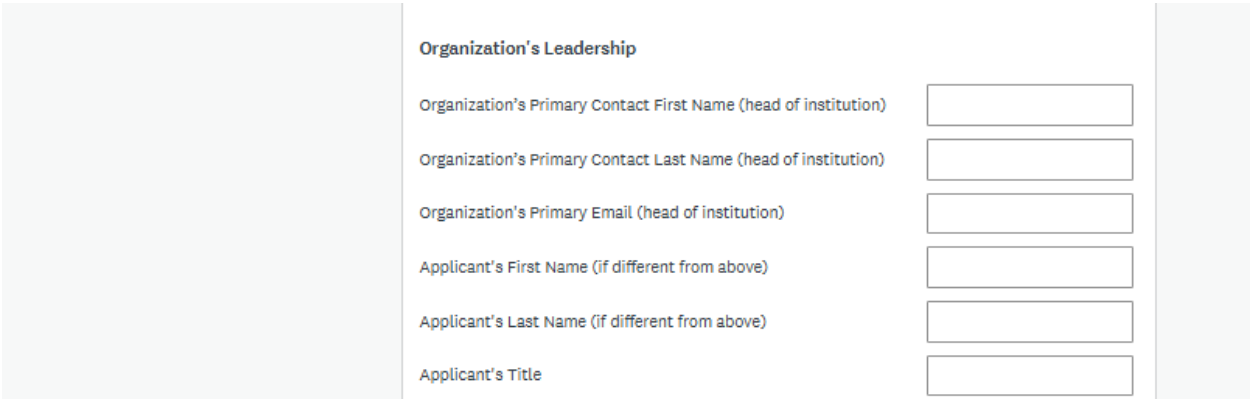
Once you hit “Create application” it takes you to the next screen.

Click on **Letter of Intent** to begin the application. You can ‘**Save & Continue Editing**’ at any point and resume at another time.



See here images of the Letter of Intent for the Mental and Behavioral Health Priority:


Back to application
MGH Mental and Behavioral Health - ...
Community Health Workers Costarican Style
ID: 3401935760
MGH CHIF MBH Letter of Intent
0 of 1 tasks complete
Last edited: Sep 17 2026 02:29 PM (EST)
REVIEW
SUBMIT
Deadline: Oct 21 2026 06:00 PM (EST)
MGH CHIF MBH Letter of Intent
MGH CHIF MBH Letter of Intent
The Letter of Intent (LOI) is intended to provide the MGH Mental and Behavioral Health Allocation Committee with a brief overview of your proposed project and its alignment with this funding opportunity, potential impact, and overall fit. It is intentionally designed to be low burden. Applicants invited to move forward will have an opportunity to provide additional details through the full proposal process. Please provide concise responses. The form below is grounded in the current funding opportunity: $3 million total, divided equally between Strategy A and Strategy B; applicants apply under one strategy; projects should be upstream, community-rooted, and capable of meaningful and sustainable impact; partnerships that address service gaps are prioritized. Requests should not exceed 50% of the organization's annual operating budget.
0%
Application Title
Community Health Workers Costarican Style
Eligibility Criteria
Please confirm that you meet the following ciriteria for this funding opportunity. If not, please do not continue with this application.
You are a non-profit organization (see full description in the "Who may apply" section) serving residents in Suffolk County- Boston, Chelsea, Revere, Winthrop.
You are not an organization, clinic, program, department or group owned by, operated by or formally part of Mass General Brigham (MGB), or any MGB-affiliated hospital or healthcare entity.
Organization Name
Organization EIN
Organization Address
Address Line 1
Address Line 2
Zip Code
City
Phone number


Organization's Leadership
Organization's Primary Contact First Name (head of institution)
Organization's Primary Contact Last Name (head of institution)
Organization's Primary Email (head of institution)
Applicant's First Name (if different from above)
Applicant's Last Name (if different from above)
Applicant's Title

Applicant's Primary Phone Number

Applicant's Email (if different from above)

Applicant's Address (if different from organization)

Organization Size

Number of Staff

Mission and Guiding Principles

(150 words max)

Annual Organization Operating Budget:

$

REVIEW SUBMIT

Deadline: Oct 21 2026 06:00 PM (EST)

Funding Request

Which grant category are you seeking?

- ○ Transformational Grant — addressing only Strategy A- Workforce Pipeline, Advancement & Retention — up to $500,000
- ○ Transformational Grant — addressing only Strategy B- Integrated Care Coordination & Wraparound Support Systems — up to $500,000
- ○ Supplementary Grant — addressing Strategy A- Workforce Pipeline, Advancement & Retention — up to $250,000
- ○ Supplementary Grant — addressing Strategy B- Integrated Care Coordination & Wraparound Support Systems — up to $250,000

Amount Requested:

$

Proposed Grant Period

- ○ 1 Year
- ○ 2 Years
- ○ 3 Years

Proposed Project

Briefly describe what you propose to do with this funding. Please focus on the central idea rather than providing a detailed work plan.

Please include:

•Project Title;

•The primary need or problem you are seeking to address

•The key activities or approach

•Who will benefit from the proposed work

•What will be different or improved as a result of this investment

Suggested limit 400 words

Alignment with the Funding Strategy

Describe how your proposed work advances the strategy you selected above. You do not need to address every component of a strategy.

For **Strategy A**, describe how the proposed work will strengthen the behavioral health workforce beyond participation in training—for example, by contributing to employment, advancement, retention, increased earning potential, workforce diversity/cultural or linguistic concordance, or increased behavioral health workforce capacity.

For **Strategy B**, describe how the proposed work will go beyond referrals or isolated services to create a coordinated system in which individuals are actively connected to, followed through, and supported across services or systems.

Suggested limit 250 words

Partnerships and Community Connection

Does this project involve formal or significant partnerships?

- ◯ Yes
- ◯ No
- ◯ Partnerships are still being developed

If yes or in development, list the primary partner(s) and briefly describe what each will contribute.

Suggested limit 100 words max

How is the proposed approach connected to, informed by, or trusted by the community/population it is intended to serve?

Suggested limit 100 words max

Upstream/System-Level Impact

Which best describes the primary level at which your proposed work seeks to create change? Select all that apply.

- ☐ Strengthening an organizational practice or system
- ☐ Stengthening coordination among multiple organizations/providers
- ☐ Building or improving workforce pathways
- ☐ Improving community-level infrastructure or systems
- ☐ Improving access/navigation across services
- ☐ Addressing barriers related to housing, food, employment, education, or other social conditions affecting mental health
- ☐ Influencing municipal, regional, or broader systems/policies
- ☐ Other:

In 100 words or fewer, explain how the proposed work addresses an underlying barrier or strengthens a system rather than only providing a stand-alone service.

Anticipated Reach

Approximately how many people do you anticipate will directly benefit from or participate in the proposed work during the grant period? If direct participant counts do not appropriately capture the impact of your proposed systems-level work, briefly describe its anticipated reach instead.

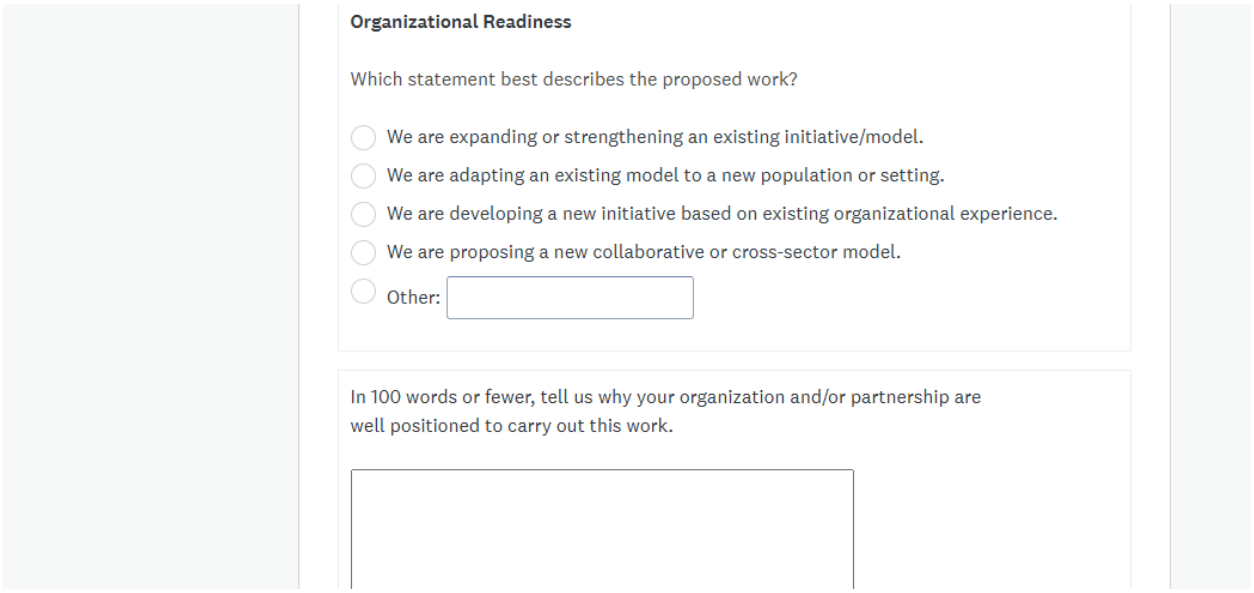
Suggested limit 150 words

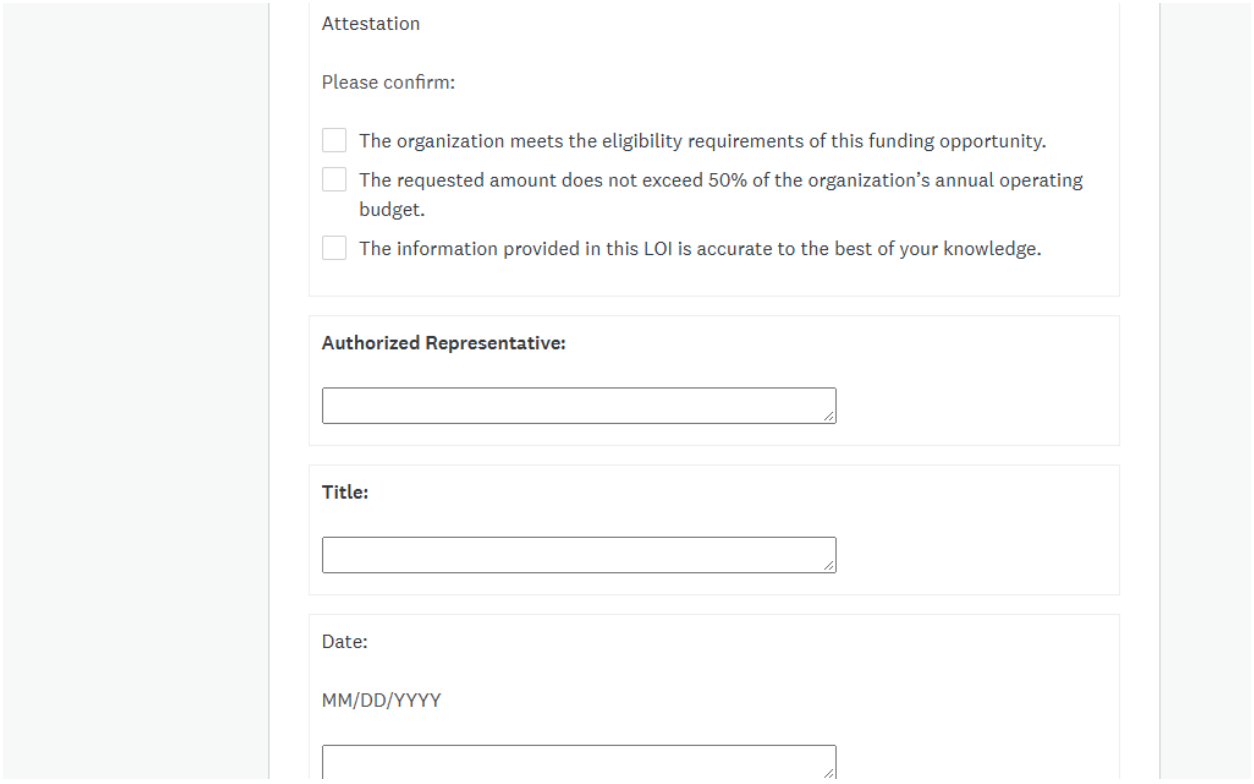
Preliminary Use of Funds

How would the requested funding be used? Select all that apply.

- [ ] Personnel/staffing
- [ ] Training/credentialing
- [ ] Participant stipends or supports
- [ ] Partnership/collaborative infrastructure
- [ ] Technology/data/information systems
- [ ] Program or service coordination
- [ ] Transportation/childcare/other participation supports
- [ ] Supplies
- [ ] Consulting or Professional Services
- [ ] Indirect/administrative costs
- [ ] Other:

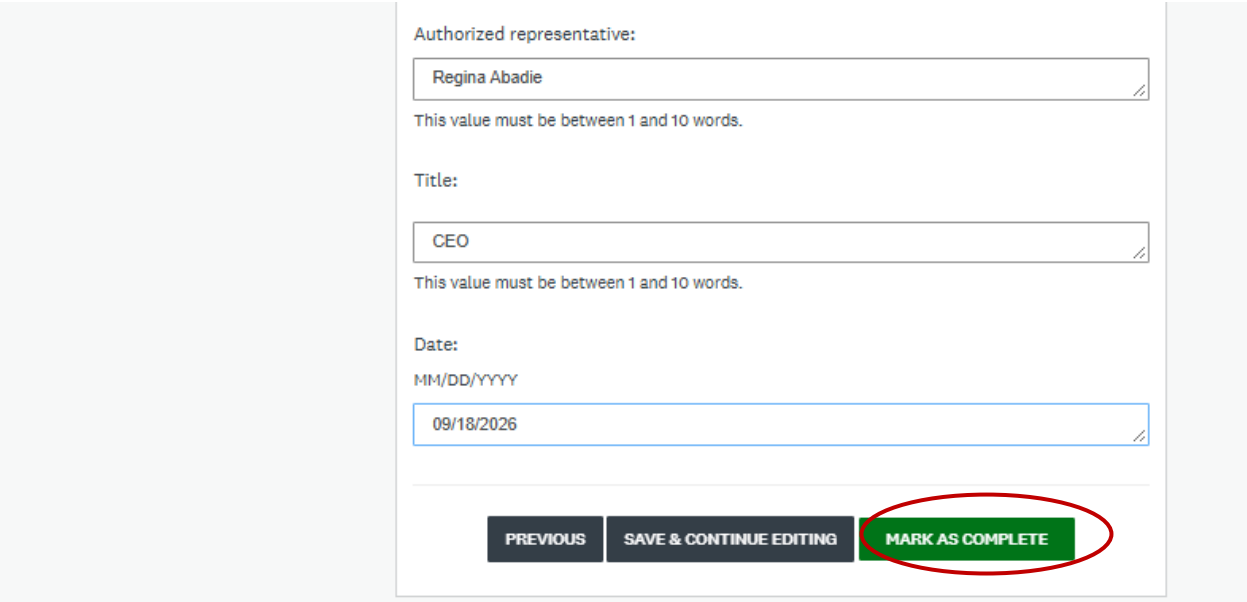
Optional brief explanation. A detailed budget is not required at the LOI stage. (50 words max)





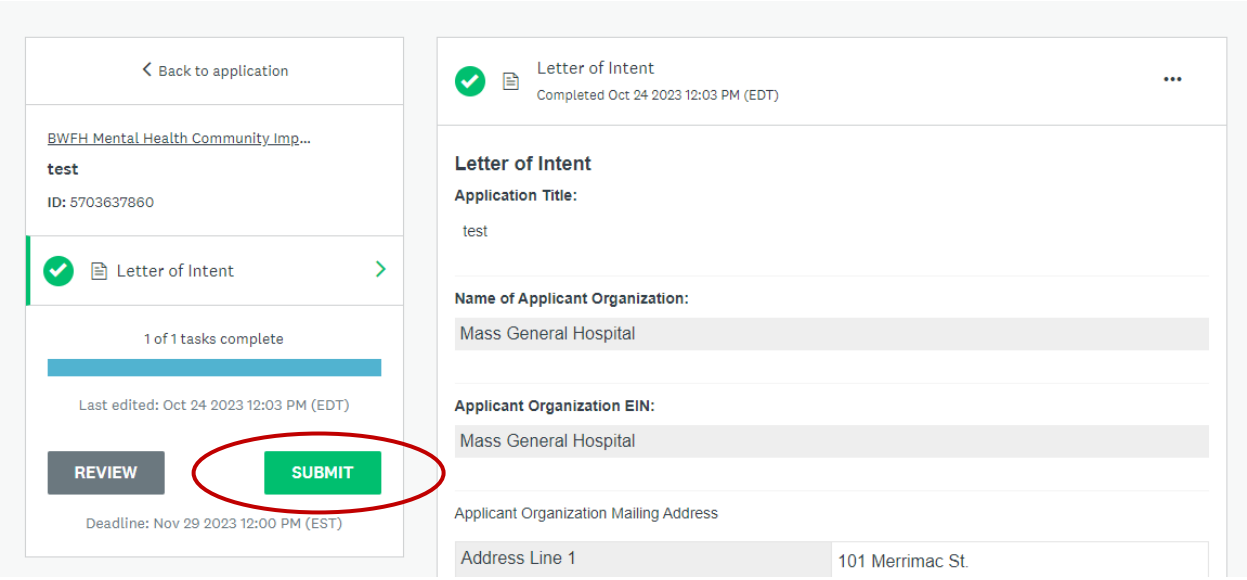
It's a <u>three</u>-step process to submit the application.

At this point, you can '**Mark as Complete'** if the LOI is complete. The LOI **<u>cannot</u>** be changed after hitting this button. You will need to contact the administrator if changes are needed.

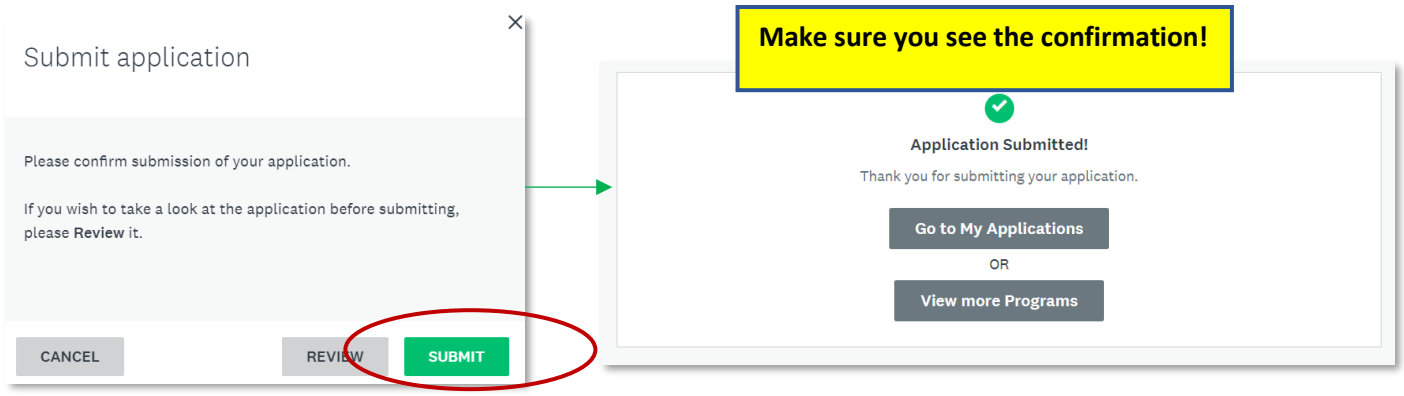


You can hit "Review" to view your LOI and download a copy, but no edits or changes can be made, at this point.

Click "Submit your Application" from the review page or go back to application and hit "Submit" from there.



<u>Confirm</u> submission of application.



A confirmation email will be sent from **Mass General Brigham** noreply@mail.smapply.net. Please check your Spam folder if you do not see it in your Inbox. This will also confirm that you completed the submission steps, so please make sure to see it.

It will look like this: