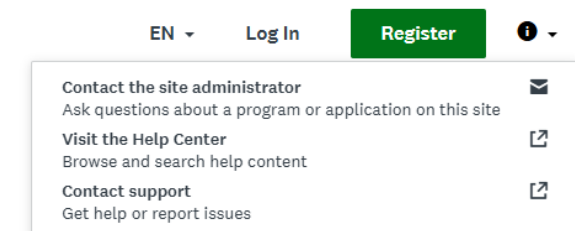
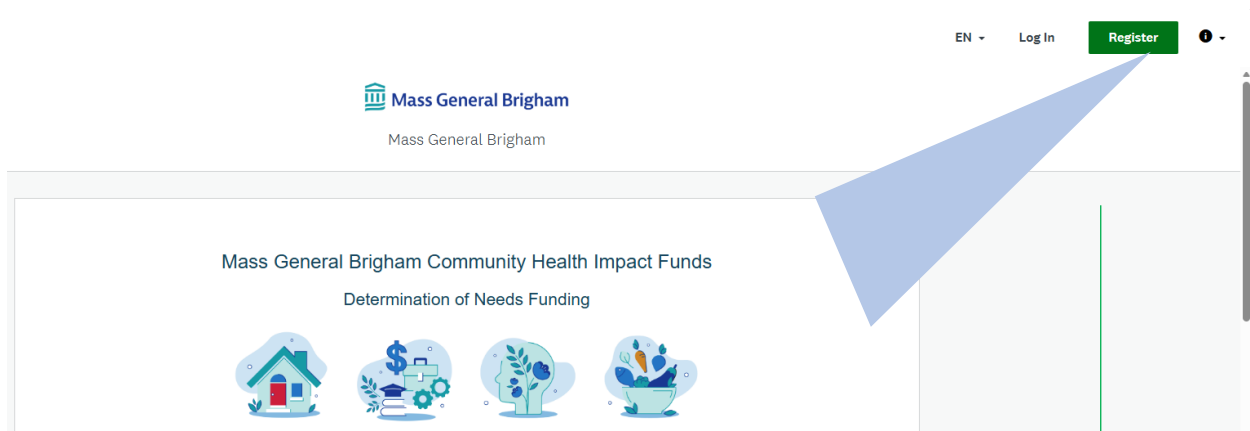


“Register” is at the top, right hand corner:



SurveyMonkey Apply

Register for an applicant account

Already have a SurveyMonkey Apply account? [Log In](#)

Register as an individual Register as an organization

First Name Last Name

Email

Create a password

By registering for an account, you agree to our [terms of service](#) and [privacy policy](#).

☐ I'm not a robot reCAPTCHA

Create Account

or

Register with Google

Strength:

- Password must contain at least 8 characters.
- Password must contain at least 1 uppercase character.
- Password must contain at least 1 special character.
- Password must contain at least 1 number.



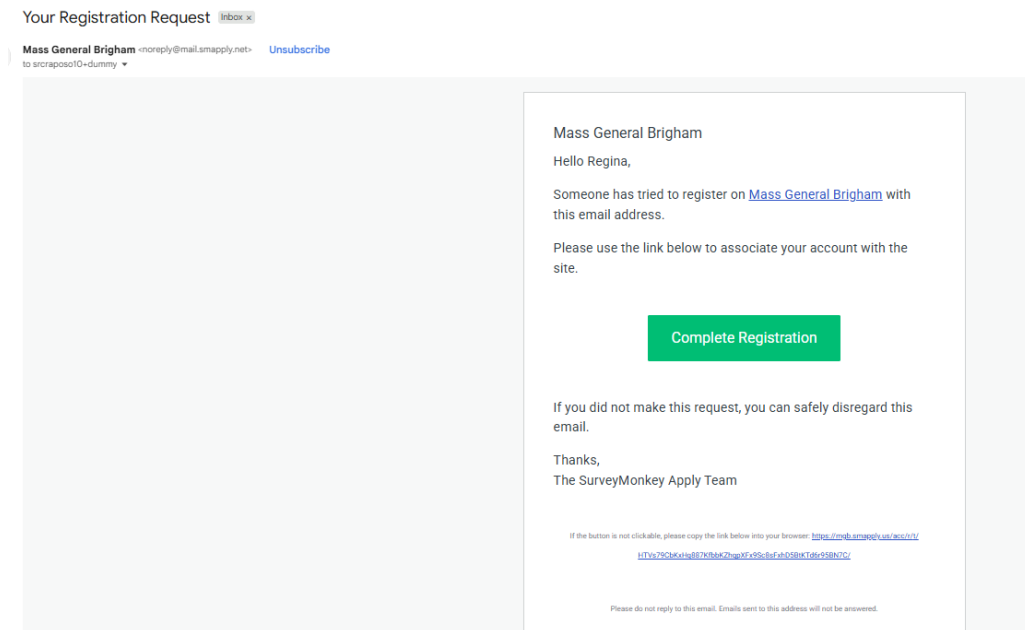
Please check your email

We have emailed you with instructions on how to complete your registration request.
Please check your email and use the link included to finish registering.

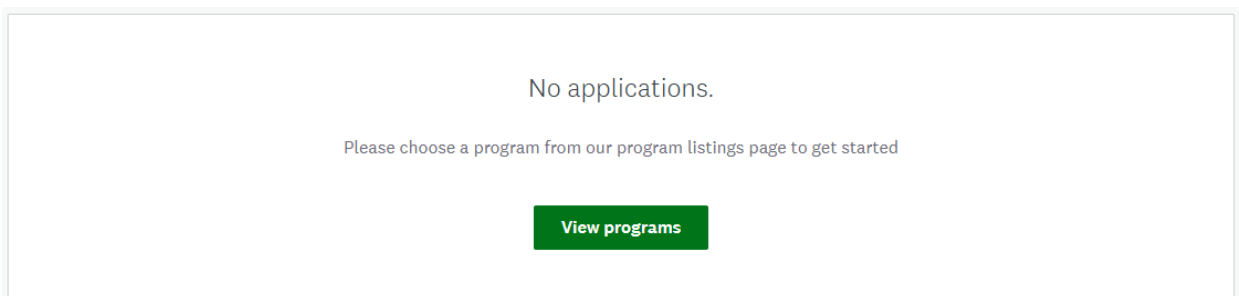
If you do not receive the email, please check your spam filters or reach out to your email provider for assistance.



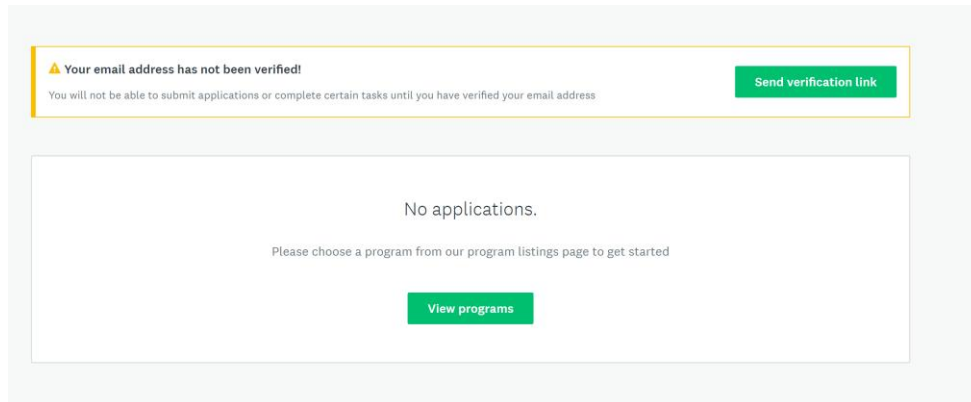
You will receive an email verification email from Mass General Brigham noreply@mail.smapply.net. Please check your Spam folder if you do not see in your Inbox. **Click to confirm email address.**



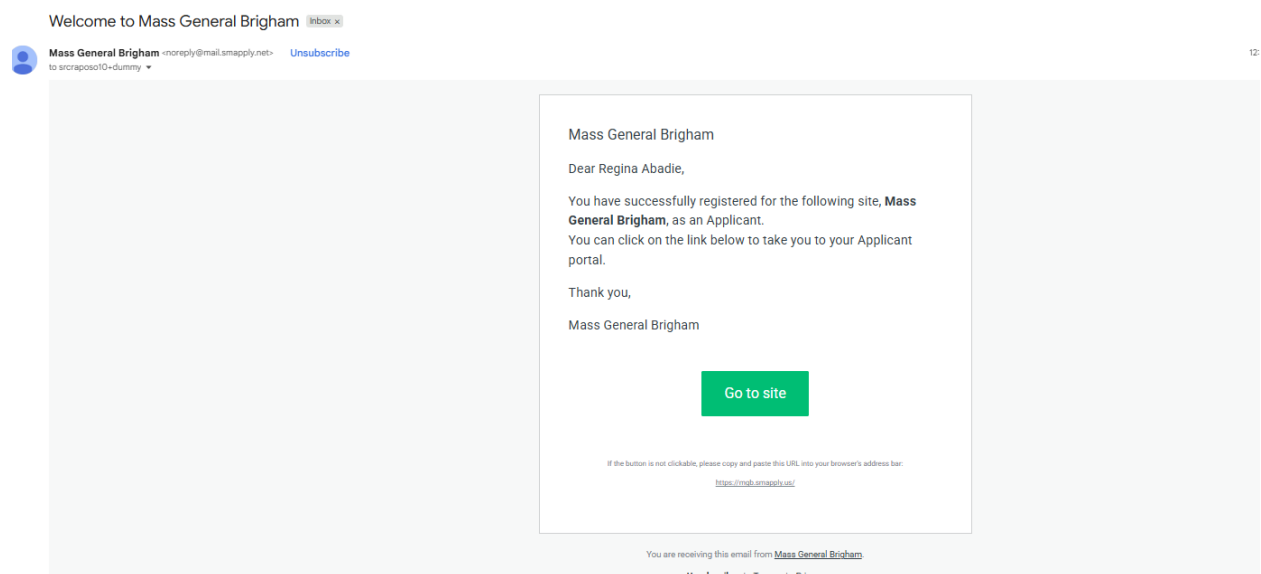
Upon clicking, it will take you to the mgb.smapply.us/prog/ and you will see this:



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.

Programs

Search programs..   

MGH Economic Stability and Mobility - Co...

Accepting applications from Sep 25 2026 12:00 AM (EST) to Oct 21 2026 06:00 PM (EST)

\$3M in MGH Community Health Impact Funding is now available for Economic Stability and Mobility across Suffolk County!

Individual applicants can apply.

[MORE >](#)

MGH Mental and Behavioral Health - Com...

Accepting applications from Sep 25 2026 12:00 AM (EST) to Oct 21 2026 06:00 PM (EST)

\$3M in MGH Community Health Impact Funding is now available to support Mental and Behavioral Health initiatives in Suffolk County!

Individual applicants can apply.

[MORE >](#)

MGB Cambridge DoN 2026

Accepting applications from Oct 1 2026 12:00 AM (EST) to Oct 28 2026 06:00 PM (EST)

MGB Determination of Need Funding Opportunity for Organizations serving the City of Cambridge. By Invitation Only

Individual applicants can apply.

[MORE >](#)

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.

MGH Economic Stability and Mobility - Co...

Accepting applications from Sep 25 2026 12:00 AM (EST) to Oct 21 2026 06:00 PM (EST)

\$3M in MGH Community Health Impact Funding is now available for Economic Stability and Mobility across Suffolk County!

Individual applicants can apply.

[MORE >](#)

MGH Mental and Behavioral Health - Com...

Accepting applications from Sep 25 2026 12:00 AM (EST) to Oct 21 2026 06:00 PM (EST)

\$3M in MGH Community Health Impact Funding is now available to support Mental and Behavioral Health initiatives in Suffolk County!

Individual applicants can apply.

[MORE >](#)

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



MGH Mental and Behavioral Health - Community Health Impact Fund - 2026 Round 2

[MGH Community Health Impact Funds Background:](#)

In 2022, Massachusetts General Hospital (MGH) began construction on a state-of-the-art clinical building in Boston—the Phillip and Susan Ragon Building. This capital expenditure triggered the largest ever Determination of Need (DoN) process in

[APPLY](#)

Open to

Individual applicants can apply.

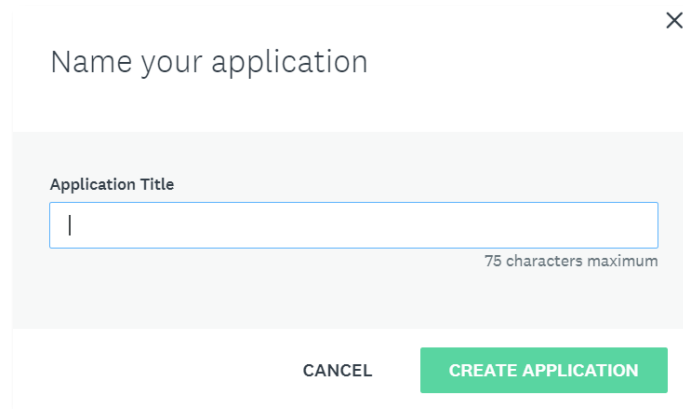
Opens

Sep 16 2026 12:00 AM (EST)

Deadline

Oct 21 2026 06:00 PM (EST)

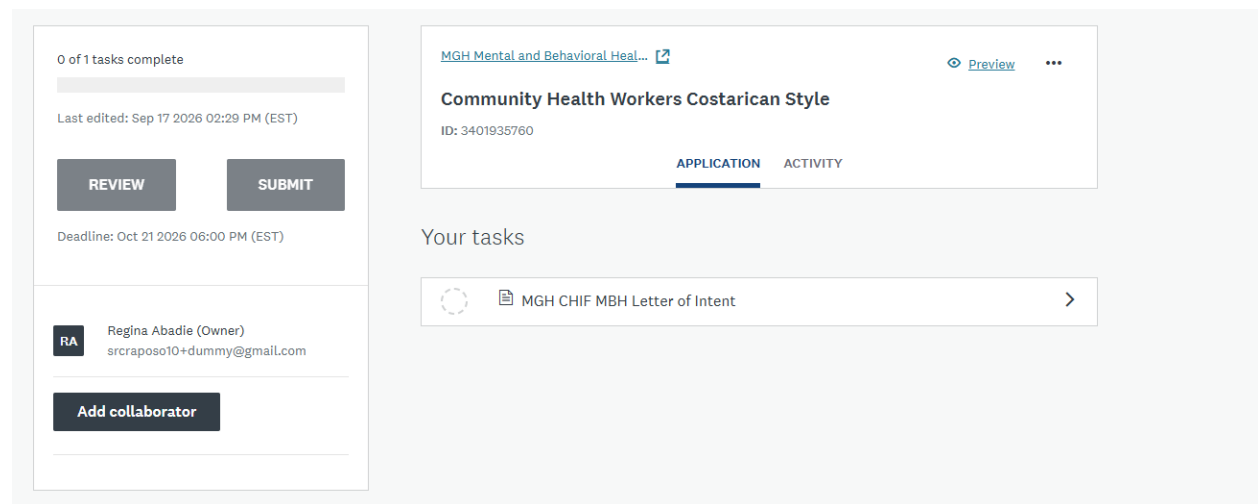
The first step is to name your application.



A modal dialog box titled "Name your application" with a close button (X) in the top right corner. It contains a text input field labeled "Application Title" with a placeholder character "I". Below the input field, it says "75 characters maximum". At the bottom, there are two buttons: "CANCEL" and "CREATE 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.



The dashboard shows application details for "Community Health Workers Costarican Style" (ID: 3401935760). It includes a progress bar (0 of 1 tasks complete), a "Last edited" timestamp (Sep 17 2026 02:29 PM (EST)), and a "Deadline" (Oct 21 2026 06:00 PM (EST)). The owner is Regina Abadie (Owner) with email srcraposo10+dummy@gmail.com. There are buttons for "REVIEW", "SUBMIT", and "Add collaborator". The "Your tasks" section shows a task "MGH CHIF MBH Letter of Intent" with a document icon and a right arrow.

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


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.

Application Title

Community Health Workers Costarican Style

Eligibility Criteria

Please confirm that you meet the following criteria 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 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
- ☐ Strengthening 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)

Organizational Readiness

Which statement best describes the proposed work?

- ☐ We are expanding or strengthening an existing initiative/model.
- ☐ We are adapting an existing model to a new population or setting.
- ☐ We are developing a new initiative based on existing organizational experience.
- ☐ We are proposing a new collaborative or cross-sector model.
- ☐ Other:

In 100 words or fewer, tell us why your organization and/or partnership are well positioned to carry out this work.

Attestation

Please confirm:

- ☐ The organization meets the eligibility requirements of this funding opportunity.
- ☐ The requested amount does not exceed 50% of the organization's annual operating budget.
- ☐ The information provided in this LOI is accurate to the best of your knowledge.

Authorized Representative:

Title:

Date:

MM/DD/YYYY

It's a three-step process to submit the application.

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

Authorized representative:

Regina Abadie

This value must be between 1 and 10 words.

Title:

CEO

This value must be between 1 and 10 words.

Date:

MM/DD/YYYY

09/18/2026

PREVIOUS SAVE & CONTINUE EDITING MARK AS COMPLETE

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.

Back to application

BWFH Mental Health Community Imp...

test

ID: 5703637860

Letter of Intent

1 of 1 tasks complete

Last edited: Oct 24 2023 12:03 PM (EDT)

REVIEW SUBMIT

Deadline: Nov 29 2023 12:00 PM (EST)

Letter of Intent

Completed Oct 24 2023 12:03 PM (EDT)

Application Title:

test

Name of Applicant Organization:

Mass General Hospital

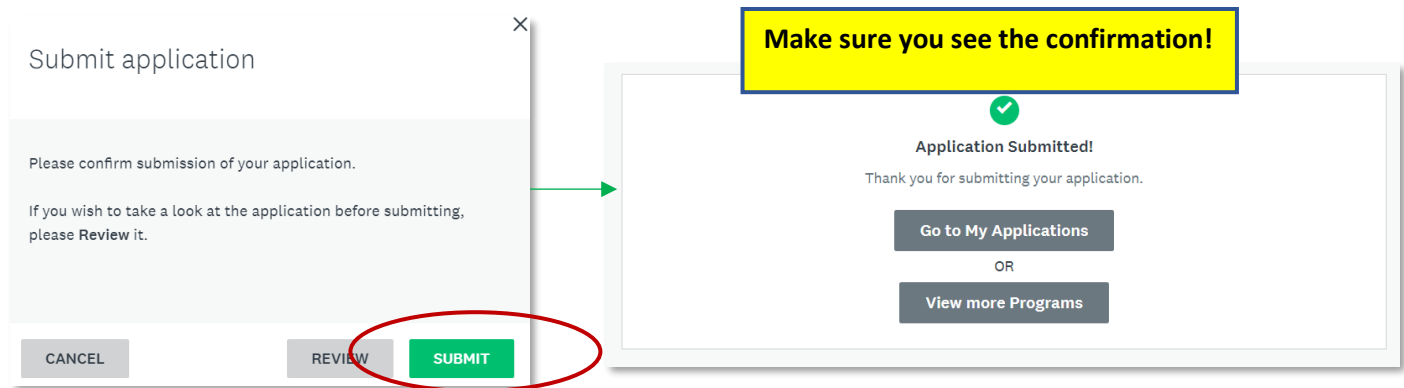
Applicant Organization EIN:

Mass General Hospital

Applicant Organization Mailing Address

Address Line 1 101 Merrimac St.

Confirm 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:

