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.

Mass General Brigham

Mass General Brigham

Community Health Impact Funds

Community Health Impact Funds

Two significant construction projects, the Phillip and Susan Ragon Building at Massachusetts General Hospital and the campus expansion project at Brigham and Women's Faulkner Hospital, are set to channel more than $67 million into the well-being of the communities served by Mass General Brigham through the Determination of Need (DoN) process.

This funding, referred to as Community Health Impact Funds, offers an incredible opportunity for us to collaborate with our community partners with the aim of creating lasting, sustainable improvements in the health and wellness of the communities we serve.

Each hospital's Community Advisory Board (CAB), driven by its community-focused Community Health Needs Assessment (CHNA) and other essential data for the City of Boston and the North Suffolk region, has already identified the priorities and strategies for this funding. Below, you will find details on the Letter of Intent (LOI) process for Massachusetts General Hospital's **Housing** priority, as well as information on BWFH's LOI process for its **Mental/Behavioral Health** priority.

Organizations can apply for one or both of these LOIs, but it's crucial to carefully review the selection criteria, key dates, timelines, and priority communities for each. We are committed to ensuring an equitable, accessible, and transparent process, so please don't hesitate to reach out with any questions. Feel free to share this opportunity with your colleagues and partners who might be interested.

It is a historic time for our health system and the communities we serve. We look forward to the journey ahead and are excited to have you join us!

For instructions on how to register and a preview of the LOI questions, click here.

Programs

Search programs..

MGH Housing Community Health Impact ...

Accepting applications from Oct 12 2023 12:00 AM (GMT) to Nov 29 2023 11:59 PM (GMT)
MGH Community Health Impact Funding is now available for the production, acquisition, and preservation of affordable housing across Suffolk County!
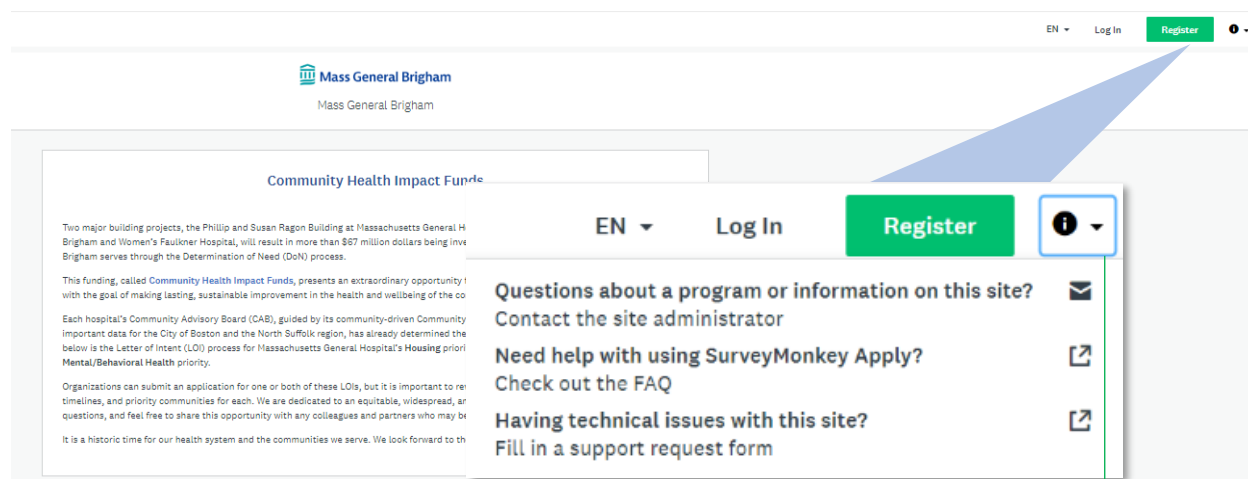
MORE >

BWFH Mental Health Community Health I...

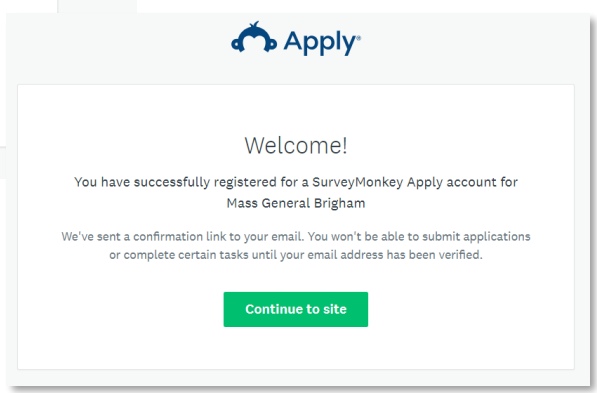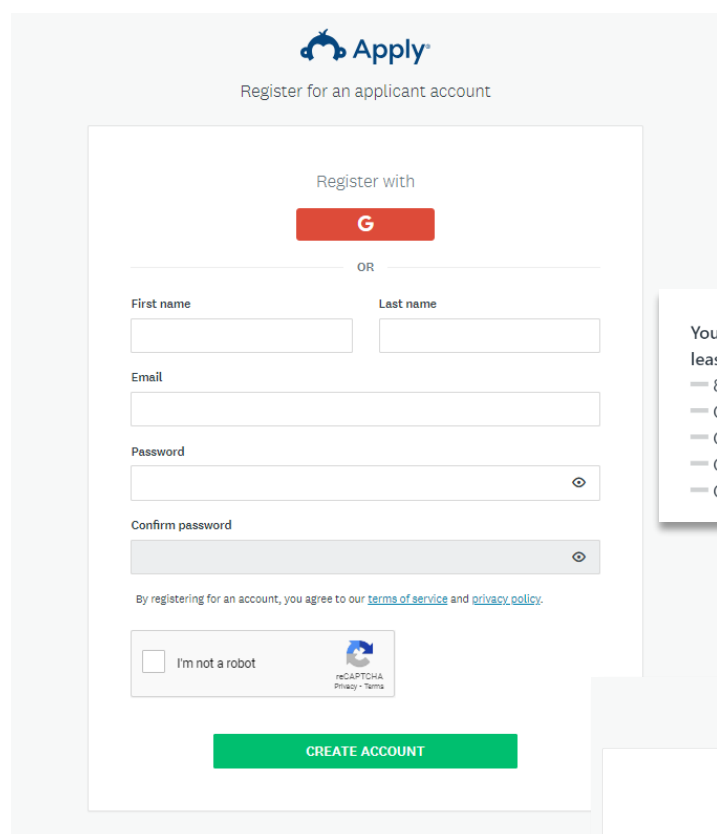Accepting applications from Oct 22 2023 12:00 AM (GMT) to Nov 29 2023 05:00 PM (GMT)
The BWFH – Community Health has a new opportunity for funding outlined below

MORE >

To Register for SurveyMonkey Apply:

EN ▾   Log In   **Register**   ❶ ▾

Mass General Brigham
Mass General Brigham

Community Health Impact Funds

Two major building projects, the Phillip and Susan Ragon Building at Massachusetts General H...
Brigham and Women's Faulkner Hospital, will result in more than $67 million dollars being inve...
Brigham serves through the Determination of Need (DoN) process.

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EN ▾   Log In   Register   ❶ ▾

Questions about a program or information on this site? ✉
Contact the site administrator

Need help with using SurveyMonkey Apply? ⬈
Check out the FAQ

Having technical issues with this site? ⬈
Fill in a support request form

> If any issues related to the LOI or website, the info icon here can direct to the right contact.

✦ Apply®

Register for an applicant account

Register with

G

OR

First name   Last name

Email

Password   👁

Confirm password   👁

By registering for an account, you agree to our terms of service and privacy policy.

☐ I'm not a robot   reCAPTCHA
                     Privacy - Terms

CREATE ACCOUNT

Your password must contain at least:
— 8 characters
— One uppercase letter
— One lowercase letter
— One number
— One special character

✦ Apply®

Welcome!

You have successfully registered for a SurveyMonkey Apply account for
Mass General Brigham

We've sent a confirmation link to your email. You won't be able to submit applications
or complete certain tasks until your email address has been verified.

Continue to site

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

You will receive an email verification email from noreply@mail.smapply.net. Please check your Spam folder if you do not see in your Inbox**. Click to confirm email address.** The following message should follow.

The following programs should now appear when you log into SurveyMonkey Apply:

- **MGH Housing Community Health Impact Fund** (preview starting on **p. 5**)
- **BWHF Mental Health Community Health Impact Fund** (preview starting on **p.12**)

To apply for <u>MGH Housing Community Health Impact Fund</u>:

MGH Housing Community Health Impact Fund

MGH Community Health Impact Funding is now available for the production, acquisition, and preservation of affordable housing across Suffolk County!

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 Massachusetts history, resulting in a $62M dollar investment in the communities that Mass General Brigham serves. Learn more about the Community Health Impact Funds.

The MGH Community Advisory Board (CAB), guided by the community driven 2022-23 Community Health Needs Assessment and Community Health Implementation Plan, has determined four funding priorities along with the strategies to tackle them—housing, economic/financial stability and mobility, mental/behavioral health, and food/nutrition security. Each priority will have its own Allocation Committee, with the housing priority selected as the first to be addressed.

We are excited to announce an $18M million-dollar funding opportunity for organizations working on affordable housing and eviction prevention activities.

APPLY

Opens
Oct 11 2023 08:00 PM (EDT)

Deadline
Nov 29 2023 06:59 PM (EST)

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

0 of 1 tasks complete

Last edited: Oct 25 2023 12:26 PM (EDT)

REVIEW   **SUBMIT**

Deadline: Nov 29 2023 06:59 PM (EST)

MGH Housing Community Health... 🔗

0385800475

👁 Preview   •••

APPLICATION   ACTIVITY

Your tasks

📄 Letter of Intent   ›

< Back to application

MGH Housing Community Health Imp...
9597675730
ID: 9597675730

⬜ 📄 Letter of Intent   >

0 of 1 tasks complete

Last edited: Oct 25 2023 03:42 PM (EDT)

| REVIEW | SUBMIT |

Deadline: Nov 29 2023 06:59 PM (EST)

⬜ 📄 Letter of Intent   •••

Letter of Intent

0%

Organization Name:

Organization EIN:

Address

Address Line 1

Address Line 2

Zip Code

City

Organizational 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)

Size and demographics of Staff, Leadership, and Board (Diversity Representation):

Number of Staff

% of staff of color?

% of leadership of color

% of board members of color

Age of Organization?

○ Less than a year

○ 1 - 5 years

○ 5-10 years

○ More than 10 years

Mission and guiding principles

(150 words max)

Annual Budget:

$

Region/Geographic area served. Check all that apply:

○ Boston

○ Chelsea

○ Revere

○ Winthrop

Will the project need a Fiscal Sponsor?

○ Yes

○ No

Note: If you are invited to submit a full proposal, you will also be asked for your strategic priorities; the role your organization plays in the community it serves and with partners; and the role diversity, equity, and inclusion efforts play inside and outside your organization.

SAVE & CONTINUE EDITING   **NEXT**

◯ 📄 Letter of Intent   •••

Letter of Intent

Saving draft...

`33%` ▰▰▰▰▱▱▱▱▱▱

Project Information

Project Title

[   ]

Project Description:

(no more than 400 words)

[   ]

Word Count: 0

Goals

(what would you like to accomplish?) (100 words. Bullet points accepted)

[   ]

Word Count: 0

The community and target population you will serve

Please include your capacity to meet the unique needs of this group, such as cultural or linguistic, and your community engagement process (200 words)

[   ]

Word Count: 0

What are the expected outcomes?

(100 words. Bullet points accepted)

Word Count: 0

Project Qualification:

Describe your years of experience and expertise needed to implement the project, including that of partners if applicable.

(100 words)

Word Count: 0

If this project involves a partnership, please mention if the partnership is new or if you've had previous collaborations.

(100 words)

Word Count: 0

Will this project inform, support, or advocate for any state or local policy change?

○ Yes

○ No

○ Unsure

Note: Other questions to be included if you are invited to submit a full proposal: Your management team and/or direct person responsible for the management of the project; if there could be any positive or negative unintended consequences when implementing your project; and how will you measure your expected outcomes.

PREVIOUS   SAVE & CONTINUE EDITING   NEXT

⬤ 🗎 Letter of Intent   ⋯

Letter of Intent
✓ Draft saved 🗑

66%

Project Financials

Total cost of project

$ [   ]

Intended amount you plan to request:

$ [   ]

If applicable, has additional money been raised to date for this project?

◉ Yes

○ No

Clear

If yes, how much?

$ [   ]

Are other funding partners involved

○ Yes

○ No

Estimated timeline of project and when the funding will be used

[   ]

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

[PREVIOUS] [SAVE & CONTINUE EDITING] [MARK AS COMPLETE]

Click '**Submit**.'

Confirm submission of application.

Another confirmation email should be sent from noreply@mail.smapply.net. Please check your Spam folder if you do not see it in your Inbox.

To apply for <u>BWFH Mental Health Community Health Impact Fund</u>:

BWFH Mental Health Community Impact Fund

Brigham and Women's Faulkner Hospital – Community Health

Brigham and Women's Faulkner Hospital ("BWFH") has long recognized our responsibility to not only treat illness within our walls, but to help prevent disease and the factors that precipitate disease. Informed by the Community Health Needs Assessment (CHNA) and in collaboration with our numerous partnerships, input from community residents and stakeholders, BWFH works to identify and address important community health needs and concerns.

BWFH's Community Health focuses on four priority Boston neighborhoods, including: **Hyde Park, Jamaica Plain, Roslindale, and West Roxbury**

APPLY

Opens
Oct 21 2023 08:00 PM (EDT)

Deadline
Nov 29 2023 12:00 PM (EST)

Name your application

Application Title

75 characters maximum

CANCEL   **CREATE APPLICATION**

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

0 of 1 tasks complete

Last edited: Oct 24 2023 08:45 AM (EDT)

REVIEW   **SUBMIT**

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

BWFH Mental Health Community... ⬚

test

ID: 2398611471

👁 Preview   •••

APPLICATION   ACTIVITY

Your tasks

📄 Letter of Intent   ⟩

< Back to application

BWFH Mental Health Community Imp...
test
ID: 5703637860

⬚ 📄 Letter of Intent   >

0 of 1 tasks complete

Last edited: Oct 24 2023 11:55 AM (EDT)

| REVIEW | SUBMIT |

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

⬚ 📄 Letter of Intent   •••

Letter of Intent

0%

Application Title:

test

Name of Applicant Organization:

Applicant Organization EIN:

Applicant Organization Mailing Address

Address Line 1

Address Line 2

Zip Code

City

Primary Contact

First Name

Last Name

Title

Email Address

Phone Number

Funding Request Amount

Please enter the dollar amount for the request:

$

Background Questions

Describe your organization's mission statement, history, and guiding principles.

(250 words max)

Describe your organization's commitment to racial equity.

(250 words max)

Does your organization have a fiscal sponsor (Yes or No)? If yes, please state the name of the fiscal sponsor and discuss the organization's history of fiscal sponsorship.

(250 words max)

SAVE & CONTINUE EDITING   NEXT

📄 Letter of Intent   ...

Letter of Intent

50%

Project Questions

Briefly summarize the proposed project and overall goals. Identify the target population and geographical area (which of the four priority neighborhood(s) will this project serve).

(400 words)

Which mental health/behavioral health strategy/strategies is your application focused on?

☐ Strategy 1: Increase the pool or pipeline of CHWs and Recovery Coaches with specialized mental health/substance use training who represent low-income, immigrant, LGBTQ, seniors, and/or communities of color

☐ Strategy 2: Improve access to community behavioral health services through partnerships with community-based organizations

☐ Strategy 3: Explore placing behavioral health specialists in Boston Housing Authority and Boston Public School sites

Please describe any proposed partnership(s) and/or collaborative activities to achieve the stated goals of the project.

(400 words)

Please describe your history of working with the target population in the priority neighborhood(s).

(400 words)

Do you foresee any positive or negative unintended consequences from the project?

(250 words)

If selected to submit a full proposal, please describe any known needs for technical assistance you may have

(400 words)

Affirmations

☐ I attest that the proposed project will 100% occur and benefit residents from one or more of the noted priority neighborhoods (Hyde Park, Roslindale, Jamaica Plain, West Roxbury).

☐ I attest that all statements made within this LOI are true and accurate.

PREVIOUS   **SAVE & CONTINUE EDITING**   **MARK AS COMPLETE**

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

Click '**Submit**.'

Confirm submission of application.

Another confirmation email should be sent from noreply@mail.smapply.net. Please check your Spam folder if you do not see it in your Inbox.