**COMMUNITY BENEFIT GRANT REQUEST 2019-2020**

Catholic Health (CH) is an integrated healthcare delivery system that conducted Community Health Needs Assessment (CHNA) in Erie County and Niagara County. Three-year implementation plans were developed for [Kenmore Mercy Hospital](http://www.chsbuffalo.org/files/Mission/CHNA%202016/KMH%202016-2018%20CHIP.11.30.2016.pdf), [Mercy Hospital of Buffalo](http://www.chsbuffalo.org/files/Mission/CHNA%202016/MHB%202016-2018%20CHIP.11.30.2016.pdf), [Sisters of Charity Hospital, and Sisters of Charity Hospital - St. Joseph Campus](http://www.chsbuffalo.org/files/Mission/CHNA%202016/SOCH%202016-2018%20CHIP.11.30.2016doc.pdf) and [Mount St. Mary’s Hospital](http://www.chsbuffalo.org/files/Mission/CHNA%202016/MSMH%202016-2018%20CHIP%20-%20FINAL11.30.16.pdf).

Catholic Health continues to be committed to improving the health status of our communities through wellness and prevention, collaborations and partnerships, and improved access to healthcare for those in need. As part of our social responsibility and commitment to [Community Benefit](file:///%5C%5Cad%5Cchs%24%5Cdeptshr%5CMission%5CCommunity%20Benefit%20Grants%5C2018%5CFINAL-5%208%2015-11568-Mission%20Community%20Benefit%20Framework.pdf), we are excited to support programs through partnerships with community-based organizations that meet the following grant request criteria.

**Grant Request Criteria:**

* Proposal supports the [**Catholic Health Community Needs Implementation Plans**](https://www.chsbuffalo.org/Mission/SocialResponsibilityCommunityBenefit) or unmet community health needs.
	+ The proposal clearly identified community health need.
	+ Supports CH Community Needs Implementation Plans.
	+ Focus on Western New York and neighborhoods geographically close to existing Catholic Health markets.
	+ The proposal clearly addresses [**New York State Prevention Agenda**](https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/) item.
	+ The proposal clearly addresses [**social determinants of health**](https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health) as defined by the [**Healthy People 2030**](https://www.healthypeople.gov/2020/About-Healthy-People/Development-Healthy-People-2030/Framework)**.** (E.g. factors like socioeconomic status, education, the physical environment, employment, and social support networks.)
* Proposal demonstrates capacity building and or sustainability. (e.g., the concept of “teach a man/woman to fish”)
	+ The proposal able to move forward if the funding was not available in the future
	+ The proposal is able to bring about systemic change and has elements that will live and grow beyond the initiative
	+ Funding enhances the program’s ability to have a positive impact on lives and communities it intends to serve
* Proposal named partnership and or can demonstrate success.
	+ Partnership with Community-Based Organization outside of Catholic Health
	+ Organizations capacity to perform project implementation successfully (past performance/experiences)
* Provides services to “safety net” populations such as Medicaid, uninsured.

**Who can apply?**

* Catholic Health associates and/or departments or primary care sites
* Local churches/faith communities
* Community-based organizations/not-for-profits

**How to apply?**

* To apply, please complete our community benefit [project grant application form](https://www.chsbuffalo.org/sites/default/files/files/mission/Community%20Benefit%20Grant%20Request%20Application%20Form%2C%202018-2019.docx) and email it to Sharyl Hendel or you may mail it to Catholic Health, Attn.: Sharyl Hendel, 144 Genesee St., Buffalo, NY 14203. You may call 716-923-4828 with any questions.

**Grant Period & Amount?**

* July 2019-June 2020. Each project or initiative can be awarded for up to $10,000.

**Timeline:**

* Application submission deadline is Friday, May 3, 2019.
* Awardees will be notified no later than Friday, July 12, 2019.

**Approval Process:**

Community Benefit Grant Committee includes senior vice-president & chief mission officer; vice president of planning; a chief financial officer or designee; vice president of development; faith community nurse coordinator; two members from community-based organizations; and a chair and a member of our mission integration committee of the Board.

**Awardees:**

* Awardees will be required to complete the [Community Benefit Grant Accountability Report](file:///%5C%5Cad%5Cchs%24%5Cdeptshr%5CMission%5CCommunity%20Benefit%20Grants%5C2018%5CCOMMUNITY%20BENEFIT%20GRANT%20AWARD%20Narrative%20Report.docx) outlining how the grant is utilized and its impact on the targeted population: September 6, 2019; December 6, 2019; March 6, 2020; June 5, 2020.

**Community Benefit Grant Application Form 2019-2020**

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| **Project Name:**  |
| **Name of Project Leader/Sponsor :** |
| Contact Information  |
| Full Name  |
| Organization Name  |
| Mailing Address  |
| City  |
| Zip Code  |
| County  |
| Phone Number Email: |
|  |
| **Identify NY State Prevention Agenda Link or Other Public Health Measure (s):** |
| **Statement of the need: What issue are you addressing? Why have you chosen to respond to the issue in this way? How was the need identified?** |
| **Project activity: Provide an overview of the intended approach to address the outlined issue/need. Why is your approach deserving of the funding? Indicate if there will be any collaboration with other organizations.** |
| **Intended Outcomes: What specific outcomes are you hoping to achieve?** |
| **Success Factors: If yours is an established organization, what history do you have to show your success in implementing programs? (Have you been recognized by an independent body? Do you regularly track your outcomes?)****If you are not an established organization, what history does your leadership have to show success in implementing programs?** |
| **Community Standing: Why is your institution/staff best equipped to carry out this initiative? What sets you apart from your peers?** |
| **Eligibility for services: Please briefly describe your target audience for services, the eligibility criteria for the services to be received.** |