

Beth Israel Lahey Health 
Beth Israel Deaconess Medical Center

Beth Israel Deaconess Medical Center
New Inpatient Building
Community-based Health Initiative
Request for Proposals

Addressing Housing Affordability in Chelsea

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Background

Beth Israel Deaconess Medical Center (BIDMC) is investing approximately \$18 million through its Community-based Health Initiative (CHI) as part of the construction of BIDMC’s new inpatient building. As part of the CHI, BIDMC is launching a Request for Proposals (RFP) to fund a Chelsea-based organization to implement evidence-based and/or evidence-informed strategies in the area of Housing Affordability (see **Appendix A** for a visual representation of the causal pathway for this RFP).

This RFP focuses on *upstream* housing strategies that will lead to permanent solutions and more equitable and healthy communities. Through this RFP, BIDMC is supporting intentional policy, systems, and environmental change aimed at increasing health and racial equity and will apply this lens when evaluating proposals.

BIDMC recommends reviewing the housing sections of the [2019 North Suffolk Community Health Needs Assessment and 2019-2022 North Suffolk Community Health Improvement Plan](#) before reviewing this document, as those materials helped inform the CHI and this RFP. Additional background information about BIDMC’s CHI, including previous RFPs and funded organizations, is available on BIDMC’s [website](#).

Request for Proposals (RFP) Application Process and Timeline

Date(s)	Action
Wednesday, September 7, 2022	RFP released online
Monday, September 12, 2022 (2 pm)	Virtual information session (optional). BIDMC will describe the RFP, including the evaluation requirements, and address questions about the application process. A recording of the webinar will be posted by September 16, 2022
Friday, September 30, 2022	Deadline to submit questions to BIDMC about the RFP. Responses will be posted to BIDMC’s website no later than Thursday, October 6.
Friday, October 14, 2022	Proposals due by 5 pm EST via Submittable
Tuesday, November 29, 2022	Proposal applicants notified of grant decisions
January 1, 2023	4-year grant term begins
January 1, 2023-March 30, 2023	3-month planning period
April 1, 2023	Program implementation begins
July 2023	First quarterly data submission
December 2026	Grant term ends

The RFP application questions can be found in **Appendix B** and the scoring criteria are in **Appendix C**. Click [here](#) to access the application (via the Submittable platform). Applicants that do not already have an account with Submittable will need to create one. Applications are due by **October 14, 2022 at 5pm EST**. Email NIBCHI@bidmc.harvard.edu with questions about the RFP by September 30, 2022. For questions related to the Submittable platform, please email Anna Spier at anna.spier@bilh.org.

RFP Core Principles

The core principles guiding this RFP are:

IMPACT: Support evidence-based and evidence-informed strategies and programs that positively and meaningfully impact populations that face the greatest health inequities.

COMMUNITY: Build community cohesion and capacity by actively engaging with community residents and other stakeholders, including historically underserved or underrepresented populations.

HEALTH AND RACIAL EQUITY: Use a health and racial equity lens to dismantle systems of oppression and work towards the systemic, fair and just treatment of people of all races, ethnicities, and communities so that all people are able to achieve their full health and overall potential.

SUSTAINABILITY: Encourage sustained program impact through strategies that may include: leveraging funding to continue program activities, strengthening organizational and community capacity, and forming innovative partnerships and/or cross-sector collaborations.

MOVING UPSTREAM: Address the fundamental causes, or upstream factors, of poor health and racial inequities. To learn more about the term “upstream,” click [here](#).

Funding Available

This RFP will award **\$705,000** over **four (4) years** to one selected organization that will implement *upstream, evidence-based and/or evidence-informed strategies* to address housing affordability. Please note that no-cost extensions will not be available; and the project must be completed by December 2026.

Eligibility

To be eligible to apply for the RFP, organizations must be tax-exempt (organization with 501 (C) 3 status) or a public agency. Eligible institutions may include community-based organizations, community health centers, schools, coalitions, and city agencies. **In addition, lead organizations applying for funds must be based in the City of Chelsea and focus on serving Chelsea residents.**

Focus Populations

The focus populations for this RFP, determined based on BIDMC’s most recent Community Health Needs Assessment and discussions with the [Community Benefits Advisory Committee](#), are:

- Youth and adolescents
- Older adults
- Low-resource individuals and families
- LGBTQIA+ individuals
- Racially and ethnically diverse populations / non-English speakers
- Families affected by incarceration and/or violence

Addressing Housing Affordability

The goals of the housing affordability priority are to reduce homelessness, reduce displacement, and increase home ownership by low-income individuals and families by investing in the strategic focus areas of (i) homelessness, (ii) home ownership, and /or (iii) rental assistance. BIDMC aims to address the housing continuum, recognizing that people have different types of housing needs. Affordable and stable housing is essential for anyone to realize positive health impacts and educational gains. Research shows that people experiencing housing instability often forego medical needs, experience higher rates of Emergency Department use, and are often forced to miss school and other educational opportunities.^{1,2,3} Stable and affordable housing is also related to economic mobility as individuals who are evicted are more likely to lose their jobs.⁴

Research also draws links between the racial wealth gap and housing injustice.⁵ Massachusetts has a long history of segregation in housing policies that have led to high levels of racial, ethnic, and economic inequities. Historic housing policies like exclusionary zoning and discriminatory mortgage lending disproportionately disadvantaged Black and Latino communities and homeowners.

The COVID-19 pandemic has also exacerbated existing housing affordability challenges and inequities in Massachusetts. The COVID Community Impact Survey (CCIS) Housing Stability Spotlight highlighted that pandemic-related unemployment in the Commonwealth caused many residents to lose income they relied on for housing. According to the CCIS, 45.8% of Chelsea residents reported being worried about paying for housing or utility expenses, compared to 34% of all respondents state-wide.⁶

Housing affordability is a top concern for Chelsea residents. When Chelsea residents were asked, “What are the most important things you would like to improve about your community?” as part of the 2022 North Suffolk Public Health Collaborative Community Survey, 54.2% of respondents selected “More affordable housing” as a response – a higher percentage than any other options listed.⁷

Evidence-based Strategies: Housing Affordability

Funded organizations will be expected to implement at least one of the evidence-based and/or evidence-informed strategies in Table 1 below.

¹ Mary K. Cunningham, Robin Harwood, and Sam Hall, “Residential Instability and the McKinney-Vento Homeless Children and Education Program: What We Know, Plus Gaps in Research,” Urban Institute (2010).

² “Housing Instability,” Office of Disease Prevention and Health Promotion, last modified October 30, 2019, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/housing-instability>.

³ Margot B. Kushel et al., “Housing instability and food insecurity as barriers to health care among low-income Americans,” *Journal of General Internal Medicine*, 21 no. 1 (2006): 71-77, doi.org/10.1111/j.1525-1497.2005.00278.x.

⁴ Matthew Desmond and Carl Gershenson, “Housing and Employment Insecurity among the Working Poor,” *Social Problems*, 63 no. 1 (February 2016): Pages 46–67, <https://doi.org/10.1093/socpro/spv025>.

⁵ Justin Gomer, “Housing and the Racial Wealth Gap: A Historical Overview,” *KCET*, September 4, 2018, <https://www.kcet.org/shows/city-rising/housing-and-the-racial-wealth-gap-a-historical-overview>.

⁶ Covid-19 Community Impact Survey, MA Department of Public Health, <https://www.mass.gov/info-details/ccis-spotlight-housing-stability> (October 13, 2021).

⁷ North Suffolk Public Health Collaborative Community Survey Preliminary Results by Municipality, 2022. 493 respondents to the survey indicated that they spent most of their time in Chelsea.

Table 1: Housing Affordability Strategies

Strategic Focus Area	Evidence-based or Evidence-informed Strategy	Description
Homelessness	Housing First	Providing housing to the chronically homeless with appropriate levels of services.
	Supportive Services for People Experiencing Homelessness	Engaging homeless individuals with traumatic experiences in a manner that recognizes the presence of symptoms of trauma and leads to healing centered practices.
	Drive Public Policies to Prevent or Reduce Homelessness	Providing support to coalitions driving city and state-wide policies that prevent homelessness.
Home Ownership	Down Payment Assistance and Home Ownership Education	Providing low-income first-time home buyers with down payment assistance in the form of loans or capital and education about buying a first home.
	Zero and/or Low Interest Home Loans	Supporting Housing Trust and/or Equity Funds that assist racially and ethnically diverse low-income homebuyers and non-profit housing developers.
	Foreclosure Prevention	Providing low-income homeowners with assistance to prevent foreclosures in neighborhoods affected by gentrification and displacement.
Rental Assistance	Flexible Financial Assistance	Providing funds to individuals to assist in maintaining housing stability and/or to attain stable affordable housing (e.g., first and last month's rent).
	Eviction Prevention	Intervening in eviction processes and supporting renters by increasing access to legal services and eviction prevention programs.

Capacity Building and Evaluation

BIDMC is committed to building the capacity of local organizations to participate in and conduct monitoring and evaluation activities. BIDMC is working with an independent external evaluator, Health Resources in Action (HRiA).

Applicants should include evaluation resources in the proposed budget, such as resources for conducting data collection and data entry/data management personnel. Please see instructions in the Funding Guidelines and Budget section below.

The grantee will work closely with HRiA. The external evaluator, HRiA, will:

- Conduct an overarching evaluation of the entire initiative to demonstrate collective impact of the CHI funds
- Collaborate with the grantee to develop an individual evaluation and ensure alignment with the overarching CHI evaluation
- Support the grantee in implementing their individual evaluation

The grantee will participate in a three-month evaluation planning process, in collaboration with HRiA, to develop an evaluation plan that aligns with the overarching evaluation, agree to process and outcome measures, develop and/or adapt data collection tools and processes, and update the Data Use Agreement to include the agreed upon measures. Applicants should plan to designate sufficient staff time for evaluation throughout the grant period, including identifying a contact for data management and tracking (the grantee evaluation contact) who will serve as the key liaison with HRiA. The grantee evaluation contact and project lead will participate virtually in individual one-hour evaluation check-in meetings that occur monthly during the three-month planning period and quarterly thereafter (18 sessions across four years).

For the evaluation, the selected grantee will:

- Collaborate with HRiA to develop and/or update a logic model and evaluation plan
- Collaborate with HRiA in both evaluating their own project and the larger overarching evaluation of the funding as a whole (e.g., collecting and reporting individual-level de-identified participant data, participating in staff interviews, etc.)
- For each program participant, collect outcome data at at least two timepoints (baseline and follow-up); work with HRiA to determine data collection frequency for any policy measures, if applicable.
- Submit de-identified data **quarterly** on the following shared process and outcome measures for the overarching evaluation, as appropriate depending on the grantee selected:
 - Sociodemographic information of program participants (including home zip code, race, ethnicity, primary language, gender identity, age, household/family income and size)
 - Service delivery information (participant enrollment, services delivered, services received, staff hired, including positions of staff hired, staff trained, including topics of training)
 - Outcome measures related to Housing Affordability. Outcome measures will be determined in collaboration with the grantee; however, as appropriate, it is expected that measures will align with existing core measures from the overarching evaluation on:
 - Housing situation (description and satisfaction)
 - Housing agency
 - Housing affordability
 - Data related to any policy and community advocacy activities including community organizing and advocacy efforts

Funding Guidelines and Budget

Grant funds may be used for project staff salaries, data collection and analysis, meetings, supplies, related travel, and other direct project-related expenses. Indirect expenses may not exceed 10% of the total budget. Grant funds may not be used to provide medical services, to support clinical trials, to construct or renovate facilities or capital expenses, or as a substitute for funds currently being used to support similar activities.

Applicants will be asked to identify the staff member responsible for data management and other evaluation-related activities (the grantee evaluation contact). Please ensure that there is time in the budget allotted for regular communication with the external evaluator (e.g., e-mail, calls, etc.). While BIDMC will provide an external evaluator, proposal applicants should include additional evaluation expenses in the proposed budget to accommodate on-site evaluation activities, such as systems implementation for data collection, translation of data collection tools into appropriate

languages, use of evaluation consultants and other costs for evaluation. BIDMC recommends that evaluation expenses total approximately 10% of an applicant's budget (in addition to evaluation services provided by BIDMC).

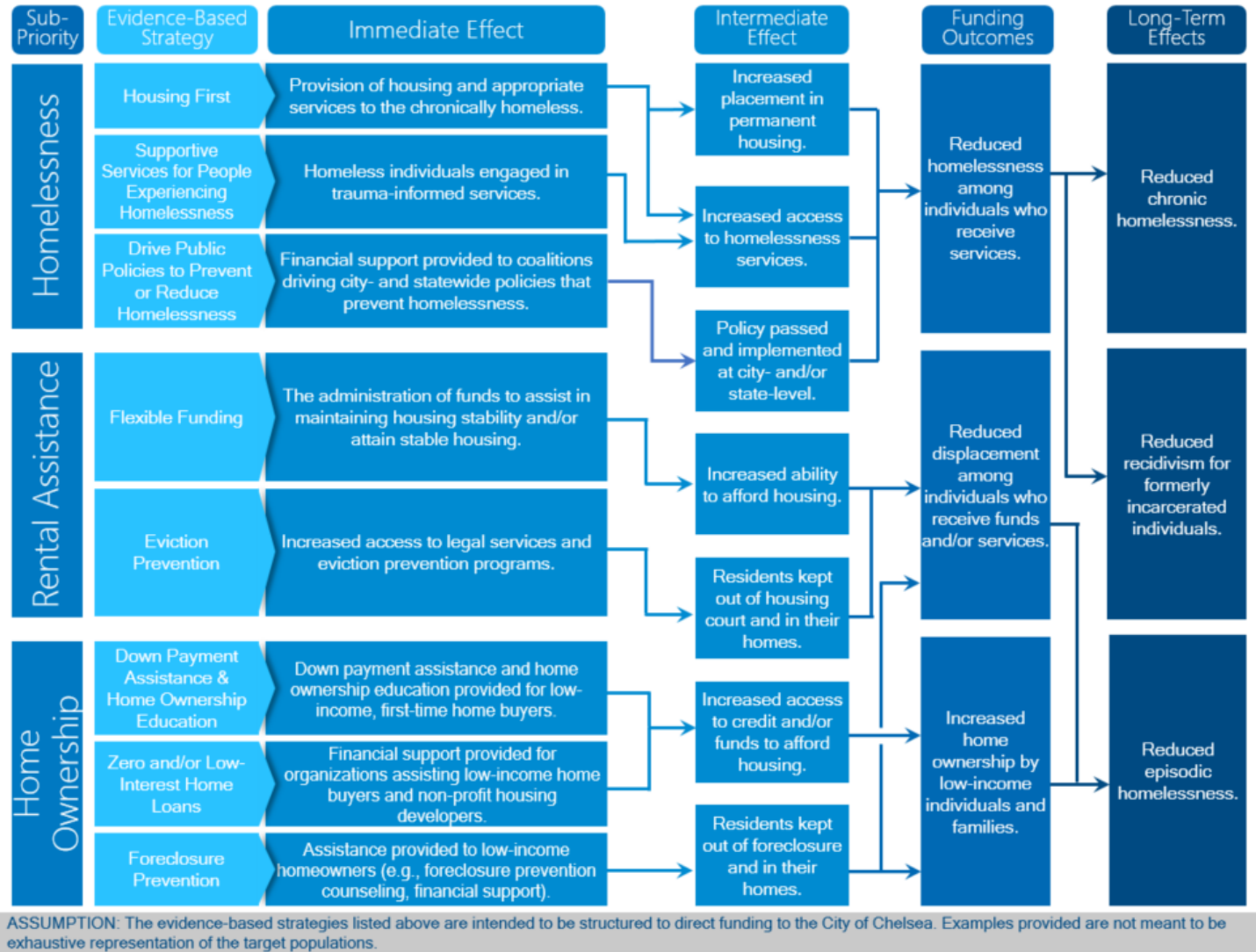
Reporting

The grantee will be required to report on project progress at minimum annually to BIDMC, including a financial update. In addition, the grantee will be required to submit individual-level de-identified participant data on a quarterly basis to the independent evaluator (see Capacity Building and Evaluation section for details).

Contact Information

Interested applicants are encouraged to attend a [virtual information session](#) on September 12, 2022 at 2 pm. A recording of the webinar will be posted by September 16, 2022. For additional questions about the RFP, contact the BIDMC Community Benefits Team at NIBCHI@bidmc.harvard.edu by September 30, 2022. BIDMC will make every effort to respond to emails within two business days. Responses to Frequently Asked Questions will be posted by October 6, 2022.

Appendix A: RFP Causal Pathway



Appendix B: Application Questions

- 1) **Organization Overview:** Please provide a brief overview of the lead organization, including its mission and the primary needs the organization addresses. (150 words maximum)
 - a. Organization address (**Note:** must be in Chelsea to be eligible)
 - b. What diversity, equity, and inclusion initiatives has the organization recently and historically undertaken to ensure organizational leadership is reflective of the communities served? Please specify actions taken related to racial equity, cultural humility, and language access and the results of those actions to date, including quantitative (numerical) data about the diversity of your organization’s leadership. (250 words maximum)
 - c. Upload the Following Documents:
 - Organizational budget for the current year
 - Most recent Internal Revenue Service Form 990
 - Most recent audited financial statement
 - d. How long has your organization served Chelsea residents? (**Note:** must use grant funding for Chelsea residents)
 - e. What percentage of the organization’s clients served are residents of Chelsea?
 - f. Please provide examples of past projects/programs completed in Chelsea (150 words maximum)

- 2) **Project Lead Contact Information:**
 - a. Primary contact person for this application (Name, pronouns, and contact information)
 - b. Secondary contact person (Name, pronouns, and contact information)

- 3) **Strategic Focus Areas:** Please select the strategic focus area(s) your project will address

Strategic Focus Area
Homelessness
Home Ownership
Rental Assistance

- 4) **Evidence-Based / Evidence-Informed Strategies:**

Select the evidence-based or evidence-informed strategies the project will use, depending on the strategic focus area(s) selected in question 3. You may select multiple evidence-based strategies.

Priority Area	Strategic Focus Area	Evidence-based / Evidence-informed Strategy
Housing Affordability	Homelessness	<ul style="list-style-type: none"> • Housing First • Supportive Services for People Experiencing Homelessness

		<ul style="list-style-type: none"> • Drive Public Policies to Prevent or Reduce Homelessness
	Home Ownership	<ul style="list-style-type: none"> • Down Payment Assistance and Home Ownership Education • Zero and/or Low Interest Home Loans • Foreclosure Prevention
	Rental Assistance	<ul style="list-style-type: none"> • Flexible Financial Assistance • Eviction Prevention

5) **Project Overview**

- a. *Title:* Please provide a one sentence title that reflects the nature of the proposed project.
- b. Please provide a brief description of the project(s) the organization is seeking to fund (300 words maximum).
- c. *Project Context:*
 - Describe the need the organization is addressing. (50 words maximum)
 - Describe the specific population(s) on which the project will focus. (50 words maximum)
 - Describe how the project will address key challenges facing these populations. (100 words maximum)
- d. *Project Staffing:* List the key people who will be involved in project implementation and briefly describe their roles.
- e. *Anticipated Reach:* Please provide an expected range for the number of individuals the organization will reach or impact through the project beyond the number currently served.
- f. *Equity Focus:*
 - How does the organization plan to ensure that project resources are deployed towards those that need them the most? (100 words maximum)
 - How will the funds be used to address racial inequities exacerbated by COVID-19? (100 words maximum)

6) **Project Goals**

- a. Please provide up to three SMART (specific, measurable, attainable, relevant, and timely) goals for the project (See **Appendix D** for guidance on developing SMART goals)

7) **Populations Served:** Identify which of the population(s) below the project will serve (check all that apply):

- a. Youth
- b. LGBTQIA+ Population
- c. Older Adults
- d. Low Resource Individuals and Families
- e. Racially and Ethnically Diverse Population (Note: there will be space to add additional descriptions/details for each of the below options).
 - Asian

- Black/African-American
 - Hispanic/Latino
 - Two or More Races
 - White
 - American Indian, Alaska Native, Native Hawaiian, and Other Pacific Islander
 - Other (please list)
- f. Limited or Non-English Speakers
- g. Families Affected by Incarceration and/or Violence

8) Budget

- a. Please upload an itemized project budget and an accompanying budget narrative (up to a ½ page) using the template that will be provided. The budget should include direct costs and indirect costs, including staff time.

- 9) **Partners (if applicable):** List all partner organizations that are key to the success of this project. Include a brief description of their involvement in the project. Describe how the collaboration(s) will increase the impact of the project. (250 words maximum)

10) Evaluation Capacity and Experience

This section is about your organization's/partnership's existing evaluation capacity and experience with evaluation (e.g., evaluation plans, data collection, tracking, monitoring, reporting). You may include references to past evaluations, such as recent program evaluations.

- a. Please describe your organization's/partnership's current capacity to conduct evaluation activities, including any internal staff FTEs and external contracts, as applicable (300 words maximum)
- a. What types of data are currently collected (if any)?
 - b. How does your organization collect data (if applicable)?
 - c. How does your organization use these data to inform outcomes and improve programming/initiatives? How does your organization currently measure success?
 - d. How does your organization incorporate the client and community voice in its evaluation activities?
- b. Please describe how and where your organization stores data currently. What system(s) does your organization use to manage data (e.g., Excel, Access, RedCAP, Salesforce), if any? (100 words maximum)
- c. Who will be the grantee evaluation contact for this project (150 words maximum)?
- a. Position title
 - b. Description of current evaluation responsibilities (if any)
 - c. Any relevant evaluation skills, knowledge, and experience (if any)

11) Sustainability

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BIDMC encourages applicants to think creatively about how the funds from this request can be leveraged to create permanent community change. Please be explicit as to how metrics and outcomes will lead to sustainability beyond the grant term, aside from applying for additional funds. Indicate whether your organization is committed to building programmatic costs into the operating budget and/or if this program will create future revenue.

- a. Describe how the organization will leverage this funding to support the sustainability of the project(s). (100 words maximum)
- b. How will this project contribute to improved community health past the initial funding period? (100 words maximum)
- c. Describe any challenges to sustainability the organization anticipates and how the challenges might be addressed. (150 words maximum)

The scoring criteria that will be used to evaluate applications is attached as **Appendix C**.

Appendix C: Application Scoring Criteria

As applications are scored, reviewers will keep the following core principles in mind:

IMPACT: Support evidence-based and evidence-informed strategies and programs that positively and meaningfully impact populations that face the greatest health inequities.

COMMUNITY: Build community cohesion and capacity by actively engaging with community residents and other stakeholders, including historically underserved or underrepresented populations.

HEALTH AND RACIAL EQUITY: Use a health and racial equity lens to dismantle systems of oppression and work towards the systemic, fair and just treatment of people of all races, ethnicities, and communities so that all people are able to achieve their full health and overall potential.

SUSTAINABILITY: Encourage sustained program impact through strategies that may include: leveraging funding to continue program activities, strengthening organizational and community capacity, and forming innovative partnerships and/or cross-sector collaborations.

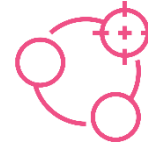
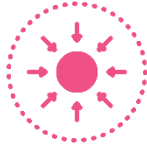
MOVING UPSTREAM: Address the fundamental causes, or upstream factors, of poor health and racial inequities.

Applications will be scored on a scale of 1 to 5, where 1 = Disagree, 2 = Somewhat Disagree, 3 = Neither Agree Nor Disagree, 4= Somewhat Agree, and 5 = Agree, using the scoring criteria below.

Scoring Criteria:

1. Organizational mission aligns with core principles
2. History of working in Chelsea and serving Chelsea residents
3. Proposed project is feasible
4. Proposed project meets a demonstrated community need
5. Proposed project addresses health inequities
6. Proposed project is evidence-based or evidence-informed
7. Goals are reasonable and aligned with guiding principles
8. Requested funding is reasonable for proposed activities
9. Partners and/or collaborators listed would increase the impact of the project (if applicable)

Appendix D: SMART Goals



Specific

Measurable

Achievable

Relevant

Timely

Creating Program SMART Goals

Program Goals provide a sense of direction, motivation, a clear focus, and clarify importance. By setting program goals, you are providing your organization, staff, and participants with a target to aim for. A SMART goal is used to help guide goal setting. SMART is an acronym that stands for **S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**imely. Therefore, a SMART goal incorporates all of these criteria to help focus your program efforts and increase the chances of achieving your goal.

SMART Goals should be created with collaborators and revisited on a regular basis to ensure the program is on target to complete the goal. SMART goals should be updated as needed and new ones should be written once previous SMART goals have been met.

Overarching Goal:

A broad statement about the long-term expectation of what should happen as a result of your program (the desired result). Serves as the foundation for developing your program SMART goals. Criteria: 1) Specifies the social determinate of health or health-related social need; 2) Identifies the target population(s) for your program.

SMART Goal (sometimes called SMART Objective):

Statements describing the results to be achieved, and the manner in which they will be achieved. You usually need multiple SMART goals to address the overarching goal. Criteria: SMART attributes are used to develop a clearly-defined goal.

SMART Goals:

Specific	Goals that are specific have a significantly greater chance of being accomplished. To make a goal specific, the three “W” questions must be considered: <ol style="list-style-type: none"> 1. Who: Who is the intended population for this goal? 2. What: What does the program want to accomplish?
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Example of a Process SMART Goal:	
By (timeframe), (# /%) participants will have had (#) workshops on money	
	3. Where: Where is this goal to be achieved?
Measurable	A SMART goal must have criteria for measuring progress. If there are no criteria, you will not be able to determine the program's progress and if you are on track to reach your goal. To make a goal measurable, ask yourself: <ol style="list-style-type: none"> 1. How many/much? 2. How do I know if the program has reached my goal? 3. What is my indicator of progress?
Achievable	Your goals should be achievable and attainable given your program resources and planned implementation. <ol style="list-style-type: none"> 1. Do I have the resources and capabilities to achieve the goal? If not, what am I missing? 2. Have others done it successfully before?
Relevant	Your goal, even after meeting all the prior criteria, must now align with other relevant goals because success requires the support and assistance from everyone on the project team. <ol style="list-style-type: none"> 1. Does it match other program or agency needs? 2. Is it aligned with current economic or social trends? 3. Does it align with the participants' needs and strengths?
Timely or Time-bound	Your goals should be defined within a timeframe. Here the focus is on "when" the goal will be met. Specifying a timeframe in the goal will help you in both planning and evaluating your program. <ol style="list-style-type: none"> 1. Does my goal have a deadline? 2. By when do you want to achieve your goal?

SMART Goals can be Process or Outcome focused

Process SMART Goals describe the activities/services/strategies that will be delivered as part of implementing the program.

Outcome SMART Goals specify the intended effect of the program in the intended population or end result of a program.

Outcome SMART Goals can be classified as short-term, intermediate, or long-term.

Well-written and clearly defined SMART goals will help you monitor your progress toward achieving your overarching program goal.

- Short-term outcome goals are the initial expected changes in your intended population(s) after implementing certain activities or interventions (e.g., changes in knowledge, skills, and attitudes).

- Intermediate outcome goals are those interim results that provide a sense of progress toward reaching the long-term goals (e.g., changes in behavior, norms, and policy).
- Long-term goals are achieved only after the program has been in place for some time (e.g., changes in mortality, morbidity, quality of life).

SMART Goal Examples

Sample Goal 1: Collaborate with 11 community partners.

The list below shows how this goal is and is not a SMART goal.

- Is it Specific? It is clear but it could be more specific in terms of who will do it and what “collaboration” means.
- Is it Measurable? Yes, but how it will be measured needs to be stated.
- Is it Attainable? Yes, if you have the time and resources needed.
- Is it Relevant? Yes, collaborating with other agencies improves the chance that changes will be made and contributes to sustainability.
- Is it Time bound? No, it does not specify a timeframe for completing the goal.

Sample SMART Goal 1: Project director will obtain Memoranda of Understanding that spell out the terms of agency collaboration with 11 community partners involved with youth by August 31, 2021.

Example of an Outcome SMART Goal:

By (year), credit scores of participants will increase by (%).

Sample Goal 2: Continue to educate our community that suicide is a public health problem.

Sample SMART Goal 2: The project team will speak once a month at 9 community meetings from January-September 2021, to educate our community that suicide is a preventable public health problem.

Sample Goal 3: Increase consumption of fruits and vegetables among youth.

Sample SMART Goal 3: By September 1, 2022, 75% of Grade 6-8 classrooms in Boston will provide a fruit or vegetable to all students during snack time at least 3 school days a week. (Process)

Sample SMART Goal 3: By May 2023, 60% of middle school youth in Boston will report consuming at least 5 servings of fruits and vegetables a day, as indicated on the Youth Risk Behavior Survey. (Outcome)