

RFP Structure and Eligibility

1. Can an organization submit multiple applications?

As a Lead Organization: Organizations can submit a maximum of two applications as a lead organization, though they must be for different funding tracks. For example, an organization may apply for one Track 1 and one Track 2 grant, but would not be able to submit two Track 3 applications. Please note, an organization may only receive a maximum of one grant as a lead organization.

As a partner on other organizations' application: An organization can be listed as a partner in multiple applications across different tracks, though organizations should consider their capacity to complete their responsibilities as partners should multiple projects receive funding.

2. Are non-profits with a fiscal agent eligible to apply?

Non-profit organizations with a fiscal agent (also known as a fiscal sponsor or fiduciary) are eligible to apply for funding.

3. Is an organization restricted from applying if we have the same 501(c)3 fiscal sponsor as another applicant?

BIDMC recognizes that multiple organizations may utilize the same fiscal sponsor. Organizations that operate independently may apply as lead organizations, regardless of whether they utilize a fiscal sponsor. Please refer to Question 1 for restrictions related to submitting multiple applications.

4. Assuming they meet the eligibility guidelines, can a lead agency apply in more than one neighborhood?

Applicants do not submit applications based on neighborhood, but rather by health priority area, strategic focus area, and strategy or strategies. A proposed project can work across multiple Boston neighborhoods delineated as part of BIDMC's Community Benefits Service Area (CBSA).

5. Has a funding amount been designated for geographical areas?

BIDMC's funding is allocated based on health priority areas. However, during the review process BIDMC'S Allocation Committee will consider geography and intends to fund organizations across all the priority neighborhoods.

Partnerships

1. Is there a limit on how many partnerships an organization can have?

Organizations can be listed as a partner in multiple applications across different tracks, though organizations should consider their capacity to complete their responsibilities as partners if multiple projects receive funding.

2. Can BIDMC help facilitate partnerships?

BIDMC will not help facilitate partnerships. However, BIDMC shared the names of all of the organizations that registered for the information session. Please email nibchi@bidmc.harvard.edu to request the list.

3. Does a partner need to be a 501(c)3 organization?

Any partner organization that would be receiving funding from this RFP must either have 501(c)3 status or be a public agency.

4. Should organizations attach letters of support for partnerships in the Letter of Intent (LOI)?

Organizations should not upload letters of support or partnership at the LOI application stage. Organizations will be asked to include brief information in the LOI about the organization(s) they plan to partner with. If invited back to complete the full proposal, applicants will be asked to provide letters of support.

COVID-19

1. How does COVID-19 impact this funding opportunity?

COVID-19 has greatly impacted the communities BIDMC serves and the organizations who serve them. BIDMC's Community Benefits Advisory Committee believes the selected health priority areas remain relevant and imperative in addressing inequities exacerbated by the COVID-19 pandemic. These funds are not intended for short-term COVID-19 relief. Applicants should think about a long-term approach for the program they would like to implement, while also accounting for the impact of COVID-19.

Funding and Budget

1. Can an organization request less funding than the amount specified in the funding track?

Organizations can request less funding than the maximum amount specified in the funding track. BIDMC will ask organizations to submit a budget with their full proposal. This will give organizations an opportunity to detail how the funding will be used.

2. How are indirect costs defined for purposes of the RFP?

Indirect costs include items that are associated with running the organization as a whole, such as administrative staff salaries and benefits, rent, utilities, office supplies, etc. Your entire organization uses these items both for administrative purposes and for other programs.

3. Medical services are not an allowable expense per Department of Public Health guidelines. How is "medical services" defined?

The Department of Public Health defines medical services as "if a particular service or intervention is eligible to be covered by any insurer including MassHealth (including flexible service spending) or Medicare, Community-based Health Initiative funds cannot be used to cover that service or intervention." For example, if an applicant applies for funds to build community capacity to provide behavioral health services, funds could not be used to pay for the provision of psychiatric services that are billable. An acceptable use of funds could be to develop a community-based intervention that brings behavioral health conversations into a community setting that people frequent (e.g. faith-based organization or school).

4. Are stipends as an incentive considered an allowable expense?

Using funds for stipends is an allowable expense. The purpose of the stipends must align with a health priority area, strategic focus area, and an evidence-based/evidence-informed strategy.

5. How can I help someone buy a home if capital expenses are not allowable?

The strategies selected do allow for first time home buying opportunities such as down payment assistance and loan/down payment assistance. The community based organizations cannot use the funds for any of their own capital projects such as rehabilitating a building, or constructing a new building that they would use.

6. Can the funding be used to support existing programs?

Funding may not solely go towards supporting existing work – it must add value (i.e. increase impact). This does not preclude funding an existing program; for example, an organization may expand the reach of a program or add new components to strengthen the program. This funding may not supplant or replace other existing funding.

7. Do organizations need to allot 10% of the total budget for evaluation?

BIDMC strongly encourages approximately 10% of the proposed budget to be allocated for evaluation. See the Capacity Building and Evaluation and Funding Guidelines and Budget sections of the full RFP (starting on page 10) to learn more about evaluation expectations for grantees.

8. Will there be future RFP funding opportunities through this Community-based Health Initiative?

There will be a total of two rounds of RFP funding. The second and final round of RFP funding will be announced at a later date.

Geographic Scope

1. What if an organization also works outside of the six priority neighborhoods and/or is not headquartered in one of them?

BIDMC recognizes that many organizations serve individuals across larger geographies. Applicants do not need to be headquartered/physically located in one of the six priority neighborhoods, though applicants are required to have a strong history of working with one or more of the priority neighborhoods and explain how the funds will be used to serve individuals and families in those neighborhood(s).

2. Do the majority of beneficiaries of a program need to be in one of the neighborhoods mentioned in the RFP?

Funding must go toward the neighborhoods of Allston/Brighton, Bowdoin/Geneva, Chinatown, Fenway/Kenmore, Roxbury, and/or Mission Hill. BIDMC recognizes the interconnectedness of each neighborhood, and knows that funds may impact other neighborhoods. However, organizations must explain how the funds will be used to serve individuals and families who live, work, and/or play in the neighborhood(s) identified for this RFP.

3. Considering the need to demonstrate a strong history of working with one or more of the priority neighborhoods, how should an organization document work with individuals who are experiencing homelessness or housing instability (i.e. those who may not have a zip code) for the RFP?

Given the nature of working with individuals who are experiencing homelessness or housing instability, organizations working with this population should speak to their strong history of community outreach and engagement in the neighborhood(s).

4. Why were the six specific Boston neighborhoods selected for this RFP?

BIDMC operates licensed multi-specialty outpatient facilities in Chelsea, Lexington, and Chestnut Hill, as well as a cancer center in Needham and a pain center in Brookline. BIDMC also operates a licensed health center in Bowdoin/Geneva and has strong, long-standing partnerships with an additional four Boston Federally Qualified Health Centers within its Community Benefits Service Area (CBSA). The communities in which these facilities operate define BIDMC's CBSA. In recognition of the considerable health disparities that exist in some communities, BIDMC focuses the bulk of its community benefits resources on improving the health status of low income and underserved populations living in the city of Chelsea and the Boston neighborhoods of Allston/Brighton, Bowdoin/Geneva, Chinatown, Fenway/Kenmore, Roxbury, and Mission Hill.

Priority Areas, Strategic Focus Areas, and Strategies

1. Can an organization choose different evidence-based/evidence-informed strategies for a strategic focus area?

An organization must select an evidence-based/evidence-informed strategy/ies identified in the RFP guidelines. The strategies selected were designed to be broad to allow for innovation and creativity. These strategies have been approved by the Massachusetts Department of Public Health.

2. In addition to the core priority areas, can organizations concurrently work on other focus areas (for example, mental/behavioral health and physical health)?

BIDMC recognizes the natural synergy and interconnectedness of the health priorities and recognizes that programs may also impact or address other related priorities. Projects that impact additional priority areas are permitted as long as the primary focus of the program is aligned with one of the three health priorities identified in the RFP.

3. With regard to Housing Affordability, are funds to be used exclusively for homelessness or can it also cover displacement from a neighborhood?

An organization must clearly outline how displacement connects to the housing affordability priority area, one or more of the strategic focus areas, and evidence-based/evidence-informed strategy or strategies for it to be considered for funding.

4. Is BIDMC considering funding community organizing as a strategy?

Organizations must select from the list of evidence-based/evidence-informed strategies outlined in the RFP. The strategies selected are intentionally broad to allow for creativity and innovation. Community organizing can be included as a project component as long as it connects to one of the evidence-based/evidence-informed strategies.

5. Are intellectual or developmental disabilities services and clients included under mental health?

If clients with intellectual or developmental disabilities also fall within one of BIDMC's priority populations (i.e. youth and adolescents) then programs that serve this cohort may be included in any of the strategic focus areas.

Selection Process and Scoring

1. What happens after my organization submits a Letter of Intent (LOI)?

After submitting an application via the [Submittable online platform](#), the primary contact will receive a confirmation email. They will then be reviewed using the scoring criteria described in the full RFP. Applicants will be notified about whether they have been invited to submit a full proposal by September 21st, 2020. Submissions for full proposals will be due by October 19, 2020.

2. Who will be reviewing the proposals?

In line with [Department of Public Health guidelines](#), BIDMC formed an Allocation Committee made up of individuals who have disclosed any real or perceived conflicts of interest and have confirmed they will not apply for Community-based Health Initiative funding. This Allocation Committee is tasked with overseeing a competitive process for awarding funds for evidence-based/evidence-informed strategies that address the health priorities identified by the Community Benefits Advisory Committee. The Allocation Committee includes BIDMC staff, BIDMC Department of Community Benefits representatives, a Community Development Corporation or a similar organization representative, residents of the BIDMC Community Benefits Service Area, and local experts and representatives from the City of Boston. Allocation Committee members will review the applications using the scoring criteria detailed in the full RFP.

3. How will the Allocation Committee decide if requested funding is reasonable for the project (one of the criteria used for scoring applications)?

Deciding if funding is reasonable will vary based on the priority area. In general, the Allocation Committee will think about the following: how many people will benefit from the project; what is the scope of the intervention; and what is the approximate cost per person? As needed, subject matter experts may be asked to weigh in on this question.

4. If an organization was formed 3 years ago, does that meet the "strong history" criteria?

BIDMC understands that new organizations may need to form to meet the evolving needs of a community. Organizations formed recently should provide context about their history and support from the community in their application.

5. How can organizations move upstream within the predetermined lists of evidence-based/evidence-informed strategies?

BIDMC recognizes that it takes time to move upstream in order to impact the social determinants of health - conditions in which people are born, grow, live, work, and play. The strategies provided in this RFP vary in how far upstream they are in addressing these conditions. Organizations should use the strategies provided as a starting point for thinking about how they can move their proposed programming further upstream. For instance, if an organization currently provides legal support to families who have received an eviction notice, how might they consider providing support to the family earlier?

How to Apply

1. How can my organization apply for this funding opportunity?

Organizations can apply online through the [Submittable platform](#). Information about how to create an account can be found on BIDMC's [RFP page](#) under "How to Apply."

2. Who do I contact if I am having technical difficulty with the Submittable platform?

Please email Submittable's Customer Support team with any technical questions at support@submittable.com. For RFP questions, please email BIDMC's Community Benefits team at NIBCHI@bidmc.harvard.edu.

Other

1. Is there someone we can discuss potential ideas with as we try to decide what project idea to submit?

In the spirit of transparency and equity, BIDMC is not having individual level conversations about specific programs or concepts. Prospective applicants are welcome to email their questions to NIBCHI@bidmc.harvard.edu by August 17; all questions and answers will be posted and made publicly available.

2. How does the RFP define the age range for youth/adolescents and older adults?

The age ranges for the focus populations are not pre-defined so organizations are able to define their populations in a way that makes the most sense for them. There is space in the application to provide information about how your organization has chosen to define the population.

3. Do organizations need to create their own causal pathways?

Organizations do not need to create their own causal pathways. The [causal pathways](#) were created by BIDMC's independent evaluator to be a resource that organizations can use as they work on their LOI.

4. Will the 15% allocation for Healthy Neighborhoods be issued as a separate RFP?

The Healthy Neighborhoods priority area is not included in this RFP. BIDMC is working with the Community Benefits Advisory Committee to finalize the process for the Healthy Neighborhoods funding. More information about this will be released at a later date.

5. When will funding for the Healthy Neighborhoods priority area become available?

BIDMC's Community Benefits Advisory Committee has allocated 15% of funds to build neighborhood and resident capacity and facilitate collective action to address neighborhood-specific concerns that may vary depending on geography, demographics, resource availability, and other factors. This process will be conducted separately from the RFP. Healthy Neighborhoods funds will be allocated in a phased approach by neighborhood over the span of this Community-based Health Initiative.

6. What is the process for funding disbursement in Chelsea?

BIDMC will award approximately \$1.8M to the City of Chelsea's health priority work. In light of Chelsea's participation in the North Suffolk iCHNA and the significant collaborative efforts already underway, BIDMC will work directly with the Chelsea Department of Health and Human Services, city administrators, and stakeholders to invest this funding in the City of Chelsea.

Additional Q&A received as of August 17

1. How is BIDMC defining mental health/substance abuse? Would a project need to engage with "substance use" directly to be eligible to apply to the Behavioral Health area?

Mental health and substance use are not pre-defined so that organizations are able to define it in a way that makes the most sense for their organization. The Behavioral Health priority area encompasses mental health and substance use because they are interconnected, but does not require that a program address both elements.

2. Track 2 requires applicants to select one priority area and two or more strategic focus areas within that priority area. However, within the Behavioral Health priority area, there is only one strategic focus area (Mental Health and Substance Use). Is it sufficient for Track 2 applicants in the Behavioral Health priority area to propose at least two evidence-based / evidence-informed strategies within the Mental Health and Substance Use strategic focus area?

Organizations applying for Track 2 funding to address Behavioral Health are only required to select the one available strategic focus area (Mental Health and Substance Use). Organizations are not required to select more than one evidence-based/evidence-informed strategy, though they may choose to.

3. Can an organization apply for Track 3 funds in order to build its data collection and program evaluation capacity? If so, would we be accountable for those outcomes or would we be accountable for programmatic outcomes as well?

Track 3 funding is for smaller-scale projects conducted by local organizations wishing to build their implementation and evaluation capacity. Track 3 grantees may expand an existing program, pilot a new program, and/or build infrastructure to support future evidence-based programs.

In addition to any outcomes related specifically to capacity building, applicants must demonstrate that they are *working towards* one or more of the programmatic outcomes as well.