Healthy Neighborhoods Initiative (HNI)

Request for Proposals (RFP)

Allston/Brighton, Mission Hill and Roxbury

February 27, 2023

bidmc.org/chi

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Key Dates

RFP release date	February 27, 2023
Q&A period*	February 27 – March 10, 2023
Proposal due	March 30, 2023
Proposal review period	March 31 – April 11, 2023
Notification of intent to award	April 20, 2023
HNI Collective kickoff meeting	Week of April 24, 2023
Collective development activities	May – June 2023
Review of secondary data sources and community engagement	July - August 2023
Development of project proposal and continued community engagement	September – October 2023
Project review period by Allocation Committee	Late October 2023
Project start date	No later than January 1, 2024
Project implementation and evaluation timeline	January 2024 – December 2025

*Applicants may contact NIBCHI@bidmc.harvard.edu if they have questions. Questions will be posted at BIDMC.org/chi on March 15th.

Background

Beth Israel Deaconess Medical Center (BIDMC) is continuing to invest the remainder of the approximately $18.4 million that will be awarded through its Community-based Health Initiative (CHI) as part of the construction of BIDMC's New Inpatient Building (NIB), now called the Klarman Building. After a robust and transparent community engagement effort that drew upon information collected from community meetings, public comments at BIDMC Community Benefits Advisory Committee (CBAC) meetings and BIDMC's active participation in the Boston Community Health Needs Assessment (CHNA) – Community Health Improvement Plan (CHIP) Collaborative and the North Suffolk Integrated Community Health Needs Assessment (iCHNA), BIDMC's Community Advisory Committee identified four priority areas for investment:

- Housing Affordability
- Jobs and Financial Security
- Behavioral Health
- Healthy Neighborhoods

The priority areas intentionally align with the Boston CHNA-CHIP Collaborative's Community Health Improvement Plan. BIDMC recommends applicants review the Boston CHNA-CHIP Collaborative's 2022 Community Health Needs Assessment before submitting a response to this Request for Proposals. See **Appendix A** for additional background about the CHI.

BIDMC's Community Benefits Advisory Committee (CBAC) believes the selected health priority areas remain relevant and imperative in addressing inequities exacerbated by the COVID-19 pandemic.

2021 CHI Grantees

On December 4, 2020, after a collaborative and transparent multi-year process, BIDMC selected the first set of community organizations to receive funding for initiatives that focus on addressing upstream social determinants of health. In January 2021, the selected organizations began implementing evidence-based and/or evidence-informed strategies in the areas of Housing Affordability, Jobs and Financial Security, and Behavioral Health. For more information about the first round of funding awarded, visit the funded organizations page.

Healthy Neighborhoods Initiative (HNI) RFP

In February 2021 BIDMC launched the HNI to fund Community Collectives in 6 priority neighborhoods in Boston: Allston/Brighton, Bowdoin/Geneva, Chinatown, Fenway/Kenmore, Mission Hill, Roxbury – and the City of Chelsea. The first round of funding focused on the Bowdoin/Geneva and Fenway/Kenmore neighborhoods of Boston while the second round of funding focused on Boston's Chinatown neighborhood and the City of Chelsea.

For the purposes of this RFP, ***Community Collectives*** will be defined as a coalition, committee, or group of individuals that demonstrate an ability to facilitate an inclusive, broadly represented, and community-driven and led process.

BIDMC is launching the third and final round of HNI funding which will focus on the Boston neighborhoods of Allston/Brighton, Mission Hill and Roxbury.

One selected Collective in each of the three neighborhoods will each receive $395,000 to develop and implement a community-driven and community-led project in their neighborhood. With the exceptions of planning funds described later in this section, funds will be distributed after a Collective has completed the community engagement and project planning period, and once the project is approved by BIDMC's Allocation Committee. The Allocation Committee oversees the process for awarding Determination of Need (DoN) CHI funds.

The Community Collective will use these funds to facilitate collaborative efforts that enhance neighborhood and resident capacity to address specific opportunities in their community, drawing on the strengths found in each neighborhood. As detailed in the Eligibility section on Page 5, the Community Collective may be formal (incorporated as a tax-exempt organization) or a group of organizations and/or individuals who can bring together different entities and individuals across sectors.

The Community Collective selected will be required to conduct an inclusive, community driven/led process to identify a project to be funded. This process must include at least three separate opportunities to meaningfully engage the community. These opportunities must be open to the public and advertised broadly to neighborhood residents.

Once the priority is identified, the Community Collective will be required to develop a project implementation plan, which will be submitted to BIDMC's NIB CHI Allocation Committee for review and approval. This project must be designed to address one or more of the DoN Health Priorities identified by the MA Office of the Attorney General. The DoN Health Priorities are listed and described in Table 1 found on page 8. See **Appendix B** for a visual representation of the theory of change for the HNI. A theory of change outlines the activities that will bring about change and the expected results. A project planning template will be provided to the Community Collective to facilitate the planning process. The project implementation plan will be scored according to the criteria listed in **Appendix C**.

BIDMC strongly suggests that a portion ($50,000 maximum) of the $395,000 be used as planning funds to support collective development (e.g. independent facilitation, communication support, etc.), community engagement, and project selection. Below is a list of encouraged uses of planning funds. If the collective has ideas not listed below, please reach out to the BIDMC Community Benefits team to discuss.

- Stipends for resident involvement in community engagement activities
- Payments for an external facilitator to support the Collective in creating or updating a Charter, roles and responsibilities document, decision making (voting) guidelines, community engagement, and/or project selection
- Costs associated with community meetings and/or outreach including: food, advertisement, printing, child care, meeting space, transportation, incentives (e.g., gift card drawing) meeting supplies (e.g., audio visual equipment, large sticky notes, name tags, pens, etc.)
- Translation and/or interpretation

If the Collective decides to use planning funds, they must submit an itemized budget to BIDMC within the first 30 days of the planning period.

The Community Collective will be required to participate in evaluation activities related to their projects and an overarching evaluation of the impact of the entire HNI investment made by BIDMC. These activities include:

- Co-creating evaluation plans with the external independent evaluator for the community engagement process, Collective development/readiness, project implementation, with a focus on project outcomes
- Contributing to data collection by completing surveys, participating in interviews, and other methods as needed
- Collecting data from project participants, such as administering surveys or tracking project outputs
- Participating in review of evaluation findings

Evaluation support for the Collective will be provided during both the project planning period and the project implementation period.

Eligibility

To be eligible to respond to the RFP, the Community Collective must:

- Be rooted in the Allston/Brighton, Mission Hill or Roxbury and have significant involvement from residents of the neighborhood that is applying
- Clearly articulate their capacity to engage with neighborhood residents
- Agree to work with an external independent evaluator selected and funded by BIDMC for the full funding cycle and into the sustainability phase to document measurable change
- Be tax-exempt (501 (c)(3) status) or a public agency.[1] If the Community Collective is not tax-exempt or a public agency, then the Community Collective must designate a lead organization that is an active member of the Community Collective and is a tax-exempt organization or a public agency.

Note that 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 ongoing programmatic or operating activities.

Collective Structure and Success Factors

The structure and characteristics of the Community Collective funded by the HNI may vary depending on the characteristics of the neighborhood. Applicants will be assessed based on their ability to facilitate an inclusive, broadly represented, and community-driven/led process. In addition, applicants will need to articulate how they will incorporate the core principles guiding BIDMC's Healthy Neighborhoods Initiative into their overall project approach. Details on these core principles are provided in **Appendix D**. Below are the factors that will indicate a successful application:

[1] Community Collectives (or the designated lead organization that is an active member of the Community Collective) that have a fiscal agent, also known as a fiscal sponsor or fiduciary, are also eligible to apply for this RFP.

Inclusion: Successful applicants will be an inclusive Community Collective made up of neighborhood residents and community organizations that represent a cross-section of the community, with an emphasis on residents. The membership of the Collective should be representative and reflective of those who live in their neighborhood by characteristics such as age, race, ethnicity, sexual orientation, gender identity, immigration status, language, and disability status. The Collective that applies for this opportunity must be willing to welcome and incorporate residents and/or organizations from the community who are not formally associated with the Collective to collaborate.

Ideally, the membership of the Collectives will represent community-based organizations that operate in their neighborhood, which may include the following sectors (in addition to residents):

- Healthcare
- Public health
- Government
- Education
- Housing
- Elder services
- Employment/job training
- Transportation
- Faith-based organizations
- Advocacy groups
- Private businesses
- Planning Agencies

Mutual Respect and Trust: Strong relationships among Collective members are foundational to a successful collaboration, along with collaborative structures such as effective facilitation and communication. Collectives will dedicate the first two months of the planning period to Collective development, during which they will build/strengthen relationships with one another, develop shared values and goals, and ensure Collective readiness to engage the community and select a project. At the end of the two months, the Collective will share back a Charter, decision making (voting) guidelines, a membership list, and a roles and responsibilities document. BIDMC will provide templates for the charter and budget and will be available as a resource throughout the Planning Phase. See **Appendix E** for a comprehensive list of planning period activities.

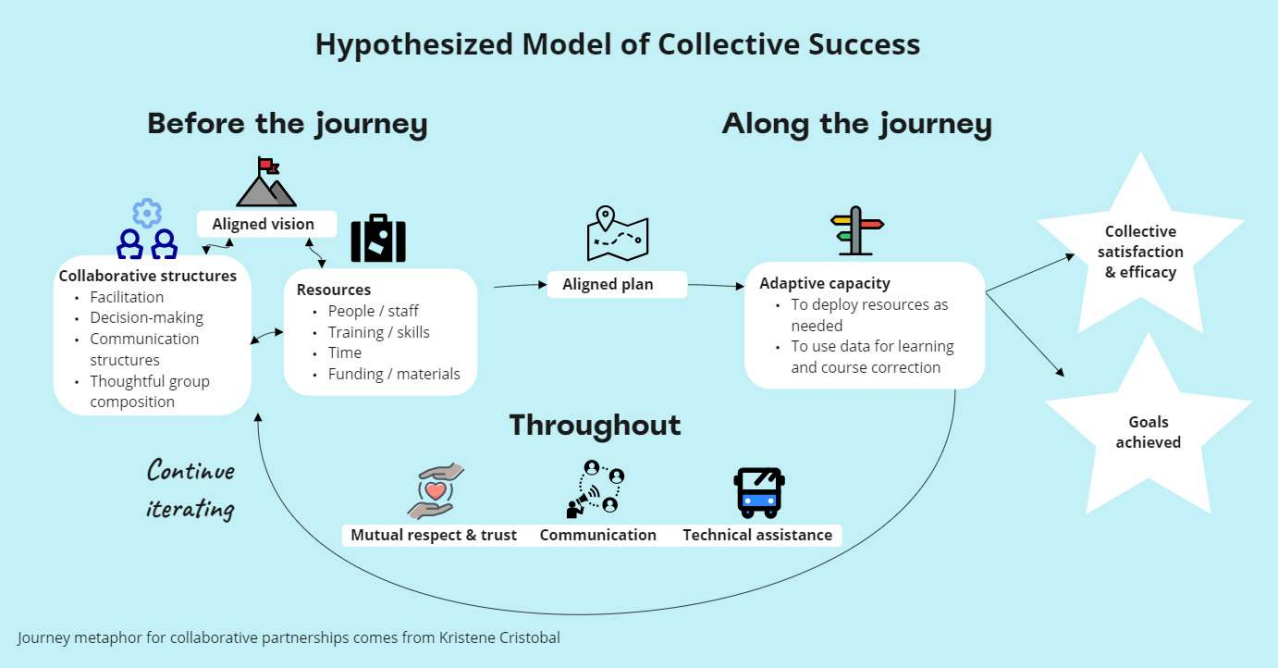
BIDMC encourages the use of planning funds to hire an external facilitator to support facilitation, communication, project management, and/or to provide guidance for Collective infrastructure, growth and sustainability.

Community Engagement, Mobilization, and Facilitation. Successful applicants will demonstrate how they have worked to engage and mobilize neighborhood residents in the past to implement projects, programs, or activities that addressed the social determinants of health. A new Community Collective that does not have a significant history of working together should describe the combined experience of the members that are part of the group and why they are suited to work together to engage and mobilize their neighborhood. Successful applicants must clearly articulate how their proposed community engagement method(s) will meaningfully involve community members. Applicants are encouraged to utilize multiple methods across the continuum of community engagement (**Appendix F**).

Health and Racial Equity. Successful applicants will provide their definition of health and racial equity and describe how they have and/or will 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, abilities and communities.

Data Driven and Evidence-based and/or Evidence-informed Approach. Successful applicants will describe how their approach and strategies build on existing strengths found in their neighborhood and/or draws on other proven or evidence informed practices. Applicants must provide evidence on how these approaches and strategies have worked or will work in the context of their neighborhood. Applicants will also be assessed on their ability to leverage and draw on data (quantitative and qualitative) in developing and implementing their projects.

Drawing upon experiences of previous HNI Collectives, the independent evaluator for this effort developed a hypothesized model of Collective success that provides a visual representation of the factors believed to lead to Collective satisfaction, efficacy, and goals achievement (see image below).



Scoring Criteria

BIDMC's NIB CHI Allocation Committee will review all proposals according to the below criteria and scoring system:

1. **Description and representativeness of the Community Collective** (20 Point maximum)
2. **Knowledge of and experience working with neighborhood residents** (15 Point maximum)
3. **Approach to community engagement, mobilization, facilitation and plan to leverage existing data to identify areas of opportunity (e.g. recent CHNA, Boston Health Equity Now report, neighborhood specific assessments/reports etc.)** (30 Point maximum)
4. **Knowledge of and experience working to plan, develop, and implement initiatives related to the DoN Health Priorities** (15 Point maximum)
5. **Demonstrated commitment to achieving lasting impact and addressing health/racial equity** (20 Point maximum)

Submission Requirements

The instructions detailing what information is required for applicant proposals is included in **Appendix G** below. Applications will be submitted electronically through an online portal called Submittable. Please email NIBCHI@bidmc.harvard.edu for any technical support related to setting up a Submittable account.

Table 1: DoN Health Priorities

Priority Area	Description
Access to Care	Access to comprehensive, quality health-related services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans.[2]
Built Environment	The built environment includes all of the physical parts of where we live and work (e.g., homes, buildings, streets, open spaces, and infrastructure). The built environment influences a person's level of physical activity. For example, inaccessible or nonexistent sidewalks and bicycle or walking paths contribute to sedentary habits. These habits lead to poor health outcomes such as obesity, cardiovascular disease, diabetes, and some types of cancer.[3]
Environmental Health	Environmental health focuses on the relationships between people and their environment; promotes human health and well-being; and fosters healthy and safe communities. The field works to advance policies and programs to reduce chemical and other environmental exposures in air, water, soil and food to protect people and provide communities with healthier environments. [4]
Violence Prevention	Violence is defined as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, and deprivation.[5] From infants to the elderly, violence affects people in all stages of life and includes intimate partner violence, elder abuse, youth violence, sexual violence, gang violence, and many other forms of violence.[6]
Racial Equity	Racial equity occurs when institutions give equal opportunities to people of all races. In other words, regardless of physical traits such as skin color, institutions give individuals legal, moral, and political equality. Applying a health and racial equity lens means dismantling systems of oppression and working 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.
Other Social Determinants of Health	Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH have a major impact on people's health, well-being, and quality of life. Examples of SDOH include availability of resources to meet daily needs (e.g., safe housing, local food markets), access to quality education, access to economic and job opportunities, availability of resources that support physical activity, transportation options, socioeconomic conditions (e.g., poverty and the stress that accompanies it), residential segregation, language/literacy, public safety, access to media and technology (e.g., internet, cell phones), and culture.[7]

2 https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services

3 https://www.cdc.gov/nceh/publications/factsheets/impactofthebuiltenvironmentonhealth.pdf

4 https://www.apha.org/topics-and-issues/environmental-health#:~:text=Environmental%20health%20is%20the%20branch,any%20comprehensive%20public%20health%20system.

5 https://apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/28/violence-is-a-public- health-issue

6 https://www.cdc.gov/violenceprevention/index.html

7 https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

Appendix A: Community-based Health Initiative Background

In accordance with Massachusetts Department of Public Health Determination of Need (DoN) requirements, BIDMC undertook a robust community engagement effort and a facilitated prioritization process with BIDMC's Community Advisory Committee (Advisory Committee)[82] to identify the leading community health priorities. The prioritization process was preceded by an unprecedented city-wide Community Health Needs Assessment (CHNA) overseen by the Boston CHNA – Community Health Improvement Plan (CHIP) Collaborative (the Boston Collaborative), of which BIDMC is a founding member. The Boston Collaborative conducted 13 focus groups, 45 key informant interviews, and collected 2,404 surveys from Boston residents. At the same time, BIDMC supported a robust effort in Chelsea, Revere, and Winthrop, through the North Suffolk Integrated Community Health Needs Assessment (iCHNA). The iCHNA process engaged over 2,000 North Suffolk residents. Given BIDMC's historic focus on and commitment to the underserved, BIDMC chose to concentrate the Community-based Health Initiative (CHI) on the neighborhoods and cohorts that face the greatest health inequities with the BIDMC Community Benefits Service Area. These focus neighborhoods include the City of Chelsea and the six Boston neighborhoods of Allston/Brighton, Bowdoin/Geneva, Chinatown, Fenway/Kenmore, Roxbury, and Mission Hill. The prioritization and allocation process identified the following broad priority areas along with approximate dollar amounts and guidance with respect to strategic focus areas.

Priority area	**Percent of CHI & approx. dollar amounts**	**Strategic focus area and estimated allocations**	
Housing Affordability	40% of CHI = $7.4M	Homelessness	40% = $2.9M
		Home Ownership	20% = $1.5M
		Rental Assistance	40% = $2.9M
Jobs/Financial Security	30% of CHI = $5.5M	Education/Workforce Development	85% = $4.7M
		Employment Opportunities	10% = $553K
		Income/Financial Supports	5% = $277K
Behavioral Health	15% of CHI = $2.8M	Mental Health	50% = $1.4M
		Substance Abuse	50% = $1.4M
Healthy Neighborhoods	15% of CHI = $2.8M	Access to Care	Allocation amounts for the Healthy Neighborhoods priority area sub-groups will be determined during neighborhood-specific processes.
		Built Environment	
		Environmental Health	
		Other SDOHs	
		Violence Prevention	

[8] Now known as the Community Benefits Advisory Committee

Appendix B: HNI Theory of Change

Grant Process

BIDMC's Healthy Neighborhoods Initiative funds seven Collectives for six Boston neighborhoods and the City of Chelsea to design and implement a project that:

- Is responsive to and addresses a neighborhood priority (within DPH areas)
- Is decided and led by the neighborhood community in a participatory process

BIDMC is using a community-driven model through a representative Community collective that is required to bring in grassroots voices that are not at the table through 3 public opportunities

Funder inputs

$345,000-$395,000 over 2 years to implement the project

Dedicated 6-month planning phase before implementation, with an option to allocate up to $50,000 of funds to the project design process

Dedicated evaluation support to measure and report on project outcomes and Collective process

Grantee requirements

Collective selection criteria:
Representative of the neighborhood

Have an approach to ensure community engagement in the Initiative

Have experience planning and implementing neighborhood community health projects

Collectives are required to:
Host 3 public engagements

Submit a grant application to the Allocation Committee with identified implementing partners, budget, and workplan

Conduct community engagement and public meetings throughout to ensure that decisions reflect community voice

Liaise with BIDMC to notify about any adjustments to grant proposal due to community input or other circumstances

Assumptions about Collectives

Collectives end the chartering phase and start project planning with a foundation of:

- An aligned vision / understanding about the purpose, function, and process of the grant
- Mutual respect and trust
- Facilitation, collaboration, decision-making, and internal and external communication structures in place, including to ensure that Collective decisions represent community voice
- Appropriate time, resources, staff, and skills to work together as a Collective and conduct the planning work; specifically, the capacity to access, analyze, and use community data

Collectives begin project implementation with a foundation of:

- An aligned vision and plan for the project
- Appropriate time, resources, staff, and skills to oversee project implementation

These qualities **iterate and expand** as Collectives move through the grant timeline. Collectives have technical assistance or other supports in place beyond evaluation to support creating these foundations and iterating them.

Grant and Strategy Outcomes

Given BIDMC's overarching strategy, inputs, and assumptions for HNI Collectives, BIDMC anticipates the following outcomes:

Appendix C: Selection Criteria for Healthy Neighborhoods Projects to be Funded

Alignment with Healthy Neighborhoods Goals and Theory of Change

- Proposed project must address one or more of the DoN Health Priorities
- Goals are SMART (specific, measurable, attainable, relevant, and time-bound) and aligned with the core principles in **Appendix D** and the Theory of Change in **Appendix B**
- Proposed projects must demonstrate how the reach of current programming and/or initiatives will be expanded by HNI funds and will lead to permanent community change
- Proposed projects demonstrate connection to larger neighborhood strategies

Community Engagement and Communication

- Community residents collaborate on project design, selection and implementation
- Project progress and outcomes will be communicated transparently to community residents and community organizations

Implementation Strategy

- Proposed project is feasible based on funds allocated
- Proposed project meets a demonstrated community need
- Proposed project is evidence-based and/or evidence-informed

Evaluation

- Proposed project has a feasible evaluation plan, developed in collaboration with BIDMC's external evaluator, to measure impact

Sustainability

- Proposed project includes a plan for continuation beyond the grant term
- Collective members along with their neighborhood anchor institutions will identify a plan for ongoing operational support from the members to maintain the project
- Proposed project brings about permanent community change

Appendix D: Core Principles

The core principles guiding BIDMC's Community-based Health Initiative and the Healthy Neighborhoods Initiative are:

IMPACT: Support evidence-based and/or evidence-informed strategies and programs that positively and meaningfully impact neighborhoods and populations in Boston 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.

Appendix E: Timeline of Activities

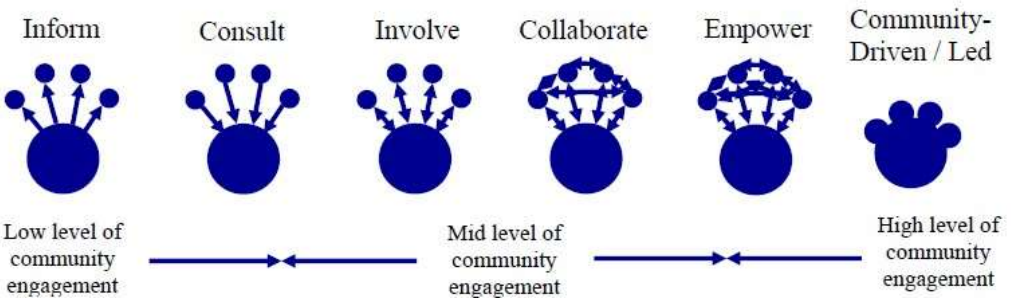
HNI Timeline	Activities	Due Date
May-June 2023	• Determine use(s) of planning funds and submit budget (if applicable) • Develop Collective relationships, charter, roles and responsibilities, decision making (voting) process, and ways of working together • Review existing community data to identify areas of opportunity • Decide on a plan for community engagement and project selection • Work with BIDMC's external independent evaluator to set goals for the Collective and community engagement	June 30, 2023
July - October 2023	• Conduct and finalize community engagement efforts in preparation for project selection • Finalize neighborhood priority and goals • Identify the project that will address the community priority • Create an evaluation plan for Collective development (if needed), community engagement, and project selection in collaboration with BIDMC's external independent evaluator, including participating in workshops to develop the logic model and theory of change • Submit project plan (including budget) to BIDMC's Allocation Committee	October 11, 2023
October 2023	• BIDMC's Allocation Committee reviews proposals • Revisions may be requested and due one month after notification	October 31, 2023
November – December 2023	• Execute grant agreement and notify community members of project selection • Submit first invoice	December 31, 2023
January 2024-December 2025	• Implement project • Participate in data collection (ex. surveys and interviews) about Collective development (if needed) and community engagement • Conduct data collection from project participants • Participate in review of findings every 6 months	December 31, 2025
November 2025-October 2026	• Participate in overarching evaluation activities (e.g., qualitative interviews) as requested during implementation and sustainability phase (approximately 1-year post-project implementation)	October 31, 2026

*Subject to project approval by BIDMC's Allocation Committee

Appendix F: Continuum of Community Engagement

What is Community Engagement?

Community engagement processes are ongoing relationships between stakeholders, community-based organizations, consumers, residents, local public health, providers, and more. Different levels of community engagement can be most appropriate for different Proposed Projects and steps in the decision making process based on goals, needs, resources, and other important factors. This is why true community engagement is a continuum:



	Inform	Consult	Involve	Collaborate	Delegate	Community Driven/ -led
Community Participation Goal	To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities &/or solutions	To obtain community feedback on analysis, alternatives, and/or solutions	To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	To place the decision-making in the hands of the community	To support the actions of community initiated, driven and/or led processes
Promise to the community	We will keep you informed	We will keep you informed, listen to & acknowledge concerns, aspirations, & provide feedback on how community input influenced decisions	We will work with you to ensure that your concerns & aspirations are directly reflected in the alternatives developed and provide feedback on how that input influenced decisions	We will look to you for advice & innovation in formulating solutions and incorporate your advice & recommendations into the decisions to the maximum extent possible	We will implement what you decide, or follow your lead generally on the way forward	We will provide the needed support to see your ideas succeed
Examples	•Fact sheets •Web sites •Open Houses	•Public comments •Focus groups •Surveys •Community meetings	•Workshops •Deliberative polling •Advisory bodies	Advisory groups •Consensus building Participatory decision making	Advisor bodies •Volunteer/ stipend •Ballots •Delegated decision	•Community supported processes •Advisory bodies •Stipend roles for community •Funding for community

Source: *Massachusetts Department of Public Health, Community Engagement Standards for Community Health Planning.* Continuum is adapted from International Association for Pubic Participation, 2014.

Appendix G: Request for Proposals Instructions

Eligible Community Collectives are invited to submit applications by **March 30, 2023,** no later than 5:00 PM Eastern Daylight Savings Time. Applicants should submit all materials through Submittable.

Application Components

Applicant Information

a. Neighborhood Community Collective Information

i. Name of Community Collective

ii. Address and Neighborhood

iii. Is the Community Collective:

- tax-exempt (i.e., have 501 (c)(3) status)?
- a public agency?
- sponsored by a fiduciary or fiscal agent?

iv. If no to the above question iii, what is the name of the eligible organization that is a member of the Community Collective that will act as the backbone organization for this RFP?

b. Project Lead (primary contact person for the application)

i. Name, pronouns

ii. Title and Affiliation (if applicable)

iii. Email address

iv. Phone number

1. Description and representativeness of the Community Collective (800 words maximum)

a. Describe the Community Collective's history, structure/composition, and purpose. If the coalition, committee, or group is a new entity then describe its intended structure/composition, and purpose. (400 words maximum)

b. List the core members of the Community Collective. Include information on their organizational affiliation, whether they live and/or work in the neighborhood. Use the table below and follow the instructions provided.

Participant Name	Organizational affiliation (if applicable)	Participant sector representation (if applicable)	Does individual live and/or work in neighborhood?
			☐ Live ☐ Work ☐ Both ☐ Neither
			☐ Live ☐ Work ☐ Both ☐ Neither

(Add additional lines as appropriate)

c. Please describe the leadership, staffing, and administrative structures that will help support and sustain the activities of the Community Collective. (200 word maximum)

d. Do you plan to engage an independent facilitator during the Planning Phase? (Y/N). If no, please describe how the Collective plans to ensure successful facilitation of Collective meetings and decision-making.

e. For existing Collectives, please attach any materials related to decision-making or collaboration (e.g. Charter, MOU, team norms, etc) (Optional)

f. Please describe the Community Collective's commitment to diversity, equity, and inclusion, particularly as it pertains to their neighborhood. Please provide specific examples as appropriate. (200 words maximum)

2. Knowledge of and experience working with neighborhood residents (400 word maximum)

a. Describe the breadth of the Community Collective's knowledge and experience working on community-based projects and activities, including knowledge of the neighborhood's health-related needs, strengths, and assets. Please provide examples of the Community Collective's activities in the neighborhood, if possible. Community Collectives without a history of working in their neighborhoods should discuss the knowledge, history, and activities of the core members of their Collective**.**

3. Approach to community engagement, mobilization, facilitation and plan to leverage existing data to identify areas of opportunity (900 word maximum)

a. Describe the Community Collective's approach to ensuring that their planning, project selection, and implementation activities engage and mobilize the neighborhood, including those neighborhood residents, populations, and groups who stand to benefit most from the selected project. Describe how the applicant will address challenges related to community engagement, mobilization, and facilitation. (250 word maximum)

b. Provide specific details on how the Community Collective plans to engage neighborhood residents and where those activities map to the community engagement continuum (See Appendix F). (250 word maximum)

c. Identify challenges the Collective may encounter during the community engagement phase and how might they overcome them. (250 word maximum)

d. What secondary data sources (I.e. data that is collected by someone other than the primary user) does your Collective plan to review/leverage to identify neighborhood priorities and gaps? (150 word maximum)

4. Knowledge of and experience working to plan, develop, and implement initiatives related to the DoN Health Priorities (500 word maximum)

a. Describe the breadth of the Community Collective's knowledge and experience planning and implementing initiatives that relate to the DoN Health Priorities, including specific examples of past successes. Community Collectives without a history

of working on activities related to the DoN Health Priorities should discuss the knowledge, history, and activities of the core members of their Collective. (250 word maximum)

b. Describe any existing efforts related to assessing community health needs, neighborhood strategic planning, and/or current neighborhood specific projects your Collective plans to leverage or build off. (250 word maximum)

5. Demonstrated commitment to achieving lasting impact and addressing health/racial equity (see Appendix D). (500 word maximum)

a. Impact. Provide examples of how the Community Collective's activities have had an impact on the health and well-being of the community, including the use of any evidence-based and/or evidence-informed implementation strategies. If the Community Collective is a new entity, please describe the approach you will take to ensure that your project will have an impact. (250 word maximum)

b. Health and racial equity. Describe how the Collective will ensure the use of 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. (250 word maximum)