**Community Health Systems Foundation**

**Spring 2025 Grant Cycle**

**Grant Guidelines and Key Dates**

**The Mission of Community Health Systems Foundation** is to provide grants to nonprofit organizations which enhance the community’s capacity to achieve optimal health, wellness, and quality of life.

**What we are funding this round**

The CHS Foundation seeks proposals from nonprofit organizations addressing current and emerging health needs and health issues in our catchment area. Proposals must address how the grant will support residents in our catchment area to live healthier lives and/or gain access to needed health services.

**CHS Foundation will consider applications requesting:**

* Programs, services or projects (new or established).
* General operating support (see details below).
* Multi-year requests will be considered (see details below).
* Note: Up to 10% of the grant funds can be used for administrative costs.

**Typical grant range:**

Grant range is $5,000-$50,000 with the average amount being $25,000.

**To apply for a grant, applicants must:**

* Be a 501(c)3 organization in good standing, meeting the health and wellness needs of residents living in one or more of our 13 identified communities.
* Have an annual budget greater than $100,000 (smaller organizations may apply if they have a fiscal sponsor and/or they are applying in partnership with other organizations whose budgets together reach the $100,000 threshold).
* Grant reports are required within 1 year of grant award date regardless of whether all funds have been spent. Organizations will be ineligible for future grant funding if the report is not received within this time period.
* The Foundation supports 501(c)(3) organizations **primarily** serving the residents of 13 communities in southeastern Massachusetts (Bristol and southern Norfolk Counties), including: Attleboro, Dighton, Easton, Franklin, Foxboro, Mansfield, North Attleboro, Norton, Plainville, Rehoboth, Seekonk, Taunton, and Wrentham, with a focus in the Greater Attleboro area.
* Faith-based organizations that are qualified 501 c 3 organizations are eligible for grants if requested funds support a program or service that benefits the larger community.

**General Operating &** **multi-year grant applicants’ additional conditions & requirements:**

* Applicant must be a previous grant recipient which is in good standing, (reports filed timely, funds spent per grant agreement).
* The organization produces data demonstrating that **the majority of** unduplicated individuals served live in one of the thirteen communities in the foundation’s catchment area. (Submit constituent data form provided with application)
* Submit the organization’s annual operating budget to actuals for 2024, and 2025 fiscal year budget.
* Submit a copy of fiscal year 2024 form 990. (2023 if 2024 is not available at the time of application).
* A meeting with organization leadership and a site visit will be required.
* A budget for the proposed use of funds (for each year of the multi-year grant requests).
* Multi-year grant requests can be for up to three consecutive years.
* For multi-year grant funding after year one will be contingent on timely filing of annual reports on use of funds and demonstrated advancement of health outcomes or goals as proposed in the grant application.

**Key dates for grant cycle and how to apply**

* **Grant Cycle announced and open for applications February 3rd, 2025**
* Grantee question/answer period: February 3rd-February 21st questions should be emailed to Robin Cuddy: [chsfoundationma@gmail.com](mailto:chsfoundationma@gmail.com)
* Grant reports for all previous funding must be filed by March 5th, 2025, no new applications will be eligible for funding until prior reports are received.
* **Grant applications due March 5th, 2025, 5:00PM**
* Grant applications should be sent electronically to Robin Cuddy at [chsfoundationma@gmail.com](mailto:chsfoundationma@gmail.com).
* Grant award date: targeted for early April 2025
* Grant application forms can be found on the Foundation website: [CHS Foundation](https://chsfoundationma.godaddysites.com/)

*Community Health Systems (CHS) was established in 1994 to support the work of the nonprofit Community Visiting Nurse Agency of Attleboro (Community VNA), whose roots date to 1911 when it was formed as the Anti-Tuberculosis Society. For more than 35 years, CHS supported the communities served by Community VNA and its affiliates through a variety of free care and other activities. In the summer of 2020, Community VNA announced its intention to merge with HopeHealth of Providence, RI. In keeping with its original mission of supporting the health and wellness of the towns historically served by Community VNA, the Community Health Systems Foundation was formed on September 1, 2021.*

**SPRING 2025 GRANT APPLICATION**

10 Emory Street

Attleboro MA 02703

[Chsfoundationma@gmail.com](mailto:Chsfoundationma@gmail.com)

Please read the grant guidelines **before** completing the grant application. Grant guidelines, application budget template and constituent data form can be found on the CHS Foundation website: [Chsfoundationma.org](https://chsfoundationma.org/)

Organization Name:

Grant Request Amount: $

Grant Request (check all that apply)

* General Operating Support
* Program, Service or Project grant

Are you applying for a multi-year request? Please check below.

* Multi-Year request (please indicate # of years)
  + 2
  + 3

If requesting a **program, service or project** grant please provide a one or two sentence description of the request:

Contact Information:

Name:

Phone number:

Email Address:

Address:

EIN #:

Reminder Grant applications are due by Wednesday March 5th at 5:00 pm

SEND APPLICATION and REQUIRED ATTACHMENTS TO:

Robin Cuddy: <mailto:chsfoundationma@gmail.com>

**CHECKLIST FOR FILING**

**Program/Service/Project Grant Requests**

* Budget outlining the use of requested grant funds (see budget template).
* A list of current members of your Board of Directors.

**General Operating Grant Requests**

* + Provide items listed above for Program/Service/Project grants plus:
  + Copy of organization annual operating budget 2024 Budget v Actual and 2025 budget
  + 2024 Form 990 (2023 if 2024 is not available)
  + Strategic plan
  + Constituent Data form (see constituent data form)

**Please see the limited word count for each question. To obtain the word count for your answer simply highlight the answer and see the word count on the bottom task bar.**

Please provide your organization’s background and mission: (no more than 200 words)

What are the most significant challenges your organization faces?(no more than 200 words)

How does your organization identify and prioritize the community needs that need to be addressed, set goals and evaluate success? Who is involved in this process? (no more than 200 words).

**If applying for a program, service or project grant, answer questions 1-5 and complete the budget template provided. (skip questions 1-5 if applying for general operating support).**

1. **Describe the program, service, or project you are seeking funding for.** Include details about when, where, and how often it is offered, how participants are identified, and the health need it addresses. (Limit: 400 words)
2. **Is this service provided free of charge?** Does your organization receive direct or third-party funding for it? If so, explain why additional donated funds are needed. (Limit: 200 words)
3. **If you receive the requested funding, how many individuals (projected) will be served, and in which communities do they reside? Please list, example:**

Taunton: 20

Easton: 3

1. **Are the individuals served economically disadvantaged?** Explain how your organization verifies their financial hardship or if not identified as economically disadvantaged why do these individuals need grant funded services? (Limit**:** 200 words)
2. **Share any data on key accomplishments and impact related to the service or program for which you are requesting funding.**  (Limit: 300 words)

Complete the attached budget template demonstrating how your organization intends to use grant funds. If you are applying for a multi-year grant, demonstrate projected use of funds for each year.

**General Operating Support** grant requests please answer questions 6-10. Program, service and project grant requests skip questions 6-10.

1. **Describe the health services your organization provides that require funding from the CHS Foundation.** Explain why these services are not fully funded by participant fees or third-party payment or reimbursement and why the participants are underserved. (Limit: 500 words)
2. **What makes your organization uniquely qualified to address this health need?** Highlight any distinguishing factors compared to other organizations in the CHS Foundation catchment area. (Limit: 200 words)
3. **What 2-3 goals did your organization set in the most recent fiscal year related to the health services supported by this grant request?** Provide details on how you achieved these goals, including specific outcomes and success indicators. (no more than 300 words)
4. Please describe the qualifications of the organization’s leadership staff involved in leading strategic direction and key decision making. (no more than 150 words)
5. For multi – year requests, what are the current and future goals for the health services supported by your organization and what is the process to evaluate achieving stated goals? (no more than 250 words)

***Note: If you have received a grant from CHS in the past, a grant report must be submitted for that grant for your organization to be eligible to apply for a new grant. Please submit a report even if your organization has not utilized all grant funds. Grant reports are due by March 5th, 2025, TO: Robin Cuddy at***[*CHSFOUNDATIONMA@GMAIL.COM*](mailto:CHSFOUNDATIONMA@GMAIL.COM)*.*

**2025 Budget Template** **CHS Foundation Grant Award**

O**rganization:**

**Grant Request Total Amount:**

Budget outlining purposed use of grant funds only. Please include this form with grant submission. If applying for a multi-year grant complete each year reflecting proposed use of funds each year.

\*If funds are being used to provide program participant subsidy or financial assistance for participants note the number of individuals projected to serve and the total dollars for this service or program. For example, if funds are used for camp subsidy or rental assistance skip all lines and simply enter the number of individuals served and the total amount of subsidy.



**Constituent Data Template**

Organizations applying for General Operating Grants must complete the constituent data

form below. Please include the number of unduplicated constituents served in each of the thirteen communities listed below. Insert the number of all other constituents served in the “other” cell.

As a reminder, to qualify for general operating grants 51% of your constituents served must be from

the thirteen towns in the CHS Foundation catchment area.

O**rganization:**

