



**Miller Children's & Women's Hospital Long Beach
Community Benefit Grant Program
FY2022**

MemorialCare Miller Children's & Women's Hospital Long Beach (MCWHLB) welcomes the opportunity to work with organizations to create healthy communities. We have set aside specific funds to help support community organizations that support the health and well-being of the communities served by MCWHLB.

Eligibility and Restrictions

MCWHLB provides financial support to local nonprofit and public health and human service organizations that serve vulnerable communities in our Los Angeles County service area. These projects align with our Community Benefit priorities based on the Community Health Needs Assessment (CHNA). Only nonprofit, tax-exempt organizations and public agencies are eligible for funding.

Community Benefit Grant Criteria:

1. The project/organization must benefit underserved community residents.
2. The project/organization must be established in the community.
3. The project/organization must be directly related to one or more of our identified health needs prioritized in the MCWHLB 2019 Community Benefit Implementation Strategy <https://www.memorialcare.org/about-us/community-benefit>
 - Access to health care/preventive care
 - Chronic diseases
 - Mental health/substance use
 - Pregnancy and birth outcomes
 - Sexually transmitted infections
4. Funding can address the social determinants of health (i.e. housing, food insecurity, jobs, economic support) in conjunction with a priority health need. For more information on social determinants of health visit <https://www.cdc.gov/socialdeterminants/index.htm>.
5. Funding can support programs and projects that address health disparities in underserved and underrepresented populations.
6. Funding can be used for programmatic or operational support.
7. A program/project budget is required for the program you are requesting funding for.

Community Benefit Funding is generally NOT awarded for:

- Arts programs
- Cultural events
- Athletic programs, such as sports teams or leagues
- Fundraising activities
- Annual fund drives
- Building or capital campaign (bricks and mortar) projects
- Individuals
- Religious organizations (for religious purposes or exclusive benefit of their members)
- Political campaigns
- Start-up projects

Measurable Objectives

Applications must include measurable program/project objectives. The objectives, when measured, should answer the questions: How much did you do? How well did you do it? and What difference did it make? Examples of measurable objectives include: the number served, the change in the number served compared to a previous period, self-reported change in health knowledge or behaviors, change in health status, change in utilization of services, and benefits to the participants made possible by the program/project.

Funding Conditions

Approved applicants will be notified in writing and be required to submit a signed Letter of Agreement in order to receive 50% of grant funds. The final 50% will be distributed after MCWHLB has received the first program progress report.

Submissions/Questions

Upon receipt of your completed application, a representative will contact you for more information or take your request to our Community Benefit Oversight Committee. We appreciate your efforts to improve our community. If you have any questions, please contact Melissa Biel at melissabiel@bielconsulting.com or (805) 994-7039.

**MemorialCare Miller Children’s & Women’s Hospital
Community Benefit Grant Application – FY22**

We must receive a completed application with project budget for consideration by August 16, 2021.

Organization Information

Organization name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Website: _____

Tax Status: _____

Tax ID#: _____

Contact name and title: _____

Phone: _____

Email: _____

Grant funding request amount: _____

Note: All grant applications must include a detailed project budget (i.e. allocation for staff, volunteers, supplies, services, transportation, space, etc.) required to meet the proposed program objectives.

Priorities were approved in the 2019 Implementation Strategy (<https://www.memorialcare.org/about-us/community-benefit>). Select the priority health need(s) that your project will address (check all that apply):

- Access to health care
- Chronic diseases
- Mental health
- Pregnancy and birth outcomes
- Preventive practices
- Sexually transmitted infections
- Substance use and misuse

Application/Project Request Information

Project title: _____

Project summary: _____

Provide detailed information on how the grant funds you have requested will be used. What will the requested grant funds pay for?

Which cities/communities will your program focus on (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Bell Gardens/Cudahy | <input type="checkbox"/> Long Beach |
| <input type="checkbox"/> Bellflower | <input type="checkbox"/> Lynwood |
| <input type="checkbox"/> Carson | <input type="checkbox"/> Norwalk |
| <input type="checkbox"/> Cerritos | <input type="checkbox"/> Paramount |
| <input type="checkbox"/> Compton | <input type="checkbox"/> San Pedro |
| <input type="checkbox"/> Downey | <input type="checkbox"/> Signal Hill |
| <input type="checkbox"/> Gardena | <input type="checkbox"/> South Central Los Angeles |
| <input type="checkbox"/> Hawaiian Gardens | <input type="checkbox"/> South Gate |
| <input type="checkbox"/> Hawthorne | <input type="checkbox"/> South Los Angeles |
| <input type="checkbox"/> Huntington Park | <input type="checkbox"/> Wilmington |
| <input type="checkbox"/> Lakewood | |

If MemorialCare provides less than your requested funding amount, how will your organization modify its project plans? _____

What population(s) will be served by this project (i.e. age, race/ethnicity, gender, socio-economic status, other demographics) and what is the estimated number of people who will benefit from the project? _____

Please explain in detail how your proposal will address one or more social determinants of health (i.e. housing, food insecurity, homelessness, behavioral health, jobs, health access, economic support). More information on social determinants of health can be found at <https://www.cdc.gov/socialdeterminants/index.htm>.

How does this project address health disparities in the community? Identify the underserved, underrepresented, and/or vulnerable populations who may be helped through this grant proposal. In addition, please explain the services you will provide to address the needs of the population(s) identified.

Evaluation (complete the objectives/metrics grid)

What are the program/project objectives? Please explain in detail the identifiable metrics that align with your proposed objectives.

How will you measure progress, through what source of data (i.e. surveys, metric dashboard)? The evaluation needs to include measurable results.

Objectives	Evaluation Metrics/ Measurable Results	Data Source
Example: Provide counseling services to low-income/underserved individuals.	80% of clients will report improvement in their life functioning.	Survey of clients
Example: Provide support services and resources to isolated seniors.	75% of senior service recipients will indicate increased feelings of well-being and improved quality of life.	In-person interview of seniors

Reminder: Please submit a detailed project budget with your application. Send the completed application and budget to:

Melissa Biel
MemorialCare Community Benefit
melissabiel@bielconsulting.com
(805) 994-7039

If your funding request is approved, a mid-term report and final report will be required. Mid-term funding is contingent on successful accomplishment of the grant objectives' measurable results at the halfway point of the grant term.