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ENHANCING BEHAVIORAL HEALTH CARE ACCESS FOR OLDER ADULTS

Grant Application

Grant Opportunity Description:

Behavioral health is part of overall human health. Assessing, addressing, and treating behavioral health issues is as important as treating physical health issues. Part of enhancing and enriching the lives of older residents is providing proper resources to those who provide specific behavioral health services.

Through this grant opportunity, the [City of Boston's Age Strong Commission](#) seeks to fund organizations, entities, or licensed professionals that provide proven and impactful education, training, capacity, and/or direct services to increase behavioral health supports to Boston's older adults (55+)-including supporting the needs of behavioral health programs and clinical providers to better serve both underserved and marginalized communities.

Funding Source: This grant program is funded by City and/or State funds.

Total Amount Available for Grants: Up to \$450,000

Grant Period: June 1, 2024 - May 31, 2025

Maximum Award Amount per Grant: There is no maximum award amount per grant. Awards may vary in size; Age Strong may award full funding, partial funding, or no funding. In the event that partial funding is awarded, Age Strong will require the grantee to submit an updated budget.

Eligibility Criteria

This grant opportunity is open to, but not limited to, community-based organizations, behavioral health providers, organizations providing mental health training, community

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health centers, Boston Elder Mental Health Outreach Teams (EMHOTs), and hospitals serving older Boston residents, and can include, but is not limited to, the following program activities:

- Conducting thorough behavioral health assessments.
- Work focused on the mental health and wellness of older adults, whether in their homes, in a community setting, and/or via telehealth technology.
- Delivering clinical services to Boston older adults which address their behavioral health needs.
- Training of clinicians, community leaders, and stakeholders in tools and techniques to support the mental health and wellness of older adults.

The Age Strong Commission will hold an information session for those interested in applying on **Wednesday April 10, 2024, at 10:00 AM EST.**

<https://us06web.zoom.us/j/87184036715?pwd=2CpMRHUzBCps6SjQlbnz2lt1whx56b.1>

Meeting ID: 871 8403 6715

Passcode: 628499

Applications and required documents are due on May 1, 2024 at 5pm EST. Late submissions will not be considered. All applicants will be notified of Age Strong's final decisions by May 15, 2024 (subject to change). For the full list of application questions, please refer to this document.

Questions? All questions should be directed to Sydney Shadovitz by email at sydney.shadovitz@boston.gov.

ORGANIZATIONAL INFORMATION

- Legal Name of Applicant Organization*
- Executive Director/ President/ CEO Name*

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- Program Contact First and Last Name* *If awarded funding, this person will be the primary contact for Age Strong.*
- Program Contact Title*
- Program Contact Phone Number*
- Program Contact Email Address*
- Organization Street Address*
- Organization City*
- Organization Zip Code*
- Organization Website/URL*
- Organizational Mission Statement (50 words or less)*
- Description of the organization* *Organization's history, goals and objectives, programs and services, and organizational structure. (300 words or less)*
- Total FY24 Organizational Budget*
- How would you describe your organization?* *Check all that apply.*
 - American Indian-led
 - Asian- or Pacific Islander-led
 - Immigrant-led
 - Woman-led
 - Black- or African-American-led
 - LGBTQI-led
 - Hispanic/Latinx-led
 - Older Adults (60+)-led
 - Veteran-Led
 - Led by people with disabilities
 - Youth-led
 - Other
- Do any individuals employed by the City of Boston serve on your organization's board? If yes, please list their names below.*
 - *Please note: grants cannot be awarded to City employees or organizations primarily operated by City employees.*

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- **Is your organization a registered 501(c)(3) tax exempt non-profit?**
 - **Yes** (If yes is selected, continue to the next section, “Additional Organizational Information”.)
 - **No, we will be using a fiscal sponsor.** (If no is selected, continue to the section “Fiscal Sponsor Information”.)
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ORGANIZATIONAL INFORMATION

- Please enter your organization's EIN #*
 - Please enter your organization's City of Boston Supplier/Vendor ID:
 - You must have a valid Supplier/Vendor ID number to receive a grant from the City of Boston. This also enables you to sign up for direct deposit if you are selected to receive a grant.
 - Supplier/Vendor ID is NOT required to apply for this grant, but the Supplier ID MUST be established before a grant is approved and a payment is processed.
 - Please email vendor.questions@boston.gov or call 617-961-1058 for additional assistance. For assistance using the Supplier Portal, creating a new vendor account, updating existing vendor account updates, creating a User ID, etc. you will find detailed instructions with screenshots [at this link](#).
 - Please upload a copy of your organization’s most recent Form 990 that was filed with the IRS. If your organization is not required to file a Form 990, 990-EZ, or 990-N (e-postcard) please upload your most recent audited financial statements or annual report.*
 - Please provide a signed IRS Form W-9 from your organization.*
 - If needed, a blank IRS Form W-9 can be filled out at this link: <https://www.irs.gov/pub/irs-pdf/fw9.pdf> Please make sure it is signed before uploading.
 - By checking this box, please confirm that your organization is in good standing with both the MA Attorney General’s Office and the IRS. *
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FISCAL SPONSOR ORGANIZATIONAL INFORMATION *For applicants that have a fiscal sponsor.*

- Fiscal Sponsor Organization Name*
- Fiscal Sponsor Organization Street Address*
- Fiscal Sponsor Organization City*
- Fiscal Sponsor Organization State*
- Fiscal Sponsor Organization Zip Code*
- Fiscal Sponsor Organization EIN#*
- Fiscal Sponsor Organization Contact Person Name*
- Fiscal Sponsor Organization Contact Person Email Address*
- Fiscal Sponsor Organization Contact Person Phone Number*
- Please enter your fiscal sponsor's City of Boston Supplier/Vendor ID:
 - *Your fiscal sponsor must have a valid Supplier/Vendor ID number to receive a grant from the City of Boston. This also enables your fiscal sponsor to sign up for direct deposit if you are selected to receive a grant.*
 - *Supplier/Vendor ID is NOT required to apply for this grant, but the Supplier ID MUST be established before a grant is approved and a payment is processed.*
 - *Please email vendor.questions@boston.gov or call 617-961-1058 for additional assistance. For assistance using the Supplier Portal, creating a new vendor account, updating existing vendor account updates, creating a User ID, etc. you will find detailed instructions with screenshots [at this link](#).*
- Please upload a copy of your fiscal sponsor's most recent Form 990 that was filed with the IRS. If your organization is not required to file a Form 990, 990-EZ, or 990-N (e-postcard) please upload your most recent audited financial statements or annual report.*
- Please provide a signed IRS Form W-9 from your fiscal sponsor.*
 - *If needed, a blank IRS Form W-9 can be filled out at this link: <https://www.irs.gov/pub/irs-pdf/fw9.pdf> Please make sure it is signed before uploading.*

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- By checking this box, please confirm that your fiscal sponsor is in good standing with both the MA Attorney General's Office and the IRS. *
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NARRATIVE QUESTIONS

- We seek applicants who currently serve or hope to serve the behavioral health needs of Boston residents. If your organization or program provides such services, please outline them here. Please share whether you offer single services or overall services from assessment to diagnosis to treatment and follow up/case management.* (500 words or less)
- Please outline the proposed work you intend to deliver through this funding. Will these funds support the expansion or capacity-building of an existing program? Will these funds fill a service/care gap that you have identified? What is the program's mission, size, services delivered, time period, and intended number of older adults served? * (700 words or less)
 - *If your proposed project will serve older adults currently receiving services through your organization, please indicate this and include the number of older adults you anticipate serving through the project*
 - *If your proposed project will serve NEW older adults who are not already receiving services through your organization, please indicate this and include the number of older adults you anticipate serving through the project.*
 - *If your proposed project will serve a combination of the above, please indicate this and differentiate between existing and new older adults in your response.*
- What are the demographics (socioeconomic, primary language spoken, age range, race) of the individuals or communities your work will serve? Please outline which neighborhoods are in the proposed service area. *(300 words or less)
- What are the needs of this population? How does your organization identify the needs of this population?*(300 words or less)

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- Please outline how the project will address the needs identified above.* (500 words or less)
- Will the services in the proposed work be free and accessible to Boston older adults?*
- If you answered no to the previous question, please explain the fee structure for consumers.
- Please outline your staffing/hiring/partnership plan to implement this work, including number of staff, number of hours, and proposed functions. Please include your current staff capacity to deliver the proposed project.* (500 words or less)
- Please outline your organization's experience delivering similar work/services and its outcome.* (500 words or less)
- If you have been previously awarded the Enhancing Behavioral Health Care Access For Older Adults grant in 2023, please describe successes, challenges, and how your project aligned with what you originally proposed.
- Please outline any potential barriers you might encounter with implementation and completion of the proposed project and how you plan to address these challenges. [Such as: Staffing challenges, outreach, partnership barriers, etc.]*
- If you plan to seek third party reimbursement (such as Medicare) for any behavioral health services, please explain which services and how you will accomplish this. * (500 words or less)
- What will remain in place at the end of the grant period? How do you plan to sustain this program after the grant period ends?*(500 words or less)

EVALUATION AND PROGRAM GOALS

Throughout the grant period, grantees will periodically convene with the Age Strong Commission's Behavioral Health Team to engage in a process of discussion around gaps, what grantees are seeing in relation to needs of community being served, services needed, outcomes of services, and to build collaboration among Age Strong and grantee network (bridges, etc.).

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An initial project report capturing the progress of the grant-funded project will be due on August 14, 2024, prior to the release of the second grant payment. Subsequent reports will be due on the following dates: December 16, 2024; March 17, 2025; and June 16, 2025. At the conclusion of the grant period, grantees will be required to submit an evaluation summary, demonstrating the impact of their program, with the support of relevant data.

- List three to five program goals each with **a measurable objective** and action step(s). Goals can have multiple objectives if necessary. Goals and objectives should include consumer and activity numbers, frequency of services, etc.*
- Please describe how the program will evaluate the achievement of above-stated objectives. Include the data to be collected, how the data will be gathered, and the methodology that will be used to evaluate the project.*

GRANT TIMELINE

- Grants funds will be in contract and initial payments will be made by June 30, 2024. Second payments will be made by September 1, 2024. What is the quarterly timeline for your proposed project? Please break down all activities proposed in the application within the grant period and outline tasks and due dates for deliverables.* (500 words or less)

REFERENCE LETTER

- Please upload one letter of reference from an existing or past professional partner.*

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- Letters should support why your organization would succeed with your proposed work. Partners are organizations/vendors you've worked with professionally, prior.*

BUDGET

- What is the total amount you are requesting from Age Strong? *
- In no more than 500 words, please describe how the funds will be spent. In your response, please also provide a brief breakdown of the projected expenses. Please note that anything that can be billed to insurance should not be included in your project budget. These grant funds should not supplant any other billing that your program can and does do. *
 - Total expected budget for program:
 - Amount requested from Age Strong grant program:
 - Please provide a brief detailed budget narrative that explains the estimated costs by line item or category in your proposed budget and how each line item or category supports your program.
 - Please note: Everything included in the budget must be incorporated into the rest of the application.
- Upload a program budget using our budget template,*
 - [Please make a copy of this provided template](#), fill it in, and then upload into this Google Form.
 - Notes on your program budget:
 - The program will allow up to 10% in administrative fees to be included in the budget, which includes fiscal management and administrative costs, final report preparation, and staff time.
 - The budget should not include rent, utilities, alcoholic beverages, salaries of senior management and fundraising staff and/or administrative/overhead costs.

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SUBMISSION INFORMATION

*Applications will be reviewed and applicants will be notified of our decision by **May 15, 2024** (subject to change).*

- By checking this box and submitting your grant application, you are acknowledging and accepting the terms of the grant program and certifying all information contained in the application.*
 - **Please note that all applications will become public record. Do not submit confidential information in your proposal.*
 - *Upon notification of award, grant recipients will be required to complete and return a grant agreement and invoice prior to the distribution of funds.*