



## **Community Benefits Funding Request**

At Good Samaritan Medical Center (GSMC), we reach beyond hospital walls, into the surrounding greater Brockton communities, to address the most prevalent health and wellness-related needs of our community members. Guided by a data-driven analysis of community needs, The GSMC Community Benefits Program aims to help those most vulnerable to make life-changing improvements in health and address social and economic factors that impact overall well-being.

Along with improving the status of our community, our mission is to also provide access to comprehensive, high quality, compassionate and efficient health care services in the community setting. The GSMC Community Benefits Program accomplishes this by:

- Assessing the unmet health needs of our community
- Participating on local action committees
- Funding community-based health care initiatives
- Encouraging the community to engage in healthy lifestyles, be active participants in their health care, and educate themselves of the risks associated with unhealthy behaviors and poor lifestyle choices

In addition, GSMC aims to provide culturally-sensitive, linguistically-appropriate, accessible health care services to address the cultural needs of the communities we serve.

## **Our Community Benefits Mission Statement**

GSMC is committed to collaborating with community partners to improve the health status of community residents. We accomplish this by:

- addressing root causes of health disparities;
- educating community members on prevention and self care, particularly for chronic diseases such as cancer, heart disease, obesity, diabetes, substance use disorder; and
- addressing social determinants of health.

## **Community Benefits Statement of Purpose**

GSMC, in compliance with The Massachusetts Attorney General's Guidelines, is committed to our community and government; as such, we put forth our community benefits purpose as described below.

Our community benefits purpose is to:

- improve the overall health status of people in our community;
- provide accessible, high quality care and services to all those in our community, regardless of their ability to pay;
- collaborate with staff, providers and community representatives to deliver meaningful programs that address statewide health priorities and local health issues;
- identify and prioritize unmet needs and select those that can most effectively be addressed with available resources;
- contribute to the well-being of our community through outreach efforts including, but not limited to, reducing barriers to accessing health care, preventive health education, screening, wellness programs and community-building;
- regularly evaluate our community benefits program.

## **Disclaimer**

Please review the most recent GSMC Community Benefits Plan (the Plan) prior to filling out this funding request form. The Plan can be found on our website at [www.goodsamaritanmedical.org/about-us/community-health-outreach](http://www.goodsamaritanmedical.org/about-us/community-health-outreach) or by calling (508) 427-3000. We will only consider funding requests that respond to an identified priority, within the Plan, and addresses one or more of the short term goals under that specific priority for which funding is being sought. Submission of a funding request form does not constitute guaranteed funding. All funding requests will be evaluated and funding determination will be provided to those that submit a completed application. Please allow 4-6 weeks for the evaluation process to occur.

*If funding is awarded the following conditions will apply:*

- Funding is limited and final awards are subject to available funds allocated to a specific priority and are awarded at the discretion of GSMC.
- Note that at any point, at whichever level, funding may be withheld should organizational conditions warrant such action; GSMC will, at its earliest convenience, communicate such action to awardees should such action be required.
- GSMC reserves the right to amend funding request terms or to make additions hereto.
- GSMC reserves the right to partially fund, or deny funding for any request that it determines does not sufficiently benefit the community or does not align with the our internal strategic priorities.
- GSMC reserves the right to request detailed information regarding program development or implementation and may request regular meetings with awardees to provide feedback and/or technical assistance, should funding be awarded.
- If awarded, GSMC requires that a detailed report at predetermined time periods during the life of the program or at the end of the program be provided.
- Steward Health Care System LLC and Good Samaritan Medical Center, and their affiliates, (collectively “Steward”) have my permission to use program information and picture(s), and/or recording(s) of any kind, visual and/or audio, (collectively “Media”) for educational, informational, promotional and/or public relations purposes. Check the following box if you agree

## **Instructions**

Offer a detailed response to each question that applies to the program for which funding is being sought. Leave blank or write N/A in response to any questions that do not apply. The completed request form should not be longer than five (5) pages in its entirety. If you have any questions regarding how to respond to a specific question or require further assistance please email Lynn Cornelius at [Lynn.Cornelius@steward.org](mailto:Lynn.Cornelius@steward.org) or call (508) 897-6202.

## **Proposal Description**

**Describe the program for which funding is being sought.**

- 1. Program Title:**
- 2. Program Goal:**
- 3. Program Objectives**
  - I.
  - II.
  - III.
- 4. What is the health need (prevalence of disease, health inequity, etc.) that can be evaluated by objective methods?**
- 5. Describe in detail how the program will be implemented, and the timeline for the program.**
- 6. What evidence is there that the program will have an impact on the issue?**

7. If the program includes an educational component, please specify the curriculum.
  
8. Describe the population of focus, and criteria for program participation.
  
9. How many participants do you seek to reach? Does the number represent an increase of the total number of participants currently benefiting from the program?
  
10. Describe the staffing structure for program. (Number of personnel and roles).
  
11. What measure(s) will be used to track success of the program?
  
12. How will you demonstrate health inequities are reduced or eliminated?
  
13. How will the program add measurable public health value<sup>i</sup> in terms of improved health outcomes?
  
14. Describe any potential limitations that may hinder success of the proposed program.

**Budget Template**

Using the table below or your own budget template; provide a detailed budget list for which funding is being requested. Provide justification for each item and how it relates to program objectives.

Item	Projected Cost	Other Funding Sources	Funding Request	Comments
1.				
2.				
3.				
<b>Total</b>				

**Please include your contact information, should any questions regarding this submission arise.**

Submitted by:	Date:
Address:	
Phone:	
Email:	
Org. Affiliation:	

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<sup>i</sup> <https://www.apha.org/about-apha/our-values>