**Massachusetts e-Health Collaborative**

**Grant Program**

**INTRODUCTION**

Massachusetts e-Health Collaborative (“MAeHC”), after more than 15 years of improving the safety, quality and cost-effectiveness of health care in Massachusetts and surrounding states through the creation and promotion of health information technologies that allow hospitals, physicians, long-term care facilities and similar medical providers to immediately access critical patient medical information, is winding down its operations. As part of the wind down process, MAeHC is seeking proposals from certain Massachusetts-based Section 501(c)(3) charitable organizations (see Eligibility) to be the recipients of funds to further the MAeHC vision and mission.

MAeHC is seeking to distribute funds to one or more organizations that share its vision that the **innovative use of electronic health information technologies** as a tool will lead to systematic changes in the manner in which health care is delivered in the Commonwealth of Massachusetts and the broader geographical area. Organizations need to demonstrate the ability to use information technology innovations to take healthcare to the next level. MAeHC anticipates awarding several grants up to $250,000 each to selected organizations. Qualifying organizations may apply independently or in collaboration.

Recipients will need to submit periodic status reports to the MAeHC Board and/ or a designee organization.

**PROPOSAL GUIDELINES**

Qualifying organizations should submit a completed grant application form (attached) describing how granted funds will leverage electronic health information technology in innovative ways to advance the effectiveness of healthcare, reduce medical error rates, lower healthcare costs, and promote the health of individuals and communities for the benefit of the general public.

**ELIGIBILITY**

* Applicants must be organized in the Commonwealth of Massachusetts.
* Applicants must be recognized currently and for the previous 5 years by the Internal Revenue Service as a Section 501(c)(3) organization and preferably a public charity under Sections 509(a)(1) and 170(b)(1)(i) through 170(b)(1)(A)(vi) of the Internal Revenue Code or a Section 509(a)(2) public charity.
* Grant funds may not be used for capital campaigns, lobbying activities, or political activities.

**SUBMITTING A PROPOSAL**

Letter of Intent: All organizations interested in submitting a proposal must submit a non-binding letter of intent (LOI) via email to cmatarazzo@maehc.org by Wednesday, July 15.

FAQ session: MAeHC will conduct a Zoom FAQ session on Wednesday, July 22. Organizations that submit a LOI will receive details about this session via email.

Deadline: All grant applications must be submitted in full on or before July 31, 2020. Once submitted, grant applications and attachments thereto are the sole property of MAeHC and will not be returned to the grant applicant.

Submission: Completed grant applications and all attachments should be submitted via email to cmatarazzo@maehc.org. Each organization may only submit one application.

Review Process: Grants will be reviewed by an independent committee of the MAeHC Board of Directors and then submitted to the full Board of Directors for final approval. Applications will be judged based on innovation, alignment with MAeHC mission, focus on health information technology, feasibility, sustainability and ability to measure its success. MAeHC reserves the right to interview applicants for further clarification if deemed necessary. All grants to be awarded are in the sole and final discretion of the Board of Directors. Grant decisions shall be made on or before September 15, 2020 and such decision(s) will be communicated directly with the grant recipients and will be subject to approval of the Massachusetts Attorney General’s office.

**Massachusetts e-Health Collaborative**

**Grant Application Form**

**Introduction**

Massachusetts e-Health Collaborative (”MAeHC”) is a 501(c)(3) charitable organization that promotes the use of health information technologies that allow hospitals, physicians, long-term care facilities and similar medical providers to immediately access critical patient medical information in order to improve the safety, quality and cost-effectiveness of health care in Massachusetts.

MAeHC is seeking to distribute assets to one or more Massachusetts-based 501(c)(3) organizations that share its vision that the innovative use of electronic health information technologies as a tool will lead to systematic changes in the manner in which health care is delivered in the Commonwealth of Massachusetts and the broader geographical area.

Qualifying organizations should submit this grant application form describing how granted funds will leverage **electronic health information technology in innovative ways** to advance the effectiveness of healthcare, reduce medical error rates, lower healthcare costs, and promote the health of individuals and communities for the benefit of the general public. Applications will be judged based on innovation, alignment with MAeHC mission, focus on health information technology, feasibility, sustainability and ability to measure its success. Qualifying organizations may apply independently or in collaboration. This grant application form is designed to streamline the grant making review process for MAeHC.

**How to Complete the Application Form**

Please fill out each blank section in the application form. If a particular section is not relevant to your organization, insert “N/A” or “Not Applicable” in the space provided. When you have completed the application, the Executive Director or other authorized officer of your organization should sign it where indicated on the last page and submit it:

 By Email to: cmatarazzo@maehc.org

**Important Notes**

**–** Include a cover letter that outlines the strategic link between your proposal and MAeHC’s mission.

**–** The application form must be completed in its entirety.

**–** Include all applicable attachments:

□ Audited financial statements for the last fiscal year, if available, or Internal Revenue Service Form 990. If neither document is available, include an unaudited financial statement.

□ Current year’s operating budget.

□ Budget for specific program/project, if applicable. Note: Indirect costs should not exceed 10% of the direct costs.

□ Verification of the organization’s Section 501(c)(3) tax-exempt status **and, if applicable,** its public charity status under either Sections 509(a)(1) and 170(b)(1)(A)(i) through 170(b)(1)(A)(vi)[[1]](#footnote-1) or Section 509(a)(2)[[2]](#footnote-2) of the Internal Revenue Code.

□ Latest annual report or a summary of your organization’s prior year’s activities.

□ List of your Board of Directors, with their affiliations.

□ One-paragraph resumes of key staff, including qualifications relevant to the specific request.

**Grant Request**

Amount requested: $

Specific program/project title (if applicable):

**Organizational Information**

Organization name:

Address:

Telephone: Fax:

E-mail: Date of formation:

Executive Director/President:

Telephone: Email:

Name/title of contact person:

Telephone: Email:

Organizational Budget (last fiscal year): Expenses: $ Revenues: $

*Note: The current year’s operating budget must be attached to this application.*

FEIN number (if applicable):

Is your organization tax exempt under Section 501(c)(3)?

Section 509(a) status?

Organization’s mission, history, overall goals, and/or objectives:

Geographic area or population served:

Description of current programs and activities (please emphasize major achievements of the past two years):

Description of formal and informal relationships with other organizations:

Staff composition in numbers:

|  |  |  |
| --- | --- | --- |
|  | **Support Staff** | **Professional Staff** |
| Paid Full-Time | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
| Paid Part-Time | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
| Volunteers | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
| Interns | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
| Other | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
| Total | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |

**Grant Request**

Summarize the purpose of your request:

Time frame in which the funds will be used: From:

 To:

Specific program/project budget (if applicable): $

**Proposal Narrative**

*Please provide the following information, and attach additional sheets, if necessary.*

• The community or problems that this effort will address, including population served. \_\_\_\_\_\_\_\_\_\_\_\_

• Describe the innovative ways the project addresses these identified needs.

• Program description to include strategies employed to implement the proposed project: (1) goals and objectives, (2) timetable for accomplishing stated goals and objectives, (3) program methodology (program only), (4) staffing, and (5) collaboration with other agencies/organizations. \_\_\_\_\_\_

• If this is a collaboration, briefly describe the partners.

• Explain how this program will be supported after the grant funds have been expended.

Explain how you will measure the effectiveness of your activities.

Describe your criteria for success.

Describe the results you expect to have achieved by the end of the specific program/project (if applicable).

Signature of authorized official: Date:

Name/Title:

1. Note: This classification will include charities that receive support from contributions from the general public, hospitals, colleges and universities and certain governmental bodies. [↑](#footnote-ref-1)
2. Note: This classification will include charities that derive their income from the performance of charitable activities (for example, clinics and organizations similar to MAeHC (MAeHC was a Section 509(a)(2) public charity before it became a private foundation)). [↑](#footnote-ref-2)