

**Gallery Community Benefit Grant funds are for January 1, 2026-December 31, 2026**

**Proposals must be emailed by Friday November 7, 2025**

Emerson Health is committed to collaborating with our community partners to improve the health status of all those it serves, address root causes of health disparities, and educate the community in prevention and self-care strategies. The Christine Gallery Community Benefit Grant, formerly known as the Emerson Health Community Benefit Grant, will provide awards up to $7,500 for initiatives to improve community health. The review committee will take all requests into consideration and will award applicants based on need and alignment with priorities.

**About The Christine Gallery Community Benefit Grant**

Christine Gallery served as the Chief Strategy Officer at Emerson Health for over 25 years. Christine’s commitment to advance the health needs of the community and make healthcare more accessible to all were inspiring. The grant program continues Christine’s work and honors her memory by supporting local non-profits that improve the lives of the community.

**IMPORTANT DATES**

* **November 7, 2025— Proposals must be emailed to CommunityBenefits@emersonhosp.org**
* **December 12, 2025**— Awards announced
* **January 1, 2026** — Project start up, and recipients awarded
* **January 31, 2027** — Final report due with summary report and evaluation

**ELIGIBILITY**

* Eligible groups include, but are not limited to, service providers, health and community-based organizations and coalitions, municipalities, schools, and communities of faith.
* Previous Community Benefit Grant recipients are eligible to apply for a NEW project only.
* Applicant must serve people in one or more of the Emerson Health communities (Appendix A).
* Applicant must be a tax-exempt 501(c)(3) under the IRS code or a public entity. If applicant is not a 501(c)(3), they must have a Fiscal Agent who is a 501(c)(3) or partner with an agency with an IRS designation as a 501(c)(3), a Section 170, or other IRS non-profit designation.
* Project must address at least one of Emerson Health’s priority focus area
* Collaboration among two or more partners is highly encouraged (not a requirement).
* Funding is not eligible for fundraising efforts or fundraising events.

**APPLICATION COMPONENT CHECKLIST**

***Please create one PDF document that includes each of the following application components and submit all together. If a component of the application is not submitted or done so incorrectly, it may not be reviewed.***

Completed Cover Page questionnaire

Completed project narrative

Completed budget

Signed Award Agreement

W-9 Documentation

**Contact for questions or additional information:**

[CommunityBenefits@emersonhosp.org](mailto:CommunityBenefits@emersonhosp.org)

**CHRISTINE GALLERY COMMUNITY BENEFIT GRANT APPLICATION COVER PAGE**

*Please do not make any edits to the form and do not bold your answers*

**Submission Date:**

**Project Title:**

**Lead Agency/Organization:**

**Contact Person:**

**Street Address:**

**City:**

**State:**

**Zip:**

**Phone:**

**Email:**

**Website:**

**Amount of Funding Requested: $**

*If your organization has a fiscal agent other than the applicant named above, please complete the following:*

**Name of Fiscal Sponsor:**

**Name of Fiscal Contact Person:**

**Address:**

**City:**

**State:**

**Zip:**

**Phone:**

**Email:**

**What communities will be involved in / impacted by your project? *Highlight or bold your answers***

|  |  |
| --- | --- |
| Acton | Lancaster |
| Ayer | Lexington |
| Bedford | Lincoln |
| Berlin | Littleton |
| Bolton | Lunenberg |
| Boxborough | Maynard |
| Carlisle | Pepperell |
| Chelmsford | Shirley |
| Concord | Stow |
| Groton | Sudbury |
| Harvard | Townsend |
| Hudson | Westford |

Funding will support projects that align with objectives and strategies from the 2024 Strategic Implementation Plan AND that serve populations most impacted. Please highlight the areas your project aligns with.

* **Mental Health**
  + Increase awareness of clinical and non-clinical mental health support services
  + Decrease stigma that serves as a barrier to seeking mental health services
  + Improve social connection and address populations at risk of social isolation
  + Increase support for programs addressing substance use (emphasis on alcohol and marijuana)
  + Enhance understanding, education and support for the mental health needs of youth
* **Financial Stability** 
  + Increase connections to programs and agencies that can help improve food access
  + Improve access to organizations and programs that assist in maintaining safe housing
  + Increase access to resources, training and education that address financial stability and improve access to employment.
* **Populations Most Impacted Across Priority Areas**
  + Low-income households
  + Migrant populations
  + Older adults
  + People of color
  + People with disabilities
  + Youth
  + Lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+)

**PROPOSAL NARRATIVE**

***Please use this word document to complete narrative answers and limit your responses to questions 1-3 to six pages. Respond to the questions in the order they are asked and keep them as they appear. Responses must be single spaced using 12-point Calibri or Times New Roman font with one-inch margins. If these instructions are not followed, the application may not be reviewed.***

1. **Project Introduction**
2. What is the mission of your organization OR What is the charge of your municipal department/committee?
3. Provide a clear description of your project. Explain how you will address the specific health priority and objectives above.
4. Describe how your project will address Populations Most Impacted as defined above. Include anticipated number of people served by the project. Be sure to include the age range, language, gender and race within the description.
5. How does this project help you achieve your mission or add value to existing programs?
6. Present relevant and local data to document the identified need.
7. Outline anticipated collaboration with other agencies, organizations, or entities, if applicable. Describe the specific role and responsibility of all identified collaborating partners.

1. **Goals and Project Measurement**
2. Provide up to three SMART (specific, measurable, attainable, relevant, and timely) goals for the project. See Appendix B for guidance on developing SMART goals.
3. Describe evaluation strategies and/or tools you will use to measure outcomes and achievement of project goals.

1. **Sustainability (Choose only 1 of the following questions to answer)** 
   1. How will this project contribute to improved community health past the initial funding period?
   2. How will this project and the results you see inform larger organizational decisions or programming?

1. **Budget** 
   1. Complete an itemized budget for your proposed project. Include **line item costs** and a brief description of each. Include **justification** for each line item. **Justification is limited to two pages and should not include program details not already described elsewhere in your proposal.** Accuracy will be considered. Please check your math.

Budget Form

Itemize all expenses and summarize all revenue and in-kind support for the project.

*SEE APPENDIX C FOR SAMPLE*

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item** | Amount requested in application | **IN-KIND and OTHER SOURCES of funding**  (Source and Amount)  **In-kind designates donated goods or services.** | **TOTAL PROJECT COSTS** |
| **Staff**  (Indicate number of hours to be applied to this project and hourly rate.) |  |  |  |
| **Contract Services**  (hourly rate, number of hours.) |  |  |  |
| **Supplies/Equipment** |  |  |  |
| **Other Expenses** |  |  |  |
| **TOTAL** |  |  |  |

**JUSTIFICATION**

The budget justification must explain the relevant details of each line item.

**Justification should not include program details that are identified elsewhere in your proposal.**

*SEE APPENDIX C FOR SAMPLE*

### Christine Gallery Community Benefit Award Agreement

If we receive a Christine Gallery Community Benefit Grant, we agree to the following:

* Attend 1 Check-in meeting with Emerson Health throughout the duration of the award period.
* To submit a Summary Report (template to be provided) and evaluation of outcomes to the Emerson Health Community Benefits Manager by January 31, 2026
* To include an Emerson Health logo and the following statement in all funded project descriptions, products, and related publicity:

***This project is funded through the Christine Gallery Community Benefit Grant Program.***

Lead Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_