



Prosperemos Juntos | Thriving Together

Introduction

This application is for coalitions who completed the PJTT Learning Collaborative and were invited to be considered for PJTT Implementation. **Coalitions funded in the Implementation Phase will receive continued support through convenings, coaching, peer learning, funding, and focused capacity-building.** Coalitions will self-identify the support they need. Support will be for the purpose of advancing each coalition's health equity strategy.

In this application you will be asked to develop a budget. In developing your application and budget, coalitions should plan for a **three-year timeframe**. We encourage coalitions to propose a three-year budget between \$450,000 and \$1,050,000 (annually \$150,000 to \$350,000), although we will also consider higher or lower proposals.

We recognize all coalitions are different and are at varying levels of readiness. As we review applications, we will evaluate each coalition's application on a case-by-case basis as they align with the following criteria: **coalition strength and diversity, shifting power to persons with current or recent lived experience¹, transformational processes, health equity strategy, and governance and finances.**

[Click here](#) to see the complete rubric.

We encourage every coalition to develop responses to the application prompts collaboratively and work on them in a separate document, then identify someone to transfer responses into the google form below after the coalition agrees on the final responses.

Should you have any questions about the application or the process, please do not hesitate to reach out to our team at thrivingcommunities@mhm.org.

¹ A Person with Lived Experience (PLE) is someone with current or recent (within the last 5 years) lived experience of the coalition's focus, as indicated by the aim statement of the coalition's driver diagram. For example, if a coalition is focused on decreasing food insecurity by 5% over the next 3 years, then a PLE would be someone who has experienced food insecurity within the last 5 years.

Demographics & Materials	<ul style="list-style-type: none"> ● Coalition Name ● In which zip code(s) will your coalition focus its work? ● Please upload a copy of your current Storyboard as a .pdf or .pptx ● Please upload a copy of your Driver Diagram as a .pdf. For the purpose of your application, please update your aim to be within a 3-year timeframe.
Representatives of Core Organizations	<p><i>In this section, we are collecting information for Representatives of Core Organizations*.</i></p> <p><i>For all Representatives of Core organizations listed, Please include their first and last name, the organization they represent, email, phone number, and a short description of how they were involved in developing this application/proposal. We ask that you provide at least one representative per core organization in your coalition. The remaining intake fields are optional and only required if there are more than three representatives for your coalition.</i></p> <p><i>*A core organization is defined as one of the essential organizations in the coalition. Every coalition must have 3 or more core organizations who are actively participating in decision-making processes (governance) and sharing funding and resources in order to move the coalition’s work forward. A core organization is not the same as a referral partner where information and referrals are shared back and forth but there is a different level of participation in decision-making (and funding is typically not shared).</i></p> <p>Representative of Core Organization (name, organization, email, phone number, description of involvement)</p>
Persons with Lived Experience	<p><i>In this section, we are collecting information for the Persons with Lived Experience (PLE) that you are working with. For all PLE listed, please include their first and last name, email if applicable, phone number, and a short description of how they were involved in developing this application/proposal. We ask that you provide at least two PLE in this application. The remaining intake fields are optional and only required if you are working with more than two PLE.</i></p> <p>Person's with Lived Experiences (name, email, phone number, description of involvement)</p>
Additional Contributors	<p><i>In this section, we are collecting information for any additional contributors to this application. This section is optional and only required if you had someone other than a Representative of a Core Organization or PLE help with your application. For all additional contributors listed, please include their first and last name, email, phone number, and a short description of how they were involved in developing this application/proposal.</i></p>

	Additional Contributor (name, email, phone number, description of involvement)
Coalition Strength & Diversity	<i>Coalitions are only as strong as their members. In this section, we ask about the composition of your coalition to assess for diversity, alignment, and commitment. Each coalition must be composed of three or more core organizations sharing governance and resources, including funding.</i>
	1. Why are the core organizations in your coalition the right organizations to advance the coalition's health equity strategy? Will there be additional core organizations you consider inviting into the coalition? If so, who are they, and how do you plan to engage them in your coalition's work? (4,000 characters max)
Shifting Power to Persons with Lived Experience	<i>Shifting power is at the heart of the Communities of Solutions framework. Fully integrating persons with current or recent lived experience of your driver diagram aim statement is the most important aspect of this work. With the following questions, we evaluate your coalition's success in these areas throughout the Learning Collaborative.</i>
	2. How have you supported and provided space for people with lived experience to co-design, co-implement, and co-evaluate the efforts of your coalition? Please provide specific examples. (4,000 characters max)
	3. As you look to the future, what is your coalition's plan to grow the leadership of persons with recent lived experience? Also, how will you invite additional people with lived experience into your coalition and make participation accessible? Please be specific about your plans and note how they are reflected in your budget. (4,000 characters max)
Health Equity Strategy	<i>The lessons and tools from the Learning Collaborative have prepared you to develop a Health Equity Strategy. This does not have to be a detailed plan; rather, it should serve as a framework for your continued work. Questions in this section are about your strategy, including your vision for the next 3 years, how you considered community assets, what data you used, and how you will operationalize your strategy.</i>
	4. What vital condition will your coalition impact, and how does it build upon your community's strengths and assets? Over the next 3 years, what will change at a community level based on your work? (4,000 characters max)

	<p>5. Your strategy should focus on equity as driven by persons with lived experience rather than your interpretation/assumption of what the community needs. What quantitative and qualitative data about health inequities has informed the development of your health equity strategy, and how will your strategy address the specific challenges and barriers of community members experiencing the greatest inequities? (4,000 characters max)</p>
	<p>6. What efforts, policies, and programs will your coalition implement in each of the four portfolios of the Pathways to Population Health Equity model? (4,000 characters max)</p>
	<p>7. Your roadmap for the next 3 years will change over time, and it can also be a helpful tool to guide your efforts and support reflection along the way. Based on what you know right now, list key milestones to guide the implementation of your strategic plan during each of the next 3 years: 2024, 2025, and 2026 (for example: hiring staff, bringing in new core partners, leadership development for persons with current or recent lived experience, etc.). (4,000 characters max)</p>
<p>Transformational Processes</p>	<p><i>In Thriving Communities/Prosperemos Juntos, Methodist Healthcare Ministries invites coalitions to transform from within - together - for outcomes, for equity, and for sustainable, systemic change. The following questions are about your journey of and commitment to transformation throughout the Learning Collaborative.</i></p>
	<p>8. How did your coalition select the change ideas in your driver diagram, and why do you believe these are the right ideas? (4,000 characters max)</p>
	<p>9. Based on your 3-year driver diagram, using the template provided, upload a 90-day action plan to guide your coalition's next steps from January-March 2024 in implementing its health equity strategy if funded.</p>

Governance & Finances

We have provided a budget template for this section. In your narrative response, you should outline your year-to-year plan to expend funds and to raise additional funds. You should also describe how your expenditures will impact your Vital Condition. Finally, we need to know which organization in your coalition will directly receive and manage the funds and how your coalition will ensure resources are shared equitably.

In developing your application and budget, please plan for a 3-year timeframe. We encourage you to propose a 3-year budget between \$450,000 and \$1,050,000 (annually \$150,000 to \$350,000), although we will also consider higher or lower proposals.

As coalitions develop the budget, you should include any expenses that are necessary to support the full inclusion of your community and persons with current lived experience (PLE), such as childcare, transportation, technology/internet access, and interpretation. This could also include compensating PLE for time and expertise contributed toward your coalition's efforts. We strongly encourage you to budget for leadership and/or skills development for leaders and other engaged individuals within your coalition.

Please note: for coalitions accepted into the Implementation Phase, Methodist Healthcare Ministries (MHM) will budget \$50,000 per coalition per year to support coalition-level capacity-building. This funding is intended to strengthen the ability of each coalition to implement its health equity strategy. This could include consultation, coaching, or training around impact measurement, coalition governance, marketing, information technology services, strategic planning, or other topics. Capacity-building priorities will be identified by each coalition, and MHM will help identify resources and provide payment to vendors. This will be budgeted separately by MHM and should not be included in your application proposal.

- Using the template provided, upload your coalition's 3-year budget for the implementation of your health equity strategy.
- Upload the most recent annual budget for the organization that was selected to manage the funds.

	<p>10. How was your budget developed? How did you select the organization to manage the coalition's funds? How will your coalition share financial information and make decisions together about your budget in the future? (4,000 characters max)</p>
	<p>11. If funded, what will your governance structure be? What processes will your coalition use to make decisions together? When conflict happens, what is your plan to work through it? (4,000 characters max)</p>
<p>Closing Acknowledgements</p>	<ul style="list-style-type: none"> ● By selecting this box, you acknowledge that The Executive Leader of each core organization reviewed this application before submission. ● By selecting this box, you acknowledge that one or more executive leaders from each core organization have completed the Executive Leader Session. ● By selecting this box, you acknowledge that every Representative of a Core Organization, Person with Lived Experience, and any additional contributors who are listed in this application have also reviewed and participated in the creation of the budget.
<p>Closing</p>	<p><i>We thank you for your time spent completing this application. Your response has been recorded.</i></p>