City of Boston
Immigrant Advancement

Weaving Well-being Community Mental Health Grant

Fiscal Year 2026 Application -- Word Document Worksheet Template

Application Deadline: Wednesday, October 8, 2025, at 4:00pm EST

Once you are ready to submit your application, please enter your answers via the Wizehive online platform. Organizations that have previously applied for a City of Boston grant with WizeHive should use the profile they already created and the same sign-on method; organizations applying for the first time for a grant should create an account with Wizehive [instructions linked here].

Background:

The mental health and holistic well-being of immigrant communities are often ignored as they experience the stress of resettling in a different country and culture, face individual and institutional discrimination, endure traumatic events, and cope with isolation. In many cases, immigrants experience challenges accessing effective non-clinical care and social support due to language barriers, cross-cultural differences surrounding beliefs, practices, and stigma around mental health, or simply not knowing about the available resources in their communities.

In March of 2022, the Boston Mayor's Office for Immigrant Advancement (MOIA) launched a six-month grant pilot to support seven initiatives aimed at improving immigrant well-being. This investment was in direct response to the significant impact of the COVID-19 pandemic on the mental health of refugees and immigrants, which was underscored as a critical need through MOIA's dialogues with community leaders and partners. In partnership with the Leah Zallman Center for Immigrant Health Research, two reports for this grant were published in March 2023 and October 2024, highlighting the collaborative work, findings, and recommendations to expand similar efforts for the benefit of our residents. **Moreover, MOIA recognizes the longstanding gaps and barriers to mental health equity in our current systems and seeks to support programs offered by nonprofits to promote the well-being of immigrant communities and organize resources and power for advocacy.**

Grant Program Description:

To enhance the well-being of immigrants in Boston, destigmatize mental health challenges, and encourage non-clinical, culturally, and linguistically sensitive practices as a form of therapy, the **Mayor's Office for Immigrant Advancement (MOIA) is pleased to announce a**

fifth round of its Weaving Well-Being Grants. Grants will be disbursed to immigrant-serving nonprofits that are working across diverse immigrant communities.

Applications are encouraged from nonprofit organizations that:

- **Currently provide or plan to incorporate non-clinical wellness activities** in their programming to promote healing together.** For example, previous grantees have offered storytelling, yoga, meditation, and group/mutual support spaces, amongst others, and/or
- **Are bridging the needs within communities through advocacy**. For example, organizations seeking to offer programming that activates and empowers community members to advocate for social change and increase access to resources that improve the well-being of immigrant communities.

MOIA will prioritize proposals aimed at supporting cohort-based programs (i.e., a group of individuals taking part in the same activities) and centering community connections and empowerment, and will give particular consideration to projects that are community-led (i.e., either led by community members themselves or driven by a clear community interest/idea). It is not intended to fund one-time events or limited occasion programming; proposals offering field trips, outings, and excursions must demonstrate a clear strategy to foster relationships, community care, and community healing amongst participants, and illustrate a clear connection between the purpose of the proposed trips/activities and well-being/mental health.

***Note: Non-clinical wellness practices are defined as separate from Western, medical, individualized models of mental health care. They focus on collective or healing-based models that engage people with expressive and/or therapeutic arts, traditional medicine, spirituality, body-centered activities, or other culturally grounded forms of healing. These practices can be particularly useful in communities where verbal expression of mental health concerns may be stigmatized. Non-clinical interventions are often peer-led and/or community-based and promote well-being and prevent the escalation and severity of mental health conditions by fostering social support, belonging, collective identity, and cultural continuity, which in turn reduces social isolation and stress. While clinical expertise may inform some aspects of these interventions, the practices and programming in your proposal must ultimately remain non-clinical as defined above, ensuring that it is rooted in community-led, culturally appropriate practices.*

MOIA and the City of Boston are committed to serving Boston residents through grant funding. Please consider this when submitting an application for this grant. Residents of Boston must live in one of the following neighborhoods: https://www.boston.gov/neighborhoods.

City Department: Mayor's Office for Immigrant Advancement (MOIA)
Program Manager: Courtney White, courtney.white@boston.gov
Funding Source: City of Boston Operating Budget
Total Amount Available for Grants: $200,000
Maximum Award Amount per Grant: MOIA is awarding funding in two tiers.

- **$7,500** - Please apply under this category if (1) you are a new or recently-formed organization that has been in operation for under 2 years, (2) your proposal is for a new pilot project, and/or (3) you are expanding an existing program to encompass serving immigrant communities.
- **$15,000** - Please apply under this category if your program is already existing/established and funding would be supportive to stabilize the work.

Awards may vary in size; MOIA may award full funding, partial funding, or no funding. If partial funding is awarded, MOIA will require an updated budget.

For the award disbursement timeline, please refer to the Timeline & Process table below. Receipt of MOIA grant funds in previous years does not guarantee receipt of funds in future years.

Reporting Requirements:

- As part of the grantee cohort, all recipients will need to attend three meetings during the grant period:
    1. An introductory virtual check-in with the MOIA team to discuss the implementation logistics, including outreach and timeline, as well as to coordinate the assessment/evaluation plan.
    2. A mid-grant cohort convening, where all grantees will come together to share updates, best practices, and learn from each other's work.
    3. An end-of-grant conversation with MOIA to learn about your overall experience with the grant, hear any insights or lessons in implementing your program, and gather any feedback that would help MOIA be more effective at replicating similar efforts in the future.
- Upon completion of the grant term, grantees must submit a final summary report of their programming, including successes, lessons learned, and any other relevant information to document the use of grant funding.
    a. The final summary report must include the total number of individuals served through the grant funding, including zip code of residence / Boston neighborhood, gender, country of birth, and any other reporting requirements as determined by MOIA upon an initial meeting at the beginning of the grant term.

Eligibility Criteria

MOIA's primary strategy with these grants is to **fund grassroots, immigrant-serving nonprofits** to support their programmatic capacity. Applicants must:

- Be a 501(c)3 tax-exempt organization that serves Boston residents.
    - If the organization is not a 501(c)(3) nonprofit, they can apply with a fiscal sponsor
- Work with immigrant populations in the City of Boston and demonstrate the ability to ensure culturally and linguistically sensitive procedures throughout the program.
- Have the capacity to successfully execute the proposal's deliverables and demonstrate that they will commit to providing an adequate number of staff, staff experience and expertise, time, and resources.
- Be in good financial standing with both the Massachusetts Attorney General's Office and the IRS, and be in good standing with current or previous MOIA grant reporting requirements.
- Have a clearly defined organizational structure.
- Provide data that allows for assessment of the proposal's impact. This assessment will be developed between the grantees and MOIA.

How We Will Choose

Grantees must:

- Outline a clear and detailed need for the proposal and describe how the proposal supports immigrant mental health and wellbeing.
- Include a clear and realistic timeline for the delivery of the proposal within the grant period.
- Have demonstrated experience providing programming centered on immigrant mental health and wellbeing, and/or outline how your proposal will bring on staff with appropriate experience.
- Provide culturally and linguistically competent services, or have a detailed plan to do so.
- Outline a detailed plan to outreach to City of Boston residents and ensure equitable outreach to low-income individuals.
- Have extensive experience working with Boston's diverse immigrant populations.
- Be committed to service to immigrant communities.

Timeline & Process:

Task	Date
Grant Application Opens	Monday, September 8 at 9:00am EDT
Information Session on Zoom - register: https://forms.gle/6uK5U6kBekMEiEyZ9	**Option 1:** Tuesday, September 16, 2025, at 10:00am EDT **Option 2:** Monday, September 22, 2025, at 2:30pm EDT
Applications due by 4:00pm on Wednesday, October 8 (*no exceptions*).	Wednesday, October 8, 2025, at 4:00pm EDT
Grant review period	October - November 2025
Notification of award recipients	By early December 2025
Disbursement of first payment (*Larger grants will require multiple payments on a schedule*)	December 2025
Implementation period	January 5 - August 31, 2026
Submission of a report outlining project impact and use of funds by the grant recipient.	October 1, 2026 (*or one month after program completion, whichever is sooner*).

All applications and required documents are due by Wednesday, October 8, 2025, at 4:00PM EDT. *Late submissions will not be accepted. To apply for this grant on Wizehive,* ***click here.***

MOIA will be holding info sessions for organizations interested in applying on Tuesday, September 16, from 10:00 - 11:30am and Monday, September 22, from 2:30 - 4:00pm. To register for either, click here.

Office Hours:
We will also be hosting drop-in office hours on the following days and times for potential applicants to ask questions before submitting a proposal. Join a session by clicking the link:

- *Friday, September 26th from 12:00-1:00pm*
- *Monday, September 29th from 1:00-2:00pm*

- *Thursday, October 2nd from 4:00-5:00pm*
- *Monday, October 6th from 1:00-2:00pm*

For more information, email Courtney White at courtney.white@boston.gov.

—

Application Questions

To be completed online on Wizehive here.

Please answer the following questions to the best of your ability. These grants can be used to support either an **existing or new program** at your organization.

APPLICATION GUIDANCE

- Questions marked with* are required.
- Take your time and be sure your application is complete before submitting. Applications that are missing critical information may be automatically disqualified.
- For longer response questions, draft your answers in a separate document and copy and paste them into the application.
- You may select “Save & Finish Later” at the bottom of each page at any time to save your application. Selecting "Next" will save your work and advance you to the next application section.
- You can log in to your WizeHive account at this link to access your saved applications and view the status of your submitted applications.
- Add no-reply@zenginehq.com to your email inbox’s safe sender's list to ensure you receive all notifications about your application.

PROGRAM INFORMATION

- **Program Name*** - Enter the name of the program you intend to run with this grant funding.
- **Program Contact Name*** (If awarded funding, this person will be the primary contact for MOIA)
- **Program Contact Title or Position**
- **Program Contact Phone Number***
- **Program Contact Email***
- **Program Address/Location*** (Where grant-funded activities will take place)
- **Nonprofit Status*** - Please confirm if you are applying for funding as a 501(c)(3) nonprofit organization.
    - **EIN*** - If you are applying as a 501(c)(3) nonprofit organization, a valid 9-digit Tax ID number is required.

PROGRAM DESCRIPTION

Please address the following questions to the best of your ability. "Weaving Well-being" grants can be used to support an existing program in your organization that incorporates non-clinical wellness practices, or an idea that you would like to implement for the first time. Creative programs that are culturally and linguistically sensitive are highly encouraged.

MOIA is committed to supporting programming that serves Boston residents. Please consider this when submitting an application for this grant. Residents of Boston are those who live in one of these Boston neighborhoods.

- **Is this a new or existing program?***
- **Which funding category are you applying for?***
    - Up to $7,500
    - Up to $15,000
- **Program Description*** **-** In no more than 500 words, what is your proposed program? Please describe the proposal in detail and address the following:
    - What service(s) will your programming provide?
    - How did your organization identify the need for the proposed program?
    - How will it address current gaps, barriers, challenges, and needs?
    - How will it advance the positive mental wellness of participants (outcomes)?
    - ***If this is an existing program, please outline how long the program has been in existence.***
- **Service Goal*** **-** How many Boston residents do you anticipate will be served? *If you are, or anticipate, receiving funding from multiple sources,* ***this number should only include those you will serve with MOIA funding.***
- **Service Population -** What is the target population for this proposed program (for example, youth, newly-arrived migrant families, immigrant women, etc.)?
- **Program Dates*** **-** What are the implementation dates for your proposed program? Please enter in the following format: MM/YY - MM/YY or MM/DD/YY - MM/DD/YY. Note that the period for all proposals runs from January 5 - August 31, 2026.
- **Timeline*** **-** Please provide a detailed timeline for your program, including key milestones such as program development, recruitment/outreach, program launch, etc. If you plan to hire, describe your hiring process, if any candidates have been identified, etc. (300 *words max*)
- **Program Neighborhood(s) -** What neighborhood(s) will your program primarily serve?
    - Citywide (all neighborhoods)

- Allston
- Back Bay
- Bay Village
- Beacon Hill
- Brighton
- Charlestown
- Chinatown
- Dorchester
- Downtown
- East Boston
- Fenway
- Hyde Park
- Jamaica Plain
- Kenmore
- Leather District
- Mattapan
- Mission Hill
- North End
- Roslindale
- Roxbury
- Seaport District
- South Boston
- South End
- West End
- West Roxbury

- **Outreach Strategy*** **-** Please describe your strategy to outreach to and serve City of Boston residents under this program, including outlining your strategy to ensure equitable outreach to individuals who are low-income. If your proposal aims to outreach to communities not primarily served by your organization, please outline your strategy to do so. (300 *words max*)
- **Program Staff*** **-** Total number of staff assigned to the program (number only - you should elaborate on the expertise and FTE allocations in the next question).
- **Staff Capacity*** **-** What is your organization's staff capacity to effectively administer this program (FTE, volunteers)? Please note the relevant expertise of those who will be working on the program, and distinguish between individuals who are already on staff and those who will need to be hired. (200 *words max*)

ORGANIZATIONAL EXPERIENCE

- **Grant Program Alignment*** **-** Why is your organization well-suited to be a grant recipient for this program? In your response, please describe your organization's history and experience providing mental health and wellness services and/or plans to grow and develop your capacity to deliver these services. (250 *words max*)
- **Cultural and Linguistic Competence*** **-** Please describe your experience providing culturally and linguistically competent services. In your response, please also note how you plan to incorporate these processes into the programming being funded. If you do not currently provide culturally and linguistically competent services, please describe your plan to do so. (200 *words max*)

PROGRAM BUDGET

Budget Guidelines

- Proposals are required to submit a budget narrative and upload a project budget. Use this Project Budget Template to download, complete, and upload your budget

into this form below, into the field titled "*Budget Attachment*." Please only include this project's budget – you do not need to include your total organization's budget.

- **Note:** Understanding that a core goal of this grant is to build bridges between organizations within the Weaving Well-being network, we require that grantees participate in network-building meetings coordinated by MOIA to support the continued growth of the field overall and work collaboratively to highlight and address any systemic barriers. In recognition of this requirement, you may allocate up to five (5) hours of staff time for one (1) point person to support their attendance at meetings and reporting under this grant program. ***If you wish to include this as a line item, please outline it in the budget as part of their hourly rate and in the narrative.***

<u>Allowable Uses of City of Boston Grant Funds</u>

- Salaries and associated benefits of staff delivering the program, which may include Executive Directors if they spend a certain percentage of their time on the grant-funded program,
- Where applicable, please annotate what percentage of the salary and associated benefits you are seeking support for (i.e,. 0.5 FTE)
- Equipment, supplies, and/or materials associated with the program
- Temporary space fees and/or rental for the program
- Transportation is required for the program
- Advertising and publicity expenses for the program
- Local conference, seminar, or training attendance related to the program
- Program planning/evaluation
- Technical assistance
- Food and beverage for program participants
- Other direct costs of the program
- Up to 10% of the grant budget can be for indirect/administrative costs such as a fiscal sponsorship fee. Note that rent cannot be included in indirect costs.

<u>City of Boston Grant Funds may NOT be used for</u>:

- Gift cards and/or participant stipends
- Rent and/or utilities
- Alcoholic beverages
- Fundraising or lobbying activities (including salaries or associated benefits of fundraising staff)
- Salaries or associated benefits of staff not involved with directly delivering the program.

- **Funding Request*** - What amount are you requesting from this grant opportunity? *Note: the maximum grant amount that can be requested is either $7,500 or $15,000.*
- **Project Budget*** - What are the total budgeted expenses for your proposed program? *Note: this number should be inclusive of all sources, including your ask from this grant opportunity.*
- **Budget Narrative* -** Please detail how you plan to spend any awarded funds, how the budget will be allocated among any partners (if applicable), and the rate and number of hours used in any personnel calculations. Please also include the dates of your grant period. (*400 words max*)
- **Budget Attachment*** - Upload the budget for your proposed program. Please use the Budget Template linked in the Budget Guidelines above and upload the budget as an Excel (.xlsx) file, and ensure rows and columns are formatted so that all text is visible.

[OPTIONAL] - SERVICE POPULATION

Please select which populations your program will primarily serve. These responses will be used for reporting, not proposal evaluation, purposes only, and are optional.

- **Race**
  - Will your program focus on serving any of the following races?
    - American Indian or Alaskan Native
    - Asian
    - Black or African American
    - Native Hawaiian or other Pacific Islander
    - White
    - No
    - Prefer Not to Answer
    - Yes, but not listed here or Other (write-in below)
- **Hispanic or Latino/-a/-e/-x Ethnicity**
  - Will your program focus on serving people who identify with any of the following Hispanic or Latinx/-a/-e/-o communities in Boston?
    - Brazilian
    - Colombian
    - Cuban
    - Dominican
    - Mexican
    - Puerto Rican
    - Salvadoran
    - No
    - Prefer Not to Answer
    - Yes, but not listed here or Other (write-in below)

- **Non-Hispanic or Latino/-a/-e/-x Ethnicity**
    - Will your program focus on serving people who identify with any of the following non-Hispanic and non-Latinx/-a/-e/-o ethnic groups common in Boston?
        - Cape Verdean
        - Chinese
        - Haitian
        - Indian (not American Indian or Alaskan Native)
        - Jamaican
        - Middle Eastern or North African
        - Vietnamese
        - No
        - Prefer Not to Answer
        - Yes, but not listed here or Other (write-in below)
- **Gender Identity**
    - Will your program primarily focus on serving people of the following gender identities?
        - Men
        - Women
        - Non-binary, gender non-conforming, or genderqueer
        - No
        - Prefer Not to Answer
        - Yes, but not listed here or Other (write-in below)

SUBMISSION CERTIFICATION

Please review and agree to the terms described below before submitting your application.

Grant Agreement & Terms

By submitting this application, I certify that I accept the terms of the grant program and the City of Boston's CM-20 & CM-21 Standard Grant Agreement and Terms. I understand that if selected for an award, I will be required to have knowledge of this document and may be required to complete and sign it before I receive funding.

Nonprofit Standing

By submitting this application, I certify that the organization I represent, or the organization serving as a fiscal sponsor, is in good standing with both the Massachusetts Attorney General's Office and the IRS.

Conflict of Interest

By submitting this Application, I certify that there is no conflict of interest within the meaning of the Conflict of Interest Law, Ch. 268A of the Massachusetts General Laws.

Certification

By entering your full name below and submitting this application, you accept and agree to the terms described above and to the terms of the grant program, and you certify that all information contained in the application is correct.

- **First Name***
- **Middle Name or Initial**
- **Last Name***

Click "submit" in the upper right corner to submit your completed application.