**2025 Solutions for Healthy Communities Grant Program | Social Impact and Sustainability**

*Grant Application Template for applicants based in the United States*

External Use

**This application template should be used for applications to Merck’s community health grants program, Solutions for Healthy Communities.**

**SUBMISSION REQUIREMENTS**

Applicants should complete and submit this template, which includes a project narrative and budget. Please adhere to the following guidance and refer to the program’s application guidelines for additional detail:

* Proposals should indicate a program period that falls between January 1, 2026 and December 31, 2027
* Responses should be single-spaced in 11-point font in English and completed applications should not exceed 8 pages
* Direct and concise answers are welcome and highly encouraged
* Incomplete proposals, proposals not following this template, or proposals received after the deadline will not be considered
* Applicants to multiple grants programs must complete separate application templates
* Responses should not include any direct or implied reference to a Company product

**SUBMISSION TIMELINE**

Applications must be submitted by February 28th, 2025, at 5:00 pm ET at [Solutions for Healthy Communities](http://www.msdgiving.com/).

**Note the following details about the application process:**

* We ask that you complete the **Application Template** below, starting on page 2.
* Once you complete this document, submit your application at the SHC portal link [here](http://www.msdgiving.com/).
* In the portal, you will be asked to fill in similar questions to the template below. **Please copy and paste your answers so that you do not need to re-create application answers.**
* In the portal you will be asked for a submission code. This application template is for applicants in the United States. **Please use the following submission code: SHC25.**

Upon completion of review, all applicants will be notified of a determination. Review and decision-making process may take up to 12 weeks. Any applicant selected to receive a grant will be required to execute a Grant Award Agreement with the company or The Foundation.

Contracts will be fully executed, and work commenced no later than January 2026.

**ELIGIBILITY CHECK**

[ ]  I have reviewed the eligibility criteria (see Application Guidelines) provided by Merck and confirm that our organization is eligible to receive funding.

[ ]  I confirm that the activities described in this proposal comply with the guidelines provided by Merck (see Application Guidelines).

**PROJECT NARRATIVE**

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| ORGANIZATION INFORMATION |
| Lead organization name | Click or tap here to enter text. |
| Funded partner organization name(s) if different or in addition to the lead org. |   |
| Primary contact name | Click or tap here to enter text. | Primary contactemail address | Click or tap here to enter text. |
|  |
| PROJECT INFORMATION |
| **Project title** and **state** where the activity or program will implement the work. **Please include \_C2 after your title.**Please enter the title following this format: “Helping Babies Thrive Program – New Jersey\_C2” | Click or tap here to enter text. |
| Estimated start date and end date of projectNote: These dates must fall between January 1, 2026, and December 31, 2027 | Click or tap here to enter text. |
| Total project budget proposed ($USD) | Click or tap here to enter text. |

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| PROJECT OVERVIEW |
| **Q1** Describe the health challenge your project seeks to address, including a description of focus geographies and populations |  |
| **Q2** What population(s) does this program serve?Please select populations served and indicate an estimated percentage of total population served (e.g., 50% of population served is low SES). |

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| **Population** | **Estimated Percentage** |
| [ ]  Indigenous or Native American | (e.g., 50%) |
| [ ]  African American |   |
| [ ]  Asian / Pacific Islander |  |
| [ ]  Hispanic |  |
| [ ]  People in the military or veterans |   |
| [ ]  People who have a disability |  |
| [ ]  People who identify as LGBTQIA+ |  |
| [ ]  Immigrant or Refugee populations |  |
| [ ]  People in rural areas |  |
| [ ]  People living in poverty or low society economic status |  |
| [ ]  Infants or toddlers (ages 0-3) |  |
| [ ]  Children (ages 3-9) |  |
| [ ]  Youth or teenagers (ages 10-18) |  |
| [ ]  Elderly (ages over 65) |  |
| [ ]  Men/Boys |  |
| [ ]  Women/Girls |  |

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| **Q3** What do you hope to achieve through your project (e.g., what are the intended objectives and outcomes)? |  |
| **Q4** How do you hope to achieve these objectives and outcomes? What activities or approaches will you engage in? | *Year 1* |  |
| *Year 2* |  |
| **Q5** How will community representatives from your focus populations or geographies help shape the project? How will you meaningfully integrate their feedback into design and implementation? |  |
| **Q6** How will you engage with other key stakeholders (e.g., policy makers, other implementers) through this project?  |  |
|  |  |
| ANTICIPATED PROJECT OUTCOMES |
| **Q7** What deliverables will be created through this project?  |  |
| **Q8** How many people do you anticipate this project will reach directly[[1]](#footnote-2) ? *Grantees will be expected to report on this metric annually.* |  |
| **Q9** How many health care workers will be trained through this project (if relevant)[[2]](#footnote-3)? *Grantees will be expected to report on this metric annually, if relevant.* |  |
| **Q10** On the right, select the relevant pathways for how this project could catalyze broader change in your community.  | [ ]  Pilot a new, innovative intervention for the focus region or population[ ]  Scale an evidence-based intervention[ ]  Strengthen organizational or leadership capacity [ ]  Establish and sustain new systems or partnerships [ ]  Generate and disseminate evidence to spur action by others (i.e., by communicating learnings and best practices)[ ]  Influence guidelines or policy[ ]  Other: Click or tap here to enter text. |
| **Q11** Describe how your project will pursue your aspirations for broader change over the course of the project.  |  |

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| BUDGET  |
| **Q12** Please share detailed project budget using the Excel template here and complement it with a written narrative that includes explanation, justification, and cost basis for all cost items.*Please indicate any additional financial or other forms of support that your organization or other partners will commit to the project, if any.*  |  |

1. ***The total number of unique individuals reached through patient navigation or referrals to care, health education/information, or other SHC-supported program services****: Individuals reached directly via grant-funded programs. This does not include or count people reached through social marketing or media campaigns. People reached numbers should be developed from actual reported counts and should not reflect estimates.* [↑](#footnote-ref-2)
2. ***The number of health workers or health care providers trained****: These individuals may include physicians, nurses, allied health professionals, patient navigators, care coordinators, community health workers, promotores, case managers, disease educators (including peer educators or peer counselors), medical interns and students, and other medical or public health professionals.* [↑](#footnote-ref-3)