

## Applicant Information Sheet

<b>1. Name of Applicant</b>									
<ul style="list-style-type: none"> <li><i>If the Health Council is a 501c3 nonprofit, then put the Health Council's name here.</i></li> <li><i>If the Health Council is <u>not</u> a 501c3 nonprofit, then put the name of the partner organization/fiscal sponsor here. That organization will be the "Applicant".</i></li> </ul>									
<b>2. Applicant's Tax ID Number</b>									
<b>3. Fiscal Sponsor Relationship</b>	<p>Please describe the services Applicant Organization will provide for the Health Council if funds are awarded (for example, application support, invoice submission, financial reporting...).</p>								
<p><b>* IF THE HEALTH COUNCIL HAS 501c3 STATUS AND IS APPLYING ON THEIR OWN BEHALF, PLEASE SKIP TO #4.</b></p> <p><i>If Health Council is not a 501c3 nonprofit organization, it will need a fiscal sponsor organization to apply on its behalf. A fiscal sponsor can receive and manage funding on behalf of a Health Council for its CARE Grant project, and can be a nonprofit, governmental agency, or other partner who is willing to accept funding on behalf of a Health Council.</i></p>	<p>Describe the agreement that will oversee the administration of award funds if this application is funded.</p>								
	<p>Please describe any administrative fees that will be charged to the Health Council by your organization:</p>								
<b>4. Applicant's Mailing Address</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: none;">Street:</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: none;">City:</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: none;">Zip:</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	Street:		City:		Zip:			
Street:									
City:									
Zip:									
<b>5. Applicant's Primary Contact Person</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: none;">Name:</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: none;">Title:</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: none;">Email:</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: none;">Phone:</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	Name:		Title:		Email:		Phone:	
Name:									
Title:									
Email:									
Phone:									
<b>6. Applicant's Authorized Signer of Grant Contract</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: none;">Name:</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: none;">Title:</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: none;">Email:</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: none;">Phone:</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	Name:		Title:		Email:		Phone:	
Name:									
Title:									
Email:									
Phone:									

### County Health Council Information

<b>7. What County Health Council is leading this project?</b>			
<b>8. What is the name of this project?</b>			
<b>9. Please give a 25-word overview of this project.</b>			
<b>10. Health Council Background</b>  <i>Please give a brief background of your Health Council, including your history, how long you've been in existence, the top 3 programs or accomplishments your Health Council is proud of.</i>			
<b>11. When did your Health Council complete its last CHA?</b> <i>(month, year)</i>			
<b>12. What were the priorities selected in Health Council's latest CHA?</b>			
<b>13. Which priority or priorities does this project address?</b>			
<b>14. What are the root causes or drivers of this priority?</b>			
<b>15. Amount of funding being requested in this application</b>	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000 <input type="checkbox"/> Other:
<b>16. Project Primary Contact Person</b>	Name:		
	Title:		
	Email:		
	Phone:		
<b>17. Project Secondary Contact Person</b>	Name:		
	Title:		
	Email:		
	Phone:		

**COUNTY HEALTH COUNCIL  
COLLABORATIVE ACTION FOR RESILIENCE AND EQUITY (CARE)  
GRANT APPLICATION FORM**

**Part 1: Community Health Need**

*This section is worth 30 points. This section explains why Health Council is seeking a grant.*

**1.a. Using data from your CHA, please describe the situation in your County that is motivating your Health Council to take action. (250 words)**

- What populations are affected and how?
- Describe the significance of this problem.

*Please use CHA data – both statistics and data you collected from the community.*

**1.b. What will happen if no one takes action now? (200 words)**

**1.c. If you get this funding, what will be the result of your project? Please be sure to include:  
(200 words)**

- Who or what will change?
- How many will change?
- How much change will take place?
- In what direction will it change (*increase / reduce / decrease*)
- Over what time period will this change take place?

Here is an example:

*“Over the (next 15 months), we will see a (25%) (decrease) in (teen tobacco use)  
TIME PERIOD HOW MUCH WHAT WHAT WILL  
CHANGE CHANGE DIRECTION CHANGE  
at the high school, from (100 students to 75) students.”  
HOW MANY  
WILL CHANGE*

## Part 2: Your Activities

*This section is worth 30 points. This section explains how you will produce the outcomes described in Part*

**1. Make sure everything in Part 2 that has a cost associated with it also appears in your budget.**

**2.a. Please give a big-picture overview (3-4 sentences) of your approach to addressing this problem.  
(150 words)**

**2.b. Why did you select this method? Why do you think that it will work in your community? (150  
words)**

**2.c. Who will benefit, or who will see improvement in their lives, because of your planned activities?  
(150 words)**

2.d. What are the major activities that you will do as a part of this project? You may want to give each activity its own heading and then describe it. With each activity, also include who will implement it and their roles and responsibilities. (500 words)

For example:

**Planning**

*The first phase of this project will be planning, which will take 3 months (Aug-Oct 2022). During this phase, we will solidify the project plan, interview and hire a vendor, and order supplies. The Project Director will lead planning meetings. The Health Council Planning Subcommittee will get quotes from and meet with vendors. Coordinated School Health will order all supplies.*

**2.e. Describe *what* will be accomplished by *when*. (150 words) . *This should match what you include in your timeline.***

For example:

*Each of the 50 children participating in the program will be provided with 15 hours of monthly tutoring for 6 months*

**2.f. Tell us about your main collaborators on this project: (500 words)**

- List the name of each collaborating organization
- Describe each collaborator's role and responsibility in this project
- List the resources each collaborator is committing to this project

2.g. One emphasis of the CARE Grant is a focus on Policy, Systems, and Environmental Change (PSE Change). PSE Change strategies make healthy choices and options easily accessible to a community. PSE Changes are important because they are often sustainable over the long term and impact the drivers of health.

Please describe how this project addresses Policy, Systems, or Environmental Change. (250 words)



### **Part 3: Measuring Progress**

*This section is worth 10 points. This section explains how you will know whether your project has achieved the results you planned.*

**3.a. What will you measure to know whether this project has met its goals? (150 words)**

**3.b. An important aspect of project success is sharing your outcomes in the community so that others can learn from and build on your success. What is your plan to share your project outcomes in the community? (press release, social media, newsletter, etc.) (150 words)**

## Part 4: Addressing Disparities

*This section is worth 20 points. This section explains how this project works on achieving health equity and eliminating health disparities.*

**4.a. Another of the goals of the CARE Grant is to support Health Councils in addressing Health Disparities and increasing Health Equity.**

**Please provide an explanation of how this project addresses Health Disparities in your community, and how it works to improve Health Equity. (300 words)**

**4.b. When designing this project, how did the Health Council engage people who have lived through, or are currently experiencing, health disparities? In other words, how does the Health Council know that the populations served through this project are interested in, and will benefit from, this project? (300 words)**

## Part 5: Budget

This section is worth 10 points.

5.a. In this section, please provide a written description of your budget. Include any project expenses, any other project funding, matching funds, or in-kind resources. Include the cost of each item and the overall, total project cost, and make sure to include a description of all project line items. (300 words)

For example:

- **Supplies:** \$XXX. This includes \_\_\_\_, \_\_\_\_, and \_\_\_\_\_. These will be purchased from \_\_\_\_ and will be used for \_\_\_\_ purpose.
- **Additional Project Revenue:** \$XXX. This project will receive an additional \$XXX from \_\_\_\_ source. This will be used for \_\_\_\_ purpose.
- **In-Kind Donations:** \_\_\_\_ is contributing \_\_\_\_ (item, service) to this project free of charge. This will be used for \_\_\_\_ purpose.
- **Matching Funds:** We were awarded \$XXX an additional by the XYZ Foundation to support this project. These funds will be used for \_\_\_\_ purpose.

**5.b. If this project is not fully funded in the amount requested, can it still move forward? Please explain. (250 words)**

## Part 6: Required Items

Please include the following with your application:

All applicants, please include:

- CHA Priorities Template
- Community Health Improvement Plan (CHIP) from latest CHA
- Project Timeline using the template provided

Those applying for *more than \$10,000*, also include:

- Logic Model (using the Tearless Logic Model or other template)

Those applying for *\$25,000 or more*, also include:

- 3 to 5 letters of support, including:
  - A letter of commitment from a proposed collaboration partner indicating they are committed to participating in the project
  - A letter of support from County *and* City Mayor or Executive indicating that they support and approve this project
  - A letter of support from a community member or organization who could be supported by this project

## Part 7: Optional Items

Please include the following with your application if applicable.

- Any other items which support the successful implementation of this project (MOU with collaborators, or other items that are relevant).