

Applicant Information Sheet

1. Legal Name of Applicant as it Appears on Corporate Charter									
2. Federal Tax ID Number									
3. Relationship of Applicant to Health Council * PLEASE SKIP TO QUESTION #4 IF YOU ARE A HEALTH COUNCIL WITH 501(C)3 STATUS APPLYING ON YOUR OWN BEHALF	For the purposes of this Grant funding, what is Applicant’s relationship to the respective County Health Council? <input type="checkbox"/> Fiscal Sponsor <input type="checkbox"/> Other (please describe)								
	Please describe the scope of services Applicant will provide for Health Council through the life of the project if funds are awarded (e.g. application support, invoice submission, financial reporting...)								
	How does the proposed project align with your organization’s mission and goals?								
	If awarded, what document(s)/agreement(s) will govern the administration of award funds? (e.g. MoU/agreement between Applicant and Health Council)								
	Please describe any administrative fees that will be charged to the Health Council by your organization through the life of this project.								
4. Is your organization a registered vendor with the State of Tennessee?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
5. Applicant Mailing Address	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100px; border: none;">Street:</td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: none;">City:</td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: none;">Zip:</td><td style="border: 1px solid black;"></td></tr> </table>	Street:		City:		Zip:			
Street:									
City:									
Zip:									
6. Applicant Primary Contact Person	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100px; border: none;">Name:</td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: none;">Title:</td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: none;">Email:</td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: none;">Phone:</td><td style="border: 1px solid black;"></td></tr> </table>	Name:		Title:		Email:		Phone:	
Name:									
Title:									
Email:									
Phone:									
8. Authorized Signer of Grant Contract	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 100px; border: none;">Name:</td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: none;">Title:</td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: none;">Email:</td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: none;">Phone:</td><td style="border: 1px solid black;"></td></tr> </table>	Name:		Title:		Email:		Phone:	
Name:									
Title:									
Email:									
Phone:									

County Health Council Information

9. What County/County Health Council is leading this project?	
10. When did this county select its most recent County Health Assessment (CHA) priorities? <i>(month, year)</i>	
11. What were the priorities identified in the county's latest CHA?	
12. Amount of funding being requested in this application <i>(select one):</i>	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Other:
13. Which priority(ies) does this proposal/project address?	
14. Project Primary Contact Person	Name: <input style="width: 80%;" type="text"/>
	Title: <input style="width: 80%;" type="text"/>
	Email: <input style="width: 80%;" type="text"/>
	Phone: <input style="width: 80%;" type="text"/>
15. Project Secondary Contact Person	Name: <input style="width: 80%;" type="text"/>
	Title: <input style="width: 80%;" type="text"/>
	Email: <input style="width: 80%;" type="text"/>
	Phone: <input style="width: 80%;" type="text"/>

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

Part 1: Your Community Health Need

This section is worth 20 points.

Please provide a clear description of the priority need(s) that you intend to address through this project, including the severity of the need in your community. Please also explain how your CHA process demonstrated a need for this project. To illustrate this need, please refer to the results of your CHA, including primary data collected and secondary data reviewed during the process. *(max. approximately 500 words)*

Part 2: Your Approach

This section is worth 20 points.

Please describe the project you have formed to address the priority need described in Part 1, touching on all of the below: (max. approximately 750 words)

All Applicants, please answer:

- What is your group's plan to address this need? What is the purpose of this project? What are the actions/steps your group will take to address this need?

Only applicants applying for *more than \$5,000*, please also answer:

- Why do you believe this approach will address the intended priority need?
 - o If applicable, please refer to other examples of similar projects from other locations and their outcomes, and why you think such a project might work in your community.
 - o If this is an experimental project, please share your rationale as to why you think this project will achieve the desired outcome in your community.
- How does this project go upstream to address policy, systems, or environmental change?

Part 3: Addressing Disparities

This section is worth 20 points.

Please provide an explanation of how the proposed project works toward health equity and/or addresses health disparities in your community. Which populations will be served through this project, and how do you know that these populations are interested in, and are likely to benefit from, this project? How did you engage people who have lived experience of health inequity in the design of this project? *(max. approximately 500 words)*

Part 4: Community Collaboration

This section is worth 20 points.

Please describe your collaboration partners for this project. How were these partners involved in the design of the project? What is each partner's respective role in the project? How will all collaboration partners coordinate throughout the life of the project? *(max. approx. 500 words)*

Part 5: Measuring Progress

This section is worth 15 points.

All Applicants, please answer:

What outcomes do you hope to achieve through this project?

Only applicants applying for more than \$5,000, please also answer:

Please describe your plan for evaluating these outcomes. Please share your intended metrics, your plan for data collection, and your plan to share these findings. (*max. approximately 500 words*)

Part 6: Your Budget

This section is worth 5 points.

All Applicants, please answer:

In this section, please provide a written narrative related to your budget. Please note that you must also complete the 2-page budget template using the template provided. Please describe how this grant funding will be used, including anticipated revenue and expenses, any additional grant funding, and other project resources if applicable.

Only applicants applying for *more than \$5,000*, please also answer:

Please address the sustainability of the project beyond the grant period. Clearly outline your funding requests for this project and total project cost. (*max. approximately 500 words*)

Part 7: Supplementary Items – Required

Please include the following with your application:

All applicants, please include:

- CHA Priorities Template
- Community Health Improvement Plan (CHIP) from latest CHA

For those applying for \$25,000 or more, also include:

- Project Timeline (max. 2 pages)
- Logic Model

For those applying for \$200,000 or \$1,000,000, also include:

- 3 to 5 letters of support, including:
 - o A letter of commitment from a proposed collaboration partner
 - o A letter of support from a local leader, preferably governmental
 - o A letter of support from a community member or organization who could be supported by this project

Part 8: Supplementary Items – Optional

Please include the following with your application if applicable.

- Any other items which support the successful implementation of this project