

**INSTRUCTIONS**

1. Before proposing a project, please review the Community Grants Program fact sheet ([www.dignityhealth.org/communitygrants](http://www.dignityhealth.org/communitygrants)) and the most recent Community Health Needs Assessment and Implementation Strategy (<http://dignityhealth.org/cm/content/pages/community-health-needs.asp>) of the Dignity Health hospital to which you are applying.
2. Prospective applicants are encouraged to contact the Grant Representative to inquire about specific priorities.
3. Please be concise in your answers to the Letter of Intent questions.
4. E-mail the completed LOI to your local Grant Representative by the due date on the hospital's Community Grants Program fact sheet. Do not fax the LOI or send videos or any extra materials.

**Hospital Name:** Mark Twain Medical Center**City:** San Andreas**Grant Representative:** Nicki R. Stevens**E-mail:** [nicki.stevens@Dignity Health.org](mailto:nicki.stevens@Dignity Health.org)**PROJECT NAME AND GRANT REQUEST****Project Name:** [Click here to enter text.](#)**Intended Grant Request:** \$ [Click here to enter text.](#)**LEAD APPLICANT INFORMATION****Organization Name:** [Click here to enter text.](#)**Tax ID Number:** [Click here to enter text.](#)**Web Address:** [Click here to enter text.](#)**Mailing Address:** [Click here to enter text.](#)**Contact Person and Job Title:** [Click here to enter text.](#)**Phone Number:** [Click here to enter text.](#)**E-mail:** [Click here to enter text.](#)**Organization Mission:** [Click here to enter text.](#)

## PARTNER ORGANIZATIONS AND SERVICES

List all applicant partner organizations and their principal functions and services.<sup>1</sup>

*A minimum three organizations is required. (Do not include a Dignity Health hospital on this list.)*

1. **Lead organization name** (*required*): Click here to enter text.

What does the organization do? What are its principal functions and services? (Three sentence maximum.)

Click here to enter text.

2. **Partner organization name** (*required*): Click here to enter text.

Web Address: Click here to enter text.

Mailing Address: Click here to enter text.

What does the organization do? What are its principal functions and services? (Three sentence maximum.)

Click here to enter text.

3. **Partner organization name** (*required*): Click here to enter text.

Web Address: Click here to enter text.

Mailing Address: Click here to enter text.

What does the organization do? What are its principal functions and services? (Three sentence maximum.)

Click here to enter text.

4. **Partner organization name** (*optional*): Click here to enter text.

Web Address: Click here to enter text.

Mailing Address: Click here to enter text.

What does the organization do? What are its principal functions and services? (Three sentence maximum.)

Click here to enter text.

5. **Partner organization name** (*optional*): Click here to enter text.

Web Address: Click here to enter text.

Mailing Address: Click here to enter text.

What does the organization do? What are its principal functions and services? (Three sentence maximum.)

Click here to enter text.

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<sup>1</sup> This is a brief description of each organization's principal functions and services, and not a description of proposed grant project activities, which is in the Project Description section. For example: "Middletown Community Support Center provides counseling, health education and basic needs services to youth and senior members of the greater Middletown community."

## PROJECT DESCRIPTION

Describe the **project's principal activities and services**. Include the frequency/duration of project activities and services, and the resources, people and skills that will be used to deliver these services:

[Click here to enter text.](#)

Briefly describe the **target population** and list the principal municipalities and zip codes served:

[Click here to enter text.](#)

Describe **how the partner organizations will work collaboratively – including their distinct, complementary and substantive roles** – in delivering project activities and services:

[Click here to enter text.](#)

Describe **how this project will work with the Dignity Health hospital** in the local community:

[Click here to enter text.](#)

Explain **how this project is a response to one or more significant health needs** in the hospital's Community Health Needs Assessment and is aligned with its Implementation Strategy:

[Click here to enter text.](#)

Describe the **main outcomes** that the partners intend to achieve with Dignity Health support. What specific and measurable benefits or changes in the target population are expected:<sup>2</sup>

[Click here to enter text.](#)

Identify any **other sources of financial and in-kind support** for this project:

[Click here to enter text.](#)

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<sup>2</sup> Specific and measurable outcome goals are vitally important to the Community Grants Program. Successful LOI applicants invited to submit full proposals will be required to provide additional detail about goals and how they will be achieved and measured.

### Core Community Health Principles

Dignity Health has adopted five core principles that guide its community health programming. Identify and briefly describe how the project incorporates one or more of these principles:

- Focus on disproportionate unmet health-related needs
- Emphasize primary prevention and address underlying causes of health problems
- Contribute to a seamless continuum of care
- Build community capacity
- Demonstrate collaboration

**Brief description:** [Click here to enter text.](#)

### Service to Dignity Health Patients and Use of Protected Health Information

Indicate whether the project will serve Dignity Health patients and involve grantee organizations' use of Protected Health Information (PHI), including patient demographic data (e.g., name, address, birthdate). Successful applicants whose projects involve PHI must comply with Health Insurance Portability and Accountability Act (HIPAA) provisions. Dignity Health will provide direction and assistance as needed.

- Yes, project will involve use of Protected Health Information
- No, project will not involve use of Protected Health Information
- Unsure at this time whether project will involve use of Protected Health Information

### Recent Dignity Health Grant Recipients

Have any of the applicant organizations received a Dignity Health grant in the past three years (2016, 2017, or 2018)? (*This is for information only. Recent grant recipients are eligible to apply.*)

- Yes
- No

**If yes, which organization(s) and years(s):** [Click here to enter text.](#)

### Organizations invited to submit a full proposal will be asked to provide, at a minimum:

- One-page diagram/flow chart illustrating the program model for services and partner collaboration;
- Specific and measurable output and outcome indicators with goals, for mid-year and final grant reports;
- Budget detail and narrative for personnel and non-personnel, allocated across all partner organizations;
- Evidence of and a plan for project sustainability; and
- Lead organization Board of Directors list with affiliations, and IRS determination letter.

**DO NOT SEND THESE UNLESS INVITED TO SUBMIT A FULL PROPOSAL.**