**2023 COMMUNITY HEALTH IMPROVEMENT GRANTS**

PROJECT PROPOSAL FORM

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| **PROJECT NAME and GRANT REQUEST**  **Project Name**: Click here to enter text.  **Grant Request**: **$** Click here to enter text.  **Name and Location of Dignity Health Hospital(s) that will be linked to your project:**  Click here to enter text.  **Grant Representative**: Click here to enter text. |

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| **LEAD APPLICANT ORGANIZATION**  **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** *(up to three sentences)*: Click here to enter text. | |
| **LEAD and PARTNER ORGANIZATIONS**  List the lead applicant and partner organizations and their principal functions and services.**[[1]](#footnote-1)**  ***A minimum of three organizations in total is required.*** (*Do not include a Dignity Health hospital on this list*.)  1. **Lead applicant organization name** *(required)*: Click here to enter text.  What does the organization do? What are its principal functions and services? (*Two sentence maximum*.)  Click here to enter text.  2. **Partner organization** *(required)*: Click here to enter text.  Web Address: Click here to enter text.  Mailing Address: Click here to enter text.  Contact Name: Click here to enter text. E-Mail: Click here to enter text.  What does the organization do? What are its principal functions and services? (*Two sentence maximum*.)  Click here to enter text.  3. **Partner organization** *(required)*: Click here to enter text.  Web Address: Click here to enter text.  Mailing Address: Click here to enter text.  Contact Name: Click here to enter text. E-Mail: Click here to enter text.    What does the organization do? What are its principal functions and services? (*Two sentence maximum*.)  Click here to enter text.  4. **Partner organization** *(optional)*: Click here to enter text.  Web Address: Click here to enter text.  Mailing Address: Click here to enter text.  Contact Name: Click here to enter text. E-Mail: Click here to enter text.    What does the organization do? What are its principal functions and services? (*Two sentence maximum*.)  Click here to enter text.  5. **Partner organization** *(optional)*: Click here to enter text.  Web Address: Click here to enter text.  Mailing Address: Click here to enter text.  Contact Name: Click here to enter text. E-Mail: Click here to enter text.    What does the organization do? What are its principal functions and services? (*Two sentence maximum*.)  Click here to enter text. | |

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| **PROJECT DESCRIPTION[[2]](#footnote-2)**  **A**) Describe the **project’s principal activities and services**. Include the frequency/duration of activities and services, and the resources, people and skills that will be used to deliver these services:  Click here to enter text.  **B1**) 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.  **B2)** Have all listed partner organizations confirmed their participation in thisgrant proposal?  Yes  No If “No,” please explain: Click here to enter text.  **C**) Briefly describe the **population to be served** (e.g., ages, race/ethnicity, other key characteristics) and list the principal cities, towns and/or ZIP codes served:  Click here to enter text.  **D**) Explain **how this project is a** **response to one or more significant health needs** in the hospital’s Community Health Needs Assessment and Implementation Strategy:  Click here to enter text. |
| **E**) Describe **how this project will work with the Dignity Health hospital** in the local community:  Click here to enter text. |

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| **Project Name**:Click here to enter text.  **PROJECT ACTIVITIES AND MEASURABLE GOALS** |
| **Project Description Summary** (**75 words max**.): Click here to enter text. |
| **Significant Health Need(s) Being Addressed**: Click here to enter text. |

| **Principal Project Activities and Services**  (based on Project Description) | **Applicant Organization(s) Directly Involved** | **Activity Output Goals**  (e.g., units of service to be delivered, numbers of people to be served) | **Activity Outcome Goals**  (measurable improvements from a specific **activity** in the condition of people served, such as health status, access to care, behaviors, knowledge) | **Project Outcome Goals**  (measurable improvements from the **overall project** in the condition of people served, such as health status, access to care, behaviors, knowledge) |
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| **Community Health Principles**  The Community Health Improvement Grants program considers five principles to help guide funding decisions. Check the appropriate box or boxes to identify which principle(s) this project fulfills:  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  **Service to Dignity Health Patients and Use of Protected Health Information**  Indicate whether the project will serve Dignity Health patients **and** involve applicant 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 of Dignity Health patients  No, project will not involve use of Protected Health Information of Dignity Health patients  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 (2020, 2021, or 2022)? (*This is for information only. Recent grant recipients are eligible to apply*.)    Yes  No If yes, which organization(s) and year(s): Click here to enter text.  **Fiscal Agent and Lead Organization Information**  Are you using a fiscal agent other than the lead applicant organization?  Yes  No  **If yes**, provide organization name, mailing address, e-mail, phone number, and Tax ID number:  Click here to enter text.  Submit each of the following for the lead applicant organization and, if applicable, the fiscal agent:  IRS determination letter of 501(c)3 status, with Tax Identification Number  IRS Form W-9, with organization’s current address  Board of Directors List and Affiliations |

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| **Project Budget AND NARRATIVE**  Please provide project budget information. In the table below, the columns are to specify the portion of total requested grant funds that will be for the lead applicant organization (#1), and distributed to partner organizations as applicable to perform specific activities and services.  **2023 Grant Project Budget**  (A) Dignity Health Grant Request: $ Click here to enter text.  (B) Project Funding from Other Sources: $ Click here to enter text.  (C) Total Project Budget (A+B): $ Click here to enter text.  Would you be able to implement this project with partial funding?  Yes  No   |  | **Allocation of “(A) Dignity Health Community Grant Request” among Lead Applicant (#1) and Partner Organizations (#2 to #5)** | | | | | **Totals by Personnel and Non-Personnel** | | --- | --- | --- | --- | --- | --- | --- | |  | **#1**: Click here to enter text. | **#2**: Click here to enter text. | **#3**: Click here to enter text. | **#4**: Click here to enter text. | **#5**: Click here to enter text. |  | | **Salaries and Personnel** | $ | $ | $ | $ | $ | $ | | **Non-Personnel** | $ | $ | $ | $ | $ | $ | | **Totals by Organization** | $ | $ | $ | $ | $ | $ |   Provide an explanation of personnel and non-personnel dollar amounts in the budget for each organization, and describe how the budgeted amounts support the project’s activities and goals.  **Salaries and Personnel** (number and type of staff, approximate full time equivalents, roles):  Click here to enter text.  **Non-Personnel** (equipment, printing, supplies, rent, travel, etc.):  Click here to enter text. |

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| **Project Budget AND NARRATIVE**  **Other Funding Sources**  If you entered a dollar amount for “(B) Project Funding from Other Sources” in the budget section above, identify up to the five largest of these in the table below. (Leave blank if none):   |  |  |  |  | | --- | --- | --- | --- | | **Funding Organization** | **Recipient Organization** | **Activity Funded** | **Amount** | | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | $ Click here to enter text. |   **Sustainability**  Describe how project will be sustained through organizational and financial commitments over the next three years:  Click here to enter text. |

1. This is a brief description of each organization’s principal functions and services, not a description of proposed grant project activities. For example: “Middletown Community Support Center provides counseling, health education and basic needs services to youth and senior members of the greater Middletown community.” [↑](#footnote-ref-1)
2. The maximum length for the Project Description section is two pages. Please be thorough but concise. [↑](#footnote-ref-2)