COMMUNITY HEALTH FUND
GRANT PROPOSAL

For grants greater than $5,000

The following pages provide instructions for completing each section of your proposal. Use the Frequently Asked Questions (FAQ) pages in the Grants section of our website at www.ETHD.org as your guide in completing each of the sections. The proposal and all forms must be typewritten or computer-generated and may not exceed eight pages.

Please number the pages and clearly identify all sections with subheadings or by referencing section numbers, paying particular attention to the page limits indicated.

COVER PAGE

Legal Name of Organization: ____

Organization Director: ____

Address: ____

Phone: __________________ Fax: _________________ E-Mail: ________________________

Proposed Program/Project Title: ____

Contact Person and Phone: ____

Amount of Funds Requested: ________________

Program/Project Summary: *(For quick reference; please answer in 100 words or less.)*

I (we) certify that all the information included in or attached to this proposal is complete and accurate.

____________________________________	______________________________	_________
Authorized Signature of Agency Representative	Printed Name and Title	Date
____________________________________	______________________________	_________
Authorized Signature of Agency Representative	Printed Name and Title	Date

PROPOSAL CHECKLIST

Please use this checklist to ensure you have included all items in your proposal.

We have included two original copies and an electronic copy sent to Barbara Adranly at badranly@ethd.org:

- ❑ Proposal Cover Page (with signatures)
- ❑ Problem Statement
- ❑ Program Description
- ❑ Goals and Objectives
- ❑ Program Analysis
- ❑ Outcomes and Evaluation
- ❑ Agency Capability
- ❑ Program Budget
- ❑ Budget Narrative
- ❑ Revenue Disclosure

We have included with the two original proposals, one copy of the following:

- ❑ Articles of Incorporation *(note: attach any amendments)*
- ❑ Bylaws
- ❑ A recent financial statement (preferably most recent **audited** financial statement)
- ❑ Copy of IRS Exemption letter
- ❑ List of Board of Directors
- ❑ Organizational Chart
- ❑ This Proposal Checklist

A. Problem Statement *(Maximum of two single-spaced pages.)*

Please discuss the problem you have identified in the Eden Health District. Include quantitative and qualitative data documenting the unmet health needs of the target population. (Note: this section describes the problem, not the solution.)

B. Program Description *(Maximum of two single-spaced pages.)*

Please describe the program or service you are proposing, and how this program or service addresses the problem described above. Discuss how the service is a new or expanding health-related service and not a duplication of existing services.

C. Goals and Objectives *(Maximum of one single-spaced page.)*

Clearly state your program goal(s). Identify your specific and measurable objectives to attain these goal(s).

D. Program Analysis *(Maximum of two single-spaced pages.)*

1. **Target Population**
   Specify age, gender, ethnicity, special needs, health needs, etc., as related to the proposed program, e.g., "The program will provide services to persons 12-18 years of age who are physically challenged."

2. **Service Area**
   Identify the geographic area served. Note that the program must serve residents of the Eden Health District (at least 51% of participants must reside within the District). The agency does not need to be located within the District boundaries.

3. **Program Performance**
   Identify how the program/service is delivered, including:
   - *units of service during the term of the grant period*
   - *total number of days of service during the grant period*
   - *days and hours of operation*
   - *number of people served*
   - *how participants will obtain services*
   - *location and accessibility of the site*
   - *how you will generate referrals to the proposed program*
   - *how services will be communicated to potential participants*

E. Outcomes and Evaluation *(Maximum of one single-spaced page.)*

Clearly describe:

- What are the specific outcomes you intend to achieve through your proposed program? Some of these outcomes should be measurable and all should relate to the goals, objectives and program activities you have described in this proposal.
- How will you measure the effectiveness of your program? Please discuss effectiveness in terms of addressing the issues described in your problem statement, and include the ways you will track achievement of your intended outcomes.

F. Agency Capability *(Maximum of one single-spaced page.)*

Define your organization's mission, vision and goals. Describe your agency's ability to provide the proposed program or service. List and describe cooperative and collaborative links with other organizations that enhance your ability to provide the proposed program or service. Please provide a letter of interest from collaborating agencies, if applicable.

G. Project Budget

Include a detailed project budget showing all sources of funding and clearly indicate how funds from Eden Health District would be used.

H. Budget Narrative

Provide a narrative of the budget content to support the total requested as well as each line item. Specifically include the number of employees and hours budgeted for the program. Please include information on how this program or service will sustain itself beyond the District's grant period.

I. Revenue Disclosure

Provide a list of other existing funding sources for the program requested and other grant requests written for this program. Please describe any contractual limitations that apply to existing funds or grants.

J. Submission of Proposal and Attachments

Submit two signed original copies of the proposal and an electronic copy to Barbara Adranly at badranly@ethd.org.

Both original copies of proposal should include the following:

1. Articles of Incorporation
2. Bylaws
3. Your organization's annual operating budget for the current year
4. Most recent financial statement (preferably most recent **audited** financial statement)
5. IRS Tax Exemption letter
6. List of Board of Directors (Include professional and community affiliations. Do not include home addresses.)
7. Organizational chart

Please submit the proposal and all required documents to Eden Health District, 20400 Lake Chabot Road, Suite 303, Castro Valley, CA 94546-5367. Facsimiles will not be accepted. Documents become part of the public record of the Eden Health District.

For assistance, please call (510) 538-2031 ext. 201 or visit our website at www.ethd.org.