



COMMUNITY HEALTH FUND GRANT APPLICATION
(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: _____ Email: _____

Program/Project Title: _____

Contact Person and Phone: _____

Amount of Funds Requested: _____

Short Summary (25 words or less) of proposed program/project:

Is this the first time you are submitting a proposal to the Community Health Fund? ____ Yes ____ No

If no, previous funding: Month _____ Year _____ Amount _____

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.

A signed electronic copy has been sent to Barbara Adranly at badranly@ethd.org and include:

- ☐ Proposal Cover Page (with signatures)
- ☐ Problem Statement
- ☐ Program Description
- ☐ Goals
- ☐ Objectives
- ☐ Intended Outcomes
- ☐ Evaluation
- ☐ Demographic Data Collection
- ☐ Agency Capability
- ☐ Sustainability
- ☐ Program Budget
- ☐ Budget Narrative
- ☐ Additional Funding

One copy of the following is included with the signed electronic proposal:

- ☐ Articles of Incorporation (note: attach any amendments)
- ☐ Bylaws
- ☐ Most recent financial statements (preferably most recent **audited** financial statements)
- ☐ Operating Budget for current year
- ☐ List of Board of Directors
- ☐ This Proposal Checklist

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

Please describe the problem addressed by your program/project.

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

Please describe the program you are proposing, and how it addresses the problem described above. Discuss any ways this program connects with or relates to existing services. Refer to items #1 -3 below for further guidance in writing this description.

1. Program Performance

Include information on how 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 unduplicated 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

2. Target Population

Include data to describe your target population including 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.”

3. Service Area

Describe the geographic area served including zip codes and identify the number of District residents you expect to serve with your program/project.

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

Clearly state the goals of this program/project.

D. Objectives *(Maximum of one single-spaced page)*

Clearly state your specific and measurable objectives to attain the above goal(s).

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

Clearly describe the specific measurable outcomes you intend to achieve through your proposed program. All measurable outcomes should relate to the goals, objectives and program activities you have described in this proposal.

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

Describe how you plan to measure the effectiveness of your program and track achievement of your intended outcomes.

G. Demographic Data Collection

The District is interested in collecting a range of demographic data about clients served through grant funding. This data includes zip codes, gender, age, ethnicity, and language spoken. Please describe your ability to collect this data. What categories of data do you currently collect and how do you collect it? Please describe your ability to collect any of the data categories listed above that you are not currently collecting.

H. 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.

I. Sustainability

Describe whether this program/project will continue beyond the District's grant period and, if so, describe how you intend to fund it.

J. Project Budget

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

K. Budget Narrative

Provide a narrative of the budget content to support the total funds requested as well as each line item. Specifically include the number of employees and hours budgeted for the program.

L. Additional Funding

Provide a list of other existing funding sources for the program requested and other grant requests written for this program. Please specify which are existing sources of funding or potential sources.

M. Submission of Proposal and Attachments

The District office must receive a signed electronic copy and all required documents by email to badranly@ethd.org on or before the last Friday of September by 12 noon.

The signed electronic copy 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 statements (preferably most recent **audited** financial statements)
5. IRS Tax Exemption Letter
6. List of Board of Directors (Include professional and community affiliations. Do not include home addresses.)

Please submit the signed electronic copy of the proposal and all required documents by email to: badranly@ethd.org on or before the noon on the first Friday in September.

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.