



COMMUNITY HEALTH INVESTMENTS 2016-2017, SOCIAL DETERMINANTS OF HEALTH I
Application Form

I. APPLICANT INFORMATION

Complete your application using the space provided.

Name of Organization: _____ Year Incorporated: _____

Name of Fiscal Agent, if applicable: _____

Tax ID Number (fiscal agent if using such): _____

Street address (include fiscal agent if not the same): _____

City and State _____ **9-digit** Zip code _____ - _____ (Req.)

Name **and** title of President, Executive Director, or Chief Executive Officer

Telephone(s) _____

Email address _____ Website _____

Name **and** title of project contact if different from above:

Telephone(s) _____

Email address _____

Type of Organization:

Select one: 501(c)(3)
 Public or government entity State type of entity _____

Project Name _____

Geographic Area(s) Served _____

Population(s) Served _____

Organizational budget \$ _____ Project budget \$ _____ GCHP request \$ _____

Does your organization meet ALL the criteria outlined in the Request for Applications Yes No

II. SUMMARY OF REQUEST

Please note that no funds will be provided for direct medical services.

Check off the Social Determinant of Health that you propose to address. You must select one:

- A **Access to quality health care**
- B **Access to quality and affordable food options**
- C **Neighborhood and built environments**

1. Organizational Background and Capacity to Address Selected Social Determinant of Health

State your organization's overall mission and goals, and describe the current programs and activities most relevant to the proposed project. Describe your organization's experience and qualifications in addressing the selected social determinant of health.

2. Targeted Geographic Area and Population: Does your proposed project target the diverse populations and contribute to geographic equity in Ventura County?

Describe the geographic area(s) and population(s) that will benefit from the proposed effort. Provide available demographic data when possible.

3. Statement of Need and Alignment with GCHP Selected Priorities

Describe the needs, problems or issues to be addressed through the proposed project. Identify and describe in detail the specific social determinant of health that you have selected to address, including available data on the incidence of the problem in Ventura County. Explain specifically how the selected social determinant impacts the health status of your targeted population and that of GCHP members. Provide specific data whenever possible to justify the need. Explain how your proposal is aligned with GCHP's Social Determinants of Health I funding priorities.

4. Proposed Request

Explain in detail how you propose to address the particular social determinant impacting the health of the targeted population. Indicate why you have selected the proposed strategies and what evidence there is that shows that implementation of the proposed approach will lead to improved health. Describe how the program will be implemented over the 12-month grant period. Your proposal design must be sound and feasible.

5. Project Benchmarks

Describe your project goals, objectives, and outcomes. These must be specific, measurable and attainable. What will success look like? (Must be consistent with attached Workplan).

6. Collaborative Partners

Identify any collaborative partnerships that you have already established or that will be established for the successful implementation of the proposed effort. Describe the roles and responsibilities of identified partners and how they will contribute to the proposal.

7. Key Staff and Responsibilities

List key project staff and volunteers and describe their roles and responsibilities. Indicate their level of expertise in addressing the identified social determinant of health.

8. Potential Challenges

Identify any potential challenges that might be encountered in the course of implementing the proposed project and describe how each of these challenges will be overcome.

III. FISCAL INFORMATION

- 9. Please explain how you will programmatically and financially sustain this project. Identify any additional funds raised in support of this effort. Indicate the sources of funds raised as well as the specific amounts. If there is a funding gap, explain your plan to close that gap.**

IV. EVALUATION

- 10. Describe how you will evaluate the success of the proposed project. Describe what measures and metrics will be used to demonstrate that you successfully achieved the project objectives and outcomes (must be consistent with attached Workplan).**

V. STRATEGIC BENEFIT TO GCHP MEMBERS

- 11. Please explain how the proposed effort will benefit GCHP members directly. Estimate the number of GCHP members that might benefit from your efforts.**

12. Specifically outline any type(s) of public recognition that GCHP will receive if your project is funded that are not already listed in the Acknowledgment checklist (Attachment C).

VI. ORGANIZATIONAL FINANCIAL/LEGAL/LICENSURE

13. Please list any current or previous (within five years) pending material litigation brought against your organization.

14. If your organization is tax-exempt, please list any pending or prior allegations or actions questioning or challenging propriety of tax-exempt status.

VII. AUTHORIZING GRANT AGREEMENT SIGNATOR SIGNATURE

Print Name and Title of Grant Agreement Signator _____

Grant Agreement Signator's Phone Number _____ Email _____

Grant Agreement Signator's Signature _____

Date _____

All hard copy and electronic documents are due on or before Monday, May 1, 2017 at 4 p.m.

See Request for Applications (RFA) document for submittal guidelines and informational call.