

Community Health Partnership Special Needs Grants Grant Application — page 1

Questions on filling this application? Please call Ebony Williams at 503-227-5502 x221.

PLEASE NOTE AS OF 11TH GRANT CYCLE: Bulk purchases **are now allowed** under the revised guidelines of the Special Needs Grants. However, grant recipients must demonstrate how purchases will be individualized to meet client needs.

APPLICANT INFORMATION

Organization Name: _____

Address: _____

Telephone: _____

Executive Director: _____

Purpose of Organization: _____

Number of Employees _____ Approximate number of clients served annually: _____

CONTACT INFORMATION

Contact person: _____

Title: _____

Telephone: _____

Fax: _____

E-mail: _____

BUDGET INFORMATION

Annual operating budget of entire organization: _____

Primary funding sources: _____

Division/unit annual budget: _____

Amount requested for Special Needs Fund: _____

One sentence summary — in 35 words or less, summarize the specific goals of this grant: _____

Grant Application — page 2

Please be specific and keep your answers to a maximum of 1/2 page for each question.

1. Population served

- Describe the population served by your organization, including diverse communities in your service area.
- Within the population served, describe the clients who will benefit from a Special Needs Grant.
- Describe how this fund will provide something no other resource can provide for these clients.
- Describe the challenges, if any, in providing health-related resources to your clients.

2. Goals and objectives

Explain what you hope to accomplish with this grant.

3. Budget plan

Provide a budget for a Special Needs Fund to be used within one year. List types of items and services you foresee purchasing for clients, and list their corresponding costs. As of the 10th Grant Cycle, bulk purchases are now allowed under the revised guidelines of the Special Needs Grants. However, grant recipients must demonstrate how purchases will be individualized to meet client needs.

4. Insurance screening & alternate resources

What process do you use to screen for private insurance, the Oregon Health Plan, FPEP, WIC, etc.? Also, list other resources you have explored or are exploring to meet your clients' needs (such as Oregon Heat, food banks, local Rotary Club, etc.).

5. Funding process

Describe how you will disburse funds, including the process by which your organization will record each request from a public health professional, make a decision regarding that request and promptly issue a check or voucher.

6. Reporting and evaluating

- Tell us who will coordinate and submit the required 6 and 12 month reports; how you will collect information about client needs; and how you will account for grant dollars spent.
- How will you evaluate the public health successes leveraged by this grant?

7. Publicize the Fund

Describe how you will inform your staff that Special Needs Funds are available (i.e., through managers, at meetings, via email, with fliers, etc). Who will be a resource for staff inquiries?

8. Partnerships and collaborations (if applicable)

If your application involves a partnership or collaboration with another organization, describe who is involved and how the entities will work together. Specify who will be responsible for each administrative component.

AUTHORIZED SIGNATURE/ PLEDGE TO SUBMIT REPORTS

This application is to be signed by the individual with agency authority to accept and administer the Special Needs Grant. The grant period is January 2009 - January 2010.

"I confirm the information contained in this application is accurate to the best of my knowledge. I ensure that the recipients of a grant will follow the guidelines for Special Needs Grants as published by Community Health Partnership in its grant application. I will submit an interim report by July 2009 and a final report by January 2010."

Authorized Individual: _____ Title: _____

Signature: _____ Date: _____