

Community Health Partnership Special Needs Grants Application Guidelines — 11th Cycle

Due September 26, 2008

Please submit completed checklist with application packet.

PLEASE NOTE AS OF THE LAST 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.

Special Needs Grants encourage a fast, flexible response to urgent needs. To speed access to these funds, we rely on the wisdom and judgment of experienced public health professionals who work on a daily basis with individuals and families in their community.

Money from this grant can be used to reimburse public health professionals or volunteers who purchase an item or service for their clients or the applicant can pay vendors directly. The applicant can also establish a voucher system with local businesses or service agencies. However, Special Needs Grants cannot be used to issue a check or cash directly to a client.

Special Needs Fund grants are to be used for disbursements of \$250 or less per request. They are also intended as one-time-only support for an individual or a family so that the same individuals do not seek ongoing support from the Special Needs Grant.

THESE FUNDS MAY BE USED WHEN:

- A situation is unusual and cannot be funded under existing health department or community organization policies and procedures.
- A public health professional understands the practicality of a purchase and, in order to ensure that the client gets what s/he needs, would otherwise pay for it her or himself.
- An administrator sees the practicality of the purchase but is constrained by her or his very real concerns about spending taxpayer dollars for it.
- The need is urgent, necessary and immediate, but the bureaucratic procedure involved in approving and paying for it is time-consuming and unpredictable.
- The public health professional or health department has tried to cover this expense through existing public and private channels (insurance, Oregon Health Plan, FPEP, WIC, food banks), and nothing else is available.
- It is shown that the expense is the lone piece of a large puzzle, and that funding this piece will leverage a public health success that could otherwise fail.

GRANTS ARE NOT DESIGNED TO BE USED:

- For non health-related purposes.
- To fund a program for a group of clients.
- To supplement inadequate third-party reimbursement.
- To cover prescription drugs.
- When other resources are readily available to pay rent or utility bills or to purchase food.

WE ARE INTERESTED IN FUNDING SYSTEMS OF DISBURSEMENT THAT:

- Rely on the experience and judgment of public health workers in the field to request appropriate disbursements from a Special Needs Fund.
- Streamline the approval and distribution process to minimize red tape and expedite access to funds.
- Can write a check, give a voucher or otherwise purchase the necessary item immediately.
- Track requests and payments in a responsible manner for fiscal accountability.

WHO CAN APPLY?

- Oregon health departments
- Divisions or work units of local health departments (with approval of the department director)
- Health-related, community-based, nonprofit
- 501(c)(3) organizations

Preference will be given to collaborative efforts – local organizations that apply as partners for a grant in a local service area.

FUND DISTRIBUTION

Notification and checks will be sent in January 2009. Community Health Partnership uses the 6-Month and 12-Month Reports as tracking mechanisms to ensure organizations are spending appropriately and according to their original grant request.

APPLICATION FORMAT

Assemble the following materials into one packet that is able to be photo-copied on single-sided, letter size (8 ½ x 11) paper. No staples please.

COUNTY HEALTH DEPARTMENTS SHOULD SUBMIT:

- Completed checklist
- Completed grant application
- Mission statement and description of organization or partnership
- Copy of nondiscrimination policy

501(C)(3) ORGANIZATIONS SHOULD SUBMIT:

- Completed checklist
- Completed grant application
- Mission statement and description of organization or partnership
- Copy of nondiscrimination policy
- Copy of most recent IRS Tax Exempt Ruling Letter
- Copy of current agency budget
- Copy of most recent year-end financial report

Incomplete applications will not be considered

MAIL

Mail application packets to:

Community Health Partnership
315 SW 5th, Suite 202
Portland, OR 97204

MORE INFORMATION

For more information, call Community Health Partnership (503) 227-5502 x221 or e-mail ebony@communityhealthpartnership.org

DEADLINE:

September 26, 2008

Application must be postmarked on or before September 26, 2008 to be considered for the 2009 grant year.

Receipt confirmation will be sent to each contact person.