



Community Health Improvement Plan

Grant Application 2018

Open March 15, 2018 to April 27, 2018

Eligibility: Any non-profit or governmental organization (with proof of non-profit status) that serves Jackson County is eligible to apply.

Before Applying: Please review the Jackson Care Connect CHIP Grant Guidelines available online at <http://jacksoncareconnect.org/about-us/community-health-improvement-plan-grant>. All submitted proposals will be evaluated by a review committee for completeness, feasibility, documentation of potential outcomes and alignment. Not all proposals will be funded, nor will all requests be awarded for the full amount. In the event that the full amount requested is not awarded, the goals outlined can be adjusted.

Funding: During the year 2018, grant funds will be distributed in one cycle. All awards will be considered one-time grant dollars and are not intended for long-term programmatic support. Each grant application can request up to \$35,000.

Steps to Apply:

1. Review CHIP Grant Guidelines
2. It is recommended that you contact JCC staff to ensure alignment; contact mckinnisn@careoregon.org.
3. Complete Application. Applications not to exceed eight pages in length, not including attachments.
4. Attach budget (**Using provided template**)
5. Attach proof of IRS tax-exempt non-profit status.
6. Convert all documents into a PDF file
7. Email to mckinnisn@careoregon.org

All proposals must be submitted by 5:00 p.m. on Friday, April 27, 2018.

SECTION 1. GENERAL INFORMATION

Organization Name:

Organization Address:

Primary Contact Name and Title:

Primary Contact Email:

Primary Contact Telephone:

Project Name:

Project Start Date:

Project End Date:

Request Amount:

Number of individuals directly served by the project:

SECTION 2. PROJECT DESCRIPTION

1. Please provide a description of your organization, including current services.
2. Please provide a high-level description of your project. Include in the description whether this is a new project or expansion; please explain. Limit to 300 words.
3. Who is the target population you will serve and how many individuals will be impacted? If known, how many will be Jackson Care Connect members?
4. Please explain the need that your project is trying to address and how your project aligns with the Community Health Improvement Plan (CHIP); can be found at www.jacksoncareconnect.org
5. Please list your project objectives.
6. Who are your collaborative partners for this project and what is the extent and nature of your collaboration?
7. What data will you collect to measure the direct health impacts/outcomes of this project that can be shared with Jackson Care Connect, related to your project goals and objectives?
8. If this project is successful, what do you see as the next steps for this project after this grant period. What is the plan for sustainability?

SECTION 3. BUDGET

1. Please attach a project budget.
2. In a brief paragraph below please explain how the funds from this grant will contribute to the overarching goals of this project and how the funds will be used. If applicable, include any efforts or strategies towards ongoing funding.