



## Community Health Improvement Plan Grant Application – 2017

Open March 1, 2017 to April 28, 2017

**Eligibility:** Any non-profit organization that serves Jackson County is eligible to apply.

**Before Applying:** Please review the Jackson Care Connect CHIP Grant Guidelines available online at [www.jacksoncareconnect.org](http://www.jacksoncareconnect.org). 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 2017, \$282,000 in 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 \$50,000.

### Steps to Apply:

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

**All proposals must be submitted by 5:00pm on Friday, April 28, 2017.**

## **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 high-level description of your project. Include in the description whether this is a new or existing project. Limit to 300 words.
2. 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?
3. Please explain the problem 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](http://www.jacksoncareconnect.org).
4. Please list your project objectives.
5. Who are your collaborative partners for this project and what is the extent and nature of your collaboration?
6. How will you measure your success and collect data that can be shared with Jackson Care Connect related to your project goals and objectives?

## **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.