**Upper Valley Community Health Equity Partnership**

**Community Project Funding to Address Health Inequities:**

# Funding Application

**Deadline: Monday, October 24, 2022, by 5:00 pm**

**To Submit Applications:**

To submit application in Word, PDF or PowerPoint formats, email to info@uvpublichealth.org.

If submitting a video, you may email it or use a file sharing location such as an unlisted YouTube link or with Vimeo. If you need guidance on doing this, please contact Tony Strat-Cortez at tony.strat@uvpublichealth.org.

To submit using the Google Form, go to: <https://forms.gle/nGYL4ELVtP5NX6sv8>. Please draft your application in another format and copy it into the Google Form. You will need to complete the application and submit it in one session; the application will not save if you close or leave the Google Form. You will need to download the **Budget Template**, which can be downloaded from the PHC website, and complete and save it before beginning to enter information into this form. There is a place towards the end of the application to upload the Budget Form, either as a spreadsheet or as a PDF.

Funding is intended to assist the **Upper Valley Community Health Equity Partnership** to address health inequity(s) experienced in **the White River Junction District of the Vermont Department of Health** which were exacerbated during COVID-19, and which are described as:

Black, Indigenous, and People of Color (BIPOC) as well as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and plus (LGBTQIA+) community members have higher levels of mental health challenges and substance use disorder, diagnosed and undiagnosed. These conditions are both caused by and contribute to isolation, other chronic health conditions, and not feeling safe.

**Name of Applicant:**

Legal name not required for application purposes.

Type your response in the expanding boxes provided.

**Applicant’s Address:**

Please provide a mailing address or physical location. This may be a post office box, a place of business, or a home address. This information will not be shared publicly as part of the application process.

**City, State, Zip Code:**

**Primary Contact Person**:

**Primary Contact Person Email Address:**

**Primary Contact Person Preferred Phone Number:**

**Tax Identification Number (TIN)**:

(If using a Fiscal Sponsor, please provide the name of the entity.)

**Amount Requested (no less than $5,000.00 nor more than $28,000.00):**

* What is the minimum amount requested?
* What is the maximum amount requested?

Please tell us briefly what the differences would be in the scope of your project at the minimum and maximum funding levels.

**Schedule of Work:**

* Start Date:
* End Date (no later than May 31, 2023):

**Narrative Questions: How much do I have to write?** Each question below lists the maximum number of characters, not including spaces, you should include in your response. By way of example, the Problem Statement above is about 325 characters. We are looking for clear, detailed, but short answers.

**Describe the Intervention (no more than 500 characters) (Maximum of 10 points):**

Please tell us briefly what you plan to do with the grant award requested. Please include if this a new initiative, will help expand something you are already doing, and/or will make your work more sustainable?

**Describe the Focus Population (no more than 1,500 characters) (Maximum of 20 points):**

You do NOT need to propose an intervention that will address ALL members of the populations listed in the Problem Statement. You should tell us clearly who you intend to work with and for. Please also tell us why this work is important and why you/your team/your organization are qualified to work with and for them.

**Describe the Desired Results (no more than 500 characters) (Maximum of 20 points):**

Please tell us what will happen as a result of your intervention. As relevant, you may want to include how many people will be served, what new service will be available, what capacity will be gained, and/or what will be different in the community because of your intervention.

**Describe the community partners you are/intend to work with to achieve these results (no more than 500 characters) (Maximum of 5 points):**

**Please explain how the intended work may positively impact the data driven Problem Statement described above (no more than 1,500 characters) (Maximum of 20 points):**

**Identifying milestones provides a way to monitor the progress of your project and make course corrections, if needed. Please provide a short list of milestones (4 to 6) for this project that also give us a sense of your expected timeline? (no more than 1,500 characters) (Maximum of 10 points):**

Milestones are events or achievements along the course of an intervention that mark progress. They are the steps you will take to accomplish your goals and usually are listed with a date by which you hope to complete that step. For example, for the Steering Committee, milestones include: 1) Release Request for Applications by October 3 and 2) Approve grant awards by November 3.

**How do you imagine this project or outcome could be sustained? (no more than 500 characters) (Maximum of 10 points):**

**Budget: Please tell us how you plan to spend the funds you are asking for? Include a budget using the Budget Template provided with the application for this purpose (Maximum of 5 points).**

**(Optional) Feel free to provide additional information you think may be useful to the reviewers in evaluating this application.**

**(Optional) For our own planning purposes, please tell us how you learned about this application. If someone told you about it, who was that person?**

This is an optional question and will not affect your application’s score in any way.