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| **CHRC LETTER OF INTENT FY 2020** | |
| 1. Organization Name | Click here to enter text. |
| 2. Organization Address | Click here to enter text. |
| 3. Name, telephone and email of organization CEO, project director, and contact person for the project | Click here to enter text. |
| 4. Project Title | Click here to enter text. |
| 5. Project Focus Area  (Check one Box) | Essential Health Services  Primary/preventative care  Dental  Women’s health services  Behavioral Health  Food security and diabetes prevention and management |
| 6. Program Jurisdiction | Click here to enter text. |
| 7. Total/Year One CHRC funds  requested | Year One $Click here to enter text. Total $Click here to enter text. |
| 8. Program duration is: (check one Box) | One Year  Two Year  Three Year |
| 9. This program is: (check one box) | A New Program  An Expansion of Existing Services |
| 10. A description of the applicant organization (maximum 250 words):  Click here to enter text. | |
| 11. Has the applicant organization received CHRC funding in prior years?  Yes  No  If no, describe how your organization meets the definition of a “Community Health Resource”:  Click here to enter text. | |
| 12. A description of the project including: the services the project will provide, the target population, and the need for the program in this community (maximum 500 words):  Click here to enter text. | |
| 13. A list of other organizations participating or partnering in the program:  Click here to enter text. | |

**INSTRUCTIONS FOR CHRC LETTER OF INTENT TEMPLATE**

**Line 1**. The formal name of the applicant’s organization which must match the name included on official tax forms/audit documents.

**Line 2**. The main address of the organization as found on official tax forms/audit documents.

**Line 3**. The name, telephone number and email addresses of the applicant organization’s CEO, project director and, if different, the contact person for the project.

**Line 4**. The title of the proposed project.

**Line 5**. The focus area of the proposed project which can include: (1) Access – Primary Care, Dental or Women’s Health, (2) Behavioral Health and (3) Childhood Obesity.

**Line 6**. The jurisdiction where the project will be carried out.

**Line 7**. The funds that will be requested for the first year, and the funds requested for the entire project (for all years).

**Line 8**. The proposed duration of the grant funding.

**Line 9**. If the application proposes a service not currently being provided in that location by the organization, it will be considered a **New Program**. If the application proposes providing existing services to a new population of patients, it will be considered an **Expansion of Existing Services**.

**Line 10**. A description of the applicant organization, including its mission, its history of providing services in the community, and its history with grant-funded programs. The description should not exceed 250 words.

**Line 11**. Yes/No – Has you organization received funding from CHRC in prior years. If no, please demonstrate how your organization meets the definition of a “Community Health Resource” as described in the grant eligibility section of the RFP.

**Line 12**. A description of the project, including: the services that will be provided, the communities that will be impacted, and the disparity that will be addressed.

**Line 13**. A list of any organizations that will be involved in the implementation of the program.