



Jean Wessel Templeton Community Health Initiative

REQUEST FOR PROPOSALS **For Funding Year July 1, 2017 - June 30, 2018**

The Community Health Initiative Committee administers the Community Health Initiative program under the auspices of the Health Care Authority of the City of Huntsville.

The mission of Community Health Initiative is to improve the health status of the citizens of Madison County through collaboration with local agencies in support of health related programs. The programs and projects of Community Health Initiative are primarily focused on education, prevention and early detection of disease especially related to Cardiovascular Disease, Cancer, Mental Health, Substance Abuse, and Teenage Pregnancy as well as general access to health care by the medically uninsured and under-served. Each request is reviewed on its own merit for its ability to help improve the health of our community.

The Committee encourages agency collaboration of programs within interest areas. Organizations with new or innovative programs are encouraged to apply.

GRANT APPLICATION PROCEDURE

To be eligible for a Community Health Initiative grant, the requesting agency must meet the following criteria:

1. Applicant must have a minimum of two years operating experience, or, in the case of pilot programs, must have established merit and credibility within the community.
2. Applicant must maintain a tax-exempt nonprofit status as approved by the Internal Revenue Service.
3. Applicant must submit a copy of its latest financial audit and annual report with the grant request.
4. The request must be submitted on the Community Health Initiative Grant Application form provided and returned with all required signatures. The application is available in both hard copy and electronic format.

COMPLIANCE RULES FOR AGENCIES RECEIVING COMMUNITY HEALTH INITIATIVE GRANTS

1. The grant must be expended for the stated purposes only.
2. The agency agrees to furnish financial information as outlined in the application. All financial information will be kept confidential.
3. No modifications of the grant are allowed without advance written approval of the Community Health Initiative Committee.
4. The agency agrees to permit on-site visits by authorized representatives of Community Health Initiative.
5. Any unobligated agency funds not spent by the end of the Community Health Initiative fiscal year (July 1, 2017- June 30, 2018) will be returned to Huntsville Hospital by July 31, 2018.

**To receive a Community Health Initiative grant application visit us on the web:
huntsvillehospital.org/CHI or contact:**

Community Health Initiative
Huntsville Hospital
101 Sivley Road
Huntsville, Alabama 35801
256-265-8317

ALL APPLICATIONS FOR 2017-2018 GRANTS MUST BE RECEIVED BY April 17, 2017
PROJECT PERIOD - July 1, 2017 - June 30, 2018



Jean Wessel Templeton Community Health Initiative

Date: _____

APPLICANT INFORMATION

Name of Agency or Agencies _____ Year Organized: _____

(If more than one agency involved in project, choose one primary agency)

Agency Federal I.D. No.: _____

Board President/Chairman

Agency Executive Director

Person Serving as Contact for Project

Name _____

Address _____

Phone/Fax _____

Email _____

Signature _____

Identify members of your Board of Directors, their length of term, and how often they meet: _____

How many full-time staff does your organization employ? _____ Part-time: _____ Volunteers: _____

List other agencies, if any, that offer the same or similar service(s) to Huntsville/Madison County: _____

List other organizations from which you have received funding in the past year: _____

Amount of funds requested from Community Health Initiative: _____

PROJECT INFORMATION

Project Purpose: _____

Project Goals and Objectives _____

Is this a new project or an increase or continuation of a current project? _____

If this is a new project, how will Community Health Initiative funds be used? _____

If this is a current project, how will Community Health Initiative funds be used to enhance the project? _____

Will this project require additional staff? _____ If so, how many? _____

What other source of funding is currently in use on this project? _____

Have you received Community Health Initiative funds for this project in the past? _____

How will the project be promoted? _____

COMMUNITY HEALTH INITIATIVE GRANT APPLICATION

Grant Year 2017-2018

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What other organizations/agencies will you collaborate or cooperate with on this project? _____

Explain in detail how the success of the project will be measured: _____

Community Health Initiative projects are funded for one year periods. What are your plans/needs/sources for future funding? _____

Please complete the following information on the project beneficiaries:

Who will this project serve? _____

How Many? _____

What Age? _____

How are clients selected or found? _____

What is the income level of those to be served? _____

What method of income verification will be used? _____

What method of documentation of eligibility will be used? _____

HISTORY OF AGENCY OR AGENCIES

Please attach a brief history, not to exceed one page, of the requesting agency or agencies in the area of the project proposed, along with the agency’s latest annual report and any other information you might wish to add for the Committee’s review. Please DO NOT staple or bind materials.

FINANCIAL INFORMATION

Please attach copies of the following information with your grant application:
(Please DO NOT staple or bind materials)

1. Completed budget for proposed project.
2. Latest balance sheet listing assets and liabilities.
3. Last fiscal year income statement detailing sources and uses of funds.
4. A determination letter from the Internal Revenue Service addressed to the organization applying for the grant indicating exemption from federal income tax as a 501 (c) (3) organization and including the following statement, or its equivalent: “Contributions to you are deductible by donors under section 107 (c) of the Internal Revenue Code.”
5. Latest financial audit. If your agency has never had a financial audit performed, please explain.

CHECKLIST FOR COMPLETED GRANT PROPOSAL:

1. Completed application form
2. Brief history and annual report
3. The five documents requested under “Financial Information”

Email completed proposal package to chi@hhsys.org AND provide a hard copy through mail or hand delivery.

Mail to:
Community Health Initiative
Huntsville Hospital
101 Sivley Road
Huntsville, AL 35801

OR

Hand Deliver to:
Community Health Initiative
Huntsville Hospital – Plaza Resource Center-4th Floor
101 Governor’s Drive
Huntsville, AL 35801

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EXAMPLE: suggested format for submitting the budget.

NAME ORGANIZATION		
NAME OF PROJECT		
2017 - 2018 Budget		
	COMMUNITY HEALTH INITIATIVE FUNDS	OTHER FUNDING SOURCES (If Applicable)
Budget line item gets listed here	\$9,893	\$10,107
Budget line item gets listed here	\$1,622	\$ 878
Budget line item gets listed here	\$1,500	0
Budget line item gets listed here	\$ 500	\$5, 500
TOTAL BUDGET		\$30,000

**TOTAL AMOUNT REQUESTED
FROM COMMUNITY HEALTH INITIATIVE \$13,515**

(Please attach an explanation of each line item requested to include its purpose and how it relates to the project)