



# Jean Wessel Templeton Community Health Initiative

## **REQUEST FOR PROPOSALS** **For Funding Year July 1, 2018 - June 30, 2019**

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, 2018- June 30, 2019) will be returned to Huntsville Hospital by July 31, 2019.

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

John Simms  
Community Health Initiative  
Huntsville Hospital  
101 Sivley Road  
Huntsville, Alabama 35801  
[john.simms@hhsys.org](mailto:john.simms@hhsys.org)  
Office: (256) 265-9273

**ALL APPLICATIONS FOR 2018-2019 GRANTS MUST BE RECEIVED BY April 13, 2018**  
**PROJECT PERIOD - July 1, 2018 - June 30, 2019**



# Jean Wessel Templeton Community Health Initiative

Date: \_\_\_\_\_

## 2018 -2019 GRANT APPLICANT INFORMATION

Name of Agency: \_\_\_\_\_ 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 2018-2019

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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](mailto:chi@hhsys.org) AND provide a hard copy through mail or hand delivery.**

### Mail to:

John Simms  
Community Health Initiative  
Huntsville Hospital  
101 Sivley Road  
Huntsville, AL 35801

OR

### Hand Deliver to:

John Simms  
Community Health Initiative  
Huntsville Hospital – Plaza Resource Center-4<sup>th</sup> Floor  
101 Governor's Drive  
Huntsville, AL 35801

**ALL APPLICATIONS FOR 2018-2019 GRANTS MUST BE RECEIVED BY April 13, 2018**

PROJECT PERIOD - July 1, 2018 - June 30, 2019



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**EXAMPLE: suggested format for submitting the budget.**

NAME ORGANIZATION		
NAME OF PROJECT		
2018 - 2019 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
<b>TOTAL BUDGET</b>		<b>\$30,000</b>

**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)