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| **CHRC LETTER OF INTENT** | |
| 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  Childhood Obesity |
| 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  (Check one Box) | One Year  Two Year  Three Year  Four 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.