|  |  |
| --- | --- |
| **CHRC LETTER OF INTENT FY 2021** | |
| 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. Additional Contact – name, title, email, and telephone | Click here to enter text. |
| 5. Project Title | Click here to enter text. |
| 6. Project Focus Area:  (check one box) | **Addressing chronic disease/diabetes prevention and disease management**  **Addressing the health and social needs of vulnerable populations**  **Addressing the immediate and longer-term recovery needs of safety net providers as they navigate the impact of the COVID-19 pandemic** |
| 7. Program Jurisdiction | Click here to enter text. |
| 8. Year One/Total CHRC budget request: | Year One $ Total $ |
| 9. Program duration (check one box): | One Year  Two Year |
| 10. This program is (check one box): | A New Program  An Expansion of Existing Services |
| 11. A description of the applicant organization (maximum 250 words):  Click here to enter text. | |
| 12. Has the applicant organization received CHRC funding in prior years?  Yes  No  12A. Submission of Eligibility Documents:  **Sliding Fee Scale**  **Financial Audit**  MOU (if applicable)  BHA License (if applicable)  If the required documents (or when applicable documents) are NOT submitted, describe how your organization meets the definition of a “Community Health Resource.  Click here to enter text. | |
| 13. 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. | |
| 14. 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 name, telephone number and email address of any additional contact person for the project

**Line 5**. The title of the proposed project

**Line 6.** The project focus area of the proposed project (select one of the three areas of focus).

**Line 7**. The jurisdiction where the project will be carried out.

**Line 8**. The funds that will be requested for the first year, and the funds requested for the entire project (for all years).

**Line 9**. The proposed duration of the grant funding.

**Line 10**. If the application proposes a service not currently being provided in that location by the organization, it will be considered a **New Project**. If the application proposes providing existing services to a new population of patients, it will be considered an **Expansion of Existing Services**.

**Line 11**. A description of the applicant organization, including its mission, its history of providing services in the community, and its history with grant-funded projects. The description should not exceed 250 words.

**Line 12**. Yes/No – Has your 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 12A** – Provide a copy of the of the organization’s sliding fee scale (Primary Health Care & Access Community Health resource), an electronic copy of the most recent financial audit. If your organization will be providing behavioral health services under the grant, the LOI must include a copy of your license(s) issued by the MD BHA. If grant funded services are provided through **formal** partnerships with another organization or group, the CHRC will require that a **Memorandum of Understanding** (MOU) or similar legally binding document is in place prior to submission of the LOI, and a copy of the fully executed document(s) are included with the LOI. If your organization has not previously been awarded a CHRC grant, describe how your organization meets Community Health Resource

**Line 13**. 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 14**. A list of any organizations that will be involved in the implementation of the project.