1. Organization Name:

2. Organization Address:

3. Name, Email and Telephone of Organization CEO:

4. Name, Title, Email and Telephone of Project Director:

5. Additional Contact Information:

6. Project Title:

7. Area of Focus (check one): Addressing Chronic Disease Prevention and Disease Management

Addressing Maternal and Child Health/Childhood Asthma

Addressing Behavioral Health, including the Opioid Crisis

8. Program Jurisdiction:

9. Year One / Total CHRC Request: Year 1 $: Total Request: $

10. Program Duration (check one):  One Year  Two Year  Three Year

11. This program is (check one):  A New Program  An Expansion of Existing Services

12. Has the applicant received CHRC funding in prior years?  Yes  No

If NO, describe how your organization meets the definition of a “Community Health Resource”:

12A. Type of Organization:  Primary Care Provider  Hospital  Non-Profit Community-Based Organization

Local Health Department  Behavioral Health Provider  FQHC  Other (explain)

Links to definition of a Community Health Resource: [Primary Community Health Resource](http://www.dsd.state.md.us/comar/comarhtml/10/10.45.05.02.htm), [Designated Community Health Resource](http://www.dsd.state.md.us/comar/comarhtml/10/10.45.05.04.htm), [Access Community Health Resource](http://www.dsd.state.md.us/comar/comarhtml/10/10.45.05.03.htm) (Note: if applying as an Access Community Health Resource, an MOU with a Primary Care Provider must be submitted with your Letter of Intent).

13. A description of the applicant organization (maximum 250 words):

14. 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):

15. Letter of Intent – Required Documents:

Audited Financial Statement

Federal Form W9

**Eligibility Documents:**

Sliding Fee Scale (Applicant)

Executed Memorandum of Understanding with Primary Care provider (Access Community Health Resources) and the sliding fee scale of the primary care provider.