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| **CHRC LETTER OF INTENT**  |
| 1. Organization Name |  |
| 2. Organization Address  |  |
| 3. Name, telephone and email of organization CEO, project director, and contact person for the project |  |
| 4. Project Title |  |
| 5. Project Focus Area(Check one Box) |  Primary Care  Behavioral Health  Childhood Obesity Dental  Women’s Health/Infant Mortality |
| 6. Program Jurisdiction |  |
| 7. Total/Year One CHRC funds requested | Year One \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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): |
| 11. Has the applicant organization received CHRC funding in prior years?  Yes  NoIf no, describe how your organization meets the definition of a “Community Health Resource”: |
| 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): |
| 13. A list of other organizations participating or partnering in the program: |

**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: Dental, Behavioral Health, Women’s Health/Infant Mortality, Childhood Obesity or Primary Care.

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 the will be addressed.

Line 13. A list of any organizations that will be involved in the implementation of the program.