



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

## **Grant Opportunity**

# **GEORGIA ACCESS TO CARE, TREATMENT, and SERVICES**

## **Reducing Breast Cancer within the Indigent**

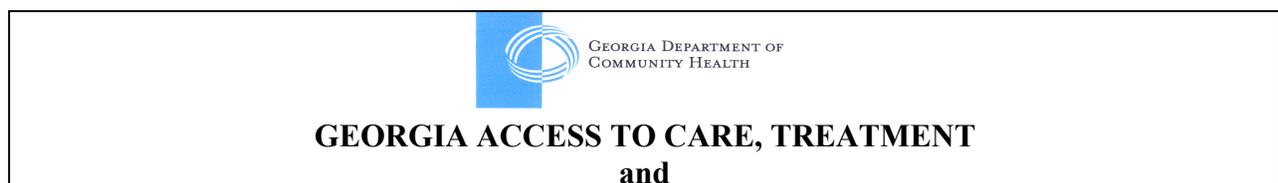
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Office of Procurement Services and Grant Administration  
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**Application Submission Due Date: July 21, 2008 by 4:00 p.m.**

*Please carefully read, sign, and adhere to all attached DCH Ethics Statements and Ethics in Procurement Policy prior to responding to any Department of Community Health Request for Grant Applications (RFGA). Failure to do so could result in the disqualification of the application during the application review process.*

## Table of Contents

	<b>Background</b>	<b>3</b>
	<b>Purpose</b>	<b>4</b>
	<b>Eligibility</b>	<b>5</b>
	<b>Funds Available</b>	<b>6</b>
	<b>Funding Cycle</b>	<b>6</b>
	<b>Funding Preference</b>	<b>6</b>
	<b>Types of Projects Eligible for Funding</b>	<b>6</b>
	<b>Program Requirements</b>	<b>7</b>
	<b>Deliverables</b>	<b>7</b>
	<b>Application Instructions</b>	<b>8-15</b>
<b>Appendix A</b>	<b>Grant Application Form</b>	
<b>Appendix B</b>	<b>Project Partner Composition</b>	
<b>Appendix C</b>	<b>Statement of Ethics</b>	
<b>Appendix D</b>	<b>Ethics in Procurement Policy</b>	
<b>Appendix E</b>	<b>Business Associate Agreement</b>	
<b>Appendix F</b>	<b>Grant Budget</b>	
<b>Appendix G</b>	<b>Biographical Sketch</b>	



## SERVICES

### Program Description and Requirements

#### Background

The Georgia Department of Community Health (DCH) was created in 1999 (Senate Bill 241) with the responsibility for:

- Insuring over two million people in the State of Georgia,
- to maximize the State's health care purchasing power,
- to coordinate health planning for state agencies,
- and to propose cost-effective solutions to reducing the numbers of uninsured.

The Office of Health Improvement (OHI) office within DCH has the responsibility of disseminating education, heightening awareness and network development to change the current state of health disparities in Georgia. OHI accomplishes this goal by focusing on four major health diseases:

1. Heart disease and stroke,
2. Diabetes,
3. Cancer,
4. HIV/AIDS.

In addition to the above, OHI includes a focus in other health disease areas such as obesity, infant mortality, etc.

The Georgia Office of Health Improvement (OHI) and its Women's Health Advisory Council has selected as one of its focus areas, to address treatment and/or medical services for women, who are minorities, are indigent, have no insurance or are underinsured. **This is an effort to reduce and eliminate health disparities for breast cancer.** The OHI is committed to working in partnership and collaboration with private and public entities.

Excluding cancers of the skin, breast cancer is the most common cancer among women accounting for more than one in four cancers diagnosed in US women. Early detection of breast cancer saves lives. Routine mammography screening can identify breast abnormalities before woman or her health care provider can feel them. Mammography can prevent approximately 15 percent to 30 percent of deaths among women over 40 years.

For Georgia, breast cancer is the most common cancer diagnosed and the second leading cause of cancer death among women. Currently it accounts for 32 percent of all female cancer cases. Every year over 5,500 women are diagnosed with breast cancer and over 1,000 die from the disease. Before the age of 40, breast cancer deaths are very rare, but they do occur occasionally, about 54 women in Georgia less than 40 years of age, die from breast cancer.

According to the 2006 women's health Behavioral Risk Factor Surveillance System prevalence data, 78.6 percent of women 40 and older had a mammogram within the past two years, while the 21.4 percent had not. The percentage for uninsured women having mammograms in Georgia is lower; 54 percent had a mammogram in last two years compared to 80 percent of

	<p>insured women. Approximately 64 percent of women who did not have access to health care received a mammogram compared to 80 percent of women who had access to health care services. Another crucial factor that increases the problem of having access to mammography services is that 52 of 159 counties in Georgia do not have mammography facilities that are certified by Food and Drug Administration (FDA).</p> <p>The American Cancer Society recommends the following guidelines for women without symptoms:</p> <ul style="list-style-type: none"> <li>• Mammogram: Women age 40 and older should have a mammogram every year, and should continue to do so for as long as they are in good health. While mammograms can miss some cancers, they are a valuable tool for finding breast cancer.</li> <li>• Clinical breast exam (CBE): Women in their 20s and 30s should have a clinical breast examination (CBE) as part of a regular health exam by a health professional every 3 years. After age 40, women should have a breast exam by a health professional every year. There may be some benefit in having the CBE shortly before the mammogram.</li> </ul> <p>Many Georgians cannot follow these guidelines because they do not have access or do not qualify for health care services. Unemployment, housing and food availability and other combined factors such as lack of health insurance, poor health literacy, linguistic barriers, and indigence and provider discrimination also contribute to increase the problem and are significant contributors to health disparities.</p> <p>During 1992-2004, incidence rates decreased among American Indians/Alaska Natives (1.5 percent per year) and did not change significantly among Asian Americans/Pacific Islanders or Hispanics/Latinas. According to <u>Female Breast Cancer Incidence and Mortality Rates by Race</u> (2000-2004), Georgia has an incidence for breast cancer of 127.8 and mortality of 24.0 for Whites and an incidence of 113.3 and mortality of 30.8 for African Americans.</p> <p>The main goal of this grant opportunity is to develop a program focused on targeting indigent women in an attempt to promote education, early detection, provide mammography and other clinical examinations, and provide a treatment option to include biopsies, chemotherapy, radiotherapy, and/or follow-up that can be measured to determine that services contribute to the reduction of breast cancer disparities.</p> <p><b>For the purposes of this grant, indigent is defined as individuals who are uninsured, underserved and not eligible for health care public assistance.</b></p>
<b>Purpose</b>	The DCH has a monetary resource obtained from breast cancer tags, estimated at \$1.2 million. It is the desire of OHI to award up to 3 grants to

	<p>provide Treatment Services (not to exceed \$300K each) and up to 5 grants to provide Prevention/Educational Services (not to exceed \$50K each). This money will be dispersed through the Department’s Request for Grant Application (RFGA) to organizations to the grantee that proposes the best strategy for providing and performing either :</p> <p>A. <b>Treatment Services</b> which provides a process to identify pre-qualify and provide treatment services (chemotherapy, radiation treatment, prescriptions, etc.) to indigent applications with breast cancer or who have been diagnosed positively with any type of breast pathology. Treatment partners must have an active agreement with a primary care provider and secondary or tertiary providers within the targeted region.</p> <p>Or</p> <p>B. <b>Educational and Preventative Services</b> with a targeted dissemination strategy to educate indigent communities and provide screening services (mammograms) to ensure mammography and l programs</p>
<p><b>Eligibility</b></p>	<p>This is a limited competition.</p> <p><b>To qualify for consideration, the applicant must:</b>  Be a public health agency and a public or private entity, Federally Qualified Health Clinics (FQHC’s), Rural Health Clinics, Volunteer Clinics, Rural and Critical Access Hospitals. To receive funds, organizations should have a primary care program and any secondary and tertiary care than could be necessary; it will be preferred institutions that provide services at affordable and convenient prices.</p> <p><b>Each applicant under this program must propose to:</b>  Carry out projects that facilitate the improvement of health outcomes for breast cancer diagnosis and treatment for indigent, minorities and other underserved populations in Georgia.</p> <p><b>Required Partnerships for Treatment Service Projects:</b>  To receive consideration for providing treatment services, the prime organization must enter into partnership agreements with at minimum, a primary care provider and secondary or tertiary providers within the targeted region for services.  Grantee’s must describe their methodology for referrals, validation and verification of need and eligibility in addition to providing follow up regarding the level of treatment received and the results towards eradicating the breast cancer.</p> <p><b>Required Commitments for Educational and Preventative Service Projects:</b></p>

	<p>To receive consideration for providing educational and preventative service projects, the organization must develop a targeted strategy to ensure the dissemination of information and screening services reach indigent woman. The organization must have a solid methodology to predict outcomes, delineate a strategy within a monthly project plan, and incorporate key measures to demonstrate success with providing targeted outreach, and educational services, especially for women in indigent communities.</p>
<p><b>Priority Areas of Focus</b></p>	<p><b>Treatment Services:</b></p> <ul style="list-style-type: none"> <li>• To have pre-accorded fares for surgical, medical procedures and treatments if possible.</li> <li>• Focus in geographic areas where the underserved population is higher and where the breast cancer and breast pathology are more frequent.</li> <li>• No discrimination based in race, color, religion, migratory status, uninsured people, etc.</li> <li>• Assist the highest number of people with the lowest price possible.</li> <li>• Develop a “follow-up” program for all positive diagnosed patients who have or have not received an initial treatment and are in need to complete it.</li> <li>• Reduce and eliminate racial and ethnic health disparities.</li> </ul> <p><b>Prevention/Educational Services:</b></p> <ul style="list-style-type: none"> <li>• Develop a strategy to offer preventative/educational information to indigent communities, such as: <ul style="list-style-type: none"> <li>○ An explanation of what breast cancer is,</li> <li>○ Risks factors for breast cancer,</li> <li>○ Why early breast cancer detection is important?</li> <li>○ What is a mammogram and how does it help identify breast cancer in early stages?</li> <li>○ How to perform a proper self breast exam,</li> <li>○ What happens if something is identified?</li> <li>○ Options for breast cancer treatment,</li> <li>○ Complimentary diagnosis methods ( i.e. biopsies, ultrasounds)</li> </ul> </li> <li>• Focus on prevention and early detection.</li> <li>• Assist the highest number of people with the lowest price possible.</li> <li>• Develop or customize written educational programs to be culturally appropriate. (Video- DVD that can be exhibited in different places, i.e. waiting rooms, health fairs, private medical offices, radio stations, etc. That information will be oriented to promote healthy preventive habits to increase knowledge and awareness about this deadly disease.)</li> </ul>

	<ul style="list-style-type: none"> <li>• Develop a “follow-up” program for all positive diagnosed patients who have or have not received an initial treatment and are in need to complete it.</li> <li>• Reduce and eliminate racial and ethnic health disparities.</li> <li>• Promote education and information</li> <li>• Promote prevention based on breast exams and breast screenings</li> </ul>
<b>Funding Availability</b>	<p>Total funds available: \$1,200,000.</p> <p>Applications will be considered in accordance with the standards of the Department of Community Health. Only one application can be submitted by each agency. Each agency must meet the minimum eligibility requirements for grant funding.</p> <p>Disbursements will be based upon cost reimbursement of the total grant award based upon an agreement of approved line items and upon receipt of the required monthly reports. Invoice documentation must not contain confidential patient data. The data related to the recipient of services must be available for review during site visits.</p> <p>Upon acceptance of a grant award, the applicant organization assumes legal and financial responsibility for awarded funds and the conduct of supported activities. It is the responsibility of the organization to assure the appropriateness and quality of services and programs and the accuracy and validity of all fiscal, program and administrative information pertaining to the awarded grant.</p>
<b>Funding Cycle</b>	<p>July 1, 2008 – June 30, 2009 (approximate date of award)</p>
<b>Funding Preference</b>	<p>Funding for this project will be utilized to support programs and initiatives in areas of the state where high incidence of disease and health disparities are evident. It is necessary to provide funding in these areas to ensure that the resources are made available to these special populations that would otherwise not be able to secure these life changing services. Providing grant opportunities to local communities to address the local needs has been recognized at the state and federal levels as the most cost effective means of managing health care and improving health status. It is also recognized that providing primary and preventive care, disease management, and education and wellness programs greatly improves health and is the most cost efficient means of addressing health disparities. The successful grant applications will demonstrate that the funding will improve access to these vital services to improve the health status of Georgia and improve the economic viability of our communities and state.</p> <p>Successful applicants will enter into a 12 month contract starting on the date of award (approximately July 1, 2008).</p> <p>Only one application can be submitted by each agency. The application must specify the intent of the project for consideration as a treatment</p>

	<p>imitative or preventative imitative.</p> <p>Agencies are strongly encouraged to collaborate on projects that minimize duplication in order to maximize the utilization and accountability of services for public funds. No agency may submit more than one application or be a part of more than one collaboration. Each agency must meet the minimum eligibility requirements for grant funding. Any collaboration must designate one lead agency to be responsible for the overall outcomes of the project, submitting invoices, modifying work plans, budgetary and program progress reports. Applications from individuals are not eligible for consideration.</p> <p>All agencies are advised to include information on in-kind and other financial support for the program.</p> <p>Upon acceptance of a grant award, the applicant organization assumes legal and financial responsibility for awarded funds and the conduct of supported activities. It is the responsibility of the organization to assure the appropriateness and quality of services and programs and the accuracy and validity of all fiscal, program and administrative information pertaining to the awarded grant.</p> <p>All costs incurred under the terms of this agreement must be applicable to the program purpose.</p>
<p><b>Program Requirements</b></p>	<p><b>Projected Results</b></p> <p>This funding will improve access to these vital services to improve the health status of Georgia and improve the economic viability of our communities and state. Applicants must identify anticipated, measurable results that are consistent with the overall program purpose and that address selected OHI expectations. Project results should fall within the following general categories:</p> <p><b>Treatment</b> – Entities will be required to identify a process for identifying applicants.</p> <p>Utilized funding to provide, statewide, diagnosis and treatment for breast cancer, specially in areas of the state where high incidence of disease and health disparities are evident relative to poor health outcomes as a result of breast cancer. Develop a strategy for grant funds that considers the most cost effective means of managing health care and improving health status.</p> <p>OR</p> <p><b>Prevention/Education</b> – provide primary and preventive care for breast cancer, disease management, and education and wellness programs to improve health in the most cost efficient means of addressing health disparities.</p>
<p><b>Deliverables</b></p>	<p>For either initiative (treatment or prevention/education) grantees must</p>

	<p>identify methodology for candidate selection, documentation of need (economically and physically), a system of referral that coordinates the required service providers and specific quantifiable outcomes. Grantees will be measured by the quantity of service and the quality of service.</p>
<b>Evaluation Criteria</b>	<p>Applications received will be evaluated based upon the program requirements listed within section V of this request for grant. DCH reserves the right to incorporate additional evaluation criteria, consistent with the application requirements.</p>
<b>Deadline for Submission of Questions:</b>	<p><b>Questions</b> must be submitted in writing by June 12, 2008. Please submit questions to <a href="mailto:dgreer@dch.ga.gov">dgreer@dch.ga.gov</a>.</p>
<b>Funding Application Deadline</b>	<p><b>Applications must be <u>received</u> by: July 21, 2008, 4:00 p.m.</b>  Dana Greer  Georgia Department of Community Health  Office of Procurement Services and Grant Administration  2 Peachtree Street, NW - 35<sup>th</sup> Floor  Atlanta, GA 30303-3159  Email: <a href="mailto:dgreer@dch.ga.gov">dgreer@dch.ga.gov</a>  <b>Applications received after deadline will <u>not</u> be considered for funding.</b></p>

# GEORGIA HEALTH EQUITY INITIATIVE OFFICE OF HEALTH IMPROVEMENT

## APPLICATION GUIDELINES

### Application Submittal

An original hard copy, five (5) hard copies, and two (2) CDs of the Grant Application as follows:

Proposals must be received by 4 p.m. on July 21, 2008 at the following mailing address:

Attn: Dana Greer  
Georgia Department of Community Health  
Office of Procurement Services and Grant Administration  
2 Peachtree Street, NW - 35<sup>th</sup> Floor  
Atlanta, GA 30303-3159

### Application Format

Please follow the outline provided in the "application content" section. Page format preference includes:

1. Clearly typed (typewriter or computer);
2. No more than fifteen **(15) pages long**, *excluding* title page indicating name and address of applying agency, contact person and phone number, Table of Contents, copy of a current and valid letter/certification of applicant's Certified 501 c 3 status;
3. Single spaced on 8 1/2" by 11" paper with 1" margins;
4. Eleven font size;
5. Printed on one side only;
6. Submitted in a sealed envelope. Please do not paper clip, staple, or bind the documents.

### Application Content

The following outline and instructions should be used to prepare the grant application. Applications must be typewritten and follow the order and format provided as follows:

1. Title Page (include Tax ID #), nonprofit designation and month's entity's fiscal year ends.
2. Table of Contents

3. Proposal (no more than 15 pages per agency)

- A. Agency Overview. Please include mission/purpose, service area, population served, and the length of time in existence, and current programs/services.
- B. Target Population. Please describe specifically who is to be served and in what geographic area.
- C. Statement of Need: Identify priority area (s) (See Paragraph III) targeted by the proposal and how it relates to the needs of your community.
- D. Project Plan (must include the amount requested) must be clearly describe how the proposed project (which must be linked to the stated need and objectives) will be carried out.
- E. Describe in detail specific activities and strategies planned to achieve each objective.
- For each activity please describe the following; how it is to be done, when it is to be done, where it will be done, who will do it and for whom it is to be done.
  - Describe any project-specific products to be developed (e.g., resource directory, brochures, data bases, health status reports, public services announcements, videos).
  - Provide a realistic time line chart which lists: each objective, the activities under each objective, the specific month (s) each activity will be implemented, and the individual (s) responsible for the listed activities by project title/position.
- F. Goals and Objectives: List activities under each objective, specific month (s) each activity will be implemented and individuals (s) responsible for the listed activities by project title/position. State the objectives in measurable terms and indicate a realistic time frame for achievement. Measurable terms include both baseline numbers (at the start of the project) and outcome numbers expected at the end of the project for each major component.
- G. The time frame should indicate when the objective will be achieved.
- H. Applicant's experience in serving underserved communities to reduce health disparities. Please refer to the following:
- How long you have been serving underserved community?
  - What programs/activities targeted the reduction of health disparities?
  - What were the results/outcomes?
- I. Evaluation Plan. The evaluation plan must clearly articulate how the applicant will evaluate the program activities to include the following:

- J. Data collection and analysis method.
- K. Demographic information on target population
- L. Process measures that describe indicators to be used to monitor and measure progress toward achieving projected results by objective.
- M. Outcome measures that show that the project has accomplished the activities it planned to achieve.
- N. Impact Measures that demonstrate the achievement of the goal to positively affect health disparities.
- O. Management Plan-
  - Outline position or job descriptions for staff positions, including those to be filled.
  - Outline the relevant qualifications and experience of proposed key staff for the project.
  - Indicate the level of effort of proposed key staff position (e.g., 50%, 75%), including pertinent staff provided on an in-kind basis.
- P. Copy of a **current** and valid letter/certification of applicant's Certified 501 c 3 Status (where applicable) and a notation of the month in which fiscal year of your organization ends.
- Q. Required Forms (Appendices A,B,C,D,E,F,G)
  - a) Grant Application Form
  - b) Project Partner Composition
  - c) Ethics Statement
  - d) Ethics in Procurement Policy
  - e) Business Associate Agreement
  - f) Grant Budget
  - g) Biographical Sketch

#### **IV. Budget and Justification (not to exceed 5 typewritten pages)**

- A. Budget Form** (Appendix F) - Categorize your proposed expenses on the budget form provided.
- B. Budget Justification** - For each of the cost items on the budget form for which grant funds are requested, provide rationale and details relative to how the budgeted cost items were calculated. This concise narrative should be labeled "Budget Justification" and be attached to the budget form.
  - 1. Salaries and Fringe** – For each proposed position to be paid from this project grant, provide the position title, total salary, fringe benefits, and FTE. Include a description of the activities of each

Revised June 13, 2008

position as it relates to the project including the percent of time to be spent on project activities and the amount of salary to be funded by the project budget.

2. **Contracted Services** – For each contract, provide the name of the contractor, components or services to be provided by the contractor, and cost per service, client or unit. If a subcontractor has been chosen, please include background information about that subcontractor including how the subcontractor's previous experience relates to the project. The Georgia Department of Community Health, Office of Health Improvement must receive a copy of all subcontractor agreements prior to their beginning work.
3. **Equipment** – Include a detailed description of the proposed equipment and/or capital improvements as they relate to the completion of the project. If possible, provide itemized costs. Request for re-imbusement of equipment exceeding \$5,000 must include three bids to demonstrate that the equipment was purchased at the best value. An exception will be provided for purchases through a consortium or through another type of cooperative purchasing agreement, utilized to achieve the best price value.

Grantee must submit their own Property Management policy and procedures for property purchased constructed or fabricated as a direct cost using grant funds. Management of equipment includes:

- Records that demonstrate the process of how the equipment was acquired,
  - inventory of equipment and update of reporting,
  - control procedures that safeguard to protect against loss, damage and theft,
  - Adequate maintenance procedures to keep equipment in good condition,
  - Proper sales procedures describing when the recipient is authorized to sell the equipment.
4. **Match Funds** - A cash match or in-kind match can either be proposed to support direct cost or indirect cost categories. It is recommended that the applicant secure verification of a combined match prior to grant submission to prevent the potential for disqualification of award

Matching or Cost Sharing will be shown as a part of the total budget in the NOA and becomes an enforceable requirement through the NOA.

Cost that the recipient incurs in fulfilling its matching or cost sharing requirements are subject to the same requirements, including the cost saving principles that are applicable to other fund sources.

Documentation of the expenditure of match funds is required for such grantees by DCH.

6. **In-kind Funds** - Non-profit and other organizations often receive donations of goods, services and the use of property. They may receive such donations from commercial companies, individuals, governmental entities (like health departments) or even other non-profit organizations. The use of these donations of goods, services or use of property are classified as in-kind funds and are required to be documented by DCH.

In-kind may include donated goods and items assigned by fair market value at the time of donation.

Equipment is counted as a direct match when it is donated from non-State funded entities.

The State can not count a contribution funded from state money as a match, but it can count towards indirect

The Department of Community Health (DCH) takes great pride in its ability to make grant awards to those who satisfy award requirements. Among those requirements is the limitation upon the application of indirect costs to the funding associated with the grants awarded by DCH. With limited exceptions, the current cap is set at up to and no more than \*10%; although, applications requesting no direct costs are strongly encouraged.

\* It is DCH's intent to provide grant dollars for the purposes expressed in the grant applications and that the greatest portion of those dollars should be applied directly to the services associated with the purpose of the grant. This serves as the basis for the indirect cost limitation of 10%.

As noted above, limited exceptions to the 10% indirect cost limitations may be considered. Exceptions for consideration may be submitted based on the following table.

<b>Length of time in operation</b>	<b>Maximum percentage of indirect costs allowed for consideration</b>
Start-up through first year in operation	50%
Second years in operation	40%
Three years in operation	30%
Four years in operation	20%
Five or more years in operation	10%

For the purpose of clarification, please note that length of time in operation pertains to the entity requesting funding, not the length of a time a specific program has been in operation. For example, ABC Nonprofit has been in existence for fifty years. ABC submits an application for a new program to be implemented in 2007. Based on DCH's policies relating to indirect costs, ABC Nonprofit's application will not be considered if the application contains a request for more than 10% indirect costs.

It should be noted that while DCH will consider applications containing indirect costs based on the chart above; it is under no obligation to approve all or any indirect costs associated with any application.

## **V. Evaluation**

The grant application will be evaluated according to the following assessment

criteria:

- The thoroughness of the application,
- The application is complete, clear and concise,
- Applicant's experience,
- Applicant's description of the target/priority population(s),
- Applicant's project goals,
- Applicant's chosen intervention(s)/activity (s),
- Applicant's measurable project objectives,
- Applicant's action steps,
- Applicant's process measures,
- Applicant's outcome measures/evaluation,
- Applicant's evaluation of the need requirement,
- Applicant's level of experience in serving indigent, underserved and uninsured communities to reduce and/or eliminate breast cancer and achieve health equity, Applicant's demonstration of cost effectiveness.
- How well the applicant's overall mission statement relates to the statement of purpose in this RFGA.
- Applicant's demonstration of responsible administration and accountability of funds.

DCH reserves the right to incorporate additional evaluation criteria, consistent with the application requirements.

Grant awards are at the sole discretion of the Commissioner of the Georgia Department of Community Health Commissioner. Decisions made by the Georgia Department of Community Health regarding an application are final.

# APPENDIX A

## GEORGIA HEALTH EQUITY GRANT PROGRAM GRANT APPLICATION FORM

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1. **Applicant Organization** (with which grant contract is to be executed)

Legal Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Federal ID # \_\_\_\_\_ State Tax ID # \_\_\_\_\_

2. **Director of Applicant Organization** \_\_\_\_\_

3. **Fiscal Management Officer of Applicant Organization**

Name/Title \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_

4. **Operating Organization (if different from number 1)**

Name/Title \_\_\_\_\_

Address \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

5. **Contact Person for Operating Organization (if different from number 2)**

Name/Title \_\_\_\_\_

Address \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

6. **Contact Person for Further Information on Application (if different from # 5)**

Name/Title \_\_\_\_\_

Address \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

7. **Amount Requested** \_\_\_\_\_

**8. Type of Organization (check all that apply):**

Hospital \_\_\_\_\_

Clinic \_\_\_\_\_

Physician \_\_\_\_\_

Primary Care Provider \_\_\_\_\_

Governmental Entity \_\_\_\_\_

Non- Profit \_\_\_\_\_

Faith Community \_\_\_\_\_

Consortia of these \_\_\_\_\_

**9. I certify that the information contained herein is true and accurate to the best of my knowledge and that I submit this application on behalf of the applicant organization.**

Signature	Title	Date
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