TIER 1 Application

Part 1: About the project

Required questions are marked by an asterisk (*)

Proposed project title: *	[Maximum of 100 characters]
What issue, problem, or opportunity does this project address? *	[Maximum of 500 characters]
What are the expected impacts of this project? *	[Maximum of 500 characters]

Does your project align with the HealthAlliance-Clinton Hospital Community Priority Framework?



Which target population(s) will this project engage? (Check all that apply)

- □ Black, Indigenous, and other people of color
- □ Recent immigrants and non-English speakers
- □ People and families with low income

 \Box Older adults

 \Box Veterans

 \Box Homeless people

- $\hfill\square$ Children and adolescents
- □ People who identify as LGBTQIA+

Which health indicators and/or social determinants of health will be addressed?

- \Box Behavioral health and substance abuse
- \Box Chronic disease
- \Box Healthcare access and quality
- $\hfill\square$ Social and community context
- \Box Housing, neighborhood and built environment
- □ Economic stability
- \square Food and nutrition

Detailed project description (Please summarize the approach this project will take to: 1) engage the target population, 2) address the health indicator(s) and/or social determinants of health, 3) accomplish the expected impact): *

[Maximum of 1,500 characters]

How will this project apply a diversity, equity, and inclusion approach? *	k
	[Maximum of 1,000 characters]
How will you measure success of this project?	[Maximum of 1,000 characters]

Part 2: About Your Organization

Organization name: *	[Maximum of 100 characters]
What is your organization's mission statement? *	[Maximum of 300 characters]
Organization type: * Public/governmental Nonprofit - 501(c)(3) Other 	
Tell us about your organization's current programs and projects: *	[Maximum of 500 characters]

Part 3: Budget and Timeline

Project timeline: When will the project start? How long is it expected to I	last? * [Maximum of 500 characters]
Will you be able to spend down the funds within three months of approve Yes No Maybe	al? *
If No or Maybe, please explain:	[Maximum of 500 characters]
How much are you requesting from Health-Alliance Clinton's DoN (up to S	\$10,000)? * [Numbers only]

□ Yes □ No

Part 4: Contact Information

Name: *		
Email: *		
Phone (Mobile):	 -	
Phone (Office):	-	
Address: *	 	

If the person responsible for the implementation of the project is different than the name above, please complete:

Name:		
Email: _		
Phone (Mobile):		
Phone (Office):	 -	
Address:		

Part 5: Other Information

Fiscal Agent: If your organization does not have a 501c3 designation, you are required to have a fiscal agent. Do you require a fiscal agent?

□ Yes □ No

If yes, what is the name of the fiscal agent:

[Maximum of 100 characters]

If yes, please attach a letter of support from this fiscal agent.

Landlord Approval for Capital Project: Is this a capital construction/renovation project?

□ Yes □ No

If your project is a capital project with renovation or construction component, you are required to submit a letter of approval from the property's owner.