

TIER 2 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? * (Please note, full application will require further information pertaining to goals and objectives) [Maximum of 500 characters]

What are the expected impacts of this project? (Please note, full application will require further information pertaining to goals and objectives) * [Maximum of 500 characters]

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

☐ Yes

☐ No

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
- ☐ Older adults
- ☐ Veterans
- ☐ Homeless people
- ☐ Children and adolescents
- ☐ People who identify as LGBTQIA+

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

- ☐ Behavioral health and substance abuse
- ☐ Chronic disease
- ☐ Healthcare access and quality
- ☐ Social and community context
- ☐ Housing, neighborhood and built environment
- ☐ Economic stability
- ☐ 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? * [Maximum of 1,000 characters]

How will you measure success of this project?

[Maximum of 1,000 characters]

While this grant will be to support a one-year project, does this project support the advancement of a long-term policy, system or environmental change?

☐ Yes

☐ No

Please explain: *

[Maximum of 1,000 characters]

Do you need any technical assistance to ensure success of this project? *

☐ Yes

☐ No

What assistance is needed? *

[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 last? *

[Maximum of 500 characters]

Will you be able to spend down the funds within three months of approval? *

- ☐ Yes
☐ No
☐ Maybe

If No or Maybe, please explain:

[Maximum of 500 characters]

How much are you requesting from Health-Alliance Clinton's DoN (up to \$50,000)? Please note, a budget detail will be required as part of the full application.*

[Numbers only]

Could this project move forward if funded at a lower level? *

☐ 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.

Please attach the PDF version of your Tier 2 Budget:

Please upload a completed W-9 as a PDF (blank forms are available at <https://www.irs.gov/forms-pubs/about-form-w-9>):