

HEALTH PARTNERSHIP FULL PROPOSAL

ORGANIZATION INFORMATION

Organization Name or Fiscal Agent, if applicable

Tax ID Organization Type

Address City State Zip Code

Phone

Web Address

EXECUTIVE DIRECTOR CONTACT

Prefix First Name Middle Initial Last Name

Title

Office Phone Extension E-mail

REQUEST PRIMARY CONTACT

Same as Executive Director

Prefix First Name Middle Initial Last Name

Title

Office Phone Extension E-mail

REQUEST INFORMATION

Project Title

Project Summary

Project Alignment with Health Trust Funding Strategy

Request Amount Project Budget

Project Start Date Project End Date

PROJECT TARGET POPULATION

Please use the dropdowns below to describe the primary population reached through the proposed project.

Ethnicity Target Population Geographical Area Served

Please estimate the number of people that will be impacted as a result of the project **during the grant period**.

Please estimate the number of people that will be impacted as a result of the project **after the grant period** - at least within the next three years.

PROJECT IMPACT AREAS

The Health Trust regularly meets with elected officials to share both the work of The Health Trust and our grantees. Please indicate which of the following Districts the proposed project will impact, if any. You may select up to three districts.

Santa Clara County Supervisorial District(s)
City of San Jose Council District(s)

REFERENCES

Please provide the name of at least one former funder and one partner organization. Include a point of contact, organization, e-mail address, and a one-sentence description of the connection to your organization.

Project Narrative

Please ensure that the project goal, outcomes, and objectives in your Narrative align with the Action Plan section of the proposal. Project outcomes and objectives should be SMART. Grant proposals should not exceed more than eight (8) pages.

Project Narrative

1. Describe the project goal.
2. Describe the outcome(s) you expect to achieve during the grant period. Under each outcome, describe the objectives that will be accomplished to ensure that each outcome is met. *Please provide SMART outcomes and objectives.*
3. Describe the project. What is the problem that the project seeks to address? Explain how this project is supporting an unmet need.
4. What policy, practice, or system is your project seeking to change?
5. How does the project align with one of The Health Trust's Funding Priorities? Include how the project will build health equity.
6. How will you measure progress towards the outcomes and objectives during the grant period?
7. List key staff persons on the project, their primary role, and their relevant qualifications.
8. If applicable, describe how you will coordinate or collaborate with partners to implement the project. Describe key partners, and their roles and responsibilities. Include resources and/or relationships that you will be able to leverage to create greater community impact.
9. In addition to *fundraising*, how does your organization plan to sustain the project following the end of the grant term, if applicable?
10. Please explain if your organization has implemented a similar project in the past.

Budget Narrative

Refer to the completed Project Budget and respond to the question below.

Provide the total grant amount requested from The Health Trust. In a few sentences describe each line item.

ORGANIZATION BACKGROUND

Briefly describe your organization's history, mission, expertise, programs and services, and beneficiaries of your work.

Project Action Plan

You are required to provide at least one (1) outcome, but no more than five (5).

Project Goal

Outcomes and Objectives

Outcome 1

By DATE,
Objectives for Outcome 1

Outcome 2

By DATE,
Objectives for Outcome 2

Outcome 3

By DATE,
Objectives for Outcome 3

Outcome 4

By DATE,
Objectives for Outcome 4

Outcome 5

By DATE,
Objectives for Outcome 5