

HEALTH PARTNERSHIP FULL PROPOSAL

Organization Information

Organization Name or Fiscal Agent, if applicable

Tax ID Organization Type

Address

City State Zip Code

Phone Fax Number

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

BACKGROUND INFORMATION

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

Request Information

REQUEST INFORMATION

Project Title

Project Summary

Health Trust Initiative

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

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

City of San Jose Council Districts

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

Project Description

1. Describe the project goal.
2. Describe the existing problem or challenge that the project seeks to address.
3. Explain the population, constituency, institutions, sector and/ or geographic community that will be served by or benefit from this project and its impact.
4. Describe the outcomes you expect to achieve during the grant period.
5. Explain how the proposed policy, practice or system change will affect the targeted population, organization(s) or environment during the grant period.
6. Discuss how the project aligns with a strategy(ies) of at least one of The Health Trust Initiatives
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, your previous experience working with these partners, their roles and responsibilities, and any cash or in-kind resources they will contribute to the project.
9. How will you measure progress toward your project goal during the grant period? (Please describe the tools you will use to measure progress).
10. Describe the impact you anticipate the project will have on individuals, communities, systems, and/ or the sector beyond the grant period.
11. *In addition to fundraising*, how does your organization plan to sustain the project following the end of the grant term, if applicable?
12. List key staff persons on the project, their primary role, and their relevant qualifications.
13. If applicable, describe how you will coordinate or collaborate with partners to implement the project. Describe key partners, your previous experience working with these partners, their roles and responsibilities, and any cash or in-kind resources they will contribute to the project.
14. What is your organization's capacity to carry out this project? Explain how the project promotes your organization's mission. Describe past experiences using policy, practice, and environmental change to promote health and/or implement a similar project.

Project Action Plan

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

Project Goal

Objectives

Objective 1 Due Date

Objective 1

Milestones for Objective 1

Objective 2 Due Date

Objective 2

Milestones for Objective 2

Objective 3 Due Date

Objective 3

Milestones for Objective 3

Objective 4

Objective

Milestones for Objective 4

Objective 5 Due Date

Objective 5

Milestones for Objective 5

Attachments

Project Budget

Applicant Organization Operation Budget

Most Recent Audited Financial Statements

Current Board of Directors List