Community Health Investment Program
Application

Platte Valley
SCL HEALTH

Application Guidelines and Procedures
Platte Valley Medical Center Community Health Investment Program
Our Mission: Foster Optimal Health for All

Criteria

To be considered for a CHIP grant, your organization must meet most, if not all, of these criteria:

1. Support the mission of Platte Valley Medical Center
2. Serve a demonstrated need in the community.
3. Proposals that involve collaboration with other community providers and organizations that are directly or indirectly involved with community health concerns will receive priority.
4. Have a reasonable financial request.

Eligibility Requirements

All grant recipients are considered health care partners with the hospital and as partners are accountable to the CHIP Committee for the use of all funds provided. Applicants for CHIP grants must meet the following minimum requirements:

1. Be a 501(c)3 non-profit or a government/ quasi-governmental unit.
2. Operate under written Articles of Incorporation, By-laws or other written documents or statutes which define the organization's purposes, membership, management and operation.
3. Operate on a non-discriminatory basis in employment, recruitment of volunteers and delivery of services.
4. Demonstrate effective program performance and financial responsibility and accountability.
5. The population being served by the grant funds must be located within the geographic area served by Platte Valley Medical Center.
6. Organization must complete vendor application and be approved as a vendor through SCL Health before funds are distributed.

Operating Guidelines

The following basic operating guidelines shall apply:

1. All grants must be approved by the CHIP Committee.
2. Grants shall be used solely for the requested purpose unless otherwise authorized by the CHIP Committee.
3. All funds received shall be used only within Platte Valley's service area. (Brighton, Ft. Lupton, Henderson, Lochbuie, Keenesburg, Hudson, Wattenburg, Reunion, Todd Creek)
4. Funded activities shall commence in a timely manner.
5. Grant recipients shall recognize Platte Valley in promotional materials, activities or programs related to the program funded by the CHIP grant.
6. Grant recipients shall submit a final report (template attached) and financial statement to the CHIP committee indicating the actual use of the grant within 60 days of receiving the grant or no later than one year after receiving grant funds.
7. Random on-site CHIP Committee visits will be conducted as needed to assess the progress and effectiveness of projects or programs supported by CHIP funds.
8. Grant funds not used shall be returned.

Application and Funding Procedure

The following general procedure shall apply:

1. The Committee will make decisions on grant requests at regularly scheduled meetings.
2. Applications must be received by the end of the month prior to the next scheduled meeting,
3. Applicants will receive written and or verbal notification of the Committee's decision.

General Application Information

Organization _____

Brief program summary_____

_____

Contact_____

Address _____ Phone _____

Email_____ Tax ID#_____

Time frame of project/program _____

Date submitted _____

Financial Information

Final Report for previous year funding   Attached ☐   Sent (date) _____   N/A

Grant amount requested $ _____

Amount of funding available from other sources $ _____

Partners in funding   _____

Total cost for the program $ _____

Number of people impacted by the project/program   _____

Written Proposal Requirements:

Application must be sent electronically to be accepted. Your proposal should include the documents listed below. Please separate your information into documents containing the information below and name them by the listed title. You should have 9 files to send.

1. <u>General Application Information</u> (from above)
2. <u>Executive Summary/Overview</u>
3. <u>Project Description</u>
     a. Description of the need (include statistics/specific facts related to the need).
     b. How were the needs determined?
     c. What activities will be involved to support the project?
     d. How will the funds be used?
     e. How does the project align with the Mission of PVMC, "Foster Optimal Health for All"?
     f. How will you make sure that the funds are only used to benefit individuals in the Platte Valley service area
     g. How will the project be evaluated? Please give the overall goal of the project and measurable objectives. Objectives should tell the committee what will define success of the project and should:
          i. ***Specifically*** define the target population (i.e. children, seniors, uninsured population, etc)
          ii. Include the ***measure*** of success (% increase/decrease, number of participants, etc)
          iii. Be ***attainable***.
          iv. Be ***relevant*** to the goal.
          v. Include the ***time frame*** for the grant or time needed to meet the objective (i.e. 1 year, by the end of the program/class, etc).
     h. How will the project continue to be funded if it continues beyond the time frame of the grant?
4. <u>Applicant Officers</u>: Names of applicant officers and members of its Board of Directors or governing body.
5. <u>Articles of Incorporation</u>, bylaws, or other documents which define the organization's purposes, membership, management, and operation.
6. <u>Tax-Exempt Status</u>: Statute, regulation, or the IRS letter which shows that the organization is exempt from Federal income taxes, is not a private foundation and that donors may deduct contributions to the organization.
7. <u>Financial Audits</u>: or other financial information for the most recent three years. (If submitting professionally prepared financial audits, you can send each year separately.)
8. <u>Detailed Budget</u>: Give a detailed budget for the specific amount requested.
9. <u>Final Report</u>: Complete the final report for the most recent grant if applicable (page 4 of this application).

Please send CHIP Proposals, supporting documentation or questions to: CHIP.Committee@sclhealth.org

Please submit all application and report documents on one-sided pages only.

CHIP policy requires that all grant recipients give an accountability report with 60 days of when funds have been used and no later than 12 months from the time the grant is received (final report form below). No additional funding request will be considered until this form is completed and returned.

CHIP Grant Recipients: Final Report

Organization _____

Address _____

City _____ State _____ Zip _____

Contact _____Phone _____

Email _____Fax _____

Purpose of Grant:

_____

_____

_____

Please provide answers to the following:

1. Describe how CHIP funds were used consistent with project goals.

2. List the measured outcomes and results from the CHIP grant.
    (Examples: Clients served, expanded services, new services provided).

3. How has the mission of your organization been strengthened by this grant?

4. Please share any interesting stories or feedback from those served.