

# Rural Ozarks Health Initiative Grantmaking Program

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*Community Foundation of the Ozarks Grants*

## *About your Affiliate Community Foundation*

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Thank you for applying to the Rural Ozarks Health Initiative program. Three recipients will be chosen for this three year program. Applicants are encouraged to apply for a grant of \$150,000, which will be provided in three grants of \$50,000 annually. Requests of more than \$150,000 will not be considered. Recipients will be required to provide annual grant progress reports at the end of each year in order to receive the next year of funding.

Please read the grant background rationale before proceeding with the grant.

Completed applications must be received via this online application by November 10, 2017.

Contact Bridget Dierks ([bdierks@cfozark.org](mailto:bdierks@cfozark.org)) for questions about this application process. Contact Brian Fogle ([bfogle@cfozarks.org](mailto:bfogle@cfozarks.org)) or Alice Wingo ([awingo@cfozarks.org](mailto:awingo@cfozarks.org)) for questions about the program.

### **Primary Affiliate Applicant\***

*Character Limit: 250*

### **Does your affiliate have its own 501(c)3 status?\***

#### **Choices**

No, we use CFO's nonprofit status

Yes, we maintain our own nonprofit status

### **If you maintain your own status, please provide your EIN.**

*Character Limit: 20*

### **Counties Impacted\***

Please check all counties in which your proposed project would impact. Note that if your affiliate will not impact any of the counties listed, your project is not eligible for funding.

#### **Choices**

Barry  
Barton  
Bates  
Benton  
Bolinger  
Butler  
Camden

Cape Girardeau  
Carter  
Cass  
Cedar  
Christian  
Crawford  
Dade  
Dent  
Douglas  
Dunklin  
Gasconade  
Henry  
Hickory  
Howell  
Iron  
Jasper  
Johnson  
Laclede  
Lawrence  
Madison  
Maries  
McDonald  
Miller  
Mississippi  
New Madrid  
Newton  
Oregon  
Osage  
Ozark  
Pemiscot  
Perry  
Phelps  
Polk  
Reynolds  
Ripley  
Scott  
Shannon  
St. Clair  
St. Francois  
Ste. Genevieve  
Stoddard  
Stone  
Taney  
Texas  
Vernon  
Wayne  
Wright

## Community Assessment

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### Community Health Improvement Plan\*

Has your community completed a community health improvement plan?

#### Choices

Yes

No

### Upload Community Health Improvement Plan

If your community has completed a community health improvement plan, please attach that document.

*File Size Limit: 6 MB*

### Current Health Status\*

Please provide a brief overview of the current health status and situation in your community. What are the challenges and opportunities facing your region?

*Character Limit: 2000*

### Past Strategic Planning Efforts\*

Describe other community assessment or strategic planning activities that have been undertaken in the last three years. What was the outcome?

*Character Limit: 2000*

### Health Related Organizations\*

Please list all health related organizations and institutions within your intended focus area in your community. Provide a brief description of each.

*Character Limit: 2000*

## Project Information

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### Project Name\*

The name of the project is attached to each and every form within your process. This is the "identifier" for the request.

*Character Limit: 100*

### Brief Project Description\*

Please describe the project your agency would like to undertake in no more than two sentences.

*Character Limit: 200*

**Full Project Description\***

Fully describe the project your affiliate would undertake if selected. What health area would be the focus of this proposed project, and how will your proposal address that area of focus?

*Character Limit: 2000*

**Grant Selection Rationale\***

Why should your foundation and area of focus be selected for this grant?

*Character Limit: 2000*

**Service\***

What portion of the population of your community will your proposed project address?

*Character Limit: 500*

**Measurements of Need\***

Provide relevant measurements or statistics in your community which indicate a reflection of the need for your proposed program.

*Character Limit: 2000*

**Timeline\***

What is the timeline for implementing this proposed program? Please note applications to this program are eligible for up to three years of funding support (\$50,000 per year, with application processes occurring at the end of each year).

*Character Limit: 1000*

**Key Community Partners\***

What community partners will you involve in the proposed program/initiative? What are the roles and responsibilities of these partners, and how will they contribute to the outcome of the project?

*Character Limit: 2000*

## *Anticipated Outcomes*

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**Anticipated Outcomes\***

Describe what the anticipated outcomes and benefits for your focus area from this opportunity. What issues do you hope to address, and what improvements to community health will occur?

*Character Limit: 2000*

**Individuals Impacted\***

Estimate the number of individuals impacted by your proposal.

*Character Limit: 10*

## Measurements of Success\*

How will you know your project has been successful?

*Character Limit: 1000*

## Project Financial Details

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### Amount Requested\*

Please provide the amount of money requested. Maximum request amount cannot exceed \$150,000 (\$50,000 annually) for the three year project.

*Character Limit: 20*

### Project Budget\*

Please upload your proposed project budget using this template. Please note there are two tabs to the template (tab 1: instructions, tab 2: budget outline).

*File Size Limit: 5 MB*

### Budget Rationale

Please provide important details related to your project budget which are otherwise not apparent. Clarify any potential questions the committee might have about your budget in this section. NOTE: do not outline your match opportunities in this section. Provide details about your financial and in-kind matches in the next two questions.

*Character Limit: 2000*

### Match Requirement: Financial Commitment\*

This grant requires a local match of 1:1 annually. Half the match can come from in-kind services; the other half must come in the form of dollars. Please describe the source of matching dollars. What partners will provide these funds? Are they available currently, or will they need to be raised?

*Character Limit: 2000*

### Match Requirement: In-Kind Commitment\*

Please describe the in-kind services to be used in this proposed project. How are those services valued? What partners will provide them?

*Character Limit: 2000*

### Long Term Sustainability\*

Will the challenge outlined in your proposal be solved in three years? If not, how will your community sustain the initiative?

*Character Limit: 2000*

## *Attachments: Commitment Statements*

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### **Commitment Statement: Affiliate CF Board\***

Please attach a commitment statement from your Affiliate Community Foundation.

*File Size Limit: 2 MB*

### **Letters of Support: Local Municipality\***

Please attach a letter or support from your local municipality (if this impacts your entire county, please provide a letter from your county).

*File Size Limit: 2 MB*

### **Letters of Support: Health Related Partners\***

Please provide letters (in one combined document) from each of the participating health related partners.

*File Size Limit: 5 MB*

### **Optional Letters of Support: Other Community Leaders**

Please provide letters (in one combined document) from other supportive community leaders or organizations.

*File Size Limit: 5 MB*

Thank you for completing the Rural Ozarks Health Initiative application. Proposals will be reviewed, and finalists will be contacted for a follow up phone interview. Selection of the recipients of this grant will be announced on or before December 15, 2017.