



### HEALTHCARE ORGANIZATION SUPPORT GRANT APPLICATION

**INSTRUCTIONS:** Type responses directly in to the form and save your work as a single file for submission. **Applicant must complete all fields and provide a certification signature** to apply for the Healthcare Organization Support Grant. Electronic signatures are accepted. If additional space is needed, please include attachments in submission. For further instructions, please refer to the Grant Information Packet and Application Checklist.

<b>PART 1: Applicant / Entity Information</b>	
Organization Name	
Main Contact Name and Title	
Main Contact Phone Number	
Main Contact Email Address	
Organization Address	
Length of Operation <i>Must be in operation as of March 1, 2020</i>	
Brief Description of Organization	
Organization Programs and Projects:	<input type="checkbox"/> Clinics <input type="checkbox"/> Vaccine Distribution <input type="checkbox"/> Mental Health Programs <input type="checkbox"/> Prevention Programs <input type="checkbox"/> Substance Abuse Programs <input type="checkbox"/> Other (Must Specify)
Number of Full-Time Employees & Number of Volunteers	
Estimated Number of Patrons Served <ul style="list-style-type: none"> <li>• Normal Year</li> <li>• Pandemic Year</li> </ul>	Normal Year  Pandemic Year
Does this organization operate in a Qualified Census Tract?	Yes                      No                      Unsure
<b>PART 2: Funding Information</b>	
Amount of funding requested:	\$



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Describe how this funding will address impacts/disproportionate impacts on individuals or households:

A large, empty rectangular box intended for the applicant to describe how the funding will address impacts or disproportionate impacts on individuals or households.



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If full funding is not awarded, how will the organization cover the balance of negative economic impacts? Alternatively, if additional funding were to be awarded, how would projects/programs be scaled depending on award?

Empty response area for the grant application question.



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How does your organization plan to track the impact of the award?

A large, empty rectangular box intended for the applicant to provide their response to the question above.



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Describe how the pandemic has financially impacted your organization:

A large, empty rectangular box with a black border, intended for the applicant to describe the financial impact of the pandemic on their organization.



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Has the organization received other Federal awards in 2020, 2021 or 2022?	Yes	No
If yes, indicate the type of award:		
If yes, indicate the amount of award:		

<b>PART 3: Certification</b>		
By signing this grant application, I certify that the information included is true, complete and accurate. I acknowledge that I have reviewed the grant application guidelines and understand that this application will undergo a full review before an award decision is made.		
Signature of Authorized Applicant / Entity Representative		
Date		