CA4HealthApplication Form

Applications must be received **by Friday, November 15, 2013 at 12:00pm (noon) PST.**

# Applicant Organization

Name of agency/organization:

Name of county/ies for proposed work:

Is this organization affiliated with PHI? Yes [ ]  No [ ]  If yes, please describe:

Division/unit/department that would house this project (if applicable):

Street address:

City/State/Zip:

Telephone:

Name of primary contact (include job title):

E-mail:

#### I. RATIONALE/COMMUNITY BACKGROUND

1. Please describe the characteristics of the community that the proposed project will impact. What is the need this proposal would address? How can PSE change strategies play a role in this effort?

#### II. DESCRIPTION OF PROPOSED STRATEGIC DIRECTION WORK

1. Which of the four CA4Health strategic directions do you propose to work in through this opportunity? Please identify at least one of the following by checking the appropriate box:

[ ]  **Tobacco-Free Living**: Smoke-Free Multi-Unit Housing

[ ]  **Healthy Eating Active Living**: Decrease Consumption of Sugary Beverages/Increase Access to Water

[ ]  **Clinical-Community Preventive Services**: Chronic Disease Self-Management Program/Integrate Community Health Workers in Team-Based Care

[ ]  **Healthy & Safe Physical Environment**: Safe Routes to School/Walkable and Bikeable Communities

1. Describe the goal for work in this strategic direction, including the potential number of people who would be impacted or affected by the proposed change. The strongest applications will propose a goal which strives to implement a policy, systems, or environmental change impacting one or more communities in the county. See attachment for examples of goals/strategies.
2. List up to 10 key activities that will lead to successful implementation of your proposed plan.
3. What capacity and experience exist within the applicant organization and/or through partners to implement the proposed project?

#### III. POTENTIAL FOR COMMUNITY COLLABORATION

* 1. List up to 10 potential partners/organizations in your community whose missions or activities address your proposed work. Use the table below to identify these potential partners, briefly describe assets they might bring to your project, what you anticipate their level of engagement in the proposed project will be, and if that organization is affiliated with PHI.

| Partner/Organization | Assets | Level of Engagement in Proposed Work | PHI Affiliation?(Check if yes) |
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b. Describe the level of support in the community for the proposed work. How would you characterize the current support for prevention efforts among leadership at the town, city, or county level? How would you foster or increase support, if needed?

#### IV. SPECIFICATION OF RESOURCES

1. How would you sustain the project beyond the initial funding?
2. What types of resources or assistance do you need from CA4Health to conduct this project?

#### V. BUDGET

Please provide a budget and budget justification for the proposed work (see budget attachments).

Funds cannot be used for the following: infrastructure, promotional items or giveaways, educational campaigns (unless the applicant can prove the campaign would be an integral step in achieving a tangible policy, systems, or environmental goal by the end of the project period), clinical services, equipment, or lobbying.

Supplies can be purchased that are directly tied to adoption/implementation of a systemic change (vs. providing them without a connection to the goal). For example, if a school is incorporating increased access to free water into their wellness policy, it would be allowable to provide reusable water bottles for students.

Any items over $5,000 are considered equipment by CDC. All other purchases are considered supplies. The proposed budget should not include equipment.