

**Malheur County Local Community Health Partnership  
Community Partner Funding Request for 2022-2023**

To request funding from the LCHP's CBIR Funding, please complete this document and return to your LCHP Coordinator: Jill Boyd [jboyd@gobhi.org](mailto:jboyd@gobhi.org) by February 25, 2022.

<b>Name of LCHP:</b>	Malheur County Local Community Health Partnership
<b>Organization(s) to Receive Funds: (Include name/address/email/phone)</b>	
<b>Person (s) Responsible for Funds: (include name/email)</b>	

<b>Please list the Community Health Plan (CHP) priority area(s) or Social Determinants of Health your Project/Proposal plans to address (see attached CHP):</b>

<b>Briefly Summarize Project/Proposal (Please provide justification for FTE, if applicable):</b>

<b>Do you have baseline data to share that supports this request?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Briefly describe:</b>	
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<b>Will you be able to collect data to demonstrate the efficacy of your project?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Briefly describe:</b>	
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<b>Will you be able to track the number of OHP members served by your project?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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*Please Note: Priority must be given to projects that target OHP members*

<b>If provided the requested funding, does your agency currently have adequate staffing and resources to complete the project?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Briefly describe:</b>	
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<b>Will you accept partial funding?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>If yes, what is the minimum funding amount required to complete the project:</b>	
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<b>If applicable, have you identified community partners needed to assist in this project?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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*NOTE: The organization designated to receive the funds should be prepared to retain receipts for expenditures. They will not be required to submit those receipts, but should be prepared to show if requested. The organization is expected to provide budget and outcome information to the LCAC Members & Coordinator as requested, for completion of progress reports & project monitoring.*

		<input checked="" type="checkbox"/> N/A
<b><i>If yes, please list partners:</i></b>		
<b>Can you sustain the project after funding ends?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>Briefly Describe:</i></b>		

Budget Item	Amount Requested
<b>Total Amount Requested</b>	<b>\$</b>

Additional expectations: All approved applicants are required to attend at least a minimum of four LCHP meetings during the project year to discuss project performance and foreseen/unforeseen challenges to completing the project in the timeframe allotted. Enrollment as an LCHP member is encouraged but not required. All approved applicants will also be required to provide written updates to the LCHP Coordinator three times during the project year (two interim reports and one final report).

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Printed Name of Project Lead

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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