****

**2021 Collaborative Health Innovation Project (CHIP) Application Template**

*This worksheet does not replace the need to complete the online application. It is designed to help you build your grant content in a Word document within character count guidelines before inputting into the online application. It is also useful to build the grant offline and use for internal review and commenting by team members.*

*It is not required that you use this tool. If you choose to copy and paste from this or any Word document into the grant management platform, please be sure to check for HTML symbol errors that may occur during the transfer. Errors of this nature could impact the character/word limits within each individual section.*

*Information provided below in ORANGE type is meant to be instructional and aid your application process. Additional information to aid this process can be found in the ‘Application Terms and Definitions’ tab on our dashboard.*

**Applicant Information**

Full Legal Name of Organization:

In this section the grant writer will provide contact information for his/herself, as well as the organization’s authorized officer, if different from the grant writer.

**Organizational Information**

Physical Address of Applicant’s Organization:

Mailing Address, if different:

Organization’s Mission *(50 words max.):*

Brief Description of Organization’s History *(150 words max.):*

Does your organization have a website? If so, URL:

Does your organization have a Facebook page? If so, URL:

Does your organization have an Instagram page? If so, URL:

Does your organization have a Twitter account? If so, URL:

Does your organization have a LinkedIn account? If so, URL:

Organizational classification, choose from:

* Nonprofit
* Public Agency/Unit of Government
* Indian Tribal Government
* County School System
* State School System

Organization’s EIN (Federal Employment Identification Number)

Will your organization serve in a sponsoring agency capacity? If so, we will ask you to identify the organizations you are planning to sponsor, up to five.

***Please Note****: Serving in a sponsoring agency capacity is not the same as collaborating with other organizations to achieve your goal. Click ‘yes’ to this question only if your organization intends to pass along all (or most) of any award received to at least one other organization.*

**Collaboration Information**

How many organizations are you collaborating with on this project? *Your response here (up to 5) will prompt the application management system to generate the same number of Agreement Requests to use when seeking formal agreement documentation from your partners. If you plan to work with more than 5 partners, contact Nantahala Health Foundation Associate Director Lisa Duff at* *l.duff@nantahalahealthfoundation.org* *for information about how to proceed.*

Full Legal Name and Address of Your Collaborating Partner(s)

Collaborating Organizations’ Status, choose from:

* Nonprofit
* Public Agency/Unit of Government
* Indian Tribal Government
* County School System
* State School System

Collaborating Organizations’ EIN (Federal Employment Identification Number)

What role did your collaborator*(s)* have in developing the proposed project? *(150 words max.)*

How will your collaborator*(s)* be operationally involved? *(150 words max.)*:

How will you and your collaborators avoid duplication of services? *(150 words max.)*:

**Project Overview**

Project Name

Classify in which of Nantahala Health Foundation’s priority funding areas your project best identifies with and will strive to make an impact:

* Health and Healthcare
* Education
* Economic Security
* Organizational and/or Community Capacity Building

***Please Note:*** *Within each of these funding areas, you will be asked to further define your project’s focus.*

Identify in which of Nantahala Health Foundation’s geographic coverage areas your project will strive to make an impact. If your project will address a need identified in more than one of these geographic areas - Cherokee, Clay, Graham, Swain, Macon, and Jackson counties, as well as the Qualla Boundary - we will ask you to approximate the percentage of spending you anticipate per area.

**Problem and Solution Narratives**

**The Need/Problem:** Describe the need and/or problem you have identified and wish to address with this program? Who or what is affected by this problem? How so? (Max words 500)

Please explain your understanding of the root cause(s) of the need you have identified. (500 words max.)

Please provide the data and sources you used to justify the magnitude of the need/problem you identified. (Max words 500)

How did your organization decide to address the need/problem you have identified? *(150 words max.)*

Who informed, or was involved in, identifying the stated need/problem? *(150 words max.)*

Why is it important to address this need/problem now? *(150 words max.)*

**Your Solution:** Please provide a narrative overview of the key activities you plan to implement. Within your narrative, describe the outcomes you anticipate, specifically addressing what will increase, decrease, improve, etc. because of the work you propose? This is the place to be practical about what you hope to accomplish during this grant period.  *(1000 words max.)*:

***Please Note****: The narrative above is meant for you to explain your outcomes by painting a picture with words. In addition, we will provide an Excel document for you to download and populate with a list of specific key activities you plan to implement, the outcomes you anticipate, how you will measure your outcomes, and a timeline for when each activity is expected to be completed. You will then be asked to upload your completed spreadsheet. These key activities should serve as milestones to evaluate your progress at the six-month mark and at the project’s conclusion.*

**Innovation Narrative**

How is the stated need/problem typically addressed in your field or community? Describe the current “status quo” approach. *(350 words max.)*

How are the methods you plan to implement to address the need/problem unique? Specifically address what it is about your approach that has never been tried in your community in exactly the way you propose? *(500 words max.)*

Why is a different strategy required at this time? Reference any relevant research, evidence, and/or best practices that support your proposed project's chances of success. *(500 words max.)*

**Budget Narrative**

Total Amount Requested, up to $50,000:

Estimated Total Cost of Project:

Do you anticipate using CHIP to leverage funds from other sources? If so, please explain.

***Please Note:*** *To help you determine the requested amount and the total estimated cost, we will provide an Excel template for you to download and use to report your project budget. ‘Tab 2: Project Budget Prep’ should provide you with the tools you will need to answer these cost questions. Be sure Tab 2 is complete before uploading. Instructions to best utilize this template found on our website at https://nantahalahealthfoundation.org/project-budget/*

Do you anticipate the need/problem your project will address will persist after this grant cycle is complete? If so, we will ask you to identify how the need/problem will be addressed after this grant cycle is complete so that we understand the sustainability plan.

If NHF exhausts its funds in this grant cycle before meeting all requests, will your organization be able to proceed with your project with fewer dollars than you have requested?

**Community Representation and Service**

How is the diversity of the region reflected in your organization’s board and staff? *(500 words max*.)

The following are tools to help you measure your organization's leadership compared to Western North Carolina's recognized diversity:

1. U.S. Census Bureau at [www.census.gov/](http://www.census.gov/)

2. N.C. Office of State Budget and Management at [osbm.nc.gov](https://osbm.nc.gov/)

3. Appalachian Regional Commission at [arc.gov](https://arc.gov/)

Tell us how knowledge of the social determinants of health informs your organization’s work? *(500 words max*.)

The following are tools to help you better understand how social determinants of health impact lives and how your organization may already be working to address SDofH as a way of improving health outcomes for the individuals you serve.
1. Nantahala Health Foundation at [nantahalahealthfoundation.org/funding-needs-priorities/](https://nantahalahealthfoundation.org/funding-needs-priorities/)
2. Centers for Disease Control and Prevention at [cdc.gov/socialdeterminants/index.htm](https://www.cdc.gov/socialdeterminants/index.htm)
3. N.C. Department of Health and Human Services at [ncdhhs.gov/about/department-initiatives/healthy-opportunities/about-healthy-opportunities](https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/about-healthy-opportunities)

Will this grant help you direct address inequities or disparities? If so, how?

For more information about addressing inequities or disparities, visit https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities

**Organization and Project Documents**

Documents to be uploaded should not exceed 10mb/upload. If you need to submit a larger document, please contact l.duff@nantahalahealthfoundation.org for instructions.

You will be asked to upload the following as PDFs:

1. Audited financial statements for your last fiscal year or your most recent 990 Tax Form. If neither document is available, please upload your most recent financial statement.
2. Your organization's current operating budget.
3. For nonprofits only, your IRS determination letter.

If appropriate and if visual elements would enhance our understanding of your proposal, please upload images, photographs, blueprints, architectural drawings, graphs, etc. We have provided spaces for you to include up to four images. All are optional.

**Certification and Signature**

In this section the grant writer will be asked to affirm a series of statements. If the grant writer is not your organization’s authorized officer, you will be instructed to request your authorized officer respond to this same series of statements:

1. Applicant’s organization does not discriminate based on race, color, religion, national origin, sex, gender identity, sexual orientation, age, disability, or any other characteristics protected under applicable law, and does not support other entities that engage in these activities.
2. Any funds received for this proposal will be used for the stated charitable purpose, and in accordance with the grant terms and conditions included in the grant agreement letter.
3. Applying via this platform does not obligate the applicant to accept funding. Applicant understands and reserves the right to decline funding from Nantahala Health Foundation based on the terms outlined in the award agreement, which will be made available to the applicant for review and acceptance if/when this project is approved for funding.
4. If funded and if requested, applicant agrees to complete post-award assessments as prescribed.

**How to Submit Your Application**

Once each section reads 100% complete and after you and your proofreader have checked your application for accuracy, simply click the **FINAL REVIEW AND SUBMIT** button found in the upper right corner of your application dashboard. A popup window will open and ask you to confirm you have reviewed your application. Click CONTINUE WITH REVIEW to proceed. A window will open and allow you to Print/Save as a PDF, complete your final review, or CANCEL AND EXIT, which will return you to your dashboard. Once you are satisfied and ready to submit, check the small box to the far right to indicate you have reviewed your content, then click SUBMIT. You will not be able to update your application after it is submitted. You will know your application was successfully received only when you receive an email confirmation. Check the ‘Award Eligibility and Key Dates’ tab on your dashboard to gauge about when you should expect to hear the award and denial status of your application.

**Technical Assistance**

Foundation staff are committed to providing technical assistance as we are able during the application process. However, due to potential high demand or need for personal assistance may not be available in the 1-2 days immediately preceding the application submission deadline. Therefore, we strongly suggest you plan accordingly to meet deadlines so that last-minute technical issues do not prevent submission.