



2010 TFHIT INTENT TO APPLY FORM

In order to assist TFHIT in preparation for the review process, please complete and submit this form within 7 days of download of an application if you intend to apply for a grant this year. Thank you for your cooperation!

Please use one of the following methods for submission:

Email to: info@twinfallshhealthinitiativestrust.org

Mail hard copy to: TFHIT - PO Box 5529 - Twin Falls, ID - 83303

Fax to: 888-445-0387

Call Misti Lockie at 208-410-3633 if you have any questions.

Organization Name: _____

Contact: _____

Address: _____

Phone: _____

Email: _____

Briefly describe the main focus of your project (a sentence or two description):



Guidance for the Request for Application

Required Components for Application Submission:

1. The application has seven required sections that must be fully completed, or the application will be disqualified. Provide complete and clear answers for each section of the grant application. Review the budget figures for accuracy.
2. An annual organizational financial audit is required.
3. All progress and final reports must be submitted per prescribed timelines.
4. Must be U.S. postmark dated or received electronically no later than 5 pm on September 1, 2010.

Eligibility Requirements and Instructions:

1. The project must primarily serve the residents of Twin Falls County in the area of health, wellness, and health education.
2. The funding request can be no less than \$2000 and no more than \$42,000 for a one-year project.
3. Only non-profit organizations may apply.
4. Applicants must prove ongoing financial and program stability and sustainability. The TFHIT encourages applicants to reapply in successive years, but does not guarantee that projects previously funded will be funded again. Evidence of other funding sources is strongly considered when scoring program sustainability.
5. The proposal must address at least ONE of the Health Related Funding Priorities of the Twin Falls Health Initiatives Trust listed below:
 - Access to Care and Affordability
 - Education & Prevention
 - Economically Disadvantaged Populations
 - Workforce
6. There are no limitations on equipment or capital expenditure except that the project must be completed within the time period.
7. Grant funding shall not be used to supplant any existing funding for programs in Twin Falls County.
8. Matching funds are not required for the proposal. If Matching funds are available they should be identified in the Project Budget section (Section 6) of the grant proposal and will be awarded bonus points.
9. Demonstration of collaboration with other agencies/organizations is an important factor. The TFHIT is interested in funding projects that maximize the investment for the benefit of the community. Proposals must demonstrate how the project will provide a cost benefit OR cost avoidance to the people of Twin Falls County.
10. The scoring matrix that will be used to review the grant applications has been attached for your information at the end of this document.
11. TFHIT reserves the right to use performance information in community publications, website, and future funding opportunities.



Mission of the Trust:

To serve the residents of Twin Falls County by supporting projects in health, wellness, or health education.

Health Related Funding Priorities:

- Access to Care and Affordability - *(For example: increase availability of timely appointments; improve access to transportation)*
- Education & Prevention - *(for example: reduce language barriers for services; increase awareness of resources or illness /injury prevention)*
- Economically Disadvantaged Populations - *(for example: sliding fee services based on income; services for the uninsured or underinsured)*
- Workforce – *(for example: improve access to professional education and training; reduce provider shortages in key health areas)*

Submission of Applications:

**Postmarked or electronically submitted no later than 5 pm
September 1, 2010 to:**

Twin Falls Health Initiatives Trust
P.O. Box 5529
Twin Falls, Idaho 83303
PH: (208) 410-3633
FX: (888) 445-0387
info@twinfallshealthinitiativetrust.org

Proposed Award Process Timeline:

- July 21, 2010: Release of Grant Application
- July 1 - Aug 15, 2010: Q&A for applicants to TFHIT
- Sept 1, 2010: Deadline for submission of Grant Application
- Oct 15-Nov 15, 2010: Q&A from TFHIT to applicants
- November 2010: Board makes final decision on grant awards and awardees are notified by phone
- December 2010: Award letters are mailed
- Jan 2011: Award ceremony and Funds Disbursement



Application Face Page

Application for Funding Cycle: January 1, 2011-December 31, 2011

Applicant Information

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Employer Identification Number: _____

Authorized Representative for Award Notification:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____



Application Overview:

Descriptive Project Title: _____

Identify the total dollar amount requested: _____

Brief Overview (In 2-3 sentences provide an Executive Summary description of your project):

Brief Description of Funding Priorities Alignment (In 2-3 sentences describe how the project connects to the Twin Falls Health Initiative Funding Priorities. These items are listed on pages 1 and 2 of the application with explanations):

Signatures:

The undersigned accepts the Grant Guidelines set forth in the Application Packet and that all information about the programs is true and accurate.

Board Chair/President: _____ Date: _____

Agency Director: _____ Date: _____

Grant Contact Person: _____ Date: _____

Submission of Applications:
Postmarked, hand-delivered, or electronically submitted no later than 5 pm September 1, 2010 to:

Twin Falls Health Initiatives Trust
P.O. Box 5529
Twin Falls, Idaho 83303
PH: (208) 410-3633
FX: (888) 445-0387
info@twinfallshealthinitiativetrust.org



Directions: Please answer all questions to the best of your ability. Please provide complete and clear answers for each section of the grant application carefully, follow the grant application outline as written, and complete each section according to instructions. Verify budget areas to ensure correlation. If typed on a computer, use a minimum of single spaced, Arial 12-point font, maximum of ten pages.

Section 1: NEED

Need for the Project:

- 1) Identify the nature of the community health problem/need that your project will address,
- 2) Describe the proposed target population and characteristics that your project will serve,
- 3) Identify Proposed Goals for the Project, and
- 4) Describe cost benefit OR cost avoidance.



Section 2: MEASURABLE OBJECTIVES

Describe in detail the measurable objectives for each goal of the project. Please describe how each of your goals will be reached, and how you will measure the success or failure of each goal.

Example 1: By 2009, 100 people will receive mental health services.



Section 3: WORK PLAN (Add Rows as Needed)

Twin Falls Health Initiative Trust Work Plan						
[Project Title]						
Problem/Resource	Activities	Responsible Parties	Specific Timelines	Outcomes	Quantifiable Outputs	Budget Items Associated
<i>Example 2: Below</i>						
Twin Falls County has less than 2 mental health providers who will provide services to uninsured populations.	1. Recruit and hire a mental health provider to serve referred uninsured populations	Director of X	Quarter 1	Increased access to mental health services for uninsured populations	1 mental health provider hired serving 100 people annually	\$75,000 salary \$15,000 fringe



Section 4: KEY PERSONNEL

Key Personnel

- 1) Identify Key Personnel,
- 2) Identify Community Partners,
- 3) Describe each person/entities' qualifications for the project, and
- 4) Describe each person/entities' role in the project.



Section 5: EVALUATION

Evaluation is a required component of this application. TFHIT will require quarterly reports on the implementation of the project (formative assessment) and a final report 30, days after the project end date (summative assessment). TFHIT reserves the right to use performance information in community publications, website, and future funding opportunities.

Describe how each measurable objective will be evaluated. Describe data collection, data collection methodology, personnel, and/or use of independent evaluators as needed.



SECTION 6: PROJECT BUDGET

Describe only the costs related to the project. Add rows as needed.

75% or more of total budget can be utilized for:

- Anything directly related to TFHIT funding priorities (as stated on pages 1 & 2)
- Direct services to the targeted population
- Scholarships or reduced fees for the targeted population
- One-time purchases of durable, service-related equipment that lasts 3 years or longer
- Consumable supplies

25% or less of total budget can be utilized for:

- Office furniture or office equipment
- Conferences/training of workers
- Administrative costs/overhead
- If staff providing direct services also performs routine administrative tasks, the organization must differentiate time spent on each, and limit routine administrative costs to 25% or less of the total budget.
 - *For example: routine administrative tasks such as board meetings, fund raising, conferences, bookkeeping, etc should be limited to 25% or less.*

Category	Items	Cost	Related Match
Personnel			
Fringe			
Contractual			
Travel			
Supplies			
Equipment			
Other			
TOTAL			



SECTION 7: BUDGET NARRATIVE

Describe under each section the use of the items supported by the project. If you are not requesting funds in a particular category, please type N/A for not applicable.

Personnel

Fringe

Contractual

Travel

Supplies

Equipment

Other



ATTACHMENT: Scoring Matrix



ELEMENT		0	1	2	3	4	SCORE
GRANT #		Does Not Meet	Marginally Meets	Meets	Strongly Meets	Exceeds	
Demonstration Of Need	Clearly establishes a compelling problem statement and/or needs assessment						
	Demonstrates cost benefit or cost avoidance						
COMMENTS							
Objectives	Objectives are measurable						
	Contains realistic objectives						
	All proposed benefits are attainable						
COMMENTS							
Work Plan	Contains a realistic schedule or timeline						
	Clearly defines each partner(s) role & responsibilities						
COMMENTS							
Budget	Contains a detailed budget						
	Budget contains realistic costs for materials and services						
	Budget numbers are correct						
	Matching dollars: If match is available check "4"						
COMMENTS							



ELEMENT		0	1	2	3	4	SCORE
GRANT #		Does Not Meet	Marginally Meets	Meets	Strongly Meets	Exceeds	
Staffing Plan	Contains a proposed staffing plan which supports the scope of the project						
COMMENTS							
*Budget Sustainability (Score only one)	Operational needs: Budget must show ongoing sustainability						
	One time project: Project provides something the community does not have or is outdated						
COMMENTS							



HIT PRIORITY AREAS		0	1	2	3	4	SCORE
GRANT #		Does not meet	Marginally Meets	Meets	Strongly Meets	Exceeds	
Services	Provides a new service, or improves access to existing services related to health, wellness, education or workforce development.						
	Provides a benefit to the target population(s)						
COMMENTS							
Funding Priorities	Meets one or more of the following funding priority areas: Access to Care and Affordability Education & Prevention Economically Disadvantaged Populations Workforce						
COMMENTS							
Population Focus	Serves primarily Twin Falls county residents						
COMMENTS							
Eligibility	Clearly defines criteria for who can access services						
COMMENTS							



HIT PRIORITY AREAS		0	1	2	3	4	SCORE
		Does not meet	Marginally Meets	Meets	Strongly Meets	Exceeds	
Collaboration	Shows a high level of involvement of other community services/agencies						
COMMENTS							
Priority Management	Overall, demonstrates a clear need for the service, project, or equipment						
COMMENTS							
OVERALL SCORE: 76 points possible							
BONUS: 4 points possible							
OVERALL COMMENTS							