



Guidance for the Request for Application

Required Components for Application Submission:

(Failure to complete or comply with any required component will result in immediate disqualification)

1. All sections of the application MUST be completed or indicated as *Not Applicable*. If you have a question, please contact TFHIT for assistance. Applicants previously funded MUST complete Section 8.
2. An annual financial statement, audit or Form 990 must be submitted with your application.
3. All EIN's must be properly verified by providing an authorization signature & contact info for the signatory.
4. Submissions must be typed or computer generated; use a minimum of 12-point font, and the application must contain a maximum of twelve (12) pages, NOT counting the **Application Face Page** or **Section 8**.
5. Only non-profit organizations may apply.
6. Applications must be received electronically or U.S. postmark dated no later than **5 pm on Friday, September 8, 2017**. ****We strongly request that you submit your application electronically, via email, if at all possible. Signature pages can be mailed or faxed if needed. If submitting via regular mail, applicants MUST notify TFHIT via email or phone in case of any delivery delays or postal problems****

Eligibility Components and Additional Tips for Completion:

1. The funding request can be no less than \$2,000 and no more than \$20,000 for a one-year project.
2. Each project must primarily serve the residents of Twin Falls County.
3. A successful application must show evidence that a project will address ONE OR MORE of the Health Related Funding Priorities of the Twin Falls Health Initiatives Trust, as listed below
 - Access to Care and Affordability - *(For example: increases availability of timely appointments)*
 - Health Education - *(for example: increases awareness of resources or disease prevention)*
 - Economically Disadvantaged Populations - *(for example: sliding fee services based on income)*
4. In addition to the Funding Priorities as stated above, it is helpful if organizations can address one or more of the following important sub-categories as identified in community health needs assessments: **Mental Health ~ Healthy Weight/Nutrition/Exercise ~ Substance Abuse ~ Strengthening Family Wellness**
5. Applicants must indicate financial/program stability and evidence of sustainability, including evidence of other funding sources. If matching funds are available for the project they should be identified.
6. Grant funding shall not be used to **supplant** any existing funding for programs in Twin Falls County.
7. Demonstration of collaboration with other agencies/organizations is an important factor. TFHIT is interested in funding projects that maximize the investment for the benefit of the community, and a successful application should demonstrate how the project will provide a cost benefit OR cost avoidance.
8. Verify budget numbers to ensure accuracy. Make sure each section matches other sections in regard to numbers, project activities, and other specific info.

Other Notables:

- Previous grantees are permitted to re-apply, but TFHIT does NOT guarantee that projects previously funded will be funded again.
- Evaluation is a required component of grant funding; the TFHIT Board requires interim reports during implementation of the project and a final report after project completion. All reports must be submitted ON TIME; if reports are submitted late or incomplete, current or future funding will be affected.
- If awarded, all grant funds MUST be used according to the stated budget in the grantee's application. Any deviation from that stated budget requires TFHIT notification and approval. Only request the amount of funding that your project needs.
- Grantees will be required to provide receipts for all expenditures pertinent to grant funds and activities. These receipts shall be submitted with each interim report; submit only the receipts and info that correspond with the expenditures for the current reporting period, as it comes due. Receipts and expenditures must match with the grant application budget items, and be properly explained in reporting.
- TFHIT reserves the right to perform an independent audit of the project's funds, receipts and expenditures at any time.
- Any grantee organization, individual or combination thereof that misuses grant funds will be prosecuted to the full extent of the law and banned from applying for any future TFHIT funds.
- TFHIT reserves the right to use performance information in publications, website, or other docs, etc.

NEED HELP? HAVE QUESTIONS?

If you should have any questions while completing the application, please contact Misti Charters at mistiokie@hotmail.com or info@twinfallshealthinitiativestrust.org or (208) 410-3633 or (208) 899-5262.

Submission of Applications:

We request that you submit your application electronically, via email, if at all possible. Signature pages and/or any appendix information can be mailed or faxed if needed, but still need to be submitted by the deadline time and date. All applicants MUST notify us via email or phone if you have sent your application through regular mail in case of mail delivery delays

All applications must be postmarked or electronically submitted no later than
5 pm on Friday, September 8, 2017 to:

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

Approximate Grant Cycle Process Timeline:

- June 8, 2017: Release of Grant Application
- June 9 – Sept 8: Q&A for applicants to TFHIT
- **Sept 8, 2017: Deadline for submission of Grant Application**
- Sept or Early October: Applicant presentations
- November: Board makes final funding decision and notifications are made
- December: Award ceremony and Funds Disbursement



Application Face Page

Application for Funding Cycle: January 1, 2018 - December 31, 2018

Applicant Information

Applicant Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Physical Address (if different from above): _____

City: _____ State: _____ Zip: _____

Identify Applicant Organization Non-Profit Status: _____

Employer Identification Number: _____

Who does this EIN belong to? _____

EIN Authorized by:

(print name) _____ (Title) _____

(signature) _____ (Phone #) _____

Authorized Representative for All Correspondence:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

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: _____

Section 1: Project Overview

Project Title: _____

Identify the total dollar amount requested: _____

Are you a new applicant? *(please circle one)* Y or N

Is this a new project for which you have NOT previously applied to TFHIT for funds? *(please circle one)* Y or N

Project Summary: *(Briefly provide an overview or summary description of your project):*

How long has your organization been operating in Twin Falls County? *Briefly describe your history*

Section 2: NEED

Identify the healthcare need your project will address or meet within the community:

EXAMPLE: X% of children in Twin Falls County have untreated tooth decay due to lack of insurance or access.

Community Need Alignment:

Briefly and clearly describe how your project will fit into each TFHIT priority area and/or sub-category. Projects will score higher if addressing more than one priority area or sub-category. The sub-categories are bonus areas that have been identified as the highest need in Twin Falls County. Write N/A for not applicable on any item.

Priority Areas:

Access to Care and Affordability: *(i.e. My project will increase availability of timely appointments)*

Health Education: *(i.e. increase awareness of resources, teaches healthy cooking)*

Economically Disadvantaged Populations: *(i.e. allows for sliding fee scale based on income, uninsured)*

Sub-categories:

Mental Health: *(i.e. better access to mental health care)*

Healthy weight/Nutrition/Exercise: *(i.e. healthy eating habits, new opportunity for exercise or reduces obesity)*

Substance Abuse: *(i.e. program treats substance abuse, deals with recovery)*

Strengthening Family Wellness: *(i.e. provides parenting classes or family wellness programs)*

Describe the individuals or groups that your project will serve, and the criteria used to determine their eligibility. Describe efforts to ensure funds are primarily used for Twin Falls County residents:

EXAMPLE: Uninsured or underinsured children in Twin Falls County who do not qualify for services through any other means, verified through collaborating with community and state agencies. Residency numbers will be tracked by address.

Describe any cost-benefit or cost-avoidance related to your project:

Cost Benefit definition: The feasibility of the project based on its cost in relation to the benefits it will provide:

Cost avoidance definition: Any action taken in the project to reduce future costs, such as replacing parts before they fail and cause damage to other parts:

Section 3: KEY PERSONNEL & COMMUNITY PART NERS

Identify Key Personnel and describe each person’s qualifications and role in the project. Also, identify any community partners that may be utilized in your project and describe their role or tasks as well.

Key Personnel	Qualifications	Role/Tasks
Community Partners		Role

Section 5: Evaluation of Measurable Objectives

For this section, describe how the previously identified measurable objectives will be tracked in order to determine their success or failure. Describe how your organization will perform data collection to determine success or failure, describe personnel who will perform these tasks, and/or describe the use of independent evaluators as needed.

Objective	Tracking Method/Data Collection	Performed By
<i>EXAMPLE</i>		
#1. Utilizing collaborative partners, identify children in need.	#1. Obtain a list of children in need from partners. Track these numbers using Excel spreadsheet. Provide numbers identified by quarter as they occur in Quarterly Reports to TFHIT.	Project director

Section 6: WORK PLAN DESCRIPTION

Using the following Work Plan Table, describe the items as requested:

Twin Falls Health Initiative Trust Work Plan INSERT PROJECT TITLE HERE	
EXAMPLE	
Identify Need	<i>X% of children in Twin Falls County have untreated tooth decay due to lack of insurance or access.</i>
Describe how your project will fill this need	<i>Increase access to dental services for children in Twin Falls County who lack insurance coverage.</i>
Identify activities performed to meet the need each quarter	<i>Identify X number of children in need each quarter and enroll them in our project. This will allow them to receive services.</i>
Identify staff responsible	<i>Director of Project, other staff as needed</i>
Provide timeline and specific numbers for completion for each quarter	<i>X number of children in 1st Qtr, X number in 2nd Qtr, X number in 3rd Qtr, X number in 4th Qtr. TOTAL for YEAR: XXXX</i>
Identify amount and budget category that relate to this activity	<i>\$XXXX for dental care services, as budgeted in the category of "CONTRACTUAL"</i>
#1	
Identify Need	
Describe how your project will fill this need	
Identify activities performed to meet the need each quarter	
Identify staff responsible	
Provide timeline and specific numbers for completion for each quarter	
Identify amount and budget category that relate to this activity	
#2	
Identify Need	
Describe how your project will fill this need	
Identify activities performed to meet the need each quarter	
Identify staff responsible	
Provide timeline and specific numbers for completion for each quarter	
Identify amount and budget category that relate to this activity	

SECTION 7: DETAILED PROJECT BUDGET

<p>75% or more of total budget can be utilized for:</p> <ul style="list-style-type: none"> • Direct costs to meet funding priorities • Direct services to the targeted population • Scholarships or reduced fees for the target population • One-time purchases of durable, service-related equipment that lasts 3 years or longer • Consumable supplies 	<p>25% or less of total budget can be utilized for:</p> <ul style="list-style-type: none"> • Office furniture or office equipment • Conferences/training of workers • Routine 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. <p><i>For example: routine administrative tasks such as board meetings, fund raising, conferences, bookkeeping, etc should be limited to 25% or less.</i></p>
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Category	Line Items	Amount	Related Match
Personnel			
Describe			
Fringe			
Describe			
Contractual			
Describe			
Travel			
Describe			
Supplies			
Describe			
Equipment			
Describe			
Other			
Describe			
TOTAL			

SECTION 8: Prior Grantee Success Documentation

Please describe, in narrative form, how TFHIT grant monies have helped your organization successfully complete any projects for which you have previously received our funding. Attach supporting documentation IF NEEDED.

****If you have ever received TFHIT funds, you MUST complete this section.****

If your organization has not previously received funding from TFHIT, please indicate N/A for not applicable.

TFHIT is trying to raise public awareness of our grant opportunities and the assistance we have provided through grant funding since 2008. If you are awarded funding, give us an example of how you might partner with us to foster more public awareness and to show how TFHIT funding has assisted your organization?