



Community Health Grant Application

1. Community Health Grant Application

Carilion Clinic is committed to improving the health of the communities we serve by addressing key health priorities identified through our triennial Community Health Assessments. We fulfill this commitment in many ways, one of which is through targeted grants for community health improvement programs.

Requests to fund community health improvement programs will be reviewed twice annually. All requests must be submitted by April 15 for the spring funding cycle or October 15 for the fall funding cycle.

Applications received by October 15 will be reviewed for fall cycle funding (Jan. 1 - Dec. 31).

Applications received by April 15 will be reviewed for spring cycle funding (Jul. 1 - Jun. 30).

Decisions on funding of community health improvement programs will be based on available resources and the expected impact on documented community health needs. A written agreement and two progress reports are required. A site visit may also be scheduled by Carilion Community Health and Outreach staff. All questions concerning grant funding should be emailed to communityoutreach@carilionclinic.org.

Please download the budget template from the Community Outreach page on the Carilion Clinic website to be completed and uploaded at the end of the application.

<https://www.carilionclinic.org/about/community-outreach>



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2. Organizational Information

* 1. Organization Name

* 2. Organization Mailing Address

Street Address

City, State, Zip

* 3. Federal Tax ID Number

* 4. Contact Information

Contact Name

Contact Title

Contact Phone Number

Contact Email Address

* 5. Organization's 501(c)3 Letter

Choose File

No file chosen

* 6. Organization's Financial Statement (most recent, board approved)

Choose File

No file chosen

7. Organization's Most Recent Audit Management Letter

Choose File

No file chosen

* 8. Organization Financial Questions

Organization's overhead
%

of months in reserve



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3. Organizational Leadership

* 9. Information for Chairperson of the Board

Name

Phone Number

Email Address

* 10. Number of people on the Board

* 11. Board Financial Support

What percentage of board
members contribute
financially to your
program?

Total dollar amount given
by board members in this
fiscal year?

* 12. List dates of Board meetings conducted in the last 12 months and the percentage of members attending each meeting

* 13. Does the organization currently have:

	Yes	No	N/A
General Liability Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Liability Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Directors and Officers Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vehicle Insurance (for owned and/or non-owned vehicles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 14. How do you check to ensure all staff and/or volunteers have their professional licensure, drivers license, or certifications as required by law and that they are up to date? How often do you complete this check of required documents?

* 15. When did the Board/staff last engage in strategic planning for the organization?

* 16. Please upload a copy of the most recent strategic planning document.

Choose File

No file chosen

* 17. List 2-3 critical issues and/or program enhancement strategies identified through the most recent planning process and any progress to date for each.

*** 18. List the number of volunteers and volunteer hours donated last year to your organization**

Board of Directors

of Board of Directors
hours

Program Volunteers

of Program Volunteer
hours

Other Volunteers

of other volunteer hours



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4.

* 19. Project Name

* 20. Amount Requested

* 21. Description of Project

* 22. In which of the following communities will this program be operating? (Please select all that apply)

- ☐ Franklin County
- ☐ Giles County
- ☐ New River Valley
- ☐ Roanoke Valley
- ☐ Rockbridge Area
- ☐ Tazewell County
- ☐ More than one of these areas
- ☐ Other (please specify)



Please Note: When completing the application online, you will only need to complete the "Health Priorities" section for your community.

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5. Franklin County Health Priorities

* 23. With which community health priority(ies), identified in the 2016 Franklin County CHNA, does your project most closely align?

- ☐ Access to primary care
- ☐ Access to / stigma with mental health and substance abuse services
- ☐ High prevalence of obesity / overweight individuals
- ☐ Access to adult dental care
- ☐ Preventive care / chronic disease management
- ☐ High uninsured population
- ☐ High prevalence of substance abuse (alcohol, illegal and prescription drugs)
- ☐ Coordination of care
- ☐ Other, including social determinants of health (please explain)



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6. Giles County Health Priorities

* 24. With which community health priority(ies), identified in the 2015 Giles County CHNA, does your project most closely align?

- ☐ Tobacco use
- ☐ Lack of exercise / physical activity
- ☐ Access to adult dental care
- ☐ Alcohol and illegal drug use
- ☐ Preventive care and chronic disease management
- ☐ Poor eating habits / lack of nutrient dense foods in diet
- ☐ Access to and stigma with mental health and substance abuse services
- ☐ Prescription drug abuse
- ☐ Other, including social determinants of health (please explain)



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7. New River Valley Health Priorities

* 25. With which community health priority(ies), identified in the 2016 New River Valley CHNA, does your project most closely align?

- ☐ Lack of reliable transportation
- ☐ Access to mental health and substance abuse services
- ☐ High prevalence of obesity / overweight individuals
- ☐ High prevalence of substance abuse (alcohol, illegal and prescription drugs)
- ☐ Child abuse/neglect
- ☐ Access to primary care
- ☐ Access to adult dental care
- ☐ Coordination of care
- ☐ Lack of knowledge of community resources
- ☐ High uninsured population
- ☐ Other, including social determinants of health (please explain)



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8. Roanoke Valley Health Priorities

* 26. With which community health priority(ies), identified in the 2015 Roanoke Valley CHNA, does your project most closely align?

- ☐ Poor eating habits / lack of nutrient dense foods in diet
- ☐ Access to mental health and substance abuse services
- ☐ Access to adult dental care
- ☐ Access to dental care for children
- ☐ Lack of exercise / physical activity
- ☐ Preventive care and chronic disease management
- ☐ Access to primary care
- ☐ High prevalence of obesity / overweight individuals
- ☐ Lack of knowledge of community resources
- ☐ Coordination of care
- ☐ Other, including social determinants of health (please explain)



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9. Rockbridge Area Health Priorities

* 27. With which community health priority(ies), identified in the 2015 Rockbridge Area CHNA, does your project most closely align?

- ☐ Need for urgent care services
- ☐ Preventive care and chronic disease management
- ☐ High prevalence of obesity / overweight individuals
- ☐ Lack of exercise / physical activity
- ☐ Coordination of Care
- ☐ Poor eating habits / lack of nutrient dense foods in diet
- ☐ Chronic Disease
- ☐ Stigma with mental health and substance abuse services
- ☐ Inappropriate utilization of ED / urgent care for primary care, dental and mental health services
- ☐ Lack of knowledge of community resources
- ☐ Other, including social determinants of health (please explain)



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10. Tazewell County Health Priorities

* 28. With which community health priority(ies), identified in the 2016 Tazewell County CHNA, does your project most closely align?

- ☐ Access to primary care
- ☐ Access to mental health and substance abuse services
- ☐ High prevalence of obesity / overweight individuals
- ☐ Lack of reliable transportation
- ☐ Access to specialty care
- ☐ High uninsured population
- ☐ Preventive care and chronic disease management
- ☐ High prevalence of substance abuse (alcohol, illegal and prescription drugs)
- ☐ Lack of exercise / physical activity
- ☐ Other, including social determinants of health (please explain)



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11. More than one area - please select ALL that apply

29. FRANKLIN: With which community health priority(ies), identified in the 2016 Franklin County CHNA, does your project most closely align?

- ☐ Access to primary care
- ☐ Access to / stigma with mental health and substance abuse services
- ☐ High prevalence of obesity / overweight individuals
- ☐ Access to adult dental care
- ☐ Preventive care / chronic disease management
- ☐ High uninsured population
- ☐ High prevalence of substance abuse (alcohol, illegal and prescription drugs)
- ☐ Coordination of care
- ☐ Other, including social determinants of health (please explain)

30. GILES: With which community health priority(ies), identified in the 2015 Giles County CHNA, does your project most closely align?

- ☐ Tobacco use
- ☐ Lack of exercise / physical activity
- ☐ Access to adult dental care
- ☐ Alcohol and illegal drug use
- ☐ Preventive care and chronic disease management
- ☐ Poor eating habits / lack of nutrient dense foods in diet
- ☐ Access to and stigma with mental health and substance abuse services
- ☐ Prescription drug abuse
- ☐ Other, including social determinants of health (please explain)

31. NEW RIVER VALLEY: With which community health priority(ies), identified in the 2016 New River Valley CHNA, does your project most closely align?

- ☐ Lack of reliable transportation
- ☐ Access to mental health and substance abuse services
- ☐ High prevalence of obesity / overweight individuals
- ☐ High prevalence of substance abuse (alcohol, illegal and prescription drugs)
- ☐ Child abuse/neglect
- ☐ Access to primary care
- ☐ Access to adult dental care
- ☐ Coordination of care
- ☐ Lack of knowledge of community resources
- ☐ High uninsured population
- ☐ Other, including social determinants of health (please explain)

32. ROANOKE VALLEY: With which community health priority(ies), identified in the 2015 Roanoke Valley CHNA, does your project most closely align?

- ☐ Poor eating habits / lack of nutrient dense foods in diet
- ☐ Access to mental health and substance abuse services
- ☐ Access to adult dental care
- ☐ Access to dental care for children
- ☐ Lack of exercise / physical activity
- ☐ Preventive care and chronic disease management
- ☐ Access to primary care
- ☐ High prevalence of obesity / overweight individuals
- ☐ Lack of knowledge of community resources
- ☐ Coordination of care
- ☐ Other, including social determinants of health (please explain)

33. ROCKBRIDGE AREA: With which community health priority(ies), identified in the 2015 Rockbridge Area CHNA, does your project most closely align?

- ☐ Need for urgent care services
- ☐ Preventive care and chronic disease management
- ☐ High prevalence of obesity / overweight individuals
- ☐ Lack of exercise / physical activity
- ☐ Coordination of Care
- ☐ Poor eating habits / lack of nutrient dense foods in diet
- ☐ Chronic Disease
- ☐ Stigma with mental health and substance abuse services
- ☐ Inappropriate utilization of ED / urgent care for primary care, dental and mental health services
- ☐ Lack of knowledge of community resources
- ☐ Other, including social determinants of health (please explain)

34. TAZEWELL: With which community health priority(ies), identified in the 2016 Tazewell County CHNA, does your project most closely align?

- ☐ Access to primary care
- ☐ Access to mental health and substance abuse services
- ☐ High prevalence of obesity / overweight individuals
- ☐ Lack of reliable transportation
- ☐ Access to specialty care
- ☐ High uninsured population
- ☐ Preventive care and chronic disease management
- ☐ High prevalence of substance abuse (alcohol, illegal and prescription drugs)
- ☐ Lack of exercise / physical activity
- ☐ Other, including social determinants of health (please explain)



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12. Project Information

* 35. Timeline for Project

* 36. Please list project objectives

Objective 1:

Objective 2:

Objective 3:

Objective 4:

Objective 5:

* 37. Outcomes/Measurement for Objective

Objective #

Expected Outcome

How will you measure
outcome(s)

38. Outcomes/Measurement for Objective

Objective #

Expected Outcome

How will you measure
outcome(s)

39. Outcomes/Measurement for Objective

Objective #

Expected Outcome

How will you measure
outcome(s)

40. Outcomes/Measurement for Objective

Objective #

Expected Outcome

How will you measure
outcome(s)

41. Outcomes/Measurement for Objective

Objective #

Expected Outcome

How will you measure
outcome(s)

42. Total number of clients served (unduplicated client visits)

Last YTD

Projected # for Proposed
Project Grant Year

43. Total client visits (may be multiple visits per client)

Last YTD

Projected # for Proposed
Project Grant Year

44. Types of Services/Activities Provided

Service Type

Service Type

Service Type

Service Type

Service Type

45. Cost Per Client

* 46. Please describe how you collaborate with other organizations for this project.

47. Supplemental Documentation (not required)

Choose File

No file chosen



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13. Project Budget

* 48. Project budget

Please make sure both budget sheet tabs are complete

Choose File

No file chosen

49. Budget narrative



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14. Certification

* 50. We certify that the information contained in the application and all forms, narrative and attachments submitted with it are true and correct to the best of our knowledge. We understand that any willful manipulation of information or data will result in immediate disqualification from the grant process and discontinuation of funds from Carilion Clinic to our program.

(Please type your name to serve as a signature)