**VT Community Health Equity Partnership**

**Community Project Funding to Address Health Inequities:**

# Funding Application

**Deadline: Midnight on September 9, 2022**

Funding is intended to assist **Vibrant ONE (Orleans & Northern Essex) Accountable Health Community** to address health inequity(s) experienced in the Newport District which were exacerbated during COVID-19, and which are described in a **Data Driven Problem Statement as: *We are not providing the right mental health/substance misuse care, at the right place, at the right time, every time; and too many in our community are getting stuck at the wrong level of care/ wrong care location. This is frustrating, costly, and ineffective.***

**Vibrant ONE** is interested in supporting projects which help us achieve our **Vision for a vibrant, thriving, safe and inclusive Orleans and Northern Essex** and our **Aspiration that everyone living in Orleans/No. Essex will have easy access to person-centered and coordinated mental health and substance misuse services that are timely, close to home, at the appropriate level and with the appropriate transition supports for continued success in a person’s home community.**

**Type of Applicant:**

1. **\_\_\_Non-profit Organization \_\_\_Group/Association^ \_\_\_Individual\* \_\_\_Other (please describe):**
2. **Name of Applicant** (organization, group, individual):

**^If you operate under the umbrella of a larger organization (for example, the** [**Wellness Center**](https://www.northcountryhospital.org/wellnesscenter/) **operates under North Country Hospital), please provide the name of the organization:**

**\*If an individual, please provide the name of your fiscal sponsor organization:**

1. **Applicant’s** (organization or fiscal sponsor as applicable) **Street Address** (Street/Road, City, State, Zip Code):

**4. Primary Contact Person** (for project) **Name:**

**5. Primary Contact Person** (for project) **Email Address:**

**6. Primary Contact Person** (for project) **Preferred Phone Number:**

**7. Tax Identification Number** (organization or fiscal sponsor as applicable):

**8. Amount Requested** (no less than $2,500 or more than $50,000):

**9. Schedule of Work:**

**• Start Date: • End Date** (no later than May 31, 2023**):**

**10. Project Name –** Provide a one-line name for your project:

**11. Project Purpose Summary –** Provide a short three to four sentence summary of the purpose of your project:

**12. What Vermont town(s) will be directly served by your project?**

**13. Describe the Project -** the work you’ll do, the overall timeline and how you’ll use the requested funds (will also need to attach a Project Budget – see example below on Page 3) (funded portion must be complete by May 31, 2023) (no more than 1,500 characters):

**14. Describe the Focus Population** (who will benefit?) (no more than 500 characters):

**15. Describe how this project was identified or designed by the intended beneficiaries** (no more than 500 characters):

**16. Describe the Project Goals and Desired Results (**what will success look like?) (no more than 500 characters):

**17. Identifying milestones provides a way to monitor the progress of your project and make course corrections, if needed. When and how will you identify milestones for this project?** (no more than 1,500 characters):

**18. Describe your team** (the project champions and any community partners you are working with / intend to work with to achieve these results)**. If not yet working with these partners, please also describe your plan to outreach and engage these partners** (no more than 1,500 characters):

**19. Please explain how the intended work may positively impact the data driven problem statement and/or help Vibrant ONE achieve our Vision and Aspiration described above** (no more than 1,500 characters):

**20. (Optional) Feel free to provide additional information you think may be useful to the reviewers in evaluating this application. What else should we know about the project that we didn't ask?** (no more than 1,500 characters):

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| VT Community Health Equity PartnershipCommunity Project Funding to Address Health Inequities:Project Budget Example |
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| **Organization/Group/Grantee Name: Example Group** |
| **Title of Project: Resident-Led Healing Circles and Symposium** |
| **Expense Category\*** | **Description** | **Request** | **Please note any other secured funding or in-kind donation toward expenses for Project**  |
| **Staffing**  | Project Coordinator - 20 hours/week @$18/hour for 20 weeks = $7,200 Resident Leaders and Circle Keeper Stipends - 5 @ $500 each = $2500 |  **$ 9,700**  | 2 Resident Leaders are volunteering their time |
| **Consultants** (legal fees, trainers, graphic design, etc.) | Graphic designer - $500, Keynote speaker - $500 |  **$ 1,000**  | Keynote speaker discount of 50% or $500 |
| **Materials & Supplies** (printing, books, art supplies, building materials, etc.) | Symposium event supplies - $1000 |  **$ 500**  | Example Foundation mini grant of $500 will be used for the other half of expenses |
| **Travel**  | Mileage to and from Training and Symposium |  **$ 500**  |   |
| **Other** (fees for conferences, trainings etc.) | Project Coordinator and Resident Leader training in Circle Practice - 8 @300 each |  **$ 2,400**  | Symposium space at NVU donated - $500 |
|  | **Total Request** | **$ 14,100** | Total In-Kind or Other Funding = $2,500 |
| \*If a category is not applicable, please leave it blank |