

NEK Prosper! Healthy Cents Fund LETTER OF INTENT

Deadline: April 19, 2023 at 11:59p.m.

Submit via e-mail to Diana Gibbs at <u>d.gibbs@nvrh.org</u>

Please provide the following information for your project.

Applicant Information: Type of Applicant:

____Non-profit Organization ____Group/Association^ ___Individual* ___Other (please describe):

Name of Applicant (organization, group, individual):

^If you operate under the umbrella of a larger organization (for example, <u>the Hub</u> operates under Umbrella), **please provide the name of the organization**:

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

Organization or Fiscal Sponsor Street Address (Street/Road, City, State, Zip Code):

Primary Contact Person Name (for project):

Primary Contact Person (for project) Email Address:

Primary Contact Person (for project) Preferred Phone Number:

Anticipated Amount Requested (No more than \$25,000):

Project Information:

- 1. Please select the Collaborative Action Network (CAN) outcome area that your project will advance, address, and/or otherwise positively impact. This project will impact the following CAN outcome areas (please select all that apply):
 - ____ Mentally Healthy
 - ____ Financially Secure
 - ____ Physically Healthy

Well-Housed

____ Well-Nourished

- 2. Priority will be given to projects identified and/or designed by those experiencing stigma, marginalization and avoidable systemic inequalities and who are typically left out of public health-oriented funding opportunities. Please identify the target population(s) for project:
 - _____ Black, Indigenous, Persons of Color (BIPOC)
 - ____ People living in rural areas/internet deserts
 - ____ People experiencing homelessness or insecure housing
 - ____ People with disabilities
 - ____ People experiencing substance use disorders
 - ____ People who are justice-involved
 - _____ Refugees/Immigrants/multilingual communities
 - ____ LGBTQIA+ people
 - ____ People experiencing poverty
 - ____ People experiencing mental illness
 - ____ Other (please specify):
- 3. Have you or will you engage the target population(s) in the planning and implementation of your project?

____ Yes ____ No

If you responded yes, please describe your approach to engaging the target population(s)?

- 4. Will this project be implemented in the NVRH service area?
 - ___ Yes
 - ___ No

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

5. Please provide a brief description of your project:

6. Describe your team (the project champions and any community partners you are working with/intend to work with to achieve these results):

Thank you! You will be notified by e-mail on May 5th whether you are invited to submit a full proposal application or not. For questions regarding this NEK Prosper! Healthy Cents Fund opportunity or other support, please contact Diana Gibbs, VP of Marketing and Community Health Improvement, at <u>d.gibbs@nvrh.org</u> or call 802-748-7590.