## Announcement:

The Columbia Gorge Health Council’s Community Advisory Council (CAC) is pleased to announce that the 2023 Social Determinants of Health Grant Cycle is now open. These funds are available to improve the conditions in which the community lives, works, and plays to promote the health of community members.

The award amounts are capped at $150,000.00. The total number of awards available will be dependent on proposal budgets received, CAC review of proposals, and any additional funding designated by the board of directors. Successful applicants will complete a brief report after expending award funds or after 12 months from award, whichever comes first.

### Eligibility:

* Applicants must be tax-exempt organizations or have a fiscal sponsorship from a tax-exempt organization. Government agencies are also eligible.
* Projects must address at least one of the 2020 Community Health Improvement Plan priorities (see list in application.)
* Projects must address the needs of Oregon Health Plan (OHP) members living in Hood River and/or Wasco counties.
* Projects do not need to serve *only* OHP members.
	+ Projects may serve all community members, provided that OHP members are not excluded.

### Instructions:

Please read the following instructions. If you have questions or need grant assistance, please email amys@gorgehealthcouncil.org.

* The CAC will be reviewing the grant application, please use [plain language](https://www.plainlanguage.gov/).
* The CAC may choose to split the total available funding between multiple applicants, please list an acceptable minimum award amount if a lesser amount is acceptable.
* Limit your application narrative to 3 pages, not including the budget page. Applications over 3 pages long will not be reviewed if not corrected by the due date.
* Submit via email to amys@gorgehealthcouncil.org by **October 6, 2023 12 PM (noon)**.
* Applicants will have the opportunity to answer questions about their projects proposals from the CAC on October 23rd, 2023 from 4-5 PM. We will contact applicants at the email address provided in the application for additional details if you would like to participate.

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| --- | --- |
| Organization Name | Click or tap here to enter text. |
| Contact Name | Click or tap here to enter text. |
| Contact Position Title | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| Organization Physical Address | Click or tap here to enter text. |
| Total Amount Requested (max $150,000) | Click or tap here to enter text. |
| Minimum Acceptable Award | Click or tap here to enter text. |

##### Describe your organization’s mission and primary activities.

Click or tap here to enter text.

##### What social determinant of health does your project address? Check all that apply.

|  |  |
| --- | --- |
| [ ]  Housing | [ ]  Food |
| [ ]  Transportation | [ ]  Children and Youth Supports |
| [ ]  Physical Activity and the Outdoors | [ ]  Social Connection |
| [ ]  Other (please describe) | Click or tap here to enter text. |

##### Provide a summary of the project and how it addresses the priority area(s) selected above.

Click or tap here to enter text.

##### Who and how many people will this project serve? Include an estimate of how many (count) or percentage of total served are OHP members.

Click or tap here to enter text.

##### What impact will this project have on the people served?

Click or tap here to enter text.

##### How will you use these funds to support your proposed work?

Click or tap here to enter text.

##### If this project is a collaborative project, please identify the partner organization and their roles in the project.

Click or tap here to enter text.

##### List your budget for your project proposal here or attach a separate Excel spreadsheet.