# 2024 Major Grant

## Pacific Hospital Preservation & Development Authority

## **Project**

#### Project Name\*

Character Limit: 250

#### Is this a new, expansion, or continuing program?\*

- New Projects: Initiating a new project.
- Expansion Projects: Growing services, reaching more people, or adding locations to an existing project.
- Continuation Projects: Sustaining an ongoing project when other funding ends, maintaining current service levels.

#### **Choices**

New

Expansion

Continuing

### What is the focus of this program?\*

#### **Choices**

Service delivery

Advocacy

#### **Target Population**

#### **Choices**

African

American Indians/Alaska Natives

Asian

**BIPOC** 

Black/African American

Children and Youth

Homeless/Unstably Housed people

Immigrant/Refugee

Incarcerated/Justice System Involved

Latino

LGBTQIA++

Low Income

Middle Eastern

Multiracial people

**Pacific Islanders** 

Seniors

Uninsured/Under Insured

#### Funding Requested\*

Cannot exceed \$200,000

Character Limit: 20

#### **Project Start Date\***

Cannot be before July 1, 2024

Character Limit: 10

#### **Project End Date\***

Cannot be later than June 30, 2025

Character Limit: 10

#### **Current Year Operating Budget\***

Character Limit: 20

#### **Previous Year Operating Budget\***

Character Limit: 20

#### Number of Full Time Employees\*

Character Limit: 20

## Number of Part Time Employees\*

Character Limit: 20

## Total Project Budget in the Project Period\*

Character Limit: 20

## Project Summary\*

Character Limit: 250

## **Grant Narrative**

## **Question 1: Organization Information\***

- A. Briefly share your organization's background, mission, goals, main programs (especially health-related initiatives), and the communities you serve.
- B. Explain how your organization demonstrates cultural and linguistic competency, and how staff and leadership reflect the communities you serve

Character Limit: 6000

## **Question 2: Project Description\***

A. Identify the healthcare disparity your project addresses, detailing the target population and supporting data.

- B. Explain how the funds will support your program in alleviating the identified access/or outcome disparities mentioned in Question 2A. Provide details on how the specific intervention addresses both the disparities and their underlying causes. Describe the specific activities planned for project implementation, including the responsible individuals and any planned partnerships.
- C. Describe how the target population actively participates in the planning, delivery, and feedback processes of the program.

Character Limit: 10000

#### Question 3: Project Outputs (Service Delivery Projects)\*

FOR ADVOCACY PROJECTS, ENTER N/A HERE AND ANSWER THE ADVOCACY QUESTION 3 BELOW

- A. Provide numeric details on proposed outputs, specifying services and client numbers. Include both quantitative and qualitative descriptions.
- B. State the total number of unique clients served, avoiding duplications for those receiving multiple services.

Character Limit: 10000

#### Question 3: Project Outputs - FOR ADVOCACY PROGRAMS -\*

FOR SERVICE DELIVERY PROJECTS, ENTER N/A HERE AND ANSWER THE SERVICE DELIVERY QUESTION 3 ABOVE.

- A. Describe the advocacy activities linked to identified disparities. Specify trainings, informational sessions, and educational materials.
- B. Project the scope of your advocacy efforts, potentially affected individuals, using numerical indicators if possible.

Character Limit: 10000

## **Question 4: Project Outcomes (Service Delivery Projects)**

FOR ADVOCACY PROJECTS, ENTER N/A HERE AND ANSWER THE ADVOCACY QUESTION 4 BELOW

- A. Describe the expected project outcomes and their alignment with the program's overarching goals. Outcomes represent the desired results based on the services provided to clients (e.g., a 15% increase in primary care access for the target population; a 50% reduction in substance use among counseling clients).
- B. Explain your method for collecting, analyzing, and reporting outcome data.

Character Limit: 10000

#### **Question 4: Project Outcomes (Advocacy Projects)**

FOR SERVICE DELIVERY PROJECTS, ENTER N/A HERE AND ANSWER THE SERVICE DELIVERY QUESTION 4 ABOVE

- A. Describe expected outcomes in knowledge, attitudes, opinions, activities, or behaviors resulting from your advocacy efforts.
- B. Explain your method for collecting, analyzing, and reporting outcome data.

Character Limit: 10000

#### Question 5: Personnel, Project Budgets, and Budget Narrative\*

- A. Personnel Budget Narrative: Explain each staff position funded by the request, their role in project implementation, and relevant background, experience, and competencies.
- B. Direct Project Budget Narrative: Explain each budget item's relevance to the project and the methodology used for cost determination.
- C. Administrative Project Budget Narrative: Explain administrative costs and their calculation for each funded item.
- D. Explain the need for PHPDA funding for this program at this time.
- E. Describe how other funding sources contribute to the project's total cost, specifying earned income, individual donors, corporate sponsorship, crowdfunding, and other grants.

Character Limit: 10000

### PHPDA Major Grant Budget Form Upload\*

Complete and upload the 2024 PHPDA Major Grant Budget Form. Please make sure to read the instructions on the first tab of the spreadsheet. If you need extra budget line items, please contact grants@phpda.org to request a customized budget request form.

File Size Limit: 4 MB

## **Proprietary Information**

If an applicant considers any portion of his/her application to be protected under the law, the applicant shall clearly identify the start and end of the proprietary information by writing "CONFIDENTIAL," "PROPRIETARY" or "BUSINESS SECRET" at the start of the text and writing "CONFIDENTIAL END," "PROPRIETARY END" OR "BUSINESS SECRET END" to note the end of the proprietary information.

The Applicant shall also use the following text box to identify any material to be considered as confidential, including any uploaded documents. Please include:

- 1. The type of exemption (Confidential, Proprietary, or Business Secret
- 2. The location of the text (i.e. the question number or the uploaded document name)

Character Limit: 10000

If a request is made for disclosure of such portion, Pacific Hospital PDA's legal counsel will review the material in an attempt to determine whether it may be eligible for exemption from disclosure under the law. If the material is not exempt from public disclosure law, or if Pacific Hospital PDA is unable to make a determination of such an exemption, Pacific Hospital PDA will notify the applicant of the request and allow the applicant ten (10) days to take whatever action it deems necessary to protect its interests. If the Applicant fails or neglects to take such action within said period, Pacific Hospital PDA will release the portion of the application deemed subject to disclosure. By submitting an application, the applicant assents to the procedure outlined in this section and shall have no claim against Pacific Hospital PDA on account of actions taken under such procedure.

## Required Attachments

## Current year's organizational budget, including income and expenses\*

File Size Limit: 3 MB

# Current year-to-date financial statements, including actual income and expenses AND balance sheet\*

File Size Limit: 3 MB

## Current year project budget (if applicable)

For all existing and continuation projects, please provide a current year project budget, with actual revenue and expense information to date.

File Size Limit: 3 MB

# Most recent audited or reviewed financial statements, including any Management Letter(s)\*

If your organization does not have an audit or review for the most recently completed fiscal year, include final board-approved financial statements, including income and expenses and balance sheet, from that year.

File Size Limit: 3 MB

## Most recent OMB Circular A-133 single audit (if applicable)

Please upload your most recent OMB Circular A-133 single audit, if your organization was required to have such an audit within the last two years.

File Size Limit: 4 MB

### **Federally Negotiated Indirect Rate letter**

If you are using a Federally Negotiated Indirect Rate to calculate your line item admin costs, please upload your FNIR letter.

File Size Limit: 2 MB

# Memoranda of Understanding or Agreement from partner organizations (if applicable)

File Size Limit: 4 MB

## Timeline of proposed activities related to project implementation

File Size Limit: 2 MB