### Application Cover Sheet

## Addressing COVID-19 Health Disparities Among Populations at High-Risk and Underserved

## Community Grant Application:

**Applicant Organization Name:** Click or tap here to enter text.  
**Address:** Click or tap here to enter text.  
**City/State/Zip:**  Click or tap here to enter text.  
**Email:**  Click or tap here to enter text.  
**FAIN/CFDA Number\*:**  Click or tap here to enter text.  
*\*Federal Award Identification Number/Catalog of Federal Domestic Assistance Number*

**Grantee Contact Information**  
*Include information for the person who will oversee the agreement, if awarded*

Name of Official Contact Person for Correspondence Regarding this Application:

Click or tap here to enter text.

Name

Title: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Please select the type of organization you best represent: Choose an item.

Please list geographic area, such as county or zip code, where proposed activities will occur: Click or tap here to enter text.

Requested award amount in dollars: $ Click or tap here to enter text.

## Application

1. **Application Narrative:**   
   Please provide responses to each of the following criteria in the spaces indicated below.
2. **Describe your organization** (each question below must be addressed):
   1. Services and programs provided to vulnerable populations
   2. The estimated number of people your organization serves annually
      * 2500 people or less
      * 2501-10,000
      * 10,000 – 25,000
      * > 25,000
3. **Please identify which geographies and sub-population(s) you will impact**:
   * + Rural /Frontier
     + Urban/Suburban
     + Children and youth services, childcare
     + COVID-19 services (testing, PPE, vaccine access, care, messaging)
     + Food and Basic Needs
     + Housing and Assistance
     + Health/Health Care/Access to Care
     + Other, please list:
4. **Describe specific health disparities and needs this project will address**. Include justification and evidence to support how these disparities have been exacerbated by the impacts of COVID-19.
5. **Describe the change that your organization, partners, or community hopes to see as a result of this project**.
6. **Work Plan:**

**Using the Work Plan template below, please select from one or more of the following allowable project activities:**

* + - 1. *Provide education, assistance and support to mitigate risks, transmission, and long-lasting impacts of COVID-19 as it relates to social determinant of health needs of underserved, high risk populations*
      2. *Provide education, assistance and support to mitigate impacts, risk, and transmission of COVID-19 and encourage vaccination and testing among migrant and seasonal farm workers*
      3. *Convene and facilitate multi-sector partnerships to support and address mental and behavioral health needs of school-aged children and youth illuminated by COVID-19.*
      4. *Funding for Critical Access Hospitals (CAH) and Rural Health Clinics (RHC) for COVID-19 support and response*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Description** | **Timeline** | **Key Staff/Partners** | **Estimated # reached** |
| What is your proposed project activity?  Please select from the list above.  Multiple activities may be listed as separate activities: | Provide details for strategies and activities necessary to achieve the goals of proposed project. | Include specific target dates for the beginning and end of each activity proposed. | List key staff or partners who will be responsible for carrying out the activity. | Identify target population, Number to be served, and Estimated number of services provided for each activity proposed. |
|  |  |  |  |  |
|  |  |  |  |  |
| 1. *[additional lines may be added as needed*] |  |  |  |  |

1. **Budget Narrative:** 
   1. The budget narrative must justify all proposed expenditures during the project period by describing how funds will be spent to achieve the goals of this project.
   2. All costs must include explanation describing how costs were determined and include which project activity they are linked to.
   3. Please include a timeline of costs proposed between initial agreement start date and June 30, 2022.   
      *\*Pending legislative approval, additional funding and time may be added to awarded projects extending July 1, 2022 – May 30, 2023.*
2. **Budget Template (template provided as example):**   
   All budgets must include the following line-items:   
   Personnel/Fringe, Operating, Contractual Services, Indirect costs through June 30, 2022.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A. Personnel + Fringe Benefits (Example)** | | | | | | |
| **Personnel** | | **Hourly Rate** | **Total # Hours** | | **Total** | |
| **Title/Role** | |  |  | | $- | |
|  | |  |  | | $- | |
|  | |  |  | | $- | |
| **Fringe Benefits** | | **Fringe % Rate** |  | | $- | |
|  | | % |  | | $- | |
|  | | % |  | | $- | |
| *Estimated Salary and Benefits* | | | | | | $- |
| **B. Operating Costs (Example)** | | | | | | |
| **Item** | **Description/Justification** | | | | **Total** | |
| *Consultants* |  | | | | $- | |
| *Subcontractors* |  | | | | $- | |
| *Training Costs* |  | | | | $- | |
| *In-State Travel* |  | | | | $- | |
| *Printing/Materials/Supplies* |  | | | | $- | |
| *Estimated Operating* | | | | | | $- |
| ***Estimated Total Project Budget*** | | $- |

Please submit completed application in PDF format by 5:00 PM MST, January 10, 2022, to: [COVIDhealthequity@DHW.idaho.gov](mailto:COVIDhealthequity@DHW.idaho.gov)