**2019 GRANT CYCLE**

**STAGE ONE: LETTER OF INTENT OUTLINE**

**FORM ONE: LOI**

**APPLICANT INFORMATION**

* Name of Organization
* Total Amount Requested
* Current FY Budget
* Application Type (New or Renewal)
* Issue Focus

**NARRATIVE RESPONSE**

1. Please describe your core organizational programs and services. (350-word limit)
2. How does your organization advance health equity in the region? (350-word limit)
3. Please describe how support from HCF will be utilized (i.e., the major goals and activities of the proposed work) and describe your anticipated impact on identified health needs and/or health outcomes. (350-word limit)
4. Describe how your proposed efforts emerged from, were informed by and/or are tailored to the community you serve. How does the community you serve describe the impact of health disparities? (350-word limit)
5. Please describe how you define and measure success and/or whether your program is aligned to particular best practices. Please list up to three key outcomes you currently collect. (350-word limit)
6. Describe your involvement in one or two collaborative efforts that help you advance the work of this proposal. Examples could include: policy advocacy, community-wide multi-sector initiatives, and/or issue-specific efforts. Please include the role your organization plays. If this is not applicable, please write ‘N/A.’ (350-word limit)

**ATTACHMENTS**

* Organizational Budget
* Project Budget (if applicable)

**FORM TWO: 2019 SERVICE REGION WORKSHEET (FULL INSTRUCTIONS ON FORM)**