

COMMUNITY HEALTH INVESTMENTS 2023-2024

Enrollment Navigator Program

Acknowledgement Checklist - Attachment C

Name of Organization: _____

Project Contact and Phone Number: _____

General Rule: Use Gold Coast Health Plan or GCHP.

Never refer to Gold Coast Health Plan as Gold Coast. In all written materials, use Gold Coast Health Plan (GCHP) on first textual reference and GCHP on subsequent references.

Where applicable, please indicate with a whether your organization can carry out the items suggested below to acknowledge and communicate a grant award.

<input type="checkbox"/>	1	In all written materials for public distribution prepared in accordance with project activities funded by this grant, the Grantee will include the following statement: <i>“This project is funded in part by Gold Coast Health Plan (GCHP) and will benefit primarily Medi-Cal recipients and other underserved populations residing in Ventura County.”</i>
<input type="checkbox"/>	2.	During the term of this grant, the Grantee will name GCHP as grantor in all communications relating to this project and can acknowledge GCHP at all related fundraising events as a sponsor of this project.
<input type="checkbox"/>	3.	If applicable to the grant, permanent signage recognizing GCHP will be posted in a conspicuous location at or near the entrance of any site that uses GCHP funds to improve its physical plant; this signage will recognize GCHP as a funding donor or language to that effect.
<input type="checkbox"/>	4.	GCHP and the Grantee will prepare and issue joint press releases that recognize GCHP’s contribution.
<input type="checkbox"/>	5.	Plaques and/or decals recognizing GCHP’s contribution will be prepared and attached to any specialized equipment purchased as part of GCHP’s grant.
<input type="checkbox"/>	6.	Grantee and direct project partners will be asked to include information (in a form approved by GCHP) regarding this grant on their external websites and on any associated or affiliated websites, and include a link to GCHP’s website.
<input type="checkbox"/>	7.	Grantee will include GCHP as a presenter at Grantee events relating to new or enhanced programs or services that have used GCHP’s funds (e.g., dedication ceremony, program kick-off, etc.).
<input type="checkbox"/>	8.	GCHP will seek to participate in any Grantee outreach opportunities related to efforts funded by this grant.
<input type="checkbox"/>	9.	Grantee will report on all the above listed activities in the grant reports required by and in accordance with the schedule set forth in a grant agreement.
<input type="checkbox"/>	10.	Are there other forms of acknowledgement and communication that you plan to use to publicize the grant? If yes, please list here:

If funded, the following is a requirement and will be included in the signed grant agreement:

Commensurate with the Grantee’s practices for fundraising and philanthropic gifts, Grantee shall provide GCHP with the benefits of a sponsorship level comparable to the grant amount awarded. Sponsorship benefits would include Grantee recognizing GCHP as a sponsor for at least one annual fundraising event during the term of the grant agreement.

Project Contact Initials: _____

Please submit this form with your application. Thank you!