COMMUNITY HEALTH INVESTMENTS 2023-2024

Enrollment Navigator Program
Application Form

I. APPLICANT INFORMATION

Complete your application using the space provided.

Name of Organization: _____ Year Incorporated: _____

Name of Fiscal Agent, if applicable: _____

Tax ID Number (fiscal agent if using such): _____

Street Address (include fiscal agent if not the same): _____

City and State: _____ 9-digit Zip Code: _____ – _____ (Req.)

Name and title of President, Executive Director, or Chief Executive Officer: _____

Phone Number(s): _____

Email Address: _____ Website: _____

Name and title of project contact, if different from above: _____

Phone Number(s): _____

Email Address: _____

Type of Organization:

Select One: ☐ **501(c)(3)**

☐ **Public or government entity**

State Type of Entity: _____

Project Name: _____

Geographic Area(s) Served: _____

Population(s) Served: _____

Organizational Budget: $_____ Project Budget: $_____ GCHP Request: $_____

Does your organization meet ALL the criteria outlined in the request for application? ☐ Yes ☐ No

II. SUMMARY OF REQUEST

Please note, no funds will be provided for direct medical services.

Check off the Population (s) of Focus you will target. You must select at least one:

A	☐	Persons with mental health disorders.
B	☐	Persons with substance use disorders needs.
C	☐	Persons with other disabilities.
D	☐	Aged persons.
E	☐	Persons who are homeless.
F	☐	Young people of color.
G	☐	Immigrants and families of mixed immigration status.
H	☐	Persons with limited English proficiency.
I	☐	Low-wage workers and their families or dependents.
J	☐	Uninsured children and youth formerly enrolled in Medi-Cal.
K	☐	Persons who are in county jail or state prison, on state parole, on county probation, or under post release community supervision.
L	☐	Populations affected by the Medi-Cal eligibility expansion.

1. Organizational Background and Capacity to Address Selected Population(s) of Focus

State your organization's overall mission and goals, and describe the current programs and activities most relevant to the proposed project. Describe your organization's experience and qualifications in the Populations of Focus selected.

Maximum 2,960 characters

2. Targeted Geographic Area and Population: Does your proposed project target the diverse populations and contribute to geographic equity in Ventura County?

Describe the geographic area(s) and population(s) that will benefit from the proposed effort. Provide available demographic data when possible.

Maximum 3,906 characters

3. Statement of Need and Alignment with GCHP Selected Priorities

Describe the needs, problems, or issues to be addressed through the proposed project. Identify and describe in detail the specific populations of focus that you have selected to target. Explain specifically how the selected population(s) target GCHP members. Provide specific data whenever possible to justify the need. Explain how your proposal is aligned with GCHP's project priorities.

Maximum 3,720 characters

4. Proposed Request

Explain in detail how you propose to target the particular population(s) of focus. Indicate why you have selected the proposed strategies and what evidence there is that shows that implementation of the proposed approach will lead to retentions and enrollment of Medi-Cal members. Describe how the program will be implemented over the 12-month grant period. Your proposal design must be sound and feasible.

Maximum 3,813 characters

5. Project Benchmarks

Describe your project goals, objectives, and outcomes. These must be specific, measurable and attainable. What will success look like? (Must be consistent with attached Workplan).

Maximum 3,948 characters

6. Collaborative Partners

Identify any collaborative partnerships that you have already established or that will be established for the successful implementation of the proposed effort. Describe the roles and responsibilities of identified partners and how they will contribute to the proposal.

Maximum 1,472 characters

7. Key Staff and Responsibilities

List key project staff and volunteers and describe their roles and responsibilities. Indicate their level of expertise in addressing the targeted populations.

Maximum 1,860 characters

8. Potential Challenges

Identify any potential challenges that might be encountered in the course of implementing the proposed project and describe how each of these challenges will be overcome.

Maximum 1,395 characters

III. FISCAL INFORMATION

9. Please explain how you will programmatically and financially sustain this project. Identify any additional funds raised in support of this effort. Indicate the sources of funds raised as well as the specific amounts. If there is a funding gap, explain your plan to close that gap.

Maximum 1,860 characters

IV. EVALUATION

10. Describe how you will evaluate the success of the proposed project. Describe what measures and metrics will be used to demonstrate that you successfully achieved the project objectives and outcomes (must be consistent with attached Workplan).

Maximum 1,504 characters

V. STRATEGIC BENEFIT TO GCHP MEMBERS

11. Please explain how the proposed effort will benefit GCHP members directly. Estimate the number of GCHP members that might benefit from your efforts.

Maximum 1,504 characters

12. Specifically outline any type(s) of public recognition that GCHP will receive if your project is funded that are not already listed in the Acknowledgment checklist (Attachment C).

Maximum 651 characters

VI. ORGANIZATIONAL FINANCIAL/LEGAL/LICENSURE

13. Please list any current or previous (within five years) pending material litigation brought against your organization.

Maximum 558 characters

14. If your organization is tax-exempt, please list any pending or prior allegations or actions questioning or challenging propriety of tax-exempt status

Maximum 558 characters

VII. AUTHORIZING GRANT AGREEMENT SIGNATOR SIGNATURE

Print Name and Title of Grant Agreement Signator: _____

Grant Agreement Signator's Phone Number: _____ Email: _____

Grant Agreement Signator's Signature: _____ Date: _____

See Request for Applications (RFA) document for submittal guidelines and informational call.