



Grant Preparation Checklist **Fall 2023 (for 2024 funding year)**

As you prepare to complete your grant application, the following information is what will be required for entry. Gathering the appropriate information in advance and knowing the word limits may assist you with writing a draft version of each section prior to going into the grant platform itself.

ORGANIZATION PROFILE

The following information will be required for entry in this section.

- Organization Name
- Department/Division (if applicable)
- Organization Phone Number
- Organization Address (Address, City, State, Zip Code)
- Organization Website
- Organization mission statement. (LIMIT 50 WORDS)
- Number of staff within your organization.
- Number of Full-Time Equivalent (FTE) staff.
- Number of people served per year by your organization.
- A few top accomplishments of your organization within the last three years. (LIMIT 250 WORDS)
- A list of your Board of Directors, including their professional certifications (if applicable), their work title, and place of employment. If this is not applicable to your organization, a list your top leadership positions and brief bios will be needed. (You may either type the answers or upload a document)
- Your 2023 overall operating budget amount.
- You will be asked to upload your latest annual report or similar document detailing your overall operational budget.
- Primary Point of Contact (First name, last name, position, email address, phone number, and address if different than organization address)

LETTER OF INTENT

The following information will be required for entry in this section.

The first items here will automatically pull from your profile:

- Organization Information (Name, Department/Division, Phone Number, Address (Address, City, State, Zip Code)
- Primary Point of Contact Information (First name, last name, position, email address, phone number, and address if different than organization address).

These items are the additional pieces of information that must be submitted in this section:

- Project/Program Overview
- A BRIEF description of the problem or need which you seek to solve with your project/program including the following information:
 - Project/Program Title
 - Project/Program Description (LIMIT 300 WORDS)
 - Individuals or populations you hope to serve (LIMIT 50 WORDS)
 - Overview of how funds will be spent (LIMIT 250 WORDS)
 - Timeline for use of funds and goal completion (LIMIT 100 WORDS)
 - Amount of Funding Requested

APPLICATION

The following information will be required for entry in this section.

The first items here will automatically pull from your profile:

- Organization Name Information (Name, Department/Division, Phone Number, Address (Address, City, State, Zip Code))
- Primary Point of Contact Information (First Name, Last Name, Email Address, Phone Number, and address if different than organization address)

These items are the additional pieces of information that must be submitted in this section:

- Will the Point of Contact (POC) be the Project Lead? (Yes/No)
If No: First Name, Last Name, Position, Email Address
- If awarded, will the POC be the official signatory? (Yes/No)
If No: Signatory First Name, Signatory Last Name, Position, Signatory Email Address
- Is Signatory's address different than the Organization address provided above? (Yes/No)
If Yes: Signatory Address, City, State, Zip Code
- Program/Project Core Public Health Service (you will indicate which Core Public Health Service you will be addressing with your program/project. Although your project/program may conceptually address more than one Core Public Health Service, you must select the most applicable Core Public Health Service for which to apply.
- You will be asked to view and confirm you are able to meet the Key Performance Indicators (KPIs) and metrics for the Core Public Health Service you have chosen to address. *The required metrics you will see are the minimum requirements and, when applicable, other key variables to the proposal should be outlined in the application and reported by the grantee. The Allen County Department of Health may also suggest additional metrics for certain projects/programs during the contract phase.*
- How many individuals are expected to be served by each respective Core Public Health Service and KPI.
- Project/Program Title
- Project/Program Proposal Details (specifics, purpose, objectives, etc.) – (LIMIT 300 WORDS)
- What population/demographic/health subset the project/program will be targeted or to whom services will be provided. (LIMIT 50 WORDS)
- Describe the method or activities, making sure to include any evidence-based programming, by which you intend to address the issue. (LIMIT 250 WORDS)
- Estimated Start Date

- Estimated End Date
- A Health Equity Statement indicating how your proposed project and impact of proposed activities will remove healthcare or public health barriers for underinsured and underserved populations. (LIMIT 75 WORDS)
- Total funding amount being requested.
- Provide your proposed budget with clear information on how the money would be spent to achieve the desired outcomes. (LIMIT 250 WORDS) (Text Box or Upload)
- Indicate what percentage of the organization's overall budget this funding request represents.
- Any partners in this proposal, if applicable, and the partner's role. (100 Word Limit)
- Does your project involve a coalition or task force development? (Yes/NO)
If Yes, who will be involved in the coalition and what is their role. (LIMIT 100 WORDS)
- Your plan for sustainability of the project/program or initiative after the grant award has been exhausted. (LIMIT 100 WORDS)
- Evaluation Information: Describe the desired measurable outcomes and their anticipated timeline for completion. (LIMIT 250 WORDS) The *required* key metrics per Core Public Health Service for quarterly reporting can be found in the full Request for Applications Documents.
- For the objectives and timelines outlined above in your project proposal, describe how you intend to measure and report on the effectiveness of the proposal. (LIMIT 250 WORDS)
- Supplemental Information: Please provide/upload one letter of support from a strong partner/support entity indicating why they believe your submitted project/program is going to benefit the health of the community, and why your organization is well-suited to carry out the submitted project/program.
- You may attach any additional support documents which you feel will be essential to the review committee.

All questions can be directed to: DOHGrants@allencounty.us