



## Washington County CHIP Grant 2024 Application

### Intro/Instructions

Welcome to the Washington County Community Health Improvement (CHIP) Grant Application for the 2024-2025 grant cycle.

**The deadline to complete this application is June 7, 2024, by 3:00 p.m.**

Please note that you will also need to complete and attach both a [Project Budget](#) and a [Certification and Contract Offer](#) form. Both forms can also be found in Appendix A of the [CHIP Notice of Funding Opportunity \(NOFO\)](#).

Here are some helpful tips/tools for filling out this application:

- Please fill in required fields. Some text field boxes could be expanded to provide more room for your response when typing. Use the bottom right corner tool of the text field box to expand to desired size.
- We recommend that you use a computer or tablet to complete this application as phone submissions are not supported.
- If you will be working on the application in stages, please use the same device and the same browser (Chrome, Firefox, Safari) to ensure you can begin where you left off.
- A [PDF fillable](#) of the application is attached if you would prefer to draft responses separately and then paste it into this form when you are ready to submit.

If you have any questions concerning this application, please email

[CHIP@washingtoncountyor.gov](mailto:CHIP@washingtoncountyor.gov).

To begin the application, please click the blue arrow below.

**What is the name of your project?**

**Primary Point of Contact for Project**

Name

Phone Number

Email Address

**Please select the level of funding you are applying for.**

- \$35,000 or less
- \$35,001 - \$70,000 (collaborative applications only)

**What is the total amount of funds requested for this project?**

**Organization Information**

Organization Name

Physical Address

Phone Number

Email Address

**Collaborative applications must involve two or more organizations with a clear plan for collaboration. Partnerships of two or more organizations can apply for no more than \$70,000.**

**Please fill out the contact information for all organizations below.**

Primary applicant will be point of contact for Washington County and is responsible for

project reporting and fiscal management. If more than three organizations on the application, please note in project description.

	Primary Applicant (lead) Organization 1	Second Applicant Organization 2
<b>Organization Name</b>	<input type="text"/>	<input type="text"/>
<b>Physical Address</b>	<input type="text"/>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>	<input type="text"/>

## Grant Application

### Project Description

Please describe your overall project including:

- How the need for the project was identified;
- Any engagement with community partners or stakeholders in designing your project proposal;
- Intended impact;
- Organizational equity approach.

(less than 750 words)

## Project Sustainability

Describe your organization's relevant skills and experience related to this project proposal and how this projects fits into your organization's long term goals. (200 words or less)

Please describe your plan for sustainability beyond the funding period (if applicable). (200 words or less)

## What is your project timeline?

*\*Note: Project must have a start date on or after August 1, 2024, and be fully completed by June 30, 2025. Projects can vary in length within that timeframe.*

Start Date

End Date

## OVERVIEW: CHIP FOUNDATIONAL GOALS

The foundational goals for the CHIP are to:

- **Improve health equity and/or address health disparities.**
- **Use a trauma informed approach.**

### Definitions

**Health equity** (defined by [Oregon Public Health Advisory Board](#)) is achieved when all people can reach their full potential and well-being and are not disadvantaged by their race, ethnicity, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

A **health disparity** (defined by the [National Institute on Minority Health and Health Disparities](#)) is a health difference that adversely affects a population in comparison to the reference population, based on one or more [health outcomes](#).

A **trauma informed care approach** (defined in [CHIP Committee Toolkit](#)) incorporates three key elements: (1) realizing the prevalence of trauma; (2) recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and (3) responding by putting this knowledge into practice by implementing services that are trauma informed, training staff and responding to participants with a trauma sensitive approach.

**Which of the CHIP Foundational Goals is your project focusing on?**

**Select all that apply.**

- Improve health equity.
- Address health disparities.
- Use a trauma informed approach.

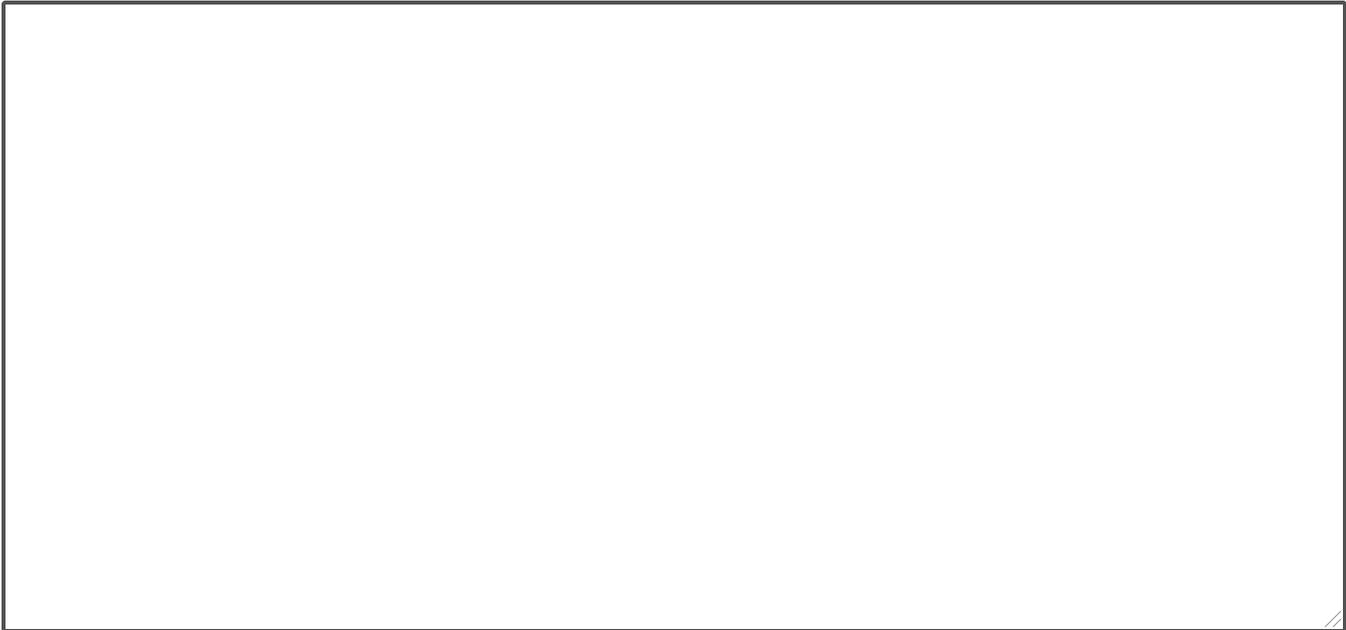
**CHIP Foundational Goal:**

**Improve Health Equity and/or Address Health Disparities.**

**Please describe how your project will address a specific health inequity and/or health disparity. In your response, be sure to include:**

- **Population group your project focuses on, if any** (*e.g., race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities*);
- **Data sources used to identify the health inequity and/or health disparity** (*e.g., surveys, interviews, direct observation, focus groups, existing documents and records*);
- **Plan to involve community members most impacted and how you will address any barriers** (*e.g., language, literacy, transportation or compensation barriers*).

**(less than 750 words)**



**CHIP Foundational Goal: Use a Trauma Informed Approach.**

A [trauma informed approach](#) incorporates three key elements: (1) realizing the prevalence of trauma; (2) recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and (3) responding by putting this knowledge into practice by implementing services that are trauma informed, training staff and responding to participants with a trauma sensitive approach.

[SAMHSA's Six Principles](#) that guide a trauma informed approach include:

1. Safety
2. Trustworthiness & Transparency
3. Peer Support
4. Collaboration & Mutuality
5. Empowerment & Choice
6. Cultural, Historical & Gender Issues

**What key trauma informed principles will you address through your project? Briefly explain and provide examples.**

	Trauma-Informed Principles Select all that apply.	Briefly explain and provide examples.  1-2 Sentences.
Safety	<input type="checkbox"/>	
Trustworthiness & Transparency	<input type="checkbox"/>	
Peer Support	<input type="checkbox"/>	
Collaboration & Mutuality	<input type="checkbox"/>	
Empowerment & Choice	<input type="checkbox"/>	
Cultural, Historical & Gender Issues	<input type="checkbox"/>	

**CHIP PRIORITIES**

**The CHIP priorities are to:**

- Improve access to health care, including primary care, behavioral health and oral health services.
- Improve behavioral health outcomes, including mental health, suicide and substance abuse.
- Build systems to improve well-being.

1. **Select the CHIP priorities that will be addressed by your project.**
2. **Briefly explain how the project will address the CHIP priorities selected.**

	CHIP Priorities  Select all that apply.	Briefly explain how the project will address the CHIP priorities selected.  Limit answer to four sentences or less.
Improve access to health care, including primary care, behavioral health, and oral health services.	<input type="checkbox"/>	
Improve behavioral health outcomes, including mental health, suicide and substance abuse.	<input type="checkbox"/>	
Build systems to improve well-being.	<input type="checkbox"/>	

**List the project goal(s). For each goal, list the corresponding activities, timeline, and people involved.**

	Goal(s)	Activities to Reach Goal  Example: " (1) Partner with Beaverton School District Admin Team to identify interested schools or teachers. (2) Collaborate with School District Curriculum and Development Team to develop training materials."	Timeline for Activities  Example: "August - October 2024"	Stakeholders/Organization Involved  Example: "School Based Health Center, Youth Advisory Group, and School District Curriculum and Development Team"
Goal 1				

Goal 2  
(optional)


Goal 3  
(optional)

Goal 4  
(optional)

**Required Documents**

*Note: If you are experiencing difficulty downloading from the links below, please refer to the CHIP Notice of Funding Opportunity (NOFO) Document- Appendix A for the templates.*

**Upload: Project Budget**

1. Please download the [Project Budget](#) template.
2. Please complete and save it with the following title: "Organization Name\_Budget" (example: WashingtonCounty\_Budget)
3. Please upload the completed Project Budget form.

**Upload: Certification and Contract Offer Form**

1. Please download the [Certification and Contract Offer](#) form.
2. Please complete and save it with the following title: "Organization Name\_CCO" (example: WashingtonCounty\_CCO)
3. Please upload the completed Certification and Contract Offer form.

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