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| **ORGANIZATION CONTACT INFORMATION** |
| **ORGANIZATION(S):** |
| **CONTACT NAME AND TITLE:**  |
| **EMAIL:**  | **PHONE:**   |

[ ]  *Check this box if this is a joint proposal between two or more MOU’d members of the Spokane Collaborative.*

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| **PROJECT DESCRIPTION:**  |
| **DESCRIBE THE PROPOSED PROJECT** *(approx. ½ page)**Be sure to include how this addresses a substantiated community or client need and the intended goal or impact of this project.* |
| **PARTNER ORGANIZATION(S)** | *If this is a joint proposal between two or more MOU’d members of the Spokane Collaborative, describe the proposed role of each partner organizations in the project.* *If this is not a joint proposal but you will be working with other community partners who are not MOU’d members of the Spokane Collaborative, list any partner organizations you will be working with and their proposed role in the project. (1-2 sentences each)* |
| **TARGET POPULATION**  | *Describe the target population. Does this represent an existing or new population for your organization?* *(1-2 sentences)* |
| **EQUITY** | *How does this project address health inequities and/or support culturally sensitive approaches? (3-5 sentences)* |
| **REQUESTED FUNDS AMOUNT** | *Partners can apply for funding amounts between $2,500-$20,000. Other amounts will be considered for joint proposals with multiple MOU’d partners.* *$ -*  |

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| **ATTESTATION**  |
| This proposed project …* is new work or expansion/scaling of existing work
* is not work being funded through Project Specific Agreement (PSA) contracts with BHT as part of Partnering Providers’ Transformation Plans.
* will not use funds for Medicaid reimbursable services or other restricted uses of DSRIP dollars (entertainment, alcohol, bad debt, or fundraising)

 [ ]  *By checking this box, you attest that your proposed project meets the above requirements.* |