GET HEALTHY SAN MATEO COUNTY COMMUNITY IMPLEMENTATION FUNDING APPLICATION

Applications must be submitted by November 12, 2021 before 5:00 pm PST.

All applications must be submitted via Public Purchase. The system requires you to create a login to upload and save your application.

- 1. We are using Public Purchase, an online system, that allows you to create a login to see the RFP and upload your application. Please be sure to create a login in a timely manner:
 - https://www.publicpurchase.com/gems/register/vendor/register
- 2. The County does not maintain the Public Purchase system and is not liable for site failures or technical problems. To resolve technical issues, contact Public Purchase at:
 - http://www.publicpurchase.com/gems/help/mainhelp.html?frame1=public/info.html&frame2=public/info_register.html
- 3. If you have question about the application, please email Rosa Torpis at rtorpis@smcgov.org or call her at 650-573-2462. We will be hosting an informational webinar on Tuesday, October 19, 2021, 12:00pm-1:00pm PST. Answers to questions raised prior to and at the webinar will be posted on Public Purchase.
- 4. We encourage you to download and review the RFP and this document "2021 GHSMC Funding Application" in advance of starting to complete the application in order to get a better idea of all the information required to successfully complete the application.
- 5. Once you are ready to complete the "2021 GHSMC Funding Application", please fill it out and upload it to Public Purchase along with the other application documents outlined in the RFP.
- 6. Once you submit your application via Public Purchase, you can click on the "Print Submitted Information" link located on the right-hand panel below "Print Response" and you can print your application. You will <u>not</u> receive any notifications to confirm that you submitted your application.

Late or incomplete applications will not be accepted.

The online application will close immediately at 5:00pm on November 12, 2021. You will need to press submit prior to 5:00pm.

PROJECT NAME:					
NAN	NAME OF APPLICANT ORGANIZATION:				
ToT	TOTAL FUNDING REQUEST: \$				
		UMMARY: Please describe in one sentence the project and the purpose for which funding is (Max 50 words)			
Pri	ORITY A	REA AND OBJECTIVES: select all that apply			
☐ Healthy Housing: Stable and affordable housing ability to engage in healthy opportunities.		y Housing: Stable and affordable housing protects health and provides the to engage in healthy opportunities.			
		All residents have stable, affordable, safe and resilient housing.			
		Household income comfortably supports families' and individuals' basic needs.			
	· ·	y Neighborhoods: Complete neighborhoods make it easy for residents to be healthy lay in their communities.			
		Everyone has access to efficient, affordable, and reliable public transportation and safe walking and biking conditions.			
		Everyone has access to healthy and affordable food options and quality water.			
		The environment is clean and communities are resilient to climate change.			
		Communities have access to safe and quality outdoor space to be social and			
acti	ve.				
		Residents have stable housing and economic and educational opportunities.			
		Everyone feels a sense of belonging and understands how to engage in			
com	ımunity l	building.			
	□ and r	Neighborhoods have access to key health and wrap-around services to navigate ecover from the pandemic			
	Health	y Schools: High-quality education creates pathways to better health.			

		All students have access to high-quality education that equips them for career success, in environments that promote health.		
		Children's education is continuous, consistent, and not disrupted by unstable and overcrowded housing conditions.		
		The school community is equipped to mitigate the impact of COVID-19 on high-quality education		
	-	y Economy: A strong local economy builds household financial security for all and es everyone's health.		
		People have the ability to increase household income and assets and build financial		
secur	ity.			
	paying [People have access to high quality education, job-training programs, and well-job opportunities.		
	☐ precauti	Workers and businesses understand the benefits of sick leave, worksite safety ions, and flexible schedules.		
		Small businesses are vibrant and a stable part of communities.		
Vuli	NERABL	Low income communities that have experienced the highest rates of COVID 10		
infec	tions and	Low-income communities that have experienced the highest rates of COVID-19 d preventable health issues in San Mateo County		
and p	reventabl	Communities of color that have experienced the highest rates of COVID-19 infections le health issues in San Mateo County		
face v	very spec	Older adults, underserved children and youth, and/or people with disabilities who effic challenges to healthful living		
Con	ITACT]	Information		
PRI	MARY C	CONTACT: (person that can answer questions regarding this proposal)		
Nam	1e:			
Title):			
Orga	anization	ı:		
Emp	Employer Identification Number (EIN)/Federal Tax ID#:			

Address:			
City, State, Zip Code:			
Phone # (999-999-9999):			
Email:			
FISCAL SPONSOR			
Name of Organization that will be the direct recipient of GHSMC Funding:			
If the applicant organization will be the direct recipient of the GHSMC Funding, skip to the "SIGNATURE" section at the bottom of this page. Otherwise, please complete this section and provide complete information for the organization that will serve as the fiscal sponsor.			
Name of Person with Signing Authority:			
Title:			
Employer Identification Number (EIN)/Federal Tax ID#:			
Address:			
City, State, Zip Code:			
Phone #: ()			
Email:			
SIGNATURE			
If applicant group is different than the fiscal sponsor, the signatory should be from the organization that will serve as the fiscal sponsor and certify that s/he is certified to sign on behalf of the applicant group.			
The signatory certifies that s/he is authorized to sign on behalf of the applicant group and commits to honoring the goal, scope, requirements and details of the project.			
Name of Person with Signing Authority:			
Title:			

PROJECT INFORMATION

- 1. Briefly describe the project, including primary purpose of the project, goals and objectives. Be sure to mention how your project objective(s) aligns with one or more of Get Healthy San Mateo County's priority area objectives. (Max 400 words)
- 2. Describe how the project will advance health equity in the vulnerable communities(s) identified above and provide an estimate for the number of vulnerable people this project will directly or indirectly impact/serve. (Max 250 words)

3. Explain how the project will lead to policy or systems change that prioritizes or helps improve health and equity. (Max 250 words)

- 4. Please identify and list the expected outcome(s) in the table below that will result from the successful implementation of your project and describe the methods you will use to assess and track project impact and outcomes.
 - Shift in Social Norms
 - Strengthened capacity of group or organizations
 - Strengthened base of support
 - Improved social and physical conditions and environments
 - Policy level change

For additional information on outcome categories, strategies and assessment methods, see the "Assessment Methods for Policy and Systems Change Efforts" document

Expected Outcome	Strategies to achieve	Output	Assessment Method
	outcomes		
Eg: Shift in social		# of educational	Pre-post surveys, Focus
norms – increased	Educational sessions or	sessions taught, # of	groups or interviews.
awareness of	presentations	presentations to be	
connection between		made and/or # of	
health and housing.		program participants	

- 5. Describe your organization's capacity to implement the project and ensure project success. (Please include information about staffing, resources, leadership and history) (Max 400 words)
- **6.** Why is now a good time to take on this project? Describe the community or political opportunity that makes this project particularly timely. (Max 200 words)
- 7. What do you anticipate to be some of the most challenging aspects of this project and how do you plan to manage these challenges? (Max 200 words)
- 8. Describe or provide evidence (based on research or best practice) that the strategy or approach you are proposing can help solve the identified problem or achieve stated goals. (Max 300 words)
- 9. Please provide names and contact information for organizations that are collaborating with your organization on this project. Explain how each collaborating organization will (1) participate in project related activities, (2) contribute to the project deliverables, and/or (3) be engaged to maximize project outcomes and continued action for policy level change. Please attach a letter of support from the collaborating organization(s). (Max 400 words). (This question is optional and should only be completed, if applicable)

PROJECT WORKPLAN

List the key activities that will be undertaken to complete the project and associated timeframe for completion. Please insert additional rows as needed.

ACTIVITY	Timeframe for Completion
Activity #1:	
Activity #2:	
Activity #3:	

BUDGET WORKSHEET

List and describe all costs for the amount requested from GHSMC. Insert additional rows as needed.

Personnel Expenses	% FTE	Amount	Description	
Staff Position:		\$	[Describe role and responsibilities]	
Staff Position:		\$	[Describe role and responsibilities]	
Personnel/Staffing Subtotal		\$		
Non Personnel Programmatic Expenses (Scholarships, project supplies, etc.)				
		\$	[Enter description]	
		\$	[Enter description]	
		\$	[Enter description]	
Personnel + Non-Personnel Subtotal		\$		
Indirect Expenses (not more than 12%)		\$		
Total Amount requested from GHSMC		\$		

- If project cost is greater than the amount requested from GHSMC, list and describe the amount requested or secured from another source for the project. (Max 200 words)
- If requesting funds for a consultant, describe why this work is best done by a consultant than staff. (Max 200 words)
- Many community-based projects are completed using significant volunteer time or other donations. Get Healthy San Mateo County would like to give appropriate credit to all the "sweat equity and contributions." Please describe all the donations (equipment, space, food, etc.) and estimated volunteer hours that will be required to complete the project. (Max 200 words)