



P A J A R O V A L L E Y  
**COMMUNITY**  
**HEALTH TRUST**

## 2009-2010 Grant Application

**Pajaro Valley Community Health Trust**  
85 Nielson Street, Watsonville, CA 95076  
Tel: (831) 761-5639 Fax: (831) 763-6084  
www.pvhealthtrust.org

### Application Instructions

1. Read the 2009-2010 Grant Guidelines BEFORE completing the application.
2. Save this application form on your computer.
3. Reopen the application form and type your information directly into the form fields. It may take 30 seconds or longer for the form elements to load and allow text entry. Use your mouse or the "Tab" key to move from field to field.
4. When finished, save the completed form, and then send it as an attachment by e-mail to grants@pvhealthtrust.org. You will receive an acknowledgement within 72 hours.
5. Questions? Problems with the form? Contact the Community Health Trust at (831) 761-5695 or grants@pvhealthtrust.org.

**Deadline:** *To be considered for a grant, the application and all additional materials (listed on the Grant Application Checklist) must be submitted by 5:00pm on Friday, December 11, 2009.*

### I. Applicant

Organization:

Address:

City:

State:

Zip:

Telephone: ( \_\_\_\_ )

Fax: (      )

Website:

Year Founded:

Executive Director:

E-mail:

Tax Status:

501(c)(3)

Public Agency

Other/Describe:

### II. Application Contact Person (If different from Executive Director)

Name:

Title:

Phone: (      )

E-mail:

### III. Fiscal Sponsor (Leave blank if not applicable)

Sponsor Organization:

Address:

City:

State:

Zip:

Telephone: (      )

Fax: (      )

Website:

Year Founded:

Contact:

E-mail:



C. Describe how your organization addresses changing demographic needs and/or cultural competency in terms of its programs, board, and staff composition.

D. Briefly describe your organization's collaborative and cooperative relationships with other regional organizations.

## VI. Purpose of Request

Project Title:

Request Summary (max 300 characters):

Project Contact:

Title:

Phone: (      )

E-mail:

Total Project Budget: \$

Amount Requested: \$

Proposed Start Date:

End Date:

Responses to the following questions are limited to the space provided. Be concise, clear, and focused.

- A. Please provide a brief summary of the project/program that you are requesting funding for. Describe the activities proposed for funding and how the funding would be used. Also, please indicate whether the proposed project/program is currently in operation or is a new project/program.

B. Describe the specific need or problem that your proposed project/program seeks to address.

C. Describe how your project/program will specifically serve individuals in the Pajaro Valley and approximately how many individuals will be served. Describe your strategy for making your project/program available to underserved populations and how you will incorporate culturally competent strategies into program development and implementation. Please see the *"Definitions and Principles of Cultural Competency"* on the Community Health Trust website for more information.

D. List the anticipated outcomes of the proposed project/program expected by the end of the grant period. Be sure they are specific, measurable, achievable, relevant, and time-framed. Please prioritize multiple outcomes in order of importance. Please see the *“Developing Measurable Outcomes”* on the Community Health Trust website for more information.

E. Briefly describe your plan for evaluating success of the project and measuring progress toward the proposed measurable outcomes or results.

F. Briefly describe organizational experience or staff capacity to conduct the proposed work.

G. If you have received funding from the Community Health Trust in the past for this project, please provide a brief assessment of the project's effectiveness to date. If not, please leave blank.

## VII. Target Population

A. Estimated number of individuals to be served by the proposed project/program:

Direct service: \_\_\_\_\_ (and/or) Outreach/education efforts: \_\_\_\_\_ = \_\_\_\_\_ (Total served)

B. For each category, where applicable please estimate percentages of populations the proposed activities will serve.

Ethnicity

<input type="checkbox"/> General Pop. %	<input type="checkbox"/> African American %	<input type="checkbox"/> Mixed/Other %
<input type="checkbox"/> Caucasian %	<input type="checkbox"/> Native American %	<input type="checkbox"/> Undetermined %
<input type="checkbox"/> Latino %	<input type="checkbox"/> Asian/Pacific Isl. %	

Age

<input type="checkbox"/> 0–5 years old %	<input type="checkbox"/> 22–64 years old %	<input type="checkbox"/> Undetermined %
<input type="checkbox"/> 6–13 years old %	<input type="checkbox"/> 64+ %	
<input type="checkbox"/> 14–21 years old %	<input type="checkbox"/> Mixed Ages/Families %	

Gender

<input type="checkbox"/> All Genders %	<input type="checkbox"/> Male %	<input type="checkbox"/> Undetermined %
<input type="checkbox"/> Female %	<input type="checkbox"/> Transgender %	