

FULL PROPOSAL COVER SHEET & EXECUTIVE SUMMARY

Name of Applicant Org	janization:	
Project Title:		
		Total Project Cost (<i>Year 1</i>): \$
VHCF's Contribution to	owards Total Project Co	osts (%):%
Please <u>briefly</u> describe	how VHCF funds will b	pe used:
·		full-time nurse practitioner
Applicant Information:		
Name of Executive Dir	ector of Applicant Orga	nization:
Telephone:		Mobile Phone:
E-mail Address:		
Address:		
Fax:	Web Add	dress:
Check One: 501(c	c)3	y 🗌 Other
What is the first month	of your fiscal year?	
Is there an organizatio	_	ant acting as a fiscal agent for this project? No
If yes, please indicate	the following:	
Name of Fiscal Agent	Organization:	
Contact Person:		
Telephone:		Mobile:
Name of Project Direc	tor (If Different from Exec	eutive Director):
Project Director Title: _		
Telephone:	Mobile:	E-mail Address:

Please list **the independent city(s) or county(s)** that make up your organization's service area and indicate the percent of your **total patient population** that comes from each.

Service Area	% of Total Patient Population
Example: Richmond City	75%

EXECUTIVE SUMMARY

Please provide a brief reply to each of the following. The Executive Summary should be no more than two pages.

Describ	be your	project.	
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Which of VHCF's funding priorities does this project address? (It may address more than one.)
☐ Conquering the Consequences of COVID-19 (CCC-19)
□ Increased Patient Capacity
□ Expanded Scope of Services
□ Coordinated Systems of Care
□ Infrastructure Development
How will the VHCF grant address a primary health care need in your community?
List the specific objectives, outcomes and timeframes for achievement if project is successful.
Who are the key players in the design, implementation, and operation of this project?
What community commitments and collaborations support this project?
How does this project relate to your organization's strategic plan and vision?

Does your proposal include? (<i>Incomplete proposals may not be reviewed</i>) ☐ Cover Sheet
□ Executive Summary
□ Narrative Proposal
□ Sustainability Plan
□ Strategic Plan or Statement of Organizational Vision
□ Project budget and budget narrative
□ Budget of Applicant Organization
□ Letters of support
□ Organizational Chart
□ Job descriptions for new positions
□ Copies of relevant Memorandums of Agreements or contracts
 Names, affiliations, and bios/resumes for project management team
□ List of organization's Board of Directors and their affiliations
□ Signed letter of intent from fiscal agent/fiscal supervisor
□ Evidence of applicant's tax-exempt status
 Copies of most recent audit and financial statements (P&L and Balance Sheet)
□ An original and 4 copies of the entire proposal (<i>no staples or binding</i>)
□ Other attachments as applicable