



VIRGINIA
HEALTH CARE
FOUNDATION

FULL PROPOSAL COVER SHEET & EXECUTIVE SUMMARY

Name of Applicant Organization: _____

Project Title: _____

Amount of Request to VHCF (Year 1): \$_____ Total Project Cost (Year 1): \$_____

VHCF's Contribution towards Total Project Costs (%): _____%

Please briefly describe how VHCF funds will be used:

Example: Portion of salary and benefits for a full-time nurse practitioner

Applicant Information:

Name of Executive Director of Applicant Organization: _____

Telephone: _____ Mobile Phone: _____

E-mail Address: _____

Address: _____

City, State, Zip Code: _____

Fax: _____ Web Address: _____

Check One: 501(c)3 Public Entity Other

What is the first month of your fiscal year? _____

Is there an organization other than the applicant acting as a fiscal agent for this project?

Yes No

If yes, please indicate the following:

Name of Fiscal Agent Organization: _____

Contact Person: _____

Telephone: _____ Mobile: _____

Name of Project Director (If Different from Executive 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 |
|-------------------------------|-------------------------------|
| <i>Example: Richmond City</i> | 75% |
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EXECUTIVE SUMMARY

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

Describe your project.

Which of VHCF’s funding priorities does this project address? *(It may address more than one.)*

- Developing or Expanding Capacity
- Establishing Broader Scope of Services
- Accelerating Licensure of Behavioral Health Professionals
- Creating Coordinated Systems of Care
- Conquering the Consequences of COVID-19 (CCC-19)

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? (*Incomplete proposals may not be reviewed*)

- 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 (*no staples or binding*)
- Other attachments as applicable