



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 and Title of Executive Director of Applicant Organization: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Web Address: \_\_\_\_\_

Check One: ☐ 501(c)3 ☐ Public Entity ☐ Other

Tax ID Number: \_\_\_\_\_

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%

## 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

**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
- ☐ 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 financial statements (*P&L and Balance Sheet*)
- ☐ Other attachments as applicable