



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.*)

\_\_\_\_\_  
\_\_\_\_\_

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### Applicant Information

Name and Title of Executive Director of Applicant Organization:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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? \_\_\_\_\_

Name of Project Director (*If Different from Executive Director*): \_\_\_\_\_

Project Director Title: \_\_\_\_\_

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

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

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: \_\_\_\_\_

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.

<b>Service Areas of Organization</b>	<b>% of Total Patient Population</b>
<i>Example: Richmond City</i>	<i>75%</i>

Please list the **independent city(s) or county(s)** that make up the **primary service area of this proposed initiative**. If the proposed initiative's service area is the same as the organization's overall service area, skip this table.

<b>Service Areas this Expansion will Serve</b> <i>(if different than organization's service areas)</i>
<i>Example: Richmond City</i>

# **EXECUTIVE SUMMARY**

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

**Please 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?**

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**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
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