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**2022 ONE-YEAR COMMUNITY INVESTMENT**

**APPLICATION COVERLETTER**

|  |  |
| --- | --- |
| **Application Organization** |  |
| **Project Title** |  |
| **Address** |  |
| **Contact Name** |  |
| **Phone** |  |
| **E-mail** |  |
| **Executive Signature** |  |

1. **Indicate the priority area that will be addressed with this project:**

|  |  |
| --- | --- |
| **Behavioral Health** |  |
| **Substance Use and Prevention** |  |
| **Social Determinants of Health** |  |

1. **Provide a brief synopsis of your project (2-3 sentences are sufficient): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Budget Breakdown:**

|  |  |
| --- | --- |
| **Personnel** |  |
| **Supplies** |  |
| **Facility Costs** |  |
| **Other (explain below)** |  |
| **Administration (10% or less)** |  |
| **Total Request** |  |

**Other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Approximate number of unduplicated individuals served by your project? \_\_\_\_\_\_\_\_\_\_\_**

1. **Narrative:**
   1. Project Abstract – 250 words
   2. Description – No more than 5 pages
      1. Need or problem to be address through this initiative?
      2. How would the project have an impact on need or problem?
      3. Who does the project serve?
      4. What is the capacity of the applicant to carry out the project?
   3. Project Logic Model – Form included
   4. Evaluation Plan – 250 words
   5. Project Suitability Plan – 250 words
      1. Leveraged Resources – Grant requires a one-for-one match investment. Match can be funds or in-kind. In-kind is defined as real property, equipment, goods, or services contributed to the program/project that would be eligible costs that the grant would otherwise had to fund.
   6. Budget and Budget Narrative – One page
2. **Timeline**
   1. Grant Cycle
      1. Grant Opens April 5, 2021
      2. Grant Submission Deadline May 7, 2021
      3. Grant Award Notification June 11, 2021
      4. Grant Funding Begins July 1, 2021
      5. Final Report August 30, 2022
3. **Submission**

Email PDF application document to [community.relations@salemhealth.org](mailto:communityrelations@salemhealth.org) no later than midnight May 7, 2021 to be considered.

1. Incomplete applications will not be accepted
2. Applications date stamped after midnight May 7th will not be accepted