



## APPLICATION FOR PUBLIC HEALTH WORKFORCE FUNDING

Agency: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Agency Type:**

Public/Government

Private Non-Profit

Private For Profit

**Program Area:**

Personal Care

Congregate Nutrition

LTC Ombudsman

Homemaker

Transportation

Family Caregiver Programs

Home Delivered Meals

Legal Services

Other:

Adult Day/Health

Info & Assistance

Public Health Workforce

Case Management

Health Services

**Geographic Area to be Served:**

\_\_\_\_\_

**Summary of Cost (See Instructions):**

1. Public Health Services Funds Requested \$ \_\_\_\_\_

2. Non-Federal Match

A) Cash \$ \_\_\_\_\_

B) Value of In-Kind \$ \_\_\_\_\_

3. Program Income \$ \_\_\_\_\_

4. Other Non-Match, Non-Income Funds \$ \_\_\_\_\_

A) \_\_\_\_\_ \$ \_\_\_\_\_

B) \_\_\_\_\_ \$ \_\_\_\_\_

C) \_\_\_\_\_ \$ \_\_\_\_\_

D) \_\_\_\_\_ \$ \_\_\_\_\_

5. Total Program Cost (1+2+3+4) \$ \_\_\_\_\_

The governing body of the applicant has authorized this proposal for submission.

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_



Public Health Workforce Program

Applicant Agency\_\_\_\_\_

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PROGRAM DESCRIPTION

As described in Section IV, Part A, #1-7

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List the minimum number of units to be provided for each required unit of service and the unduplicated persons to be served, as described in Section IV, Part A, #1.d

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TYPE OF UNITS TO BE PROVIDED	NUMBER OF UNITS	UNDUPLICATED PERSONS
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List at least one measurable objective for each of the following program areas: reaching the target population, staffing and volunteers, coordination with other groups, public information, client input, and obtaining client contributions & fund-raising, as described in Section IV, Part A, #8.

Program Area	Objective	How Measured
Target Population		
Staffing & Volunteers		

Coordination

Public Information



Client Input

Client Contribution



Public Health Workforce Program

Applicant Agency\_\_\_\_\_

Attach the following documentation:

<input type="checkbox"/>	Organizational Chart included
<input type="checkbox"/>	501c3 designation included (if necessary)
<input type="checkbox"/>	Job Descriptions included
<input type="checkbox"/>	Board of Directors roster included
<input type="checkbox"/>	Bond & Insurance information included
<input type="checkbox"/>	Documentation of Emergency plan and client's grievance process included
<input type="checkbox"/>	Transition plan for termination or transfer of services included
<input type="checkbox"/>	Plan for additional and/or decreased funding included