



## Community Health International Program Grant Guidelines

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## Section I. Timetable

### A. Due Date/Time and Instructions for Submission of Full Proposal

Applicants must submit via email the entire application, and this must be received by the due date and time below. Late submissions will not be accepted, without exceptions.

Due Date/Time:                   Friday, March 17, 2017  
  5:00 p.m. (Pacific Time)

Awards will be announced on May 31, 2017.

Submit e-mail copies to: [Leslie.Watson@DignityHealth.org](mailto:Leslie.Watson@DignityHealth.org)

## Section II. Program Overview

### A. About Dignity Health

Dignity Health, one of the nation's five largest health-care systems, is a 21-state network of more than 60,000 caregivers and staff, and more than 380 care centers, including hospitals, urgent and occupational care, imaging centers, home health, and primary care clinics. Headquartered in San Francisco, Dignity Health is dedicated to providing compassionate, high-quality, and affordable patient-centered care with special attention to the poor and underserved. For more information, please visit our website at [www.dignityhealth.org](http://www.dignityhealth.org).

### B. Program Goals and Objectives

The goals and objectives of the Dignity Health Community Health International Grants Program (CHIP) is to support Dignity Health's mission and values through programs in urban or rural areas located outside the United States, especially in areas historically served by the Sponsors that:

1. Improve the health and economic well-being of underserved populations or people who live in poverty and/or;
2. Safeguard the environment when linked to the health status and well-being of the community.

### C. Funding Priorities

- Women and children
- Health care
- HIV/AIDS
- Clean water/food and agriculture
- Human trafficking
- Education
- Environmental issues that affect the quality of life

### D. Purpose of this Request for Proposal (RFP)

Dignity Health is seeking eligible and qualified organizations to implement Dignity Health's mission of serving and advocating for our sisters and brothers who are poor and disenfranchised and to partner with others to improve the health and economic well-being of people who live in poverty outside the United States. Funded projects must produce efficient, measurable, and sustainable outcomes. Projects will be funded for 12 months.



E. Funding Available

Dignity Health CHIP Grant awards range from \$5,000 to \$25,000 for one year. Maximum allocation for the CHIP Grant Program is \$110,000 annually.

F. Evaluation Requirements

Grantees will be required to report program/project effectiveness, status, and outcomes at the end of the 12- month grant term (see Exhibit D Grant Accountability Report).

G. Program Sustainability beyond Grant Period

The grantee must describe the organization's plan for continuing to fund and support the program/project at the end of the grant period.

## Section III. Eligibility Requirements

### A. Type of Organization

To be eligible to apply for a CHIP Grant, the Sponsoring Religious Order (and if applicable, the program/project implementing organization) must be an organization as described in section 501(c)(3) of the U.S. Internal Revenue Code and exempt from taxation under section 501(a).

### B. Geographic Service Area

Organization can be based inside the United States, but the program/project implementation must be outside the United States, and preferably where Sponsors are located.

## Section IV. Required Application Component

### A. Proposal Instructions and Format

To be selected for a Dignity Health CHIP Grant, applicants must submit a full proposal (including complete supporting documentation).

#### 1. Instructions

Please submit an email version of your entire application, including all attachments to [leslie.watson@dignityhealth.org](mailto:leslie.watson@dignityhealth.org). Applicants should provide all information required in the format below.

#### 2. Proposal Format

- Section I. Summary Sheet  
Please use the form provided in Appendix B. This form should be placed as the cover page of your full proposal.
- Section II. Executive Summary of your proposal - up to 2 pages total.
- Section III. Narrative - from to 5 to 10 pages total.
  - Program Design  
Dignity Health CHIP Grants will fund organizations that propose programs/projects that accomplish one or more of the funding priorities:
    - Women and children
    - Health care
    - HIV/AIDS
    - Clean water/food and agriculture
    - Human trafficking
    - Education
    - Environmental issues that affect the quality of life
  - Program Digest
    - Identify and describe the program you propose for funding and the issue it addresses
    - Describe any participating partners and the role of each in the program



- Identify and explain outcomes that the proposed program intends to achieve, and explain how your proposed program will achieve those outcomes
  
- Geographic Service Area: Identify and describe the area(s) where services will be provided.
  
- Organizational Capacity
  - Organizational Background: Briefly describe your organization’s background and expertise to address the outcome you identify under “Program Design.”
  - Community Partners: Describe key collaborators and relationships (other than financial ones).
  - Staff Qualifications: Describe the qualifications of the staff members who will implement the proposed program/project.
  
- Budget and Budget Narratives
  - Up to 2 double-spaced pages total. Describe what percentage of the total cost of the project this grant would provide.

## APPENDIX A. PROPOSAL CHECKLIST

Applicants should include all requested attachments in the order presented in the checklist. Please clearly separate each attachment (for example, use a cover sheet or blank sheet before each section).

- Proposal Summary (Appendix B)
- Proposal Narrative and Executive Summary
- Proposal Budget Form (Appendix C) along with budget narrative

Other organizational documents include the following:

- IRS determination letter of your organization's 501 (c)(3) status, or a page from the Catholic Directory



## APPENDIX B. PROPOSAL SUMMARY INFORMATION

Complete, sign, and attach this page as the cover to the full proposal by the due date mentioned on page 2.

### Sponsoring Organization

<i>Sponsoring Religious Order's</i>	
<i>EIN or tax ID number</i>	
<i>Street address</i>	
<i>City, State ZIP</i>	

### Applicant: Project/Program Contact Information

<i>Organization's name</i>	
<i>Contact Person</i>	
<i>Phone Number</i>	
<i>E-mail Address</i>	
<i>Mailing Address</i>	
<i>City, State ZIP</i>	

### Grant Request

<i>Amount requested</i>	
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### Summary of Program (no more than 250 words)

<i>Please describe the proposed program, geographic location, target population, main outcomes, and principal activities.</i>
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### Signature of Authorized Representative

<i>To the best of my knowledge and belief, I affirm all data in this proposal are true and correct. The document has been duly authorized by the governing body of the applicant, and the applicant will carry out the activities and authorized uses of the funds if the assistance is awarded.</i>		
<i>Name of authorized representative</i>	<i>Title</i>	<i>Phone number</i>
<i>Signature of authorized representative</i>		<i>Date</i>

## APPENDIX C. BUDGET WORKSHEET

Budget Categories	Total Funds Require for Project	Amount of Grant to be Used	Other Funds Obtained	% of Project Costs Covered by Grant Funds	Budget Narrative
<b>Personnel</b>					
Salaries/Wages					
Fringe					
<b>Project/ Program Costs</b>					
<b>Other Costs</b>					
<b>TOTAL</b>					



## APPENDIX D. GRANT ACCOUNTABILITY REPORT

Report Due Date is March 31, 2018

Grant Recipient Information	
Name of Organization	[Redacted]
Mailing Address, City, State, Zip	[Redacted]
Project/Program Name	[Redacted]
Contact Person and Title	[Redacted]
Phone Number	[Redacted]
Email Address	[Redacted]
<b>Project/Program Information</b>	
Project Summary	[Redacted]
Award amount \$	[Redacted]
City/Country (Countries) of project location?	[Redacted]

What was your goal?	[Redacted]
What outcomes did you achieve?	[Redacted]
If you did not achieve outcomes, please describe why:	[Redacted]
Who and how many were positively impacted by your project?	[Redacted]
<b>Please send any pictures that we may use on Dignity Health's website to tell the story of your project along with the Dignity Health Photo Consent Form (Appendix E) as it applies!</b>	



**How did your organization use Dignity Health funds?**

	<b>Amount Awarded By Dignity Health</b>	<b>Amount Funded By Other Sources</b>	<b>Total Amount Funded By All Sources</b>
Total Personnel Expenses	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
Total Non-Personnel Expenses	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]

*Email completed form to:*

Leslie Watson, Analyst – Grants, Investments and Community Health International, Dignity Health – [leslie.watson@dignityhealth.org](mailto:leslie.watson@dignityhealth.org)



## APPENDIX E. CONSENT TO PHOTOGRAPHY, RECORDING AND/OR PUBLISHING

Use this form if the subject to be photographed or recorded is NOT a patient and the product does not involve protected health information. DO NOT USE THIS FORM IF THE SUBJECT OF THE PHOTOGRAPH OR RECORDING IS A PATIENT.

<hr/> <b>Print Name</b> (person to be photographed/recorded or owner of product/premises photographed)
<hr/> <b>Address</b> (person to be photographed/recorded or owner of product/premises photographed)
<hr/> <b>Email Address &amp; Telephone Number</b> (person to be photographed/recorded or owner of product/premises photographed)

In consideration of the engagement as a model or actor and for other good and valuable consideration, the receipt of which is hereby acknowledged, I hereby permit *(Hospital, Foundation, etc.)* \_\_\_\_\_ (hereinafter referred to as “**you**” or “**your**”) and the persons designated by you, to photograph, and/or make audio and/ or visual recordings, or create images in the likeness of *(name of subject, e.g., employee, model, actor, product, premises, etc.)*

Description of event(s): \_\_\_\_\_

Date: \_\_\_\_\_

(Check one)  One-time event  Series of events

I grant to you and/or your affiliates, successors, or other persons acting under your permission and authority, the irrevocable, perpetual, unrestricted, royalty-free right, license and permission to copyright in your own name, and to use, re-use, publish, reproduce and distribute, such audio and/or visual recordings, pictures, composites, or other reproductions thereof, distorted or modified in form or character, without restriction as to changes or alterations, whether in conjunction with the subject’s true or fictitious name or in conjunction with other photographs or printed matter, made through any medium, including website publishing, for illustration, education, promotion, art, editorial, advertising, trade, or any purpose whatsoever, in such manner as you deem appropriate for such purposes. I understand that if such picture or image, or recording is published on the web, it may be downloaded by any computer user. You agree not to use the photograph/ recording/ image in any derogatory manner.

I waive the right to inspect or approve the finished product(s) and/or the advertising copy or other matter used in connection with the product or the use for which it may be applied. I further waive any claims to royalties or monetary compensation connected with such recordings, creations or photographs, or the publication or distribution thereof.

My signature below confirms that I have the legal right to grant this license to you. I hereby release, discharge and agree to hold you and/or your affiliates, successors, or those acting under your authority or permission, harmless from any liability whatsoever connected with the photography, recording, or creation, or the use, re-use or publication of such images or recordings, including any blurring, distortion, alteration, cropping, or use in composite form, intentional or otherwise, that may occur or be produced in the processing of such products. This consent shall



be binding upon me and the subject of this photography or recording (if different), my heirs, agents, legal representatives, and assigns.

**ACCEPTED AND AGREED TO**

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Signature

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Date

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Print name

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Signatory's relationship to the subject *(If signatory is not the subject)*