

**Access to Care Grant Application**

**General Applicant Information**

1. Project Title:
2. Amount Requested:
3. Name of Applicant Entity:
4. Primary Contact Name and Title:
5. Primary Contact Email Address:
6. Primary Contact Mailing Address:
7. Primary Contact Phone Number:
8. Contract Signer Name, Email Address and Mailing Address (if different from primary contact):
9. Is this entity located in Spokane County and providing service in Spokane County?
10. Please tell us about your entity’s mission and your operations. How long have you been in existence?

**Project Description**

1. Please describe the project and its potential to improve health care outcomes in Spokane County for underserved people by addressing Spokane County’s designation as a Provider Shortage Area and the low capacity of its health care system.
2. Please share the number of underserved individuals in Spokane County who will be served by the project and any pertinent demographic or socioeconomic information about your target population.
3. Please describe how your entity’s staff, leadership and Board demographics compare to the target population for your project.
4. How will you demonstrate improved health outcomes for your target population? Please share any quality assurance measures here.
5. Please describe how your project will lower health care costs and make improvements to the health care system in Spokane County?

**Financial Sustainability**

1. Please provide a line-item budget detailing how HSSA funds would be spent if awarded.

|  |
| --- |
| **BUDGET SUMMARY** |
| Expense Category | Project as Currently Funded | HSSA Matching Grant Request |
| eg: Personnel |  |  |
| eg: Fringe Benefits |  |  |
| eg: Equipment and Supplies |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** | $ | $ |

**Budget Details If Applicable:**

Equipment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Item Description** | **Rental or Purchase** | **Acquire When?** | **Funds Requested** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| Equipment Subtotal | $ |

Supplies

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item Description | Per-Unit Cost | # of Units/Pieces Purchased | Acquire When? | Funds Requested |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Supplies Subtotal | $ |

Contractors and Consultants

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name/Organization** | **Hourly Rate/Flat Rate** | **Funds Requested** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |

1. Please describe how you will financially sustain this program over the next five years.