



Colorado Rural Health Center

"Enhancing healthcare services in Colorado by providing information, education, linkages, tools & energy toward addressing rural healthcare issues."

225 East 16th Ave., Suite 1050
Denver, CO 80203
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GRANT GUIDELINES:

- The project must involve the expansion or improvement of mobile health services **outside urbanized areas**.
**Urban Areas (UAs) in Colorado include Boulder, Colorado Springs, Denver--Aurora, Fort Collins, Grand Junction, Greeley, Lafayette--Louisville, Longmont, and Pueblo.*
- Projects must target under-served areas or populations.
- Project requests can range in expense **up to \$50,000**.
- **Preference will be given** to projects that expand services to communities or people not being served, support the provision of new types of services to current recipients, or enhance the quality of services being provided.
- These are **one-time funds**. (*Although the Project Steering Committee will be exploring ways to better coordinate and support mobile health services across Colorado.*)
- Applicants can submit applications for **up to three different projects**. Each must have its own application and budget information.
- All grantees will be requested to submit a **grant report** and participate in a project evaluation follow-up meeting to be held after the end of the grant period, which will be in late 2006 or early 2007. The final date has not been set yet.

TO APPLY:

- Please email a **brief letter of intent**, no longer than one page, outlining the type of project, a description of the people or community served, a timeline and estimated costs for the project no later than **August 7, 2006**.
- We will respond promptly, confirming your eligibility to proceed with the full application process.
- **All completed applications are due by 4:00 p.m. on August 28, 2006.**
- Applications should either be sent by US mail or via email; **faxes will not be accepted**.

Mailing Address:

The Community Resource Center
Attn: Melanie Spence
655 Broadway, Suite 300
Denver, CO 80203

Email Contact: Melanie Spence at spence@crcamerica.org.

A. SUMMARY OF APPLICANT ORGANIZATION	
Organization Name:	
Address:	
City:	County:
State:	Zip:
Executive Director:	
Contact (if other than Executive Director):	
Name:	Title:
Phone:	Email:
Purpose of Grant:	
Counties served:	
Populations served:	
Organization budget:	Fiscal year:
Project budget:	Fiscal year:
Amount of Request: \$	

Signature, Title

Date

B. NARRATIVE: In a separate document, please include the following information in the order below. The narrative should not exceed **two pages** of 11 font text with 1” margins.

1. Agency Information.

- a) Mission statement, brief statement of organization’s goals, and/or objectives; major accomplishments.

2. Purpose of Grant.

- a) Brief statement of how the funds will improve mobile health clinic services; description of constituency served (include number served); target population; how will they benefit?
- b) Description of goals and objectives for this grant;
- c) Description of activities planned to accomplish these goals; (Is this a new or ongoing activity within your mobile health services?)
- d) Timetable for implementation; and
- e) Other organizations, if any, participating in the activity.

3. Evaluation. Please discuss:

- a) Expected results during the funding period; and
- b) How you would define and measure success.

C. ATTACHMENTS: Please attach the following documents with your application.

- 1. Most recent fiscal year-end financial statements (audited, if available).
- 2. Current agency budget.
- 3. Project budget, including sources of revenue and itemized expenses.