



2023 PARTNER APPLICATION

Valley Health is seeking partners as we work to fulfill our mission of serving our community by improving health. We are pleased to invite you to submit a request for partnership and funding support for 2023. All applications are due NO LATER THAN February 1, 2023. Funding decisions will be made by March 1, 2023.

Applications will be evaluated based on the following:

- Application complete and submitted by deadline
- Initiative alignment with Valley Health's 2022 CHNA priority needs and desired impacts
- Collaboration with other organizations
- Potential program impact
- Expected program outcomes
- Budget, including use of funds and long-term sustainability

EXECUTIVE SUMMARY

Name

Title

Agency Name

Address/City/State/Zip Code

Email Address

Phone Number

List of your Board of Directors [if applicable]:

Mission Statement and Policy Statement on Nondiscrimination:

Briefly describe the work of your agency or organization.

What is your agency's total operating budget?

What is the total dollar amount you are requesting?
[\$100,000, \$25,000 or \$10,000]

INITIATIVE ADDRESSES NEEDS IDENTIFIED IN VH 2022 CHNA AND SUPPORTS STRATEGIES AND DESIRED IMPACTS

Outline and describe your program or initiative for which you are requesting funding including which desired impacts your program will effect. What are your program goals? What specific outcomes do you expect to achieve and how will you measure success? In what amount of time do you expect to achieve these outcomes?

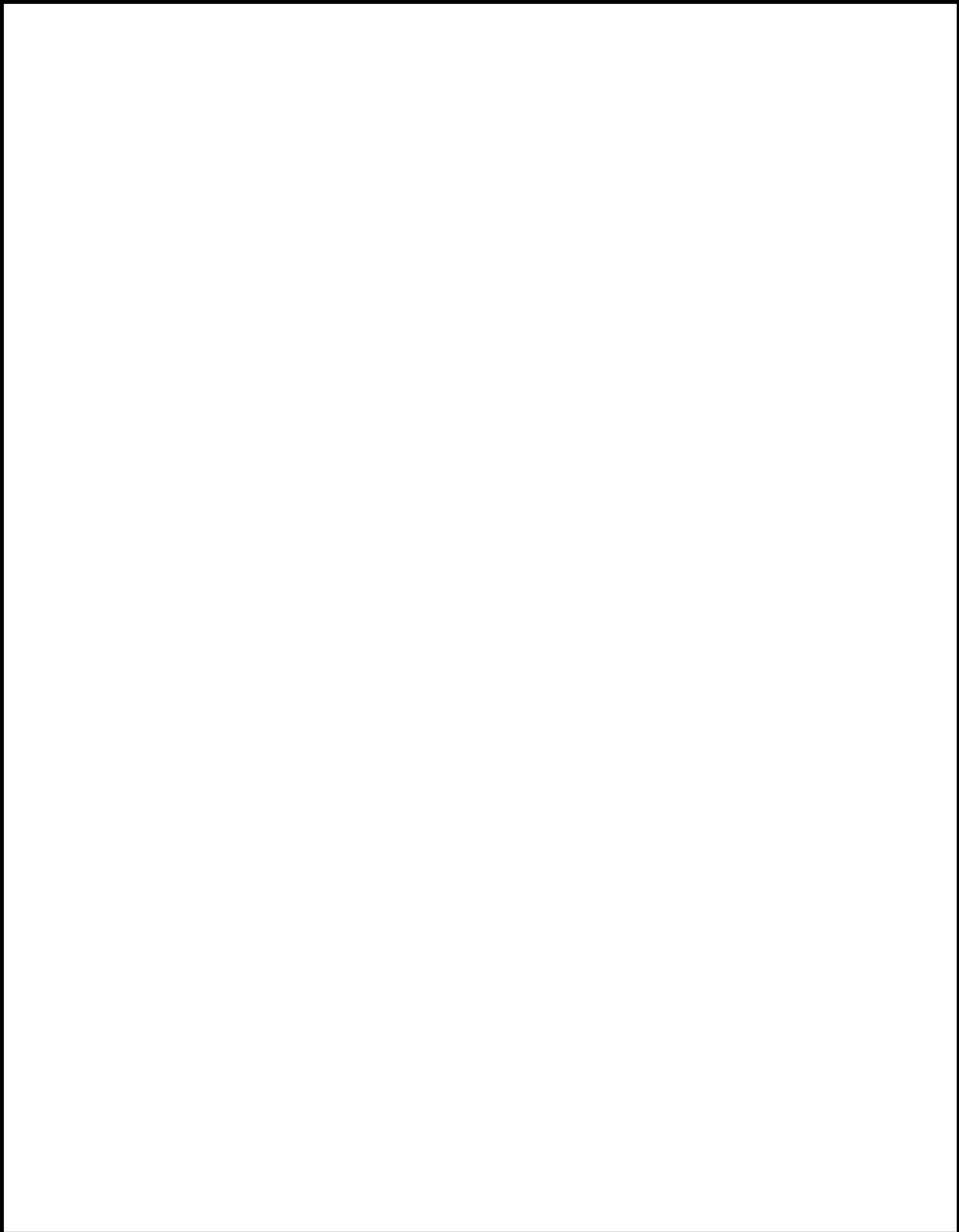
INITIATIVE ADDRESSES NEEDS IDENTIFIED IN VH 2022 CHNA AND
SUPPORTS STRATEGIES AND DESIRED IMPACTS [CONTINUED]

--

FINANCIAL PROGRAM ACCOUNTABILITY & SUSTAINABILITY

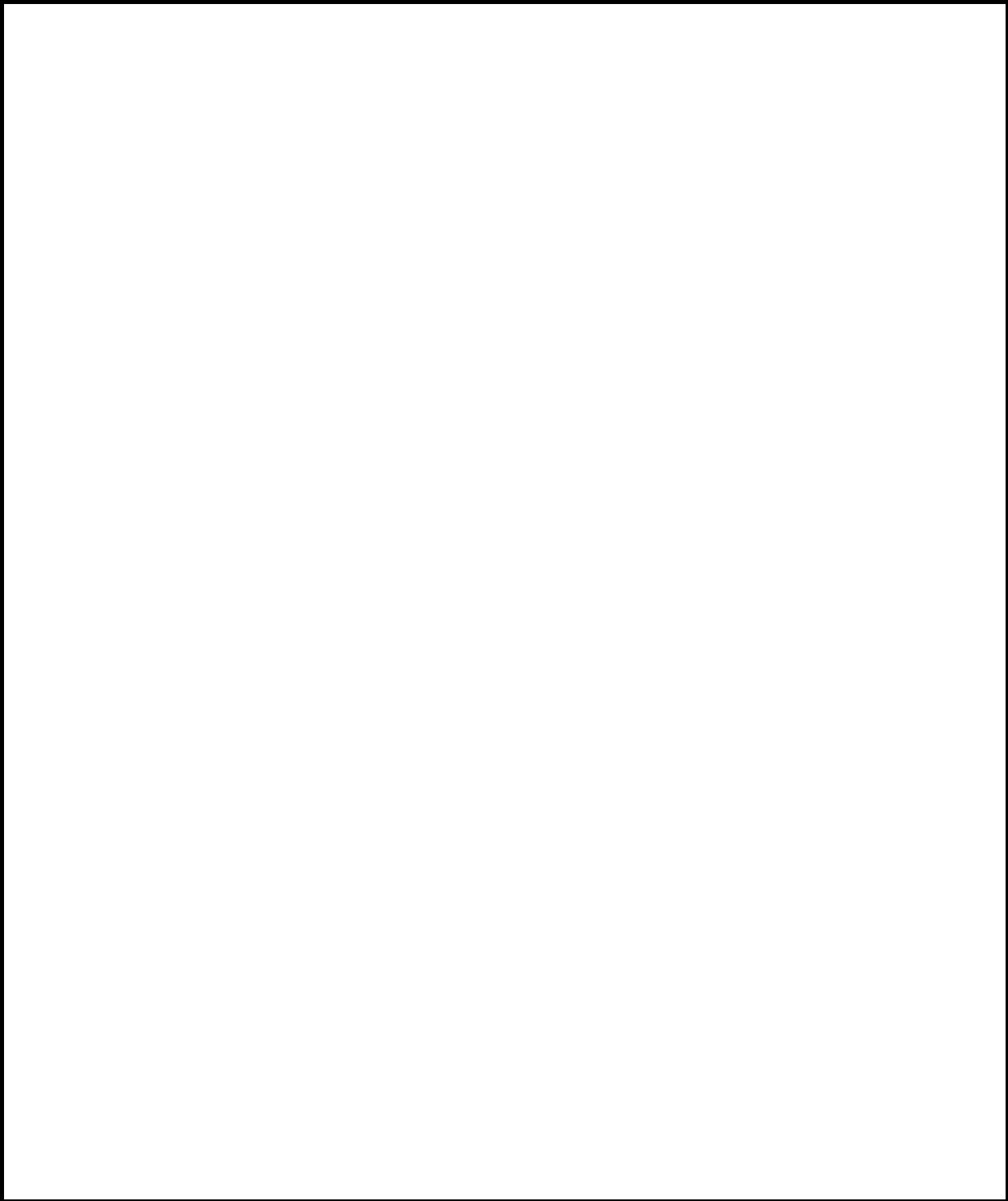
Please outline the use of funds you have requested for your initiative in 2023. Be specific. What will the dollars be used for during the first year of your initiative? Be specific. Describe how your initiative will have a lasting impact and move forward if funding is not available in the future. Please describe your organization's past performance and experience which demonstrates your ability to successfully implement this initiative. Please list any amounts requested for this project from other foundations, corporations, government; include the status of those requests.

FINANCIAL PROGRAM ACCOUNTABILITY & SUSTAINABILITY
[CONTINUED]



**COLLABORATION WITH OTHER COMMUNITY BASED ORGANIZATIONS
OUTSIDE VH**

Describe your relationship with other community agencies with whom you plan to partner. Identify the key stakeholders within these organizations. Identify any existing partnerships already in place. How do you plan to leverage these partnerships and combine resources to have a greater impact?

A large, empty rectangular box with a black border, intended for the user to provide their response to the question above. The box is currently blank.

**COLLABORATION WITH OTHER COMMUNITY BASED ORGANIZATIONS
OUTSIDE VH [CONTINUED]**

A large, empty rectangular box with a solid black border, occupying the majority of the page below the header. It is intended for the user to provide details regarding collaborations with other community-based organizations outside of VH.

TARGET POPULATIONS

What is the geographic region your initiative will serve? Describe the population and identify those specific areas in which you will focus your work. Does your initiative focus on a specific, target population? Is there a focus on equity and accessibility? Does your program demonstrate an understanding of the presence of disparities and health issues that disproportionately affect populations?

