**Howard County Health Department**

**Health Disparities Grant**

**Category 1**

**Name of Organization:**

**Mailing Address of Organization:**

**Amount of Funds Requested:**

**Zip Codes Areas Proposed (21044, 21045, 20794, 20763, 20723):**

**Contact Information:**

*Application Preparer*

Name:

Phone:

Email:

*Project Contact*

Name:

Phone:

Email:

*Fiscal Contact*

Name:

Phone:

Email:

**Howard County Health Department**

**Health Disparities Grant**

**Category 1**

Please address the following by section in narrative response.

1. Proposal Narrative
2. Organization Background: Tell us about your organization’s mission and who your organization primarily serves. Describe your organization’s experience in providing services and engaging with identified communities. List any partners you work with in the identified communities. (250-word limit)
3. Statement of Need: Why do you feel this project is needed in Howard County? Share any data to support this need in the identified communities. (250-word limit)
4. Description of Project: Tell us how you propose to identify and recruit community leaders to become certified Community Health Workers. Please describe your recruitment strategies, including advertisement, application and interview processes, and final selection. Attach sample interview questions for recruitment. (250 word limit)

**Howard County Health Department**

**Health Disparities Grant**

**Category 1**

1. **Budget Narrative**

Provide a brief budget narrative complementing the line item budget.

|  |  |  |  |
| --- | --- | --- | --- |
| Line Item | Budget Item | Funding Requested | Budget Narrative & Justification (Explanation of Spending Request) |
| 1 | Staff Salaries |  |  |
| 2 | Advertising/Marketing |  |  |
| 3 | Travel Expenses |  |  |
| 4 | Other (Please specify) |  |  |
|  | TOTAL COST | $ |  |

I hereby declare that the information submitted in this proposal is accurate and correct to the best of my knowledge. If the application is approved, I will be responsible for keeping necessary records and completing narrative and budget reports by due dates. I understand that I or a representative of my organization must attend all scheduled grantee meetings during this active grant period and be prepared to update on the progress of the project while in attendance at these meetings.

**Grant Application Deadline: August 31, 2022**

All applications must be submitted electronically via e-mail attachment to [cvicks@howardcountymd.gov](mailto:cvicks@howardcountymd.gov). In your email’s subject line, please reference your organization name and “FY23 Health Disparities Grant.” *Please do not send hard copies.*