



COMMUNITY HEALTH WORKER PLACEMENT APPLICATION

ORGANIZATION INFORMATION

Legal Name of Organization

DBA (if applicable)

Mailing Address

City

State

Zip Code

Phone

Website

Year Organization Founded

Mission Statement

PROPOSAL INFORMATION

Title of Proposal

Project Lead/Director

First Name

Last Name

Title

Phone

Email

Financial Contact Person

First Name

Last Name

Title

Phone

Email

CHW Supervisor

First Name

Last Name

Title

Phone

Email

BUDGET REQUEST

Year 1

Direct Costs Overhead Request YR1

Year 2

Direct Costs Overhead Request YR2

Total Request

FOR ORGANIZATIONS THAT CURRENTLY HAVE A CHW SUBCONTRACT

Name(s) of current CHW(s) employed with subcontract funds

Name(s) of current CHW(s) employment with other sources of funding

If funded under this RFP, do you anticipate that your organization:

- will continue to employ this/these CHWS? yes no
- will need to hire a new GRHOP-trained CHW? yes no
 - If yes, how many new CHWs will you need to hire from the pool of GRHOP trainees? one two

FOR ORGANIZATIONS THAT DO NOT CURRENTLY HAVE A CHW PLACEMENT SUBCONTRACT

If funded under this RFP, have you identified a candidate for possible employment?

yes no

- If yes, does he/she currently work for your organization? yes no
 - If yes, has this individual already completed CHW training sponsored by GRHOP? yes no
 - If no, how many new CHWs will you need to hire from the pool of GRHOP trainees? one two
- If no, how many new CHW(s) will you need to hire from the pool of GRHOP trainees?
one two