

**DIGNITY HEALTH
2015 COMMUNITY GRANTS PROGRAM
LETTER OF INTENT APPLICATION**

INSTRUCTIONS FOR SUBMITTING A LETTER OF INTENT (LOI)

Please be concise in your answers to the following questions. Do not fax proposals or send videos or any extra materials. *To access the Community Grants program of the Dignity Health hospital in your community, please visit <http://dignityhealth.org/cm/content/pages/apply-for-a-grant.asp>*

Forward an electronic copy of the completed LOI to your local grant representative.

Hospital
St. Mary Medical Center, Long Beach, CA

Grant Representative
Kit G. Katz, Director Community Benefits

Email Address
Kit.Katz@DignityHealth.org

APPLICANT INFORMATION

Name of Lead Organization

Tax ID Number

Web Address

Mailing Address

Contact Person and Job Title

Phone number

Email Address

**List the lead organization and its partners & their contributions to the program or project
(minimum three organizations are required)**

Name of lead organization #1 (required)

List contributions of lead organization #1 to program or project (required)

Name of partner #2 (required)

List contributions of partner #2 to program or project (required)

Name of partner #3 (required)

List contributions of partner #3 to program or project (required)

Name of partner #4 (optional)

List contributions of partner #4 to program or project (optional)

Name of partner #5 (optional)

List contributions of partner #5 to program or project (optional)

OUTLINE FOR LETTER OF INTENT

Program or Project Title

Name and Location of Dignity Health Hospital in Your Community

Brief Summary of the Mission of Your Organization

Describe how the program or project incorporates one or more of these five principles

1. Focus on disproportionate unmet health related needs.

(Describe how you will accommodate the most disproportionate unmet health-related needs of specific populations in the community.)

2. Emphasis on primary prevention/address underlying causes of health problems.

(Describe the programs and services you will utilize to address the underlying causes of persistent health problems.)

3. Contributing to seamless continuum of care.

(Describe how you will enhance links between hospital services, clinic services, other health-related services and community-based services.)

4. Building community capacity.

(Describe how you will target resources to mobilize and build the capacity of existing community assets.)

5. Emphasis on collaborative governance.

(Describe how you will engage diverse community stakeholders in the selection, design, implementation, and evaluation of community programs.)

Explain how this program or project is a **response to a health priority** identified by local Dignity Health hospital.

Briefly describe this program or project's **target population and zip codes**.

What are the **main outcomes** for which partners are requesting support? What benefit or change to the target population is expected?

What are the most **important activities** that will help partners achieve those outcomes? Include frequency/duration of program events or services provided, and list the resources, people and skills that will be used to deliver these services.

How will partners **evaluate** the program or project work? What methods and tools will partners use to measure results?

Identify any **other sources of support** for this program or project.

What is the **Grant Amount** partners are requesting from Dignity Health for this program or project? \$ _____

IF YOUR ORGANIZATION RECEIVED A DIGNITY HEALTH GRANT IN 2012, 2013 AND/OR 2014, COMPLETE THE FOLLOWING

Indicate year(s) of Dignity Health Grant and Grant Amount.

Briefly describe the program or project.
