

2019 Nimble Grant Cycle 1

Pacific Hospital Preservation & Development Authority

Project Name*

Character Limit: 250

Is this a new, expansion, or continuing program?*

Choices

- New
- Expansion
- Continuing

Funding Requested*

Character Limit: 20

Organization Mission Statement*

Character Limit: 500

Current Year Operating Budget*

Character Limit: 20

Previous Year Operating Budget*

Character Limit: 20

Number of Full Time Employees*

Character Limit: 250

Number of Part Time Employees*

Character Limit: 250

Project Start Date*

Character Limit: 10

Project End Date*

Character Limit: 10

Total Project Budget in that Time Period*

Character Limit: 20

Project Summary*

Character Limit: 250

Grant Narrative

Question 1: Organization Information*

Briefly summarize your organization's history, mission, goals, main program areas and the population(s) you serve.

Character Limit: 2500

Question 2: Health Access/Outcome Disparities*

Describe the specific healthcare access and/or outcome disparity that your project plans to address. Please include the data and information that helped you identify this issue.

Character Limit: 4000

Question 3: Project Description*

A. Describe how you plan to use these funds and how these funds will help your program address the access and/or outcome disparities noted in Question 2. Describe specific activities that will be taken in implementing the project, including who will perform the activities and any planned partnerships.

B. Describe how this project demonstrates cultural and linguistic competency, and how the population you intend to serve will be involved in program planning, delivery and feedback.

Character Limit: 5500

Question 4: Upload PHPDA Budget Forms*

Complete and upload the PHPDA Nimble Fund Budget Form.

File Size Limit: 4 MB

Question 5: Personnel and Project Budgets and Budget Narratives*

A. Personnel Budget narrative: For each line item listed with a dollar figure (except totals) in the “Funded by this request” column on the Personnel Budget page, describe how the staff position is related to direct service delivery and list the project activities that will be conducted by each staff member.

B. Project Budget narrative: For each line item listed with a dollar figure (except totals) in “Funded by this request” column on the Project and Administrative pages of the budget spreadsheet, provide a brief narrative detailing:

1. How the item relates to the proposed service, and
2. The methodology used to determine the specific cost.

C. Please explain why your organization needs Pacific Hospital PDA funding for this program at this time?

Character Limit: 8000

Proprietary Information

If an applicant considers any portion of his/her application to be protected under the law, the applicant shall clearly identify the start and end of the proprietary information by writing "CONFIDENTIAL," "PROPRIETARY" or "BUSINESS SECRET" at the start of the text and writing "CONFIDENTIAL END," "PROPRIETARY END" OR "BUSINESS SECRET END" to note the end of the proprietary information.

The Applicant shall also use the following text box to identify any material to be considered as confidential, including any uploaded documents. Please include:

1. The type of exemption (Confidential, Proprietary, or Business Secret)
2. The location of the text (i.e. the question number or the uploaded document name)

Character Limit: 10000

If a request is made for disclosure of such portion, Pacific Hospital PDA's legal counsel will review the material in an attempt to determine whether it may be eligible for exemption from disclosure under the law. If the material is not exempt from public disclosure law, or if Pacific Hospital PDA is unable to make a determination of such an exemption, Pacific Hospital PDA will notify the applicant of the request and allow the applicant ten (10) days to take whatever action it deems necessary to protect its interests. If the Applicant fails or neglects to take such action within said period, Pacific Hospital PDA will release the portion of the application deemed subject to disclosure. By submitting an application, the applicant assents to the procedure outlined in this section and shall have no claim against Pacific Hospital PDA on account of actions taken under such procedure.

Required Attachments

Current year's organizational budget, including income and expenses*

File Size Limit: 2 MB

Current year-to-date financial statements, including actual income and expenses and balance sheet*

File Size Limit: 3 MB

Most recent audited or reviewed financial statements, including any Management Letter(s)*

If your organization does not have an audit or review for the most recently completed fiscal year, include final board-approved financial statements, including income and expenses and balance sheet, from that year.

File Size Limit: 3 MB

Most recent OMB Circular A-133 single audit (if applicable)

Please upload your most recent OMB Circular A-133 single audit, if your organization was required to have such an audit within the last two years.

File Size Limit: 4 MB

Federally Negotiated Indirect Rate letter

If you are using a Federally Negotiated Indirect Rate to calculate your line item admin costs, please upload your FNIR letter.

File Size Limit: 2 MB

Memoranda of Understanding or Agreement from partner organizations (if applicable)

File Size Limit: 3 MB

Timeline of proposed activities related to project implementation*

File Size Limit: 1 MB