



*Blueprint for Health: Promoting Community Level
Health Improvement in Rural South Carolina*
**Request for Application (RFA) Response
November 2018**

Note: The application should not exceed six (6) 8.5" x 11" typed pages, with one-inch margins. Type must be at least 12-point font. Each page should be numbered and the applicant organization's name should be on each page. Attachment 3 is required but is not included in the page total. Additional attachments are not encouraged.

Coalition Identifying Information: Please include the following about the coalition applying.

Coalition Name:
County:
Mailing & Physical Addresses:
Phone Number:
Web Address (if applicable):
E-mail Address:
Chairperson, President/CEO, Director, or Coordinator:
Project Contact Person (if not listed above):

Lead Organization/Fiscal Agent Identifying Information: (if not the same as above)

Organization Name:
Is the lead agency a public agency or 501(c)3? Yes ___ No: ___
County:
Mailing & Physical Addresses:
Phone Number:
Web Address:
E-mail Address:
President/CEO, Director, or Senior Manager:
Project Contact Person (if not listed above):

Please respond to all the following questions:

1. Is your coalition new or an existing coalition? Briefly describe the history and the mission.

2. If a new coalition is being formed, how will you meet the qualifications described in the RFA to be multi-sectoral and diverse by January 2019?

3. If the coalition is existing but does not fully meet the multi sectoral and diverse benchmarks, how will the coalition expansion be done and by when?

4. Is the target area the entire county, a town or specific community or population? If not the entire county, how was the target area selected?

5. How will leadership training participants be selected? Will participants be existing members of the coalition?

6. Will potential leaders not currently members be invited to participate? If yes, explain how selected. If not, why not?

7. How will/have community members with lived experience be selected and invited to join? (Lived experience refers to people who are not considered privileged, who have struggled (or are struggling) with their lives and activities due to family resource limitations, illness or other hardships.)

8. Were local leaders and other residents made aware of this opportunity? If yes, how?

9. Who will serve as the local contact person, convener and host for the training sessions?

10. How will employed participants, or participants in school, selected for the leadership training be encouraged and supported by their workplace to fully participate?

11. Has previous leadership training been received by members in the coalition within the past five years? If yes, who sponsored the training?

12. Generally, how do civic, elected officials, community leaders and residents work together in your community? Provide an example of recent efforts that worked well or did not work as well as planned and why.

13. How will this work engage and strengthen diverse groups and/or multiple sectors in the community?

14. How will this work benefit your community?

15. What do you hope to achieve long-term for your community by committing to this process?

16. Does the coalition agree to develop, enhance, study and/or adapt a community health asset inventory and needs assessment with assistance from SCORH and others? **Note:** Most counties already have a health asset inventory and needs assessments developed by the hospital or health department or both. Please state that the coalition agrees to locate the assessment and inventory and review it. Confirm coalition members will, by the first training session, have:

- read **County Health Rankings** information (referenced in the RFA) about the county;
- requested from the county health department or hospital the county health asset inventory or needs assessment and will review it before the first session in February 2019.

17. Does the community require the administrative allowance of up to \$3,000. If yes, how much is requested? **Note:** The amount requested will be subtracted from the total amount available for the community project.

Include as Attachment 3 to this response, the information in the table below for each coalition member and those selected to participate in the *Blueprint* leadership training, county project and visioning for health. A template for this information can be found on the remaining pages of the Request for Applications.

Name:
Organization Name (if representing an organization):
Mailing address, including street, town, zip:
Phone Number:
Email address:
Web address (if applicable):
Is this person a coalition member? Yes ___ No: ___
If yes, # of years serving on the coalition:
Does the person live in the county? Yes ___ No: ___ If no, does she or he work in the county 20 hours a week? Yes: ___