

CHINESE COMMUNITY HEALTH CARE ASSOCIATION COMMUNITY GRANTS PROGRAM FOR YEAR 2010

PURPOSE

The purpose of the CCHCA Grants Program is to provide resources to encourage and support new or ongoing programs, which benefit the health of the local Chinese and Asian Community.

GUIDELINES

1. All projects should benefit the Chinese and or other Asian Communities. Research is not excluded. Chinese participation is encouraged.
2. All applicants must have a letter of endorsement from an individual member of the Chinese Community Health Care Association who cannot be the applicant. Letters of endorsement cannot be written by the President, Executive Director or any member of the grants committee.
3. All grants are for one year, renewable yearly for no more than two additional years. An Annual Report is required for all projects funded.
4. Individuals may apply but final approval is predicated upon committee, approved sponsorship by a 501(c)(3) non-profit organization. Individuals submitting a grant proposal must be 18 years of age or older. Organizations that have 501(c)(3) tax-exempt status shall have priority over other organizations.
5. Each grant may not exceed \$15,000. The following costs will not be funded:
 - Administrative and Indirect costs
 - Improvement or acquisition of real property except in special cases, particularly where equipment is an integral part of the project.

CCHCA will consider funding personnel **directly** related to the proposed project.

6. The deadline for submission of new or renewable applications is **Thursday October 15, 2009.** Notification will be by letter in December 2009. The decision of the Board of Trustees for the grant cycle is final. Grants are for the calendar year 2010.
7. The original application and **TEN COMPLETE COPIES** should be submitted to:

**Chinese Community Health Care Association
Community Grants Program, Grants Committee
Attn: Jeannette Tam
445 Grant Avenue, Suite 700
San Francisco, CA 94108**

**CHINESE COMMUNITY HEALTH CARE ASSOCIATION
COMMUNITY GRANTS PROGRAM FOR YEAR 2010**

1. **APPLICANT** _____

ORGANIZATION _____
(if applicable)

ADDRESS _____

PHONE NUMBER _____

PROJECT DIRECTOR _____

SIGNATURE OF APPLICANT _____
(or authorized agency representative)

SPONSOR (if under 18 years of age or an individual applicant) _____

SIGNATURE OF SPONSOR _____

AFFILIATION (if any) _____

NAME OF CCHCA ENDORSER _____

2. **DATES OF PROPOSED SUPPORT PERIOD**

FROM _____ TO _____

3. **TITLE OF PROJECT**

4. SUMMARY OF PROJECT (Not to exceed 100 words)

5. How do you think this project benefits the Health of the Asian Community?

6. Please list your project's goals and objectives. (What benefits will result from your project)?

7. Please describe how you plan to accomplish your goals and objectives.

8. Describe the resources necessary to implement your plan, i.e., personnel, equipment, facilities, etc. Please indicate how each will be obtained, e.g., through contributed “in kind” support, from the budget proposed in this application or other sources. No indirect costs will be funded.

9. Describe the evaluation methods to be used to measure the outcome and impact of your project.

10. Who will assume administrative responsibility for your project?

11. Please itemize your proposed budget. (It is not necessary to request the maximum grant).

12. Would this project continue past the grant year? _____
Yes _____ No _____ If yes, explain how.

- 13. For ongoing programs, attach a progress report or an end of project final report with this application.**

Appendix: Attach letters of support from CCHCA member(s), sponsoring agency, and any other organization(s) to be involved in the project. Please attach the applicant's or project director's resume(s), if applicable.



**CCHCA Community Grants Program
End of Project/Year Progress Report**

Title of Project _____

Applicant/Organization _____

Project Director _____

Grant Period _____ to _____ Which year if multi-year project? 1 2 3

All projects seeking renewal must submit a Progress report of the current project granted before September 30, 2010. All others must be submitted by March 31, 2010. Is this grant being considered a renewal grant?

_____ YES

_____ NO

1) What were the results of any qualitative or quantitative measures of outcome? Please submit a copy of any products produced by the grant. (Attach additional sheets if needed)

2) Which of the proposed activities/products were not completed? What problems were encountered?

3) How was the grant spent? (Compare with original line item budget) Please give an explanation for any deviations from the original budget.

4) Are any changes anticipated in the next year proposal? (If applicable)

5) What were some pluses and minuses about your project? What are some things that were learned?

6) What was the impact of this project?

7) Additional comments.

Submitted by _____

Date _____