Rural Health Equity Grants for Clallam County Application

1. Provide contact information for your organization:

Contact Person	
Organization	
Legal Name of Organization, if different from above	
Organization Mailing Address	
City	
State/ZIP	
Email Address	
Phone Number	

2. Provide the statewide vendor number or tax identification number for your organization. If you need to register for one of these numbers, please visit [this site](#) to complete the form.

3. Does this project benefit the residents of:

☐ **Clallam County**   ☐ **Jefferson County**

☐ **Other** (please specify which communities will be impacted by your project)

4. How many people do you expect the project to impact?

5. Anticipated Project Start Date (anticipated initial award announcements March 2023).

6. Anticipated Project End Date (must be completed by April 30, 2024).

7. Attach a description of your project including project goals and outcomes (no more than one page).

8. Attach a description of how the project will impact health equity or social determinants of health as related to COVID-19 (no more than one page).

9. Attach a description how your project benefits marginalized communities specifically (no more than one page).

10. Attach examples of your organization's current and past collaboration with community partners (no more than one page).

11. Attach a description of your organization's experience managing grants (if applicable) or budgeting projects (no more than one page).

12. Attach a description of continued plans towards collaboration with community partners, assuming this project will continue after this funding source ends (no more than one page).