

**Georgia Association for Primary Health Care (GAPHC)  
FQHC Development and Expansion  
Bridge Funding Project**

**GRANT APPLICATION  
DEADLINE: January 31, 2019**

**APPLICANT ORGANIZATION**

**Organization Name:**

**Mailing Address:**

**Phone Number:**

**Fax Number:**

**Website:**

**Federal Tax ID #:**

**Name of Chief Administrative Officer (overseeing this grant):**

**Title of Chief Administrative Officer:**

**Email Address of Chief Administrative Officer:**

**Mission & Background of Organization, including populations served, specific services provided and results and outcomes (300 words):**

→ ATTACHMENT 1: IRS 501c3 letter

## FUNDING REQUEST

**Project Title:**

**Amount Requested: \$**

*(Not to exceed \$60,000)*

**Funding will be used to:**

- Activities/Deliverables that provide access to a medical home for the medically underserved residents
- Purchase, implement, or enhance/maintain an electronic health records system
- Support medical and administrative staff to increase number of patients and improve access to care
- Purchase equipment and supplies to be used for proposed project deliverables
- Area and/or health care needs assessment.
- Grant Writer
- Develop, expand or enhance services, i.e., oral health, behavioral health wellness services
- Other, Explained in application

**Check the box if you are attaching documentation to support this request (e.g., position description, quote or cost estimate from selected vendor, etc.)**

**Statement of Need** *(Explain in 250 words or less why your facility/agency is requesting funds for this project, how it will improve access to care, and provide supporting data and/or health care indicators that indicates the need of implementing a FQHC.)*

**Project Plan and Timeline** *(Describe in 300 words or less how and when you will implement (show timeline) and operationalize this project.)*

### **EXPECTED SUCCESSES AND OUTCOMES**

***Deliverables should include specific actions with rationale and benefits to be taken to enhance your ability to strategically improve access to healthcare for vulnerable populations by expanding capacity and improving service delivery. (300 words or less)***

## GRANT BUDGET

**Budget Line Item and Budget Justification Narrative** (*Explain in 300 words or less how you arrived at the amount requested and specific costs*):

## SIGNATURES

We hereby certify that all of the information contained in this application, and the attached documentation, is true and accurate to the best of our knowledge.

Signature of Chief Administrative Officer: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS FOR SUBMISSION

Completed *Grant Application and Attachments* must be submitted by **no later than January 31, 2019**.

Send the *Application and Attachments* **by email only** to **[www.gaphc.org](http://www.gaphc.org)**---On the website click the following tabs ***Programs/Services*** and then ***FQHC Expansion and Development Grant*** to submit grant.