

Applicant Information

1. Legal name of applicant		
2. Federal tax ID Number		
3. Organization's contact information		
4. Organization's Primary Mailing Address	Street:	
	City:	
	Zip:	
5. Primary Contact	Name:	
	Title:	
	Email:	
	Phone:	
6. Secondary Contact	Name:	
	Title:	
	Email:	
	Phone:	
7. If awarded the grant, who will be the authorized signor of the grant contract?	Name:	
	Title:	
	Email:	
	Phone:	

Organization Information

<p>1. Please check “Yes” if your organization is applying as a Collaborative Partner with other organizations.</p> <p>If yes, please provide the contact information for all subcontracted organizations. If additional space is needed, please attach as an appendix.</p>	<div style="text-align: center; margin-bottom: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Organization #2 Name:</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;">Address:</td> <td></td> </tr> <tr> <td style="padding: 5px;">Contact Information:</td> <td></td> </tr> <tr> <td style="padding: 5px;">Organization #3 Name:</td> <td></td> </tr> <tr> <td style="padding: 5px;">Address:</td> <td></td> </tr> <tr> <td style="padding: 5px;">Contact Information:</td> <td></td> </tr> <tr> <td style="padding: 5px;">Organization #4 Name:</td> <td></td> </tr> <tr> <td style="padding: 5px;">Address:</td> <td></td> </tr> <tr> <td style="padding: 5px;">Contact Information:</td> <td></td> </tr> <tr> <td style="padding: 5px;">Organization #5 Name:</td> <td></td> </tr> <tr> <td style="padding: 5px;">Address:</td> <td></td> </tr> <tr> <td style="padding: 5px;">Contact Information:</td> <td></td> </tr> </table>	Organization #2 Name:		Address:		Contact Information:		Organization #3 Name:		Address:		Contact Information:		Organization #4 Name:		Address:		Contact Information:		Organization #5 Name:		Address:		Contact Information:	
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Organization #5 Name:																									
Address:																									
Contact Information:																									
<p>2. Please select the amount of funding being requested in this application.</p>	<p><input type="checkbox"/> Tier 1: \$200,000 and a minimum of 5 CHWs/supervisors</p> <p><input type="checkbox"/> Tier 2: \$400,000 and 6-10 CHWs/Supervisors</p> <p><input type="checkbox"/> Tier 3: \$600,000 and 11-15 CHWs/Supervisors</p> <p><input type="checkbox"/> Tier 4: \$750,000 and over 15 CHWs/Supervisors</p>																								
<p>3. Describe in what area of the state your organization(s) provides services (region, city, or county).</p>																									
<p>4. Describe the primary member population your organization(s) serves. At minimum, please address</p>																									

<p>characteristics such as age (children or adults) and primary geographic location (rural or urban).</p>	
<p>5. Estimate the total population size your organization(s) serves and the percentage of total population with TennCare coverage.</p>	
<p>6. Please give an overview of the services provided by your organization(s).</p>	
<p>7. Please check “Yes” if your organization serves pregnant and postpartum individuals</p>	<p>Yes No</p>
<p>8. If “Yes”, please describe services you offer to pregnant and postpartum individuals and the average number of pregnant and postpartum individuals you serve on a yearly basis.</p>	

Community Health Worker (CHW) Infrastructure Grant Application Form

1. Describe how you view the role of a CHW within the healthcare landscape.

2. Does your organization(s) currently employ any CHWs? If so, how many?

3. Describe your organization(s) experience with CHWs. How do/will CHWs fit into your current workflow?

4. Provide a summary of the type of work CHWs in your organization(s) currently perform or will be performing under this grant. What best practices are integrated into your current CHW model?

5. What current barriers are preventing your organization(s) from building and expanding your CHW workforce?

6. How will this grant help your organization remove these barriers for your current or future CHW workforce?

7. Please identify physician champion(s) and operational administrative staff committed to CHW work related to this grant. Please describe the time allocation these individuals will be given to spend on this grant and its associated tasks. If applying as a Collaborative Partnership, please include this information for each organization.

8. Are you familiar with the IMPaCT model created by the PennCenter for Community Health Workers (PCCHWs)? Do you have any experience with this model or a similar one? If yes, describe your experience. If no, describe your willingness utilize a model such as IMPaCT to achieve best practices for CHWs. If you are not willing to meet best practices established in a model such as IMPaCT, please discuss your perceived barriers.

9. The following questions pertain to organizational willingness to integrate technology and technological infrastructure currently in place at your organization to support CHW best practices. Please respond to parts A-C.

- A. Will your organization engage in an expedited process for any needed technology integration to your electronic medical record or system of record (e.g. security approvals, access, reporting requirements)?
- B. If your organization has a Chief Information/Informatics Officer (or equivalent), are they committed to champion technology integration for your CHW program
- C. If your organization has a data analyst (or equivalent), are they available to work on technology integration?

10. What salary do you anticipate providing to CHWs employed by your organization? How did you determine your CHW salary range? Please also describe your organization's financial commitment to sustaining your CHW workforce.

11. If you are applying independently, please describe how you plan to complete the requirements of this grant?

At a minimum describe:

- Anticipated funds flow
- Governance structure
- Communication strategy
- Any additional comments about your grant implementation approach

12. If you are applying as a Collaborative Partnership, please describe how you plan to work together to complete the requirements of this grant? Have you worked together before? At a minimum describe:

- Anticipated funds flow from grantee to partner organization(s)
- Governance structure of grantee and partner organization(s)
- Communication strategy between grantee and partner organization(s)
- Any additional comments about your grant implementation approach

Note: Please complete the Budget narrative (Attachment 2) and Statement of Assurance (Attachment 3).