**Collaborating for Healthy Communities Initiative (CHCI) - Application**

*Reminder: applications are due on January 25, 2023.* [*Apply here*](https://ehf.fluxx.io/user_sessions/new)*.*

**Section 1. Basic Information**

*First, we want to know who you are.*

Your Organization

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Location

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Primary Contact

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Primary Signatory

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Primary Contact

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*Now we want to make sure the Collaborative qualifies for the PLN*

**Criteria for Network Selection**

Does the collaborative have at least three partner organizations or members?

* Yes
* No

Is your collaborative working in one of the EHF 57 counties?

* Yes
* No

Is your collaborative focused on HEALTH (improving health or working on social determinants of health)?

* Yes
* No

**Section 2. About the Collaborative**

*Now we want to know about your collaborative*

Collaborative name

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Select the areas(s) your group is working to improve (select all that apply)

* Air pollution
* Broadband connection
* High school completion
* Housing affordability
* Income inequality
* Lead exposure
* Limited access to healthy food
* Neighborhood racial/ethnic segregation
* Park access
* Unemployment
* Other

How long has your group been in existence?

* Less than 1 year
* 1-5 years
* 5+ years

Select the issue(s) your collaborative is working to address

* Cardiovascular disease deaths
* Diabetes
* Frequent mental distress
* Life expectancy
* Low birthweight
* Obesity
* Opioid overdose deaths
* Premature deaths
* other

At what level does your collaborative work?

* City
* Neighborhood
* Region/County
* Specific population
* Statewide

**Section 3. Primary Contacts & Backbone Entity**

Who is the collaborative’s primary point of contact?

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What is the email address of the primary point of contact?

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What entity is the backbone organization? (or organization POC represents)

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Backbone Organization – Street Address

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Backbone Organization – City

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Backbone Organization – Postal Code

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**Section 4. Peer Network Application**

1. What is the mission of your Collaborative? (100 words max)

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1. What is the vision for the community changes or improved health? (200 words max)

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1. What is your Collaborative working to achieve over the next year? (150 words max)

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1. What challenges are your collaborative partners working to overcome? What topics would be valuable for your collaborative to receive coaching on? (Example: evaluation, strategic planning, facilitation, etc.)

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1. What is your collaborative hoping to achieve by participating in the Collaborating for Healthy Communities Peer Network?

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1. Has your collaborative been involved with a peer learning network previously or currently?
* Yes
* No

Please list a minimum of 5 core team members from your coalition who will commit to participate in any trainings, discussions or peer learning network sessions. All proposed members of your core team should have reviewed the overview of this program on EHF’s website and agree to fully participate to the best of their ability throughout the initial scope of work.

Your core team for CHCI should consist of:

* a coalition coordinator
* a representative from the backbone or primary sponsoring organization who has decision-making authority (executive director or deputy director)
* (3-5) representatives from participating organizations that are highly engaged in the coalition’s work

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| Name | Role in current initiative | Key team member? | Additional team member? |
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**Section 5. Additional Collaborative Information**

*For each question you can list the answers separated by commas, or upload a document using the blue + sign below:*

Please upload or list your steering committee members (key decision makers)

Please upload/list your organizational partners

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Please list stakeholders providing community voice

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Please list Episcopal Church partners, if any

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If you have any questions, please contact Anne Eisner at 832-658-2600 or email Anne at aeisner@episcopalhealth.org