

SAINT FRANCIS COMMUNITY HEALTH CARE, INC

Community Request for Proposal

The following information must be included in the Proposal and submitted along with the cover sheet. Proposals can include letters of recommendations from other individuals or organizations along with program materials that you may want to share.

Description and importance of the opportunity

- Describe the opportunity that your program will address
- Describe how the need for this service was determined and the amount of community input that went into program formulation

Organizational description

- Describe your organization, and please include;
 1. Its mission
 2. The communities it serves
 3. The nature of the organization and whether it is a tax-exempt charitable 501(c)(3) agency, public entity or other type of organization
- List your organization's board of directors and the communities they represent

Description of program

- Describe the goals and objectives of the program
- Describe the population being served, including;
 1. The number of persons who will benefit
 2. Special needs
 3. Geographic area(s) served
- Describe the outcomes of the program
- Describe how the program will work with and/or complement other community efforts to address the stated need

Evaluation Plan

- Provide a proposed project work plan
- Describe how your program will be evaluated and how success will be measured
- Explain your data collection plan

- Provide expected date of Final Report

Budget

- Include a detailed program budget, including;
 1. Project income and expenses
 2. The nature and source of any other funding
 3. Any long-term funding strategies
 4. Explanation of how SFCHC funding will fit within the overall context of the program
- Include, if applicable, your organization's most recent audited financial statement, proof of your organization's tax-exempt status, and IRS Form 990

Staff and Qualifications

- Include a list of the key staff that will work on the program, with a brief description of their duties and qualifications (no resumes please)

Recognition of Saint Francis Community Health Care (SFCHC)

- Please describe how SFCHC will be recognized through this program and your organization, including;
 1. Printed materials
 2. Press events
 3. Other opportunities

Please limit the Proposal to no more than six double-spaced pages in a 12-point font, excluding the cover sheet.