

Sample Cover Sheet

Organizational Letterhead

Date

Name of Organization:

President/CEO/Authorized Representative:

Parish where organization is located:

Grant funds requested:

One sentence description of the project:

Proposed number of children this project will enroll in Medicaid/LaCHIP:

Proposed population served by this grant: (check only one)

Hispanic/Immigrants/Migrant workers Rural Cross-Border

Proposed geographic area served by this grant: (check only one)

Iberia Parish Pointe Coupee Parish Terrebonne Parish Lafayette MSA
 Livingston Parish St. Bernard Parish Union Parish Lake Charles MSA
 Plaquemines Parish Tangipahoa Parish Washington Parish Shreveport MSA
 Other (list below)

Mailing address

Telephone Number

Fax Number

Email Address

LaCHIP Community Canvassers Respondent Application Form

Respondents must use the table format below to submit their application.

Organization Information

a. Name of Organization:

b. How many employees does the organization have? _____

c. How many employees (FTE) will be dedicated to grant-funded activities? _____

d. What is the annual budget of the organization? _____

e. What is the requested funding amount for this program? _____

f. Please describe the organization and its qualifications to perform outreach and enrollment services:

g. Please describe the organization's prior experience in providing similar services:

Project Information

a. How many children under age 19 do you plan to enroll in Medicaid or LaCHIP through grant-funded efforts? _____

b. Population Served:

Hispanic/Immigrants/Migrant workers

Rural

Cross-Border

c. Geographic area served:

Iberia Parish

Pointe Coupee Parish

Terrebonne Parish

Lafayette MSA

Livingston Parish

St. Bernard Parish

Union Parish

Lake Charles MSA

Plaquemines Parish

Tangipahoa Parish

Washington Parish

Shreveport MSA

Other (list below)

d. Please describe the approach and methodology that the organization will develop and use to provide outreach and enrollment services to the targeted population in the selected geographic area not otherwise possible without this grant funding:

e. Please describe the types of personnel and related experience of personnel that will be providing the services:

If serving non-native English speakers, will you hire bilingual staff?
 Yes No Already have bilingual staff

f. Please provide any additional information to support the organization's ability to provide services:

Need for Community Canvassers:

a. Please describe the needs of the target population the organization plans to serve with grant funds:

b. Please describe how the organization plans to serve the target population including barriers to enrollment and how they will be addressed:

c. What other outreach services are provided in the community to this population?

Services Plan:

a. Please describe other organizations in the community the organization plans to work with for this project and in what capacity: (Include letters of support from all organizations listed)

b. Please describe innovative outreach techniques including community partners identified to implement the strategies (eligible for funding up to \$3,000 - must be detailed in supplemental budget) :

Sample Line Item Budget

Budget Period 1 (April 2010 – June 2010)

Budget Object	Position	Monthly Salary	% of fiscal year	% Time to work on Project	Total
Personnel					
			25%		
			25%		
			25%		
Fringe Benefits (20%)					
Supplies					
Operating Expenses					
Travel					
Equipment					
Other					
Period 1 Total					

Budget Period 2 (July 2010 – June 2011)

Budget Object	Position	Annual Salary	% of fiscal year	% Time to work on Project	Total
Personnel					
			100%		
			100%		
			100%		
Fringe Benefits (20%)					
Supplies					
Operating Expenses					
Travel					
Equipment					
Other					
Period 2 Total					
Project Total (not to exceed \$40,000)					

Supplemental Budget (April 2010 – June 2011)

Budget Object	Description	Total
Supplemental Total (Not to exceed \$3,000)		