



Orlando Health Community Grant Program Letter of Intent Application 2022

Please fill out each section below. Once all information is complete, please email the application to CommunityBenefit@Orlandohealth.com. Someone will contact you to confirm that we received your application.

* Required

Applicant Information

1. Name of Organization *

2. Applicant Name (First, Last) *

3. Street Address *

4. Apartment/Unit # (if applicable)

5. Street Address 2 (if applicable)

6. City *

7. State *

8. Zip Code *

9. Phone Number *

10. Email address *

11. Federal Tax ID: *

12. Preliminary/proposed budget amount (suggested range of \$500 - \$50,000) *

13. Organization Website *

14. Title of Proposed Project *

15. Will your project create change in one or more of the following areas? *

- Access to Healthcare
- Food Security & Nutrition
- Health Equity
- Mental/Behavioral Health

16. Please explain in 500 words or less how your project will create change in your selections above. If no selection made, type N/A in the space below. *

Executive Summary

17. Please briefly describe your project in 250 words or less. *

Need Identified

18. Please identify the need for this project and the relevance to an area identified in the 2019 Community Health Needs Assessment (CHNA) in 500 words or less. *

Target Population

19. Please identify the target population and potential number of people impacted through the proposed project in less than 500 words. (i.e. specific gender, age, race or ethnicity groups, targeted zip codes, etc.) *

Measurable Outcomes

20. Please provide how outcomes will be measured for the proposed project.

Please describe any tools you will be using to collect data for your proposed project. *

Sustainability

21. Please provide plans for sustainability beyond one year of funding in 500 words or less.

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