

Organization Information

Date: [Click here to enter a date.](#) Organization: [Click here to enter text.](#)
 Address: [Click here to enter text.](#)
 Contact Name: [Click here to enter text.](#) Title: [Click here to enter text.](#)
 Telephone: [Click here to enter text.](#) Email: [Click here to enter text.](#)

Program Information:

Program Name: [Click here to enter text.](#)
 Number of individuals to be served through this gift: [Click here to enter text.](#)

Check List

- This application is being submitted by a non-profit organization. If applicant has not previously received a community benefit cash gift from Chelsea Hospital, include W-9.
- Select the community or communities where these funds will be utilized:
 - Chelsea Dexter Grass Lake
 - Manchester Stockbridge Other: _____
- Select the priority health need or needs that will be addressed by these programs or services, from the most recent Chelsea Hospital Community Health Needs Assessment.
 - Mental Health, including substance use disorder
 - Access to Services, including food security, transportation, and other social services
 - Housing
- Select the category (or categories) of programs or services these funds will be utilized to support (see Appendix 1 for description):
 - Category A. Community Health Improvement Services
 - Community Health Education
 - Community Based Clinical Services
 - Health Care Support Services
 - Social and Environmental Improvement Activities
 - Prescription Pharmacy Programs
 - Enrollment Assistance
 - Safety Net Clinics
 - Category F. Community Building Activities
 - Physical improvements/Housing
 - Economic Development
 - Community Support
 - Environmental Improvements
 - Leadership Development/Training for Community Members
 - Workforce Development
- Proposed budget is attached (see sample in Appendix 2), as well as most recent organizational financial statement, and IRS documentation showing assets and reserves. Include explanation of high reserve balances if necessary.

APPLICATION GUIDELINES

Chelsea Hospital supports our community partners with cash and in-kind gifts through our community benefit program. These gifts must be used for a community benefit purpose, to address a need identified in the hospital's community health needs assessment. Your responses to the following questions should focus specifically on the proposed program or services.

1. What is the organization's mission?
2. Describe the program proposed for funding, including a brief description of the population to be served.
3. What are the measurable goals and objectives of the proposed program?
4. Please provide a description of how the program will be implemented.
5. How will the program be evaluated?

Please feel free to include any additional information concerning your program or your organization that you believe may be of interest to the hospital.

All applications are due by March 4, 2024 Questions and applications can be sent to Reiley Curran, Chelsea Hospital Community Health Improvement Manager, at: reiley.curran@trinity-health.org.

Awarded funds will be released in June 2024.