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**PROPOSAL COVER SHEET**

**Proposal Information**

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|  Title: |  |
| Total amount requested from CHCF:  | $ |

**Organization Information**

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| --- | --- |
| Organization Name: |  |
| Organization Legal Name (if different): |  |
| Street Address: |  |
| City/State/Zip: |  |
| Tax ID Number or EIN:(leave blank if SSN) |  |
| Organization Type(Attach a [W-9](https://www.chcf.org/wp-content/uploads/2019/02/CHCF-FormW9.pdf) if this is the organization’s first engagement with CHCF, or if previous engagement has been more than 2 years prior: | ❑ Tax exempt, charitable (i.e., 501(c)3 or government agency) |
| ❑ For profit organization or individual consultant |
| ❑ Other. Please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Primary Contact (required)**

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| Primary contact has the primary responsibility of overseeing the activities of the grant or contract. May be referred to as the *principal investigator*, *project director*, or *project lead*. This person will be assigned a login ID and password to [CHCF’s Grants Portal](https://chcfgrants.formtitan.com/ftproject/grants/home), which is used to upload grant and contract deliverables. If the grantee is a *fiscal sponsor*, the primary contact should be a person from the sponsored organization. Under the Authorized Signer Contact section, please provide the contact information for a person from the *fiscal sponsor.* |
| Full Name: |  |
| Title: |  |
| Street Address: |  |
|  City/State/Zip: |  |
| Phone:  |  |
| Email:  |  |

**Payment Contact (required)**

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| Payment contact (if different from Primary Contact) for the person or department that receives and processes grant or contract payments. Note: CHCF issues payments through bill.com. |
| Full Name (or department):  |  |
| Title: |  |
| Street Address: |  |
| City/State/Zip: |  |
| Phone:  |  |
| Email: |  |
| Do you have a bill.com account? |  |

**Authorized Signer Contact (optional except for Fiscal Sponsors)**

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| Contact information for an official of the organization (if different from, or in addition to, the Primary Contact) with the authority to sign the agreement for the award. This information is optional *except for fiscal sponsors* and is used to assist in obtaining official signatures for the award. |
| Full Name:  |  |
| Title: |  |
| Email: |  |

**Demographic Information**

The California Health Care Foundation (CHCF) is committed to promoting diversity, equity, and inclusion (DEI) through its grantmaking, culture, and organizational operations. For a full statement about our commitment to DEI, please read [CHCF’s Vision Statement](https://www.chcf.org/about/diversity-equity-inclusion/). In support of this commitment, CHCF is collecting grantee demographic information to provide us with some indication of the levels of diversity represented by our grantees.

While we acknowledge that diversity encompasses many facets of identity (including, but not limited to race, ethnicity, gender identity, sexual orientation, physical ability, and religion), we are narrowing the focus of our data collection to race and ethnicity. This decision aligns with other data collected across our work, including data reflected in our widely referenced [2021 Edition — Health Disparities by Race and Ethnicity California Almanac](https://www.chcf.org/publication/2021-edition-health-disparities-race-ethnicity-california/).

We ask that you please answer the questions below. The information you provide in questions 1 2 will be pooled with data from other grantees and shared in aggregate on CHCF’s website; information provided question 3 is used solely for internal learning purposes. Unless informed otherwise, such as through a request for proposals, answers to these questions will not be used in funding decisions, nor will it impact your award. If you have any questions, please reach out to Lisa Kang, director of grants administration (lkang@chcf.org).

1. Please provide the race and ethnicity of the project director for this proposed engagement. the project director is the person who has the primary responsibility of overseeing the activities of the award, and may also be referred to as the principal investigator, primary contact, or project lead. If the grantee is a fiscal sponsor, the project director should be a person from the sponsored organization:

[ ]  American Indian / Alaska Native

[ ]  Asian / Asian American

[ ]  Black / African American

[ ]  Latino/x

[ ]  Multiracial

[ ]  Native Hawaiian / Pacific Islander

[ ]  White

[ ]  Prefer not to answer

[ ]  Not listed here, or I self-identify as:

1. Please enter the number of project team members (excluding the project director) that represent the races and ethnicities below. Project team members are defined as those who work closely and directly on the activities of the award, and may include subcontractors. We ask that each individual self-identify their own race and ethnicity.

 Enter in a number to the left of each appropriate selection:

|  |  |
| --- | --- |
|  | American Indian / Alaska Native |
|  | Asian / Asian American |
|  | Black / African American |
|  | Latino/x |
|  | Multiracial |
|  | Native Hawaiian / Pacific Islander |
|  | White |
|  | Prefer not to answer |
|  | Not listed here, or project team members self-identify as:  |
|  |

1. *Optional*: Please share any official diversity, equity, and inclusion (DEI) statement issued by your organization, or provide a brief description regarding how DEI is reflected within your organization, such as in how or with whom you work. (Limit your response to 500 characters.)

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