# Please Note: The application cannot save progress. You must complete your entire application at one time.

## **Project Description:**

The Oregon State Health Improvement Plan (SHIP) aims to identify the most important health issues for everyone in Oregon and encourage collaboration to address these issues. The goal of the SHIP is to ensure that everyone in Oregon, regardless of race, ethnicity, ability, gender, sexual orientation, income, nationality, or location, can achieve the highest possible level of health.

The Oregon Health Authority (OHA) is seeking feedback from communities most affected by health issues. The information collected will be shared with an external steering committee to inform the revisions and updates to the 2025 State Health Improvement Plan.

OHA will provide up to \$15,000 in funding opportunities to 10 organizations, allowing organizations to gather information from their respective communities. The information collected will be shared with the external <u>steering committee</u>.

#### **Process:**

The external steering committee is a group of community partners. They will consider information gathered from the community to inform the revisions and updates to the 2025 State Health Improvement Plan

Here are the anticipated steps in this process:

- 1. The steering committee will identify public health priorities and strategic issues based on the 2024 state health assessment and community health improvement plans. Oregon Health Authority staff will share the list of these priorities with awardees in Spring 2025
- 2. Awardees will use their preferred method to connect with the communities they serve to gather feedback and rank the identified priorities. The identified **priorities** will be reported back to OHA.
- 3. The Steering Committee will look at the community feedback and decide on the final SHIP priorities. This information will be shared with the awardees. Then, the committee will work with experts to come up with strategies to address these priorities. The Oregon Health Authority staff will share the list of proposed strategies with the awardees in early Summer 2025.
- 4. Awardees will gather feedback from the community on the proposed strategies. The identified strategies will be reported back to OHA.

Note: OHA anticipates that some, but perhaps not all, of the existing 2020-2024 SHIP priorities will be identified as strategic issues; this is up to the steering committee to make final recommendations. The community feedback process will prioritize the strategic issues, which will then inform the external steering committee.

#### **Purpose:**

The purpose of this funding opportunity is to:

- Solicit feedback from communities most impacted by health disparities to prioritize health-related issues and identify priorities and strategies for the 2025-2029 SHIP.
- · Submit timely feedback to OHA-PHD.

Funded partners will execute this project in two rounds.

- · Round 1 From February to April 2025
  - In Spring 2025, OHA will provide a list of priorities to awardees.
  - Awardees will choose the format to gather feedback about the priorities (online survey, in-person town hall, phone interview, etc.)
  - Awardees will solicit feedback from communities impacted by health disparities to inform the priorities for the next SHIP, for 2025-2029
  - Awardees: submit timely information in the format required to OHA-PHD
- · Round 2 From May to July 2025
  - In early Summer 2025, OHA will provide a survey with the proposed strategies to awardees.



# State Health Improvement Plan (SHIP) Funding Opportunity Application

Organization Legal Name: *	
including DBA if applicable:	
Type of Organization *	
○ 501(c)3 (CBO)	
501(c)3 w/ Fiscal Sponsor	
Partnership w/ 501(c)3 Fiscal Organization	
Regional Health Equity Coalitions (RHECs)	
Any federally recognized tribe or tribal-related organization	
Fiscal Sponsor Organization Name (if applicable): If fiscal sponsor is not the organization that is applying	
Tax ID, EIN or TIN: *	
Street Address (not a PO Box): *	
Mailing Address, if different than above:	
City: *	
State: *	
County *	
Select or enter value	•
Zip Code: *	
Phone: *	
Website Address: *	
Organization's number of employee: *	
0 1-10	
○ 10-20 ○ 20 20	
○ 20-30 ○ 30-40	
○ 40-50	
○ 50+	
① 100+	
Project Proposal	
The next six questions collect information on your proposed project to collect community feedback on priorities and strategies for the next State Health Improvement Plan. We will ask for information about your organizations previous experience collecting community feedback on health issues. In Spring 2025 our	

- · Awardees will choose the format to gather feedback about the priorities (online survey, in-person town hall, phone interview, etc.)
- · Awardees will solicit feedback from communities impacted by health disparities to inform the strategies for the next SHIP, for 2025-2029.
- · Awardees: submit timely information in the format required to OHA-PHD

#### Timeline:

· Project period: February 3 - July 30 · Applications open: November 20, 2024

· Application deadline: December 20, 2024

· Application review period: January 2-28, 2025

· Award notifications: February 2025

#### **Deliverables:**

- · By April 30, 2025, provide a progress report to OHA-PHD, summarizing the prioritized list of health priorities based on community feedback
- By July 30, 2025, provide a progress report to OHA-PHD, summarizing the prioritized list of strategies based on community feedback

## **Additional Details:**

- · This is not an ongoing funding opportunity.
- · 10 organizations will be funded.
- · Award amounts will not exceed \$15,000 per applicant.

# How to apply?

To apply for this opportunity, fill out this form and upload the following documents at the end of the questionnaire.

· Budget - use this template [Link]

#### 1. Project Proposal.

- Please include on the proposal:

   Why your organization is interested in this funding opportunity.
  - Previous experience working with communities in Oregon who experience health disparities.

•	Your organization's understanding of health disparities impacting your
	community.

	or experience soliciting or collecting feedback from community
	ude previous activities, initiatives or tasks related to gathering community
	n as, community meeting or listening sessions, surveys, community interviews, etc. Tell us about 1 or 2 lessons learned.
. Describe ho	w you will invite or recruit community members to share their thoughts
-	nd strategies for Oregon's next State Health Improvement Plan. *
xamples: me	thod of outreach, advertising, existing engagement spaces, etc.
	w you will ask for feedback from community members. *
	nmunity meeting or listening sessions, surveys, community event, etc.
Please include	the number of people you estimate being able to reach with your effort.
	nat steps you will take to remove barriers to encourage community
articipation.	
articipation.	*
oarticipation. Examples: pro	*
oarticipation. Examples: pro 5. Describe ho locumented.	w you will ensure the voices/opinions of participants are heard and
earticipation.  Examples: prov  B. Describe holocumented.  Examples: inte	widing food, providing childcare, paying for incentives, transportation, etc.
o. Describe ho locumented.	w you will ensure the voices/opinions of participants are heard and
o. Describe ho locumented.	w you will ensure the voices/opinions of participants are heard and
o. Describe ho locumented.	w you will ensure the voices/opinions of participants are heard and
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earticipation.  Examples: pro  Describe ho  Coumented.	w you will ensure the voices/opinions of participants are heard and
io. Describe ho documented. ' Examples: inte anguage, expe	w you will ensure the voices/opinions of participants are heard and expretation, etc.
io. Describe ho documented. ' Examples: inte anguage, expe	w you will ensure the voices/opinions of participants are heard and
5. Describe ho locumented. Examples: interest in the anguage, expenses the control of the contro	w you will ensure the voices/opinions of participants are heard and expretation/translation, recorder/note-taker, hosting in the preferred arience of facilitator, etc.
o. Describe ho locumented. A camples: interest i	w you will ensure the voices/opinions of participants are heard and repretation, recorder/note-taker, hosting in the preferred enterior of facilitator, etc.

Please select up	to the 3 communities that best represent who you work with.
Black, Indige (BIPOC/AI/A	enous, people of color, and American Indian/Alaska Native peopl .N)
People with	
People with	disabilities
People living	in rural areas of the state
People who questioning	identify as lesbian, gay, bisexual, transgender, queer, and (I GRTO+)
Immigrants	
_	Seasonal Farmworkers
Older adults	age 65+
Ueterans/Mi	litary personnel
☐ Victims/Surv	vivors of domestic violence
_	estpartum Individuals
_	were formerly incarcerated
Single Paren  Youth	L HOUSEHOIGS
Other	
Counties Se	erved
	e counties from which your organization will seek community t all that apply. *
☐ Baker	
Benton	
Clackamas	
Clatsop	
Columbia	
Crook	
Curry	
<ul><li>Curry</li><li>Deschutes</li></ul>	
☐ Describles ☐ Douglas	
Gilliam	
Grant	
Harney	
Hood River	
Jackson	
Jefferson	
Josephine	
☐ Klamath	
Lake	
Lane	
Lincoln	
☐ Linn ☐ Ma <b>l</b> heur	
☐ Marion	
Morrow	
☐ Multnomah	
Polk	
_	
Sherman	
Sherman Tillamook	
_	
Tillamook	
Tillamook Umatilla	
Tillamook Umatilla Union	
Tillamook Umatilla Union Wallowa Wasco Washington	
Tillamook Umatilla Union Wallowa Wasco Washington Wheeler	
Tillamook Umatilla Union Wallowa Wasco Washington	
Tillamook Umatilla Union Wallowa Wasco Washington Wheeler	

staff time, funding for food, cl contractor/facilitator, advertis	d Budget, consider budget items and justifications such as nildcare for community conversations, ing for social media, gift cards for community members to ge payment of a living wage commensurate with this
Allowable expenses:  • Personnel Salary & Frin • Office supplies • Travel • Contracts • Other supplies and sen • Indirect costs • Food and non-alcoholic • Child Care • Gift Cards - Max \$100 • Outreach/advertising, in • Transportation/parking • Administration cost (nc • Rental space & equipm	vices c drinks  per participant ncluding translation to exceed 15%)
for durable medical equand syringes, drug disp people at high risk or to Motor vehicles. Politics, advocacy and Factors that will be eva	vioral health services including but not limited to payment uipment and supplies, vaccines and medications, naloxone losal programs, supplies or equipment used to screen o confirm a diagnosis, clinical education.  research. lluated when reviewing budgets: s with proposed work plan. le unallowable expenses.
	nd drop files here or browse files
Is there anything else you'd li	ke to share about your proposal?
Name: * Title: *	
Phone: * +1 ()	
Email: *	
certifies that the following state a. Applicant does not discrimanced, age, religious affiliation has Applicant nor will Application a subcontract because the	ITLE below and submitting this application. Applicant atements are true:  ninate in its employment practices with regard to race, n, sex, disability, sexual orientation or national origin, nor and to the awarding subcontractor in the awarding subcontractor is a minority, women or emerging small under ORS 200.055 or a Disabled Veteran or a
subcontractor that employs a b. Information included in the	
the Applicant's knowledge an obligation to comply with the	in the Application are true and complete to the best of d Applicant accepts as a condition of applying, the applicable state and federal requirements, policies, he Applicant recognizes that this is a public document
Authorized Applicant Name:	<b>F</b>
Authorized Applicant Email: *	,
Send me a copy of my respon	ses
Submit	
ı	Privacy Notice   Report Abuse