

*INTEGRIS Health COMMUNITY BENEFIT (115.7480)
3001 Quail Springs Parkway, Room 420
OKLAHOMA CITY, OK 73134*

INTEGRIS Health Community Giving Fund
HOPE SQUAD GRANT APPLICATION
Revised 8.9.22

Name of Organization/School submitting application:

Amount Requested:

Address:

City

State

Zip Code

Contact Name/Title:

Phone Number:

E-Mail:

Grade Levels Served:

Grade Levels where Hope Squads will be implemented:

INTEGRIS Health has established priorities for improving community health for 2023 through 2025. These priorities are identified through a Community Health Needs Assessment (CHNA) conducted in the Oklahoma communities served by INTEGRIS Health. The INTEGRIS Community Giving Fund aligns giving with the INTEGRIS Health community health priorities.

INTEGRIS Health's 2023-2025 community health priorities are Access to Care (including Mental Health, Obesity and Chronic Disease Prevention/Management), Access to Healthy Food and Tobacco, through risk reduction and behavior change, screening, and treatment strategies. Evidence-based programs that promote health and wellness or create access to comprehensive medical care may prevent all these conditions and continue to be a priority of the Community Giving Fund.

In order to qualify for grant funding, your program or service must align with one or more of following health priorities: (check appropriate boxes), and provide evidence-based data to support the program strategies (reported quarterly to INTEGRIS Health during your grant year):

- **Access to Care (Mental Health, Obesity and Chronic Disease Prevention/Management)** – Improve access to medical care services, behavioral health, or substance use treatment. Improve the prevention, detection, treatment and/or management of depression, and reduce the suicide rates.
- **Access to Healthy Food**– Improve access to healthy and affordable food and knowledge of healthy food and lifestyle choices.
- **Tobacco Use** – Reduce vaping, electronic cigs, tobacco use and secondhand smoke exposure.

Step 1: ASSESSMENT OF THE NEED

Briefly describe your school and how you believe Hope Squads will benefit your students and school community.

Summarize your commitment to implementation. Who will oversee the program, identify and train the students and parents, etc.?

Do you have the approval and support of your Principal, Superintendent, and local school board?

Step 2 – RESPONSE TO THE NEED

1. Describe your other partners/collaborations outside of INTEGRIS Health:

2. Describe partnerships, collaborations, or relationships you may have with any part of INTEGRIS Health:

3. Provide a description of the barriers the program may face in your school community, and how they will be resolved:

Step 3 – EVALUATION

In addition, include a copy of the following with this Application form:

- One-page cover letter on school letterhead
- Letter of support from Principal
- List of other key members of your Hope Squad implementation team, with contact info.

What are the target outcomes you expect to achieve from the program over the next 12 months?

How often do you plan to measure and evaluate your outcomes over the next 12 months? (Quarterly data reports to grantor will be required during your grant year).

Step 4 – SUSTAINABILITY

We can't commit that we will always have funding, nor can we guarantee that your application will be successful in competing against others in upcoming funding cycles. With that in mind, describe how you plan to sustain the program should future funding from INTEGRIS Health be unavailable:

The Application form, with all the attachments listed above, must be e-mailed to Mike.Chavez@INTEGRISHealth.org. Applications that are incomplete will not be considered. All decisions concerning INTEGRIS Community Fund grants made by the Grant Committee will be final. Hope Squad grants are restricted to schools and nonprofit organizations within the INTEGRIS Health service areas of Oklahoma.

The school/organization named above is applying for consideration as a recipient of an INTEGRIS Community Fund Hope Squad grant and has submitted the information required.

NAME OF APPLICANT (PRINT NAME HERE)

SIGNATURE

DATE