

## General Information

Agency Name: \_\_\_\_\_

Agency's Health Officer/Director (Full Name): \_\_\_\_\_

Total FY23 PHHS BG Funding Received (Enter only numbers - no commas or dollar symbols): \_\_\_\_\_

Agency's DPH PHHS Contract Monitor: \_\_\_\_\_

## Option 1: Implement Community-Based Interventions

Does your agency want to apply funding towards Option 1: Implement Community-Based Interventions?

- ☐ No  
☐ Yes

*\*If you select "Yes", the following questions will autogenerate:*

- Total funding going towards this option (enter only numbers - no commas or dollar symbols): \_\_\_\_\_
- Select the category/categories you intend to implement activities under:
  - ☐ Provide AODA Education and Resources
  - ☐ Prevent and Reduce Environmental Health Hazards
  - ☐ Prevent and Reduce Illness and Injury
  - ☐ Support Mental Health and Prevent Suicide
  - ☐ Promote Healthy Lifestyles
  - ☐ Other: \_\_\_\_\_
- Briefly summarize the proposed activity/activities your agency intends to implement: \_\_\_\_\_

## Option 2: Accreditation/Reaccreditation

Does your agency want to apply funding towards Option 2: Accreditation/Reaccreditation?

- ☐ No  
☐ Yes

*\*If you select "Yes", the following questions will autogenerate:*

- Total funding going towards this option (enter only numbers - no commas or dollar symbols): \_\_\_\_\_
- Select the category/categories you intend to implement activities under:
  - ☐ Implementing activities to prepare for accreditation/reaccreditation
  - ☐ Other: \_\_\_\_\_
- Briefly summarize the proposed activity/activities your agency intends to implement: \_\_\_\_\_

### Option 3: Collaborate with Partners to Assess Community Needs (CHA)

Does your agency want to apply funding towards Option 3: Collaborate with Partners to Assess Community Needs (CHA)?

- ☐ No  
☐ Yes

*\*If you select "Yes", the following questions will autogenerate:*

- Total funding going towards this option (enter only numbers - no commas or dollar symbols): \_\_\_\_\_
- Select the category/categories you intend to implement activities under:
  - ☐ Developing or revising a Community Health Assessment (CHA)
  - ☐ Other: \_\_\_\_\_
- Briefly summarize the proposed activity/activities your agency intends to implement: \_\_\_\_\_

### Option 4: Collaborate with Partners to Address Community Needs (CHIP)

Does your agency want to apply funding towards Option 4: Collaborate with Partners to Address Community Needs (CHIP)?

- ☐ No  
☐ Yes

*\*If you select "Yes", the following questions will autogenerate:*

- Total funding going towards this option (enter only numbers - no commas or dollar symbols): \_\_\_\_\_
- Select the category/categories you intend to implement activities under:
  - ☐ Developing or revising a Community Health Improvement Plan (CHIP)
  - ☐ Other: \_\_\_\_\_
- Briefly summarize the proposed activity/activities your agency intends to implement: \_\_\_\_\_

### Option 5: Implement Foundational Public Health Capabilities

Does your agency want to apply funding towards Option 5: Implement Foundational Public Health Capabilities?

- ☐ No  
☐ Yes

*\*If you select "Yes", the following questions will autogenerate:*

- Total funding going towards this option (enter only numbers - no commas or dollar symbols): \_\_\_\_\_
- Select the category/categories you intend to implement activities under:
  - ☐ Enhance Communications
  - ☐ Strengthen Community Partnership Development

- ☐ Implement Strategies Addressing Equity
- ☐ Conduct Assessments and Surveillance
- ☐ Improve Accountability & Performance Management
- ☐ Improve Organizational Competencies (Related to Leadership, IT, Finance, or Legal)
- ☐ Improve Policy Development & Support

- *Briefly* summarize the proposed activity/activities your agency intends to implement: \_\_\_\_\_

## Option 6: Strengthen Workforce Planning, Systems, Process, and Policies

Does your agency want to apply funding towards Option 5: Implement Foundational Public Health Capabilities?

- ☐ No
- ☐ Yes

*\*If you select "Yes", the following questions will autogenerate:*

- Total funding going towards this option (enter only numbers - no commas or dollar symbols): \_\_\_\_\_
- Select the category/categories you intend to implement activities under:
  - ☐ Implement Workforce Related Organizational Improvement Strategies (Improve Organizational Competencies related to Workforce)
  - ☐ Other: \_\_\_\_\_
- *Briefly* summarize the proposed activity/activities your agency intends to implement: \_\_\_\_\_