
COLUMBIA PACIFIC CCO THW CAPACITY BUILDING GRANT LETTER OF INTENT

Program Overview

1. Provide a brief statement of the idea, statement of need, major program elements, Traditional Health Worker type(s) included, and expected outcomes. Keep your response brief, 1000-word limit.

Type of Request

2. Please indicate the type of request under which the proposal best fits.

You may only choose one answer.

- Start-up funding for a new program or service
- Expansion of an existing program
- Capacity building support
- Other:

Trauma Informed Care

3. Has your organization formally joined Resilient Clatsop County (RCC) or the Columbia County Childhood Trauma Informed Network (CTIN)?

Yes

No

4. If you answered yes, please describe how you are involved?

5. If you answered no, are you interested in learning more?

Yes

No

Populations to be Served and Inequities

6. Describe the populations to be served and opportunities to work towards [health equity](#) the proposal is focused on.

Include geographic area and (Examples) race/racism, ethnicity, language, economic status, social class, religion, age, disability, gender, gender identity, or sexual orientation, other.

Lead (& Partner) Organization Summary

7. Brief description of the lead organization, its mission, history, and qualifications for sponsoring the program.

Include brief description of partner organizations, overview of each organization's role and contribution to the program's expected outcomes.

Budget

8. Please provide a narrative description of the estimated investment request and duration.