

Community Benefit Grant

Kaiser Permanente
Los Angeles Medical Center

Partnership Grant Form



PARTNERSHIP GRANT FORM

Partnership Grant Program Title: _____

Priority Need (check one):

- Need I: Access to Health Care
- Need II: Obesity, Overweight and/or Diabetes
- Need III: Mental and Behavioral Health
- Need IV: Sexually Transmitted Infections (STI)/HIV

Target Population: _____

Partnership Lead Agency: _____

Lead agency - Briefly summarize the qualifications and experience in leading community partnerships and collaboration building. Identify the key staff and their qualifications responsible for the implementation and monitoring of the proposed partnership project plan. Using a percentage, indicate the amount of time that each key staff person will devote to the grant along with a summary of all relevant experience. Describe how this endeavor fits into the culture and operation of the lead agency and how the necessary oversight will be provided to assure success. **(Limit to 1 page, 1" borders, 12 font size)**

Partnership members - Provide a brief background of all the organizations involved in the Partnership. At a minimum include: the date each organization was established, their mission, programs, constituency served, the staff dedicated to the coalition, and a description of their past history of working with the Lead Agency and in community partnerships. **All partnership members must be 501 c)3 nonprofit organizations in good standing with the IRS.** List who are/will be the Partnership Member contacts and their roles – refer to Table 1: Partnership Composition. **(Limit to 1 page, 1" borders, 12 font size)**

Table 1: Partnership Composition

Name Partnership Organizations	Tax ID # by Partnership Orgs	Primary Contact Person by Partnership Org	Brief Description of Unduplicated Services by Partnership Org
Lead Agency			
Partnership Member			