Cover Page for NC Farmworker Health Program Funding

Track II: Enabling Services Support and Health Workforce Development

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| **Contractor Name (Agency)** Click or tap here to enter text. |
| **Contractor Tax ID#** Click or tap here to enter text. **Contractor DUNS#** Click or tap here to enter text. |
| **Contractor Street Address** Click or tap here to enter text.  **City** Click or tap here to enter text. **State** Choose an item. **ZIP** Click or tap here to enter text. |
| **Contractor P.O. Address** *(if applicable)* Click or tap here to enter text. |
| **City** Click or tap here to enter text.  **State** Choose an item.  **ZIP** Click or tap here to enter text. |
| **Contractor Fax Number** Click or tap here to enter text. |
| **Contract Administrator’s Name** Click or tap here to enter text. **Title** Click or tap here to enter text. |
| **Contract Administrator’s Phone Number:** Click or tap here to enter text. **Email** Click or tap here to enter text. |
| **Contractor Signatory’s Info** *(if different from Contract Administrator)* **Name** Click or tap here to enter text. |
| **Title** Click or tap here to enter text. **Phone Number** Click or tap here to enter text. **Email** Click or tap here to enter text. |

**Agency’s fiscal year:** Choose an item. **through**  Choose an item.

|  |  |
| --- | --- |
| **Contact person for this application:** Click or tap here to enter text. | |
| **Phone:** Click or tap here to enter text. | **Email:** Click or tap here to enter text. |
| **Select the type of agency from the drop-down menu:**  Choose an item.  **If other, please describe**: Click or tap here to enter text. | |

Application for NC Farmworker Health Program Funding

Track II: Enabling Services Support and Health Workforce Development

**Section I: Service Delivery Model**

1. **Briefly describe your agency’s proposed approach to supporting NCFHP Service Delivery Sites with temporary enabling staff/interns. Include in your response discussion of previous relevant experience, how your agency establishes and maintains partnerships with NCFHP Service Delivery Sites, and how this approach will enhance access to care and quality of services.** *(limit 250 words)*

Click or tap here to enter text.

1. **Describe how your agency supports career development for bilingual health professionals and contributes to the farmworker health workforce.** *(limit 200 words)*

Click or tap here to enter text.

1. **Describe your agency’s recruitment, selection and retention process, specifically highlighting efforts to recruit and support temporary enabling staff/interns with lived experience as farmworkers, or members of farmworker families.** *(limit 200 words)*

Click or tap here to enter text.

1. **Please list the NCFHP Service Delivery Sites where enabling staff/interns will be placed during the 2022-2023 grant year, if known.**

Click or tap here to enter text.

1. **In addition to their work at NCFHP Service Delivery Sites, describe any special projects enabling staff/interns will carry out to engage farmworkers and gather feedback that could be used to inform your agency’s work and/or that of NCFHP.** *(limit 150 words)*

Click or tap here to enter text.

1. **Describe how your agency will collect and utilize feedback from participants (temporary enabling staff and NCFHP Service Delivery Sites to improve the quality of the program.** *(limit 150 words)*

Click or tap here to enter text.

1. ***Currently funded agencies only:* Describe any achievements, highlights or successes associated with your agency’s NCFHP-supported programs during the last grant year.** *(limit 300 words)*

Click or tap here to enter text.

1. ***Currently funded agencies only:* Describe any challenges you encountered last year or that you foresee encountering this year and your plans to respond to these challenges.** *(limit 200 words)*

Click or tap here to enter text.

1. **If you are requesting funds to support workforce wellbeing facilitated team activities with COVID funds on the COVID tab of the budget, please describe the proposed activities here.** *(limit 150 words)*

Click or tap here to enter text.

**Section II: 2021 Performance**

***Currently funded applicants only***

Please report on outcomes for your 2021 goals in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Measure** | **2021**  **Goal** | **2021 Actual** | **If you did not meet your goal, what challenges did you face? If you met your goal, what contributed to your success?** |
| **Unduplicated patients** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Section III: 2022 Goals**

Please propose goals for calendar year 2022 (January 1, 2022-December 31, 2022) below.

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| --- | --- |
| **2022 Goals** | |
| Unduplicated Patients | Click or tap here to enter text. |
| Enabling FTE | Click or tap here to enter text. |
| Percent of farmworker health clinics reporting that temporary enabling staff/interns strengthened their capacity to support farmworkers | Click or tap here to enter text. |
| Percent of enabling staff/interns that report participation in the program has inspired them to act in support of farmworker & other social justice issues | Click or tap here to enter text. |
| Number of farmworker engagement surveys collected by NCFHP-supported staff/interns (or alternative engagement activity) | Click or tap here to enter text. |
| *If requesting COVID-19 one-time funding*, propose a goal related to your planned COVID-19 efforts | Click or tap here to enter text. |