Application Cover Page for NC Farmworker Health Program Funding

Track I: Farmworker Health Service Delivery Site

|  |
| --- |
| **Contractor Name (Agency)** Click or tap here to enter text. |
| **Contractor Tax ID#** Click or tap here to enter text. **Contractor UEI#** 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. |
| To efficiently process your contract, if awarded funding, please include the name and email for the signatory and the name and email for the witness who will each sign the contract in DocuSign.  Please keep in mind that these two people listed will receive the contract separately to sign, meaning that one does not have to wait for the other to sign it.  Please make sure that the **signatory is authorized by your organization to sign the final contract**. |
| **Contractor Signatory’s Info** *-*  **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. |
| **Contractor Witness’s Info** - **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.

**Agency’s Electronic Health Record** Click or tap here to enter text.

|  |  |
| --- | --- |
| **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. |

Application for NC Farmworker Health Program Funding

Track I: Farmworker Health Service Delivery Site

**Section I: Farmworker Needs & Agency Response**

**Please check the box that corresponds to your agency:**

Choose an item.

If other, please describe: Click or tap here to enter text.

**List all counties where you are proposing to provide farmworker health services, both full and partial county coverage. *Funding is only available in the select regions listed in the RFA.***

|  |  |
| --- | --- |
| **Counties with complete coverage (aim to serve most MSFWs in the county):** | Click or tap here to enter text. |
| **Counties with partial coverage (specify regions or camps covered (i.e., northeastern, around Smallville)):** | Click or tap here to enter text. |
| **Counties with ad-hoc coverage (available if needed but not priority for outreach):** | Click or tap here to enter text. |

1. ***Current NCFHP-funded applicants:* Briefly describe any significant changes (i.e., increase or decrease in number, new or increased needs) you have seen among the farmworker population this past year. *(limit 500 characters)***

***New applicants:*** **Briefly describe the farmworker population in your proposed service area (i.e., demographics, size, major crops cultivated, health needs). *(limit 500 characters)***

Click or tap here to enter text.

1. ***Current NCFHP-funded applicants*: Describe any recent changes in your local/regional healthcare environment external to your agency (e.g., primary care access points, clinic capacity, telehealth options, etc.) that impact access for farmworkers. *(limit 1,000 characters)***

***New applicants*: Describe any gaps in your local/regional healthcare environment that impact health care access for farmworkers. *(limit 1,000 characters)***

Click or tap here to enter text.

1. ***Current NCFHP-funded applicants*: Describe your agency’s current efforts to promote digital inclusion/equity for farmworkers and any plans for the next two years. (ex: distributing hotspots, promoting telehealth services, remote blood pressure monitoring, virtual health education – distributing information/videos on social media) *(limit 1,000 characters)***

***New applicants*: NCFHP has an initiative to increase digital inclusion and equity for farmworkers, which includes MIFI hotspot distribution, remote monitoring equipment utilization, providing telehealth services and disseminating health information on social media. Describe how you propose to promote digital inclusion and equity for farmworkers, if funded. *(limit 1,000 characters).***

Click or tap here to enter text.

1. **Describe your approach to providing enabling services (i.e., outreach, case management, and health education) to farmworkers. *(limit 1,000 characters)***

Click or tap here to enter text.

1. **Describe how you ensure farmworkers have acess to primary care services (including COVID-19 vaccination, testing and treatment). Discuss how you address barriers associated with clinic hours or operation, transportation, cost, or other potential barriers. *(limit 1,000 characters)***

Click or tap here to enter text.

1. **What strategies does your agency utilize to engage growers in promoting farmworker health (especially climate health issues such as heat illness)? *(limit 1,000 characters)***

Click or tap here to enter text.

1. **Describe how you connect farmworkers with dental services. Discuss how you address barriers associated with clinic hours or operation, transportation, cost, or other potential barriers. *(limit 1,000 characters)***

Click or tap here to enter text.

1. **Describe how you connect farmworkers with behavioral health services. Discuss how you address barriers associated with clinic hours or operation, transportation, cost, or other potential barriers. *(limit 1,000 characters)***

Click or tap here to enter text.

1. **Describe any efforts your organization has made, or is planning, to engage farmworkers in activities that influence program planning or general operations. *(limit 1,000 characters)***

Click or tap here to enter text.

1. ***Current NCFHP-funded applicants*:** **Describe any program achievements, successes, or highlights from the last grant year. *(limit 1,500 characters)***

***New applicants*:**  **Provide a brief organizational overview and describe how your agency is able to implement the activities proposed in this application. *(limit 1,500 characters).***

Click or tap here to enter text.

1. ***Current NCFHP-funded applicants:* If you are received funds in the 2022-2023 funding cycle to support workforce wellbeing facilitated team activities, please describe the activities you carried out here. *(limit 300 characters)***

Click or tap here to enter text.

**Section II: Strategic Collaborations/Partners**

In the table below, please list all agencies you collaborate with in order to expand your reach and/or to address social determinants of health. In the 3rd column please share whether this collaboration is new or expanded, describe how this collaboration improves your response efforts and describe any specific projects or initiatives that you have worked on together this past year. You may list up to 4 other organizations with which you most frequently collaborate, apart from those listed.

|  |  |  |
| --- | --- | --- |
| **Type of Organization** | **Agency Name(s)** | **Impact- How does this collaboration improve your service delivery?** |
| **County health departments** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Other migrant health centers/clinics** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Cooperative extension** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Local emergency management team** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Community health worker organizations** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Other:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Other:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Other:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Other:** | Click or tap here to enter text. | Click or tap here to enter text. |

**Section III: Access to Health Services**

Please complete the following for each of **your agency’s** **primary care access points** where farmworker patients receive care. Please include mobile clinics if applicable.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Primary care access points** | **Minimum cost per visit** | **Service hours**  *Include regular service hours and extended hours available to farmworkers, if applicable.* | | | | | | |
| **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| **Access point #1:** |  |  |  |  |  |  |  |  |
| **Access point #2:** |  |  |  |  |  |  |  |  |
| **Access point #3:** |  |  |  |  |  |  |  |  |
| **Access point #4:** |  |  |  |  |  |  |  |  |
| **Access point #5:** |  |  |  |  |  |  |  |  |
| **Access point #6:** |  |  |  |  |  |  |  |  |

HRSA requires NCFHP to provide or facilitate access to the services listed below. Therefore, NCFHP service delivery grantees must also provide these services either directly or via a referral. These services may be paid for by NCFHP, leveraged by your agency, or paid for by the patient. Please list all agencies where your farmworker patients receive these services.

|  |  |  |
| --- | --- | --- |
| **Type of Service** | **Agency/Name of Provider** | **Counties Served** |
| **Primary care** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Diagnostic laboratory** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Diagnostic radiology** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Screenings (cancer, communicable diseases, cholesterol, elevated blood lead level and pediatric vision, hearing and dental)** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Voluntary family planning** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Immunizations** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Well child services** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Obstetrical care** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Gynecological care** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Dental services** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Pharmaceutical services** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Mental Health Services** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Substance Use Disorder Services** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Nutrition services** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Coverage for Emergencies During and After Hours** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

**Part IV: Emergency Plan**

Describe below or attach in your email submission your agency’s emergency preparedness plan, **including capacity to back-up systems to facilitate communications and ensure access to patient records**. If your agency does not have an emergency preparedness plan, please describe the steps you will take to develop one.

Click or tap here to enter text.

**Part V: Contacts**

**key staff contact information**

**Farmworker Health Outreach Coordinator (if currently employed):**

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |

**Supervisor of Outreach Staff**

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |

**Fiscal Manager for Farmworker Health Grant**

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |

**Medical Director**

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |

**HIPAA Contact**

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |