

Appendix C1: Blank Notice of Intent

CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

Internal Notice of Intent to Apply for Outside Funds

Instructions:

- This form must be completed and submitted to the Grants Financial Supervisor two weeks prior to submitting for any type of new or renewal funds.
- This form should also be utilized to identify any proposed new project/program idea even if it has not been determined whether or not to seek outside funding yet.
- Submit the completed form to your Service Area Director for review and completion of the approval process before proceeding with the application process.
- The Service Area Director reviews and forwards this form to the EDI Director.
- The EDI Director reviews and forwards the form to the Health Commissioner for approval.
- The Health Commissioner forwards to the Grants Financial Supervisor for tracking and circulation to the SLT.

Please indicate whether this Notice of Intent is for:

New Application Change in Current Award Reapplication

New Project/Program Exploration

Service Area: _____ Project Contact: _____

Project Title: _____

Funding Agency: _____ Application Due Date: _____

Proposed Budget Request: \$ _____

In-Kind Match Requirement (if applicable): \$ _____

Will new additional staff be required for this Project? Yes No

If yes, describe need (positions, quantity, GRF/Grant funding):



Roderick Harris, DrPH Health Commissioner

5550 Venture Drive ♦ Parma, Ohio 44130

Direct: 216.201.2000 ♦ Fax: 216.676.1311 ♦ www.ccbh.net

ADVANCING ORGANIZATIONAL EQUITY TOOLKIT

Will any Project funds be used for Marketing/Advertising? Yes No

If yes, describe need (estimated funding amount, internal staff/contracted support):

List any Strategic Priorities and Performance goals that align with this Project:

Please provide a brief description of the scope of the project:

Which health equity priority population(s) will this project serve? (Check all that apply)

- Elderly/seniors
- Gender minorities (transgender and non-binary)
- Immigrants and refugees
- Non-native English speakers
- People living in poverty
- People with physical or mental disabilities
- Racial and ethnic minorities
- Rural residents
- Sexual minorities (lesbians, gays, bisexuals)
- Youth (under 24 years old)

Please provide a description of how this project will advance health equity?



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ADVANCING ORGANIZATIONAL EQUITY

TOOLKIT

Is the funding source for this award supported by Health and Human Services (HHS) or another federal HHS operating division? Yes No
(see list on the network in the following location: (<T:\FWA Accreditation\NOI documents for questions\Health and Human Services Operating Divisions.docx>))

Does the award indicate that an Institutional Review Board (IRB) review or exemption is recommended or required? Yes No

Does this award involve human subject research as described in the Federal Wide Assurance (FWA) material (see Part A.2 applicability on network at the following location: (<T:\FWA Accreditation\NOI documents for questions\Appendix 2. HHS regulations 45CFR46.pdf>))? Yes No

Is the funding agency already seeking Institutional Review Board (IRB) approval/exemption? Yes No

Are there plans to sub-grant out part of this award? Yes No

Are partner agencies required to be named in the application? Yes No

Service Area Director Review: _____

EDI Director Review: _____

Health Commissioner Approval: _____

Type 'e-signed' after name if electronically signed.

Approved NOIs are tracked by the Grant Financial Supervisor and circulated to the SLT.



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