

Basic Health Care Access Initiative Grant Application

All applications must be submitted through this online form. However, we recommend drafting your responses using the questions in this [PDF version](#) before entering them here, as responses may not be automatically saved.

* Indicates required question

1. Email *

Agency Information

2. Name of Agency *

3. Agency Address (Main) *

4. Other addresses for satellite locations

5. Agency phone number *

6. Agency website *

Organization Information

7. Are you a 501(c)3 organization? *

Mark only one oval.

Yes

No Skip to question 9

8. Please provide your organization's Employer Identification Number (EIN)

Skip to question 15

Fiscal Sponsorship

9. Do you have a fiscal sponsor? *

Mark only one oval.

Yes

No

Skip to section 19 (Unfortunately, you do not meet the qualifications to apply for this grant. Applicants must be a 501(c)(3) organization or have a fiscal sponsorship. If you have any question please contact us at bhcai@ccrhf.org)

10. Fiscal Sponsor's Name

11. Fiscal Sponsor's Employer Identification Number (EIN)

Fiscal Sponsor's Contact Info

12. Fiscal Sponsor's Contact Name

13. Fiscal Sponsor's Email Address

14. Fiscal Sponsor's Phone number

Agency's Primary Contact Information

15. Primary Contact Name *

16. Primary Contact Email *

17. Primary Contact Phone Number *

Alternate Contact Information

18. Alternate Contact's Name

19. Alternate Contact's Email

20. Alternate Contact's Phone Number

21. Is this a collaborative application? *

Mark only one oval.

Yes

No *Skip to question 23*

22. Please list all partners participating in this application

23. Amount of funding requested *

Area Served

24. Please select each area of the county your organization serves *

Check all that apply.

- West County
- Central County
- East County
- South County

25. Project Category (Select all that apply) *

Check all that apply.

- Outreach
- Education
- Screening Assistance
- Other: _____

Organizational Capacity

26. Please describe your organizational history and experience you have providing outreach, education and/or application assistance services. Please include your operational and fiscal capacity to quickly launch and operate the project.

Project Description

27. **Program Model:** Describe the proposed program model, including the type, location, and frequency of service activities that will be offered to participants.

28. **Staffing and Supervision:** Explain your plan for staffing the project. Include how the organization will use supervision and internal strategies to ensure effective service delivery.

29. **Community Referrals:** Describe how the program will refer community members to relevant services and resources, such as Medi-Cal, CalFresh, childcare resources, substance use recovery support, housing, transportation assistance, etc.

Expected Outcomes

30. Please list expected outcomes (please refer to Section H - Performance Metrics of the RFA Guidelines).

Project Readiness

31. Date when you expect to have the project ready to launch *

Required Documents

32. **Project Budget:** Once your application is submitted you will receive a confirmation with a link to a Budget Template Spreadsheet. Please fill it out and email the budget listing equipment, supplies, staffing, and other spending related to the proposal.

Check all that apply.

I agree to provide the budget as requested

33. Other required documents: *
- Two letters of support from Community Based Organizations

Check all that apply.

I agree to provide two letters of support for this project

34. Fiscal Sponsorship *

Mark only one oval.

- I have a fiscal sponsor and will provide corporate filing fiscal sponsor agreement
- I am a 501(c)3 and do not have/need a fiscal sponsor

35. All required documents must be submitted via email to bhcai@ccrhf.org by 11:59pm on October 17, 2025.

Check all that apply.

- I agree

By clicking "Submit" below you acknowledge that all the information and answers to questions herein are complete, true and correct to the best of your knowledge and you are hereby authorized, on behalf of the organization, to submit this application.

Unfortunately, you do not meet the qualifications to apply for this grant. Applicants must be a 501(c)(3) organization or have a fiscal sponsorship. If you have any questions, please contact us at bhcai@ccrhf.org

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