

Letter of Support Request Form

As New York State's Primary Care Association, CHCANYS strengthens the delivery of health care to the underserved and reinforces health centers' central role in New York's primary care safety net. CHCANYS' strength and effectiveness as your PCA depends not only on our staying continuously apprised of regulatory and policy developments but also on our having access to up-to-date, detailed information about the state's health centers and the communities they serve. Information from our members and other stakeholders allows us to provide the highest quality technical assistance as well as to compellingly and successfully advocate for those measures that strengthen New York's community health care system.

In considering your request to CHCANYS for a letter of support, therefore, we will also ask that you commit to providing us with certain specific information about your project and your organization. Further, organizations requesting a letter of support will be required to meet certain criteria to demonstrate the strength of their projects.

Before submitting your request, please read CHCANYS' Letter of Support Policy.

Primary Contact:

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Job Title:	<input type="text"/>	Email Address:	<input type="text"/>
Phone Number	_____		

I have read and agree to comply with CHCANYS' Letter of Support Policy.

Organization Information:

Name of Organization:	<input type="text"/>	<input type="checkbox"/> I am an existing 330
CEO/ED Name:	<input type="text"/>	<input type="checkbox"/> I am an existing Look-Alike
Address:	<input type="text"/>	<input type="checkbox"/> I am an existing Article 28
City:	<input type="text"/>	<input type="checkbox"/> I am an existing Diagnostic Treatment Center
Zip Code:	<input type="text"/>	Other: _____
Phone:	<input type="text"/>	Organization County: <input type="text"/>
Organization Web Site:	<input type="text"/>	Congressional District: <input type="text"/>
		NYS Senate District: <input type="text"/>
		NYS Assembly District: <input type="text"/>

Letter of Support

Please submit a draft letter of support outlining your project.

Grant Information:

Name of grant for which you are applying:

Grant number:

Grant due date:

Check one. This is a:

new application renewal application

Check all that apply. This is a:

330i 330c 330h LAL

N/A - Brief description of request

Project Address:

If your project address is different from your organization address please enter the addresses of all the sites included in the project:
(If there are more than two (2) sites in your project, please email an additional sheet to LOS@chcanys.org)

Site 1:

Address:

City:

Zip Code:

Phone:

Congressional District:

NYS Senate District:

NYS Assembly District:

Site 2:

Address:

City:

Zip Code:

Phone:

Congressional District:

NYS Senate District:

NYS Assembly District:

Review Criteria:

Please check all that apply

- Consumer Board Members currently constitute 51% of our Governing Board.
- This project includes adding Consumer Board Members to our Board.
- We currently serve patients at our proposed grant project site.
- Our grant project site is/will be open to all residents regardless of their ability to pay, race, religion, color, gender, age, sexual orientation, national origin or disability.
- We have done a needs assessment of the community to determine community need for this grant project.
- Our Governing Board has approved a sliding fee schedule and updates the fee and discount schedule on a regular basis.
- We have posted signs announcing the availability of a sliding fee scale in a prominent and accessible location in our health center.
- We provide access to all services without regard for a person's ability to pay.

List all FQHCs, Look-Alikes, Rural Health Clinics and Critical Access Hospitals in the proposed service area if applicable:

List all FQHCs, Look-Alikes, Rural Health Clinics and Critical Access Hospitals contiguous to the proposed service area if applicable:

**** FOR NAP APPLICANTS ONLY:**

Please email copies of the letters of support you have obtained from FQHCs and LALs operating within or contiguous to the proposed service area, or a written explanation of why those letters are unavailable, to LOS@chcanys.org.

Project Abstract - If applicable

Copy and paste the Project Abstract from your application here:

(If you are unable to copy and paste onto the grid, please email your Project Abstract to LOS@chcanys.org.)

As applicable, please list zip codes in the proposed service area and your current service area.

Only list one zip code per cell.

Organization/Project	NAP/EMC Service Area Zip Codes	Current Service Area Zip Codes

Have you included the following:

- Letter of support narrative information
- Project Abstract
- Checked all relevant review criteria boxes
- Emailed letters of support obtained to LOS@chcanys.org if applicable