****

**Community Health Action Team (CHAT) PGL4103**

**Mini-Grant Application**

**September 4, 2025**

***Funding is made possible due to the Preventive Health and Health Services Block Grant awarded to the Kentucky Department for Public Health by the Centers for Disease Control and Prevention.***

***(25 Grant – October 2025-September 2026)***

The Kentucky Department for Public Health Community Health Action Team Program is currently accepting proposals from local health departments to support the initiation or continuation of public health infrastructure for new or existing collaboratives, community coalitions and/or community health action teams in the state. Implementation work of existing coalitions is approved for this cost center and new coalitions do not have to be created if an existing coalition is already working across multiple strategic areas. Must show collaboration among diverse sectors (e.g., planning, housing, transportation, energy, education, environmental regulation, agriculture, business associations, labor organizations, health and public health), especially when making decisions likely to have a significant effect on health.

While not limited to the following topics, example proposals could be related to:

* Public Health Transformation
* Harm Reduction
* Access to Care
* Healthy and Safe Communities
* Healthy Homes
* Health Equity
* Community Health Assessments/Improvement Plans
* Quality Improvement Projects

*Other projects will be considered based on presented LHD community needs.*

*Project proposal may be for a new project and/or to enhance/continue a pre-existing project.*

*NO COVID-19 PROJECTS.*

**FUNDING AND ELIGIBILITY:**

* Award is contingent on the availability of funds.
* Approximately $400,000 is available to award, with a maximum funding request of $20,000. Awards may come in two separate allocations due to the difference in the grant fiscal year and the state fiscal year.

For example, if $10,000 is awarded, the LHD may receive a $7000 allocation for November-June, and a $3000 allocation for July-September.

* Funding cannot be used for the purchase of food, capital construction, equipment, vehicles or direct medical services.
* Funding can be used for the following:
  + - Salaries for LHD personnel associated with coalition efforts if they are directly tied to the goals and objectives of this funding opportunity. Not to exceed 75% of requested funds.
    - Travel for LHD personnel to attend coalition/project meetings, trainings, events, etc. as related to the project proposal.
    - Supplies and materials needed for project activities.
    - Communication/outreach expenses (i.e., newspaper ads, radio announcements).
    - Other expenses not specifically noted here, but justification is needed (i.e., speaker honorarium, meeting room rental).
    - In-kind funds are not required but do show community involvement and possible sustainability. You may include this information in your application if you choose.
* Only one application will be considered per local health department during this cycle (single county and districts), however the application can include up to three projects.
  + - Maximum request amount per application is $20,000.
* Funding application closes on September 30, 2025. Notification of award will be sent by October 27, 2025, with funds allocated in November 2025 (November-June) and July 2026 (July-September).
* Quarterly meeting attendance is required for all LHD awardees (see schedule below) and optional for any unfunded LHD staff.
* A short report/success story will be required (Due October 23, 2026).

**FUNDING CYCLE:**

September 4, 2025 Proposal Announcement

September 17, 2025 @ 2pm ZOOM – Grant Application Q&A

September 30, 2025 Deadline for Receipt of Proposals

October 27, 2025 Notification of Award to Grantees

November 5, 2025 @ 2pm ZOOM – Grantee Expectations Q&A

November 2025-June 2026 Funds Allocation (8 months of FY26)

*November 1, 2025 Begin spending funds*

*June 30, 2026 Last day to spend funds due to end of fiscal year*

July-September 2026 Funds Allocation (3 months of FY27)

*July 1, 2026 Begin spending funds*

*September 30, 2026 Last day to spend funds due to end of grant year*

October 7, 2026 @ 2pm ZOOM – Grantee Reporting Q&A

October 23, 2026 Final Project Report and Success Story Due

Topic: CHAT Q&A - Application

Time: Sep 17, 2025 02:00 PM Eastern Time (US and Canada)

Join Zoom Meeting: <https://us02web.zoom.us/j/84295456651>

Topic: CHAT Q&A - Expectations

Time: Nov 5, 2025 02:00 PM Eastern Time (US and Canada)

Join Zoom Meeting: <https://us02web.zoom.us/j/82950393359>

Topic: CHAT Q&A - Reporting

Time: Oct 7, 2026 02:00 PM Eastern Time (US and Canada)

Join Zoom Meeting: <https://us02web.zoom.us/j/87126296271>

**CHAT QUARTERLY MEETINGS**

**2nd Wednesday @ 11 AM**

December 10, 2025 ZOOM

March 11, 2026 ZOOM

June 10, 2026 ZOOM

September 9, 2026 ZOOM

**APPLICATION PROCESS:**

Topic: CHAT Quarterly Meeting

Time: Dec/Mar/Jun/Sep 11:00 AM Eastern Time (US and Canada)

Every 3 months on the Second Wednesday

Please download and import the following iCalendar (.ics) files to your calendar system.

<https://us02web.zoom.us/meeting/tZIldeqorjMsGdy_UJUcJ-TM98RJgjJzvvHy/ics?icsToken=DLL2H1B6Nette_62VAAALAAAALvtzKWIZ27krQlLMN4aPdpMJtypBxo2AjaMDVC_cAf_ZszWW8eMZNqqQuFE1qpC78Q65uQkAtmFkyiwSTAwMDAwMQ&meetingMasterEventId=vTot8HcrRTOBwZ7LL9Q4ZA>

Join Zoom Meeting (always the same link)

<https://us02web.zoom.us/j/86823008638>

The application should include the attached cover sheet (contact information and director’s signature) along with the proposal containing each the following elements, clearly labeled:

1. Project description and timeline
2. Community need
3. Health equity contribution
4. Evaluation and sustainability of project
5. Communication and outreach
6. Community partnerships/collaboration
7. Budget detail

**SUBMITTING AN APPLICATION:**

* Please combine and submit application and cover sheet and any additional documents you wish to include as a single document in Word or PDF form.
* Document name: YourLHDName.CHATappYY-YY
  + Districts - please use district name rather than county name.
  + Acceptable examples:
    - WoodfordCoHD.CHATapp25-26.pdf
    - AndersonHD.CHATapp25-26.doc
    - LincolnCo.CHATapp25-26.pdf
    - WEDCO.CHATapp25-26.docx
    - LakeCumberland.CHATapp25-26.pdf
    - LincolnTrailDist.CHATapp25-26.pdf
* Proposals as outlined above should be emailed to [athomas@ky.gov](mailto:athomas@ky.gov) by the deadline noted.



**COMMUNITY HEALTH ACTION TEAM MINI-GRANT COVER SHEET**

**DEADLINE: SEPTEMBER 30, 2025**

|  |  |  |  |
| --- | --- | --- | --- |
| **lHD NAME** |  | | |
| **MAIN CONTACT PERSON NAME & TITLE** |  | | |
| **STREET ADDRESS** |  | | |
| **CITY, STATE, ZIP** |  | | |
| **PHONE** |  | **EMAIL** |  |

|  |  |
| --- | --- |
| **aDDITIONAL grant CONTACTS –**  **PLEASE PROVIDE NAME & email** |  |

|  |  |
| --- | --- |
| **applicant was awarded during the previous cycle (Oct 2024-sEPT 2025)** | **YES 󠄀 NO** |
| **IF YES ABOVE, PLEASE ANSWER THE FOLLOWING:** |  |
| **APPLICANT PROVIDED/WILL PROVIDE A PROJECT REPORT/SUCCESS STORY FOR THE PREVIOUSLY AWARDED PROJECT** | **YES 󠄀 NO** |
| **THIS APPLICATION IS A CONTINUATION/ENHANCEMENT OF THE PREVIOUSLY AWARDED PROJECT** | **YES 󠄀 NO** |

|  |  |
| --- | --- |
| **IF AWARD IS PROVIDED, APPLICANT AGREES TO PROVIDE A REPORT/SUCCESS STORY FOR THIS CYCLE (oCTOBER 2025-sEPTEMBER 2026):** | 󠄀**YES 󠄀** |

|  |  |
| --- | --- |
| **PUBLIC HEALTH DIRECTOR SIGNATURE:** |  |

**COMMUNITY HEALTH ACTION TEAM MINI-GRANT PROPOSAL**

**(100 POINTS MAX SCORE)**

|  |  |
| --- | --- |
| **PROJECT TITLE** | *Give it a name!* |
| **PROJECT COUNTY (IES)** | *Where is this going to take place?* |
| **PROJECT DESCRIPTION & TIMELINE FOR IMPLEMENTATION (20 POINTS)**  Describe the project, goal for the project and activities, and how it will impact the community. Provide a brief timeline for implementation over the next 8-11 months. | *What you plan to do and when you plan to do it.* |
| **COMMUNITY NEED**  **(20 POINTS)**  Describe community need for the project using the most current public health data available; some data resources are listed below. Preference given for those LHDs serving areas with a high [SVI](https://experience.arcgis.com/experience/8b6d4c2eff0a40d6839c72f8bb75754f).  [Data Resource Guide 2025](https://www.chfs.ky.gov/agencies/dph/Documents/DataResourceGuide2025.pdf) [Respiratory Disease Dashboard](https://dashboard.chfs.ky.gov/views/DPHRSP001RespiratoryDiseases/Introduction?%3Aembed=y&%3AisGuestRedirectFromVizportal=y)  [Health Equity Dashboard](https://dashboard.chfs.ky.gov/#/views/KentuckyHealthEquityDashboard/KPMMain)  [Social Vulnerability Index](https://experience.arcgis.com/experience/8b6d4c2eff0a40d6839c72f8bb75754f)  [Health Tracking (KEPHTN) Data Portal](https://healthtracking.ky.gov/data-portal/Pages/default.aspx)  [Foundation for a Healthy Kentucky](https://healthy-ky.org/data-and-reports)  [County Health Rankings and Roadmaps](http://www.countyhealthrankings.org/)  [Robert Wood Johnson Foundation](https://beta.rwjf.org/en/building-a-culture-of-health/focus-areas/Features/better-data-for-better-health.html) | *Why are you doing this? What data are you using and where is it from?* |
| **HEALTH EQUITY CONTRIBUTION**  **(20 POINTS)**  Describe how the project will contribute to equity within the community. | *Remember, this is not just about race, but disparity, so any group that is disproportionately affected by the problem (some examples: homeless, substance users, elderly, lower socioeconomic status, LGBTQ, etc).* |
| **EVALUATION AND SUSTAINABILITY OF PROJECT**  **(15 POINTS)**  Describe how your project will be evaluated and how it can become sustainable. | *Is this a one-and-done project, or something you would like to continue to do? If so, how would you maintain it if CHAT funding was no longer available? How will you know that this project was successful?* |
| **COMMUNICATION AND OUTREACH**  **(10 POINTS)**  Please include a description of planned outreach and communication, along with your website and social media links for us to follow. | *What will you be doing to get the word out about your project and to reach your intended audience?* |
| **COMMUNITY PARTNERSHIPS / COLLABORATION (15 POINTS)**  Please include all community partnerships or collaborations related to this project and how they will contribute to the overall project. | *Who else in your community are you working with on this project, and how are they participating?* |
| **DETAILED BUDGET & JUSTIFICATION**  No more than 75% can be used for Salaries, Fringe, Travel and Indirect Cost. At least 25% of the budget must be given to the community.  Please include any anticipated community contributions/support that may be given for the effort from your local health department, community organizations or individuals. This includes local tax dollars, contributed funds from a foundation or other grant, in-kind staff time, materials or supplies.  **Budgets are not scored.** | * PERSONNEL/FRINGE:   + JUSTIFICATION: * TRAVEL:   + JUSTIFICATION: * SUPPLIES/MATERIALS:   + JUSTIFICATION: * COMMUNICATION/OUTREACH:   + JUSTIFICATION: * OTHER EXPENSES:   + JUSTIFICATION:   **TOTAL CHAT GRANT FUNDS REQUESTED:**   * IN-KIND SUPPORT (if any):   + DESCRIPTION:   **TOTAL PROJECT FUNDS:** |