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# 2022 Self-Isolation Support

# Proposal Application

**Guidelines**: Refer to “Request for Applications”

All proposals should be electronically submitted as a Microsoft Word document to [COVID19@SolanoCounty.com](mailto:COVID19@SolanoCounty.com)

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization Name (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Population Served (brief description):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Geographic Area Served:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach your answers along with a completed W9 and vendor application (attached)**

1. **Description of Project (400-word limit)**Include a description of the population to be served, discuss who you are/summarize your organization and clients.
2. **Implementation Plan (300-word limit)**How will you provide self-isolation in Solano County? What problems currently exist or might exist in the future that you are planning to address?
3. **Evaluation/Assessment (200-word limit)**

Identify the goals/objectives for your project and describe how you will evaluate the effectiveness of your project.

1. **Funds Requested – Awards up to a maximum of $7,400 (See template below)**

Present your budget and description of what you plan to purchase. Determine specific needs to create these project-associated costs. Indicate total amount, and a breakdown of the total costs. All expenses will require substantiating documentation/receipts submitted to Solano Public Health upon project completion.

EXAMPLE:

|  |  |  |
| --- | --- | --- |
| **Type** | **Amount Requested** | **Description** |
| Motel Stays (may include damages & cleaning) | $4000 | To provide temporary housing support for low-resourced individuals during their period of self-isolation |
| Meals | $1400 | To provide food for low-resourced individuals during their period of self-isolation |
| Transportation | $500 | To provide essential transportation for low-resourced individuals during their period of self-isolation |
| PPE/Supplies | $500 | To provide PPE and requisite supplies for low-resourced individuals during their period of self-isolation |
| **Total Amount:** | **$7400** | |

Applicant Signature Date

**NOTE**: In addition to this Application, if the funding is approved, Applicant must read and sign the “2022 Self-Isolation Support Letter of Agreement” and submit W-9 and Vendor Application Forms.

For more information or help completing this application contact [COVID19@SolanoCounty.com](mailto:COVID19@SolanoCounty.com)

*Solano County Public Health use only*

Received: \_\_\_\_\_\_\_\_\_\_\_\_\_ S & P Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by Committee Yes / No Amount approved:  
  
  
Notes