

# Temple University's COVID-19 Trauma Informed Workforce Initiative Fund - Application

Note: Applicants will be notified after two weeks about the status of their application.

\* Required

1. Legal Name of Organization \*

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2. Department Name, if applicable \*

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3. Employer Identification Number (EIN) \*

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4. Annual Organization Operating Budget \*

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5. Street Address \*

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6. City, State, & ZIP Code \*

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7. County \*

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8. Phone Number \*

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9. Website \*

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10. Facebook

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11. Instagram

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12. Twitter

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13. Other Social Media

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## Contact Information

HRSA Application - Contact Information

14. First Name \*

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15. Last Name \*

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16. Title \*

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17. Phone Number \*

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18. Email Address \*

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Eligibility for Funding

HRSA Application - Eligibility for Funding

19. Which of the following best describes your organization? \*

Please check all that apply.

*Check all that apply.*

- Charter and public schools
- Community development organizations
- Community health centers and clinics
- Faith-based institutions
- Hospitals and other medical facilities
- Nonprofits serving vulnerable populations
- Registered community organizations
- Social service organizations

Other:  \_\_\_\_\_

20. Which geographic communities do you serve? \*

Please check all that apply.

*Check all that apply.*

- Bucks County
- Dauphin County
- Lancaster County
- Montgomery County
- Philadelphia County

21. Which populations do you serve? \*

Please check all that apply.

*Check all that apply.*

- Asian, Asian American, and/or Pacific Islander
- Black or African American
- Hispanic/Latinx
- Indigenous/Native/First Nation
- Other People of Color
- English Language Learners
- Immigrants
- LGBTQIA+
- Low-income individuals and families
- Older Adults
- People with Behavioral Health Disorders
- People with Chronic Health Conditions
- People with Intellectual and/or Physical Disabilities
- Returning Citizens
- Youth and young adults
- Other

22. For how long has your organization served these communities and populations? \*

*Mark only one oval.*

- < 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- 10+ years

23. What tools and strategies do you use to build and maintain trust with the communities and populations you serve? \*

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24. How quickly do you think you could reassign or hire at least one staff member to devote to this project? \*

*Mark only one oval.*

- End of July
- End of August
- End of September

Proposed Project Information  
(Reassignment)

HRSA Application - Proposed Project Information  
(Reassignment)

25. Do you intend to reassign existing employees as part-time and/or full-time COVID-19 Trauma Informed Workers to this project? \*

Mark only one oval.

- Yes
- No Skip to question 28

Proposed Project Information  
(Reassignment Continued)

HRSA Application - Proposed Project Information  
(Reassignment Continued)

26. How many reassigned part-time COVID-19 Trauma Informed Workers do you intend to dedicate to this project? \*

Please specify part-time quantity only.

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27. How many reassigned full-time COVID-19 Trauma Informed Workers do you intend to dedicate to this project? \*

Please specify full-time quantity only.

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Proposed Project Information (New  
Hires)

HRSA Application - Proposed Project Information (New  
Hires)

28. Do you intend to hire new employees as part-time and/or full-time COVID-19 Trauma Informed Workers for this project? \*

Mark only one oval.

- Yes
- No Skip to question 31

Proposed Project Information (New Hires Continued)

HRSA Application - Proposed Project Information (New Hires Continued)

29. How many new part-time employees do you intend to hire as COVID-19 Trauma Informed Workers? \*

Please specify part-time quantity only.

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30. How many new employees do you intend to hire as full-time COVID-19 Trauma Informed Workers? \*

Please specify full-time quantity only.

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Proposed Project Information (Continued)

HRSA Application - Proposed Project Information (Continued)

31. Which funding priorities best describe what you would like to do with this sub-grant? \*

Please check all that apply. If other, please describe...

*Check all that apply.*

- Vaccine access and hesitancy
- COVID-19 testing and prevention
- Deploying resources to mitigate COVID-19 impact

Other:  \_\_\_\_\_

32. Tell us briefly (in 500 words or less) what COVID-19-RELATED OUTREACH ACTIVITIES you intend to do with this funding. Note: The expectation is for organizations to host 6 COVID-19 vaccine-related outreach activities by end of November 2021. \*

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33. What are 3-5 objectives you hope to achieve with this funding? \*

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34. How will you measure success? \*

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35. Describe any specific community or communities you plan to serve with this grant.

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36. Please read the proposed scope of work for sub-awardees. Please describe any issues that would prevent your organization from completing the deliverables as described in the scope of work. \*

If so, please explain further...

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Additional Information

HRSA Application - Additional Information

37. Is there anything else we should know about your organization or proposal? \*

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38. Required File Attachments \*

We require 2 file attachments. Please include a Project Budget (see template) and Project Budget Narrative/Justification (see example).

Files submitted:

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