2026 Coos County SHARE Initiative Application Packet

Date of Issue: **July 21, 2025**

Application Deadline: **August 29, 2025**

Single Point of Contact:

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Section 1: APPLICANT INFORMATION

Organization Name _____

Mailing Address _____

City _____

State _____

ZIP Code _____

Website (if applicable) _____

Contact Person Name _____

Title/Role _____

Phone Number _____

Email Address _____

Federal Tax ID or EIN _____

Are you receiving Medicaid Payment for Services: Yes ☐ No ☐

Funding Amount Requested:

Coos Projects must address one or more of the following SHARE priority domains:

☐ Housing
☐ Food and Nutrition
☐ Stigma Prevention

Name(s) of Sub-Applicant:

Funding Amount Requested for Sub-Applicant(s):

SECTION 2: ORGANIZATION BACKGROUND

Mission Statement:

Brief History and Background:
(Describe your organization's history, services, and community impact)

What is your organization's single greatest accomplishment?

Key Staff or Board Members:

SECTION 3: PROJECT OVERVIEW

Project Start and End Dates:

Start: _____ End: _____

Amount Requested:

$_____

Total Project Budget:

$_____

Brief Project Summary:

(Provide a 2–4 sentence overview)

SECTION 4: PROJECT DESCRIPTION/METHODOLOGY

Please answer the following questions:

1. What is the purpose of the project? What problem/need does it address?

2. What are the specific goals and objectives?

3. Who are the primary beneficiaries/target populations of this project and what are the equity considerations?

4. How will the project be implemented? (Include timeline, key activities, and staff involved)

5. How will you measure the impact or success of this project?

6. Is this project supported by evidence based practices? Please describe.

7. Describe sustainable program elements of this project.

SECTION 5: SUB-APPLICANTS

Do you have Sub-Applicants? If so, what is their contribution and Sub-Award Amounts? Please complete table provided. (If you have no sub-applicants, you may skip this question).

Name of Sub-Applicant	
Sub-Applicant's Legal Status	
Sub-Applicant's Mission Statement	
Contact Person for Sub-Applicant	
Title	
Address	
Phone Number	
E-Mail Address	
Single-Sentence Description of the Sub-Applicant's Role in the Project and Deliverables, If Any	
Proposed Sub-Award Amount	
For the purposes of this program, is the Sub-Applicant willing to be bound with the Applicant through a Memorandum of Agreement or other contractual mechanism?	

SECTION 6: PROJECT WORKPLAN

Major Milestone or Activity	Responsible Party	Due Date	Deliverables, If Any

SECTION 7: Evaluation Plan

Describe the criteria you will use in evaluating your work.

What methods of evaluation will be employed?

Describe your data collection system and capabilities.

State how you will assure data fidelity.

How will you report and share results (include frequency such as quarterly dashboards, CAC updates or public reports).