

Upstate Community Based Organization (CBO) Consortium Engagement Form

**Agreement**

As a community-based organization (CBO) engaged in the CBO Planning Grant through the New York State Department of Health, I certify that my organization, as of (Date),

* Does not bill Medicaid,
* Has an operating budget less than $5 million
* Is a non-profit 501c3
* Has been addressing a social determinant(s) of health for more than 2 years, and
* Serves the following counties in New York State:

Furthermore, I understand that I am expected to participate in technical assistance sessions (webinars) and regular meetings (via webinar/conference call) during the grant period of 12/01/2018 to 11/30/2019.

For participating, my organization will be reimbursed an all-inclusive rate of $100 per hour for participation in meetings and webinars. As part of that all-inclusive rate, I will also be expected to complete surveys and respond to emails.

Printed Name

Signature

Organization

Date

# Community Based Organization Contact Form

**Name of Organization:**

**Address of Organization:**

**Primary county in which you operate:**

**Organization Tax ID:**

**Contact Name:**

**Contact Email:**

**Contact Phone:**

**Contact Fax:**

**Annual Organization Budget:**

**Years Servicing your Community:**

**Does your organization bill Medicaid?** Yes [ ]  No[ ]

**How many people does your organization serve annually?**

**What social determinants of health does your organization address? (Check all that apply)**

|  |  |  |
| --- | --- | --- |
| Economic Stability | Poverty  |   [ ]  |
| Housing Security & Stability  |   [ ]  |
| Employment  |   [ ]  |
| Food Security  |   [ ]  |
| Transportation  |   [ ]  |
| Education | Early Childhood Education and Development  |   [ ]  |
| High School Education  |   [ ]  |
| Enrollment in Higher Education  |   [ ]  |
| Language and Literacy  |   [ ]  |
| Social, Family& Community | Social Cohesion  |   [ ]  |
| Civic Participation  |   [ ]  |
| Perceptions of Discrimination and Equity  |   [ ]  |
| Incarceration/Institutionalization  |   [ ]  |
| Neighborhood & Environment | Affordable/Quality Housing  |   [ ]  |
| Environmental Conditions  |   [ ]  |
| Access to Health Foods  |   [ ]  |
| Crime and Violence  |   [ ]  |
| Health & Health Care | Access to Healthcare- gaining entry into HC System  |   [ ]  |
| Access to Primary Care/Trusted Provider  |   [ ]  |
| Health Literacy  |   [ ]  |

Other: List services you provide that do not fit into the check off list above.

Click or tap here to enter text.