



Completed applications must be submitted by Friday, April 4, in paper or electronic format to:

Central Oregon Health Quality Alliance
1230 NE 3rd St, Suite A-200
Bend, OR 97701

E-mail: info@cohqa.org

2025 COHQA Grant Application

Project Title:

Funding Amount Requested:

Project Lead (s):

Email and Phone # of Project Lead (s):

Group/Organization (s):

Brief project summary (Max 4 sentences):

Please provide the following information. Keep answers within a total of 1500 words.

- 1. What is your idea and what problem does it solve?**
- 2. Provide the results you hope to achieve through your project and how you plan to measure these results. Be as specific as possible.**
- 3. How do you plan to achieve the above results?**
- 4. Tell us about the people (or person) leading this effort. What are their roles? If partnerships are involved, how will they work together?**
- 5. Is there anything else you'd like us to know that would help us prioritize funding your project?**

Additional attachments that do not count toward your total word count.

- 1. Submit a budget**
- 2. OPTIONAL: Letters of support that further show the need for this project or highlight your relationships with the patient populations you will be impacting.**

The grant evaluation committee occasionally needs additional information about a project beyond what is included in the application or clarification about something in the application. Please be aware that we may reach out to the project lead(s) for this purpose during the evaluation period.