Central Oregon Health Information Exchange (COHIE) 2026 Grant Application

Please review the grant application information and scoring rubric prior to completing the application. Please submit the completed application with budget and letters of commitment (if applicable) as one PDF document by Monday, April 6, 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

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 (including spaces) or 3-4 pages.

1. Are you a provider or staff working in a healthcare setting?
2. If not, please describe how you will collaborate with a healthcare professional, community organization such as a hospital, clinic, public health, or a health-related community-based organization).
3. Which funding priority (i.e. technical assistance, interoperability, data security and informatics policy development, or support for HIE or CIE efforts) are you interested in seeking grant funding?
4. What problem are you trying to address?
5. Tell us about the people (or person) leading this effort. What is their role?
6. Provide the results you hope to achieve through your project and how you plan to measure these results. Be as specific as possible.
7. How do you plan to achieve the above results within one year? Provide a timeline.
8. Which county or counties are you planning to serve with this project?
9. Do you plan to serve historically marginalized or excluded populations, including but not limited to: Communities of color and Indigenous communities; People with disabilities; LGBTQIA+ people; People experiencing houselessness; People experiencing substance

use and/or mental health disorders; People experiencing chronic health conditions; People currently or previously incarcerated; Uninsured and/or Medicaid populations; and/or Older adults.

10. Is there anything else you'd like us to know that would help us prioritize funding your project?

Additional required attachments:

1. **Budget** – Applicants must use COHIE's budget template.
2. **Letter of Commitment** -Community-based organizations who are collaborating with providers or clinics as well as those proposing to work with tribes, need to submit a letter of commitment that demonstrates a strong and equitable partnership. See grant application information and scoring rubric for details.

Note: Attachments do not count toward your overall word count.

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.