******

***Certified Partnerships***

**County Health Improvement Organization (CHIO)**

**Certification Application**

Please refer to the Guidelines and Recommendations when preparing this document.

1. Name of the Organization (Coalition/Partnership):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed CHIO Chair Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partnership Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if have one)

Social Media outlets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if using)

 Please identify Organization status:

\_\_\_\_ A.Independent Non--‐profit (501c3)

 F.E.I #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_B. Utilizing an Affiliated Non--‐Profit Coalition Partner

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F.E.I #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_C. Seeking a Non‐Profit Affiliation with Public Health Institute of Oklahoma

(PHIO)

2. County or counties represented through CHIO Certification: If your organization is representing more than one county, please justify why this is preferable to a single county coverage area.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Mission Statement: The organization‘s mission must include improving the health of and the health care services available to all citizens with in the geographic area served. Provide the complete and exact wording of the CHIO’s mission statement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Names and organizational affiliations of members of the Board of Directors or Board of

Trustees of the non--‐profit organization or PHIO affiliated organization (or please add as an attached excel spread sheet or word document)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name & Board Title** | **Profession/Business/Organization** | **Affiliation****(Sector)** | **Phone #** | **Email****Address** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Does your Primary Care Clinician board member have access to and willing to share information with and receive input/information from a majority of other Primary Care physicians/clinicians in your county either through email, personal contacts or meetings? \_\_\_\_ Yes \_\_\_\_ No (See # 6 of Guidelines)

5. Please provide supporting documentation for any information requested. Examples:

By-laws, Policies/Procedures, Tax Exempt Status, etc.

6. The organization must endorse and adopt the County (Community) Health Improvement

Plan (CHIP) for the county or counties it serves. Discuss the CHIO’s role in the development and approval prior to submission to the Oklahoma State Department of Health.

7. The organization must have **policies and procedures** that define a process for prioritizing acceptance of and distribution of resources/funds. Describe the process by which the CHIO will prioritize future opportunities.

8. If the organization is an independent non--‐profit or is affiliated with a non--‐profit partner other than PHIO, explain how it plans to assure that no single agency or organization will exert undue influence over the assessment of needs, priorities, or opportunities.

9. Explain the processes used or to be used to recruit, train, and supervise volunteers. (example: this may also be reflected in organization’s By--‐laws and or Policies and Procedures)

10. Explain how the CHIO plans to sustain the organization over time.

11. **Cover Page** – Please provide cover page with the following:

* Name of Organization
* Date
* Board Chair Signature
* Date

12. **Cover Letter** – Please provide name and contact information of person who prepared the application.

Along with a hard copy of the application to be mailed,**an emailed copy**is preferred. Please send to info@publichealthok.org. (If application and attachments are too large to send/receive, please submit separately.)

CHIO Certification Application along with the Guidelines and Recommendations can be reviewed and accessed on the PHIO website: [www.publichealthok.org](http://www.publichealthok.org)

