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**County Health Improvement Organization (CHIO)**

**Partnership Recertification Application**

**You may fill out this word document and email it or complete the application online by clicking on** [**CHIO-Recertification Application**](https://www.surveymonkey.com/r/CHIO-Recertification) **Please submit your supporting documents and any questions to** [**info@publichealthok.org**](mailto:info@publichealthok.org)

1. CHIO Name: Date:

County/ies served:

Person’s name that completed this application:

Place of Business:

Address:

CHIO Chair Name:

CHIO Chair email: Phone:

CHIO Partnership Website Address:

Is your partnership on social media? If so, what mediums?

\_\_\_ Facebook \_\_\_\_ Twitter \_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, we ask that you “follow” and “like” PHIO and we will your organization.

2. Please indicate the nonprofit 501c3 status of your Partnership:

\_\_\_\_ 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

1. What is your CHIO partnership’s Mission Statement?
2. Mark any of the following that has changed since your original application: (Provide an updated version)

\_\_\_Bylaws or Policies and Procedures

\_\_\_Board of Directors/Leadership

\_\_\_No changes

\_\_\_Other:

1. Mark what sectors does your CHIO certified partnership have representation from?

(**Bold** are required sectors)

\_\_\_\_**Public Health**

\_\_\_\_**Primary Care**

\_\_\_**\_Hospital**

\_\_\_\_**Coalition**

\_\_\_\_ **Mental Health**

\_\_\_**Social Services**

\_\_\_\_FQHC

\_\_\_\_Media

\_\_\_\_Faith Bases/Churches

\_\_\_\_ Tribes

\_\_\_\_Business/Economic Development

\_\_\_\_Schools

\_\_\_\_Higher Education

\_\_\_\_Other:

1. Provide meeting location and frequency:

7. Are the bylaws and policy and procedures working to ensure that no single member, agency or organization is able exerting undue influence over decision making by having a balance of board representation and voting procedures? \_\_\_\_\_\_ Yes \_\_\_\_\_ N0

8. Are the bylaws and policy and procedures ensuring that the prioritizing, acceptance of and distribution of resources/funds are being outlined and followed? \_\_\_\_ Yes \_\_\_ No

1. Do you have a Federally Qualified Health Center in your county? \_\_\_ Yes \_\_ No (if yes, then it is recommend to invite them to be on the board of your partnership)
2. Does your Primary Care Clinician board member and other sector board members have

access to peers either through meetings, committees, personal contact and emails and will to collaborate and share information and resources when opportunities arise for your CHIO partnership? \_\_\_ Yes \_\_\_ No

Comment/Describe:

11. Describe how you recruit, train and supervise volunteers as a CHIO certified partnership:

12. What funding/grants, projects, publicity or awards has your CHIO received? Please describe and provide any support materials.

13. What are your CHIO partnership’s goals and plan to sustain and grow for the next 3 years? What grants/funding do you plan to pursue?

**Attach the following:**

Cover letter - Name of Organization Board Chair Signature, Date

* 2 Meeting Agendas
* Latest list of BOD/committee with Name, CHIO Board/Committee Position, Organization, and Sector they represent, email and phone in word or excel format.
* County CHIP or MAPP (if completed)
* Year End Report document provided by PHIO if you have not provided already.
* Updated bylaws (if different than already provded)
* Any project, award, funding support materials or documents you can share

**Email a copy of this application** to [info@publichealthok.org](mailto:info@publichealthok.org). (If application and attachments are too large to send/receive, please submit separately.)