



Thank you for your interest in applying for a Chicago Housing Authority (CHA) Health Partnership!

Process

We appreciate your interest in partnering with CHA. As you complete your application, please keep in mind:

- You must complete, sign (page 6 and page 8), and return your application, including supplemental documents. Handwritten and/or incomplete applications will not be reviewed and will be not be returned.
- All partnership applications will be reviewed by a CHA committee for approval/denial (per the protocol outlined on CHA’s website www.thecha.org). Applications are reviewed the month following their receipt.
- Incomplete applications will not be reviewed
- CHA may request additional information upon application submission.
- All applicants will receive a letter approving or denying the partnership in the month following the committee’s review.
- Partnership applications are valid for two years from the date of the approval letter. This application may be utilized for an initial application or a renewal.
- Please return your completed application by email to: **healthpartnerships@thecha.org**

or by mail to:

**Health Partnership Program, Resident Service Division 10th Floor
Chicago Housing Authority
60 E. Van Buren
Chicago, IL 60605**

Components

Part	What we want to know	Supplemental documents
Part 1: Applicant Information	Basic organizational information	N/A
Part 2: Partnership Opportunities	How you envision working with CHA	N/A
Part 3: Organizational Profile and Capacity	Service capacity and outcomes	Program materials and reports
Part 4: Partnership History	Your partnership history and experience serving public housing residents.	Partnership success stories and recommendations



What type of application is this (check one)?

- Initial application Renewal Application (If this is a renewal application complete Appendix A)

Part 1: Applicant Information

A. Name of your organization:			
B. Tax ID #:			
C. Company/Agency Headquarter Information			
Address:			
Telephone:		Fax:	
D. Applying Location (if applicable):			
Address:			
Telephone:		Fax:	
E. Web address:			
H. Primary contact – location: <input type="checkbox"/> Headquarters <input type="checkbox"/> Applying location (this contact will be listed on CHA website)			
Name:		Title:	
Phone:		Email:	
I. Secondary contact – location: <input type="checkbox"/> Headquarters <input type="checkbox"/> Applying location			
Name:		Title:	
Phone:		Email:	
J. How would you classify your organization? Check all that apply:			
<input type="checkbox"/> Non-profit <input type="checkbox"/> For-profit <input type="checkbox"/> LLC <input type="checkbox"/> Other:			



Part 2: Partnership Opportunities

We would like to learn more about how you envision working with CHA.

A. Describe the health and wellness educational programs you propose to offer to CHA residents. (Please see Health Partnership Protocol for examples of eligible programs/services).

B. Are there other resources or activities you propose to bring to CHA residents?



C. Are there specific CHA buildings/developments you propose to target? Yes (list them below) No

D. Are there specific geographic areas in the city of Chicago you propose to target? Check all that apply.

North Side

Central/West Side

South Side

E. Please describe what your organization hopes to gain from partnering with CHA.



Part 3: Organizational Profile and Capacity

We would like to better understand the work you do. CHA values partners with a commitment to high-quality services and attention to outcomes and performance management.

A. Tell us more about your organization.			
Number of full-time staff:	Number of part-time staff:	Operating budget for current year:	
B. List your top three funders, including program/funding area, the dollar amount awarded and how often you report.			
Funder	Program/Funding Area	Amount Awarded	Reporting Frequency
C. Does your organization have any existing contracts with City departments, sister agencies or other local government agencies? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, please list the top two and describe the nature and amount awarded.			
<u>Contract 1</u>			
<u>Contract 2</u>			
D. Is your organization accredited or licensed by a 3rd party?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, please list the body accrediting/licensing your agency or company and a contact phone number for verification)			
E. Do any of your staff hold professional licenses or certificates?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, please list the certificates and/or licenses held by your staff:			



Part 4: Partnership History

CHA is interested in creating partnerships with health and wellness providers who are committed to serving public housing senior residents. Use this section to tell us about your experience serving public housing residents and your history partnering with City departments and sister agencies.

A. Have you served public housing residents in the past three years? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide the details below.		
Year	Number served	Total slots available
B. Have you worked with CHA in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe the nature of your partnership and tell us about your experience.		
C. Please use the space below to add any additional information that you feel would add value to your application.		
D. Supplemental documents If you have partnership success stories or letters of recommendation, please include them with your application.		
Signature of authorized representative*		
<small>*By signing, you affirm that all information contained in this application is accurate and complete.</small>		

Thank you! We appreciate the time you have taken to complete this application and we look forward to reviewing your responses.



Health Partnership Agreement

Chicago Housing Authority’s Health Partnership program is a voluntary program managed solely by the Chicago Housing Authority. By submitting an application and signing this agreement, I understand and agree to the following:

- I understand that the Chicago Housing Authority reserves the right to confirm the accuracy of the information in this application. Including the status of any licenses, certificates, or accreditation listed on the application.
- If my agency/company is approved as a Health Partner, I agree to respond to the CHA’s request for data and feedback, including but not limited to:
 - Number of Events facilitated by my agency/company
 - Number of attendees at each event
 - Address/location of each event
 - Estimated monetary value of donated time and materials for each event/service provided.
- I understand that an approval to be a health partner is non-transferable; if I wish to collaborate with other organizations in providing services through this partnership, the other organizations will need to complete a partnership application and be approved.
- I understand that health partnership approvals are valid for 24 months. All health partners must reapply if they wish to continue after the 24-month period.
- I understand the CHA may limit the number of specific organization types accepted as a health partner.
- I understand the CHA reserves the right to cancel partnerships with written notice.

Applying Organization

Signature of authorized representative

Date

Printed Name

(contact address, phone and email)