

Application Process in SM APPLY

COMMUNITY HEALTH WORKER COMMUNITY OF PRACTICE SOLICITATION OF APPLICATIONS

Funding:

A total of \$75,000 will support up to 10 CHW consultants over the contract period (4/1/2023-5/31/2024). Each consultant will receive up to \$7,500 total.

Description:

Health Research, Inc. (HRI) announces funding of up to \$75,000 for up to 10 Community Health Workers (CHWs) to serve as consultants in the CHW Community of Practice for

See my application

APPLY

Open to
Organizations and individual
applicants can apply.

Opens
Dec 27 2022 11:00 AM (EST)

Deadline
Feb 24 2023 11:59 PM (EST)

After clicking the green “APPLY” button, click Eligibility to access the Eligibility form

0 of 1 tasks complete

Last edited: Dec 27 2022 12:13 PM (EST)

REVIEW SUBMIT

Deadline: Feb 24 2023 11:59 PM (EST)

COMMUNITY HEALTH WORKER ... [Preview](#) [...](#)

CHW23-0000000002

APPLICATION ACTIVITY

Your tasks

Eligibility
Deadline: Feb 24 2023 11:59 PM (EST)

Once the Eligibility form is done, click MARK AS COMPLETE. Then you will see the screen below – click COMPLETE TASK.

Task confirmation

The task **Eligibility** will be locked once you complete it.

CANCEL COMPLETE TASK

If you are found eligible to apply, you will then see the CHW Application on the left.

The screenshot displays a web interface for a CHW application. On the left, a sidebar shows a progress bar with '1 of 2 tasks complete'. The 'Eligibility' task is marked as complete with a green checkmark and a document icon, and is labeled 'Cannot be modified'. The 'CHW Application' task is shown as a dashed circle with a document icon. Below the progress bar are 'REVIEW' and 'SUBMIT' buttons, and a deadline of 'Feb 24 2023 11:59 PM (EST)'. The main content area shows the 'Eligibility' form, which is completed. The form title is 'Form for "Eligibility"'. Question A asks if the user was employed as a CHW from January 1, 2020, to the present. The answer is 'Yes'. Question B asks if the user worked as a CHW in Rest of State (counties except New York, Bronx, Kings, Queens and Richmond) and/or the Nations. The answer is 'Yes'. Question C asks if the user has experience serving one or more of the prioritized populations specified in the CDC grant. The selected responses are 'Black or African American' and 'Hispanic, Latino or Latinx'.

COMMUNITY HEALTH WORKER COM...
CHW23-0000000002
ID: CHW23-0000000002

Eligibility
Cannot be modified

CHW Application

1 of 2 tasks complete

Last edited: Dec 27 2022 12:14 PM (EST)

REVIEW SUBMIT

Deadline: Feb 24 2023 11:59 PM (EST)

Eligibility
Completed Dec 27 2022 12:14 PM (EST) Deadline: Feb 24 2023 11:59 PM (EST) Read only

Form for "Eligibility"

A. Were you employed as a Community Health Worker (CHW) at a minimum from on or before January 1, 2020 to the present, i.e., during the height of the COVID-19 pandemic?

Please note: CHWs can work under many different job titles, such as: outreach worker, home visitor, health navigator, health educator, promotores de salud/promotora, community advocate, peer educator, patient navigator, among others.

Yes

B. Have you worked as a CHW in Rest of State (counties except New York, Bronx, Kings, Queens and Richmond) and/or the Nations?

Yes

C. Do you have experience serving one or more of the prioritized populations specified in the CDC grant (see below) that funds this effort? Please check all that apply.

Responses Selected:

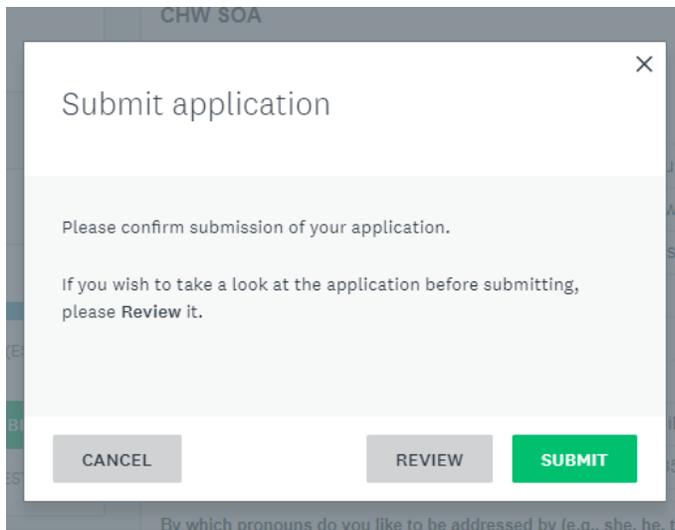
Black or African American

Hispanic, Latino or Latinx

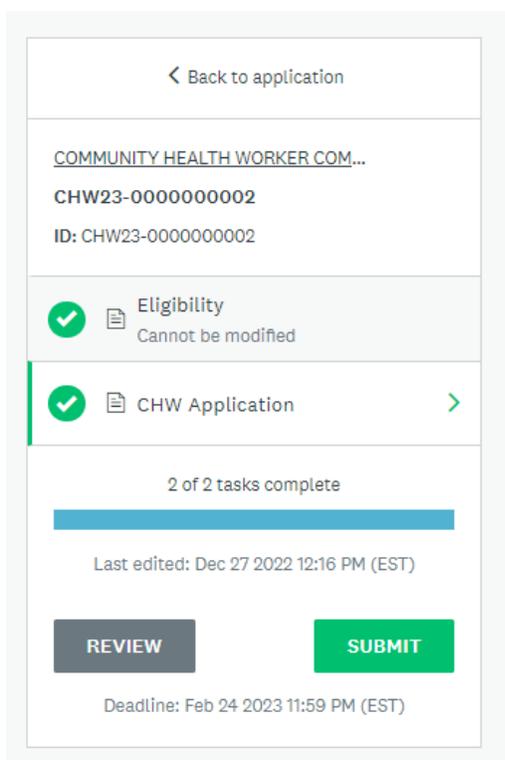
Complete each question in the CHW Application Form. You can complete part of the application, save your answers (SAVE & CONTINUE EDITING) and log back into APPLY later to complete the application.

Once you have filled out the entire CHW Application, and uploaded your resume or C.V., click the MARK AS COMPLETE button.

You have the option to REVIEW your application before submitting it.



When you are ready to submit your application, click **the green SUBMIT button** (see below).



Once you have submitted, you cannot change your responses, but you can click the VIEW button to see your application.

COMMUNITY HEALTH WORKER COMMUNITY OF
PRACTICE SOLICITATION OF APPLICATIONS
CHW23-000000003

 SUBMITTED

[VIEW](#)