

Louisiana's Community Transformation Grant Stakeholder Information Form

The Department of Health and Hospitals requests that you complete this questionnaire for data collection of current stakeholders interested in partnering on this grant opportunity. The information will be used for program development purposes only and will not be shared outside of the agency.

Name of Stakeholder _____

Employer _____ Title _____

Employer's Address _____

Email Address(es) _____

Phone: (____) _____ Fax:(____) _____

Position/Affiliation:

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Community Advocate | <input type="checkbox"/> Legislator | <input type="checkbox"/> Private Business/Company |
| <input type="checkbox"/> Nonprofit Organization | <input type="checkbox"/> Clergy | <input type="checkbox"/> Health Advocate |
| <input type="checkbox"/> State/Local Government | <input type="checkbox"/> Media | <input type="checkbox"/> Other _____ |

Population(s) Served - Please check the specific population that the stakeholder serves: *(Check all that apply)*

State Representation Parish Representation - list parish(es): _____

Rural Urban/Suburban

- | | |
|--|---|
| <input type="checkbox"/> African Americans | <input type="checkbox"/> 18 through 24-year olds |
| <input type="checkbox"/> Native Americans | <input type="checkbox"/> People with Low Incomes |
| <input type="checkbox"/> Asians/ Pacific Islanders | <input type="checkbox"/> Rural Communities |
| <input type="checkbox"/> Lesbians, Gays, Bisexuals, Transgender (LGBT) | <input type="checkbox"/> People with Disabilities |
| <input type="checkbox"/> Blue Collar Workers | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> 11 through 17-year olds | <input type="checkbox"/> Latino/Hispanics |
| <input type="checkbox"/> Other (specify) _____ | |

In order to help us assure a diversity of individuals on the Team and Coalition, we would appreciate your giving us this optional information.

Gender _____ Age _____ Race and Ethnicity _____

- Smoker Individual with tobacco-related health condition Parent/family member of a smoker
- Individual with disability
- Individual experiencing/experienced chronic illness(es)
- Parent/family member of someone with chronic illness(es)
- Experiencing health disparities

Participant Interest

While DHH is still developing criteria for participation in each category, please indicate your current interest in participating in this grant process so that we may contact you once determined.

Please check all that apply:

External Grant Application Review Team (Consist of 4-7 people)

- To review drafted grant application developed by DHH staff and provide input, feedback and recommendations for grant revisions before submitting to DHH Executive Staff and CDC.

Statewide Leadership Team (Consist of 8 – 10 people)

- To establish and provide a coordinated, multi-sectoral organizational structure for this initiative that supports the area coalition or coalitions; oversees the strategic direction of the project activities; participates in project-related local and national meetings and trainings; and is ultimately responsible for ensuring adoption of policy, environmental, programmatic, and infrastructure changes related to the strategic directions listed in this FOA

LA’s Community Transformation Coalition (TBA)

- To ensure implementation of CTG activities and will participate in the development of the program and ensure implementation and evaluation of the program by engaging in community assessment, use of data, community engagement and other required recipient activities.

Based on the CDC’s Funding Opportunity Announcement and outlined grant activities, what other roles do you see your organization assuming to ensure Louisiana’s success with Community Transformation?

Other Comments:

Please return form to:

Carmen Valliere, MPA
Bureau of Primary Care and Rural Health
Email: LACTG@La.Gov
Fax: 225-342-5839