

UNIVERSITY OF MINNESOTA

*Office of the Sr. Vice President
for System Administration*

*University Office Plaza Ste.136
2221 University Avenue SE
Minneapolis, MN. 55414*

*Office for Business and
Community Economic
Development*

*Office: 612-624-0530
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May 12, 2009

Dear community member,

The University of Minnesota Office for Business and Community Economic Development is proud to announce the 2009 Community Health Initiative Summer Internship Program. This program is designed to support community-based organizations and businesses that work to address public health disparities, conduct research or, provide social services aimed at improving the health and well being of persons located in underserved communities. CHI will provide organizations that qualify with a graduate student intern from either the School of Public Health, Social Work or the School of Medicine. These internship opportunities are fully funded by our Office and are for full or part time work within your organization. The internships will run from June 1 through August 31 and are available to organizations operating within the Minneapolis/St. Paul metro area.

In general, organizations that will be considered for internship placements are those which 1) can demonstrate a need and can provide University graduate students with valuable applied learning experiences within the broader community, 2) are organizations that impact public health, medicine, medical technology or the health and well being of individuals from underserved communities and 3) are those which need assistance in building their capacity and improving their performance and effectiveness. Complete eligibility requirements and online applications for community-based organizations can be found by visiting: http://www.ced.umn.edu/chi/CHI_NonprofitApp.html. **Please note that applications are due May 29th, 2009.**

Please take the time to review the Community Health Initiative and the associated Student Internship opportunity at www.bced.umn.edu. If you have any further questions please contact Aron Khoury, Project Manager at khou0012@umn.edu or 612-625-8460.

Sincerely,

D. Craig Taylor
Director
Office for Business & Community Economic Development *and the*
Center for Innovation & Economic Development

Community Health Initiative (CHI)
Nonprofit Application for Student Internship

INCOMPLETE APPLICATIONS AND THOSE NONPROFITS NOT MEETING THE PROGRAM
REQUIREMENTS WILL NOT BE CONSIDERED. TO APPLY ONLINE VISIT

[HTTP://WWW.CED.UMN.EDU/CHI/CHI_NONPROFITAPP.HTML](http://www.ced.umn.edu/chi/chi_nonprofitapp.html)

Organization Name: _____

Contact Person/Title: _____

Executive Director: _____

Address: _____

Phone: _____ **Fax:** _____

E-mail: _____ **Web Page:** _____

Year Established: _____ **501(c) (3) Certified? Yes** _____ **No** _____

Annual Budget last three yrs: \$ _____ (2008) \$ _____ (2007) \$ _____ (2006)

Number of Employees: Full-time _____ Part-time _____

What type of nonprofit organization are you? (Circle all that apply)

Youth Teens Seniors Human Services Health Economic Development

Disability Financial Educational Housing Chamber of Commerce Employment & Training

CDC Social Services Medical/Clinical Other (Please specify): _____

Organizational Description:

Geographically, what Counties and neighborhoods does your organization serve? (Hennepin, Ramsey, Powderhorn, Phillips, Frogtown, etc...)

What ethnic or other constituency groups does your organization serve?

- | | |
|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Immigrant (Please specify) |
| <input type="checkbox"/> Asian American | _____ |
| <input type="checkbox"/> Hispanic American | _____ |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> White American | _____ |

Please check the topical area for which you are requesting a community internship.

DO NOT CHECK MORE THAN TWO CATEGORIES.

- | | |
|---|---|
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Health/Medical Research |
| <input type="checkbox"/> Community Health Education | <input type="checkbox"/> Feasibility Study |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Program Evaluation/Measurement |
| <input type="checkbox"/> Population Health Coordination | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Nursing Care/Management | |

Describe your Community Internship in DETAIL. Please be SPECIFIC when describing the scope of this request. List the goals and objectives, tasks, timelines and proposed duties and responsibilities for the student intern. Describe how the results of this internship will benefit the community at large as well as your organization. What valued experiences will the student gain by participating in this internship? (Attach additional pages if necessary)

Please list any specific skills, knowledge or past experiences the student should have.

Please share any other information about your nonprofit organization that would be useful in considering your application.

How did you hear about our program? (Check all that apply)

- BCED Website Brochure/Mailing
- CHI E-mail Notice
- E-mail notice from another organization (please name) _____
- Referral from another organization (please name) _____
- Other (Please specify) _____

For more information, please contact:

Aron Khoury

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University of Minnesota

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