Community Health Initiative (CHI)
Organization Application – Student Consulting Projects
Office for Business & Community Economic Development
University of Minnesota

Through funding support provided by Medica, the Office for Business & Community Economic Development (BCED) will offer the Community Health Initiative (CHI). The goal of this initiative is twofold; to provide resources that help community-based nonprofit organizations or small businesses that work in the areas impacting public health, social services, medicine, medical technology, or to help these organizations build capacity and improve their overall performance and effectiveness in communities of color; and secondly to provide University of Minnesota students with valuable applied learning experiences by linking them to opportunities in communities that face public health disparities and other socio-economic issues.

This application is for community-based nonprofit organizations or small businesses seeking consulting services from a University of Minnesota graduate student. This Student Consulting Project will assist those nonprofits and businesses that focus directly on addressing public health issues or health disparities in underserved, socially and economically challenged communities.

In considering your project request, be advised that students are only required to expend approximately 60-80 hours each on the project for the duration of the school semester (approximately 3-4 months). One or more students are assigned to a project, depending on the scope and type of project requested. Projects are offered during the fall & spring semesters. Students receive a stipend from BCED at the completion of the project. Graduate students enrolled at the University of Minnesota in the following schools are eligible and encouraged to participate: Public Health, Social Work, Medical School, Carlson School of Management, IT/Computer Science, Law, Humphrey Institute, and all other graduate schools on the Twin Cities campus.

Nonprofits that participate in the program must be:

- A health or medical community-based nonprofit organization or small business serving economically disadvantaged communities and/or communities of color
- Located in the Minnesota greater metropolitan area
- Nonprofit organizations must be 501(c)(3) Certified
- In operation for at least three years
- Able to provide on-going educational experience to students
- Able to clearly define project scope, goals, objectives and deliverables
- Willing to have a pre-project organization assessment and post-project evaluation & assessment
- Able to pay an administrative fee of $100.00
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INCOMPLETE APPLICATIONS AND THOSE ORGANIZATIONS NOT MEETING THE PROGRAM REQUIREMENTS WILL NOT BE CONSIDERED

Organization Name: ____________________________________________

Contact Person/Title: ____________________________________________

Executive Director: ____________________________________________

Address: ______________________________________________________

______________________________________________________________

Phone: __________________________ Fax: __________________________

E-mail: __________________________ Web Page: ______________________

Year Established: ____________ 501(c) (3) Certified? Yes __________ No ______


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

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

Youth Teens Seniors Human Services Health Economic Development

Disability Financial Educational Chamber of Commerce Housing Employment & Training

CDC Social Services Medical / Clinical Community Center

Other (Please specify):________________________________________________________________________

Organization Description: _____________________________________________________________________

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

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What ethnic or other constituency groups does your organization serve?

_____ African American  _____ Immigrant (Please specify)

_____ Asian American

_____ Hispanic American

_____ Native American  _____ Other (Please specify)

_____ White American

Student Consulting is be available in the following areas. Please check the topical area for which you are requesting consulting services.

DO NOT CHECK MORE THAN TWO CATEGORIES.

_____ Market Research and Analysis  _____ IT/Technology Development

_____ Marketing Plan Development  _____ Management Information Systems

_____ Business Plan Development  _____ Nonprofit Management

_____ Communications  _____ Fund Development

_____ Finance and Accounting  _____ Program Development

_____ Strategic Planning  _____ Public Health

_____ Operations Management  _____ Community Health Education

_____ Supply Chain Management  _____ Social Work

_____ Human Resources Management  _____ Population Health Coordination

_____ Demography Studies  _____ Nursing Care/Management

_____ Feasibility Study  _____ Health/Medical Research

_____ Program Evaluation/Measurement  _____ Other: _______________________

____________________________________________________________
Describe your project in **DETAIL**. Please be **SPECIFIC** when describing the scope of this request. Describe how the results of this project will benefit the community at large as well as the organization. What valued experiences will the student gain by participating in this project?

**List Project Goals & Objectives:**

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**List Project Tasks & Timelines:**

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**List Project Outcomes & Deliverables:**

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

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

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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) ________________________________________________________)