



State Health Improvement Plan (SHIP) Partnership Affiliation Application

Thank you for your interest in becoming a State Health Improvement Plan (SHIP) Affiliated Partnership. Please complete the following application, using the document Instructions for Completing the SHIP Partnership Affiliation Application for specific guidance. For additional assistance, contact the SHIP Coordinator (see page 6).

This application may be completed as a hard copy or electronically (to check appropriate boxes, double click the box then click "checked"). If additional space is needed, use a separate sheet of paper identifying the question number.

I. Partnership Information/ Service Area....check when section has been completed

A. Official name of the Partnership with acronym: _____

B. Contact information for the Partnership:

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Website: _____

Name and Title of Primary Contact Person for Partnership: _____

Contact information (if different than above): _____

C. Number of years the Partnership has been in existence: Years: _____

D. Partnership's geographic service area: List county/counties; if portion of a county, list specific townships, communities, etc.): _____

E. Demographics for geographical service area:

- Total Population: _____
- **Population breakdown** (approximate percentage) **List Source** (see below): **Year:**

Hispanic (of any origin) _____%	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	
Non-Hispanic Whites _____%	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	_____
Non-Hispanic Blacks _____%	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	_____
Asian-American _____%	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	_____

Other representative populations in the Partnership's service area:

_____ %	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	
_____ %	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	_____

- Uninsured _____% 1 2 3 4 _____

Potential sources – Demographic data available at the following and other sites:

1. PA Insurance Department: <http://www.ins.state.pa.us/ins/cwp/view.asp?a=11&Q=549706&PM=1>
2. PA State Data Center: http://pasdc.hbg.psu.edu/pasdc/data_and_information/briefs/RB080708.pdf
3. Census Fact Finder (add county/state) http://factfinder.census.gov/servlet/ACSSAFFacts?_submenuId=factsheet_0&_sse=on
4. OTHER: (list) _____

F. Do other SHIP Affiliated Partnerships cover all/part of the Partnership's geographical service area?
 Not sure No Yes (list) _____

G. Mission statement: Attach Write/type here _____

II. Partnership Structure/Operation....check when section has been completed

A. Organizational Information:

- Partnership's staff - Total Number: ____ Of these, Number of Paid Positions: ____
- Attach copy(ies) of relevant organizational chart(s) and/or job descriptions for the Partnership's staff.
- Attach a brief description of the Partnership's Governing Board and how members are selected.
- Attach copy(ies) of by-laws, operating guidelines or other governance documents for the Partnership.

B. Meetings:

- Identify how often the **leadership** (steering committee or governing board) meets:
 monthly bimonthly quarterly annually other (describe)_____
- Identify how often the **general (entire) membership** meets:
 monthly bimonthly quarterly annually other (describe)_____
- Attach the meeting summary/minutes from the last two governing and general membership meetings.

C. Is the Partnership incorporated? No Yes, For-profit or Nonprofit

D. Work Groups/Committees/Subcommittees

- In the table below, list the active work groups/committees/subcommittees of the Partnership, indicating the priority area/task of the Committee. Please indicate how often each meets.

Committee Name	Task (Brief Description)	Meeting Schedule
<i>Ex. 1. Membership Committee</i>	• <i>Broaden membership to include more diverse community representation</i>	<i>1. Monthly</i>
<i>Ex. 2. Maternal & Child Health Committee</i>	• <i>Priority areas: Immunization, Infant Mortality</i>	<i>2. Quarterly</i>

III. Funding....check when section has been completed

A. In the table below, identify the current in-kind contributions that individuals and agencies are making towards the Partnership and its activities/initiatives.

Name (facility, organization or person)	Contribution
<i>Ex. ABC Hospital</i>	<i>Ex. Monthly meeting space for board meeting</i>

B. For all current funding/support, please indicate the approximate percentage of each type of funding/support received by the Partnership and its activities (total should add up to 100%). Support is both in-kind from member agencies, as well as funds that underwrite the work of the Partnership.

Ex. Monetary (membership dues, partnership fundraisers, etc.)

- In-Kind Percent: ____
- Grants Percent: ____
- Monetary Percent: ____
- Other Percent: ____ Please specify: _____

C. Does the Partnership have a financial or business plan (or some other method the Partnership uses to ensure ongoing funding and support)? No Yes - if yes, attach a copy; if not in document form, briefly explain _____

D. Does the Partnership accept financial support directly or through a fiduciary?
 Directly Fiduciary - Name: _____

IV. Membership and Leadership....check when section has been completed

A. Attach a list of active general members in the Partnership, including contact information and organization/ community/ neighborhood or business group the member is representing. Please remember that the member must have a role in the Partnership, such as attending meetings or serving on a committee, to be considered active.

- General membership should represent the community in race/ethnicity, gender and age and include a wide variety of agencies (government and not-for-profit), businesses, churches, schools, geographic areas (various parts of the service area), community members and community leaders.
- **Has the Partnership made an effort to ensure diversity within its general membership?**
 Not to date Yes (briefly explain): _____

B. Leadership of Partnership

- In the table below, identify information listed regarding the leadership of the Partnership (chair or co-chairs, officers, committee chairs and members of the steering committee or governing board).

Name (leadership members)	Organization, business, group, neighborhood member representing – and Organizational Title	Current position held in Partnership	# years leadership position/s Partnership

C. Elected Officials

- Do elected city, county, state representatives/officials (e.g. county commissioners, borough council representatives, school board members) participate in the Partnership? No Yes
 If yes, identify role/s: Leadership Member Guest Other _____
- Does the Partnership inform elected officials about the Partnership’s activities? No Yes

V. Community Assessment....check when section has been completed

A. Has the Partnership conducted a community needs assessment? (Please refer to page 3 of the Application instructions for information on valid Community Assessments.)

No: Using an existing assessment from another group that was completed in (list year) _____

No: Anticipated timeframe for conducting an assessment: _____

Yes: Date of completion: _____ Attach a summary of the Partnership’s most recent assessment.

B. If yes, list approximate number of community individuals involved with the most recent assessment:

Partnership members: _____

Community members (Not including members of partnership): _____

C. Did the Partnership use a community needs assessment to determine its priorities?

Yes No (Briefly identify method used to determine priorities): _____

D. In the following table, list the priorities that are being addressed by your partnership in the next one to three years and identify the corresponding Healthy People/SHIP objectives aligned with each (refer to

<http://www.dsf.health.state.pa.us/health/lib/health/ship/Chapter4.pdf> and www.health.state.pa.us/ship).

Priority Area/s (Ex. If initiative is “Obesity”)	Corresponding Healthy People Focus Area/s (28 focus areas listed on pg 4-2) (Ex. Identify in space below: focus area/s the partnership is using to address “obesity” such as “Nutrition & Overweight” or “Physical Activity & Fitness” or ‘both’ or identify other area)

VI. Health Equity....check when section has been completed

In the table below, list the health disparities identified in your most recent assessment (or other method).

Health disparities are population-specific differences in the presence of disease, health outcomes or access to health care. When identifying disparities: consider income level, educational attainment, lack of health insurance, geography (i.e. living in outlying rural communities), age and ethnicity. Disparities not identified to date

Group with Disparity	Issue/s Facing Disparate Group
Ex. 1. African Americans Ex. 2. Adults below the poverty level Ex. 3. Rural community	1. 20% higher rate of diabetes related eye disease 2. Two times more likely to lack physical activity 3. Lack of full time physician in area

CONTACT INFORMATION:

1. **Contact the SHIP Coordinator for information on the State Health Improvement Plan and/or for assistance or questions related to this application.**

PHONE: 717-772-5298

FAX: 717-705-6525

E-MAIL: RA-ship@pa.gov

Bureau of Health Planning

Room 1033 Health & Welfare Building

625 Forster Street

Harrisburg, PA 17120

2. **Contact the District Executive Director (DED) for regional information and to let them know of your interest in affiliation** (refer to instruction sheet for additional DED contact information):

Northcentral (570) 327-3400

Northeast (570) 826-2062

Northwest (724) 662-6068

Southcentral (717)787-8092

Southeast (610) 378-4352

Southwest (412) 565-5101

PREPARING THE APPLICATION FOR SUBMISSION:

1. **Check all sections for completeness.**

2. **Add the following attachments (as needed):**

- Mission statement
- Organizational chart/s and/or job descriptions for staff
- Brief description of governing board/member selection
- By-laws, operating guidelines or other governance documents of the Partnership
- Meeting summary/minutes for partnership (2 from each meeting: leadership & general membership)
- Financial or business plan (or other method used to ensure ongoing funding and support)
- List of active Partnership members with contact information & representative organization/community
- Summary of most recent community needs assessment

3. **Add other attachments, if necessary:**

- Separate sheets of paper used to answer questions (be sure to identify question number on each).

4. **Obtain all required signatures.**

5. **Mail or fax one printed copy (or e-mail a scanned version of the paper documents with original signatures) of the complete application to each of the following:**

- SHIP Coordinator
- District Executive Director in your region

6. **E-mail or phone the SHIP Coordinator to notify of pending application.**

Thank you for your time and effort...and your interest in SHIP!