## Application due date: April 4, 2025

Submit questions and application to [actioncommunity@hanys.org](mailto:actioncommunity@hanys.org).

## Stipend overview

## Not-for-profit and public organizations currently enrolled in the HANYS Age-Friendly Health Systems 2025 Action Community cohort are eligible to apply for a $5,000 cross-sector partnership stipend.

Stipend funds may be used to support the development of a partnership between an age-friendly site and a community-based organization. A proposed project plan is required (see below). In-person meetings are preferred, but a virtual format may be used if necessary.

## Stipend recipients are required to:

* enter into a legal agreement with HANYS as a sub-recipient and agree to a detailed work order;
* attend a brief stipend overview meeting with HANYS staff;
* attend bi-monthly progress meetings with HANYS staff;
* identify a community partner and select three outcome measures to track to evaluate the success of the partnership by June 1, 2025;
* submit an interim report and payment request form by May 30, 2025, using the templates provided;
* participate in a team presentation to the broader HANYS Action Community by Sept. 16, 2025;
* participate in a virtual site visit with HANYS by Oct. 15, 2025; and
* submit a final report and payment request form by Oct. 15, 2025, using the templates provided.

Stipend recipients will be paid according to the following payment schedule:

1. $1,000 to be paid once the recipient completes the following by June 1, 2025:
   * identifies a community partner;
   * develops a project plan using a template provided by HANYS; and
   * identifies three outcome measures to evaluate the success of the partnership.
2. $2,000 to be paid once the recipient completes the following by Aug. 15, 2025:
   * submits an interim report.
3. $2,000 to be paid once the recipient completes the following by Oct. 15, 2025:
   * completes a virtual site visit with HANYS staff;
   * participates in a team presentation highlighting the partnership; and
   * submits a final report.

## Stipend application

*Only complete applications will be considered.*

Organization’s legal name as it appears on the recipient’s W-9 (the “Recipient”):

DBA/AKA (if applicable):

Organization’s mailing address:

Street:

City:

State:

ZIP:

Employer Identification Number:

Primary contact for this application:

Full name and credentials:

Title:

Email:

Phone:

Person who will lead the stipend project and ensure completion of deliverables:

If the contact is the same as the primary contact listed above, please check 🞎.

Full name and credentials:

Title:

Email:

Phone:

## Please provide the following information to be used if you are awarded a stipend:

Contract signatory:

Please provide the contact information for the person authorized to sign agreements on behalf of the organization (“Authorized Signer”):

Full name and credentials:

Title:

Email:

Phone:

Person to whom **legal notices** about the stipend agreement should be sent:

If the contact is the same as the contract signatory listed above, please check 🞎.

Full name and credentials:

Title:

Email:

Phone:

Use of funds:

Select one of the categories below to indicate your intended use of funds.

**Develop a new cross-sector partnership**

Funds will be used to support the development of a new cross-sector partnership.

Examples include:

* partnering with “Meals on Wheels” to ensure older adults who screen for being at risk of malnutrition receive healthy meals at home upon discharge; or
* partnering with senior centers to offer programs on health education, journaling or art therapies to help reduce social isolation.

**Enhance an existing cross-sector partnership**

Funds will be used to support the enhancement of an existing cross-sector partnership. If this option is selected, clearly explain in the project description section how you intend to grow the partnership (e.g., serving a new older adult population or adding services).

Need help identifying or engaging community partners? Check out [HANYS' Coalition Building Toolkit](https://www.hanys.org/quality/clinical_operational_initiatives/ahei/resources/docs/coalition_building_toolkit.pdf).

Project description:

How will you use this stipend to establish or strengthen a cross-sector partnership? What types of CBOs do you hope to strengthen ties with? How will these partnerships address gaps in care for older adults in your community? If you plan to strengthen an existing partnership, how do you plan to grow that partnership (e.g., serving a new older adult population or adding services)?

Project plan and timeline:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Major tasks to complete** | **Staff/consultant resources needed (*assign responsibility to specific people*)** | **Other resources needed** |
| *Example* | *Identify the problem* | *Project lead, population health department liaison* | *Patient outcomes data, Community Health Needs Assessment* |
| April 2025 |  |  |  |
| May 2025 |  |  |  |
| June 2025 |  |  |  |
| July 2025 |  |  |  |
| August 2025 |  |  |  |
| September 2025 |  |  |  |
| October 2025 |  |  |  |

Financial need:

HANYS aims to award this stipend to organizations with financial need. How would this stipend enable your team to do something you would otherwise be unable to do?

Sustainability:

How will you measure the success of your cross-sector partnership(s)? How will you use these partnerships to strengthen your organization’s broader Age-Friendly Health Systems initiative?