# Community Health Worker Stipend

Background

The Healthcare Association of New York State, Inc. (HANYS) through the Healthcare Educational and Research Fund, Inc., (HERF) with support from the Mother Cabrini Health Foundation, is pleased to offer five cost-reimbursable stipends for up to $2,500 each.Stipends will be awarded to partnering Care Connections hospitals to support the recruitment and training of local community health workers.

Eligibility

To apply for the Care Connections Community Health Worker Stipend, an organization must:

* be a hospital or health system located in New York state and/or serving New York state residents;
* be partnering with HANYS’ Care Connections program; and
* have a mission, vision and values that align with the ethical principles, tenets and teachings of the Roman Catholic Faith, according to the [Mother Cabrini Health Foundation](https://cabrinihealth.org/catholic-values/).

Selection criteria

Applications will be evaluated within the four categories below on a scale of 1 to 5 (1: strongly disagree, 2: somewhat disagree, 3: neutral, 4: somewhat agree, 5: strongly agree), then ranked by cumulative score.

1. Financial need: this organization demonstrated a financial need to receive funding to create a hospital-based community health worker role.
2. Potential impact: this organization has projected the impact of a certified community health worker on the patients/community and the network.
3. Feasibility: this organization has clearly defined the steps required to recruit and train a community health worker within the specified timeframe. The organization has a plan to educate staff on the role of the community health worker.
4. Fiscal integrity**:** this organization has demonstrated fiscal integrity/experience managing grant funds.

Timeline

The Care Connections Community Health Worker Stipend program uses the following timeline:

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| --- | --- |
| February 3, 2025 | Application posted |
| March 12, 2025 | Stipend info session |
| April 2, 2025 | Applications due |
| April 14, 2025 | Stipend recipients announced |
| April 28, 2025 | Agreements signed |
| December 18, 2025 | Interim report and reimbursement request due |
| May ’25 – May ‘26 | CHW completes certification |
| May ’25 – May ‘26 | Hospital works with PM to develop CHW job description, build scope of work and educate staff on the role of the CHW |
| May 18, 2026 | Final report due |

Participation requirements:

Stipend recipients will complete the following tasks:

* Enter into an agreement with HERF to be reimbursed for up to $2,500 for the training and education of a community health worker.
* Attend a mandatory 1-hour online presentation on March 12, 2025, including an overview of the stipend program, how to complete a reimbursement request and reporting requirements.
* Meet quarterly with a HANYS project manager.
* Develop CHW job description and scope of work and educate hospital staff on the CHW role.
* Submit an interim report on Dec. 18, 2025, along with reimbursement request.
* Submit the final report on May 18, 2026.

Reporting requirements

Stipend recipients will submit an interim report to their HANYS project manager on Dec. 18, 2025, and a final report on May 18, 2026. A Word document template will be provided to you that will allow you to explain your progress on recruiting and training a community health worker.

Financial reimbursement

Reimbursement requests may be submitted after expenses have been incurred. Payments will be issued within 30 days of HANYS receiving a completed reimbursement request form.

If tuition expenses are below $2,500, the remaining funds can be used to purchase required supplies such as textbooks. Requests to use remaining funds for other expenses will be evaluated on a case-by-case basis.

Stipend recipients must submit for reimbursement during the time that the interim report is due, which is December 18th, 2025.

* Reimbursement Request Workbook (Excel) documenting payment of the community health worker certification;
* Supporting financial documentation, including invoices and proof of payment;
* Form W9 Request for Taxpayer Identification Number and Certification (PDF): a completed and signed [Form W9](https://www.irs.gov/pub/irs-pdf/fw9.pdf) identifying the TIN to which payment will be made. This is submitted one time only.

# Community Health Worker Stipend Required Contacts

Signing authority

Please list the signatory for this stipend, including full name, credentials, role, email and phone number.

Project contact

Please list a contact for this stipend, including full name, credentials, role, email and phone number. This person is responsible for fulfilling the community health worker stipend requirements in partnership with a HANYS Care Connections project manager.

Financial contact

Please list the contact who, if awarded the stipend, will manage all financial responsibilities, including reimbursement requests and collection of supporting documentation.

# Community Health Worker Stipend Application

Organization’s legal name (the "Recipient"):

DBA/AKA (if applicable):

EIN:

Organization type

Please provide your organization’s mission, vision and values. (150 words).

Project narrative

1. Please briefly describe your organization’s need to recruit and train a new CHW (1-2 sentences).
2. Please describe the potential impact of hiring a CHW on the patients you serve and your organization (1-2 sentences).
3. Please list the steps you will take to recruit a CHW candidate and educate staff on the role of a CHW. (up to six bullet points).
4. Briefly describe who will be overseeing this initiative internally (1-2 sentences).
5. Please identify the CHW training you are interested in.

Budget

Organizations will be reimbursed up to $2,500 for the training and education of a newly recruited community health worker. Organizations can submit for reimbursement when the interim report is due, which is December 18, 2025.

Questions

Please contact Rachael Brust, community health worker stipend program lead at, [rbrust@hanys.org](mailto:rbrust@hanys.org).