



Del Norte Physician's Recruitment and Retention Fund

Application Packet

This fund was started in 2007 by several community-minded businesses, organizations and individuals. It was established with the goal of promoting healthcare in Del Norte County by recruiting and ultimately retaining physicians for this area.

Funds are available to organizations for recruitment costs, and to individuals for medical loan repayment, professional development and retention purposes. Awards up to \$20,000 per person per year, for a maximum of two years. Eligible applicants must have worked as a physician in Del Norte County for two years. Recipients must commit to working in Del Norte County for the year the funding is received.

Applications due annually on May 1. Only applications postmarked on or before May 1st will be accepted. Decisions will be made by June 30th. Awards can be claimed one year post approval by submitting confirmation that recipient is still in the community.

All tax implications are the recipient's responsibility.

If you have any questions, please call Craig Woods, Director of Grantmaking at HAF/Wild Rivers Community Foundation, at (707) 267-9913 or craigw@hafoundation.org.

Submit this application and supporting documentation on or before the deadline

to:

HAF/Wild Rivers Community Foundation

Attn: Del Norte Physician's Recruitment and Retention Fund

grants@hafoundation.org



Del Norte Physician's Recruitment and Retention Fund
Application for Individuals

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____ Email: _____

Education

School	Major	Years Attended	Year of Graduation

Licenses & Degrees

License/Degree	Agency	Year

Del Norte Physician's Recruitment and Retention Fund
Application for Individuals

Employment History

Dates	Employed By	Your Duties	Hours /Week

In addition to listing your employment history, please give detail on your on-the-job duties – especially those that will contribute to your future goals.

Please answer the following in an attachment (maximum of two pages):

- What is your connection to Del Norte County?
- How did you decide to go into healthcare?
- How would this grant help you and how will you use the funds?
- What are your goals for five years from now? Ten years from now?

For additional year candidates only:

- How were past funds awarded used?

Additionally, please attach a reference letter from your current employer.



Del Norte Physician's Recruitment and Retention Fund
Application for Organizations

Date of Application: _____ Amount Requested: _____

Program/Project Name: _____ Total Project Cost: _____

This grant would provide the following for the project:

Organization Name: _____ County: _____

Contact Person: _____ Title: _____

Phone: _____ Email: _____

Legal Name of Tax Exempt Organization: _____

Mailing Address: _____

Executive Officer: _____ Title: _____

Phone: _____ Tax ID: _____

Email: _____ Website: _____

Project Narrative

Along with your application, please submit a one-page project narrative that addresses the following:

- Please tell us about your current recruitment methods.
- If you were to receive funding, how would you utilize the funding?
- What are your proposed outcomes from the funding?

Del Norte Physician's Recruitment and Retention Fund

Application for Organizations

Project Budget

Expense	Amount Requested	Other Funding Sources		Total Budget
		Amount	Source	
Advertising				
Travel Costs				
Moving Costs				
Signing Bonuses				
Organizational FTE				
Recruiting Agency Fees				
Other:				
Other:				
Other:				
Other:				
Totals			Grand Total	