



Community Health Outreach Project 2025 Guidelines for Funding for Agencies

The Community Health Outreach Project (CHOP) is a grant program funded by the Mother Cabrini Health Foundation and administered by the Cerebral Palsy Associations of New York State (CP State) to provide financial assistance for the purchase of equipment, services, supplies, and other supports needed by individuals with intellectual, developmental, and other significant disabilities when all other funding opportunities have been exhausted.

CHOP seeks to assist people with disabilities of all ages living within New York State by addressing the shortcomings in current systems. Funds through CHOP will provide access to supports for individuals in an effort to increase their health status and promote community participation. By removing barriers and offering assistance unavailable to them through other sources, CP State can do its part to improve social and environmental living conditions while promoting quality of life. CP State will focus on health measures and outcomes as well as the social determinants of health to identify priorities for funding and enable people to remain independent and active within their homes and communities.

Funding Opportunities for Agencies

There is a maximum funding allowance of \$10,000 for your agency for 2025. Your agency may submit multiple applications as long as the combined total of all applications throughout the year does not exceed \$10,000. The requested item(s) must be purchased during the funding period, which is January 1, 2025 through December 31, 2025, and must be able to demonstrate a health benefit to the individuals who will use the item(s).

Agencies can be funded in two ways:

- 1) An agency can apply for funding of equipment, services, and programs that will improve the health status of the individuals served within your agency (i.e., IRA locations, day program, PT department, clinic, school). The agency must provide information on all individuals who will benefit from the requested item; justification as to why the item is critically needed; written documentation as to why Medicaid, Medicare, or other funding sources will not cover the cost of the item; and a vendor cost sheet/invoice showing the **FINAL NEGOTIATED** price for the item. **Please request assistance from your Purchasing Manager to obtain the best price from a reputable vendor versus simply searching online for a price.** You cannot submit a printout of an internet price unless a formal quote was received from the vendor. Your agency must contact the vendor to obtain a quote that includes delivery fees, if any, to your location. If your application is approved, CP State will pay the vendor directly based on the price quote submitted with your application.
- 2) An agency can be reimbursed for expenses incurred, less the amount covered by Medicaid, Medicare, government programs, private insurance, or other funding mechanisms, when it has already purchased equipment, services, supplies, and other supports during 2025. The agency must provide information on all individuals who benefitted from the requested item; justification as to why the item was critically needed; written documentation as to why Medicaid, Medicare or other funding sources did not cover the cost of the item; a copy of the paid invoice for the item; and proof of payment. If your application is approved, CP State will reimburse your agency directly.

Funding Limitations

CHOP has a limited amount of funding to award during the year. Agencies have a maximum funding opportunity of \$10,000 for the entire year. All fully completed applications will be handled on a first-come, first-serve basis. These applications will be reviewed by the Awards Committee for consideration of funding provided grant funds are still available at the time of receipt of application. **There is no guarantee of funding or approval of your request.**

Application Process

Each application should have only one (1) item listed along with the individuals who will benefit from that item. However, you can combine multiple items into the same application if those items will be used in the same area and benefit the same individuals (i.e., sensory room equipment, dental equipment, PT equipment).

Individuals/beneficiaries can only be named in one application. **You cannot list the same individual in more than one application.** Agencies may submit more than one application throughout the year as long as the combined total of all applications to be funded by CHOP does not exceed \$10,000. If your requested item(s) is greater than \$10,000, you can include a note that confirms that your agency will pay any amount due to the vendor above and beyond the awarded CHOP funding.

Supporting Documentation

You must complete the “2025 Application Form for Agency Use Only” and provide appropriate, written documentation to accompany the application form, which validates your request:

- A paid invoice and proof of payment (if you are seeking reimbursement) -OR- a quotation-of-costs showing the **final negotiated price** from the vendor (if you are seeking payment to be made directly to the vendor).
- A written statement indicating that your agency sought funding for this request from all other sources, such as self-pay, Medicaid, Medicare, Government Programs, other foundations, other grant programs, etc., before applying to the Community Health Outreach Project.
- A written statement stating the reason why Medicaid, Medicare, Government Programs, other foundations, other grant programs, etc. would not cover the expense.
- Justification as to why this request is critically needed by your organization and how the equipment or service will improve the health status of the individuals named as beneficiaries.
- An Excel spreadsheet or listing of demographic information on each individual/beneficiary who will benefit from this request.

Explanation of Beneficiaries

Agencies must identify the individuals/beneficiaries who will benefit from the item requested in the application. The amount of your CHOP request cannot exceed **\$850 per person/beneficiary** in order for the grant to cover the entire cost of the requested item. Please refer to the following examples:

Example #1 – The agency is requesting a new patient lift at a cost of \$4,900 from Vendor A for their 7-person IRA. All individuals living at the IRA will benefit from the new lift and are listed as beneficiaries in the application. Therefore, the cost per person calculates to \$700 per person ($\$4,900 \div 7 \text{ people} = \700 per person). Since the amount per person is less than \$850, the application is eligible for full payment, if approved by the Awards Committee.

Example #2 – The agency is requesting the maximum of \$10,000 towards the purchase of two Preva Intraoral X-Ray Arms to be used in their dental clinic. The vendor’s quote is for \$14,000, and the agency indicated that they would pay the balance due to the vendor over the amount paid by the CHOP grant. The agency provided a beneficiary listing of 125 individuals with I/DD who will benefit from this new equipment. Therefore, the cost per person calculates to \$80 per person ($\$10,000 \div 125 \text{ people} = \80 per person). Since the amount per person is less than \$850, the application is eligible for full payment, if approved by the Awards Committee.

Example #3 – The agency is requesting a sit-to-stand device at a cost of \$4,300 from Vendor B for their 4-person IRA. However, only two (2) individuals will be using this device. Since the “price per person” calculates to \$2,150 per person (\$4,300 divided by 2 people = \$2,150 per person), this exceeds the grant requirement of \$850. Therefore, if the application is approved, CHOP would only be able to fund \$1,700 (\$850 x 2 individuals) towards the cost of this equipment. The agency would be responsible for paying the balance due to the vendor.

As you plan your application requests, keep in mind that Individuals can only be named as a beneficiary in one application. You cannot use the same individuals in multiple applications.

Sample Affidavit Language

All applications must include a written statement indicating that your agency sought funding for this request from all other sources before applying to the Community Health Outreach Project and why Medicaid, Medicare, Government Programs, etc. would not cover the expense. Here are some examples of affidavits:

Example #1 - *“John Doe, CEO for AgencyName, deposes and says that our agency has sought funding from all other sources including self-pay, Medicaid, Medicare, Government Programs, and other foundations before applying to the Community Health Outreach Project. This equipment does not qualify for reimbursement or funding through typical sources.”*

Example #2 - *“Our agency has been seeking funding to replace old and outdated equipment for quite some time. No other avenue that we have tried has proven successful. The programs (Residential and Day) that we operate that support individuals with I/DD are funded by Medicaid. However, about 7 years ago, equipment was no longer part of the fees which fund these services. As such, we need to maintain our current operational costs at levels that do not include the cost of this equipment.”*

Example #3 - *“AgencyName has sought funding from all other sources available before applying to the Community Health Outreach Project. Self-pay, Medicaid, Medicare or other programs will not cover expenditures for equipment such as this for use by multiple residents. Our agency does not have funds budgeted for the purchase of this equipment due to limited resources and focus on other priorities within the agency. No other funding streams are available or known to us for the purchase of this equipment.”*

Required Signatures

All applications must be signed by an authorized representative of the requesting Agency, affirming that the information furnished in the application form and supporting documentation is true and accurate. Additionally, your Executive Director must sign each application as approval for the submission. Unsigned forms will be ineligible for funding. For all purposes, any electronic signature affixed to the application shall be considered legally equivalent to an original handwritten signature and shall have the same force and effect.

Testimonials and Photos

CHOP is available through CP State because of the generous support from the Mother Cabrini Health Foundation. If you receive a CHOP award during 2025, we would welcome a testimonial and if possible, a photo of the individuals you support with the funded item, to demonstrate the value of CHOP to the Mother Cabrini Health Foundation. We ask that you send all testimonials to Cindy Morris at CP State as we need to get permission from the Mother Cabrini Health Foundation before publishing on any social media platform.

Award Process

Fully completed applications will be reviewed by the Awards Committee according to the following schedule:

Fully Completed Applications Must Be Received By	*Applications Will Be Reviewed By Awards Committee On	Award Notifications Will Be Sent To Applicants By
~~~ No Awards Committee Meeting will be held in January 2025 ~~~		
02/17/25	02/24/25	03/03/25
03/17/25	03/24/25	03/31/25
04/14/25	04/21/25	04/28/25
05/14/25	05/21/25	05/26/25
06/16/25	06/23/25	06/30/25
07/14/25	07/21/25	07/28/25
08/18/25	08/25/25	09/01/25
09/15/25	09/22/25	09/29/25
10/20/25	10/27/25	11/03/25
11/17/25	11/24/25	12/01/25
12/10/25	12/17/25	12/24/25

**The Awards Committee meeting dates may change slightly if unforeseen circumstances create scheduling conflicts.*

## Submission Process

You can submit the completed application form in one of the following ways:

*If application is sent via mail:*

Cerebral Palsy Associations of NYS, Inc.  
 3 Cedar Street Extension, Suite 2  
 Cohoes, NY 12047  
 Attn: Cindy Morris, Project Director

*If an application form is sent electronically:*

Send email with attachments to [cmorris@cpstate.org](mailto:cmorris@cpstate.org).

*If application is sent via fax:*

Fax to (518) 436-8619, Attn: Cindy Morris

## Questions

For further information or if you have any questions regarding the Community Health Outreach Project, please contact:

Cindy Morris  
 Project Director  
 CP State / Community Health Outreach Project  
 Direct Line: 518-612-4510  
 E-Mail: [cmorris@cpstate.org](mailto:cmorris@cpstate.org)