Public Health Systems Investment Funding

Through the Workforce Development grant (Public Health Infrastructure Grant), a fund has been established for Kansas local health departments to develop and provide professional development and other infrastructure improvements. This portal provides an opportunity to share your ideas and submit a proposal for funding for one of three areas: training/professional development; self-care/behavioral health initiatives; and accreditation/reaccreditation/Pathways. Funding is only for initiatives that support local health departments in Kansas. Entities supporting Kansas public health can apply. Funding determinations will be made by the Kansas Association of Local Health Departments board of directors.

| * Organization name | | |
|---|--|--|
| | | |
| * Name and title of person completing form | | |
| | | |
| Contact information | 1 | |
| Email Address | | |
| Phone Number | | |
| * Select from an | option below | |
| Submit a train | ing/professional development idea | |
| Submit a propo | osal for training/professional development | |
| Submit a proposal for a self-care/behavioral health initiative | | |
| Submit a request for funding assistance for accreditation/reaccreditation/Pathways fees | | |

Public Health Systems Investment Funding Training/Professional Development Idea What type of training are you recommending? Provide a brief description of the training requested (including any potential speakers if you have someone specific in mind) How will this training benefit local health departments in Kansas? How should this training be delivered? O In person O Virtual Hybrid Additional comments

Public Health Systems Investment Funding Training/Professional Development Proposal Training topic/idea Additional information about training (including specific trainers and contact information) How will this training benefit local health departments in Kansas? How will this training be delivered? In person Virtual Hybrid Amount of funding requested

Provide brief budget detail.

Public Health Systems Investment Funding

| Self-care/Behavioral Health Initiative Proposal | |
|---|--|
| Provide a brief description of the self-care/behavioral health initiative being proposed. | |
| | |
| | |
| How will this proposal benefit local health departments in Kansas? | |
| | |
| | |
| Amount of funding being requested | |
| | |
| Provide a brief budget detail | |
| | |
| | |

Public Health Systems Investment Funding

Request for Funding Assistance for Accreditation/Reaccreditation/Pathways Fees

| Select type of request |
|--|
| Accreditation fee |
| Reaccreditation fee |
| Pathways fee |
| Amount of request (only PHAB fees covered) |
| Date of application to PHAB |
| Date / Time |
| Date |
| MM/DD/YYYY |
| |
| Other comments |
| |
| |