

## COMMUNITY HEALTH PROMOTION FUND GRANT APPLICATION COVER FORM

PROPOSAL INFORMATION	
<b>Organization Name (as listed with the IRS):</b>	
<b>Organization Name (if different from above):</b>	
<b>Address:</b>	
<b>City, State &amp; Zip:</b>	
<b>Tax Identification Number (TIN):</b>	
<b>Website (if available):</b>	
<b>Does your organization have a current IRS 501(c)(3) status?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
PROGRAM INCOME	
<b>Amount Requested: \$</b>	
<b>Total Project Budget (include funding from other sources): \$</b>	
<b>Program Name:</b>	
<b>Program Status:</b> <input type="checkbox"/> New <input type="checkbox"/> Existing	
<b>Program Site(s) Address:</b>	
<b>Program Emphasis (check all that apply):</b>	
<input type="checkbox"/> Skills & Personal Development <input type="checkbox"/> General Health & Welfare <input type="checkbox"/> Risk Behavior Prevention <input type="checkbox"/> Education <input type="checkbox"/> Multimedia Arts/Technology Related Applied <input type="checkbox"/> Other	
PRIMARY CONTACT INFORMATION	
<b>Name:</b>	<b>Title:</b>
<b>Telephone:</b>	<b>Email:</b>
<b>Signature:</b>	<b>Date:</b>