

COMMUNITY HEALTH PROMOTION FUND GRANT APPLICATION COVER FORM

PROPOSAL INFORMATION	
Organization Name (as listed with the IRS):	
Organization Name (if different from above):	
Address:	
City, State & Zip:	
Tax Identification Number (TIN):	
Website (if available):	
Does your organization have a current IRS 501(c)(3) status?	Yes <input type="checkbox"/> No <input type="checkbox"/>
PROGRAM INCOME	
Amount Requested: \$	
Total Project Budget (include funding from other sources): \$	
Program Name:	
Program Status: <input type="checkbox"/> New <input type="checkbox"/> Existing	
Program Site(s) Address:	
Program Emphasis (check all that apply):	
<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	
Name:	Title:
Telephone:	Email:
Signature:	Date: