

HEALTH PARTNERSHIP LETTER OF INTENT

ORGANIZATION INFORMATION

Applicant Organization

Organization Type Nonprofit Tax-Exempt ID or EIN#

Project Contact First Name Project Contact Last Name Title

E-mail Organization Budget (current fiscal year)

Mailing Address

City State Zip Code

PROJECT DESCRIPTION

Project Title

Project Start Date Project End Date

Grant Amount Request Project Reach

Indicate the Initiative under which you would like you project to be considered for funding

1. What is the problem your project addresses?
2. What are the primary goals and objectives of your project?
3. Describe how you intend to achieve the goals and objectives.
4. Provide up to (3) measurable outcomes you expect to achieve. Be specific (i.e. By 2013, 75% of parents will make at least two behavior changes after receiving education from a trained peer educator, as measured by follow-up parent evaluations).
5. Describe the timeframe of key project milestones.
6. Who are the primary beneficiaries of the project (i.e. target population and/ or geographic community)?
7. What policy, practice, or system is your project seeking to change and why? If proposing to implement a specific model, provide any history, context, background, or evidence-base for this model.
8. Are you collaborating with other partners on this project? List the organization(s) and their role(s).
9. List any other financial support committed or pending towards the proposed project.
10. How does your project align with one or more of The Health Thrust Initiative(s)?