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**LWA2 Community Health Fund Application**

**General Information**

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| **Applicant Organization:** |
| **Address:** |
| **City:** |
| **State:** |
| **Zip:** |
| **Project Title:** |
| **Contact Name:** |
| **Contact Number:** |
| **Contact Email:** |

1. **What type institution is the applicant organization?**
	* **Community-Based**
	* **Educational Institution**
	* **Faith-Based Organization**
	* **Professional Association**
	* **Clinic/Hospital**
	* **Other**
2. **What Priority Community/Communities will your proposed activities primarily serve (check all that apply)?**
	* **Hill**
	* **Northside**
	* **Larimer/East Hills/Homewood**
	* **Wilkinsburg**
	* **Garfield**
	* **Mon Valley Community (please specify)**
3. **What Strategy(ies) are you most interested in?**
	* **Nutrition**
	* **Physical Activity**
	* **Community Clinical Linkage**
4. **Please describe your organization’s goals and provide an example(s) of how you have engaged community members in your work: (500-word MAX)**

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1. **Please outline your proposed activities and budget (not to exceed 9,999):**

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1. **What is the timeline for your proposed activities (Please specify the # of months)?**

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1. **How can the work you are already doing in your organization/community benefit the REACH grant? Please be specific. (500-word MAX)**

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