

# CHC Grant Proposal Form



**CENTRAL  
HEALTH Collaborative**

Ada, Boise, Elmore & Valley Counties

*Parameters:*

- *1 or 2 year project*
- *Must address community health/medical neighborhood*
- *Funding request is approximately \$30,000 per year, but additional funding may be available.*

**1. PROJECT DESCRIPTION**

*Briefly provide an overview of the project.*

Click here to enter text.

**2. TARGET POPULATION**

*Who is the target audience for your project?*

**3. PROJECT TIMELINE**

*Funding can only be solidified for one year, but please indicate the 'ideal' timeframe to complete this successful project even if it will exceed 12 months (not to exceed 24 months).*

Click here to enter text.

**4. MEASUREMENT**

*What is the plan to measure your impact/efforts?*

Click here to enter text.

5. **POTENTIAL PARTNER AGENCIES**

List any agencies or organizations that may be interested in supporting this work either through in-kind support, resources, etc.; consider those that have the same mission and/or goals.

Click here to enter text.

6. **DESIRED IMPACT**

Explain how completing this project will make a difference in community health.

Click here to enter text.

7. **SUSTAINABILITY**

Describe how this project supports the CHC's sustainability.

Click here to enter text.

**FINANCIAL INFORMATION**

**Proposed Budget**

<b>Source</b>	<b>Amount</b>
Personnel	
Operational	
Travel	
Supplies	
Other	
Subcontractor/Vendor	
Consultants	
<b>TOTAL</b>	<b>\$</b>