**Trenton Health Team**

**PROPOSAL FORM**

Community Health Improvement Projects, Serving Trenton Residents with Diabetes

**Application Information**

Organization Name:

Address:

Contact Person Name and Title:

Phone Number:

Email Address:

**Narrative**

*No more than three pages, single spaced, 11-point font, 1-inch margins.*

1. Provide an overview of your program.
2. Describe why your organization is best positioned to deliver this intervention. Has your organization implemented similar programs?
3. What organizations, if any, do you plan to partner with and in what capacity?
4. Describe your organization’s and/or partner organizations’ experience with participation outreach, recruitment and retention for multi-session programs.

**Budget Worksheet**

|  |  |
| --- | --- |
| Personnel | Project Duration 12 Months -Total |
| Project Director |  |
| Program Staff |  |
| Administrative Staff |  |
| Other Staff |  |
| Fringe Benefits % |  |
| **Personnel Total** |  |
| Other Direct Costs |  |
| Office Operations |  |
| Communications/Marketing |  |
| Travel |  |
| Meeting Expenses |  |
| Equipment |  |
| Project Space |  |
| Other |  |
| **Other Direct Costs Total** |  |
| Purchased Services |  |
| Consultants |  |
| Contracts |  |
| **Purchased Services Total** |  |
| Indirect Costs |  |
| **Indirect Costs Total** |  |
| Total |  |

**Budget Narrative**

Please describe your primary use of funds.

**Timeline Chart**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 12 Month Timeline (by month)*Please mark the month applicable to each activity/task* | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb |
| **Goal 1:** |
| Activity/Task |  |  |  |  |  |  |  |  |  |  |  |  |
| Activity/Task |  |  |  |  |  |  |  |  |  |  |  |  |
| Activity/Task |  |  |  |  |  |  |  |  |  |  |  |  |
| **Goal 2:**  |
| Activity/Task |  |  |  |  |  |  |  |  |  |  |  |  |
| Activity/Task |  |  |  |  |  |  |  |  |  |  |  |  |
| Activity/Task |  |  |  |  |  |  |  |  |  |  |  |  |