Morgan County Health Department Health First Indiana Initiative Application

Organization Information

Organization name:	
Mission:	
Mailing Address, City, State, Zip Code:	
Telephone:	Website:
EIN:	Federal Tax ID:
Authorizing Official Name:	Authorizing Official Title:
Applicant Contact Name:	Applicant Contact Title:
Contact Phone:	Contact Email:
Name of Proposed Project:	
Amount Requested:	
Core Service(s) you will provide:	

Proposed Initiative(s)/Interventions

Description of community need (what is the issue you are trying to improve? Is there data that supports your narrative? What data source(s) did you use?):

Description of target population(s). Include age, where the population is located if applicable, anticipated reach (how many unique individuals will be affected), etc.:

Description of proposed strategies:
1. Include evidence base (Is the proposed initiative an evidence-based program? Does research show positive effects of proposed initiative?)
2. Include core service(s) you will provide
3. Include a timeline and individuals/organizations responsible for implementation/activities
4. Include how your initiative will improve health outcomes or prevent disease.
5. Include which social determinant of health you are targeting.

Description of predicted short-term outcomes:

Description of predicted long-term outcomes: