

CHE&P CHRONIC DISEASE PREVENTION PROPOSAL COVER SHEET FORM

To apply, please answer all of the questions in this proposal and submit **one (1) original and three (3) copies**, by **12:00 pm noon on April 20th, 2018 to Arletha Murray**, SF Department of Public Health, 25 Van Ness Avenue, Suite 500, San Francisco, CA 94102. All proposals must be received by this date and time.

Please use this sheet as a Cover Page and attach numbered answers to questions on the following page.

Name of the Organization or Group: _____

Address: _____

Contact Person: _____

Telephone: _____

Email: _____

Name of Fiscal sponsor (if Organization/Group is not a non-profit): _____

501(c)3 number*: _____

*Please include a copy of the 501(c)3 letter or equivalent for Organization applying, or the fiscal sponsor agency, if applicable.

Indicate the type of funding your organization is applying for through this proposal (check one only)

A separate proposal must be submitted for each project.

- Promoting a Culture of Health in Priority Populations Grants** for \$20,000
- Focus Group Discussions in Priority Populations Grants** for \$40,000
- Quit Smoking (Tobacco Use Harm Reduction) in Priority Populations Grants** for \$40,000

The submitted proposals should include ONLY the following components.

No additional attachments will be reviewed.

- Cover Sheet Form
- Proposal Narrative: Maximum 4 pages
 - ✓ Calibri Font ✓ Font size: 12 ✓ 1 inch margins ✓ 1.5 line spacing
- Proposed project workplan (Use Template on page 22)
- Proposed project budget (Use Template on page 20)
- Copy of the 501(c)3 letter or equivalent