



Worksite Coordinator Resources

GRANT PROPOSAL APPLICATION

Please make sure to read the grant guidelines and recommended suggestions before submitting the grant. All grants submitted will reviewed by a committee on a quarterly basis. The dollar amount for all grant requests should be proportionate to the number of participants involved.

Please contact your HPC to notify them that you are submitting a grant.

Today's Date: _____ Date of Health Screen: _____

Date of Operating Plan: _____ Date of Last Behavior Change Program: _____

Name of Last Behavior Change Program: _____

Worksite Name: _____ Worksite ID Number: _____

Worksite Coordinator Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Telephone Number: _____

Fax Number: _____ E-mail: _____

Health Promotion Consultant Name: _____

Grant History: (Circle one) New Applicant Previous Grantee

Mission/Title/Description:

Detailed Budget: **For each item requested include full item name, model number and cost of item, including tax and shipping and handling if applicable. Include Grand Total for all items.**

Rationale:

Goal(s) and Objectives (Expected Outcomes):

Total Amount Requested (Should Equal Budget Grand Total):

Purchased From: **(Checks will be made to worksite.)** List company name, mailing address, telephone number and which item(s) is/are being purchased.

Mail check(s) to: (Worksite Name, Address)

Worksite Size (Total number of employees):

Estimated Number of Individuals Impacted by the Proposal:

Evaluation Tool -- **REQUIRED** (A copy of evaluation tool **MUST BE** submitted with grant. Please attach to completed grant)

Please attach additional pages if needed.

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1-866-YOUR-GUIDE