

Strategic Initiatives Fund

Proposal Form

Proposals will be accepted on a rolling basis, and considered for either the February or August review period depending on timing of receipt. For review in February, proposals must be received by January 15th. For review in August, proposals must be received by July 15th.

* 1. Organization Name:

* 2. Organization Primary Contact:

Name:

Email:

Phone:

* 3. Project Title:

* 4. Funding Amount Requested:

* 5. Proposed Length of Project:

* 6. Scale of Project:

- Statewide
 Regional
 Other (please specify)

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* 7. If smaller than statewide, please list LHDs or Regions involved in project:

* 8. Are other partner organizations involved:

- Yes
- No

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* 9. Please list the other partner organizations involved:

* 10. Is this funding connected to other funding streams:

- Yes
- No

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* 11. Please list funding sources and amounts contributed. Do not include in-kind funding.

12. If you are applying as a non-health department, please indicate here the health departments that you will be working with on this project.

13. If you are applying as a non-health department, please also include a letter of support signed by at least one of those health departments confirming your working relationship with your application. These answers have logic applied

 No file chosen

14. Please upload a brief (1,000 words or less) narrative to describe the project and its anticipated impact to NC's local public health system: These answers have logic applied

 No file chosen

Applicants will be notified of a decision by the end of March for February reviews, and by the end of September for August reviews.