



Los Medanos Community Healthcare District

“Advancing Solutions to Health Disparities”

PROPOSAL COVER SHEET

2017 Fall Health & Wellness Program

Name of Program Director

Organization Name:

Title

Amount Requested:

Address

Start date on first day of month:

Phone No.

End date on last day of month:

Email Address

Project URL (if any):

Project Goal

Briefly describe what the project would accomplish with LMCHD funding.

Objectives

Briefly describe the specific strategies or approaches.

Expected Activities

Briefly list the major activities that would be undertaken to support these objectives.

Expected Outcomes

List expected tangible results.

“A Public Entity Serving East County”