**Lynnwood Community Health Proposal**

|  |  |
| --- | --- |
| **DATE SUBMITTED** | **GRANT NAME** |
|  |  |
| **SUBMITTED TO** | **Lynnwood City Council** |
|  |  |
| **SUBMITTED BY** | **(School Name and Group Members)** |
|  |  |

1. **PROJECT DESCRIPTION**

|  |
| --- |
|  |

1. **IMPACT ON TARGET AUDIENCE**

|  |
| --- |
|  |

1. **OVERALL IMPACT ON COMMUNITY**

|  |
| --- |
|  |

1. **GOALS & OBJECTIVES**

|  |
| --- |
|  |
|  |
|  |
|  |

1. **PROJECT TIMELINE**

|  |  |
| --- | --- |
| ACTIVITY | PROJECTED DATE |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **BUDGET**

**BUDGET OVERVIEW**

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| ITEM DESCRIPTION | PRICE | QUANTITY | TOTAL |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** | | |  |

1. **STAFF & ORGANIZATIONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| JOB TITLE | QUALIFICATIONS | CERTIFICATIONS | SKILLS |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **APPENDIX**

|  |  |  |
| --- | --- | --- |
| FILE NAME | DESCRIPTION | LOCATION attachment / link |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |