**Lynnwood Community Health Proposal**

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

1. **PROJECT DESCRIPTION**

|  |
| --- |
| This project is about\_\_\_ |

1. **IMPACT ON TARGET AUDIENCE**

|  |
| --- |
| This project will help at-risk groups in our community, because\_\_\_\_\_\_ |

1. **OVERALL IMPACT ON COMMUNITY**

|  |
| --- |
| With this solution our community will improve, because\_\_\_\_\_ |

1. **GOALS & OBJECTIVES**  (what will be changed and how will you change it?)

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1. **PROJECT TIMELINE** (what will happen first, second, third, etc.)

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| --- | --- |
| ACTIVITY | PROJECTED DATE |
|  |  |
|  |  |
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1. **BUDGET** (cost of each item or action in your plan)

**BUDGET OVERVIEW**

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

1. **STAFF & ORGANIZATIONAL INFORMATION (**Who will be helping you or do the work?)

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

1. **APPENDIX** (any forms or documents you need or include in your plan)

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