**Lynnwood Community Health Proposal**

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

1. **PROJECT DESCRIPTION**

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1. **IMPACT ON TARGET AUDIENCE**

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1. **OVERALL IMPACT ON COMMUNITY**

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1. **GOALS & OBJECTIVES**

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1. **PROJECT TIMELINE**

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| ACTIVITY | PROJECTED DATE |
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1. **BUDGET**

**BUDGET OVERVIEW**

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

1. **STAFF & ORGANIZATIONAL INFORMATION**

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| Community Partner/  Job Title of service provider | QUALIFICATIONS | CERTIFICATIONS | SKILLS |
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1. **APPENDIX**

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| FILE NAME | DESCRIPTION | LOCATION attachment / link |
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