



2010 COMMUNITY WELLNESS FUNDING PROGRAM LETTER OF INTENT FORM

Applicant Organization Information			
Organization Name:			Date:
Street Address:			
City:	Zip Code:	Phone Number: ()	
Organization Type: 501(c) 3 <input type="checkbox"/> Public Agency <input type="checkbox"/> Other <input type="checkbox"/> :			
Director's Name:	Director's Title:	Director's Email:	
Key Organization Contact (To respond to questions about letter of intent)			
Name:		Title:	
Phone Number: ()		Email:	
Proposal Summary			
Project Title:			Total Project Cost:
Amount to be Requested from HPSJ:		Project Start Date:	
HPSJ Priority Area (Select one or more):			
<input type="checkbox"/> Access to Health Care <input type="checkbox"/> Eliminating Health Disparities <input type="checkbox"/> Childhood Nutrition and Fitness			
Project Description			
Using this space only, briefly describe the project and outcome(s) to be achieved.			
2. Communities Targeted : Provide your best estimate of the percentage of proposed activities to take place in the communities listed below: (Note: should total 100%)			
Escalon: ____% Lodi: ____% Manteca: ____ % Ripon:____% Stockton:____% Tracy:____% Other SJ County : ____%			
Galt: ____%			

If you should have any questions, please contact Jeff Slater at jslater@hpsj.com or 209-461-2213

Please e-mail completed form to: lsmith@hpsj.com no later than 4:00 pm on August 12, 2010.