

| <b>Field</b>                              | <b>Notes</b>   |
|---|--|
| Application Type                          | <b><i>Options: Innovation Grant, Impact Grant, or Community Health Improvement Grant</i></b>   |
| Primary Contact                           |  |
| Title of Proposal                         | <b><i>50 characters max</i></b>  |
| Proposal Objective                        | <b><i>Help text: A statement that describes what you are trying to achieve that is measurable and achievable by the end of the grant period. 500 characters max (100-125 words)</i></b>  |
| Proposal Summary                          | <b><i>Help text: What are you trying to achieve and how will you do it? How will this initiative work? 1000 characters max (200-250 words)</i></b>   |
| Amount Requested                          |  |
| Start Date                                |  |
| End Date                                  |  |
| Total Served                              | <b><i>Help text: How many individuals will this project impact within the grant period?</i></b>  |
| Geographical Area served                  | <b><i>Help text: If two or more regions of the state, please select statewide.<br/>(Options: Bayou Region, Greater New Orleans, Capital Area, Southwest LA, Northwest LA, Northeast LA, Acadiana, Central LA, Statewide)</i></b> |
| Need                                      | <b><i>What is the health issue negatively impacting your community that this proposal addresses? Please provide specific date and site sources to support your reasoning. (2000 characters max; 400-500 words)</i></b>           |
| Community Partners or Other Collaborators | <b><i>Help text: Who else in the community are you working with on this proposal? 1000 characters max</i></b>  |
| Use of Funds                              | <b><i>Help text: How will the requested funds be spent? Please be as specific as possible. 1000 characters max</i></b>   |