

Powering Healthy Lives: LOI Application Form

Please include this application form within your LOI Submission PDF Document.

**We recommend using Adobe Acrobat to enter required information into the PDF form fields. If you are using Mac OS Previewer, please only enter information into the form fields and refrain from using the text box feature.*

Organization Information

Primary Organization Name: _____ Organization's EIN #: _____

Organization Type: _____ If other, please specify: _____

Organization Address: _____ City: _____ State: ____ ZIP: _____

Annual Organizational Budget: \$ _____

Application Primary Contact: _____ Title: _____

Email: _____ Phone: _____

Is this project a collaboration or a partnership between more than one organization? _____

If so, please list all partnering organizations and their geographic location (*i.e. Urban Institute, D.C.*):

Call for Idea Information

Project Title: _____

Please indicate the most strongly aligned priority area of the proposal (visit USALEEP.urban.org for more information):

- People:** *Projects informed by the communities that have systematically experienced social and/or economic barriers to health*
- Place:** *Projects led by organizations that are located in and serving communities facing some of the worst health disparities, that use USALEEP data to better understand local assets and challenges.*
- Power:** *Projects committed to building power in communities by changing policies, laws, systems, environments, and practices in order to address inequities that impact health outcomes.*

Does the proposed project have a target audience, such as community organizations or key decision makers? _____

Please briefly describe: _____

Please provide a brief two- to three-sentence summary of your proposed idea:

Total Amount Requested: \$ _____ Link to Video Submission (*if applicable*): _____

Proposed Period of Performance: June 1, 2019 - _____
(*Not to exceed one year*)

For USALEEP Team Use Only:

Idea ID #: _____

Score: _____