**Engaging Communities to Assess Current Health Needs**

**APPLICATION FORM**

Instructions: Please complete fully.

|  |  |
| --- | --- |
| **Primary Contact** | |
| Project Contact | Name:  Phone #:  Email: |
| Fiscal Contact | Name:  Phone#:  Email: |
| **Organization Description *Briefly describe the organization’s mission and work. Specifically address population(s) served and focus of work and the community from which individuals will be gathered for this program.*** | |
| Organization’s mission and focus of work |  |
| Population(s) reached |  |
| **Goal and Expected Outcomes:  *Briefly describe the expected outcome measures - for example: anticipated number of individuals to participate, number of focus group sessions, tentative date(s) and location(s). Indicate also accommodation(s) to provide e.g. American Sign Language (ASL) or other language translator(s), incentives, food, etc.*** | |
| Anticipated number of participants |  |
| Number of focus group sessions (*Each 90-minute focus group session should accommodate 8 – 10 individuals)* |  |
| Tentative date(s) for Focus Group sessions |  |
| Location(s) for Focus Group sessions |  |
| Accommodation(s) to provide e.g. American Sign Language (ASL) or other language translator(s), incentives, food, etc. |  |