

NEW PROJECT REQUEST FORM

Name of Group or Lead Organization: _____

Address: _____

Contact Person: _____ Title: _____

Phone: () _____ Fax: () _____

E-Mail: _____

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Name of Program: _____

Description of Activity (Include location, purpose and objectives):

What is the primary risk factor focus area? CHECK ALL THAT APPLY

nutrition/healthy eating

smoke-free living

physical activity

stress management

other, please specify _____

What is the Rationale/Need for the Project:

Who are the partners actively involved in the planning and implement of the project (organization and name of individual). In order for a request to be considered, there must be at least two organizations actively participating.

Does this program link to other initiatives and/or agencies/groups in the community? Please indicate which ones.

Please indicate the amount of funding requested from T4H and the intended use of the funds.

Please list all additional funding sources.

Contact Person's Signature: _____ Date of Submission: _____

Please submit to:

**Shelley Bolden, Together 4 Health Coordinator
c/o Region of Waterloo Public Health
99 Regina Street South, Waterloo, ON N2J 4V3
Email: bshelley@region.waterloo.on.ca
For more information call: (519) 883-2008 ext. 5299**

