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| Requested By: | School/Unit: | Dean/Chair: | Email/Phone: |

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| **PROJECT INFORMATION** |
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| **Project Title:** |
| **Project Concept & Budget (Prepare a summary concept of one-page or less using the following criteria)***Brief description of proposed project*1. One or two sentence summary
2. Target population, geographic scope, timeframe, etc.
3. Budget narrative in a few sentences (i.e., requested amount, major budget categories, committed resources)

*Goals and intended outcomes*1. Statement about how the project aligns with the Health Fund’s overall mission and addresses at least one of the following eight areas: Infant Mortality, Health Services for foster & adopted children, Wellness & Fitness Programs, Access to Healthy Food, Mental Health Services, Technology Enhancements, Health-related Transportation Services, Foodborne Illness Prevention
2. Expected outcomes and impact and how they will be measured
3. Activities that will support achievement of expected impact and outcomes

*Additional details*1. Statement about how the proposed project will improve the health and wellness of Michigan’s residents with particular emphasis on children and seniors, if applicable
2. How the program will be sustained after grant period ends
3. Any other relevant information
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| **MICHIGAN HEALTH ENDOWMEMENT FUND: 2018 COMMUNITY HEALTH IMPACT PROGRAM RFP****Investment in projects that will have an impact on community health and wellness and are smaller in scale and complexity.** |
| **To be considered for a grant, proposals must:** *Support new or enhanced programs or strategies*1. ***Identify a clear path to sustainability***

NOTE: The Health Fund does not support clinical research or student training programs.[**Michigan Health Endowment Fund – Community Health Impact Program RFP**](http://healthendowmentfund.org/wp-content/uploads/2017/11/HealthFund_2018CommunityHealthImpact_RFP.pdf) |
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**Deadline for WSU Internal Review: November 20, 2017**

(Full proposal deadline for accepted concepts: December 21, 2017)

* Send all completed forms from the School of Medicine to smiller@med.wayne.edu
* Send all other completed forms Main Campus to julie.burtch@wayne.edu
* Contact Susan Miller (313-577-0078) or Julie Burtch (313-577-9026) with any questions.