**Two Rivers**

Health & Wellness Foundation

**Grant Application**

*(Please us the* ***Tab Key*** *or the* ***Mouse****, but not the Enter Key, to move between fields.)*

**Grant Period: Organization Name:**

**Project Title:**

**Address:**

**City: State: Zip: Phone:**

**Email:**  **Project Director:**

**Contact Person: Title: Total Budget of Program Covered by this RFP:**  **Amount Requested: Funding Priority Category for This Proposal:**

Maternal, Infant & Child health  Mental /Behavioral Eldercare

Dental Care Health Programs for Medically underserved

**Key Funding Areas That This Proposal Will Focus On (may be multiple):**

Violence Prevention Access to Care Healthy Lifestyles

Transportation Education Housing Inititives Other

**Project Abstract:** *Please summarize your project in one paragraph.*

***Please note:*** *If a grant is awarded, it must be used for the program/project for which funds were requested.*

**Signature of Approving**

**Institutional Personnel:**

**Name:**  **Title:**

*(Please print or type)*

**[Add all supporting material here.]**