

## 2016 Alliance Health Program Application

### **Description of Project or Program:**

### **Funding Requested:**

- 1) What are the total funds required?
- 2) Provide details on project items and costs
- 3) Is partial funding an option? If so, how do you propose to fund the remaining costs?

### **Impact on Community Health:** (Answer at least one question below)

- 1) How are medical and/or health community needs met by this project?
- 2) Does this project improve the quality of life through health education or services?

### **Participating Organization/Program:**

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

### **Volunteer Opportunities for SCMSA Current Members:**

- 1) Description and duration of duties
- 2) Number of volunteers needed
- 3) Name of volunteer coordinator for project

**Is this a new project?**    Yes                      No

If previous project:

- 1) Total number of people who benefited from project
- 2) Total of SCMSA volunteers utilized
- 3) Describe how SCMSA funding was utilized (attach documentation)

**SCMSA Sponsor:**

Email:

Address:

Telephone:

**Sponsor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Submit application per email to [algelber@comcast.net](mailto:algelber@comcast.net) and send hard copy to Amy Gelber, 1605 Scarlett Place, Springfield, IL 62704, by Jan 20, 2016)*