**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:**       **Email:**

**Organization Name:**

**Address:**

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

**Phone:**       **Fax:**       **Project Director:**      

**Contact Person:**        **Title:**

**Project Title:**      

**Total Cost of Project:**        **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 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.]**