

**LETTER OF INTENT**

**Program Collaboration: Social Determinants of Health Planning Initiative  
January 1, 2009 – December 31, 2009**

(Grants funded in Year One may be eligible for continuation funds in year Two, contingent on availability of funds)

**LEGAL NAME OF APPLICANT:** \_\_\_\_\_

**TITLE OF PROPOSAL (a working title will suffice)**\_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** (\_\_\_\_) \_\_\_\_\_ **FAX:** (\_\_\_\_) \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**SOCIAL DETERMINANT FOCUS (Check one):**

- Increasing affordable family housing
- Increasing neighborhood safety issues
- Increasing health-enhancing resources in a community
- Supporting children’s health development and learning
- Supporting community development to increase economic opportunities

**PROJECT DESCRIPTION:** *(Concisely describe purpose of the request, health equity question to be addressed, target population, and health impact assessment topic)*

**SIGNATURE OF AUTHORIZED PROPOSER REPRESENTATIVE:**

\_\_\_\_\_

**DATE:** \_\_\_\_\_