

8.2 PART 1 – APPLICANT INFORMATION

1. TYPE OF PROPOSAL (check one)

- PLANNING LEVEL
- IMPLEMENTATION LEVEL

2. NAME OF PROPOSAL _____

3. PRIMARY CONTACT

APPLICANT INFORMATION		
ORGANIZATION/COALITION: _____		
PRIMARY CONTACT PERSON: _____		
ORGANIZATION AFFILIATION: _____		
ADDRESS: _____		
CITY: _____	STATE: <u>WI</u>	ZIP: _____
PHONE: _____	FAX: _____	
E-MAIL ADDRESS: _____		
WEBSITE: _____		
FISCAL AGENT (if different from above)		
ORGANIZATION/COALITION: _____		
PRIMARY CONTACT PERSON: _____		
ADDRESS: _____		
CITY: _____	STATE: <u>WI</u>	ZIP: _____
PHONE: _____	FAX: _____	
E-MAIL ADDRESS: _____		
WEBSITE: _____		
EMPLOYER IDENTIFICATION NUMBER: _____		
TYPE OF AGENCY (check one):		
<input type="checkbox"/> State Agency	<input type="checkbox"/> Private, Non-Profit Agency	<input type="checkbox"/> Proprietary
<input type="checkbox"/> Unit of Local Government (specify) _____	<input type="checkbox"/> Tribal Reservation	
<input type="checkbox"/> Other (specify): _____		

4. DIVISION OF PUBLIC HEALTH REGION IMPACTED BY THIS PROPOSAL

- SOUTHERN REGION
- SOUTHEASTERN REGION
- NORTHERN REGION
- NORTHEASTERN REGION
- WESTERN REGION
- STATEWIDE

5. PRIMARY COUNTY OR CITY IMPACTED BY THIS PROPOSAL: _____

6. GROUPS POTENTIALLY TARGETED BY THIS PROPOSAL

AGE (check all that apply)
<input type="checkbox"/> INFANTS (0- <2)
<input type="checkbox"/> PRE-SCHOOL CHILDREN (2-5)
<input type="checkbox"/> CHILDREN (6-12)
<input type="checkbox"/> ADOLESCENTS (13-17)
<input type="checkbox"/> ADULTS (18-64)
<input type="checkbox"/> SENIORS (65+)
<input type="checkbox"/> NOT YET DETERMINED
RACIAL AND ETHNIC (check all that apply)
<input type="checkbox"/> AMERICAN INDIAN
<input type="checkbox"/> ASIAN
<input type="checkbox"/> BLACK OR AFRICAN AMERICAN
<input type="checkbox"/> HISPANIC OR LATINO
<input type="checkbox"/> WHITE
<input type="checkbox"/> NOT YET DETERMINED
GENDER (check all that apply)
<input type="checkbox"/> MALE
<input type="checkbox"/> FEMALE
<input type="checkbox"/> NOT YET DETERMINED
OTHER
BRIEFLY DESCRIBE GROUPS TO BE TARGETED:

7. NPAO PROGRAM PRIORITY STRATEGY AREA ADDRESSED BY THIS PROPOSAL

- STRATEGIC PLANNING, COALITION BUILDING, AND INTERVENTION DEVELOPMENT (PLANNING LEVEL ONLY)
- ACTIVE COMMUNITY ENVIRONMENTS
- BREASTFEEDING SUPPORT
- FOOD ENVIRONMENT
- SCHOOL WELLNESS
- WORKSITE WELLNESS
- OTHER _____

8. TARGET BEHAVIORS ADDRESSED BY THIS PROPOSAL

(check all that apply)

- INCREASE PHYSICAL ACTIVITY
- INCREASE CONSUMPTION OF FRUITS AND VEGETABLES
- DECREASE CONSUMPTION OF SWEETENED BEVERAGES
- INCREASE BREASTFEEDING INITIATION, DURATION AND EXCLUSIVITY
- DECREASE TELEVISION VIEWING
- REDUCE CONSUMPTION OF HIGH ENERGY DENSE FOODS
- OTHER_____
- NOT YET DETERMINED

NOTE: The above questions are not scored.