

Before filling out this form, please read the request for applications at <https://www.epa.gov/smartgrowth/healthy-places-healthy-people-2017-2018-application>

Lead Organization:

Project Location City: State: County:

Population (See: <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>):

Point of Contact (must be available for duration of project to lead coordination of local participation and interact with the planning assistance team)

First Name: Last Name:
Position/Title:
Email: Phone Number:

Regional/Tribal Designation (if applicable)

Delta Region (as defined at <http://dra.gov/about-dra/map-room/>) Tribe (please identify)
Appalachian Region (as defined at <http://www.arc.gov/counties>)

In the space below, explain your interest in the Healthy Places for Healthy People program. You should include answers to the following:

- What is the project’s geographic scope (e.g., neighborhood, city-wide)? What is the area’s demographic makeup and economic condition?
- What challenges does your community face around downtown or neighborhood revitalization?
- What health-related challenges does your community face?
- How do you propose to leverage health care facilities as an economic anchor and catalyst for downtown/neighborhood revitalization?
- How would a community workshop through Healthy Places for Healthy People help you achieve your goals?
- What will be the environmental benefits of achieving your goals?
- What role will community representatives (governmental or non-governmental) and health care facility(ies) play in this technical assistance project and in implementing the action plan that results?
- What other partners will be involved in creating and implementing your action plan, such as other health-oriented organizations, community organizations, public agencies and institutions, local development districts/regional development organizations, community colleges/universities, non-governmental organizations, foundations, and businesses? How will elected officials support this effort?
- What assurances can you make that you will implement the action plan that our technical assistance team will help you develop?

Your response must fit into the two boxes below. Text does not automatically flow from one box to the next. You must click on each box.

