



Greater Milford Community Health Network: CHNA 6

Notification of Intent to Apply Form

Forms should be submitted via email to grants@chna6.org.
Please submit one letter for each application you intend to submit

Organization:

Address:

Contact Person:

Telephone:

Email:

CHIP Priority Area (check one):

Chronic Disease Prevention and Health Promotion

Mental Health and Substance Use

Violence Prevention

Access

Approximate Funding Request Amount:

Please provide brief project description (1 sentence):