

CHLN Dissemination Flyer Financial Support Application

Name of Project:

CHLN members involved:

Amount requested (must be \$1500 or less):

Was this project supported by a grant/philanthropic gift? Yes No

If yes, please list granting agency, dates of support, and total grant award.

Please list the main goals of the project:

Please explain the need for a dissemination flyer:

Target audience for the dissemination flyer:

Do you need this by a specific deadline? If so, please list:

Please provide any additional information that may be helpful in the review of your application:

Applications are reviewed by CHLN leadership monthly. Thanks for your interest in support from the Center for Children's Healthy Lifestyles & Nutrition, a cross site partnership between KUMC and CMH.