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| **Resource Leveraging Assistance Form** Date of Request\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (for 2015 CHA Partners)Please return to: csmith@ahihealth.org |
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**Requested Return Date:**  |
| **Please check all that apply** |
| [ ]  **Grant Assistance:** *AHI Staff will assist in the writing stage or review a written proposal.*

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[ ]  **Data Support for Applications:** *AHI will provide supporting data for a specific need, such as a grant application, CON application, business plan, or other proposal. AHI will provide data and analysis tailored to the application.* |
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[ ]  **Funding Opportunity Searches:** *AHI will research funding opportunities tailored to your request and will also create corresponding summaries if applicable.*  |
| **Name** |
|  |
| **Organization** |
|  |
| **Email Address and Phone Number** |
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