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| **Resource Leveraging Assistance Form** Date of Request\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (for 2015 CHA Partners)  Please return to: [csmith@ahihealth.org](mailto:csmith@ahihealth.org) |
| |  | | --- | |  |   **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.* |
| |  | | --- | |  |   **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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