

**GLENDALE HEALTHIER COMMUNITY COALITION
REQUEST FOR ENDORSEMENT OR LETTER OF SUPPORT**

Contact Information

Name		Date	
Address		E-Mail Address	
City	Zip Code	Project Name	
Telephone	FAX	Project Director	
Cell Phone	Total Budget	Requested by	
Project Description (50 words or less)			

A. GHCC membership: I (our organization) have/has attended at least 3 of the last six (6) GHCC meetings, (may include Executive Committee meetings.) Yes No

B. Requests from non-members (non-GHCC) must obtain a GHCC sponsor to submit their request. This application is being co-sponsored by the following GHCC member.

Name	Title
Signature	Date

C. Requested level of endorsement: (Select one of the following.)
 1. Letter of Support only (Grant Writing Committee)
 2. Limited oversight for grant may be provided to active members of GHCC for projects that require GHCC participation (Executive Committee) including:
 a. Evaluation b. Assessment c. Monitoring d. Direction
 3. Sponsorship (full coalition)

D. Please provide a sample letter of support or detail the scope of GHCC's proposed involvement in the project and attach it to this application.

E. Briefly explain how this proposal supports healthy communities.

F. When completed please e-mail or fax this application and attachments to each of the Grant Writing Development Committee members listed below. (Electronic version Microsoft Word for Windows)

Name:	Telephone Number:	Fax Number:	E-mail address:
Bruce Nelson, Glendale Adventist Med Ctr	818/409-8008	818/546-5688	nelsonbr@ah.org
Lynn Brandstater, Verdugo Mental Health	818/244-7257 x 1140	818/243-5431	brandstaterceo@vmhc.org
David Davis, VNA Care	818/956-1860	818/956-4887	david.davis@vnacare.com
Sona Zinzalian, Armenian Relief Society	818/241-7533	818/241-5755	arssocialservice@aol.com
Deborah Davenport, LA County Pub Health	818/487-0028	818/487-0110	ddavenport@ladhs.org
Kathy Sheppard, Glendale Public Library	818/548-3752	818/409-7030	ksheppard@ci.glendale.ca.us