



Taking Your Organization to
The Next Level

COMMUNITY HEALTH EXPANSION TECHNICAL ASSISTANCE (CHETA)

TECHNICAL ASSISTANCE PROJECT APPLICATION

Agency Information

Agency Name:		
Telephone:	Fax:	
E-mail Address/Website:		
Address:		
City:	County:	Zip Code:

Executive Director:		
Contact Name (if not Executive Director):		
Contact Title:		
Telephone:	Fax:	
E-mail Address:		

Organizational Information

- Provide a brief organizational history.

- Please provide a mission statement (if available).

- Please provide a list of the area of expertise of your governing board (i.e., legal, banking, fundraising, public relations, etc.).

- Please provide a brief description of the areas in which you would like to receive technical assistance.

Attachments

- IRS ruling letter indicating the organization is tax-exempt as a 501c(3) and not classified as a private foundation under IRS Code Section 509(a). Please confirm that these rulings remain in effect.
- Organizational Chart (if available)

Signature of Executive Director of applicant agency

Executive Director (Print)

Executive Director (Sign)

Date

Office Use Only

Received on: _____

Status: _____