# Massachusetts League of Community Health Centers

**Primary Care Workforce Initiative**

**2017 Career Development**

**Special Projects Initiative**

**Cover Sheet (one page)**

**Please submit one electronic copy and one hard copy.**

**Date of Submission**

## Name of Applicant

Home Address

E-Mail Address

Home Telephone       [ ]  Primary

Work Telephone       [ ]  Primary

Cell phone       [ ]  Primary

Date of hire

**Community Health Center**

**CHC Site**

**Address**

**Phone**

**Email**

## Project Title:

**Type of Project**: [ ]  Special Project

[ ]  Mini-Fellowship

 [ ]  International Experience

**SUMMARY OF SPECIAL PROJECT (limit to 250 words)**

|  |
| --- |
|       |

**Grant Request:**       **Total Project Cost:**

**CEO/Executive Director Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**