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**Community Health Champion Grant Application**

Please type your answers within this document. Adjust spacing as needed.

Upload this completed application and your city’s W-9 form at this website

**https://www.bcidahofoundation.org/community-health-champion/**

**City Name**

**Describe your community (150 words or fewer)**

**What does community health mean to you?**

**What makes your city a Community Health Champion?**

**List up to five programs/policies/projects that showcase community health in your city**

**How does your city help remove barriers to health opportunities for all members of your community?**

**Will you be attending the AIC Annual Conference Dinner on June 19?**