

## ***Seventh Episcopal District Health Ministry Proposal***

# **Proposal Request For Health Commission Ministry Programs**

Please complete this form and tell us about your organization/agency and how you propose to work with the Seventh Episcopal District Health Commission Ministry. This will help us to review and prepare our consideration of your proposal. Thank you for your interest in the health program of our church. Thank you for your time.

Please submit your completed form to :

Health-e-AME  
7th Episcopal District Health Commission  
1175 Mathis Ferry Rd M2  
Mt. Pleasant SC 29464

Fax (843) 792-7476      (843) 876-1949 - email: [rswinton777@yahoo.com](mailto:rswinton777@yahoo.com)  
<http://health-e-ame.com>

Your Agency/Organization Name:

### 1 – Contact Person

Name/ Title :  
Address: Phone  
Fax  
Cell  
email :

B. What type of organization?

Profit

Non-Profit

### Organization/ Agency

A. Brief history of your organization or agency.

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### **2 – What type of program or activity are you proposing?**

<b>A. Program/Activity's topic, purpose, target audience and region of the state you seek to reach ?</b>	
<b>B. Please list the aims and objectives of this activity? Proposed date(s) Location(s)</b>	
<b>C. Have you partnered with the Health Commission Ministry before? If yes, when and in what way? Include numbers etc.</b>	

### **3 – What are the measurable outcomes you expect from this activity?**

<b>Please indicate how the outcome will be measured and how you will share the outcomes with us.</b>	
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### **4 -- What do you require from us to ensure a good partnership for this program?**

<b>Please indicate what you will need from us to help support the success of this event.</b>	
<b>B. How did you learn about the AME Health Ministry program?</b>	

### **5- Future Programs**

<b>A. What other programs would you like to share with the Health Commission Ministry?</b>	
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The 7<sup>th</sup> Episcopal District Health Commission requests full disclosure of information sharing of proposals and all data, inclusion in all articles and media activity related to this program activity for the full length of time that the information is shared. We also request a copy of the full program for our review in determining a partnership for short or long term involvement We thank you in advance for your interest in working with our health ministry team. 2005