# 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)**

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| --- |
|  |

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

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