



AAFP Chapter Health Equity Planning Grants

DEADLINE : MAY 10, 2019

To apply for a Health Equity Planning Grant, please complete the following application and email to Kevin Kovach, the AAFP's Population Health Manager, at kkovach@aafp.org.

Chapter Name: _____

Chapter Project Manager: _____

Contact Email: _____

Address: _____

City, State, ZIP: _____

Please describe why health equity is important to your chapter?

Please summarize your chapter's current or planned involvement in health equity initiatives.

Please summarize the barriers or challenges your chapter has experienced or anticipates in your work to advance health equity.

CHAPTER EXECUTIVE SIGNATURE

CHAPTER PRESIDENT SIGNATURE

FOR MORE INFORMATION ABOUT THE HEALTH EQUITY PLANNING GRANTS,
PLEASE CONTACT KEVIN KOVACH AT (913) 906-6143 OR KKOVACH@AAFP.ORG.

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