

APPENDIX A



**HAMILTON COUNTY PUBLIC HEALTH  
Strategic Alliance for Health Program**

**Mentoring Application**

**Applicant Agency/Organization:** \_\_\_\_\_

**Applicant Agency Address:** \_\_\_\_\_

**Primary Applicant Agency Contact Person/Title:** \_\_\_\_\_

**Telephone Number:** ( ) \_\_\_\_\_ **Email:** \_\_\_\_\_

**County of Proposed Intervention:** \_\_\_\_\_ **County's Population Size:** \_\_\_\_\_

- Type of Applicant Agency:** *(Check One)*
- Local Government
  - Local Education Agency
  - County Education Agency
  - City/County Health Department
  - Non-Profit Organization
  - Community Based Organization
  - Other: \_\_\_\_\_

**Intervention Sector(s):**

- Community
- School District(s)

**Risk Factors Addressed:** *(Check all that apply)*

- Physical Activity
- Nutrition
- Tobacco

**Please select up to 3 policy and/or environmental change strategies for mentoring:**

- Tobacco-free policy (community)
- Tobacco-free school policy (schools)
- Infrastructure enhancements (community)
- Competitive food guidelines (schools)
- Community gardens (community)
- School gardens (schools)
- Physical activity before- and after-school (schools)