# OFFICE OF MINORITY HEALTH
## FY 2004 BILINGUAL/BICULTURAL SERVICE DEMONSTRATION GRANT PROGRAM

### PROJECT PROFILE

1.     **APPLICANT ORGANIZATION:**
2.     **PROJECT DIRECTOR:**
3.     **ADDRESS:**
4.     **PHONE:**                      **FAX:**
5.     **E-Mail/Internet:**
6.     **PROJECT TITLE:**
7.     **HEALTH CARE**
**FACILITY:**_____
8.     **Evidence of organizational linkage between the minority-serving community-based organization and the health care facility.  Location/page number within application:** _____

9.     **Healthy People 2010 focus area(s) addressed in project.  (Identify at least 1, but not more than 3 areas):**

| | | | |
|---|---|---|---|
| ___ | **Cancer** | ___ | **Maternal, Infant, and Child Health** |
| ___ | **Child and Adult Immunizations** | ___ | **Mental Health** |
| ___ | **Diabetes** | ___ | **Obesity and Overweight** |
| ___ | **Environmental Health** | ___ | **Oral Health** |
| ___ | **Heart Disease and Stroke** | ___ | **Substance Abuse** |
| ___ | **HIV/AIDS  Sexually Transmitted Diseases** | ___ | **Tobacco Use** |

10.     **Language and/or Dialect** being addressed (specify):_____

| Check all that apply for the proposed project. Projected numbers are to be inserted in the corresponding columns provided. | Projected Number of LEP individuals to receive services, by year. | | | Projected Number of Service Providers to be trained, if applicable, by year. | | |
|---|---|---|---|---|---|---|
| | **YR 01** | **YR 02** | **YR 03** | **YR 01** | **YR 02** | **YR 03** |
| ***Racial/Ethnic Groups***<br><br>____American Indian/Alaska Native<br>____Asian<br>____Black/African American<br>____Hispanic/Latino<br>____Native Hawaiian or Other Pacific Islander<br>____Other (specify):_____<br>Identify Subpopulation(s) (e.g., Samoan):<br>_____ | | | | | | |
| ***Gender***<br>          ____Male<br>          ____Female | | | | | | |
| ***Age Group*** (Complete age range)<br>          *__Age Range__*<br>____Prenatal<br>____Infants     (____to____)<br>____Children  (____to____)<br>____Adolescents (____to____)<br>____Adults     (____to____)<br>____Elderly    (____to____) | | | | | | |