



*Blueprint for Health: Promoting Community Level  
Health Improvement in Rural South Carolina*  
**Request for Application (RFA) Response**  
**November 2018**

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Organization Name (if representing an organization):
Mailing address, including street, town, zip:
Phone Number:
Email address:
Web address (if applicable):
Is this person a coalition member? Yes ___ No: ___
If yes, # of years serving on the coalition:
Does the person live in the county? Yes ___ No: ___ If no, does she or he work in the county 20 hours a week? Yes: ___

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