**Proposed Evidence-Based Health Promotion Programs**

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| **Evidence-Based Program to be Provided**(i.e. CDSMP, MOB, or otherEvidence-Based Programs that meets AoA’s highest tier of evidence) | **Community/Area to be Served** | **Type of Location**(i.e. senior apartments, senior center) | **# of Workshops** |
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|  |  | Total # of Workshops: |  |