**Proposed Evidence-Based Health Promotion Programs**

**Instructions:** Complete this form including the Evidence-Based Programs proposed to be provided during the grant year, communities/areas to be served, types of locations where the programs will be held and the number of workshops to be conducted. Total the number of workshops at the bottom of the table.

|  |  |  |  |
| --- | --- | --- | --- |
| **Evidence-Based Programs to be Provided**  (i.e. CDSMP, DSMP, MOB, or other  Evidence-Based Programs that meets AoA’s highest tier of evidence) | **Communities/Areas**  **to be Served** | **Types of Locations**  (i.e. senior apartments, senior center) | **# of Workshops** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Total # of Workshops: |  |