



Appendix B1: *We Choose Health* Supplementary Workplan

General Instructions

In response to a problem discovered with the work plan template on Page 26 of Appendix B, we are providing this supplementary work plan form. **If you are applying to work on fewer than eight of the strategic objectives, you do not need to use this form.** Simply skip the template on Page 26, and use as many of the remaining templates as needed.

If you do need to use this supplementary form, you may attach it directly to Appendix B using tools in Acrobat Reader, or include it as a separate PDF along with your completed application. If you choose to send it as a separate file, please save it using the name of your organization adding “_B1” to the file name (e.g., CaribouCountyHD_B1.pdf, EasternHealthCenter_B1.pdf, etc.).

See the last page of Appendix B for complete application submission instructions.

