

# SECTION 4

## Appendices



**HEART HEALTH PROGRAM**

**Activity Plan Format**  
Period Covered

Name of Project and Board of Health:  
Provincial Program Objective(s):  
Local Project Objective(s):  
Channel/Site\*:

Contact Person:  
Telephone Number: ( )

Initiative/Activity (title & brief description)	Community Involvement	Risk Factor*	Approach*	Resource Allocation++	Timing	Audience / Intended Reach	Projected Results	Monitoring / Evaluation Activities

\* if applicable

++ non-staff program dollars and staff complement