

Submitting Organization			
Organization Name	County(ies) of Service	Liaison Name	Liaison Email
Erie County Department of Health - Office of Health Equity	Erie	Michael Wiese Lara Nkurunungi	Michael.Wiese@Erie.gov Lara.Nkurunungi@Erie.gov
Is this a joint plan? Yes/No	No		
<i>Note: a joint plan is defined as submitting one Community Health Assessment and Community Health Improvement Plan for both the LHD(s) and hospital(s) within the same county.</i>			

Participating Organization(s)			
Organization Name	County(ies) of Service	Liaison Name	Liaison Email
Org B: <i>If this is a joint plan, add the names of all participating LHDs and hospitals.</i>			
Org C:			
Org D:			

[illegible]

