

HEALTHY EATING PARTNER PROJECT APPLICATION 2017-2018

Organization:

Contact:		Business Agent:	
Address:		Address:	
City:	Zip Code:	City:	Zip Code:
E-mail:		E-mail:	
Phone:		Phone:	
Fax:		Fax:	

Project Lead (If different than Contact):

Total Number of Target Population Served:

I submit this partner project application with Living Healthy Washington County (LHWC) and the Statewide Health Improvement Partnership on behalf of the organization listed above. If approved for funding my organization will provide a 10 percent match of the total funding amount being requested. As the organizational representative, I agree my project lead will fully participate in the assessment and evaluation process, including but not limited to submitting reports and invoices on time and information as requested. Additionally, the project lead will follow all application guidelines for use of funds if awarded.

Organizational Representative Signature:

Date:

Has your organization ever received LHWC-SHIP funding? Yes No

PROJECT DESCRIPTION

1. A) Please select one focus area below that your project will address. Please see Application Guidelines document for activity ideas and funding parameters.

- Food Shelf
- Fresh Green Buck\$
- Concession Stands and Vending Machines
- Community Based Agriculture
- Training: _____ (indicate focus)
- Other: _____ (project focus)

B) Describe how your project incorporates any of the following changes:

- Policies – (what standards or guidelines will be developed, proposed, or implemented?) Example: Create a new guideline to designate the percentage of funds to support stocking ethnic foods at the food shelf by February 2018.
- Systems change - (how does the project impact multiple processes, or the entire organization?) Example: Community based agriculture design project to develop growing sites at multi-unit locations by January 2018.
- Environmental – (how has the facility been changed to improve health?) Example: implementing supports that promote healthy eating by providing designated space for the target population served to grow vegetables and fruit in a community garden.

C) Please provide a brief explanation of how this project will improve health for the target population you serve? If applicable please include any supporting data here.

D) What do you see as the challenge in implementing this project?

E) How do you plan to address these challenges?

ORGANIZATIONAL OVERVIEW

2. Please describe the lead organization, requesting the funds including current efforts and years of existence.

3. Besides the lead agency, please list any partners that will be involved in the project and what their role will be. Add additional lines as needed.

Name:	Agency/Position:	Role in Project:

DEMOGRAPHICS AND REACH

4. Tell us about the population(s) your organization will serve.

This project will focus on (check all that apply):

- Older adults over age 60
- Low income
- Diverse Groups
- Other (please explain) _____

Estimate the number of people who will be reached by your activity: _____

Geographic area served: _____

GOALS

5. What are the goals of your project? What do you hope to achieve by the end of October 2018? Example: *By October 31, 2018 the (applicant name) will obtain permission to establish designated space and materials for a community garden to accommodate the physical and nutritional need for those 60 and older.*

6. How will you sustain the project, initiative or policy beyond SHIP funding?

7. Are you interested in incorporating composting, recycling, or food/waste reduction as a component of your project? Selected projects may be eligible for additional assistance and support to incorporate this component.

- Yes
- No

8. Please complete the action plan on the following page for your project initiative. Requirements and responsibilities of project lead are provided in the last two rows in black font and must remain in the action plan. Please refer to the Application Guidelines for funding information, additional definitions and examples. If funded, LHWC Staff will work with you to finalize this action plan to prepare it for the contracting process. Add additional rows as needed.

For questions contact Chloe Richter at 651-430-4027 chloe.richter@co.washington.mn.us

HEALTHY EATING PARTNER PROJECT ACTION PLAN

Specific Activities Proposed <i>Activities that will lead to expected outcomes.</i>	Expected Outcomes: <i>What are the expected results or outcomes for the specific activities listed on the left? What is measurable as a result of the activity? How many people do you expect to reach through this activity?</i>	Completion Date for Activity:	Budget <i>Provide a budget for each activity and description of how those funds will be used.</i>
TOTAL AMOUNT REQUESTED: UP TO A MAXIMUM AMOUNT OF: \$5,000			

IN-KIND CONTRIBUTIONS

Applicants must provide a 10 percent match of the total funding amount being requested. Please summarize in-kind contributions or other funding sources below. Must include dollar amounts. (i.e. staff time, supplies, equipment, etc.):

10% Match Required:

Other in-kind contributions:

Total in-kind contributions:

- **Project lead will complete invoices and reimbursement forms while ensuring work plan activities are being completed. Invoices are due on the 10th of each month through October 2018.**
- **Project lead will participate in monthly updates and complete Final Evaluation Report, due 10/31/18.**

If you need assistance due to disability or language barrier please call 651-430-6001 (TTY 651-430-6246)
EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYEE 11/17

Return completed application electronically, by fax or through the mail by December 20, 2017 to: Chris Fennern, Washington County Department of Public Health and Environment, 19955 Forest Road North, Forest Lake, MN 55082, Fax: 651-275-7271 Chris.Fennern@co.washington.mn.us