

ACTIVE LIVING OR HEALTHY EATING MASTER PLANNING PROJECT APPLICATION 2018

Organization:			
Contact:		Business Agent:	
Address:		Address:	
City:	Zip Code:	City:	Zip Code:
E-mail:		E-mail:	
Phone:		Phone:	
Fax:		Fax:	
Federal Tax ID Number:			
Project Lead (if different than contact):			

I submit this partner project application with Living Healthy Washington County (LHWC) and the Statewide Health Improvement Program 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. Describe your proposed project and how it will improve access to physical activity or healthy foods for the populations you serve in Washington County. Please provide links or copies of the pertinent sections of master or comprehensive plan initiatives that support or are relevant to the proposed project.

DEMOGRAPHICS AND REACH

2. How will your plans target SHIP priority populations (people 60+, children, low income, and diverse populations). How many people do you expect this project to reach?

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ORGANIZATIONAL OVERVIEW

3. Briefly describe your city, coalition or community organization and the contracted agency and other staff who will be working on this master planning project.

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STAFF

Name	Position	Contact information

CONTRACTING AGENCY

Company Name:

Consultant Name:

Contact Information:

4. Besides the lead planner, staff and consultant, please list any community partners, citizen commission members or others that will be involved in the project and what their role will be. Add additional lines as needed.

Name:	Agency/Position:	Role in Project:

5. How will you promote and sustain this work beyond LHWC-SHIP funding?

6. 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.

MASTER ACTIVE LIVING OR HEALTHY EATING PLANNING - ACTION PLAN (add additional lines as needed)

<p>Specific Activities Proposed Activities that will lead to expected outcomes.</p> <p><i>Example: Hire a consultant to provide phase II planning for the _____ trail system in _____ location in order to improve safety at trail/road crossings.</i></p>	<p>Expected Outcomes: What are the expected results or outcomes for the specific activities listed on the left?</p> <p><i>Example: Greater visibility and slower automobile traffic to allow for safer crossing of those using the _____ trail at _____ and _____ intersections.</i></p>	<p>Completion Date for Activity:</p> <p><i>Example: August 2018</i></p>	<p>Budget Provide a budget for each activity and description of how those funds will be used.</p> <p><i>Example: \$10,000 for consultant fees.</i></p>

Return completed application electronically, by fax or through the mail by January 19, 2018 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

Project lead will complete invoices and reimbursement forms while ensuring action plan activities are being completed.	Invoice options include: Monthly and or final	The 10 th of each month, February - October 2018	In-Kind
Project lead will participate in informal monthly check-ins, one site visit and complete the Final Evaluation Report.	Submit Mid-Term and Final Evaluation Reports	Monthly Check-ins 11/10/2018 Final	In-Kind
<i>*Refer to application guidelines for list of allowable expenses.</i>		Total Amount Requested UP TO A MAXIMUM OF \$15,000	

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 the item and dollar amount. (i.e. staff time, supplies, equipment, etc.): *Example: Staff time: Salary x hours of work = \$ total amount*

For questions contact: Stephanie Souter at 651-430-6701 or Stephanie.souter@co.washington.mn.us or Kim Ball at 651-430-4040 or Kim.ball@co.washington.mn.us

If you need assistance due to disability or language barrier please call 651-430-6001 (TTY 651-430-6246) AN EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYEE 12/18

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