



www.LivingHealthyWC.org

**RECREATIONAL AND ADAPTIVE BIKE EQUIPMENT PROJECT 2018**

**Organization:**

<b>Contact:</b>		<b>Business Agent:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>City:</b>	<b>Zip Code:</b>	<b>City:</b>	<b>Zip Code:</b>
<b>E-mail:</b>		<b>E-mail:</b>	
<b>Phone:</b>		<b>Phone:</b>	
<b>Fax:</b>		<b>Fax:</b>	

**Project Lead (If different than Contact):**

I submit this pilot project action plan with Living Healthy Washington County (LHWC) and the Statewide Health Improvement Program on behalf of the organization listed above. 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 guidelines for use of funds.

**Organizational Representative Signature:**

**Date:**

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

**ORGANIZATIONAL OVERVIEW**

**1. Tell us about your organization, including implementation of previous LHWC-SHIP partner projects.**

Description:

Tell us about the people that your organization serves:

- Low income
- Diverse groups
- Adults with disabilities
- Children with disabilities
- Older adults over age 60
- Other (please explain) \_\_\_\_\_

**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](mailto:Chris.Fennern@co.washington.mn.us)

**2. Tell us about your current connections, programs or efforts to reach and work with the target populations listed above:**

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**3. Please describe your current process for loaning equipment to clients or members of the public.**

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**4. Please describe your current process for including safety information, training of staff and orientation of clients on safe use of equipment.**

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**5. How does your organization currently promote wellness programs or resources? How would you promote the adaptive or recreational equipment to your customers?**

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

Name:	Organization/Position:	Role in Project:


**GOALS**

**7. How will you promote and sustain the use of adaptive or recreational equipment beyond LHWC- SHIP funding?**

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**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 guidelines for funding information, additional definitions and examples. LHWC Staff will work with you to finalize this action plan to prepare it for the contracting process. Add additional rows as needed.**

**ADAPTIVE BIKE and BICYCLE EQUIPMENT PROJECT - ACTION PLAN**

<b>Specific Activities Proposed</b> <i>Activities that will lead to expected outcomes.</i>	<b>Expected Outcomes:</b> <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 individuals or organizations do you expect to reach through this activity?</i>	<b>Completion Date for Activity:</b>	<b>Budget</b> <i>Provide a budget for each activity and description of how those funds will be used.</i>
<i>Example 1: Purchase one bike maintenance station and a trail bench for the _____ trail system</i>	<i>Promote biking in our local parks and trail system. Will be hosting a bike maintenance workshop in the June to help with promotion</i>	<i>June 2018</i>	<i>\$2000 for bike equipment Installation is not included</i>
<i>Example 2: Revise equipment loan procedures to include staff and customer safety training/orientation for adaptive bikes.</i>	<i>By October 31, 2018 the (site name) will promote new equipment or adaptive bike program to at least 5 local organizations to improve access to physical activity.</i>	<i>October 31, 2018</i>	<i>In-Kind staff time</i>

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Project lead will complete invoices and reimbursement forms while ensuring action plan activities are being completed.	Invoice Options Include: monthly and/or final	The 10th of Each Month June-October 2018	
Project lead will participate in informal monthly check-ins, one site visit and complete the Final Evaluation Report.	Submit Final Report	Monthly check-ins 10/31/2018- Final Report	
<p><i>*Refer to the guidelines for list of allowable expenses.</i></p>			<p><b>TOTAL AMOUNT REQUESTED: UP TO A MAXIMUM AMOUNT OF: \$2,500</b></p>

IN-KIND CONTRIBUTIONS
<p><b>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.):</b></p>
<p><b>10% Match Required:</b></p>
<p><b>Other in-kind contributions:</b></p>
<p><b>Total in-kind contributions: \$</b></p>

For questions contact Natalie Vasilj at 651-430-6736 or [Natalie.vasilj@co.washington.mn.us](mailto:Natalie.vasilj@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 12/17

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