

Statewide Health Improvement Partnership (SHIP) Partner Project Application

November 2018-October 2019

The following questions will be asked on the SHIP online application form. Utilize this document to draft your answers and copy/paste into the online format. The online format does not allow partial applications to be saved so please allow enough time to complete the entire application and submit at that time. *Designates required questions

Organization Name*

Contact Name: First, Last*

Address*

Phone number*

Email*

Business Agent (if different than primary contact)

Address, phone and email

How many individuals will this project engage?*

Will your project engage any of the following populations?*

People age 60+

People age 18 and under

People with low incomes

People of color and American Indians

People with disabilities

People with substance use disorders

People with mental illness

None of the above

Other:

Living Healthy in Washington County is a part of the Statewide Health Improvement Partnership (SHIP), Minnesota Department of Health

Which SHIP category does this project best fit?* Please select one focus area below that your project will address.*

Implementation of Master or Comprehensive Plans

Healthy Eating in the Community

Food Shelf

Farmers Market SNAP-EBT

Concession Stands and Vending Machines

Community Based Agriculture

Other:

Worksite Wellness (If choosing Organizational Planning you may select one additional focus area below to work on.)

Organizational Planning and Structure

Physical Activity

Nutrition

Tobacco-Free Environments and Cessation Support

Breastfeeding Support

Provide a short overview of your organization, as it relates to the project.* (Maximum characters: 700)

Provide a short overview of your project including how you will address policy, systems, and/or environment change.* (Maximum characters: 1,200) See guideline documents for definitions and examples (<http://livinghealthywc.org/2018/10/2018-19-partner-project-funding/>).

How will you sustain this project beyond SHIP funding?* (Maximum characters: 250)

How will you document your progress toward project goals? This may include photos, stories, counts of participants, focus groups, observational notes, interviews or surveys. If selected, staff are available to work with you to refine your evaluation approach. (Maximum characters: 250)

What is your total budget request?*

Implementation of Master or Comprehensive Plans dollar limit = \$10,000

Healthy Eating in the Community, and Worksite Wellness dollar limit = \$5,000

List the main activities you plan to implement for this project. Include a brief activity description and budget expense. If selected, SHIP staff will work with you to refine budgets and activities.*

The SHIP grant requires each project to provide an in-kind contribution that is at least 10% of the total grant request. How does your organization plan to meet this requirement? Please include all in-kind contributions (ex: staff time, supplies, equipment), including dollar amounts.*