

**Statewide Health Improvement Partnership (SHIP) Healthy Aging  
Partner Project Application**

November 2019-October 2020

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\*

Title

Address, City State Zip\*

Phone number\*

Email\*

Business Agent (if different than primary contact)

Address, phone and email

Approximately how many individuals will this project impact?\*

**Health Equity**

We strive to create opportunities for everyone to be healthy, taking into consideration the needs of different groups. We are looking for partners who will help us achieve this goal.

Please describe how this project will address health equity and help us achieve this goal: (Maximum characters: 500)

Will your project focus on including 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:

Which SHIP category does this project best fit?\*

Healthy Aging

Please select one focus area that your project will address.

Healthy Eating

Physical Activity

Assessment

Fall Prevention

Community Preparedness

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.

How is your organization committed to sustaining 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?\* Healthy Aging dollar limit = \$4,000

Please list at least two proposed activities, the budget for each activity, and at least one expected outcome for each activity. You may include up to six activities. Refer to guideline documents for sample language.\*

Proposed Activities	Budget	Expected Outcomes
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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.\*

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 from a [BizRecycling](#) grant.

I am interested, please follow up with more information

No

My organization has already received a BizRecycling Grant

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. 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, implementation, 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.

Signature: