



**Statewide Health Improvement Partnership (SHIP) Worksite
Partner Project Application**

July-October 2021

Living Healthy staff are available to help navigate through the application process and answer any questions that may arise. If questions contact Shreya Koirala 562-541-6168 or shreya.koirala@co.washington.mn.us
Applications will be accepted July 1-August 10 and must be submitted to
Shreya.koirala@co.washington.mn.us and CC chris.fennern@co.washington.mn.us

Organization Name

Contact Name: First, Last

Title

Address, City State Zip

Phone number

Email

Business Agent (if different than primary contact)

Address, City State Zip

Phone number

Email

Supported by the Statewide Health Improvement Partnership, Minnesota Department of Health

Government Center • 14949 62nd Street North • P. O. Box 6 • Stillwater, MN 55082-0006
Telephone: 651-430-6655 • Fax: 651-430-6730 • TTY: 651-430-6246
An equal opportunity organization and employer

www.livinghealthywc.org

1. How many employees do you have?
2. Will this initiative be implemented at multiple work locations in Washington County? If yes, please list locations:

Health Equity-The following questions talk about the diversity of your organization.

3. Is this business at least 50% minority owned?
Yes
No
4. Does this business employ 25% or more, Black, Indigenous and People of Color (BIPOC)?
Yes
No
5. Please describe how this project will address health equity for your employees:
6. Please select one employee wellness area that your project will address. (If choosing Wellness Foundations you may select one additional focus area below to work on.)
 - Wellness Foundations (which may include some or all of the following activities)
 - Convene worksite wellness committee
 - Conduct employee wellness survey (Samples available as examples/consultant available to help)
 - Physical Activity
 - Healthy Eating
 - Tobacco Cessation
 - Breastfeeding Support
 - Mental Well-Being

7. Please tell us a little more about your project?

8. How is your organization committed to sustaining this project beyond SHIP funding?

9. What is your total budget request? Maximum allowed= \$3,000

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

Proposed Activities	Budget	Expected Results
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11. 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.

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: