

## Statewide Health Improvement Partnership (SHIP) Breastfeeding Support Project Proposal

Living Healthy staff are available to help navigate through the proposal process and answer any questions that may arise. If questions, contact Lia Burg [lia.burg@co.washington.mn.us](mailto:lia.burg@co.washington.mn.us) . Proposals will be accepted and reviewed on an ongoing basis until funding is exhausted. Priority will be given to applications submitted prior to May 31<sup>st</sup>, 2024.

The following questions will be asked on the SHIP online project proposal 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.

1. Organization Name
2. Address
3. Contact Name: First, Last
4. Email
5. Phone number
6. Contact Business Agent Full Name (if different than primary contact)
7. Business Agent E-mail address
8. Business Agent Phone Number
  
9. Please tell us a little more about your proposed breastfeeding project.
  
10. How many people do you anticipate your project will impact?

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

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

11. Please describe how this breastfeeding project will address health equity for your employees:
12. How is your organization committed to sustaining this breastfeeding project beyond SHIP funding?
13. What is your total budget request? Maximum allowed= \$15,000
14. Optional: please list an itemized budget
15. Have you determined at least one or two measures that you will use to evaluate this project?
  - a. Yes ( go to question #16)
  - b. No (go to question #18)
16. If yes, please tell us a little more about your evaluation plans.
17. If no, are you willing to work with Washington County staff to determine one or two measures to evaluate this project?
  - a. Yes
  - b. No
18. 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.
19. 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: