

**Statewide Health Improvement Partnership (SHIP)**

Master Planning/Active Living Partner Project Application

November 2021-October 2022

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

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

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

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*An equal opportunity organization and employer*

Provide a short overview of your project. Please include some or all of the following: how it relates to existing comprehensive or master plans, how it will benefit the city and/or region, does it incorporate the 6 E's, and how will your project address policy, systems, and/or environment change. \* (Maximum characters: 2000) \* See guideline documents for definitions and examples.

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. Refer to guideline documents for more information on equity and racism related to active living.

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

Will your project focus on including any of the following populations? \*

People age 60+

Women

Black, Indigenous and People of Color (BIPOC)

People with low incomes

People with disabilities

None of the above

Other:

Which SHIP category does this project best fit? \* Refer to guideline documents for a table with allowable expenses.

Master Planning

Active Living – Recreational and Adaptive Equipment

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, success stories, participant counts, focus groups, observational notes, interviews, or surveys. If selected, staff are available to work with you to refine your evaluation approach.

What is your total budget request? Active Living Equipment = \$5,000, Master Planning = \$10,000.

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

The SHIP grant requires each project to provide an in-kind/match 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% 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: