Statewide Health Improvement Partnership (SHIP) Worksite 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)

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.

Approximately how many individuals will this project impact? *

Will this initiative be implemented at multiple work locations in Washington County? If yes, please list locations: *

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.

Is this business at least 50% minority owned?

- [ ] Yes
- [ ] No

Does this business employ 25% or more, Black, Indigenous and People of Color (BIPOC)?

- [ ] Yes
- [ ] No

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 45+
- [ ] People age 18 and under
- [ ] Black, Indigenous and People of Color (BIPOC)
- [ ] People with low incomes
- [ ] People with disabilities
- [ ] People with substance use disorders
- [ ] People with mental illness
- [ ] None of the above
- [ ] Other:

Please describe how you plan to engage with the populations selected above? (Maximum characters: 500)

Please select one focus area that your project will address. (If choosing Wellness Foundations, you may select one other focus area below to work on.)

- [ ] Wellness Foundations (which may include some or all of the following activities)
    - Convene worksite wellness advisory group
    - Conduct comprehensive worksite assessments
    - Create comprehensive wellness plan with measurable goals
- [ ] Physical Activity
- [ ] Healthy Eating
- [ ] Tobacco Cessation
- [ ] Breastfeeding Support
- [ ] Mental Well-Being

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? * Worksites dollar limit = $5,000

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 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% 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: