

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

December 2022-January 2023

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 . Proposals will be accepted Dec 1-Jan 9 and must be submitted to chris.fennern@co.washington.mn.us by 4:00pm on January 9, 2023. Proposals will be reviewed as received.

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

1. Please tell us a little more about your proposed breastfeeding project.
2. How many employees do you have?

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

3. Is this business at least 50% BIPOC 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 breastfeeding project will address health equity for your employees:
6. How is your organization committed to sustaining this breastfeeding project beyond SHIP funding?
7. What is your total budget request? Maximum allowed= \$15,000

- Optional: If known 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

- 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: