Statewide Health Improvement Partnership (SHIP) MN MOVES Project Proposal

Living Healthy staff are available to help navigate through the proposal process and answer any questions that may arise. If questions, contact Maria Bonilla at maria.bonilla@co.washington.mn.us

Proposals will be accepted until the deadline of January 8, 2024. Announcements of awarded funds will be sent by early February.

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. *Designates required questions

Organization Name	
Address, City, State, Zip	
Contact Name: First Last	
Title	
Email	
Phone	
Business Agent (if different	
than primary contact)	
Email	
Phone	

1. Please tell us about your proposed MN MOVES project. *

2. How many people do you anticipate your project will 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.

3.	Please describe how this project will address health equity *
4.	How will your organization sustain this project beyond SHIP funding? *
5.	What is your total budget request?
6.	Optional: If known, 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:

7.	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: