

Statewide Health Improvement Partnership (SHIP) MN Eats Project Proposal

Living Healthy Washington County staff are available to help navigate through the proposal process and answer any questions that may arise. If questions, contact Alyssa Wolf at alyssa.wolf@co.washington.mn.us.

Proposals will be accepted and reviewed on an ongoing basis until funding is exhausted.

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.

Organization Name

Address, City State Zip

Contact Name: First, Last

Phone number

Email

Business Agent (if different than primary contact)

Business Agent Email

Business Agent Phone Number

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

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An equal opportunity organization and employer

www.livinghealthywc.org

Overview

Please tell us a little more about your proposed MN Eats project.

How many people do you anticipate your project will impact?

Health Equity

Health equity is a state where all persons, regardless of race, creed, culture, income, sexual orientation, gender identity, age or ability have the opportunity to reach their full health potential without the limits of structural barriers. We are looking for partners to strive toward health equity.

Please describe how this project will address health equity.

How will your organization sustain this project beyond SHIP funding?

Budget

Funding awards are typically \$10,000 or less and proposals may be partially funded.

What is your total budget request?

Optional: If known, please list itemized budget.

Proposed Activity or Item	Budget
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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.

Evaluation

Evaluation can be described as “what does success in this project look like to you?” It can be simple and concise, while measuring outcomes that matter to you and your organization.

Have you determined at least one or two measures that you will use to evaluate this project?

Yes No

If yes, please tell us a little more about your plans.

If no, are you willing to work with Washington County staff to determine one or two measures to evaluate this project?

Yes No

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: