



Goodhue County Health & Human Services
Statewide Health Improvement Partnership

Community Partner Award Application

Live Well Goodhue County is an initiative of the Statewide Health Improvement Partnership (SHIP) in Goodhue County. Our Mission is to improve the health and well-being of our residents by making it easier to be active, eat nutritious foods and live tobacco-free.

Applicant Organization: _____

Address _____

City _____ State _____ Zip _____

Main Contact Person: _____

Email: _____ Phone: _____

Contact Person 2: _____

Email: _____ Phone: _____

Contact Person 3: _____

Email: _____ Phone: _____

Project Title/Initiative: _____

Project Timeline: _____ Dollar Amount Requested: _____

Projects must make a Policy, Systems or Environmental Change (PSE). **Please check all that apply.**

Policy Change-Policy change includes passing of laws, ordinances, or rules at the state, local or organizational level.

- Example: *School policy that requires healthy food options at school-sponsored concessions stands*

Systems Change- System change is an ongoing change to the way things are typically done within an organization.

- Example: *Healthcare clinic adding hunger screening to the list of questions at all office visits*

Environmental Change-Environmental change comprises of changes made to the physical environment

- Example: *adding signage to bike trails*

Describe how your project incorporates policy, systems and/or environmental changes as checked above.



The following are requirements for Live Well Goodhue County Community Partner Awards:

- Available to communities, non-profits, childcare programs, schools, workplaces, senior centers, and organizations for implementing initiative/projects aligned with SHIP goals. Some projects and expenditures may require approval from the Minnesota Department of Health which oversees SHIP.
- Project will make a lasting change that will affect large segments of the population with a priority for those with greater need: low-income groups, diverse populations, and persons over 60.
- A 10% partner site match toward the total Community Partner Award is required.
- Recipients **must** participate in pre- and post-evaluation of their initiative/project.
- Recipients **must** submit a report on the results of the initiative/project within 60 days of the completion of their initiative/project, including submitting photos that show people in action.

Project Description *(please limit your responses to 250 words or less)*

Provide a brief description of your project.

Describe your target population and any additional groups that will benefit *(parents, staff, etc.)*.

What is the goal of this initiative/project? *(Goals need to be specific and measurable. For example, if the project is creating a community garden; the project goal might be something like -100% of residents in the neighborhood will have access to fresh fruit and vegetables for healthier eating.)*

Explain how you will evaluate the success of your initiative. (*Evaluation should correlate with your goal. List all data to collect, by whom, and when. For the community garden project example, the neighborhood residents could be surveyed about how often they used the garden. Survey results would be used to determine success.*)

Identify how your organization will sustain the changes beyond Live Well Goodhue County/Statewide Health Improvement Partnership work and continue this project into the future. Please refer to Sustainability Checklist. (*Using the community garden project as an example again, the description would include who would maintain the garden year to year, what planting in the spring might look like, how it will be funded, etc.*)

Action Plan & Timeline

Action Steps	Associated Milestones	Estimated Completion Date

Project Budget

As you complete the budget, please consider that the SHIP grant requires each project to provide an in-kind contribution that is at least 10% of the total grant request. Please list all in-kind contributions (ex: staff time, supplies, equipment installation, donated items), including dollar amounts. In addition, if you will be using additional grant funding or cash that comes from partners or other funding agencies towards this initiative, please identify the grant and dollar amount.

Line Item	Description	Requested Amount	Dollar Amount
		Requested Total:	
In-Kind \$ Contributions:			
This is the dollar equivalent of resource contributions provided by applicants toward costs of the grant activities such as volunteer time, staff time, donated materials, donated rent, donated food			
			<u>In-Kind Total:</u>
Leveraged Funds:			
Additional grant awards or cash that come from applicants, partners, or funding agencies			
			<u>Leveraged Total:</u>

I've confirmed with Live Well Goodhue County staff that all expenses and additional grant funding are allowable in the current SHIP financial guide.

I, _____, submit this Community Partner Award application on behalf of the organization listed above. As Grant Manager partnering with Live Well Goodhue County, I agree to fully participate in the assessment and evaluation process, including but not limited to submitting requested information and/or data on time and providing organizational staff resources to assist in the evaluation process when necessary. In addition, I will follow all guidelines for allowable uses of SHIP funds, will seek prior approval before accruing expenses, and acknowledge Live Well Goodhue County and SHIP for project funding.

Signature _____ Date _____

Please allow 4-5 weeks for grant application to be reviewed and processed.
Contact Gina with questions.

Completed applications must be mailed or emailed to:

Gina Johnson, Coordinator
Goodhue County Health and Human Services
426 West Avenue, Red Wing, MN 55066
Gina.johnson@co.goodhue.mn.us | Phone: 651-385-6148