



Goodhue County Health & Human Services  
Statewide Health Improvement Partnership

Community Partner Award Application

For grant period November 1, 2022 through October 31, 2023

**Live Well Goodhue County** is an initiative of the Statewide Health Improvement Partnership (SHIP) in Goodhue County. SHIP works to help Minnesotans live longer, healthier lives by decreasing obesity and tobacco use and exposure (the leading causes of chronic disease), disability and death. SHIP supports the use of proven, research-based strategies and focuses on sustainability. SHIP strategies focus on changing established systems to make it easier to make healthy choices, incorporating health into organizational policies and changing the environments in which we live, work, learn, and play to allow easier access to physical activity, healthy food, and clean air.

**OUR MISSION** is to improve the health of our residents by making it easier for them to walk, bike, eat nutritious food and live tobacco-free.

Date \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Your Project or Initiative \_\_\_\_\_

Project Time Line \_\_\_\_\_

Amount Requested \_\_\_\_\_

*Note: The majority of funded projects are expected to range from \$1,000-\$5,000.*

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 \_\_\_\_\_

If you have questions, please contact Gina Johnson, Coordinator at gina.johnson@co.goodhue.mn.us or 651-385-6148. Please allow 4-5 weeks for grant application to be reviewed and processed.



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



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

- Community Partner Awards are available to communities, non-profits, child care 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.
- Please ensure that your project aims to make 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.**
- Community Partner Award recipients must participate in **pre- and post-evaluation** of their initiative/project.
- Community Partner Award 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.

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

Provide a brief description of your project.

What is the goal of this initiative/project? *(be specific and measurable)*

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

How does your project incorporate policy, systems and/or environmental changes?

**Explain how you will evaluate the success of your initiative.**

**Identify how you will sustain the changes beyond Live Well Goodhue County/Statewide Health Improvement Partnership work.**

**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 installation), including dollar amounts.**

**If you will be using additional grant funding towards this initiative, please identify the grant and dollar amount.**

**Action Plan & Timeline**

Action Steps	Associated Milestones	Estimated Completion Date

Action Steps (continued)	Associated Milestones	Estimated Completion Date

## Project Budget

Line Item	Description	Requested Amount	In-Kind \$ Contributions
<b>Total</b>			

**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](mailto:Gina.johnson@co.goodhue.mn.us) | Phone: 651-385-6148