



Wabasha County Statewide Health Improvement Partnership
2016-2017 Mini-Grant Application

Agency Name _____

Address _____

Telephone _____

Principal or primary contact _____

Date _____

The Statewide Health Improvement Partnership (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 include 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 healthy food, physical activity and clean air.

We aim to use SHIP funding to make lasting change that will affect large segments of the population, with a priority for those with greater need: diverse populations, low income groups and persons over 60. Please ensure that your project considers these goals.

Mini-grants are available for community partners to implement projects that align with the SHIP goals. Expenditures/projects ultimately require approval from the Minnesota Department of Health which oversees the Statewide Health Improvement Partnership.

Allowable expenditures for mini-grants include: supplies and equipment such as to start a school garden, promotional materials announcing new policies such as healthy concessions or healthy snack choices, bike racks, paint for pedestrian crossing or bike lanes, evidence based curricula, staff training related to the related policy change.

Unallowable expenditures include one-time events, large playground equipment, liability insurance, permanent structures such as large sheds, and underground watering systems. Please check with SHIP staff if you have any questions about whether an item is allowable.

A 10% partner site match toward the total mini-grant award is required.

The application consists of a project description narrative and budget outline. Briefly describe your projects by answering the questions in each section.





SHIP Mini-Grant Project Description

Agency Name _____

Describe your project.

What are the project goals and objectives?

Describe your target population.

Are there additional groups who will benefit from this project, i.e. parents, staff, general public?

How does this project help support wellness and create a healthier environment?





Wabasha County Statewide Health Improvement Partnership
2016-2017 Mini-Grant Application

What is your implementation plan and timeframe?

Do you plan to make changes to a written policy to sustain changes?

If there are ongoing costs, how will the project be sustained when grant funding is no longer available?





SHIP Mini-Grant Project Timeline/Responsibilities

Agency Name _____

(When developing timeline, remember all approved grant invoices are due September 13, 2017)

Work Plan Activity	Month/Year to be Completed	Person(s) Responsible





SHIP Mini-Grant Project Budget Outline

Agency Name _____

Budget: Less than **\$3,000** should be spent on equipment PER partner site, per year. Mini grant applications including equipment costs of **\$3,000 or more approved by the Community Leadership Team must also obtain prior approval from MDH.**

Quantity <i>Example: 5 (meetings) x 4 (staff) = 20</i>	What <i>Stipends for non-work hour staff time to draft new vending policy</i>	Cost? <i>\$50</i>	Total: <i>\$1000</i>

Grand Total:

Partner Site 10% Match

Quantity	What?	Cost?	Total:

Grand Total:





Wabasha County Statewide Health Improvement Partnership
2016-2017 Mini-Grant Application

Agency Name _____

Often SHIP funding is one of several funding sources for projects. Please help convey the scope of your project. If you are using other funding sources, please identify other partnerships, grants or in-kind funding sources and amount of funding:

Upon receiving an award, the recipient will be expected to:

- 1) Use funds appropriately to implement plan by the end of the contract period.**
- 2) Participate in pre and post evaluation of the project.**
- 3) Submit an electronic report on the results of the program implementation by the contract end date or as requested.**
- 4) SHIP funded publications and signage must be pre-approved by MDH; help acknowledge SHIP efforts by using the logo and funding credit line on communications materials and also during media interviews.**

I agree to the above listed terms:

Partnering Agency Representative

Date

Send typed applications electronically to: tmoen@co.wabasha.mn.us or mail to Tina Moen, SHIP Coordinator, 411 Hiawatha Drive East, Wabasha, MN 55981

For deadline information, contact Tina Moen at 651-565-5200.

Wabasha County SHIP: A healthier place to live, work, and play
