GET HEALTHY SAN MATEO COUNTY COMMUNITY IMPLEMENTATION FUNDING APPLICATION

Applications must be submitted by September 14, 2018 before <u>5:00 pm PST.</u>

All applications must be submitted via the ONLINE APPLICATION system. The system requires you to create a login to save your application.

1. Please be sure to create a login for the online application in a timely manner. We recommend not leaving this action to the last few days before the application is due. You can start an application and come back to it as needed. Click here to request login.

2. We encourage you to download and review the complete Funding application in advance of starting the online application in order to get a better idea of all the information required to successfully complete the application.

3. If you prefer, you can also complete and save information for your funding application in the "Funding Application word document" and then simply cut and paste information from the Word document into the Online Application.

4. Application submission instructions and a pdf and Word version of the Funding Application and the link for the online application can also be found under the "Application Resources Section" at http://www.gethealthysmc.org/community-implementation-funding

5. Be sure to check for an email confirming receipt of your application after you hit SUMBIT. *If you do not receive an email confirmation upon submission of the online application within 24 hours,* please contact us at 650-573-2462 to ensure your application was received.

If you have question about the online submission process or are experiencing problems, please contact Rosa Torpis at rtorpis@smcgov.org or 650-573-2462. Late or incomplete applications will not be accepted.

The online application will close immediately at 5:00pm on September 14, 2018. You will need to press submit prior to 5:00pm.

PROJECT NAME: _____

NAME OF APPLICANT ORGANIZATION: _____

TOTAL FUNDING REQUEST: $ _____

PROJECT SUMMARY: Please describe in one sentence the project and the purpose for which funding is being sought. (Max 50 words)

_____

PRIORITY AREA AND OBJECTIVES: *select all that apply*

☐ Healthy Housing**: Stable and affordable housing** protects health and provides the ability to engage in healthy opportunities.

    ☐ All residents have stable and affordable housing.

    ☐ Household income comfortably supports families' and individuals' basic needs.

☐ Healthy Neighborhoods: **Complete neighborhoods** make it easy for residents to be healthy every day in their communities.

    ☐ Everyone has access to efficient and affordable public transportation and safe walking and biking conditions.

    ☐ Everyone has access to healthy and affordable food options and lowers sugary drink consumption.

    ☐ The environment is clean and communities are resilient to climate change.

    ☐ Communities have access to safe outdoor space to be social and active.

    ☐ Small businesses are vibrant and a stable part of communities.

    ☐ Residents have stable housing and economic and educational opportunities.

☐ Healthy Schools: **High-quality education** creates pathways to better health.

    ☐ All students have access to high-quality education that equips them for career success, in environments that promote health.

    ☐ Children's education is continuous, consistent, and not disrupted by unstable housing conditions.

☐ Healthy Economy: **A strong local economy** builds household financial security for all and promotes everyone's health.

  ☐ People have the ability to increase household income and build financial security.

  ☐ People have access to high quality education, job-training programs, and well-paying job opportunities.

  ☐ Small businesses are vibrant and a stable part of communities.

VULNERABLE COMMUNITIES SERVED*: select all that apply*

  ☐ Low-income neighborhoods/groups

  ☐ Communities of color

  ☐ Senior, children, or persons with disabilities

CONTACT INFORMATION

PRIMARY CONTACT: *(person that can answer questions regarding this proposal)*

Name: _____

Title:_____

Organization: _____

Employer Identification Number (EIN)/Federal Tax ID#: _____

Address: _____

City, State, Zip Code:_____

Phone # *(999-999-9999)*: _____

Email: _____

FISCAL SPONSOR

Name of Organization that will be the direct recipient of GHSMC Funding: _____

If the applicant organization will be the direct recipient of the GHSMC Funding, skip to the "SIGNATURE" section at the bottom of this page. Otherwise, please complete this section and provide complete information for the organization that will serve as the fiscal sponsor.

Name of Person with Signing Authority*:* _____

Title: _____

Employer Identification Number (EIN)/Federal Tax ID#: _____

Address: _____

City, State, Zip Code: _____

Phone #: (_____) _____

Email: _____

SIGNATURE

If applicant group is different than the fiscal sponsor, the signatory should be from the organization that will serve as the fiscal sponsor and certify that s/he is certified to sign on behalf of the applicant group.

The signatory certifies that s/he is authorized to sign on behalf of the applicant group and commits to honoring the goal, scope, requirements and details of the project.

Name of Person with Signing Authority: _____

Title: _____

PROJECT INFORMATION

1. **Briefly describe the project, including primary purpose of the project, goals and objectives. Be sure to mention how your project objective(s) aligns with one or more of Get Healthy San Mateo County's priority area objectives. (Max 400 words)**

2. **Describe how the project will advance health equity in the vulnerable communities(s) identified above (**low income, people of color, seniors, children and/or people with disabilities) **and provide an estimate for the number of vulnerable people this project will directly or indirectly impact/serve. (Max 250 words)**

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3. **Explain how the project will lead to policy or systems change that prioritizes or helps improve health and equity. (Max 250 words)**

4. **Please identify and list the expected outcome(s) in the table below that will result from the successful implementation of your project and describe the methods you will use to assess and track project impact and outcomes.**
   - Shift in Social Norms
   - Strengthened capacity of group or organizations
   - Strengthened base of support
   - Improved social and physical conditions and environments
   - Policy level change

For additional information on outcome categories, strategies and assessment methods, see the "*Assessment Methods for Policy and Systems Change Efforts*" document

Expected Outcome	Strategies to achieve outcomes	Output	Assessment Method
Eg: Shift in social norms – increased awareness of connection between health and housing.	Educational sessions or presentations	# of educational sessions taught, # of presentations to be made and/or # of program participants	Pre-post surveys, Focus groups or interviews.

5. **Describe your organization's capacity to implement the project and ensure project success.** (Please include information about staffing, resources, leadership and history) (**Max 400 words**)

6. **Why is now a good time to take on this project?** Describe the community or political opportunity that makes this project particularly timely. (**Max 200 words**)

7. **What do you anticipate to be some of the most challenging aspects of this project and how do you plan to manage these challenges? (Max 200 words)**

8. **Describe or provide evidence (based on research or best practice) that the strategy or approach you are proposing can help solve the identified problem or achieve stated goals. (Max 300 words)**

9. **Please provide names and contact information for organizations that are collaborating with your organization on this project.** Explain how each collaborating organization will (1) participate in project related activities, (2) contribute to the project deliverables, and/or (3) be engaged to maximize project outcomes and continued action for policy level change. Please attach a letter of support from the collaborating organization(s). (**Max** 400 words**).** (This question is optional and should only be completed, if applicable)

PROJECT WORKPLAN

List the key activities that will be undertaken to complete the project and associated timeframe for completion. Please insert additional rows as needed.

ACTIVITY	Timeframe for Completion
Activity #1:	
Activity #2:	
Activity #3:	

BUDGET WORKSHEET

List and describe all costs for the amount requested from GHSMC. Insert additional rows as needed.

Personnel Expenses	% FTE	Amount	Description
Staff Position:		$	[Describe role and responsibilities]
Staff Position:		$	[Describe role and responsibilities]
Personnel/Staffing Subtotal		$	
Non Personnel Programmatic Expenses (Scholarships, project supplies, etc.)			
		$	[Enter description]
		$	[Enter description]
		$	[Enter description]
Personnel + Non-Personnel Subtotal		$	
Indirect Expenses (not more than 12%)		$	
Total Amount requested from GHSMC		$	

- If project cost is greater than the amount requested from GHSMC, list and describe the amount requested or secured from another source for the project. (Max 200 words)

- If requesting funds for a consultant, describe why this work is best done by a consultant than staff. (Max 200 words)

- Many community-based projects are completed using significant volunteer time or other donations. Get Healthy San Mateo County would like to give appropriate credit to all the "sweat equity and contributions." Please describe all the donations (equipment, space, food, etc.) and estimated volunteer hours that will be required to complete the project. (Max 200 words)