

**Freeborn County Public Health
Statewide Health Improvement Program (SHIP)
MINI-GRANT APPLICATION**

Completed applications can be submitted by email, fax or mail to:

Ellen Kehr
SHIP Coordinator
Freeborn County Public Health
411 South Broadway Ave
PO Box 1147
Albert Lea, MN 56007
Email: ellen.kehr@co.freeborn.mn.us
Phone: 507-379-2961
Fax: 507-377-5272

Today's Date:

Organization Name:

Address:

City:

County:

State:

Zip Code:

Project Name:

Amount of Request:

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Majority of funded projects will be between \$500 - \$2,000.

Contact Person for this Application:

Telephone Number:

Email Address:

Anticipated Timeline of Project:

This Project is related to (check all that apply):

Nutrition

Physical Activity

Education and Marketing

The Target Audience for this Project is (check all that apply):

School

Community

Worksite

Healthcare

1. Description of the Proposed Project:

- a. What is the planned Project? What do you intend to do?
- b. When and where will this take place?
- c. How many people do you expect to participate?
- d. Describe who will be participating (youth, adults, employees, healthcare staff, etc.).
- e. How will you promote your Project? How will it be publicized?
- f. How did you come up with the idea for this Project and what do you hope to accomplish?

2. Some programs focus on individual behavior change. SHIP-funded Projects will focus on creating environments that support healthy behaviors. We are looking to fund Projects that develop policies, systems, and environmental changes which support healthy lifestyles. Which of these does your Project address (check all that apply and explain below):

For more information on what policies, systems, and environmental changes are supported by SHIP, please go to: www.health.state.mn.us/healthreform/ship/.

- a. Policies
- b. Systems
- c. Environmental

Explain:

3. Special Priorities for Funding:

- a. HIGH PRIORITY – Is the Project related to Worksite Wellness?
Yes No
- b. HIGH PRIORITY – Is the Project related to nutrition in our Schools?
Yes No
- c. HIGH PRIORITY – Is the Project related to creating an Active Community?
Yes No
- d. HIGH PRIORITY – Is the Project related to Non-Motorized Transportation?
Yes No

4. Funding for these Projects is available as part of a state grant from the Minnesota Department of Health. As a result, we must collect evaluation information from individuals who participate in these Projects. Will you be able to gather evaluation data from your participants? *(There is a SHIP Evaluator on staff at Freeborn County Public Health to assist you in this area.)*

Yes No

If no, please explain:

5. Budget

a. Describe how you will use the money you are requesting. What are the major costs you expect and how much will they be? (Example: Personnel - \$1,000, Media - \$500, Educational Materials - \$250).

b. Will there be a charge for individuals who participate in your Project?

Yes No If yes, how much?

How will those who can't afford it be able to participate?

c. Do you have/Are you seeking additional sources of funding for this Project?

Yes No If yes, please explain:

d. Please list any in-kind contributions for this Project (anything being donated to make this Project successful – materials, space, time, money, etc.).

6. Technical Assistance – In addition to giving grant money, are there other ways that Freeborn County Public Health can be of assistance to you and your Project?

Applications are currently being accepted and are reviewed by the SHIP Mini-Grant Review Team on a monthly basis. Applications for amounts greater than \$2,000 need approval of the Freeborn County Board of Commissioners. A decision on your application will be made within four weeks of your submission and you will hear from the SHIP Coordinator at that time.

If you have any questions or need assistance in completing this form, please contact Ellen Kehr, Freeborn County SHIP Coordinator:

ellen.kehr@co.freeborn.mn.us

507-379-2961