



The Rapides Foundation

Healthy Behaviors Mini Grant

June 14, 2023



Today's Presenters



Ashley Stewart Director of Programs



Dallas Russell Program Officer

The Rapides Foundation



AGENDA

- Introduction
- Background
- Purpose
- Eligibility
- Funding Guidelines and Grant Terms
- Review Process and Additional Considerations
- Timeline
- Accountability, Reporting, Site Visits
- Proposal Requirements
- Grant Portal Submission
- Q&A



Our <u>VISION</u> is to positively impact Central Louisiana by deploying resources to improve key factors of health status.



Our Service Area



 Winn Parish Natchitoches Parish Grant Parish Catahoula Parish LaSalle Parish Rapides Parish Avoyelles Parish Vernon Parish Allen Parish



Focus Areas

Healthy People



Education



Healthy Communities



Healthy Behaviors Initiative

Healthy Eating

Active Living

Substance & Alcohol Abuse Prevention Tobacco Prevention & Control



Consume Five or More Servings of Fruits/Vegetables Per Day



- Sources: 2021 PRC Community Health Survey, PRC, Inc. [Items 125, 323]
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes: Asked of all respondents.
 - For this issue, respondents were asked to recall their food intake on the previous day.
 - "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Meets Physical Activity Recommendations

Healthy People 2030 = 28.4% or Higher



- Sources: 2021 PRC Community Health Survey, PRC, Inc. [Item 126]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
- Notes: Asked of all respondents.
 - Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of
 moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.
 - "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



Excessive Drinkers





- Sources: 2021 PRC Community Health Survey, PRC, Inc. [Item 136]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
- Notes: Asked of all respondents.
 - Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) <u>OR</u> who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.
 - "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Illicit Drug Use in the Past Month

Healthy People 2030 = 12.0% or Lower





- Sources: 2021 PRC Community Health Survey, PRC, Inc. [Item 49]
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
- Notes: Asked of all respondents.
 - "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Cigarette Smoking Prevalence (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 40] Notes: • Asked of all respondents.

Healthy Behaviors Mini Grant





Purpose for Request for Proposals

To support implementation of new or expanded **community programs** that encourage individuals to make healthy choices by:

- Increasing physical activity
- Increasing healthy eating
- Preventing tobacco use and promote cessation
- Preventing substance and alcohol use

Proposed projects should address the needs of the community and should be evidence-based.

Community programs can include: workshops, classes and events. **Programming must be implemented quarterly at a minimum. Programming must begin no later than January 2024.**



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Purpose for Request for Proposals

Increase consumption of healthy foods:

- Nutrition education classes
- Evidence-based nutrition curriculum
- Healthy cooking demonstrations and tastings
- Promotion of healthy food consumption (ex. newsletters, social media marketing, yard signs, how-to videos, etc.) in conjunction with programs (classes, workshops, events)
- Parent/family education to improve healthy eating attitudes and knowledge
- Multi-component interventions that address nutrition and physical activity
- Gardening classes and education

Note: healthy food is being defined as fruits, vegetables, and minimally processed foods.

Reduce substance and alcohol abuse and prevent under-age use:

- Evidence-based youth prevention education
- Evidence-based mentoring programs with set program and session goals
- Marketing to prevent substance abuse and alcohol misuse and promotion of cessation in conjunction with programs (classes, workshops, events)
- Community substance and alcohol abuse education events with set
 program and session goals
- Evidence-based family programs that result in reducing substance abuse

Increase participation in physical activity:

- Evidence-based physical activity curriculum
- Sports, athletic activities, and active after-school programs for youth/adolescents
- Family-based physical activity programs
- Community fitness programs in settings such as community buildings and parks (ex. aerobic dance, yoga, jogging, sports, cycling, etc.)
- Community challenges (ex. weight loss, steps, etc.)
- Activity programs for older adults
- Promotion of physical activity messaging (ex. social media marketing, how-to videos, texting, etc.) in conjunction with programs (classes, workshops, events)
- Open streets events
- Walking and biking to school or work
- Multi-component interventions that address nutrition and physical activity

Reduce tobacco use and prevent initiation:

- Evidence-based youth-driven tobacco-free strategies, peer-to-peer learning, cooperative learning
- Evidence-based tobacco prevention curriculum (led by trained facilitators preferred)
- Promotion of tobacco prevention messaging and cessation resources in conjunction with programming (classes, workshops, events)
- Tobacco cessation programs

Note: All proposed programs must take place in spaces that are tobacco and alcohol free. The examples above can be found on pages 2 & 3 on the Request for Proposals



Eligibility Requirements

- Eligible organizations for this funding opportunity include: community-based organizations, faith-based organizations, notfor-profit, postsecondary institutions, schools, and governmental organizations.
- Organizations applying for funding must meet all of the following requirements:
 - Classified as a Section 501(c)(3) tax-exempt organization or a governmental entity.
 - Cannot be a private foundation under Section 509(a).
 - Must be an organization serving The Rapides Foundation Service Area.



Funding Guidelines and Grant Term

- Up to \$25,000 for a 14-month (November 1, 2023- December 31, 2024) project are available.
- <u>2023 Healthy Behaviors Initiative Program Grant recipients are not eligible to apply.</u>
- Organizations may only submit one application as a primary applicant.
- Organizations may be listed as a community partner organization in multiple applications.
- Funding request must align with project needs and the mission of the project organization.



Funding Guidelines and Grant Terms

Allowable expenditures:

- Staff time
- Meeting expenses
- Educational activities
- Project-related supplies and equipment
- Marketing (not to exceed 15% of project budget)
- Training
- Contract services for: logistics and coordinator, instructors and facilitators
- Indirect cost rate not to exceed 10% of project budget. Indirect costs are any expenses that are not incurred directly to produce a service or program, such as but not limited to: office supplies, postage, utilities/telephones, space costs, insurance and backoffice personnel support.



Funding Guidelines and Grant Term

Non-allowable expenditures:

- Lobbying or political programs or events.
- Activities, projects, or programs exclusively benefitting members of sectarian or religious organizations.
- Biomedical, clinical or educational research.
- Direct support to individuals or endowments.
- Individuals, including patient assistance funds.
- Funding that supplants existing sources of support.
- Social events or fundraising efforts.
- Projects outside of the Foundation's service area.
- Direct funding for medical or social services already funded through existing third-party reimbursement sources.
- Operating expenses not used for significantly expanding the services of ongoing programs.
- Vans or other vehicles.
- Capital or capital improvements.
- Leagues or tournaments.
- Garden equipment startup costs.
- Garden maintenance staff.
- Programs that duplicate the Healthy Behaviors Initiative School District Partnership Grant work plan at schools during the school day.



Review Process and Additional Considerations

Competitive proposals will be evidence-based, community-driven and budget will be appropriate for the size of the population impacted.

- A review committee will evaluate all eligible applications based on:
 - Alignment with purpose of RFP
 - A clear program plan
 - Capacity and leadership
 - Potential benefits of the proposed program
 - Alignment with evidence-based strategies
 - Meets a need the community has identified
- The review committee may use:
 - Geographic distribution
 - Size of impact/reach
 - Applicant's history as a grantee
 - Capacity to perform the work
 - Services to populations experiencing health inequities and/or disparities



Timeline for Submission

• Important dates:

- Proposal due: Monday, August 14, 2023 no later than 4 p.m. CT
- Notification of Selection: Friday, October 6, 2023
- Grant start date: November 1, 2023
- Prospective applicants are encouraged to schedule a call or meeting with Foundation staff to discuss alignment and feasibility of their project.
- Proposals will only be accepted through the Foundation's online portal.

*Proposals must be fully submitted by 4:00 p.m. CT on Monday, August 14, 2023.



Accountability, Reporting and Site Visits

| Activity | Description | Frequency |
|-----------------------------------|---|---|
| Virtual Meeting | Informal project update meetings. | Every other month except for when other activities listed below are scheduled that month. |
| Capacity Building | Support from Healthy Behaviors Program Officer in relevant topics as the project is implemented. | As needed. |
| Site Visit | On-site meetings and tour of project activities. | One time or more as requested. |
| Interim and Final Written Reports | A report template is provided and consists of a narrative, budget worksheet, supporting documents and evaluation form. | May 31, 2024 (interim) January 31, 2024 (final) |



1. Overview

- Applicant organization information (name, address, phone number, email, etc.).
- Name, title, phone number and email address of the proposed project coordinator or key contact person from the applicant organization.
- Project title.
- Requested funding amount.
- Total project amount.
- Geographic location served.
- Project start date.
- Project end date.
- Brief program description. (Example: ORGANIZATION proposes to increase physical activity opportunities in CITY/NEIGHBORHOOD by offering monthly fitness programs, and weekly nutrition workshops year-round.)



2. Statement of Need

- a. How will your proposed program meet the community's need?
- b. Is there community support and commitment for your proposed program? If so, has that information been captured via surveys, focus groups, etc.?



3. Program Plan

- Describe the proposed program(s) making sure to include: a.
 - What type of program will be offered: classes, workshops 1. and/or events
 - ii. When the program(s) will be offered
 - iii. Who will implement the program(s)
 - iv. Where the program(s) will be offered
- Describe the target population this program intends to benefit b. and the geographic location the programs will serve.
- What is the marketing and engagement plan to get volunteers, C. participants, and partners involved in the program(s)?
- Name any partnerships and the role and contribution of each d. partner.



4. Capacity

- a. Describe your organization's capacity to carry out the program. (relevant skills, interest, experience with target population, etc.)
- b. Who will be the program coordinator and what skills/experience do they bring?



Proposal Requirements 5. Program Goal(s)

a. Select all applicable goals
Increase physical activity
Increase healthy eating
Prevent tobacco use and promote cessation
Prevent substance and alcohol use



Proposal Requirements 6. Impact and Evaluation

- a. How many people do you anticipate will directly benefit from your proposed program(s)?
- b. What are the potential benefits of the proposed program?
- If funded, I agree to implement an evaluation tool provided by the Foundation that will require collecting outputs (ex. # of classes provided) and a survey on participant behavior change.



7. Sustainability

a. What does success look like after the grant period?



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Proposal Requirements

8. Budget Narrative

Provide a budget narrative describing how you a. propose to use the funds in each line item. (See example provided on website in the Key Materials)



Healthy Behaviors Initiative Mini Grant

Budget Narrative Example

A budget narrative is required (question 8) in addition to the budget worksheet that includes a brief description for each line item in the budget and how the cost was determined. The following guidelines will help you determine where expenses should be included and provide the level of detail required.

Budget Categories & Line items:

PROJECT RESOURCES

Identify individually each federal or state grant, public or private grant, or corporate contribution over \$1,000. Identify internal cash resources. What components of the project will be accomplished with in-kind donated or volunteer services?

PROJECT EXPENSES

Personnel

- Salaries and Wages: All staff salaries that are allocated to the project. Identify each position, salary, percentage of time devoted to the project, and source of funding.
- Fringe: Include related benefits and taxes allocable to each salary. Fringe may be



Attachments

Work plan and Timeline Template
Budget Worksheet Template
501(c)3 Designation Letter
Most recent IRS 990 (nonprofit tax return), audit, or financial report.
List of Board Members
Signature Page



Supporting Documents *Optional

Letters of Support
Staff Resumes or Short Bios
Job Descriptions for anticipated staff
Community feedback such as surveys, summary of interviews, etc.





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Healthy Behaviors Initiative Mini Grant

Work Plan & Timeline

| Name of Organization: | Project Coord | inator: | | |
|--|-------------------------|----------------------|--------------------|---|
| Program Goal: | 1 | | | |
| Major activities/Tasks to be performed List the high-level activities/tasks to be completed ex. hire staff, create a community advisory council, identify partnerships, develop surveys, implement educational workshops, etc. | Projected Start Date | Timeline End Date | Person Responsible | Expected Outputs Products of activities, ex, number of workshops, number of people in attendance, etc. |
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| | W The Rapides Foundation | | | | | | |
| Healthy B | Behaviors Initiative | Mini Grant Project Pr | oposal Budget Wor | ksheet | | | |
| PROJECT | r Resources | The Rapides Foundation | Dther Sources/In-Kind | Budget | | | |
| Foundation | ns | | | \$0.00 | | | |
| Federal/Sta | | | | \$0.00 | | | |
| General Bu | udget | | | \$0.00 | | | |
| Other | | | | \$0.00 | | | |
| TOTA | L RESOURCES | \$0.00 | \$0.00 | \$0.00 | | | |
| | | PROJECT EXPE | ISES | | | | |
| Personne benefits | ell: staff salary & | The Rapides Foundation | Dther Sources/In-Kind | Budget | | | |
| New | (Position Name) | | | \$0.00 | | | |
| Positions | (Position Name) | | | \$0.00 | | | |
| Positions | Fringe | | | \$0.00 | | | |
| Existing | (Position Name) | | | \$0.00 | | | |
| Positions | (Position Name) | | | \$0.00 | | | |
| | Fringe | | | \$0.00 | | | |
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| nts | (Position Name) | | | \$0.00 | | | |
| OUDTO | (Position Name) | *0.00 | *0.00 | \$0.00 | | | |
| SUBTOTAL PERSONNEL Travel & Training: Costs for | | \$0.00 | \$0.00 | \$0.00 | | | |
| project staff t | to travel to implement participate in relevant | The Rapides Foundation | Dther Sources/In-Kind | Budget | | | |
| Travel (mile | eage reimbursement) | | | \$0.00 | | | |
| Training | | | | \$0.00 | | | |
| | | \$0.00 | \$0.00 | \$0.00 | | | |
| supplies, mark project. Mark exceed 15% of | Costs: Costs for keting, etc. to implement keting costs are not to the total requested funds. | The Rapides Foundation | Dther Sources/In-Kind | | | | |
| Printing/Pu | | | | \$0.00 | | | |
| | ts/Advertising | | | \$0.00 | | | |
| Program St | | | | \$0.00 | | | |
| Office Sup | piles | | | \$0.00 | | | |
| Postage Utilities/Tel | ophopo | | | | | | |
| Space Cos | | | | \$0.00 | | | |
| SUBTOTAL PROGRAM COSTS | | \$0.00 | \$0.00 | \$0.00 | | | |
| Indirect Costs: Any expenses that aren't incurred directly to produce a service or program. Indirect costs are not to exceed 10% of the total | | *0.00 The Rapides Foundation | | Budget | | | |
| Indirect Co: | schale | | | \$0.00 | | | |
| SUBTOT | AL INDIRECT COSTS | \$0.00 | \$0.00 | \$0.00 \$0.00 | | | |
| | ROJECT EXPENSES | | \$0.00 \$0.00 | \$0.00 | | | |
| .OTAL PA | SOLOT ENFERISE. | +0.00 | +0.00 | +0.00 | | | |





Healthy Behaviors Initiative Healthy Behaviors Mini Grant Proposal Signature Page

Agreement for Participation in the Healthy Behaviors Mini Grant

The signer affirms authority to submit this intention for funding; the information contained in the grant application is true and correct; the proposed project will be adopted by the applicant as a part of the plan of work or aligns with the existing work of the applicant organization; and all payroll taxes are paid and current as allowed by law.

The grant proposal must be submitted online by 4:00 p.m. CT, Monday, August 14, 2023.

Required Signatures:

Executive Director or Authorized Representative:

Printed Name_____

Signature_____Date_____

Officer of the Board:

Printed Name

Contacts:

| For questions about this grant opportunity | For questions related to online submission |
|--|--|
| please contact: | please contact: |
| Dallas Russell, Program Officer | Courtney Keys, Programs Assistant |
| dallas@rapidesfoundation.org | courtney@rapidesfoundation.org |
| Main line: 318.443.3394 | Main line: 318.443.3394 |
| Direct line: 318.767.3005 | Direct line: 318.767.3013 |

Submission Process



Rapides Foundation

ABOUT US OUR WORK NEWSROOM GRANTS CONTACT US

Grant Awards

This is a competitive grant application process with a limited number of 14-month grants of up to \$25,000 available from The Rapides Foundation. Applicants must be nonprofit organizations classified as taxexempt under Section 501(c)3 of the Internal Revenue Code, or a governmental organization. Funds may be used for programmatic and promotional expenses aligning with the purpose of the Healthy Behaviors Mini Grant.

Grant proposals should impact residents within the Foundation's nine-parish service area of: Allen, Avoyelles, Catahoula, Grant, LaSalle, Natchitoches, Rapides, Vernon and Winn parishes.

Proposal Submission Process

Proposals for the Healthy Behaviors Mini Grant will be accepted using The Rapides Foundation's online application process only. (See link to online application in right column.)

Applicants should thoroughly review the Request for Proposals and other key documents included in the Key Materials section (in right column) to see full details, application process, and proposal requirements and exclusions. Technical assistance by Foundation staff is available at no cost to applicants requesting help with proposal submission.

Submit a Proposal

All proposals must be submitted using the online submission process. Submission deadline: Monday, August 14, 2023; 4:00 p.m. Central Time.

Please note, the proposal must be fully submitted by the deadline; therefore, you must begin uploading the completed proposal prior to 4 p.m. on the day of the deadline. We suggest you allow a minimum of three (3) hours for the upload process.

Start A New Application

🔗 Return To My Application



Please Sign In

- If you have an existing account, please log in using your E-mail Address and Password.
- If you have never logged on to this site, you must create an account. Use the <u>"New Applicant?"</u> link found below.
- For technical assistance or logon assistance with the application process, please contact Courtney Keys, Programs Assistant, at 318-443-3394 or Courtney@rapidesfoundation.org.

| Password | |
|----------------|------------------|
| New Applicant? | Forgot Password? |
| Login | |
| | |



Next ELIGIBILITY QUIZ Healthy Behaviors Mini Grant Program Is the applicant a nonprofit or governmental organization? Nonprofit organizations must be classified as tax-exempt under Section 501(c)(3) of the Internal Revenue Code. Yes Next ELIGIBILITY QUIZ Healthy Behaviors Mini Grant Program Yes × Submit

ELIGIBILITY QUIZ

Healthy Behaviors Mini Grant Program

Is your tax status current and in good standing with the IRS?

Yes

Will the grant project benefit at least one parish in The Rapides Foundation 9-parish service area?



Page 1: Before You Begin

| | | | | | | | | | | | Contact Us | Exit |
|--|--|------------|-------------------------|-----------|------------------------|---------|-----------------|-------------|----------|----------|---------------|------|
| 0 | Page 1 | 0 | Page 2 | 8 | Page 3 | 4 | Page 4 | | 6 | Review M | y Application | |
| * | Required before final submission | | | | Before You Begin | | | Printer | Friendly | Version | E-mail Draft | |
| | | | | Healtl | ny Behaviors Mini G | rant | | | | | | |
| | Online Proposal Deadline: August 14, 2023, 4:00 p.m. CT | | | | | | | | | | | |
| Cli | ck here to access the Hea | ilthy Beha | viors Mini Grant Reques | t for Pro | posals and other docum | ents to | complete your a | pplication. | | | | |
| Pro | Proposals will be accepted using the Foundation's online application process only. | | | | | | | | | | | |
| The final tab of this application will allow you to upload attachments and other optional supporting documents. You may save your work and then resume working on your application at a later date. Please add mail@grantapplication.com to your safe senders list to be sure you receive all system communications. Please note, the proposal must be fully submitted by the deadline; therefore, you must begin uploading documents prior to 4:00 p.m. on the day of the deadline. We suggest you allow a minimum of three hours for the upload process. | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Page 2: Overview/Organization Information

a. Applicant organization information (name, address, phone number, email, etc.).

b. Name, title, phone number and email address of the proposed project coordinator or key contact person from the applicant organization.

c. Project title.

d. Requested funding amount.

e. Total project amount.

f. Geographic location served.

g. Project start date.

h. Project end date.

i. Brief program description. (Example: ORGANIZATION proposes to increase physical activity opportunities in CITY/NEIGHBORHOOD by offering monthly fitness programs, and weekly nutrition workshops year-round.)

| 1 Page 1 Page 2 | 3 Page 3 4 Page 4 | 5 Review My Application | | | | | |
|--|------------------------------------|-------------------------|--|--|--|--|--|
| Organization Information * Required before final submission | | | | | | | |
| | Organization Information | | | | | | |
| * Organization Name Rapides Foundation * Address Maling Address I101 4th StreetAlexandria, LA71301 * City * State * Postal Code Alexandria /1301 | | | | | | | |
| * Phone Web Address | | | | | | | |
| Prefix | zation Primary Contact Information | | | | | | |
| Last Name Suffix First Name Middle Initial | | | | | | | |



Page 3: Narrative Questions

- Statement of Need
- Program Plan
- Capacity
- Program Goals •
- Impact and Evaluation
- Sustainability
- Budget Narrative

| | | | | Contact Us Exit | | |
|--|--|--------------------------------------|---------------------------|---|--|--|
| 1 Page 1 | Page 2 | B Page 3 | 4 Page 4 | Review My Application | | |
| * Required before final submission | | Mini Grant Application | | Printer Friendly Version E-mail Draft | | |
| | He | ealthy Behavior Mini Grant F | rogram | | | |
| Online Proposal Deadline: August 14, 2023, 4:00 p.m. *Remember to take into consideration Internet upload speed. It is suggested that you begin uploading documents one to three hours in advance of the deadline. | | | | | | |
| Statement of Need | | | | | | |
| | rogram meet the community's need? ort and commitment for your propose | d program? if so has that informatic | n been captured via surve | ys, focus groups, etc.? | | |
| Program Plan | | | | | | |



Page 4: Attachments and Optional Supporting Documents

- Budget Narrative
- Work plan & Timeline
- Budget Worksheet
- 501 (c)3 Designation Letter
- 990, Annual Audit or Financial Report
- Signature Page
- List of Board Members
- MOU's, Letters of Support, etc.

| | · | | | Contact Us Exit |
|---|--|--|--|---|
| 1 Page 1 | 2 Page 2 | 3 Page 3 | Page 4 | 5 Review My Application |
| * Required before final submission | | Attachments | | Printer Friendly Version E-mail Draft |
| | | Attachments | | |
| * Budget Narrative: (Click here Provide a budget narrative describing what you consulting support and indirect cost rate) Choose File No file chosen Upload | e to see provided example here) u intend to purchase and how you propose to use | the funds in each line item. (Staff time, assessment a | ctivities, meeting expenses, educational activities, | advocacy, project-related supplies and equipment, communications, |
| * Budget Worksheet: (Click her Complete the excel worksheet to reflect reque Choose File No file chosen Upload | re to see provided example) sted funds and any in-kind/match. | | | |
| Workplan & Timeline (Click he List the major activities, timeline, person response Choose File No file chosen Upload | ere to see provided example) onsible, and expected outputs. | | | |





Page 5: Review & Submit

| | | | | Contact Us Exit |
|---|---|---|--------------|---|
| 1 Page 1 | 2 Page 2 | 3 Page 3 | (4) Page 4 | 5 Review My Application |
| 1. Mobile Phone is a requ 2. a. How will your propose 3. b. Is there community st 4. a. How many people do 5. b. What are the potentia 6. c. If funded, I agree to in change. is a required fiel 7. a. What does success loc 8. Budget Narrative: (Click 9. Budget Worksheet: (Clic 10. Workplan & Timeline (Cli 11. IRS 501(c)(3) Determina 12. Signature Page (Click he | ed program meet the community's need? is upport and commitment for your proposed you anticipate will directly benefit from you il benefits of the proposed program? is a re mplement an evaluation tool provided by tl ld. ok like after the grant period? is a required here to see provided example here) is a re k here to see provided example) is a requi ick here to see provided example) is a requi ation letter. is a required field. r financial report is a required field. | program? if so has that informa ir proposed program(s)? is a re- equired field. he Foundation that will require of field. equired field. red field. jired field. | | etc.? is a required field. ttendance) and a survey on participant behavior |
| | on you've provided so far and make ation. If you're not ready to submit | | | s of the application, click Submit to forward |
| | | Before You Be | egin | Printer Friendly Version E-mail Draft |
| Required before final submission | | | | |
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| | | Healthy Behaviors | s Mini Grant | |

Questions?

Thank You!