

SHIP COMMUNITY PARTNER AWARD APPLICATION 2023

Prior to completing this application, please review the Anoka County Community Partner Award Instructions. For questions about the application, including assistance in completing the application (additional formats, translations, etc.) please email SHIP@co.anoka.mn.us or call 763-324-4200.

Organization/Group Information	
Today's Date	
Organization/Group Name	
Organization/Group Address	
Name of Primary Contact	
Phone Number of Primary Contact	
Email Address of Primary Contact	
What is preferred method of contact?	

Organization/Group Background
<p>Which option best describes your primary organizational structure?</p> <p> <input type="checkbox"/> For-profit <input type="checkbox"/> Non-profit - 501(c)3 <input type="checkbox"/> Non-profit – Other: _____ <input type="checkbox"/> Public Agency/Government </p> <p>Which options best describes your organization's industry or primary focus? (Mark all that apply)</p> <p> <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Human Services <input type="checkbox"/> Sales/Consulting <input type="checkbox"/> Business Services <input type="checkbox"/> Insurance <input type="checkbox"/> Real Estate/Housing <input type="checkbox"/> Information Technology <input type="checkbox"/> Environmental Services <input type="checkbox"/> Faith Community <input type="checkbox"/> Advocacy/Outreach <input type="checkbox"/> Arts <input type="checkbox"/> Media/Communications <input type="checkbox"/> Agriculture <input type="checkbox"/> Education <input type="checkbox"/> Healthcare <input type="checkbox"/> Trades/Construction <input type="checkbox"/> Other: _____ </p> <p>Give a brief explanation/background of your organization/group.</p>

Project Information	
Please select at least one primary category and additional secondary categories as appropriate. *See instructions for what each selection includes in detail	<input type="checkbox"/> MN EATS (Healthy eating, lactation support, etc.) <input type="checkbox"/> MN MOVES (Movement, physical activity, biking, etc.) <input type="checkbox"/> MN Well-Being (Social connection, addressing trauma, etc) <input type="checkbox"/> MN Commercial Tobacco Free (CTF) (Tobacco/vaping prevention)
Description <i>Provide a general description of the project and please include an explanation for why the project is needed. Please list any other organizations or partnerships that may be involved in this project (if applicable).</i>	
Project Goal(s) <i>What are the goals of the project</i>	
Please describe what Policy, System or Environmental Change(s) this project will address - see instructions for descriptions of each.	Policy -
	System -
	Environmental -

<p>Health Equity <i>Please describe how this project is increasing opportunities that would not otherwise be available or accessible to this population. (e.g., "the project will increase healthy food access to minority groups or people with disabilities.")</i></p>	
<p>Number of people who will benefit from this project.</p>	

Action Plan and Timeline
*List the activities needed to accomplish the project and the timeline for completing them.
 Add more lines as needed.*

Action Plan/Activities	Timeline
<i>Example: Kick-off our weekly walking club with a community event.</i>	<i>MONTH, YEAR</i>

Budget – See included form titled “Anoka County SHIP Budget and Order Form”.
Please complete the detailed budget in Excel with the form “Anoka County SHIP Budget and Order Form” if you are in need of assistance using Excel please contact ship@co.anoka.mn.us

Total Amount Requested: \$

<p>Evaluation Plan <i>What would indicate to you that this project was successful?</i></p> <p><i>SHIP requires all projects to include evaluation. Are you willing to work with SHIP staff to come up with an evaluation plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Sustainability <i>What is the plan for making sure the project continues after SHIP funding ends?</i></p>	
<p>Communications <i>Who needs to know about this project – community members, community leaders, etc.?</i></p> <p><i>How will you communicate with these groups?</i></p>	

By signing and submitting this Project Proposal, the submitting organization agrees to the following expectations:

- Obtain leadership and, if convened, wellness committee support for proposed SHIP project.
- To ensure the project implementation and any final products as a result of the project are located in Anoka County, MN.
- Submit a completed budget form and return correspondence with SHIP in a timely manner regarding changes, alterations, or clarifications within 5-10 business days.
- To complete a Memorandum of Understanding, if required, per Anoka County or MN Dept. of Health.
- To complete a media release providing consent to Anoka County SHIP and its partners to share media regarding your project or organization with the public.
- To provide before-and-after photos of the project site for evaluation purposes.
- Communicate with Anoka County SHIP on a regular basis throughout the grant cycle to provide updates, including a final summary.

Signature

Date

Please email completed applications to SHIP@co.anoka.mn.us with the subject: Community Partner Award.

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