



Request for Applications (RFA) Initiatives to Support Healthy Living

Who is Eligible:

Applicants must be a registered 501(c)(3) non-profit, public, or municipal entity or school in the Healthy Portland or Healthy Casco Bay service area to qualify for funding. Healthy Portland serves the city of Portland. Healthy Casco Bay serves the towns of Cumberland, Chebeague Island, Falmouth, Freeport, Gray, Long Island, New Gloucester, North Yarmouth, Pownal, and Yarmouth.

Important Dates:

August 17, 2010

September 20, 2010

October 4, 2010

June 1, 2011

Funding Announcement

Application Deadline

Notification of Awards

Final Report Due

Overview:

Healthy Portland and Healthy Casco Bay Healthy Maine Partnerships (HMPs) are excited to announce the availability of mini-grants for initiatives that support healthy living among people who live, work, and play in these two HMP regions. The goal of these community initiatives is to do at **least one** of the following through education, programming, and environmental change:

- Prevent tobacco use
- Reduce/eliminate exposure to secondhand smoke
- Motivate and assist quitting tobacco use
- Increase physical activity
- Promote healthy eating
- Promote sun safety
- Promote colon cancer screening within a target group
- Promote cardiovascular health
- Promote breastfeeding

Healthy Portland and Healthy Casco Bay are committed to working with community organizations, businesses, and non-profit organizations to promote healthy choices among the people of Portland and the Casco Bay region. The HMPs will award a maximum of 10 grants of up to \$250 each.

How to Apply:

Applications must be submitted by September 20, 2010 to:

Marice Reyes Tran
Community Health Promotion Specialist
Healthy Portland & Healthy Casco Bay
134 Congress Street
Portland, ME 04101
mtran@portlandmaine.gov

Applications may be emailed, but a hard copy with appropriate signatures MUST also be mailed to the address above.

All application must include the following information:

A. Contact information to include:

1. Name of organization/business/non-profit, etc.
2. Contact person or service provider
3. Mailing address (if a PO Box number, please include street address)
4. Phone number and e-mail address of the contact person

B. Narrative of your project should include the following (1 page maximum):

1. Number of participants or estimated number of people reached
2. Description of audience
3. Goal(s) and objectives
4. Proposed activities with timeline
5. Evaluation plan (statement of how you will measure whether you have achieved goals and objectives)

C. Description of budget:

1. Include a short narrative along with an itemized budget. **Maximum award is \$250.**

D. Signed Commitment Form

1. See page 3 of this application.

A final narrative (maximum 1 page) and a one page budget report are due June 1, 2011. See template on page 4.

For questions, please contact:

Marice Reyes Tran
207-541-6952
mtran@portlandmaine.gov



Commitment Form

By signing this Commitment Form, I/We agree to the following:

1. Use Healthy Portland or Healthy Casco Bay staff as technical assistance resources for the proposed initiative as needed.
2. Recognize "Healthy Portland [or Healthy Casco Bay], a local Healthy Maine Partnership" as the funding source (or partial funding source) in all press releases, publications, and media usage associated with this project.
3. Implement activities and/or projects as proposed in application.
4. Use mini-grant funding as proposed in the budget and submit appropriate documentation with final report.
5. **Expend no grant funding beyond the end date of the contract period of June 1, 2011.**
6. **Submit final report no later than June 1, 2011. See template on page 4.**

Signature required for application submission (must be an individual who is authorized to enter into agreements on behalf of the agency):

Signature _____ Date _____

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____

**This attachment is not part of the application process. This is the final report template that will be used by grant recipients who must complete and submit the final report by June 1, 2011.*

Initiatives to Support Healthy Living Community Mini-grants Final Report Form

Grant Period: October, 2010 – June, 2011

We are excited to hear about your initiative to support healthy living in the Healthy Portland or Healthy Casco Bay region. Please provide a brief final narrative report (maximum 1 page) and a final budget report using the following template as a guide. Thank you.

1. Contact information to include:
 - a. Name of organization
 - b. Contact person
 - c. Mailing address
 - d. Phone number
 - e. E-mail address of the contact person

2. Please describe your initiative, using the outline below as a guide:
 - a. Describe your initiative and the health behavior(s) it addressed. Please pay special attention to any aspects of the initiative that were different than the original initiative you proposed in your application.
 - b. Describe the participant group, including demographics and the number of people who participated.
 - c. Discuss any measurable changes (additionally, if you were asked to report on any specific outcomes when you were awarded the mini-grant, please note them here).
 - d. Discuss any barriers that you encountered.

3. Please describe how this project will shape future efforts to address similar health behaviors within your organization/group.

4. What recommendations do you have for Healthy Portland or Healthy Casco Bay, and our community mini-grant program?

Thank you very much for your valuable work to support living healthy in the Portland and Casco Bay regions! Sharing your experience will assist us in successfully planning future initiatives.

If you have questions regarding the final report, please don't hesitate to contact me:

Marice Reyes Tran
207- 541-6952
mtran@portlandmaine.gov

Judgment Criteria

(To be completed by a review panel.)

1. Submitted by required due date. Yes____ No, Rejected____
2. Amount requested does not exceed \$250. Yes____ No, Rejected____
3. Eligible applicant. Yes____ No, Rejected____
4. Intent of the proposed initiative meets the RFA goal(s). See page 1 of RFA. Yes____ No, Rejected____
5. Includes all required components, Yes____ No, Rejected____ including signed commitment form by authorized agency representative..

Scoring:

- 60 points_____ **Proposed Initiative**
(objectives, timeline, and plan)
- 20 points_____ **Evaluation Plan**
(measures of effectiveness – progress toward goal)
- 20 points_____ **Budget Proposal**
(itemized and detailed list of expenditures)

Total Possible Points = 100

*Applicants will be notified by October 4, 2010 of award or non-award.

Contact Person:

Marice Reyes Tran
Community Health Promotion Specialist
Healthy Portland & Healthy Casco Bay
207-541-6952
mtran@portlandmaine.gov