

Application for Project Diabetes

"Moving the Needle Towards a Healthier Tennessee"

Attachment 1

APPLICANT INFORMATION

Category A

Category B

(Please check appropriate category)

Applicants for both Category A and B must complete questions 1 through 16.

1. Legal name of applicant as it appears on its corporate charter: _____
2. Federal tax ID Number: _____
3. Is your organization a registered vendor with the State? Yes ___ No ___
(If No, please contact joan.cook@tn.gov for registration details)
4. Organization contact information:
Organization's Primary Mailing Address: _____
Telephone Number: _____ FAX Number: _____
5. Primary Contact Person Name and Title: _____
Email Address: _____ Phone Number: _____
6. Secondary Contact Person Name and Title: _____
Email Address: _____ Phone Number: _____
7. If awarded a grant, who will be the authorized signor of the resulting contract?
Name and Title: _____
Email Address: _____ Phone Number: _____ Fax Number _____
8. Do you propose to use subcontractors for any portions of the scope of services?
Yes ___ No ___
If yes, please provide the name and address of each subcontractor and what specific services each will perform: _____

9. Please check which strategy(ies) from Institute of Medicine's recommendations will be the focus of your program? (Check all that apply)
 Performance Goal 1: Make physical activity an integral and routine part of life.
 Strategy 1-1: Enhance the physical and built environment
 Strategy 1-2: Provide and support community programs designed to increase physical activity
 Performance Goal 2: Create food and beverage environments that ensure that healthy food and beverage options are the routine, easy choice.
 Strategy 2-1: Adopt policies and implement practices to reduce overconsumption of sugar-sweetened beverages.
 Strategy 2-2: Increase the availability of lower-calorie and healthier food/ beverage options for children dining in restaurants.
 Strategy 2-3: Promote breastfeeding-friendly environments.
 Strategy 2-4: Introduce, modify, and utilize health-promoting food and beverage retailing and distribution policies.

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10. County(ies) where services will be provided: _____

11. Target population(s): _____
12. Target population age: Children 12 and under Adolescents Adults
13. Diverse population(s) targeted, if any: _____
14. Anticipated number of participants*: _____
15. Anticipated cost per participant: \$ _____
16. Please check ONE of the following as it applies to this application.
- We have reviewed the Sample Contract with legal counsel and can identify no objections to executing this contract in its present form.
- We have reviewed the Sample Contract with legal counsel and will request changes to the Sample Contract (please attach details). We understand that exceptions to boilerplate contract language may not be approved and may result in the rejection of this application.

* Please use realistic estimates. Total state or county populations will not be accepted as valid.

Attachment 1

APPLICATION

(Applicants for Category A answer Questions 1 through 14, using additional space as needed.)

(Applicants for Category B answer Questions 1 through 9, using additional space as needed.)

1. Please briefly explain how your proposed project addresses a defined need in your area.

2. Please attach a project narrative detailing how you propose to achieve your goal(s) and objectives. Describe how you propose to change "default" choices around physical activity and/or nutrition to healthier ones. For Category A applications, please limit this narrative to 3 pages. For Category B applications, please limit this narrative to 1 page.*
3. On a separate page, please attach a 1-page outline of the specific goals and S.M.A.R.T. objectives for the project. You may find a helpful resource on developing SMART objectives on the CDC Public Health Information Network of Practice website.
https://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html*
4. Please attach a 1-page timetable which details how your project will progress from start to finish, detailing the who, the what and then when.*
5. Select performance indicators for the corresponding strategies you propose to implement in order to develop the framework for your evaluation plan. Please submit a one-page evaluation plan using the provided performance indicators for each strategy. This is how will you demonstrate changes in physical activity and/or nutrition for your target population. (see "Evaluation Indicators" attachment)

6. Please describe what personnel will provide the key expertise for the success of your project.

7. What specific plans have you made to partner with other groups or organizations to accomplish your objectives? How have you aligned with community wide health priorities? Please attach letters of commitment (not merely support), which bullet point the expectations and responsibilities of the planned partnership.

8. Please complete the attached 2-page budget **for each year** of your project (Attachment A).
9. How will the results of your project be sustained after grant funding expires?

**Please respect these page limits as evaluators will read only pages up to the stated limit.*

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10. Are there similar programs within the proposed project's geographic area? If so, please detail, and describe how your project will partner with or build upon the accomplishments of these programs.

11. Have you executed this project before? If so, please describe what objectives were met and unmet.

12. How will your project address health disparities in your target population?

13. Briefly describe the experience your organization has had in serving the target population.

14. If your proposal includes the purchase of hydration stations, please submit an action plan for the implementation of a campaign to decrease sugar-sweetened beverages in your school or organization. Include the who, what, when, where steps of the campaign to be implemented. You may find helpful resources at these websites:

<https://www.tcwn.org/bringing-tap-back>;

<https://sumnerschools.org/index.php/healthy-school-teams>;

<http://www.bphc.org/whatwedo/healthy-eating-active-living/healthy-beverages/Documents/HealthyBeverageToolkitFinal.pdf>

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The applicant certifies to the best of his/her knowledge and belief that the information in this application has been duly authorized by the governing body of the applicant and that the applicant will comply with the certifications and assurances required of applicants if a grant is awarded. **DO NOT SIGN THIS DOCUMENT IF YOU ARE NOT LEGALLY AUTHORIZED TO BIND THE PROPOSING ENTITY.**

Name: _____ Title: _____

Signature: _____ Date: _____