



LiveWell NKY 2.0 Activation Track

LiveWell NKY 2.0 Activation Grant Application

Purpose:

Much of our health starts where we live, learn, work, and play. Many factors influence a person's health. It is important to build a culture of health in NKY where a healthy choice is an easy choice for everyone.

No single person or group can tackle this problem alone. It will take residents, businesses, government, education, and organizations representing many interests working together to create and maintain opportunities to live a healthy life as possible.

LiveWell NKY is a regional effort to improve the overall health and wellness of NKY residents. LiveWell NKY focuses on supporting the creation of a healthier region by way of educational outreach, enhancing the environment to encourage physical activity, improving access to healthier foods, and supporting smoke-free efforts through collaborative work with partners, stakeholders, and residents in the community.

Goals:

1. Encourage community mobilization that brings together a diverse representation of the community to work collaboratively to build a healthy community.
2. Support environments and policies that promote equitable opportunities for healthy eating, active living, and smoke-free environments.

Objectives:

1. Implement the action plan to advance physical activity, healthy eating, and tobacco-free environment initiatives through policy, systems, and environmental changes.
2. Continue to engage and communicate with partner organizations and local people to support the action plan.
3. Develop an evaluation plan for interventions.
4. Submit and implement current communication and /or market plan.
5. Maintain the action plan to continuously address priority health issues.
6. Submit quarterly progress reports (template will be provided for report requirements).
7. Analyze post-intervention evaluation data and submit final reports, including recommendations for improvement and next steps.
8. At least 20% of the members of the coalition must attend required trainings.

Eligibility and Selection Criteria:

1. Applicants must be a 501(c)3 nonprofit organization, as classified by the IRS, or governmental agency serving Northern KY communities or use a fiscal agent who is a current 501(c)3.
2. Coalition has been established for at least 2 years.
3. Must have an action plan developed that addresses at least 2 priority health issues.
4. Must have a current communication plan in place (Facebook or other social media platforms).
5. Priority will be given to communities located in vulnerable areas identified on NKY Health Equity Map within Boone, Campbell, Kenton, and Grant County.

6. 80/20 match (match can be an actual expenditure (cash) or a virtual cost (in-kind contributions) in-kind match contributions come in the form of the value of personnel, goods, and services).

Key Dates:

Grant Deadline: September 30, 2021

Applicants Notified: October 2021

Funds Released: January 2022

Grant Period Ends: December 2022<

* 1. Applicant/Organization Name:

* 2. Contact Person(s) and Title(s)

Name/Title

* 3. Address:

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

* 4. Phone Number(s):

Phone Number

* 5. Email Address(s):

email address

* 6. How long has your coalition been active?

* 7. Does your coalition currently receive funding from the Northern KY Health Department annually? If yes, how much?

Yes

No

If yes, how much?

8. Does your coalition have an action plan to advance physical activity, healthy eating, and tobacco-free environments? (if yes, upload current action plan) (if no, please skip)

No file chosen

9. Does your coalition have a communication plan and/or a marketing plan? (if yes, upload documents) (if no, please skip)

No file chosen

* 10. Please provide a brief description of the coalition and the capacity it has to accomplish the project.

* 11. Briefly describe 2 things your coalition has worked on in the past related to physical activity, healthy eating, or tobacco-free environments.

* 12. Please list and explain any existing partnerships or support your coalition has that would add to the success of the project.

Partner/support

13. What two priority health issues will your coalition address?

- Physical Activity
- Healthy Eating
- Tobacco-Free Environments

* 14. Project Description: Please describe the project(s) or strategy(s) that you will implement. Indicate what you think the benefits of successfully implementing it will be.

* 15. Needs Assessment: Why is this project necessary? Please identify one or two challenges facing your community that this project will address related to physical activity, healthy eating, and tobacco-free environments. Include the source of data sustaining the challenges identified. (300 words max)

* 16. Project Goal(s) and Objective(s):

Goal/objective

* 17. How will your proposed project work to address physical activity, healthy eating, or tobacco-free environments to under-served populations.

* 18. How would you define a successful project?

* 19. How do you plan to evaluate the project and its success?

* 20. Please provide information on the budget for this project. How will you use the resources?

* 21. Can your coalition commit to a 20% match or equivalent to a \$300 match (match can be either an actual expenditure or in-kind)?

Yes

No

Maybe