

## **Mini-Grant Guidelines**

*You can use funds to promote healthy lifestyle choices by  
Helping people eat healthier food, get physically active, and/or quit using tobacco.*

**Timeline:** Applications will be accepted through May 1, 2010 with awards being made in four separate funding periods. The deadlines for application submission will be November 1, 2009, January 1, 2010, March 1, 2010, May 1, 2010.

**Amounts Available:** There is a maximum of \$2,500 per applicant. You are strongly encouraged to apply for the minimum amount needed to successfully complete your project. Awards vary from \$275-\$2,500.

### **GIVE US YOUR IDEAS THAT WILL MAKE A DIFFERENCE FOR:**

- You
- Your friends and family
- Your community group
- Your organization or your workplace
- Your local neighborhood, your community
- Your geographic area

### **WHO CAN GET A GRANT?**

- Almost any type of community group, club or associations
- Local community agencies
- Local programs that serve people with low incomes
- Town governments
- Small businesses or chambers of commerce
- Faith communities or ecumenical councils

### **A FEW EXAMPLES OF WHAT CAN BE DONE- TELL US YOUR IDEA!**

- Start a walking club or build a bike/hiking trail with a map to give people
- Create & print a booklet with local stories on how tobacco has affected residents, with stories on how people have successfully stopped using tobacco with a plan for distribution
- Hold a community visioning process for a neighborhood, town, or cluster of towns
- Organize a group of people who want to change their lifestyle
- Develop walking routes with ½ mile, 1 mile, etc. markers
- Youth Advocacy Programs
- Training Scholarships/stipends
- Voter Registration/Education Forums

### **HOW TO GET A GRANT FOR YOUR IDEA**

Send a complete application (included in this packet) to:

**Robin Mayo, Community Partnership Director**  
**Piscataquis Public Health Council**  
**897 West Main Street**  
**Dover Foxcroft, ME 04426**  
**Phone: 207-564-4344**

**Email: [rmayo@mayohospital.com](mailto:rmayo@mayohospital.com)**

## GUIDELINES

- ❑ Must be based in one of the named communities.
- ❑ You can send in as many proposals as you have good ideas.
- ❑ Contact the Community Partnership Director if you want help with this.
- ❑ The Piscataquis Public Health Council is not obligated to award any or all funds.
- ❑ Grants will look to connect the PPHC with a variety of communities and spread grant funding throughout the entire region.
- ❑ Projects must be directly related to the strategies outlined in the PPHC workplan and related to Physical Activity, Nutrition, Tobacco Prevention, Chronic Disease Management or Prevention, Substance Abuse Prevention.
- ❑ Projects can be located in any of these towns:

Abbot Village	Brownville	Brownville Junction	Cambridge	Corinth
Charleston	Derby	Dover-Foxcroft	Dexter	
Exeter	Garland	Greenville Junction	Greenville	
Guilford	LaGrange	Milo	Monson	
Onawa	Parkman	Rockwood	Sangerville	
Sebec	Sebec Lake	Shirley Mills	Shirley	
Wellington	Bradford	Hudson	Kenduskeag	

## HOW ARE IDEAS CHOSEN TO GET A GRANT?

- ❑ Awards are made in three steps:
  1. You send in a proposal and an Awards Committee reads it or talks with you, and makes its choice with a simple and fair point system.
  2. If your idea is chosen, the Planning Committee will call you. The Piscataquis Public Health Council and you, if your idea is chosen, will agree on final details of the proposal.
  3. When an agreement is reached the award and funding will be sent immediately.
- ❑ If we can't agree about the details of the proposal, the Piscataquis Public Health Council reserves the right to refuse to make the award.
- ❑ Those grant requests that involve long-term environmental and/or policy changes that promote healthy eating, physical activity, tobacco prevention, chronic disease management, substance abuse prevention utilizing evidence-based strategies will take high priority.

## WHAT DO YOU NEED TO AGREE TO DO:

- ❑ Use the money as agreed; if something changes talk about it with the Piscataquis Public Health Council Community Partnership Director.
- ❑ Write a one page report at the end of the funding period to tell us what happened, lessons learned, and how the money was spent. Send a copy of pictures, flyers, letters or other materials that show what happened.
- ❑ Agree to share your idea and help others to do it.
- ❑ Agree to be mentioned in Piscataquis Public Health Council publicity.
- ❑ Credit the Piscataquis Public Health Council and Healthy Maine Partnership as funders in all publicity about the event/program.

## WHAT THIS GRANT CANNOT FUND:

- ❑ Replace funding for something that was already planned and budgeted w/other \$\$
- ❑ Speaker fees for basic education on tobacco, physical activity or nutrition
- ❑ Prescription medications or other clinical aids
- ❑ Medical screening equipment or services, including transportation to those services
- ❑ Sports or recreation equipment or services
- ❑ Projects identified with political parties
- ❑ Groups or organizations that practice discrimination
- ❑ Contributions to money-raising groups
- ❑ Existing construction projects or real estate purchases

**THE PISCATAQUIS PUBLIC HEALTH COUNCIL**  
**A Healthy Maine Partnership**  
Bureau of Health, Department of Human Services

**MINI-GRANT APPLICATION FORM**  
**Cover Sheet**

*Application must be typed. Each application must include a cover sheet and a maximum of 5 pages summarizing the questions identified (1-11) along with any additional information you think is important for the funder to know, include a separate itemized budget, and a minimum of one letter of support from Community Service Center(s)/(local town governments) being supported by grant funding. Please call us at **207-564-4344** if you would have questions or would like some help or advice on this application.*

**Applicant/Organization Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Town** \_\_\_\_\_ **County** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**Contact Name (if different from above)** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Town** \_\_\_\_\_ **County** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**Linked to what Organization(s)/Address/phone of organization (if different):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Project priority area (check all that apply):**

**Improve Nutrition**       **Increase Physical Activity**       **Tobacco Prevention/Cessation**

**Chronic Disease/Self-Management**       **Evidence-Based Substance Abuse Prevention**

**Policy Change**       **Environmental Change**

**Example of Policy/Environmental Changes – Providing healthy options in vending machines and snack shacks, initiating tobacco-free area policy in specific designated areas, increasing or improving physical activity access opportunities. Changing the way things have been done or handled in the past that promote physical activity, improve nutrition, or prevent tobacco use. Developing new practices that have the potential to alter lifestyle changes or initiate new behavior changes.**

Duration of project: Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Will you be able to finish the project by December 31, 2010? Yes \_\_\_\_\_ No \_\_\_\_\_

Federal EIN number (If company or organization) \_\_\_\_\_

Social Security number (If individual) \_\_\_\_\_

Amount of funding requested: \_\_\_\_\_

Amount of matching funds: \_\_\_\_\_

Total project cost: \_\_\_\_\_

### Completed Application Checklist

- \_\_\_\_\_ Cover Sheet (2 pages)
- \_\_\_\_\_ Summary of Proposed Project (answer question 1-11 separately) (Maximum 5 Pages)
- \_\_\_\_\_ Itemized Budget (1-2 pages)
- \_\_\_\_\_ Letter of Support from Community Service Center Official (Communities involved in project 1-5 Letters of Support)

(Maximum of 5 pages)

Answer each question separately and number appropriately.

1. Provide a summary of proposed project (100 words or less).
2. What are your specific project goals, and how do they fit within the PPHC strategies/workplan? Please identify specific PPHC strategies you plan to address within this project.
3. Identify and list specific steps and time line involved in making it all happen?
4. What do you hope or expect will happen with this activity? What results do you expect?
5. How will your idea help people eat healthier, get more physically active, or quit using tobacco?
6. What other organizations/individuals will be involved in making this activity a success?
7. What is your target population (Gender/Age Level/Other)?
8. Do you have other funding for this project? If so, what is it?
9. Evaluation: What will you look for or measure to know you have met your goals?
10. Sustainability: Do you plan to continue this activity after this grant is over? If so, how?
11. Does the project involve a policy or environmental change (refer to coversheet and sample budget for examples)? If so, explain.

Provide a detailed budget of what funding will be used for, attach separately. Matching funds strengthen the application. Matching may include actual cash, volunteer time, equipment, or materials. Be as detailed as possible. (Sample attached)

Provide a letter in support of your activity from the community service center/town government official(s) from the community your project will serve. Note this may involve more than one community and may require more than one letter of support. The letter of support should indicate how the local community government will support your effort and how your activity supports the community (ies) comprehensive health plan and/or community(ies) plan for improving the health of its citizens.

**Sample - Proposed Budget**  
**Fitness/Nature Walking Trail Development**  
**(Environmental Change – Increase Access to Physical Activity)**

<b>Budget Item</b>	<b>PPHC Funding</b>	<b>Matching Funds and Resources/ Identify Specific Source</b>
Staffing/Event Coordinator/Workers/Volunteers		\$500.00 = 10 Volunteers at an estimated rate of \$10 per hour x 50 hours ,Community Members and Kiwanis Members
Materials	\$350.00 = 2 signs that promote tobacco free area <b>(policy/environmental change)</b> ; 1 sign that promotes trail name and funder; 20 nature identification signs;	\$1,000.00 = Exercise Stations = Wood Donated by Northeast Log Homes
Travel	N/A	N/A
Food for Event Demonstration	\$150.00 = 3 work days; healthy snacks and refreshments.	
Mailings	N/A	N/A
Media Coverage		\$75.00 = Community Member designated and volunteered to manage all media coverage (a minimum of 3 media press releases. Community Member designated to register trail on Healthy Maine Walks site.
Space		\$600.00 = Union #60 provides meeting space for organizing event (7 trail planning meetings scheduled) = \$50 per meeting; (5 Nutrition Subcommittee meetings planned to discuss snacks served in vending machines and at snack shack located on trail = \$50 per meeting. Goal to ensure healthy nutrition options available <b>(policy/environmental change)</b> .
Printing	\$450.00 = Printing of Trail Map; identifying Nature Markers; Walking Distance	
Miscellaneous	\$200.00 = Community Event to let community members know about trail and try trail out. \$1,000.00 = ½ the cost of heavy equipment and operator.	\$1,000.00 = Heavy Equipment and Operator donate ½ the cost to the project.
Totals	\$2,150.00	\$3,175.00
Total Cost of the Project		\$5,325.00

Finalized budget would be in a similar format as original budget submitted but include columns that indicated Budget Items, Budgeted Amount, PPHC \$ Utilized, Paid to Date, and Matching Funds. A complete final accounting of how funds were utilized.