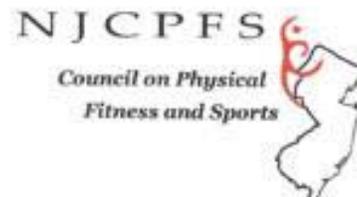


HEALTHY COMMUNITY DEVELOPMENT

Request for Applications

May 18, 2007



Issued by:
Department of Health and Senior Services
Division of Family Health Services
Maternal, Child and Community Health

HEALTHY COMMUNITY DEVELOPMENT MINI-GRANTS

Introduction

The New Jersey Department of Health and Senior Services (NJDHSS), Family Health Services and the New Jersey Council on Physical Fitness and Sports (NJCPFS) invite applications to implement a **Healthy Community Development** initiative. The intent of the mini grant is to provide seed money to engage the community in local level programming. Most grant awards will be for \$2500 (twenty five hundred dollars); however, larger grants of up to \$10,000 may be awarded based on merit. A total of up to \$100,000 will be awarded. A sampling of the 2006 New Jersey Healthy Community Development Initiatives that have been launched for \$2,500 is attached for your review. It is anticipated that 10 - 20 municipalities will receive an award in 2007. To apply for a mini-grant, please use the Healthy Community Development Request for Applications (RFA), submitting the completed forms (FS-77 Application for Mini Grants) as well as the required attachments. The RFA can be downloaded from <http://nj.gov/health/fhs/njcpfs>. The standard NJDHSS Application for Mini Grant Funds form and FS-D4 instructions can also be downloaded from <http://web.doh.state.nj.us/forms>

Problem

Obesity related to physical inactivity and poor diet is the second leading cause of preventable death in the United States, contributing to as many as 200,000 deaths annually and the growing burden of chronic disease. Obesity related health problems cost New Jersey 2.3 billion dollars in 2003. Regular physical activity helps prevent diseases including obesity, heart disease, hypertension, diabetes and certain types of cancer. Increasing physical activity, improvement in diets and physical changes in the built environment that encourage not hinder physical activity are healthy changes that can positively impact the health of the community.

Goal

To motivate, activate and energize communities to become healthy and physically active.

Eligibility

Eligible applicants for this award include **New Jersey** public and private non profit entities including municipalities, parks and recreation, schools/districts, local health departments, hospitals, YW-YMCA's and other community based organizations capable of conducting the project as outlined. Only one application per municipality will be awarded. Collaboration is encouraged.

Although communities are not required to attend the 2nd Leaders' Academy for Healthy Community Development on May 18, 2007, the awards will be made on a competitive basis with first consideration given to participants who attended the Leaders' Academy.

Instructions

1. Complete FS-77 page one. 2. Complete FS-77 page 2 including assessment of need, objective and cost of project sections by responding to the information specified in each section. 3. Complete sections 4, 5 and 6 (see page 3).

ASSESSMENT OF NEED20 points

Describe the character and nature of your community related to the proposed project including relevant County, population, median income, health information or data.

Describe your community's capacity to support the project. Include existing physical activity or wellness groups and their activities.

Describe anticipated barriers /roadblocks and what the community team can do to overcome them.

OBJECTIVE OF PROJECT15 points

Write a statement that summarizes the following points:

- Who is the audience that will benefit from/participate in the project intervention being done?
- What is going to be done or take place?
- When is the project taking place or over what period of time?
- Where (geographic location) is the project taking place?
- Why is this project important to do?
- Describe the change you anticipate as a result of this project.

Indicate which evidence based approach is justification for the planned initiative (i.e. cite reference/s from thecommunityguide.org or strategies recommended in the New Jersey Obesity Prevention Action Plan, July 2006 - www.nj.gov/health/fhs/documents/obesity_prevention.pdf)

COST OF PROJECT15 points

<u>Budget Items</u>	<u>Description</u> (How item is to be used and quantity needed)	<u>Costs</u>
Consultant, if needed (# hours/cost per hour) *NOT a community team member		
Office and related costs (supplies, postage, printing)		
Program and related costs (educational materials, food for event/meetings, recreation supplies, incentives)		
TOTAL		

4. PROJECT DESCRIPTION (must attach separate sheet - **section not included on FS-77).....25 points**

Briefly describe the project, state the issue or opportunity being addressed and how the project is expected to benefit the community.

List the steps to be taken for each phase of the project given below, identifying the responsible team member and estimate the time for completion:

<u>Phase</u>	<u>Steps</u>	<u>Team Member Responsible</u>	<u>Time Frame</u>
Planning			
Implementation			
Evaluation			
Future Steps			

5. COMMUNITY TEAM (attach separate sheet - **information not included on FS-77).....15 points**

The Community Team is determined by the type of the project being proposed and **MUST** have:

- At least **three to five members**. List names, mailing and e-mail addresses, telephone numbers and the agency or interest represented.
- **At least one required member representing local government:** Mayor, Council Member, City Administrator, County Executive or other appropriate authority.
- **Other team members** representing community-based organizations or groups such as: Parks and Recreation, PTO's, youth or senior groups, service or civic organizations, Chamber of Commerce, businesses, interested residents, municipal engineer and/or planner, local educational agency (schools) and local health department.
- **If applicable**, identify the team member/s that attended the May 18, 2007 Leaders' Academy.

6. LETTERS OF SUPPORT10 points

- a. A Letter of Support from the Mayor's Office, County Executive or other appropriate authority submitted with the application packet.
- b. Other letters of support from public or private community-based organizations or residents. Duplicated letters will not be considered. (1 point per letter up to a max of 5 points).

All letters of support must express knowledge of and willingness to collaborate with other community partners on the project and specify the type of support or resources to be provided such as supplies, educational materials, refreshments, meeting space, in-kind expertise.

Application Packet Checklist

The application packet includes the following pages:

- ___ Cover letter signed in **BLUE** ink
indicating the municipality
that is applying = 1 page

- ___ Application for Mini-Grant Funds
(FS-77) signed in **BLUE** ink = 2 pages

- ___ Additional pages needed for:
Assessment of Need,
Objective of Project and
Cost of Project = 2 page maximum for all three sections

- ___ Project Description = 1 page maximum
- ___ Community Team Description = 1 page maximum
- ___ Mayor's Letter = 1 page
- ___ Letters of Support = variable
- ___ Attendance at Leaders' Academy notation

Submission of Application Packet

Submit the original application (FS-77 and required attachments) and four un-collated paper clipped copies and three stapled collated copies of the application to:

Karin Mille, R.D., M.S.
Public Health Consultant - Nutrition
New Jersey Department of Health and Senior Services
Division of Family Health Services
50 East State Street, 6th floor
PO Box 364
Trenton, New Jersey 08625 - 0364

The application packet must be received in the NJDHSS by 4:00 pm EST on **June 22, 2007**.

No extensions will be granted and no late applications will be accepted. Notify Ms. Candy Rae Ellison (609-292-1723) to ensure someone is available to receive the application, if hand-delivered.

Notification of Funding

Applicants will be notified in September 2007.

One half of the funds will be released at the start of the grant period and remaining funds will be released pending submission of the required expenditure and progress reports.

Start Date of Awards

On or about October 1, 2007

Completion of Grant Period

June 30, 2008

New Jersey Department of Health and Senior Services

**APPLICATION FOR MINI-GRANT FUNDS
(\$25,000 or Less)**

(TYPE OR PRINT ALL DATA)

FOR STATE USE	
Spending Plan No.	_____
Funding Authorization No.(s)	_____

1. Name of Applicant				
2. Street Address	City	County	State	Zip Code
3. Name and Title of Fiscal Contact			Telephone No.	
Street Address	City	County	State	Zip Code
4. Name of Attorney for Agency			Telephone No.	
5. Name and Title of Principal Contact			Telephone No.	
6. Employer ID No.	7. Certificate of Need Project (if applicable) <input type="checkbox"/> PENDING <input type="checkbox"/> NOT REQUIRED			
8. Proposed Grant Title HEALTHY COMMUNITY DEVELOPMENT		9. Location of Proposed Project (include county)		
10. Site Locations		Number	ATTACH ADDITIONAL SHEETS	
11. a. Will any member of the Board of Directors/Trustees receive any direct or indirect personal or monetary gain from the funding of this grant? <input type="checkbox"/> YES <input type="checkbox"/> NO				
b. Does any member of the Board of Directors/Trustees serve on any board, council commission, committee or Task Force which has regulatory or advising influence on the funding program? <input type="checkbox"/> YES <input type="checkbox"/> NO				
MEMBER		BOARD, COUNCIL, ETC.		
11c. Type of payment plan preferred <input type="checkbox"/> Cost-Reimbursement <input type="checkbox"/> Advance Payment		11d. Location where payments should be sent		
12. Type of Agency (check one) <input type="checkbox"/> PRIVATE NON-PROFIT <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> HOSPITAL <input type="checkbox"/> PRIVATE PROFIT <input type="checkbox"/> OTHER (Specify) _____		13. Does the Agency Meet the following Licensure Requirements?		
14. Agency Fiscal Year End		15. Agency Accounting System: <input type="checkbox"/> Cash Basis <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Accrual Basis		
16. Type of Request <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL OF GRANT NO.: _____ <input type="checkbox"/> MULTI YEAR GRANT <input type="checkbox"/> MODIFICATION TO GRANT NO.: _____ YEAR: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		16a. Budget Period Mo./Day/Yr. From: _____ Through: _____ b. Project Period Mo./Day/Yr. From: 10-1-07 Through: 6-30-08		
17. Is political subdivision covered by NJ Civil Service Merit System? <input type="checkbox"/> YES <input type="checkbox"/> NO		18. Affirmative Action Plan <input type="checkbox"/> YES <input type="checkbox"/> NO		19. If grant is awarded, will funds be used to replace other funds which would be available in absence of award? <input type="checkbox"/> YES <input type="checkbox"/> NO
COST OF PROJECT				
20a. Total Funds Needed		1 b. Funds Requested from State	2 c. Funds From Other Sources	3
21a. Name of NJDHSS Representative Regarding Application Karin Mille, RD, MS - Public Health Consultant, Nutrition		21b. Program (Granting Agency) NJ Department of Health & Senior Services - Family Health Services		
22. CERTIFICATION – The applicant certifies that to the best of his/her knowledge and belief all data supplied in this application and attachments are true and correct, the document has been duly authorized by the governing body of the applicant and further understands and agrees that any grant received as a result of this application shall be subject to the grant conditions, and other policies, regulations and rules issued by the New Jersey Department of Health and Senior Services which include provisions described in grant application instructions.				
NAME AND TITLE OF APPLICANT (Print)		SIGNATURE OF APPLICANT		DATE OF APPLICATION

New Jersey Department of Health and Senior Services

APPLICATION FOR MINI-GRANT FUNDS

(\$25,000 OR LESS)

(Attach additional sheets if necessary.)

ASSESSMENT OF NEED(S) - List the need(s) that illustrate the reason for the project:

OBJECTIVE(S) OF PROJECT - List what will be done to alleviate "Needs" described above:

COST OF PROJECT - Indicate costs related to project:

New Jersey Department of Health and Senior Services
INSTRUCTIONS FOR COMPLETION OF
“APPLICATION FOR MINI-GRANT FUNDS” (FS-77)

- A. General Instructions** - This is the standard form used by applicants requesting funding for a Mini-Grant. Applicants will complete all items. If an item is not applicable, write “N/A”. If additional space is needed insert an asterisk (“*”) and submit an additional sheet.
- B. Detailed Instructions and Definitions** – See the Request for Application for specific instructions.

Face Sheet (Page 1): (An explanation follows for each item).

1. **Name of Applicant:** If the applicant is a non-profit corporation or other entity, the full name must be used, not the name of the individual completing the form.
2. **Address:** Official address of applicant.
3. **Fiscal Contact, Title, Telephone Number:** The name of the individual who is responsible for the financial activities of the applicant.
4. **Name of Attorney for Agency and Telephone Number:** The name and telephone number of the individual who is responsible for all the legal activities of the applicant.
5. **Principal Contact, Title, Telephone Number:** The name of the individual who will be supervising the activity on a day-to-day basis, who can make necessary decisions affecting the project, and who can officially represent the applicant.
6. **Employer Identification Number:** All applicants must complete this section. If you do not have an Employer Identification Number issued by the Internal Revenue Service, one must be obtained prior to submission of the application.
7. **Certificate of Need Project No.:** Information and an application can be secured by calling the Department of Health and Senior Services, Certificate of Need and Acute Care Licensure Program (609) 292-6552.
8. **Proposed Grant Title:** Use a concise descriptive title.
- 9, 10. **Location of Project:** If the project activities are located in the same facility as the official address, identify the room number. If the project activity will take place elsewhere, identify location(s) in the space provided under Site Locations.
11. **Board of Directors/Trustees Inquiries (a. & b.)** – Must be completed. Self-explanatory. If Yes, please provide an explanation on separate sheet.
Payment (c. & d.) – Indicate type of payment plan preferred and where payment should be sent.
12. **Type of Agency:** Indicate the proper description of your agency.
13. **Licensure Requirement** - If the applicant is required to hold a current and valid N. J. License to provide the service described in the application, indicate the type of license required and attach a copy of the official license.
14. **Agency Fiscal Year Ends:** Self-explanatory.
15. **Agency Accounting System:** Mark the appropriate box indicating the type of accounting system used by your agency when preparing financial reports.

**INSTRUCTIONS FOR COMPLETION OF
“APPLICATION FOR MINI-GRANT FUNDS” (FS-77)
(Continued)**

16. **Type of Request:** Refer to the Request for Application to determine the type of request.
 - a. **Budget Period** – The period of time for which a project is to be funded. The period covered should not be longer than 12 months unless otherwise indicated in the Request for Application.
 - b. **Project Period** – The period of time expected to complete the project. The period covered may be longer than 12 months, if indicated in the Request for Application.
17. **Merit System Requirement:** No grant funds may be granted to any county or municipality for salaries unless they are covered by an approved merit system which, in New Jersey, is usually the New Jersey Civil Service Merit System. If a county or municipality has its own system that has been formally accepted by the State or Federal Government, a copy of the acceptance document **MUST** accompany the application.
18. **Affirmation Action Plan:** One of the two boxes **MUST** be marked. This requirement is in compliance with New Jersey Statute 10:5-36 (P. L. 1975, C.127) entitled Affirmative Action Regulations.
19. **Supplanting Funds:** Indicate whether an award under this application will be used to replace funds which would be otherwise available from another source. If yes, explain on separate page.
20. **Cost of the Project:**
 - a. **Total Funds Needed - Amount needed from each contributor during the project period. Total of items 20b. and 20c.**
 - b. **Funds Requested from State – Amount requested from the Department of Health and Senior Services during the project.**
 - c. **Funds from Other Sources – Amount needed from any other sources during the project period.**
21. **NJDHSS Representative and Program (a. & b.) - Self-explanatory.**
22. **Certification:** Application must be signed by a certifying representative of the agency. This certification possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passes as an official act of the applicant’s governing body, authorizing the filing of the application, including all instructions and attachments contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the applicant and to provide such additional information as may be required.

Assessment of Need(s), Objective(s), and Cost of Project (Page 2): (Use as many pages as required to describe project.)

Assessment of Need(s) – Briefly list the need(s) which document the reason for the project.

Objective(s) of Project – Briefly list what will be done to alleviate the need(s) described above. An objective is a specific and measurable statement that summarizes expected achievement in meeting the described need.

Cost of Project – Indicate costs related to project.

C. Reference Requirements

The applicant must comply with the following administrative and financial requirements that are applicable to the various types of agencies that receive grant awards from the New Jersey Department of Health and Senior Services. Applicant should be familiar with these requirements prior to submission of the application. Signing the application is certification of full knowledge and agreement to abide by these requirements.

**INSTRUCTIONS FOR COMPLETION OF
“APPLICATION FOR MINI-GRANT FUNDS” (FS-77)
(Continued)**

1. **Compliance requirements:** Applicable to this grant application. Copies of these requirements are provided with the request for application.
2. **Grantee’s Terms and Conditions for Administration of Grant Funds:** The following cost principles mentioned in this document apply to the specific agency as noted.
 - a. **Cost Principles for State and Local Governments** (OMB Circular A-87)
 - b. **Cost Principles for Educational Institutions** (OMB Circular A-21)
 - c. **Cost Principles for Non-Profit Organizations** (OMB Circular A-122)
 - d. **Cost Principles for Hospitals** (Appendix E Title 45 CFR 74)

Healthy Community Development Initiatives 2006

New Jersey Council on Physical Fitness and Sports

How local municipalities utilized their \$2,500 mini-grant to create a more healthy and active community



Residents explore the nature trails in Franklin Township – A Safe and Health Community

For more information regarding the communities and projects, please contact:

Karin A. Mille, RD, MS
New Jersey Department of Health and Senior Services
50 East State Street
6th floor
Trenton, NJ 08625 - 0364
P: 609.292.1723 or
karin.mille@doh.state.nj.us

Organization	Accomplishments	Immediate Benefits	Future Projects
Modeling Fitness Project Brigantine North Middle School	<ul style="list-style-type: none"> Forty (40) members of the Brigantine North Middle School staff adapted and maintained a physically active, nutritionally healthy daily regimen for an 8 week fitness challenge. The participants increased their physical activity to a minimum of 30 minutes per day. 	<ul style="list-style-type: none"> The participants substantially decreased their body fat %, BMI, B/P and weight and increased their energy and stamina. 	<ul style="list-style-type: none"> By adopting the nationwide <u>LIVE IT! STEP WITH IT – FIT IT IN</u> campaign we hope to achieve the Presidential Physical Fitness Active Lifestyle Challenge as our next project. Staff members have access to use the facilities resulting in an increased student motivation toward Presidential Fitness.
Smart Step Walkers Edison Township Health Department	<ul style="list-style-type: none"> Smart Steps - a pedometer walking program promotes small group, outdoor walking for Edison senior residents and employees. Fifty-nine (59) participants have signed up for the Edison Smart Step Walkers. 	<ul style="list-style-type: none"> All participants have reported a steady increase in the number of steps they take each day. Twenty-six of the fifty-nine participants are seniors. Each senior had their blood pressure taken and established current % of body fat and BMI. This group will have the same measurements taken at six months from start date. 	<ul style="list-style-type: none"> Periodically township wide email messages are sent out encouraging employees to participate in the Smart Step program as well as other fitness and health information. In 2007 we intend to offer the program to all community members.
Franklin Township Somerset County	<ul style="list-style-type: none"> Organized the first annual “<i>Safe and Healthy Franklin Week</i>” with 9 community-based walk able community activities, attended by hundreds of township residents of all ages 	<ul style="list-style-type: none"> Increased promotion and awareness of walking benefits through distribution of <i>Franklin Township – A Walk-able Community</i> guide Encouraged resident walking to the township’s commercial district and Farmer’s Market. 	<ul style="list-style-type: none"> Coordination of additional walking and fitness events, development of a mileage guide for walking routes, support of the <i>Walk Your Child to School</i> initiative, creation of a <i>Safe and Healthy Community</i> webpage
Healthy Hightstown Hightstown Health Department	<ul style="list-style-type: none"> Organized kickoff of program at Hightstown Fair Day, October 8, 2006. Distributed over 250 walking kits which included T shirts, water bottle, provided walking maps with 1 and 2 mile routes highlighted. 	<ul style="list-style-type: none"> Promoted health benefits of walking to borough residents and others who attended the Hightstown Fair 	<ul style="list-style-type: none"> After evaluating success of program, and if results are favorable we plan to make this an annual event.
Township of Irvington	<ul style="list-style-type: none"> First- time provision of swim lessons to children and seniors in Irvington 	<ul style="list-style-type: none"> Taught 10 seniors and 90 children to overcome their fear of water and to learn swim strokes and swim in one-hour lessons over the summer of ’06. 	<ul style="list-style-type: none"> Expand advertising at Irvington Housing Authority as advertisement was done at Senior Citizen Center at 1077 Springfield Ave.
F.U.N. (Fitness, Unity, and Nutrition) Program Garfield Childhood Obesity Intervention Taskforce	<ul style="list-style-type: none"> Launched 3-day pilot Ramapo and Meadowlands Survival (RAMS) Camp with 45 middle school teachers and students Presented RAMS Camp model at 18th Annual National Health Education Conference in Nashville, TN Designed F.U.N. brand identity and resource guide for community-wide distribution 	<ul style="list-style-type: none"> Developed alliances with community partners, including 3 universities, non-profit groups, Garfield Public Schools Created/distributed RAMS Camp activity binder. Can be integrated into math/science curricula in public schools Assessed community resources and consolidated efforts to distribute information on healthy living in Garfield 	<ul style="list-style-type: none"> Engage 5% of the community in walking clubs Develop and implement Safe Routes to School Program to promote walking and bicycling to school Distribute F.U.N. Resource Guide to Garfield residents

<p><i>It is wonderful for us to endorse a program that not only increases pedestrian traffic to our business district, but also endeavors to promote walking as part of healthy lifestyles and a healthy community. It's a win-win initiative for all. –</i></p> <p><i>Efran Dato, Deputy Economic Director, Franklin Township</i></p>	<p>Lawrence Seniors Walk to California</p>	<ul style="list-style-type: none"> Provided seniors with a workshop on the benefits of regular exercise and nutritional eating. Started and maintained a walking club for senior citizens. 	<ul style="list-style-type: none"> Developed a regular exercise program for senior citizens who previously had none. Improved physical condition as shown through screenings. 	<ul style="list-style-type: none"> Add new programming including, other walking destinations, jazzercise lite for seniors and tennis
	<p>Medford Township</p>	<ul style="list-style-type: none"> Designed and published full-color brochure with trail map of recreational walking, biking and canoeing trails. 	<ul style="list-style-type: none"> New maps increase community awareness of walking routes, newly marked bikeways, and recently improved canoe trail. 	<ul style="list-style-type: none"> Implementation of community walking and fitness programs for all populations
	<p>Sussex County Golden Sneakers: 10,000 Steps to Better Health</p>	<ul style="list-style-type: none"> Produced member welcome packet, held kick-off meeting with Local Boards of Health members, designed trophy to be awarded quarterly to the “winning” municipality who logs the “most steps taken” 	<ul style="list-style-type: none"> Coordinators and Local Boards of Health working together to build participation. Increase visibility of municipal and community support for physical activity and the need for “walkable” areas within the community 	<ul style="list-style-type: none"> Hold quarterly meetings to disseminate educational materials and information in order to encourage continued commitment Website, newsletter and brochure development as a form of community outreach
	<p>Walk Ocean Township</p>	<ul style="list-style-type: none"> Coordinated 14 local businesses to stimulate walking in town Brought walking programs to senior communities in town. 	<ul style="list-style-type: none"> Encouraged healthy lifestyle choices for residents Lower barriers to exercise for seniors 	<ul style="list-style-type: none"> Expand “Walk In Day” program Develop family walking program
	<p>Vineland PaceSetters Vineland Health Department</p>	<ul style="list-style-type: none"> Created city wide walking program Produced brochure, t-shirts and information materials Created database to track members and miles walked Began HealthEase fitness program to compliment walking program. 	<ul style="list-style-type: none"> Strengthened bonds among team member organizations. Increased visibility of health department’s mission to promote a healthy Vineland. 	<ul style="list-style-type: none"> Seek funding to pay for staff to recruit new members and maintain walking program. Continue community outreach to expand membership. Create a second walking program for another area in the city in order to resolve some transportation barriers.
	<p>Walk West Windsor</p>	<ul style="list-style-type: none"> Produce distance friendly maps of community walking paths Pedometers and walking gear distributed to participants to entice participation Distribute educational materials on health and safety topics 	<ul style="list-style-type: none"> Educate residents and increase awareness of the healthful benefits of exercise Establish support with local professionals 	<ul style="list-style-type: none"> Health & Fitness Fair for community Mini-Triathlon Apply for grants/sponsors to hold future events
<p>Woodbridge Township</p>	<ul style="list-style-type: none"> Developed a brochure and packet to promote program Developed 1 Historic Route in Woodbridge Proper 	<ul style="list-style-type: none"> Walking brochure increased presence of Health Department in the community Participants had ability to network with community members 	<ul style="list-style-type: none"> Advocate for pedestrian safety Map out other historic sites in Woodbridge Township Participate in Mayor’s Annual Fun Walk Outreach at Mayor’s Annual Health Expo 	

Healthy Community Development (HCD) is an initiative of the NJ Department of Health & Senior Services and the NJ Council on Physical Fitness and Sports. Contact Karin Mille, RD at 609.292.1723 or Karin.Mille@doh.state.nj.us