



Mini-Grant Application: Advancing Healthy Lifestyles, July 2022

Background

Advancing Healthy Lifestyles (AHL) is a statewide initiative launched in January 2021 by the Delaware Division of Public Health's Physical Activity, Nutrition, and Obesity Prevention Program (PANO). This program introduced the AHL initiative as COVID-19 exacerbated the health burdens Delawareans already faced. The goal of AHL is to reduce obesity and other chronic conditions while also striving to achieve health equity among all Delaware residents. Community partners, with their ability to educate and conduct outreach, are essential for carrying out this mission. With this mini-grant program, PANO is seeking to support programs aligned with PANO's goals of improving health and reducing chronic conditions through the application of policy, systems, and environmental approaches. Mathematica, which serves as the technical assistance contractor on the AHL Initiative, will manage the mini-grant program. All contracts will be through Mathematica.

Grant amount and duration

PANO invites community partners to apply for mini-grants in the range of \$5,000-\$15,000. Program awards will be based on strength of the application; mini-grant applicants may receive a contract to be completed within the anticipated project period, **October 2022 through May 2023**. Depending on the quality and size of the requests, approximately 5 to 8 applications may be funded.

Grant use

All activities must address the AHL outcomes of improving opportunities for physical activity, healthy food, and maintaining a healthy weight (see Table 3 for a list of outcomes) by applying a policy, systems, and/or environmental approach (PSE). All applicants should describe how their program will advance health equity in their communities, by prioritizing populations disproportionately affected by barriers to healthy foods and physical activity. Applicants should describe their flexibility in response to changes in the COVID-19 pandemic.

Mini-grant contractual funds cannot be used for lobbying of any type, equipment purchases (such as computers, furniture, vehicles, audio visual, exercise equipment), conference fees, or class tuition. Any food/snack purchases should reflect the current [*Dietary Guidelines for Americans*](#), promoting healthy choices. Please note that all logos and other created materials from projects funded by the mini-grant program must be approved prior to production and become the property of the Division of Public Health.



Examples of activities related to AHL's goals:

The mini-grant contracts are designed to support and augment programs which promote physical activity and healthy eating. Examples of activities and strategies which might be funded include:

- A needs assessment to learn about gaps related to access to healthy foods or physical activity in a community
- Programs to promote walking and biking, including a walkability analysis, promotion of walking trails, bicycle lanes, education about benefits of walking, or development of walking clubs or groups.
- Public relations and/or social media campaigns that promote an existing healthy lifestyle program
- Development of community vegetable gardens to provide low-cost healthy food options to community residents.
- Promoting or developing other healthy food programs, such as food deliveries or farmers' markets, to provide healthy food options to residents.
- Working with community, faith, or educational institutions to provide educational or physical activity opportunities, such as after-school activities for children, and other community-based programs for adults or senior citizens.

Who can apply?

Municipalities, community-based organizations and/or non-profit organizations with a strong commitment to health promotion may apply for funding. To comply with funding requirements, applicants will be required to have a Delaware business license or proof of non-profit status, and liability insurance. If either of those requirements is an issue, potential applicants may choose to partner with another organization to be their fiscal agent. No requests for individuals will be considered.

Application

Applications should be no more than **3 pages**, single spaced, using size 12 Times New Roman font, not including the budget. Please use this table below to apply for the mini grant, addressing each element in the table. The budget is included in Table 2.

We will conduct an information session for interested applicants on **July 28**. This information session is not required, but we encourage applicants to attend.



Table 1. Application

| Element | Description |
|--|--------------------|
| Name, contact and title of project manager | |
| Name, contact, and title of financial manager | |
| Project overview | |
| Health need or area of concern | |
| Project goals and objectives | |
| Characteristics of population that will be reached with project activities | |
| Organization background to demonstrate capacity | |
| Estimated number of participants/people reached | |
| Project activities to be implemented | |
| Timeline for activities | |
| Key implementation staff and partners and their roles | |
| AHL project outcomes relevant to your activities (See Table 4) | |
| Equity-focused approach used with grant | |



Table 2. Budget Form

| Budgeted costs | Amount | Description |
|---|--------|-------------|
| Program supplies and materials | | |
| Travel/mileage (@\$0.40 cents/mile) | | |
| Staffing | | |
| Other program expenses (please describe) | | |
| Other program expenses (please describe) | | |
| Other program expenses (please describe) | | |
| Administrative (cannot exceed 12% of grant costs) | | |

Please add additional rows as needed.

Reminder: Mini-grant program funds cannot be used for lobbying purposes of any type; equipment purchases such as computers, furniture, playground pieces, workout machines and vehicles; audio/visual; conference fees; and class tuition. Computer operating systems and standard application software may not be purchased. Supplies for community gardens are acceptable. Please be as specific as possible.

We may request additional information from you as part of your application, including items such as

- A current list of the organization's board of directors, if applicable
- Electronic brochures describing the applying organization, if available
- Any additional relevant supporting documents (letter of support, newsletter, or impact report)

Review

Proposals will be reviewed by a committee of diverse individuals. If an application is approved for funding, the applicant will be contacted to start negotiations for a contract. During negotiations, the applicant may be requested to revise some portions of the application, including the budget.

Grantee activities

A timeline for application and grantee activities is in Table 2. As part of their contract agreements, grantees will:

- Attend two capacity building learning sessions
- Complete a theory of change diagram (similar to a logic model)
- Submit two progress reports

Table 3. Timeline

| Activity | Estimated date |
|--|-----------------------------|
| Release RFP | July 20 |
| Information session to describe RFP proposal requirements, respond to bidder questions | July 28 |
| Proposals due | August 17 |
| Award notifications and establish subcontracts | September |
| Start work | Early October |
| Learning session 1 | Late October-early November |
| Learning session 2 | January- February 2023 |
| Progress report 1 due | February 1, 2023 |
| End date, including final progress report | May 31, 2023 |

Submit an electronic copy of the mini grant application no later than **Wednesday, August 17, 2022, 4:30 p.m.** EDT to Rachel Kogan (rkogan@mathematica-mpr.com) and Shebra Hall (Shebra.hall@delaware.gov). Please direct all inquiries to Rachel Kogan (rkogan@mathematica-mpr.com).



Table 4. AHL Initiative outcomes

| AHL Initiative, Project Outcomes |
|--|
| Increased healthy eating and healthy beverage consumption in the state across all settings. |
| Increased physical activity in early childcare, schools, and community-based settings. |
| Promote the adoption of physical education/physical activity in (PE/PA) in schools. |
| Promote the adoption of physical activity (PA) in early care and education (ECEs) and worksites. |
| Increased population health and wellness programs/ platforms in worksites in state, schools, and community-based settings (e.g. tobacco prevention, wellness challenges, education materials, and online modules focused on wellness and nutrition). |
| Adopted strategies to improve community- clinical linkages. |
| Increased use of lifestyle intervention programs in community settings for primary prevention of chronic diseases. |
| Policies, processes, and protocols in schools to meet the management and care needs of students with chronic conditions (e.g. asthma, diabetes). |

Glossary

Community— A social unit that usually encompasses a geographic region in which residents live and interact socially, such as a political subdivision (e.g. county, city, or town) or a smaller area (e.g. section of town, a housing complex, or a neighborhood). A community may be a social organization (a formal or informal group of people who share common concerns or interest). Very often, a community is a composite of subgroups defined by a variety of factors, including age, sex, occupation, socioeconomic status, etc.)

Community Garden-- A small plot of land allocated for use by the public to garden. It can be at a school, hospital, or in a neighborhood. It can also be a series of plots dedicated to "urban agriculture" where the produce is grown for a market.

Connectivity— The extent to which trails, sidewalks, and paths are interconnected. High connectivity increases the opportunities for people of all ages and abilities to travel to and from various locations (e.g. parks, lakes, schools, stores).

Environment—The entirety of physical, biological, social, cultural, and political circumstances surrounding and influencing a specific behavior.

Health Equity— Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their



consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.¹

Intervention—An organized or planned activity that interrupts a normal course of action within a targeted group of individuals or community at large so as to diminish an undesirable behavior or to enhance or maintain a desirable one. In health promotion, interventions are linked to improving the health of the population or to diminishing the risks of illness, injury, disability, or death.

Program— A set of planned activities over time designed to achieve specified objectives.

Policy, Systems, and Environmental (PSE) approach- PSE requires an approach that extends beyond programming into the structures where people work, live and play. Policy change includes changes at the legislative or organizational level. Systems change include changes to organizational rules. Environmental change includes changes to the physical environment.

Target audience or target population—a group of individuals or an organization, community, subpopulation, or society that is the focus of a specific health promotion effort.

¹ We have used the Robert Wood Johnson Foundation's definition:
<https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>