**Community Mini-Grant Program**

Assisting community-based organizations in addressing community health disparities

**Description**The Community Mini-Grant Program provides funding to community-based organizations (CBOs) working to address community health concerns in their communities through utilizing evidence-based strategies for community engagement, instruction, counseling, regulatory strategies, environmental change, direct intervention, communication strategy, advocacy, or other health promotion activity. Grantees will receive up to $50,000. Funding can be used for supplies, venue rental, staff time, consultants, etc. Funding cannot be used for food or beverages.

**Scoring and Selection Criteria (Maximum points for each section shown)**The Proposal Must Include:

1. Background information – a detailed description of the health disparity/issue detailing the scope and significance of the problem 10
2. A completed needs assessment of the population/community that describes the needs assessment process and describes the situation, needs, gaps, assets, and capacities that affect the community health outcome/disparity of interest 20
3. One program goal, at least one process objective, and short/medium outcome objectives (SMART) 10
4. A Logic Model depicting the major components of the program (inputs, outputs, outcomes, etc.) 10
5. Detailed description of the adaptation/implementation of an evidence-based intervention/approach citing at least five sources that support the use of this approach in the setting and with the population described. 20
6. Evaluation Plan that details the plan for measuring the outcome on each level of process, short term outcome, medium term outcome, impact. 10
7. Budget and detailed budget narrative. See Attached. 10
8. Project Timeline or Gannt Chart (up to 12 months maximum). See attached. 10

**Eligibility**To be eligible for funding the community/project must be located within or serve Leon County communities.

**Guidelines**

* Submit a completed application by April 24, 2021.
* Include resume of the project coordinator along with the completed application

**Name of Organization:**

**Background**

Project Title:

Brief project overview: Description of the health disparity/issue detailing the scope and significance of the problem. This section must also list key stakeholders who have or will participate in the process of health promotion in the identified community and their role(s).  (Word limit: 500)

**Needs Assessment**

This section should contain a summary of a completed needs assessment of the population/community that describes the needs assessment process and describes the situation, needs, gaps, assets, and capacities that affect the community health outcome of interest. In addition, please describe the cultural values, preferences, and practices of this population/community. You should demonstrate the use of multiple secondary data sources as appropriate and at least one primary data collection method that is appropriate to the setting, problem, and population. This section should justify the program priorities and strategies presented in the next section. Demonstrate application of awareness of cultural values and practices to the design or implementation of the proposed public health program.

**Health Promotion Strategy**

Please provide a detailed description of the use or adaptation of an evidence-based intervention/approach supported by at least five sources supporting the use of this approach in the setting and with the population described. Describe in detail how consideration of the cultural values, preferences, or practices of the population (found in the needs assessment) resulted in the adaptation of the strategy that you plan to implement.

Provide a logic model. Provide a detailed description of the program implementation strategy based on the logic model. Describe proposed activities and events. Include how results will be reported back to the community. Discuss possible barriers, how you will address them, and desired impacts.  Provide a timeline.

(2 Page limit)

**Timeline and Implementation Plan**

Complete proposed timeline for project planning, implementation, evaluation, and reporting. Funding start date May 1, 2020. (\*Note: a project does not have to last for the entire 12-month period.)

|  |  |  |
| --- | --- | --- |
| **Quarter** | **Month** | **Activity** |
| 1 | May  |   |
| June |   |
| July |   |
| 2 | August |   |
| September |   |
| October |   |
| 3 | November |   |
| December |   |
| January |   |
| 4 | February |   |
| March |   |
| April |   |

**Budget Justification**

Please provide an estimated budget, not to exceed $10,000. You should include a narrative explanation of items. Some example items are listed below. Insert rows as necessary.

|  |  |
| --- | --- |
| **Item** | **Amount** |
| Include narrative explanations in each cell or use a different format.   |   |
|     |   |
|     |   |
|     |   |
|     |   |
|     |   |
|     |   |
| **Total:                 \_\_\_\_\_\_\_\_\_\_\_\_** |

**Examples of Allowable Budget Items:**

* Project supplies (folders, posters, etc.)
* Venue/space rental
* Staff time
* Consultants
* Travel

**Note**: Food and drinks are prohibited budget items. No equipment item over $500 is allowed.

Attach the following documents:

Logic Model