



Request for Funding: Get Healthy San Mateo County Task Force Implementation

DEADLINE: MONDAY, NOVEMBER 9, 2009

The Get Healthy San Mateo County Task Force (Task Force) provides short-term seed funding for implementation of the Prevention of Childhood Obesity Blueprint (available at www.gethealthysmc.org). The Task Force will award approximately \$30,000 to one or more organizations for a one-year period. Applicants must demonstrate a commitment to increasing access to healthy foods and/or physical activity for children in San Mateo County. The Task Force encourages proposals that focus on *changing the environments* where children live, learn and play to support healthy eating and physical activity. *Examples, for illustrative purposes only, include: establishing policies that improve food and beverages in vending machines, assessing the walkability around schools or in neighborhoods and working collaboratively with corner stores to offer healthy food items.*

The Task Force Advisory Council will evaluate project proposals based on the following criteria and will give priority to projects that:

- Focus on underserved communities with regard to access to healthy foods and/or opportunities for physical activity,
- Demonstrate a need for seed funding or start-up funding rather than request on-going or operational support,
- Are associated with a committee or a member of the Task Force,
- Demonstrate an ongoing environmental change or initiate an environmental change, and
- Promote collaboration between several community partners.

The Task Force Advisory Council anticipates funding several projects and therefore encourages a modest budget. However, there is no limit to individual funding requests other than the total available funds of \$30,000. In the event that all funds are not allocated, a second request for proposals will be released in February 2010. Please contact Jennifer Gross at jgross@co.sanmateo.ca.us if you have any questions.

**Get Healthy San Mateo County Task Force Implementation Funding Request
Cover Page**

Name of main contact person _____

Address _____

City, state and zip code _____

Phone _____ Fax _____ Email _____

Title of project/activity _____

Fiscal Agent (*Funds can only be released to established organizations. Please indicate the organization that will accept funds. In some cases an organization will need to sign a legal contract*) _____

Is this project associated with a Task Force Committee or member? Yes/No

If yes, please indicate Task Force committee or member (s) name:

List all project partners' names and organizational affiliation (s) if applicable:

Total Amount of Request: \$ _____

Have you looked for funding elsewhere or tried to raise money for this request in other ways? If so, where did you seek funding and how much did you request?

Total Project Costs including funding from elsewhere: _____

Timeframe in which funding will be used: _____ to _____

Signature of Requestor

Date

Proposal Narrative

Briefly describe the project/activity (in less than 250 words):

Describe the outcomes (related to access to healthy food and/or physical activity) that will be achieved if your project/activity is funded:

If this project requires activity beyond the funded period, please describe plans for sustainability:

Itemized Proposal Budget

Item	Total Cost*	Amount requested from Get Healthy SMC	Amount requested elsewhere	In-kind (if applicable)	Narrative/Description
Total					

*Costs can be estimates, however, additional funds will not be allocated should costs exceed application amount.