

Mason Square Health Task Force  
"Building Healthy Neighborhoods"

Mason Square Healthy Neighborhoods Fund  
2009 Mini-Grant Qualifying Process

## **Target Plan Application for Qualifying Your Capacity Building Project**

---

## Target Plan

**1 Resident or Health Consumer Issues:** The APPLICANT should not focus on the need itself. Please explain how are going to help people. Describe how the program will help residents through prevention.

### 2. Type of grant: (select one)

- Stepping Stones to Health and Well Being
- Small Acts to Improve Community Health
- Restoring Health Justice (Reducing Health Inequities)

### 3. Health Priority: (select one)

- Nutrition and Fitness
- Health Protective Factors
- Teen and Youth Development
- HIV/AIDS
- Mental Health
- Violence
- Birth Outcomes
- Environmental

**In the next section, please describe the resident health issue(s) you will address:**

**4. Capacity Building Services:** The APPLICANT should define in clear terms what it is they propose to do. What will the proposed project accomplish? (This is the **desired change(s) or results** you seek to achieve and sometimes it includes visionary language).

**Example:**

*Health disparities and health inequities will be eliminated among Mason Square residents because residents are empowered with information to make healthy and nutritious food selections and, residents will have increased access to healthier foods.*

**Please specify desired change(s) or results:**

**5. Milestones:** Thinking forward, what will have to be accomplished in order to reach specific changes and/or results stated in the previous question?

**In this section, please specify the critical steps of achievement. How will you know your participants and/or project are showing progress? Is the program working?**

**After 3 months:**

**After 6 months:**

**After 9 months:**

**6. Key Staff and Stakeholders:** The APPLICANT should identify persons and affiliations that will be involved in shaping your program, connecting residents to the program, and in achieving the desired changes. (A minimum of 5 residents in total are required. The more the merrier- duplicate this page, as needed.)

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Association/Organization/Affiliation: \_\_\_\_\_  
Gifts/Assets<sup>1</sup>\*: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Association/Organization/Affiliation: \_\_\_\_\_  
Gifts/Assets\*: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Association/Organization/Affiliation: \_\_\_\_\_  
Gifts/Assets\*: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Association/Organization/Affiliation: \_\_\_\_\_  
Gifts/Assets\*: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Association/Organization/Affiliation: \_\_\_\_\_  
Gifts/Assets\*: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Association/Organization/Affiliation: \_\_\_\_\_  
Gifts/Assets\*: \_\_\_\_\_

*2 \*Examples of Gifts/Assets include but are not limited to building space, money, volunteers, individuals that contribute knowledge and/or specific skills, etc.*

**7. Resident Support:** If the **Key Staff and Stakeholders** listed previously are not Mason Square residents then the APPLICANT should provide the names and contact information of individuals who have expressed a strong interest in being a participant in this program. (A minimum of 5 individuals are required. The more the merrier- duplicate this page, as needed.)

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Association/Organization/Affiliation: \_\_\_\_\_

Gifts/Assets\*: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Association/Organization/Affiliation: \_\_\_\_\_

Gifts/Assets\*: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Association/Organization/Affiliation: \_\_\_\_\_

Gifts/Assets\*: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Association/Organization/Affiliation: \_\_\_\_\_

Gifts/Assets\*: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Association/Organization/Affiliation: \_\_\_\_\_

Gifts/Assets \*: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Association/Organization/Affiliation: \_\_\_\_\_

Gifts/Assets\*: \_\_\_\_\_

**8. Community and Organizational Support:** The APPLICANT should note the two most similar projects undertaken by their agency, association, or project team.

**9. Project Success:** How will you (APPLICANT) measure your project's progress and success?

**Please describe**

**10. Where do we go from here?** The APPLICANT should think about what happens after the mini-grant phase. How did this mini-grant position you for next steps? Will the program continue? How can this project be used to obtain additional funding?

**11. Financial Projections** - The APPLICANT should specify project costs. In addition to the budget worksheet, please provide a 1 page budget narrative.

**(This is just a preliminary budget to determine the scope and scale of the project. A final budget will be developed in the final step of this qualifying process. Use your “best guess estimates”)**

Budget period: Start Date: \_\_\_\_\_ to End Date: \_\_\_\_\_

EXPENSES	Healthy Neighborhood Fund	Other sources	Total
<b>Personnel:</b>			
1 Staff (i.e., project coordinator)			
2 Staff (i.e., admin. asst.)			
3 Tax & Fringe %			
<b>Total Personnel</b>			
<b>Project Costs:</b>			
4 Occupancy			
5 Consultant			
6 Training			
7 Mileage/Travel			
8 Meeting support refreshments			
9 Participant Transportation			
10 Participant Stipends			
11 Equipment			
12 Supplies/Materials			
13 Printing, copying			
14 Telephone			
15 Insurance			
16 Postage, Shipping			
17 Other (Please Explain)			
18 Other (Please Explain)			
19 Other (Please Explain)			
20 Other (Please Explain)			
<b>Total Project Cost</b>			
<b>Grand Total All Costs</b>			