

Healthy Living Mini-Grant OVERVIEW

Chronic Disease accounts for more than half of deaths in Travis County. While this may sound troubling, the good news is that healthier living can help prevent chronic disease.

Never applied for a grant before or need additional help? Free technical assistance is available to answer basic grant questions, create Tobacco Policies and Lactation rooms. Email MiniGrant@austintexas.gov to set up a meeting before you apply.

Austin Public Health is looking to award mini grants for projects promoting healthy living in Austin and Travis County during the 2024-2025 Fiscal Year. Projects should address health disparities by reaching people who face higher rates of chronic disease. Mini grants up to **\$2,500** will be awarded to eligible organizations with a focus on making a lasting health change.

Projects must focus on one (or more) of these seven topics:

- Active Living (Physical Activity)
- Tobacco-free Living
- Healthy Eating
- Community Gardens
- Healthy Food Access
- Breastfeeding/ Chestfeeding Support
- Overall Wellness

For ideas and inspiration for your project, go to <http://www.healthypaceshealthypeople.org/mini-grant-projects/> to see past projects and ideas

Example Projects Ideas (These are just a few examples, so feel free to be creative!)

- **Active Living (Physical Activity)**: Changes to parks, playgrounds, and trails to promote active living.
- **Tobacco-free Living**: Curriculum/training resources for prevention or quitting tobacco/e-cigarettes, tobacco-free policies at worksites, churches, or multi-family housing, signage to support policies.
- **Healthy Eating**: Changes to vending machines to add healthy items, projects to reduce sugary drinks, worksite wellness policies, projects to increase access to drinking water, changes at schools, childcare centers, and after school programs to promote healthy eating, nutrition programs
- **Community Gardens**: New or expanded community, church, or school gardens.
- **Healthy Food Access**: Improvements to food pantries to provide more healthy foods (such as fruits and vegetables), creating new access points in the community for healthy and fresh foods, especially fruits and vegetables. *Note: APH cannot fund projects with community refrigerators*

- **Breastfeeding Support:** Mother-friendly policies at worksites or faith communities; new or improved lactation rooms/spaces
- **Overall Wellness:** Preventative services, projects addressing mental health, or projects to develop or expand health ministries within faith communities to prevent and manage chronic disease.

Who Can Apply? **

- Nonprofit organizations in the following categories: faith-based organizations, community-based organizations, and childcare centers
- Tax-exempt organizations under Sections 501(c)(3) or 170(b)(1)(a)(vi) of the Internal Revenue Code and units of government.
- Public Schools and universities
- Government entities

****Organizations can apply in multiple focus areas but will only be awarded one grant of up to \$2,500.**

****Past MiniGrant award winners cannot receive the grant two years in a row.**

For example, if you received this grant last year, you are not eligible to apply this year.

What are the Requirements?

- Programs or services must be provided in Austin and/or Travis County
- Projects must start on or after January 1, 2025, and end before or on August 22, 2025
- Projects must focus on reaching people at greater risk of chronic disease in vulnerable populations. Some examples of vulnerable populations are low-income populations, LGBTQ + communities, older adults, people living with disabilities, and racial/ethnic groups.
- Projects must fit within the health 7 focus topic areas listed on the first page of this overview.
- Austin Public Health (APH) may give priority to projects in the following zip codes that have higher rates of poverty: 78617, 78702, 78719, 78721, 78723, 78724, 78725, 78741, 78742, 78744, 78752, 78753, 78758. However, APH welcomes projects in all Austin/Travis County zip codes.
- Organizations must be registered vendors with the City of Austin to receive funds if awarded. Questions about vendor registration? Not sure if your agency is registered? Please [email MiniGrant@austintexas.gov](mailto:MiniGrant@austintexas.gov).

Funds CAN NOT be used for

- Activities outside of the City of Austin and/or Travis County
- Food or drinks except if used for teaching or educational purposes, such as a cooking demonstration
- Awards, cash prizes, gift cards, contributions, or donations
- Community Refrigerators
- One-time event projects (such as health fairs and marathons)
- Medications, supplements, and medical equipment (Excluding AEDs and breast pumps)
- Direct Health Care Services and care
- Operating costs that are not part of this project /indirect cost
- Travel costs including mileage

What is the Timeline?

- Open applications: Tuesday 10/01/2024 at 12:00am Central Standard Time (CST)
- Deadline for applications: Friday 10/25/2024 at 11:59 pm Central Standard Time (CST)
- Award notice: by Friday 12/20/2024
- The project must be complete by Friday 8/22/2025
- Payment Request & Expenditure Report forms must be received by Friday 8/22/2025

How do awarded organizations receive funds?

Mini-grants funds are provided through a cost-reimbursement process required by the City of Austin. This means the organization must pay out-of-pocket for all project costs incurred during the project timeline but will be reimbursed following project completion and the timely submission of all required reporting documents (including but not limited to receipts, logs, etc.)

How do awarded organizations share results and project success?

Following project completion, organizations are required to complete a final, 1-page program summary. In this form, you will share pictures of your project and success stories/lessons learned. This report must be submitted along with the Payment Request and Expenditure Report Forms to receive reimbursement.

How are applications reviewed?

The Mini-grant panel will review the entire application with a focus on need for project, ability to make a community change, health impact of project and emphasis on health disparities. Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

We are looking forward to funding more projects that make a community change. Community changes are change that last for a long time. For example, if you create (or enhance) a garden for people in your community, that allows people to get exercise as well as healthy food as long as the garden exists (which can be years!).

Where do organizations apply for the Healthy Living Mini-Grant

Please apply on-line at <https://www.healthyplaceshealthypeople.org/minigrant/>

Please contact the Mini-grant Team if you need to submit a paper version of this application.



PLEASE USE ONLINE FORM IF ABLE <https://www.healthyplaceshealthypeople.org/mini-grant/>

Healthy Living Mini-Grant Application



Instructions

Please review grant guidelines and eligibility requirements before starting your application.

Complete this Healthy Living Mini-grant application for the opportunity to be awarded up to \$2,500 for projects that promote healthy living in Austin and/or Travis County. Projects should address health disparities by reaching people who face higher rates of chronic disease. The application is broken into sections with multiple questions to help make sure all the information is gathered to score your project submission. In addition, the application allows you to SAVE and RESUME later if needed.

If you need to submit a paper copy or have any questions, please email the Mini-Grant Team at MiniGrant@austintexas.gov.

Mini-grants funds are offered through a cost-reimbursement process required by the City of Austin. This means you must pay out of pocket for your project costs during the project timeline and will be reimbursed after your project is complete and required reporting is turned in.

If you have not applied for a grant before or need additional help, free technical assistance is available for grant basics, questions, tobacco prevention and policy, and breastfeeding/chestfeeding support. Email MiniGrant@austintexas.gov to set up a meeting before you apply.

Getting Started

All applicants must read the FULL Grant overview with requirements before applying. Please verify you agree to comply with the grant requirements, and you represent an eligible organization. A complete overview can be view at <https://www.healthyplaceshealthypeople.org/minigrant/> under the “Who can Apply?” section*

- Yes, I represent an eligible organization. I have read the FULL Grant Overview and agree to comply with the grant requirements.
- No, I have not read the FULL Grant Overview and will return to applying after reading the overview.

This grant CAN NOT be used for the following items. Check EACH box to show you understand and will not include these items in your grant application. * *Mark all boxes*

- Activities outside City of Austin and/or Travis County
- Food or drinks except if used for teaching or educational purposes, such as a cooking demonstration
- Awards, cash prizes, gift cards, contributions, or donations
- Community Refrigerators
- One-time event projects (ex. Health fairs and marathons)
- Medications, supplements, and medical equipment (Excluding AEDs **and breast pumps**)
- Direct Health Care Services and Care
- Operating costs that are not part of this project/ indirect cost
- Travel costs including mileage

Has your organization received any amount of funding through the City of Austin or Austin Public Health in the last 12months? *

- Yes No Not Sure

PREVIOUSLY FUNDED ORGS ONLY *Please name the source of funding and program.

How did you hear about this Healthy Living funding opportunity? * *Mark all the apply*

- Austin Public Health Website
- Healthy People Healthy Places Website
- Facebook or other social media sites
- Radio
- News
- Friend, Family member
- Co-worker
- Mini-grant flyers
- Mini-grant promotional emails from minigrant@austintexas.gov
- Direct Referral from Austin Public Health or City of Austin employee
- Other: _____

Agency Information

Agency Name* _____

Agency's Employer Identification Number (EIN) (If known)

City of Austin Vendor # (If known)

Not sure if you are a registered vendor? Call (512) 972-6466

Type of agency* *Mark all that apply.*

- Non-profit Childcare Center
- Faith-Based Organization
- Government Agency
- Nonprofit - Tax-exempt organizations under Sections 501(c)(3) or 170(b)(1)(a)(vi) of the Internal Revenue Code and units of government.
- Public School / University

SCHOOL / UNIVERSITY APPLICATIONS ONLY *Do you have approval from your principal or Administrator to apply for this grant?

- Yes
- No, I will exit the application and get the required approval before applying for this grant.

Agency Mailing Address*

Address Line 1 _____

Address Line 2 _____

City _____

State _____

ZIP Code _____

Does your agency have a 100% tobacco-free policy that prohibits the use of all types of tobacco on company property at all Austin/Travis County based sites, whether the grounds are owned, leased, or shared? *A tobacco policy must be submitted within a formal organization document, such as a section of a handbook or on letterhead and signed by the head of the organization/group. The policy must go above the Smoking in Public Places Ordinance (SIPPO) and cover all tobacco products, including vaping devices. Free technical assistance is available to interested organizations to create a policy. Email MiniGrant@austintexas.gov*

- Yes (please attached copy of your policy)
- No
- Not Sure

Main Contact Information

Main Contact Name (*This is the person we will contact about your mini-grant application.*) *

First Name* _____

Last Name* _____

Main contact title or position with organization* _____

Main Contact Phone Number* _____

Main Contact Email* _____

General Project Information

Title of Project* *This is the name you give for your project. It can be very simple or more creative.*

What are the topic areas for your project? * *Mark all the apply*

- Active Living (Physical Activity)
- Healthy Eating
- Healthy Food Access
- Tobacco-free Living
- Community Gardens
- Breastfeeding\ Chestfeeding Support
- Overall Wellness

COMMUNITY GARDEN Applications ONLY* Do you have permission from the landowner or site manager to use the site for your garden?

- Yes
- No, I will SAVE progress in the application and exit the application and get the required approval before applying for this grant.

COMMUNITY GARDEN Applications ONLY* Please write the contact person's name that can verify your approval to use the land/site

First Name _____

Last Name _____

COMMUNITY GARDEN Applications ONLY* Please write the contact's phone number that can verify your approval to use the land/site.

FOOD ACCESS Applications ONLY* Do you have any food type of permits

Yes

No, I will SAVE progress in the application and exit the application and get the required approval before applying for this grant.

No, this project does not require in food permits

FOOD ACCESS Applications ONLY* If your project includes provision of food (food service/processing), please describe your food safety plan. If no, type NONE

FOOD ACCESS Applications ONLY* How will you measure quality control?

What amount of funding are you requesting for this project? * *Up to \$2,500 can be requested for this mini grant*

Do you have a fiscal agent for this grant? * *A fiscal agent is some other party that manages the funds of your org and will be receiving reimbursement?*

Yes

No

FISCAL AGENT Contact Information

Complete this section ONLY if you have a FISCAL AGENT.

SKIP this section and move to the "Detailed Project Information" section if you do NOT have a Fiscal Agent

Fiscal Agent Organization Name* _____

Fiscal Agent Name* _____

FY Agent Contact First Name* _____

FY Agent Contact Last Name* _____

Fiscal Agent Street Address*

Address Line 1 _____

Address Line 2 _____

City _____

State _____

ZIP Code _____

Fiscal Agent Phone* _____

Fiscal Agent Email Address* _____

Fiscal Agent's Employer Identification Number (EIN) (If known)

City of Austin Fiscal Agent Vendor # (If known)

Not sure if you are a registered vendor? Call (512) 972-6466

Detailed Project Information

This section allows you to share details about your project. Please take time to answer each question.

In three to five sentences, tell us about your project idea and how you will use the Mini-grant funds to support the project. *

What will be done and why is this project needed in the community? *

Share details of what will be completed for the project and why you believe this project is valuable to the community.

How does this project improve health or promote healthy lifestyles? * *Share details on how this project will support health.*

How will the community overall benefit from this project? * *Share how this project supports the Austin/ Travis County Community as a whole.*

Who does your project serve? * Mark all that apply -Programs or services must be provided in Austin and/or Travis County

- Low income
- Hispanic/ Latinx
- Black/ African American
- Asian/Pacific Islander
- Indigenous
- LGBTQIA2S+
- Older Adults
- Children, Youth, teens

Other: _____

ZIP code(s)- Where will this project take place? *

Describe the places where the project will take place* *This could be a park, school, community center, virtually, etc.*

How many people do you think will be reached by this project and please include who will be directly involved or touched by this project? * *Please share actual numbers of people if you have that available. For example, 250 students or approximately 1,500 community members.*

What steps will you take to get people to participate in the project? * *This can be your method of recruiting people to join or ways you will promote your project.*

How do you plan to reach people with a greater risk of chronic disease in vulnerable populations? * *Some examples of vulnerable populations are low-income populations, people living with disabilities, older adults, LGBTQ+ communities, and racial/ethnic groups.*

How does this project make a lasting change? *

If any, what group(s) do you plan to partner with to do the project and how will partner(s) contribute to this project? * *This can include groups/ organizations that will help you complete this project by providing additional resources (people, money, etc.)*

If you will not have any partners, TYPE "NONE" and share ideas for possible partner(s) who could help achieve your projects goals.

How will it keep going after the mini-grant funding has been used? * *This can include how you will continue to fund the project or keep people engaged in your project after the grant period is over.*

How do you plan to measure success for this project? * *Please share the project Goals and objectives and how you will check to see if you meet them and any other gauges of success*

What are the steps for completing your project starting January 2025? (Work plan) * *Please show the steps you will take to do your project including the lead person, and when the steps will take place. The grant period starts January 2025 and ends Aug 2025. For example, mini grant focusing on physical activity Step 1: Program coordinator, Joe Smith, receives quotes for tricycles in January Step 2: Joe Smith orders tricycles February 10th Step 3: Tricycles are integrated into the childcare center by April.*

Steps	Timeline	Lead Person	Key Partner (if any)
List key steps to complete the project	Begin Date – End Date		Person/agency that plays a role (can be funded or unfunded)

What is your budget? Please include your project budget. By attaching a file to your email application or by typing your budget in the next question. * *Attach or add below*
 Show a detailed budget for your project. You can upload a PDF, word doc, or excel file. The budget can include supplies, equipment, or program staff time. Please remember not to include any items that this grant does not fund. *Refer to the "second question in the application for the list. The budget must show the breakdown of how the requested funds will be used toward your proposed project. Please include Item Description, Why Needed, and Item Cost and Total Project Cost.

Type your budget below or write "attached" if you added a file above. The budget must show the breakdown of how the requested funds will be used toward your proposed project. Please include Item Description, Why Needed, and Item Cost and Total Project Cost.

SAMPLE

Item	Why needed	Amount
<i>Limestone</i>	<i>To border garden beds</i>	<i>\$200</i>
<i>Vegetable seeds (various)</i>	<i>To grow a harvest for community to have fresh vegetables</i>	<i>*50</i>
<i>Mulch</i>	<i>To prevent weed growth around and within the garden beds</i>	<i>200</i>
<i>Garden tools (Big Scoop, Hand Trowel, Hand Rake, Cultivator and Transplant Tool)</i>	<i>To start digging, weeding, planting, aerating, and transplanting</i>	<i>200</i>
Total		\$650

Item	Why needed	Amount
Total		\$

If submitting a paper copy of this application, please email the completed application and any other required documents to MiniGrant@austintexas.gov

You will receive an email when your application has been received.

Questions? Need help? Email MiniGrant@austintexas.gov or call (512) 972-5640

Application Deadline: Friday 10/25/2024 at 11:59 pm Central Standard Time

For faster processing - PLEASE USE ONLINE FORM IF ABLE
<https://www.healthyplaceshealthypeople.org/minigrant/>