

## **East Harlem Health in Action - 2019 Physical Activity Grants**

### **OVERVIEW**

The Fund for Public Health in New York (FPHNY) and NYC Department of Health and Mental Hygiene's (DOHMH) Harlem Neighborhood Health Action Center is seeking to improve the built environment and promote physical activity in East Harlem.

The built environment consists of all the physical parts of where we grow, live, learn, work, play and age.

### **Scope of Services**

DOHMH is seeking to award up to 4 organizations in East Harlem to promote and or improve the following:

- Built Environment – Promote ways to improve homes, offices, streets, parks, and other public spaces or infrastructure.
- Physical Activity – Promote indoor or outdoor recreation or active transportation activities

Projects that improve the built environment can focus on homes, offices, streets, parks, and other public spaces or infrastructure. Projects that promote physical activity can focus on indoor or outdoor recreation, or active transportation.

Each organization will receive up to \$10,000 between December 2019 and November 2020 to implement their proposed activity

Funding for these grants is provided by the New York State Health Foundation.

The Harlem Neighborhood Health Action Center supports creative, community-owned solutions. Projects should specifically speak to community justice and equity. Organizations that do not traditionally work on public health issues are encouraged to apply!

### **WHO CAN APPLY**

Applicants must work in East Harlem (Manhattan Community District 11) AND be a 501(c)3 non-profit tax exempt organization to receive funding for this grant.

Community organizations or groups located in East Harlem that are not registered nonprofits can apply using a fiscal sponsor 501(c)3 non-profit tax exempt organization. Organizations that use a fiscal sponsor must provide documentation of this relationship with their proposal.

### **HOW TO APPLY**

Proposals must be sent by email as a .pdf (Portable Document Format) by [DATE] to the following:

Attn: TBD, Grant Associate

Subject: 2019 Health in Action Grants RFP Submission

Email:

## QUESTIONS

Questions on this RFP or proposals must be emailed to the Grant Associate at TBD [email] by [date] at 11:59 PM. Answers to all questions will be posted at [website] by [date] at 5:00 PM.

There will also be a Question and Answer session at the East Harlem Neighborhood Health Action Center (158 East 115th Street) on August 2nd 2019 at 12:00 PM.

Any other contact with FPHNY or DOHMH regarding this RFP is not allowed and will be considered unofficial and non-binding.

## APPLICATION + SELECTION TIMELINE

The East Harlem Neighborhood Health Action Center wants to fund projects that are meaningful to the East Harlem community. Our grant review process makes sure that East Harlem residents play an active role in project selection. Below are deadlines for key application and selection activities.

July 8th	RFP Release
August 9th	Deadline for questions to FPHNYC
August 12th	All questions and responses posted to FPHNY website
August 16th	Proposals due
September 1st - 30th	Community voting period: Grant administrators at DOHMH will draw information from proposals to make posters for each applicant. Posters will be displayed at Party on Park on September 22nd, and online and at the East Harlem Neighborhood Health Action Center throughout the month of September. During this time, community members are invited to vote on their favorite project. The project that gets the most votes will get 1 extra point at the final deliberative panel review.
October 3rd	Meet and greet for panelists and applicants: Posters will also be available at a meet and greet with deliberative panelists on the evening of October 3rd. This is a mandatory, 2-hour session when panelists can ask questions about proposed projects and get to know applicants. This is also an opportunity to network with other applicants and funders. More details on the meet and greet session will be provided.
October 5th	Deliberative panel: A panel of up of East Harlem community members (defined as people who live, work, or go to school in CD 11) will do a final review of all projects. The panel process uses standardized scoring sheets to review each project. The scoring sheets take into consideration each section of the paper application, as well as the project presentations and the community vote.
October 11th	Awards announced

## PROJECT MONITORING AND EVALUATION

Selected projects will be monitored over the course of one year (November 2019 - December 2020) by East Harlem Neighborhood Health Action Center staff and Health in Action panelists. Monitoring activities will be selected with grantees prior to finalizing contracts and may include:

- Project updates submitted via email or in conversation over the phone.
- In-person project site visits with funders, grant managers, and related project staff.
- Surveys or interview with project staff and/or clients.

## **SUBMISSION CHECKLIST**

Applicants must complete all sections of all of the items listed below and include all attachments for proposals to be complete.

- ☐ **Cover Sheet and Abstract Template**
- ☐ **Project Narrative**
- ☐ **Budget and Budget Justification**

### **Attachments:**

- ☐ **Letters of Collaboration** (if applicable)

Proposed projects that collaborate or partner with other groups can include letters of support from those partner organizations.

- ☐ **Proof of Tax Exempt Status** (for applicant or fiscal sponsor)
- ☐ **High Resolution Images**

Include images of your organization's logo (and Fiscal Sponsor logo if applicable) and 1 photo that you feel displays your organization's work. These will be included on a poster of your project that will be presented for community voting.

## COVER SHEET + ABSTRACT Template

**Organization Name**

[Click here to enter text.](#)

**Is your organization a 501(c)(3)?**

☐ YES ☐ NO

If No, please complete fiscal sponsor information

If yes, attach a copy of the 501(c)(3) documentation to the application.

**Project Contact Name**

[Click here to enter text.](#)

**Street Address**

[Click here to enter text.](#)

**City**

[Click here to enter text.](#)

**ZIP Code**

[Click here to enter text.](#)

**Phone**

[Click here to enter text.](#)

**Email**

[Click here to enter text.](#)

**Applicant Organization's 2018  
Operating Budget**

\$ [Click here to enter text.](#)

**Fiscal Agent's 2018 Operating Budget**  
(if applicable)

\$ [Click here to enter text.](#)

**Fiscal Sponsor**

To be completed only if Applicant is NOT a 501(c)(3) organization/group.

**Fiscal Agent**

[Click here to enter text.](#)

**Contact Person**

[Click here to enter text.](#)

**Street Address**

[Click here to enter text.](#)

**City** [Click here to enter text.](#)

**ZIP Code** [Click here to enter text.](#)

**Phone** [Click here to enter text.](#)

**Email** [Click here to enter text.](#)

## **ABSTRACT Template**

### **Project Title**

[Click here to enter text.](#)

### **Project Summary**

Please provide a summary of your organization and your proposed project. The summary should answer the who/ what/ where/ when/ why questions about your project. The summary is limited to 250 words and will be used to make a poster presenting your project. Summaries that go over 250 words will be cut off on the poster.

## PROJECT NARRATIVE

**Organizational Background** (250 word maximum) Describe your organization by answering all of the following questions.

1. State your organization/group's mission.

[Click here to enter text.](#)

2. How many members are in your organization/group (this includes staff, volunteers, and board members)?

[Click here to enter text.](#)

3. Describe diversity within your organization/group (i.e. gender, race/ethnicity, languages spoken, etc.).

[Click here to enter text.](#)

4. Describe the areas of focus for your work (both topics that you focus on and geographical areas that you focus on).

[Click here to enter text.](#)

5. What unique assets, resources, and experiences does your organization/group bring to chronic disease reduction and health promotion in New York City?

[Click here to enter text.](#)

**Project Description** (1200 word maximum) Describe your project by answering all of the following questions.

1. Describe the significance of the problem/ need for your project in your community.

[Click here to enter text.](#)

2. Provide a detailed description of your project, including the following:

- How will your organization/group's project serve the East Harlem community?
- How will your project contribute to the building of a healthy community?
- How will your project address an unmet need in the community?
- What planning activities will take place before the project starts?
- How will you engage with the community in planning? How do you plan to engage the community throughout the project?
- What is the role of collaborating organizations (if applicable)?

[Click here to enter text.](#)

**Project Evaluation and Sustainability** (250 word maximum)

1. How will you define and measure the success of your project? What will success look like?

[Click here to enter text.](#)

2. What challenges do you anticipate encountering in this project?

[Click here to enter text.](#)

3. Explain what you think will happen to your project when grant funding ends.

[Click here to enter text.](#)

4. Explain any plans to for matching funds or in-kind support for this project (if applicable). Describe any additional funding sources for this project (if applicable).

[Click here to enter text.](#)

## BUDGET AND BUDGET JUSTIFICATION

Estimate your proposed project's costs on the form provided. For each item include a description of the item, the projected cost, and a justification for that item. The justification should 1-3 sentences long for each item, and should include exactly how that item supports your project activities and goals. Please add rows to the table as needed.

Note that grant funds can only be used for project expenses, including salaries for personnel directly involved in project activities, direct project expenses (e.g. project-related travel, supplies, program events or activities), and project evaluation activities.

Grant funds can not be used for salaries for non-project-related activities, conducting research, direct medical or clinical care.

East Harlem Health in Action - 2019 Physical Activity Grants Project Proposal Budget		
ITEM <i>list each item individually</i>	COST <i>total cost for each item</i>	JUSTIFICATION <i>describe how each item supports the project</i>
<b>Personnel</b> please include title, FTE, fringe, project roles and allocation of time for each staff person funded through this grant		
<i>ex. Project Lead</i>	\$2,307.69	<i>John Smith (Project Lead): Salary is \$50,000. 20% of time will be dedicated to planning, promoting, and implementing this project for 12 weeks.</i>
<b>Fringe</b> (ff applicable - indicate % and amount): <i>ex. 13% , \$300</i>		
<b>Personnel Total: \$2,607.69</b>		
<b>Other Than Personnel Services (OTPS)</b> including project materials, supplies, software, etc.		
<i>ex. fitness equipment</i>	\$800	<i>40 sets of yoga mats, stretch bands, and dumbbells. Equipment will be used at weekly outdoor fitness classes over the course of 12 weeks to reduce barriers to joining the class.</i>

OTPS Total:		
Year 1 Project Total:		