

Healthiest Cities & Counties Challenge Application Submission Form Questions Preview

Note: You must apply online at
www.healthiestcities.org/apply
Here's what you'll need to provide in the online submission form:

* Required

1. **Email address ***

2. **Our cross-sector team represents a town, city, county or federally recognized tribe in one of the following states: ***

Please select a state from the drop-down menu.

Mark only one oval.

- California
- Florida
- Georgia
- Kentucky
- New Jersey
- New York
- North Carolina
- Ohio
- Pennsylvania
- Tennessee
- Texas
- West Virginia

3. **The total population of our town, city, county or federally recognized tribe does not exceed 600,000. ***

Segments or individual neighborhoods of larger cities are not eligible to apply.

Check all that apply.

Check to confirm

Availability for Follow-Up Call

A select group of applicants will be invited to participate in brief phone calls as a second stage of review. We ask that you identify 2-3 individuals who will be able to speak to the contents of the application and proposed project, including a representative from the lead partner organization and at least one other partner.

Please indicate your representatives' availability below, and have them hold these times on their calendars. Applicants advancing to the next stage of review will receive 2-4 days notice of the scheduled time for their call. Calls will be scheduled for a 30 minute window during one of the selected time slots.

4. Please select three preferred time slots for a scheduled call with the Challenge team (approximately 30 minutes). *

Note: Times listed are in Eastern Standard Time
Check all that apply.

	Morning (10 am - 12 pm)	Afternoon (2 pm - 4 pm)
Tuesday, March 31	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday, April 1	<input type="checkbox"/>	<input type="checkbox"/>
Thursday, April 2	<input type="checkbox"/>	<input type="checkbox"/>
Friday, April 3	<input type="checkbox"/>	<input type="checkbox"/>

5. Who should we send the calendar invitation to if your team is selected to participate in a call? *

Please provide email addresses for 2-3 points of contact, separated by semi-colons.

Lead Partner Organization Contact Information

Teams must designate an organization to submit the application and serve as the lead partner for the purposes of the Challenge. The lead partner organization can be a city or county government agency, federally recognized tribal leader, non-governmental organization, academic institution, or other organization that can effectively engage with all of the relevant partners and is in a position to receive and disburse grant funding on behalf of the community.

Please provide the contact information for the person completing this form and the organization they represent below.

6. First Name *

7. Last Name *

8. Title *

9. What type of organization do you represent? *

If "other," please describe.

Mark only one oval.

- City or county government agency
- Federally recognized tribal leader
- Non-governmental organization
- Academic institution
- Other: _____

10. Organization Name *

11. Address Line 1 *

12. Address Line 2

13. City *

14. State *

Please select a state from the drop-down menu.

Mark only one oval.

- California
- Florida
- Georgia
- Kentucky
- New Jersey
- New York
- North Carolina
- Ohio
- Pennsylvania
- Tennessee
- Texas
- West Virginia

15. Zip Code *

16. **Phone ***

17. **Website**

Proposal

Please read the application requirements in the Healthiest Cities & Counties Challenge Request for Proposals carefully. You must provide a response to each question and sub-question outlined in the RFP.

Reminder: If you exit the form before submitting, your responses will not be saved.

1. Quick Pitch

What is your team poised to do if selected to participate in the Healthiest Cities & Counties Challenge?

18. **Please provide your response to Question 1 below: ***

2. Community Background and Priorities

- a. Describe one or two specific health-related priorities you plan to address through the Challenge. Provide information about local chronic disease prevalence and other relevant data points to help reviewers understand why your community has selected these issues and who exactly will benefit from your team's work.
- b. Provide historical, systemic and community context for the key needs, barriers and challenges your team aims to address related to access to foods that support healthy eating patterns and/or access to health services.

19. **Please provide your responses to Question 2, parts a-b, below. ***

3. Collaboration and Resident Engagement Strategy

- a. Describe the current state of cross-sector collaboration and resident engagement in your community. Discuss how participation in the Challenge will build upon this foundation and accelerate your work to advance health equity.
- b. Explain how your team represents the diversity of city, county or federally recognized tribes' interests and demographics and involves key community leaders and representatives across sectors. Are there other partners you hope to engage over the course of the Challenge? What are your proposed processes and strategies for developing collective power across sectors?
- c. Describe your approach for giving residents authentic leadership roles in your initiative and shifting traditional power structures. Specify how your team prioritizes community voice and engagement. How

have community voices informed the identification of the priority issues detailed in the first section of this proposal?

20. Please provide your responses to Question 3, parts a-c, below. *

4. Proposed Project

- a. Describe the goals and activities your team will carry out during the Challenge and the systems and/or policies you will seek to impact.
- b. Describe key activities your team has already implemented to address health equity through access to foods that support healthy eating patterns and/or access to health services. What have you learned from those activities that you will apply to the Challenge?
- c. Describe how your team will evaluate the results of its collective work. Specify the methods you plan to use to measure your progress, and if you plan to engage outside expertise in project evaluation.

21. Please provide your responses to Question 4, parts a-c, below. *

5. Organizational Capacity and Leadership Qualifications

- a. Describe the lead organization's capacity to facilitate a cross-sector collaborative and manage the day-to-day operations associated with convening partners and members of the community, including cultivating partnerships, managing membership, engaging diverse stakeholders, setting common goals, responding to changes in priorities, and supporting resident leadership.
- b. Include a proposed staffing plan and the relevant experience and expertise of your leadership team members to carry out your initiative. Specify which leaders are from the community your initiative is serving and what their responsibilities will be.
- c. Describe how your organization's policies and practices help promote cultural competency and understanding among its leaders and front-line staff.
- d. Describe the communications channels you have at your disposal to spread the word about your work and to disseminate lessons learned from your project.

22. Please provide your responses to Question 5, parts a-d, below. *

6. Potential Challenges and TA Needs (Not scored)

The Challenge staff anticipates that communities will need learning support in carrying out their projects and welcomes submissions from communities that are forthcoming about these needs. While teams will

not be evaluated based on these learning needs, please answer the following questions to help the technical assistance partners plan their efforts:

- a. Discuss the primary challenges and barriers you anticipate in advancing health equity by addressing increased access to foods that support healthy eating patterns and/or health services.
- b. What specific technical assistance will be most useful in helping you proactively address these challenges?

23. Please provide your responses to Question 6, parts a-b, below. *

Partner Organizations

Please create an entry for each of the partner organizations and the main point of contact at each that will participate in the cross-sector team being coordinated by the lead partner organization. A signed letter of commitment is required from each of these organizations.

24. Name of Partner Organization 1 *

25. Type of Organization *

If "other," please describe.

Mark only one oval.

- City or county government agency
- Federally recognized tribal leader
- Non-governmental organization
- Academic institution
- Other: _____

26. Primary Point of Contact for Project (First Name, Last Name) *

27. Title *

28. Point of Contact Email *

29. Point of Contact Phone *

30. Please upload a PDF file of this partner's letter of commitment. *

Files submitted:

31. Do you have additional partners to add? *

Mark only one oval.

Yes

No *Skip to question 104.*

Sign and Submit

Please take a moment to review your responses before submitting. You will not be able to go back after leaving this page.

104. By checking this box, I certify that the information I provided in this form is true, accurate and complete, and that I am authorized to apply for funding on behalf of my organization.