2018 United States Conference of Mayors' Childhood Obesity Prevention Awards

1. Title of the City Program *

Please provide the title of the program being nominated for this award. If your program is a part of a larger program and does not have a specific title please specify the title of the larger program.

2. Please check the category under which your program is applying: *

- Large City (population of 250,000 or larger)
- Medium City (population between 75,000-250,000)
- Small City (population of 75,000 or smaller)

3. Specify whether this request is for: (Check the appropriate box) *

- Expansion of an Existing Program
- Development of a New Program

4. Specify Priority Areas to be Addressed: (Check all that apply) *

- Increasing Access to Physical Activity for Children and Youth
- Improving Access to Fresh Fruits and Vegetables

Mayor First Name *

Mayor Last Name *

Mayoral Staff Contact First Name *

Mayoral Staff Contact Last Name *

Mayoral Staff Contact Email Address *

Mayoral Staff Contact Telephone Number:

Lead Organization Name: *

Key Program Contact's Name: *

Address 1:*

Address 2:

City: *

State: *

ZIP Code: *

Office Telephone: *

Mobile:

Email Address: *

Website:

7. Organizational Description: *

Please provide a description of the organization, city department or agency that will be implementing the proposed program, including organizational mission, services provided, target audiences, and major successes/milestones. (Limited to 500 words) Please describe the target population that will be the focus of the proposed program, and the existing childhood obesity programs and resources available to them. You may include information on:

- Overall community demographics and socio-economic status;
- Childhood obesity data specifically for the target population(s); and
- Existing programs serving the target population including but not limited to program partners/sponsors, length/duration of program, current program funding/costs; and any available data on program outcomes/evaluation.

(Limited to 1,500 words)

9. Description of the Proposed Program: *

Please describe the program you propose to implement with the funding. Include the rationale for the program and any objective data or results demonstrating anticipated impact. It may be helpful to consider the answers to the following questions as you prepare your summary and description: Who will benefit from the program? Which of the aforementioned priority areas is this program addressing? Why do you believe the program will be effective? What are your anticipated outcomes? If you win the award, how will the funds be expended? (Limited to 1,500 words)

10. Please upload your Mayoral Letter of Support. (Required for submission; MUST be in PDF format.) *

Browse...

11. Attachments (Optional):

Attach any relevant documents that will enhance your application. You may upload up to five (5) documents. Acceptable file format is PDF only. If you would like to send a video file or link to a video please e-mail it directly to Crystal Swann at <u>cswann@usmayors.org</u>.

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Has your city developed an actionable, comprehensive plan to improve access to healthy foods for your residents? *

- O Yes
- O No
- O Don't Know/Unsure

Is this plan available in written format?

- O Yes
- O No
- O Don't Know/Unsure

1. If the answer to the previous question is yes, please attach a copy of the plan here. (Files must be in PDF format, and up to 2MB in size. If your plan is larger than 2MB or in another format please e-mail your plan, or a link to its location online, to cswann@usmayors.org.)

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Does your city have a designated food policy advisor/director/coordinator? *

- Yes
- O No
- O Don't know/unsure

Is this person a paid staff person with the city, or a volunteer appointed by the Mayor or another city official ? *

- Full-time, paid city staff person
- Part-time, Paid city staff person
- O Volunteer
- Other (please clarify in "comments" section)

Comments

2. Please provide the full name of this person.

Please provide the e-mail address of this person.