

2020 Childhood Obesity Prevention Awards: Application Instructions

Information collected from this application will be used to select awardees for the USCM-ABFHA 2020 Childhood Obesity Prevention Awards Program, and may also be disseminated in a *2020 Childhood Obesity Prevention Programs Best Practices* compilation. Furthermore, the information provided in this



application may be posted on The United States Conference of Mayors (USCM) website, reported in *U.S. Mayor*, USCM's biweekly newspaper, and/or used for various other purposes.

Awards will be given in three categories – large, medium and small city.

- **Large City** – Population greater than 250,000 or greater
- **Medium City** – Population between 75,000 – 250,000
- **Small City** – Population less than 75,000

In order to be eligible, a city must meet the following baseline criteria:

- The city must be a member of The United States Conference of Mayors.
- The program application submission must include a letter of support from the Mayor.

In addition, all grantees/awardees **MUST** submit a final report to USCM within twelve (12) months of disbursement of funds.

The application deadline is 11:59pm EDT on Friday, August 30, 2019.

We recommend you read the following application questions completely before beginning your online application.

APPLICATION QUESTIONS:

ALL questions (except #11) MUST be answered in order to consider your application complete. You will not be able to submit your application unless each of these questions has been answered.

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:**
 - a. Large City (population of 250,000 or larger)
 - b. Medium City (population between 75,000-250,000)
 - c. Small City (population of 75,000 or smaller)

3. **Specify whether this is a request for: (Check the Box):** an expansion of an existing program, or a request to develop a new program.

4. **Specify Priority Areas to be Addressed: (Check all that apply)** – Indicate all the priority areas your program will address with this grant award.
 - **Increasing Access to Physical Activity for Children and Youth**
 - **Improving Access to Fresh Fruits and Vegetables**

5. **Mayoral and Program Staff Contact Information:**
 - Mayor's Name:
 - Mayoral Contact:
 - Mayoral Contact Phone:
 - **Mayoral Contact Email: (confirmation of application receipt will be sent to this email address)**

6. Contact Information for the Program:

- Lead Organization's Name:
- Key Program Contact's Name:
- Street Address:
- City/State/ZIP:
- Office Telephone:
- Mobile:
- **Email (confirmation of application receipt will be sent to this email address)**
- Website:

Questions 7, 8 & 9 are essay questions. We STRONGLY recommend you complete your answers offline, save them as a Microsoft Word or other similar document, and cut and paste your answers into the appropriate fields in the application.

- 7. Organizational Description:** Please provide a description of the organization, city department or agency that will be implementing the proposed program, including your history, mission, services provided, target audiences, and successes/milestones. **(Limited to 500 words)**
- 8. Statement of Community Need/Community Description:** Describe the target population to be reached with the proposed program. What are the community demographics and socio-economic status? Please provide statistics where appropriate. **(Limited to 500 words)**
- 9. Description of the Proposed Program:** If awarded this grant please describe the proposed program you will 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 priority areas selected in Question #4 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 1500 words)**

10. **Please upload your Mayoral Letter of Support. (Required for submission)** Please note that this letter must be on City letterhead, and must be signed by the Mayor.

11. **Attachments (Optional):** Attach any relevant documents that will enhance your application. You may upload up to five (5) documents. Uploaded files MUST be in PDF format. If you would like to send a video file or link to a video, please e-mail it directly to Jubi Arriola-Headley at jheadley@usmayors.org.

12. **Final Report Requirement:** Please read the passage below and, when you are ready, click on the checkbox next to the text “I understand and agree to these terms:”

As a condition of receiving these funds, all grantees/awardees will be required to complete a final report within 12 months of disbursement of funds (defined as the moment when the grantee/awardee is in receipt of the funds, irrespective of when the grantee/awardee begins the project.) This report shall, at a minimum, contain a brief description of the project as originally conceived and proposed; a discussion of outcomes anticipated, and whether they were achieved; a discussion of challenges faced and how they were addressed; and a report on how funds were expended. Recommended report length is 1,000 – 1,500 words. More complete instructions will be provided no later than 30 days before the final report is due.

13. **Food Access Survey** – In this brief penultimate section let us know about your food access activities in your city. We specifically want to know whether your city has a food policy director/coordinator, or other similarly titled, specific staff dedicated to coordinating your city’s food policy activities. *(While this information is important to us and these questions are required, your answers to the questions in this section will in no way impact the review and/or evaluation of your application.)*

That’s it! Hit “submit” & you’re done. On behalf of USCM & ABFHA – good luck!!!