

Application for Project Diabetes

"Moving the Needle Towards a Healthier Tennessee"

EXHIBIT 2

APPLICANT INFORMATION

Category A

Category B

(Please check appropriate category)

Applicants for both Category A and B must complete questions 1 through 16.

1. Legal name of applicant as it appears on its corporate charter: _____
2. Federal tax ID Number: _____
3. Is your organization a registered vendor with the State? Yes ___ No ___
(If No, please contact judy.dengler@tn.gov for registration details)
4. Organization contact information:
Organization's Primary Mailing Address: _____
Telephone Number: _____ FAX Number: _____
5. Primary Contact Person Name and Title: _____
Email Address: _____ Phone Number: _____
6. Secondary Contact Person Name and Title: _____
Email Address: _____ Phone Number: _____
7. If awarded a grant, who will be the authorized signor of the resulting contract?
Name and Title: _____
Email Address: _____ Phone Number: _____ FAX Number _____
8. Do you propose to use subcontractors for any portions of the scope of services?
Yes ___ No ___
If yes, please provide the name and address of each subcontractor and what specific services each will perform: _____

9. Please check which strategy(ies) from Institute of Medicine's recommendations will be the focus of your program? (Check all that apply)
 - Performance Goal 1: Make physical activity an integral and routine part of life.
 - Strategy 1-1: Enhance the physical and built environment
 - Strategy 1-2: Provide and support community programs designed to increase physical activity
 - Strategy 1-3: Adopt physical activity requirements for licensed child care providers
 - Performance Goal 2: Create food and beverage environments that ensure that healthy food and beverage options are the routine, easy choice.
 - Strategy 2-1: Adopt policies and implement practices to reduce overconsumption of sugar-sweetened beverages.
 - Strategy 2-2: Increase the availability of lower-calorie and healthier food/ beverage options for children in restaurants
 - Strategy 2-3: Utilize strong nutritional standards for all foods and beverages sold or provided through the government, and ensure that these healthy options are available in all places frequented by the public.

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- Strategy 2-4: Introduce, modify, and utilize health-promoting food and beverage retailing policies.

Strategy 2-5: Promote breastfeeding friendly environments.

10. County(ies) where services will be provided: _____

11. Target population: _____

12. Target population age: Children 12 and under Adolescents Adults

13. Diverse population(s) targeted, if any: _____

14. Anticipated number of participants*: _____

15. Anticipated cost per participant: \$ _____

16. Please check ONE of the following as it applies to this application.

We have reviewed the Sample Contract with legal counsel and can identify no issues with executing this contract in its present form.

We have reviewed the Sample Contract with legal counsel and will request changes to the Sample Contract. (Please attach details.) We understand that exceptions to boilerplate contract language may not be approved and may result in the rejection of this application.

* Please use realistic estimates. Total state or county populations will not be accepted as valid.

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APPLICATION

(Applicants for Category A answer Questions 1 through 14, using additional space as needed.)

(Applicants for Category B answer Questions 1 through 9, using additional space as needed.)

1. Please briefly explain how your proposed project addresses a defined need in your area.

2. Please attach a project narrative detailing how you will work to achieve your goal(s) and objectives. Describe how you propose to change "default" choices around physical activity and/or nutrition to healthier ones. For Category A applications, please limit this narrative to 3 pages. For Category B applications, please limit this narrative to 1 page.*

3. On a separate page, please outline the specific goals and S.M.A.R.T. objectives for the project.*

4. Please attach a 1-page timetable which details how your project will progress from start to finish, detailing the who, the what and then when.*

5. What performance measures will be used to evaluate your project and its objectives? How will you demonstrate changes in physical activity and/ or nutrition for your target population?

6. Please describe what personnel will provide the key expertise for the success of your project.

7. What specific plans have you made to partner with other groups or organizations to accomplish your objectives? How have you aligned with community wide health priorities (e.g. Healthier Tennessee Communities or other broad alignment opportunities)? Please attach letters of commitment (not merely support) which detail the particulars of the planned partnership.

8. Please complete the attached 2 budget pages **for each year** of your project. (Attachment A)

9. How will the results of your project be sustained after grant funding expires?

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10. Are there similar programs in the same geographic area? If so, please detail, and describe how your project will partner with or build upon the merits of these programs.

11. Have you done this project before? If so, please describe what objectives were met and unmet.

12. Briefly describe the experience your organization has had with performing the services outlined in your proposed project. How will your project address health disparities in your target population?

13. Briefly describe the experience your organization has had serving the target population.

14. What barriers has your organization experienced in providing diabetes or obesity related services or programs in your area? What measures will you take to address these barriers?

The applicant certifies to the best of his/her knowledge and belief that the information in this application has been duly authorized by the governing body of the applicant and that the applicant will comply with the certifications and assurances required of applicants if a grant is awarded. **DO NOT SIGN THIS DOCUMENT IF YOU ARE NOT LEGALLY AUTHORIZED TO BIND THE PROPOSING ENTITY.**

Name: _____ Title: _____

Signature: _____ Date: _____