**Healthy & Active Before 5 Mini-grant Application**

**Application Process**

Thank you for your interest in Healthy & Active Before 5's *Pledge the Practice, Pass the Policy* mini-grant program. The steps below describe the application process.

**Step One: Determine Your Eligibility**

Healthy & Active Before 5 provides mini-grants to organizations that lie within the boundaries of the Contra Costa County region. To be considered for a mini-grant, the organization must also serve children ages 0-5, as our mission is to prevent childhood obesity.

To qualify your agency must pass one or more of our HAB45 policies: 1) Healthy Beverages for Children; 2) Breastfeeding Accommodation; 3) Healthy Food and Beverage; 4) Movement and Play; 5) Reducing Unhealthy Marketing to Children; or 6) Tap Water Promotion.

Only one mini-grant prize will be awarded per policy, while supplies last. Agencies that have previously been awarded a mini-grant are encouraged to re-apply, if they update an old policy or adopt a new policy.

Please note: Organizations are strongly encouraged to contact HAB45 staff for technical assistance prior to submitting the final application.

**Step Two: Submit Your Application**

Organizations interested in applying for a mini-grant must complete a mini-grant application (this form). Attach the application and your organization's approved new healthy policy by email.

To submit, email your application to *tonya.love@hab45.org*

**Step Three: Application Review**

Healthy & Active Before 5 staff will review the mini-grant submission. Staff will notify the applicant once the review is complete.

**Primary Contact Name:**

**Name of staff-person overseeing the policy:**

**Phone:**

**Email:**

**Agency/Organization:**

**Taxpayer ID#:**

**Mailing Address**

**Company**

**Address**

**Address 2**

**City/Town**

**ZIP/Postal Code**

**Required:**

**Have you received a *Pledge the Practice, Pass the Policy* mini-grant before? Yes/No**

**If yes, please describe key challenges and successes of implementing your previous policy. (250 words max)**

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**Please attach a copy of each new Healthy & Active Before 5 policy approved by your agency.**

**Dates of policy approval (MM/DD/YYYY):**

**Please describe how you plan to implement your policy and detail if any practice change will occur as a result your adoption of this new policy. In other words, what was your organizations practice *before* adopting the policy and what will be your *new* practice moving forward? (400 words max.)**

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**How do you plan to spend your mini-grant funds? (250 words max.)**

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**We believe this policy will impact \_\_\_\_\_ (#) of our own staff members, \_\_\_\_\_ (#) adult clients, \_\_\_\_\_ (#) children aged 0-5, and estimated \_\_\_\_\_\_\_\_ # children of other ages, if applicable.**

**Would you like to technical assistance to implement your new healthy policy?**