

Please complete the application via the link provided on the website. This PDF is to assist our partners in reviewing all the questions in a document view mode only and should not be used to submit the application.

SHIP Community Partner Funding Award Application Questions

Question 1

Briefly describe your project idea and intended outcomes.

Question 2

How will this project be supported and maintained so it can benefit others in the future?

Question 3

SHIP is focused on eliminating health disparities. How does this project improve health for those of underrepresented or marginalized communities? (Check all that apply)

- Black, Indigenous, and People of Color (BIPOC)
- LGBTQ+
- Rural Community
- Disability Community
- Lower Income
- 65+
- Those experiencing mental illness and/or substance use
- Other(Please include a description below)

Question 4

Who will this project impact?

What is the estimated number of people served? _____

Question 5

Where are you in the planning process for your idea? (There are no wrong answers. This will help us to understand the services that might be most helpful.) Check all that apply

- The project idea is still in development
- I have some partners on board to support this project
- I have worked on a budget for this project

Once funding is secure, I am ready for implementation

Question 6

What other partners are working with you on this project? How are they helping you?
(Partnerships are encouraged but not required.)

Question 7

Grant Amount Requesting: \$_____

(SHIP requires a 10% match of funds. This can come in the form of staff time working on grant activities, supplies and materials, or monetary funds.)

Please provide your total budget description below. Estimate the cost for supplies needed, printing materials, start-up costs, etc.