

# 2021 Partners in Health and Wholeness Mini-Grant Application

Please read all instructions and requirements before proceeding to the form.

If you need assistance completing the form, please don't hesitate to contact a PHW team member (<https://www.ncchurches.org/wp-content/uploads/2020/05/2020-PHW-Contact-Card.pdf>) or the PHW Program Coordinator, Michelle Peedin, at [PHWinfo@ncchurches.org](mailto:PHWinfo@ncchurches.org) (<mailto:PHWinfo@ncchurches.org>).

## Attention

All applications that include a request for grant funds that require in-person gatherings or other activities that could be affected by the COVID-19 virus, must include a Plan B in case of a worsening of the virus and/or a tightening of restrictions. For example: if your grant request includes in-person gatherings in an enclosed space, and the virus worsens or restrictions tighten, what will you do instead? If your grant request includes funds for children in school, but schools close, what will you do instead? Including this information in the grant request will allow us to review in a timely manner and not hold up your application while we follow up with you.

- **You are not able to save and come back to the Pledge form.**
- **We recommend you print this document to prepare your responses BEFORE entering them on this form.**
- **We also highly recommend you save your answers on a separate document as you fill out the form so that you do not lose your responses if the form closes for any reason.**
- **A copy of your pledge submission will be sent to you and your faith leader.**
- **ONCE YOU HAVE SUCCESSFULLY SUBMITTED THE FORM, PLEASE CHECK TO MAKE SURE YOU HAVE RECEIVED A CONFIRMATION EMAIL**

If you do not receive a confirmation email or if you would like assistance saving your answers or printing the form please contact the appropriate PHW team member (<https://www.ncchurches.org/wp-content/uploads/2020/05/2020-PHW-Contact-Card.pdf>) based on focus area or location or our Program Coordinator, Michelle Peedin, at [PHWinfo@ncchurches.org](mailto:PHWinfo@ncchurches.org) (<mailto:PHWinfo@ncchurches.org>). Thank you so much for your cooperation!

## Form Submission Guidelines

When filling out the form, please type every name out fully with no abbreviations including congregation names, health lead names, and faith leader names.

Example: St. Maria's United Methodist Church

NOT: St Marias UMC

As we continue to expand our network, we hope you will continue to include as much detail as possible in the PHW forms. We ask Health Leads to always answer the 5 W's: Who, What, When, Where, and Why?

## PHW Mini-Grant Requirements

**IMPORTANT: Applications submitted after the cycle deadline will be reviewed and processed for the next mini-grant cycle unless you have spoken with our Program Coordinator, Michelle Peedin. To request more time please email [phwinfo@ncchurches.org](mailto:phwinfo@ncchurches.org) (<mailto:phwinfo@ncchurches.org>).**

Eligibility for mini-grant funds are based on the following requirements:

1. **Your congregation must have submitted a PHW Collaborative Pledge within the last 12 months prior to applying for a PHW mini-grant. NOTE: If you are unsure when the last PHW Collaborative Pledge was submitted from your congregation, email our Program Coordinator at [PHWinfo@ncchurches.org](mailto:PHWinfo@ncchurches.org) (<mailto:PHWinfo@ncchurches.org>).**
2. **Your congregation cannot have received a PHW mini-grant in the last 12 months.**
3. **A new PHW Collaborative Pledge must be submitted and approved before each mini-grant application**
4. **The mini-grant must be used to support your congregation's health ministry and its mission.**
5. **Ten percent (10%) of the money awarded may be given to your health lead to use at their discretion towards a health ministry project or program.**

You are able to request **up to \$1000**. Please give mindful consideration to the amount that you request. Allocated funds will be shared across our state and are limited. Some grants may be **partially funded** depending on need, response, and availability.

For a list of sample projects that we do and do not fund click [here](#) and browse "Questions About Mini-Grant Purpose & Who Can Apply". (<https://www.ncchurches.org/programs/phw/phw-collaborative-and-mini-grant-faqs/>) As we review the mini-grant applications, priority will be given to projects and programs that are earth-conscious ie. uses less paper, less plastic water bottles, less plastic plates and forks, makes the health-climate connection, etc. This reflects PHW's efforts to be good stewards of our beloved earth but we understand that this request is not always possible.

If you have any questions about the criteria or have not submitted a PHW Collaborative Pledge and would like additional information, please the PHW Program Coordinator, Michelle S. Peedin at [PHWinfo@ncchurches.org](mailto:PHWinfo@ncchurches.org) (<mailto:PHWinfo@ncchurches.org>) or contact a PHW team member. (<https://www.ncchurches.org/wp-content/uploads/2020/05/2020-PHW-Contact-Card.pdf>)

**ONCE YOU HAVE SUCCESSFULLY SUBMITTED THE FORM, PLEASE CHECK TO MAKE SURE YOU HAVE RECEIVED A CONFIRMATION EMAIL**

\* Items with this symbol are required information

## General Information

**Congregation Name \***

Mailing Address

**Postal Mailing Address \***

**City \***

**Country \***

**State \***

**Zip Code \***

**North Carolina County \***

**Physical Address**

**Physical Street Address (if different from Billing Address)**

**City**

**State**

**Zip Code**

**Church Health Lead Contact Information**

**Title**

**First Name \***

**Middle Name**

**Last Name \***

**Suffix**

**Primary Phone Number \***

**Email \***

**Phone Number for Main Office \***

**Faith Leader's Title and Contact Information**

**Title**

**First Name \***

**Middle Name**

**Last Name \***

**Name Suffix**

**Email \***

# Details About Requested Funds

**Please select all the PHW health focuses that the funds would go towards: \***

- Smoking Cessation
- Physical Activity
- Healthy Eating
- Mental Health Awareness
- Healthy Aging
- Other

**If OTHER, please describe:**

**Please be as descriptive as possible in the following 5 questions.**

**Attention:** All applications that include a request for grant funds that require in-person gatherings or other activities that could be affected by the COVID-19 virus, must include a Plan B in case of a worsening of the virus and/or a tightening of restrictions. For example: if your grant request includes in-person gatherings in an enclosed space, and the virus worsens or restrictions tighten, what will you do instead? If your grant request includes funds for children in school, but schools close, what will you do instead? Including this information in the grant request will allow us to review in a timely manner and not hold up your application while we follow up with you. Please complete your application as if you were reading about the project/program for the first time.

**COMMUNITY NEEDS: What is the need in the congregation and community that will be met by this project or program? Why is this project/program the best/most effective approach? (Must be at least 4 sentences) \***

**PROJECT OR PROGRAM: Please describe the purpose for which the funds are being requested. Include details about who will be involved and when and where it will take place. This section should answer who, what, when, where, why, and how frequently. The more details you provide the better we understand your initiative. (Must be at least 6 sentences) \***

**WORK PLAN AND TIMELINE:** Provide a brief statement outlining the scope of work including the following: 1) Timeline of project/program 2) Who will complete each activity 3) List of partner organizations \*

**FUNDING & BUDGET:** Please list the itemized expenses associated with the project. Budgets should include specific amounts needed for each aspect of the project. If this request is part of a larger project, please indicate where other funds are being pursued. \*

**Example**

\$15 per shovel (3) - \$45

\$10 per lunch (10 people) - \$100

Total: \$145

**Total Amount Requested: \***

\$

**EVALUATION:** How will you measure the results of the project to determine impact? For example: Attendance numbers, surveys, goal setting, self-reporting milestones, testimonies, policy changes like "we will no longer serve sugar-sweetened beverages" (Must be at least 3 sentences) \*

**RESULTS: What are the results you hope to achieve and how will you sustain these results? Take into consideration where you are beginning and where you hope to go with your results. (Must be at least 4 sentences) \***

**Please check below to indicate your understanding of the grant eligibility guidelines and dates of submission. \***

I Understand

### CAPTCHA

This question is for testing whether or not you are a human visitor and to prevent automated spam submissions.

**Math question \*  $7 + 7 =$**

Submit