



**BlueCross BlueShield
of North Carolina**

Foundation

Preliminary Project Proposal

Submission of a Preliminary Project Proposal is the initial required step for any organization seeking to apply for a grant from the Blue Cross and Blue Shield of North Carolina (BCBSNC) Foundation. After review of the Preliminary Project Proposal, you will be notified by email whether or not your organization has been invited to submit a full grant application. Please note that we are unable to accept grant applications that have not gone through the Preliminary Project Proposal process.

Please check the appropriate box for the Focus Area/grant type (*select only one*):

Health of Vulnerable Populations (HVP)

Improving health outcomes for North Carolinians served by health care safety-net organizations

Healthy Active Communities (HAC)

Increasing physical activity and access to healthy food for North Carolinians

Equipment-only requests

(Healthy Active Communities only)

INSTRUCTIONS

SUBMISSION:

The Preliminary Project Proposal must be submitted both electronically and via hard copy (postmarked) by 5 p.m. on or before January 15, 2010. Please note: All proposals **MUST** be sent using a method that allows for tracking (e.g., return receipt, FedEx) in order for the applicant to independently track the receipt status.

COMMUNICATION:

The only communication you will receive from the BCBSNC Foundation will be regarding a decision on your proposal either accepting or declining your submission. This will be sent via email.

EMAIL CONTACTS:

- For HVP focus area please email to: katie.eyes@bcbsncfoundation.org
- For HAC focus area, including equipment requests, please email to: jennifer.macdougall@bcbsncfoundation.org

MAILING ADDRESS:

A signed original Preliminary Project Proposal must be sent to the mailing address below (please note the different addresses for regular postal service or FedEx/UPS package delivery):

Mailing address:

BCBSNC Foundation
 Attention: Jill Mallatratt
 PO Box 2291
 Durham, NC 27702

FedEx/UPS delivery address:

BCBSNC Foundation
 Attention: Jill Mallatratt
 5901 Old Chapel Hill Blvd.
 Durham, NC 27707-0718

ORGANIZATIONAL PROFILE

Legal Name of Requesting Organization: ABC Health Department	PO Box and/or Street Address: 919 Main Street
City, State, Zip: Centerville, NC 12345	County: Center
Phone Number (Area code): 919-867-5309	Fax Number (Area code): 919-867-5310
Executive Director Name: Jane Doe	Executive Director Email Address: Jane.Doe@abchealth.gov
Grant Request Contact Name: John Smith	Grant Request Contact Email Address: John.Smith@abchealth.gov
Organization Web Site Address: www.abchealth.gov	Date of Incorporation (mm/dd/yyyy): 01/02/56
Tax ID Number: 12-34567	Tax Status (check one): <input type="checkbox"/> 501 (c)(3) Tax-exempt public charity <input checked="" type="checkbox"/> Government entity <i>If invited to submit a grant application you will be required to submit proof of your tax status.</i>
<p>Is your organization classified as a supporting organization? (This should be noted on your IRS tax determination letter):</p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>Are any Blue Cross and Blue Shield of North Carolina employees associated with your organization as board members, volunteers, etc.?</p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>If yes, what type of supporting organization are you?</p> <input type="checkbox"/> Type I supporting organizations are <i>operated, supervised, or controlled by</i> the supported organization. <input type="checkbox"/> Type II supporting organizations are <i>supervised or controlled in connection with</i> the supported organization. <input type="checkbox"/> Type III supporting organizations are <i>operated in connection with</i> the supported organization.	<p>If yes, please list names and their association with your agency:</p> <hr/> <hr/>

PROJECT

Project Title:
Healthy Faith

Proposed Activities – include strategy and evidence that your approach can be effective (response limited to 2000 characters including spaces):

We will implement Active Living By Design's 5P Model, building on previously successful work in neighboring Blue County, to incorporate health as a component of faithfulness in three African American Churches. To prepare, we have performed baseline assessments and conducted interviews with congregants and key faith leaders and have designed the project to focus on key areas of need and interest expressed by both groups. To increase connectivity and grow the learning environment across churches, we will be creating an ongoing learning network of these faith leaders that will provide inter-congregational support of issues related to physical activity and healthy eating. We will be working with church leaders and Cooperative Extension to create gardens at all three churches. The gardens will provide produce for church meals, produce for congregants' home use, and provide an outdoor learning environment for nutrition. We will work with the church leadership to support policies that increase access to healthy foods for congregants at church-sponsored events and provide produce to members for home use. We will train kitchen volunteers to use garden produce as well as to modify recipes to make them healthier. All congregations will provide nutrition and physical activity programs (walking groups, cooking classes, etc.) connecting health to faithfulness and will promote the healthy activities both within their own churches through bulletins, sermons, and special events.

Equipment Requested – applicable for equipment-only requests (HAC focus area)
N/A-not an Equipment Only request

Overall Project Budget:
\$120,000

Grant Request Amount:
\$60,000
(May not exceed \$5,000 for equipment-only requests)

Geographic Area Served by this Project (list specific counties or communities):
Center County

Target Age Groups (check all that apply):

- General population (all ages)
- Infants & Toddlers (age 0-5)
- Children (age 6-13)
- Young adults (age 14-18)
- Adults (age 19-64)
- Seniors (age 65+)

Target Gender (check only one):

- General population
- Females only
- Males only

Target Ethnic Group (check all that apply):

- General population (all races)
- African-American

For HVP Focus Area Only:

Estimate the percentage of individuals who will be served by this project in each category:

- Hispanic
- Native American
- Other

% Uninsured

% Low income, insured

Target Population – please describe in detail the population experiencing the issue your project addresses. Of the total population you are serving, how many people have the problem and how many will your project impact? **Tip: This gives us a sense of the nature and degree of the challenge you face. We understand that you may not be providing service to everyone who has this condition or need.** (response limited to 1000 characters including spaces):

Our county has the third highest rate of Type II Diabetes and second highest rate of high blood pressure in the state. The African American population in our county is disproportionately affected by these chronic diseases, with rates twice that of Caucasian county residents. We are targeting three of the largest African American churches in our community, with a collective total of 1000 adult congregants, all of which have at least 60% of the adult congregants affected by either Type II Diabetes or high blood pressure.

RESULTS

Outcomes – please describe what health gains or behavior changes your target population will achieve as a direct result of this grant. Address how this grant will meet the objectives found in the detailed focus area descriptions for the focus area to which you are applying. **Tip: Anticipated health gains are not activities, such as participation in workshops. They are specific verifiable changes in health status made possible by these activities.** (response limited to 2000 characters including spaces):

Of the 1000 adults at three churches, all 1000 will have increased access to healthy foods. 800 will increase consumption of fruits and vegetables to at least 5 servings a day/5 days a week. 700 will increase moderate physical activity to at least 30 minutes a day/4 days a week. All three churches will implement at least two new policies related to healthy food.

Intensity and Duration – please define how long and how many times participants will need to engage in this project in order to achieve the desired results (response limited to 1000 characters including spaces):

This project has a variety of elements, many of which will ultimately become ongoing within the church as a result of policy change. The church will offer physical activity programming at least three times a week and the garden will be open to congregants on an informal basis throughout the week. Programming will be offered in the garden twice a week from April-October. Nutrition education sessions and healthy cooking classes will be offered weekly for a period of three months and then bi-weekly on an ongoing basis. The learning network will meet monthly on an ongoing basis.

CERTIFICATION

We certify to the best of our knowledge that all the information contained in this proposal is accurate and complete.

Organization's Executive Director: <i>Jane Doe</i>	Signature: <i>Jane Doe</i>	Date: January 10, 2010
Project/Program Director: <i>John Smith</i>	Signature: <i>John Smith</i>	Date: January 10, 2010