# Indiana State Department of Health

# Division of Nutrition and Physical Activity

# Youth and Adolescent Physical Activity (YAPA) Grant

# I. Proposal Cover Sheet

Due **July 19, 2019** by 5 p.m.

Please answer this application in five (5) pages or less. Upon completion, please submit the proposal to Emma Smythe via email at [esmythe@isdh.in.gov](mailto:esmythe@isdh.in.gov). If you have any questions, please reach out.

|  |  |
| --- | --- |
| **Proposal Contact Person** | |
| Name: | Position: |
| Organization Name: | |
| Address: | |
| Phone Number: | Email: |
| **Fiscal Contact (the individual that signs financial documents)** | |
| Name: | Position: |
| Address: | |
| Phone Number: | Email: |
| **Type of Application (check one)** | |
| Physical Activity Community Development/Training  Community Development/Training would include providing professional development opportunities, or physical activity curriculum, to staff working with youth and adolescents in the classroom, school, and before or after school program settings.  Physical Activity Implementation  Implementation would include creating, or altering an existing program, to provide youth and adolescents with physical activity opportunities in classroom, school, and before or after school program settings. | |

# II. YAPA Grant Proposal Narrative

**Organization background**

1. What is the population that your organization serves?
2. What is your organization’s experience in working with youth and/or adolescents, and professionals working with youth and/or adolescents?
3. What are some examples of past successes of improving wellness and physical activity of youth and/or adolescents? If you would like to provide data, please provide it in a separate attachment - it will not count towards your 5 page limit.
4. Who are your organization’s key community partners and successful collaborators?

**\*Training/program justification**

1. Please describe the training/program that this funding will be used for.
   1. Is the proposed training/implementation evidenced based?
2. Why is the proposed program good fit for your community?
   1. Who is the main audience and the anticipated reach?
3. What are the intended outcomes of the program and how you intend to measure the impact?
   1. How would you define success for this project?
4. What does your sustainability plan look like upon completion of this project? What other funders are you working with/applying to in the event that YAPA funding is not available.
5. Are you planning on using adaptive physical activity strategies for children with special healthcare needs or incorporating nutrition initiatives? Please explain. (This is not required, but would be helpful for us to know.)

**\*Note:** if you are applying for funding for multiple trainings/programs, please answer the **program justification** questions and **budget** portion for each proposed training/program. You may copy the same organization background for each.

# III. YAPA Grant Budget

**Budget proposal**

Previously funded programs have ranged between $5,000 and $30,000. However, this is subject to change based on allotted grant funding. You will be contacted if this change occurs, and given the chance to alter your budget to fit the funding limitations.

|  |  |
| --- | --- |
| **Fiscal Year (FY) 19/20** | |
| Item | Proposed amount ($) |
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|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | |

**Budget justification** (optional)

If there are any items you feel that you need to explain. Please use this space to do so.

**Timeline**

The YAPA fiscal year beings on October 1st, 2019 and will end on September 30th, 2020. Please provide an estimated timeline for your organizations efforts, pertaining to this grant.

**Thank you for completing this grant application!**

Please email to Emma Smythe at [esmythe@isdh.in.gov](mailto:esmythe@isdh.in.gov) by July 19, 2019 at 5 p.m.