

Enterprise 2015 Healthy Kids, Healthy Families Grant Program

Program Information

Healthy Kids, Healthy Families®

Healthy Kids, Healthy Families (HKHF) began as a three-year initiative designed to improve the health and wellness of at least one million children through community investments by Health Care Service Corporation (HCSC) and its Blue Cross and Blue Shield plans in Illinois, New Mexico, Oklahoma and Texas. Reaching nearly six million children within the first three years, HKHF is now a signature program of the organization and part of an ongoing commitment to invest in and partner with nonprofit organizations that offer sustainable, measurable programs to reach children and their families. The program was recently introduced to HCSC's newest Blues Plan in Montana, who will host their first open grant cycle in 2015.

The HKHF initiative works to promote health and wellness and prevent the progression of related chronic diseases. Areas of focus include:

- Nutrition
- Physical activity
- Disease prevention and management
- Supporting safe environments

Grantees will be asked to report their program's progress, metrics, outcomes and successes approximately one year after receiving funding.

General Information

Organization Information

Organization Name

Legal Name

Also Known As

Street Address

City

State

<Select One>

Zip Code

Telephone Number

Fax Number

Organization Website Address

Additional Organization Information

Mission Statement

Organization Federal Tax ID

43432

Please check here if your organization is an IRS 501(c)(3) not-for-profit.

No

If not, please select your organization's tax code from the following options.

<None>

Organization Type

If you selected "Other" as your Organization Type, please specify.

Contact Information

Primary Contact for this Grant

Prefix

<Select One>

First Name

Last Name

Title E-mail Office Phone

Office Street Address

City State Zip Code
<None>

Executive Director

Prefix First Name Last Name
<Select One>

Office Phone E-mail

Proposal Detail

Impact

Project Title

Request Amount

Support Type

Anticipated length of project (in months)

Project Start Date Project End Date
(Funding is for programs starting in 2016)

Program Area
Please select the program area(s) this grant will support. You can select up to 4 items.
Please note: total must equal but cannot exceed 100%.

If you selected "Other"
in the Program Area
category, please
specify.

Please provide a high level overview of the objectives of the proposed grant.

Please summarize the strategies that you will employ to implement the project (high level activities).

Please outline specific tactics and initiatives to demonstrate how you will address health and wellness in the target population(s) (detailed, day to day activities).

Please provide a short narrative regarding the communities to be served with this proposed grant.

Could include information regarding socioeconomic environment, unique characteristics of communities served, etc.

Please provide a summary of a financial outline identifying how the funds will be used.

For example, materials, staffing, pre and post testing, administrative costs, etc.

Please describe how the program will be staffed and each staff member's role.

Please provide a brief description of the grant sought through the Healthy Kids, Healthy Families initiative.

Required for reporting reasons. Two sentences or less.

Demographics

Number of Children Served in 2015 Grant Cycle

Please do not provide ranges, but a best estimate of how many children will benefit from this specific grant project (e.g., 1200, 120, 3400, etc.).

Predominant Age Group

You may select up to 6 items and the total must equal but cannot exceed 100%. Please note that 'All Age Groups' indicates that age is not a main factor of the grant.

Specific Populations Served

You may select up to 7 items and total must equal but cannot exceed 100%. If populations served are not specific, please select 'General Population'.

Predominant Ethnicity

You may select up to 7 items and the total must equal but cannot exceed 100%. Please note that 'All Ethnicities' indicates that ethnicity is not a main factor of the grant.

Predominant Gender

You can divide your selection between 2 options and the total must equal but cannot exceed 100%.

Predominant Geographical Area Served

You may select up to 3 items that total but do not exceed 100%. Please note that there are National, Multi-Plan and Statewide options if needed.

Level of Impact

Please select from the following options to identify the level of impact you will provide to the majority of people to be served by this grant project.

Referring Blue Cross and Blue Shield Plan

If a specific Plan directed your organization to this application, please select that state below.

Referred By

If your organization was referred to this application by an employee or other associate of BCBS please list that person's name.

Narrative - Organization

Describe the work of your agency addressing each of the following:

A brief description of its history, including experience addressing health and wellness for children and families.

Current programs and accomplishments. Please emphasize the achievements of the recent past, especially those focusing on children, family and community health and wellness.

In regards to this specific project proposal, your organization's relationships or collaborations (both formal and informal) with other organizations working to meet the same needs or providing similar services.

Could include information regarding; staffing, space, specific target population skills, program implementation knowledge, etc.

Narrative - Evaluation

Evaluation

Please explain how you will measure the effectiveness of your activities. How will you know you have succeeded?

List any metrics, outcomes or measurables you are able to track.

Please describe the tools and metrics you will use to evaluate your success.

Examples could include surveys, pre/post testing, explanation and number of services provided, etc.

Financial Information

Finances

Total Project Budget

Projected Funding Sources

List committed and pending sources of funding for the proposed project, or for the organization if requesting general operating support for one year (i.e. ABC Employee Fund-- \$10,000 pending, XYZ Foundation-- \$20,000 committed).

Recognition Opportunities

Specify how BCBSNM would be recognized if funding is provided.

