Resident Health Promotion Projects (RHPPs) are neighborhood-based, small-scale community-improvement efforts that local residents design and implement with their neighbors to improve some aspect of community health and well being. These “mini-grants” *are not* intended to replace funding from other more traditional streams (e.g., city or village budgets, program budgets). Rather, they *are* intended to encourage residents to get involved in the larger work of the Neighborhood Health Status Improvement Initiative projects.

From the asset-based community development perspective, offering an opportunity for groups of residents to work together to design and implement *their own ideas* for health improvement is an effective way to:

* Demonstrate the kind of trust and confidence residents may need in order to feel valued as community partners and co-producers of health,
* Engage groups of residents as critical actors in goal definition and plan implementation for the broader NHSII objectives, and,
* Establish a pattern for ongoing involvement and ownership among everyday people.

**GOALS:**

* Bring people together to work collectively for the good of the neighborhood, and increase the sense of pride in the community and its people.
* Recognize and acknowledge residents as critical contributors to neighborhood health and well being.
* Provide opportunities for small-scale, creative, resident-driven solutions to issues that have an impact on the physical, social, or economic health of the neighborhood.

**APPLICATION AND IMPLEMENTATION PROCESS:**

1. A group of residents develop a doable idea, identify partners, gather participants, locate donations, and create a work plan.
2. The resident group completes a Resident Health Promotion Project application.
3. The NHSII Project Coordinator obtains approval for the project internally, via whatever protocol it has designed for this purpose.
4. The Project Coordinator submits the proposal to the Greater Rochester Health Foundation for approval.
5. The resident group implements the project according to plan, retaining all receipts to support their work.
6. The resident group notifies the Project Coordinator of project completion.
7. The applicant group showcases and promotes the work if appropriate.

**WHAT TYPES OF PROJECTS ARE ELIGIBLE FOR SUPPORT?**

1. All projects that address some aspect of community health and well being will be considered.
2. This includes beautification or improvement of public spaces, activities or events for residents that address physical, social, or economic health with a positive theme.
3. Realistic and well planned projects that include as many residents as possible.

**WHAT TYPES OF PROJECTS ARE NOT ELIGIBLE FOR SUPPORT?**

1. Projects that are not accessible to, and do not benefit the entire neighborhood; projects for which any single individual or group of individuals benefit personally.
2. Projects completed on private property; projects that pay salaries to individuals.
3. Purchase of tools/equipment not available to all residents; purchase of electronic equipment (i.e., video cameras, radios, telephones, video/audio recorders, televisions, etc.) without special approval.

***Be creative, involve others, make a plan for community***

APPLICATION

Application #

Name of resident leader/primary applicant:

Names of other residents who will participate in planning and implementation (at least 2 others):

Name of the project:

Primary contact person:

Telephone:

Mailing Address Including ZIP Code:

Alternate Contact Person:

Telephone:

Answer all of the following questions thoroughly. Attach additional sheets if necessary to illustrate plans or details.

1. **Where** will the project take place (e.g., neighborhood, town, village, address)?
2. **Describe the project** you are proposing.
3. **Explain the health improvement** issue(s) the project will address and describe how this is designed to happen (e.g., beautification, youth, crime/drugs/alcohol, skills, social well being, housing, economic well being, other).
4. **Describe** how you will ensure that healthy foods and activities are incorporated into the project.
5. **How many** community residents will be involved in designing and implementing the project? **What will they do**? What tasks and activities will they complete?
6. **How many** community residents will be reached/impacted by the project?
7. **What is the larger benefit** of your project to the residents of the neighborhood? What is the expected impact on the physical, social, or economic health of the neighborhood?

TOTAL FUNDING REQUESTED: $

Describe the budget and how this money will be spent; be sure to obtain estimates for each cost anticipated.

**Primary Contact Person Signature and Date:**

**Alternate Contact Person Signature and Date:**

**Endorsement from NHSII decision-making representative**

Attach photos, drawings, or other types of supporting material if needed.

PROJECT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROJECT AWARDED ON: (date)

**Project Coordinator Signature and Date:**

PROJECT COMPLETED ON: (date)

CLOSE OUT SHEET AND RECEIPTS FOR PURCHASES SHOULD BE KEPT ON FILE