



City of Hyattsville

Health Wellness and Recreation Thrive Grants Program

Program Description

Part of the Health Wellness and Recreation Advisory Committee's mission is to coordinate community engagement initiatives to encourage healthy lifestyles. It is important that these initiatives are not just created for the City of Hyattsville community but that they are initiated and developed from the Hyattsville community as well. The Thrive Grants program is intended to foster overall community participation in the promotion of health, wellness, and recreation activities in the City of Hyattsville. This program will fund initiatives created by individuals, organizations, and businesses, that live, work, play, and thrive in the city. Examples include, but are not limited to, projects or initiatives promoting and engaging residents in healthy eating, promoting and engaging residents in active living, promoting and engaging residents in designing healthy communities, or developing public awareness campaigns.

Applicants will be able to apply for up to \$500 per project.

Eligibility

The program is open to individuals, incorporated organizations and businesses working within the city limits of the City of Hyattsville to promote health, wellness and recreation activities among the residents of Hyattsville and its visitors. If the applicant is an individual, an incorporated organization or business must accept the funds on their behalf and will be responsible for reporting the final use of the funds to the Hyattsville Health, Wellness and Recreation Committee and the City of Hyattsville. Individual applicants must be at least 16 years old. Applicants younger than 16 will be considered with an adult co-sponsor.

Application requirements

Applicants must complete all parts of the application by the application deadline. Organizations and businesses applying for funding must include the signature of an authorized official. Authorized officials include the president, CEO, CFO, or board chairperson. Applicants applying as an individual must provide the signature of an authorized official for their sponsoring organization.

Application Cycle and Key Dates

Complete applications must be submitted by 5 PM ET on January 17, 2020.

Funded project recipients should submit a brief funding report by 5 PM ET June 12, 2020.

Submission should be made via email to Cheri Everhart, CEverhart@hyattsville.org or by mail to:

City of Hyattsville
Health Wellness and Recreation Thrive Grant Program
3rd Floor
4310 Gallatin Street
Hyattsville, MD, 20781

Hand-delivered applications should be brought to the third floor of 4310 Gallatin Street during regular business hours. Do not leave the application in any other City office.

QUESTIONS: Questions about the Grants Program should be submitted in writing to Cheri Everhart, CEverhart@hyattsville.org.

Selection Process and Selection Criteria

Applications will be reviewed by the City of Hyattsville's Health, Wellness and Recreation Advisory Committee and then submitted to the Mayor and City Council for approval of awards. Funds will be disbursed upon funding award approval and must be spent prior to May 31, 2020.

Priority considerations are given to applications that meet one or more of the following:

- impact large groups of city residents,
- facilitate partnerships amongst diverse sectors
- integrate the arts,
- target low-income residents,
- target areas identified by community survey responses and community assessments.



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Section 1 – Contact Information

1. Applicant Information

Applicant Name:	
Applicant Position:	
Applicant Organization (If applying as an individual, please enter “Individual” and complete section 1.2):	
Applicant Email Address:	
Applicant Phone Numbers:	

Adult co-sponsor for minors:	
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2. Supporting Organization Information

If applying as an individual, enter the name of organization that will accept the funding on your behalf otherwise please skip section 1.2.

Supporting Organization:	
Authorized Official Name:	
Applicant Position:	



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Applicant Organization (If applying as an individual, please enter "Individual"):	
Applicant Email Address:	
Applicant Phone Numbers:	

Section 2 – Description of Grant Request

Title of Project:	
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Project Description

Please describe the project for which you are seeking funding (one page limit).

Project Goals and Objectives

Briefly describe what the project would accomplish with Thrive Grant Funding (one page limit)

Expected activities

Briefly list the major activities that would be undertaken to support the goals and objectives (one page limit)

Expected outcomes

List expected tangible results (one page limit)

Project Start Date:	
Project End Date:	



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Section 3 – Project Details

What topic areas does the project address? (Check all that apply)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Nutrition |
| <input type="checkbox"/> | Physical Activity |
| <input type="checkbox"/> | Obesity |
| <input type="checkbox"/> | Diabetes |
| <input type="checkbox"/> | Cardiovascular Health |
| <input type="checkbox"/> | Mental Health – Stress Management, Isolation |
| <input type="checkbox"/> | Substance Abuse |
| <input type="checkbox"/> | Environmental Health Issues |
| <input type="checkbox"/> | Health effects of Climate Change |
| <input type="checkbox"/> | Other (Please Specify) |



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What population you are focusing on? Select all that apply.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Not applicable |
| <input type="checkbox"/> | Adolescents |
| <input type="checkbox"/> | African-American / Black |
| <input type="checkbox"/> | Asian |
| <input type="checkbox"/> | At-Risk/Vulnerable Populations |
| <input type="checkbox"/> | Children & Families |
| <input type="checkbox"/> | Individuals with Disabilities |
| <input type="checkbox"/> | Elderly |
| <input type="checkbox"/> | Foster Youth & Families |
| <input type="checkbox"/> | Hispanic / Latino |
| <input type="checkbox"/> | Homeless Populations |
| <input type="checkbox"/> | Immigrants & Refugees |
| <input type="checkbox"/> | Incarcerated or Formerly Incarcerated Populations |
| <input type="checkbox"/> | LGBTQ Communities |
| <input type="checkbox"/> | Low-Income Communities |
| <input type="checkbox"/> | Men's Health |
| <input type="checkbox"/> | Migrant Workers |
| <input type="checkbox"/> | Military /Veterans |
| <input type="checkbox"/> | Native Alaska |
| <input type="checkbox"/> | Pacific Islanders |
| <input type="checkbox"/> | Parents & Families |
| <input type="checkbox"/> | People Living with HIV/AIDS |
| <input type="checkbox"/> | People with Addictions |
| <input type="checkbox"/> | Poor / Economically Disadvantaged |
| <input type="checkbox"/> | Single Parents |
| <input type="checkbox"/> | Tobacco Users |
| <input type="checkbox"/> | Tribal Communities |
| <input type="checkbox"/> | Victims of Crime |
| <input type="checkbox"/> | Women's Health |
| <input type="checkbox"/> | Youth |
| <input type="checkbox"/> | Other (please specify) |



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What wards are affected. Select all that apply.

- | | |
|--------------------------|------------------------|
| <input type="checkbox"/> | Ward 1 |
| <input type="checkbox"/> | Ward 2 |
| <input type="checkbox"/> | Ward 3 |
| <input type="checkbox"/> | Ward 4 |
| <input type="checkbox"/> | Ward 5 |
| <input type="checkbox"/> | All Wards |
| <input type="checkbox"/> | Other (please specify) |

Section 4 - Financial Information

Amount Requested:

Check Should be Payable To:

Detailed Budget Outline (attach):

DEADLINE: Complete applications are due by 5 PM ET on January 17, 2019