

# ECUMENICAL MINISTRIES *of* OREGON

## INTERFAITH FOOD AND FARMS PARTNERSHIP/CONGREGATIONAL WELLNESS PROJECT

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## Congregational Wellness Mini Grant Program

### Program Summary, Rating Criteria, Application Form & Instructions

#### **1. Program Overview**

##### *Purpose of the Program*

The main goal of the Congregational Wellness Project and Mini Grant Program is to involve faith communities in preventing childhood obesity and related chronic diseases, within their congregations and in the community, through policy and environmental changes so that healthy eating and physical activity choices are accessible to all. The focus is on congregations as a whole as well as neighborhood environments, instead of on educational programs or individual eating and physical activity behavior. Shifting an entire environment, instead of individuals' behavior, is more effective since healthy choices become the easy choices even in the long run; this approach can also impact a larger number of people.

The places we live, work, learn, play and worship influence our food choices and our physical activity opportunities and, as a result, they have an impact on our health. Many congregations have significant, but at times underused, assets that can promote health, such as: people with healthy food knowledge and kitchens for cooking healthy meals, outdoor play areas and gyms, land for gardens, and people inspired to work for health equity in the community. This program hopes to enhance those assets and make better use of them, while building local leadership around community wellness. For more information on obesity and how your faith community can address it, see *Appendix A* and <http://www.faithandwellness.org>.

##### *How the Congregational Wellness Project Started*

The Congregational Wellness Project grew out of Ecumenical Ministries of Oregon's (EMO's) work on community food security over the past 13 years under the organization's Interfaith Food and Farms Partnership (IFFP). IFFP empowers faith communities, farmers and neighborhoods to create innovative partnerships for just and sustainable food systems that promote community health. IFFP launched the Congregational Wellness Project in 2008 as a pilot effort funded through a Robert Wood Johnson Foundation faith-based advocacy initiative. Providence Partners in Health program is supporting EMO's continued wellness work with congregations, and they provided the funding for this mini grants program. EMO works with the Benton and Multnomah County Health Departments and other partners as well.

## **2. Who Can Apply for Congregational Wellness Mini Grants**

Mini grants are for projects at or led by faith communities in Oregon and Southwest Washington, with the goal of preventing childhood obesity and chronic diseases. To be eligible, you must:

- Be a member, staff or clergy of a faith community or part of a coalition of congregations.
- Have a committed leader, or ideally a team, willing to guide and finish the project.
- Have done an assessment of your faith community's environment and drafted a plan for healthy changes in policies, systems and practices, and how you use your buildings and land, using EMO's Congregational Health Index (CHI) tool. The CHI can be found at <http://faithandwellness.org>, where you can also learn more about childhood obesity, healthy eating and active living, and how to create healthy communities. Most of us first think about individual behavior and responsibility when considering wellness and obesity, so the assessment process is an important part of developing a "systems, policy and environmental change" mindset for promoting community health. The assessment process also helps you develop leadership around wellness issues and efforts, and come up with a realistic action plan to create health-enhancing environments.
- Faith communities new to the Congregational Wellness Program will be given priority.

## **3. What Kinds of Projects are Eligible?**

Your project should result in a lasting environmental change that is likely to contribute to healthy eating and active living and obesity prevention in your target community. Examples to consider:

- Installing or improving an indoor or outdoor play area, track or trail, or a bike rack open to your congregation and the community. These structures could be on your property or somewhere else in your neighborhood.
- Putting in or expanding a vegetable garden to provide fresh produce (and exercise) for congregants, neighbors, your public events and programs, and local emergency food programs. Think about using raised beds or other containers if you don't have enough unpaved ground for planting, or partnering with other groups and their land.
- Hosting a farm stand or healthy foods buying club on your congregation's property to benefit you and your community.
- Creating a healthy eating policy for your congregation and programs or ministries you run that spells out what types of healthy foods will be purchased and served. You can back it up with a well-equipped kitchen for cooking and serving healthy choices and some nutrition and cooking education to make the policy successful.
- Creating a physical activity policy so your community will make movement a regular part of your time together. You can back up the policy with building improvements, sports equipment, and some awareness-building. You could also open your building to a group or non-profit program in the community that needs a safe, affordable place to get active – or take advantage of a nearby location for your congregation if you are short on space. "Joint use agreements" are a way to make this sharing official and to protect building users and owners.

<p>Laura Raymond, Congregational Wellness Project Coordinator in the Portland area, welcomes your questions and comments about project ideas, and she is happy to assist you with your application. Contact Laura at: <a href="mailto:lraymond@emoregon.org">lraymond@emoregon.org</a> or (503) 939-7507.</p>
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## 4. What Mini Grant Funds Can Cover

Mini grants can be used to fund the following types of items:

- **Improvements to your property that help congregants (and ideally neighbors too) access healthy, affordable and culturally-appropriate foods and physical activity.**  
For example: a) a community garden or farm stand on your land (paying for soil testing, de-paving equipment, raised bed materials, seeds, tools, or tables and signage for produce sales); b) a bike rack (parts and labor); c) an active indoor or outdoor play space (paint or stencils for blacktop areas, tetherball pole, basketball hoops, a play structure); or d) kitchen upgrades to be able to serve healthier home-made meals (a new stove or energy-efficient refrigerator, materials to build shelves to store healthy foods for cooking). Ideally, your project will include guidelines or policies stating that you intend to use these resources to improve health, and when, so they will get used to their full potential.
- **Equipment or supplies to support a healthy eating or physical activity policy.**  
Examples: a) cooking equipment or food service upgrades to back up a policy to provide more fruits and vegetables and low-calorie drinks at your gatherings (buying a complete tea service for serving unsweetened tea with low-fat creamer instead of soda pop, water pitchers, a salad spinner and knives for preparing produce, dishes for baking foods instead of frying); or b) sports equipment to back up a policy to include movement during religious education and social times (a stereo for dancing, jump ropes, exercise mats, etc).

Mini grants cannot be used for items that do not clearly lead to a wider range of healthy eating and active living choices in your environment, such as:

- **Food for an event;** however, you could invest in bulk purchases of plain tea or produce bought directly from local farmers through a formal agreement that will create ongoing opportunities for healthy eating, if items help you implement your action plan or policies.
- **Classes that do not help participants gain long-term skills, or that are only temporary sources of support,** such as an exercise class that meets for a set time period or a one-time cooking demonstration. However, if classes build skills that help participants create healthy atmospheres, they may be within guidelines e.g: trainings to help your kitchen staff or volunteers buy and cook healthy foods on a budget; or sending your wellness team to a training on starting a garden or drafting health policies.

## 5. Information about Timeline and Size of Grants

At this time, EMO has \$5,000 to award and we anticipate grants will range from \$100 to \$1,500. We encourage you to seek matching funds. Projects can go from January 2011 through June 2011, with some flexibility; if you need a slightly different timeline, please check with EMO. Applicants will be notified by December 31, 2010, whether or not you will be receiving a grant. Grantees will sign a letter of agreement and should expect payment in early January 2011.

## 6. Rating Criteria: How Applications Will be Scored

A panel of community members and organizations will review your application. They will give points based on: how complete and clear your application is, if your project has the potential to increase access to healthy food and physical activity, expected long-term impact and how many people it will reach, if your project considers health equity, and if you have leadership and enough support or experience to be successful. (*See Appendix B for details on rating criteria.*)

## **Ecumenical Ministries of Oregon's (EMO's) Congregational Wellness Mini Grant Proposal Forms**

### **Proposal Checklist:**

- ☐ Completed Application Cover Sheet (on 2 pages, before the scored sections)
- ☐ Completed Proposal Narrative (Sections 1-7)
- ☐ Budget Narrative (Section 8)
- ☐ Letters of support or agreements with partners
- ☐ Up to three attachments that provide "evidence of policy change readiness," if relevant, such as CHI score cards and action plans. These attachments may not exceed 10 pages in length; highlights, excerpts and partial documents are acceptable.

### **Instructions:**

- Read through the whole application form before you begin and answer each part as clearly and briefly as you can. Be sure to answer all parts of each question.
- Please use 12 point font and 0.75" or wider margins. Please also be sure to stay within page limits. The Cover Sheet should be no more than two (2) pages. The Proposal Narrative (sections 1-7) should be no more than five (5) pages. The Budget Narrative should be on one (1) page.
- Fill in blanks, replacing the instructions with your own information in the boxes and tables provided, or type your answers into a separate document, without using the form (but be sure to stick to the page limits for each section).
- Complete the Budget Narrative.
- Collect "Letters of Agreement or Support" from partners and "Evidence of Policy Change Readiness," if you are including it, such as your CHI score cards and action plan.
- Submit your proposal and attachments by email or by hard copy mailed or dropped off at the address below. Pdf files are preferred; no docx files, please.
- **Proposals must be received by 5:00 PM on Wednesday, December 1, 2010.**
- Late proposals or those not following these instructions will not be considered.

### **Proposals may be emailed, mailed or dropped off to:**

**Email:** faithandwellness@emoregon.org  
**Mail:** Congregational Wellness Project, Mini Grants Program  
Ecumenical Ministries of Oregon (EMO)  
0245 SW Bancroft Street, Suite B  
Portland, Oregon 97239  
**Drop off:** Front desk, in Suite B on the main floor of the Interchurch Center for hand delivered applications.

The Congregational Wellness Mini Grant application form follows; forms are also available on Ecumenical Ministries of Oregon's (EMO's) website: <http://www.emoregon.org>.

## Congregational Wellness Mini Grant Program

## APPLICATION COVER SHEET (Limit of 2 pages)

## Applicant information

<b>Organization</b>	
<b>Director's Name</b>	<b>Director's Title</b>
<b>Director has approved proposed project</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Contact Name</b>	<b>Title</b>
<b>Street Address 1</b>	<b>Street address 2</b>
<b>City</b>	<b>County</b>
<b>State</b>	<b>Zip</b>
<b>Email 1</b>	<b>Email 2</b>
<b>Phone 1</b>	<b>Phone 2</b>
<b>Web site</b>	
<b>Are you submitting a proposal with other partners?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, who are your partners?</b>

## Project Summary

*In one paragraph, please summarize your project.*

- *What are your goals and primary activities?*
- *What impact do you expect to have?*
- *Who will benefit?*

## Congregational Wellness Mini Grant Program

### APPLICATION COVER SHEET (Page 2 of 2)

#### Focus Area and Population

##### Describe the Population Your Project Will Benefit

- *Who will benefit from your project? Include the number of people you will reach, and information such as the population's age, racial/ethnic and cultural backgrounds, income levels and access to community resources.*
- *Why did you choose this group or groups?*

##### Geographic Community or Communities

- *In what geographic areas will you be working (city/town, specific neighborhoods)?*
- *Why did you choose these areas?*

# Congregational Wellness Mini Grant Program

## PROPOSAL NARRATIVE (Limit of 5 pages for questions 1-7)

### 1. a) Selected Activity or Activities (30 points)

#### Proposed Activities; Steps You Will Take for Each; & Why You Chose these Activities

- *Describe the activity or activities you will be doing with your mini grant. List specific steps you will take for each proposed activity.*
- *Describe why you chose the activities: How each activity is a good fit for your focus community/population; how the activities meet specific needs for addressing obesity in this community; how the activity gets around obstacles or challenges; how the activity builds on current work, opportunities or assets in the community; and how it fits the community's culture.*

*A sample answer could look something like:*

#### **Activity 1) Provide a new bike rack on our congregation's property.**

Step 1: Collect information on different types of bike racks.

Step 2: Lead a discussion with our congregation about options and decide which to pursue. (Involve congregation in decision-making and shaping the project, both so they will support the project, but also so they will gain knowledge and experience around biking for health. Conduct conversations in Spanish and Haitian Creole so that all ethnic groups in our community can participate.)

Step 3: Decide where to place the bike rack.

Step 4: Hold a volunteer day with congregants and neighbors to install the bike rack. Etc.

#### **Activity 2) Create a healthy eating policy for all gatherings that promotes fresh produce and plain water instead of higher calorie drinks.**

Step 1: Research similar policies to get ideas.

Step 2: Ask our clergy and congregation what they would like such a policy to include.

Step 3: Draft the policy and get feedback.

Step 4: Think about ways to make the policy most successful and commit to 3 of them. Etc.

## 1. b) Coordination with Partners, Collaborators and/or Sub-Contractors

### Partners

- *How will you work with partners? Briefly describe who your partners are, what role each will be taking in the project, and the name of the lead staff person or volunteer.*
- *If possible, provide “letters of support or agreement” from these partners.*

## 2. Consideration of Health Inequities/Social Justice (15 points)

### How Activity(ies) Will Reduce Health Inequities

- *Describe health inequities your selected population experiences and how your activities will address those inequities.*

## 3. Potential Impact (15 points)

### Number of People Impacted by Activity

- *How many people will each activity impact? How did you arrive at this number?*
- *What is the expected impact on community health (e.g. participants will eat more fresh produce and get an additional 30 minutes of exercise twice a week)?*
- *What other positive impacts do you expect (e.g. development of new skills and leaders, new collaborations, etc.)?*

## 4. Sustainability (10 points)

### How Activity Will Have a Lasting Impact after Funding Ends in June 2011

*How will the activity or activities continue to have an impact after the mini grant work ends? Describe the lasting impact and how it will be sustained. If the activity will not be complete by June 2011, describe how much work needs to happen within the funding period to ensure the policy, system, or environment change will be completed within 1 year?*



## 5. Organization Capacity and Experience (10 points)

### Past Experience Doing Similar Activities & Training and Skills of Proposed Project Leaders

- *Describe your congregation's and project leaders' experience making policy, system and environment changes similar to the one(s) you propose.  
(Experience can include developing or updating guidelines and policies, organizing volunteers, working on a community project with various partners, or other skills and experience that will contribute to a successful project.)*
- *Have you worked on healthy communities issues before?*
- *For specific skills and activities that your project team is lacking, how will you get training or assistance to complete the activity?*

### Resources Available for Carrying Out Proposed Work

*Describe your congregation's or organization's resources related to your proposed activities, including space, leadership, staff or volunteers already in place.*

## 6. Community Involvement (10 points)

### Community Involvement in the Project

- *How is the community to be impacted by this project involved in planning and carrying out project activities?*

## 7. Feasibility of Completing the Project within (or Shortly after) the 6-month Grant Period (10 points)

*Describe how you are prepared to begin your project immediately after receiving a mini grant, and why you think you can complete the proposed activities between January and June 2011. If you need a slightly different timeline to be successful, please describe it and why it is necessary. What parts of the work can you finish by June 30, 2011?*

## 8. Budget Narrative

In a short paragraph or two paragraphs, please include information on both the resources and funding you are seeking or have in hand (income) and on the estimated cost of your project along with details on each budget item (expenses):

### ***For Income:***

Please describe sources of funding and amounts that you have received for the project thus far, requests that are pending, and requests that you will pursue. Also note the amount you are requesting from the Congregational Wellness Mini Grant Program. Please list “in-kind” donations separately, what they are for, their value, and the source of the donation. “In-kind” donations are when someone gives you materials or provides a service for free or at a discount.

### ***For Expenses:***

Please describe the total estimated cost of your proposed project. List each budget item, your estimated cost for it, and detail showing how you arrived at the proposed budget for each line item. Budget categories may include: Consulting fees (such as for a garden designer or carpenter), supplies or materials, equipment, and other items needed to complete your project.

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### ***Example of a Budget Narrative:***

Our congregation’s garden project will cost an estimated total of \$5,000. We are requesting \$1,500 from the Congregational Wellness Mini Grants program. We applied for a \$2,000 grant from our denomination’s national office and expect to receive that in December 2010. We will seek \$100 in donations from individuals in our congregation, and another \$1,400 of the budget will be covered by the following in-kind donations:

- Our congregation will contribute 20 hours of Jodi Staffperson’s and Ramon Staffperson’s time, plus any needed administrative support, for an estimated value of \$500.
- Two volunteers will provide 10 hours of labor each, for tilling the ground, building structures and planting, for an estimated value of \$300 (or \$15 an hour).
- Fran Consultant will contribute 4 hours of garden design work at no charge, for an estimated value of \$600.

Budget expenses will include:

- **Consultants:** Fran Consultant is budgeted for 20 hours @ \$150 per hour = \$3,000. As noted above, she is providing an extra \$600 of her time in-kind. She will talk to our community about what we want in our garden, develop a garden plan, and work with us as we install the structures and plant.
- **Administrative Support:** Staff will cover administrative time (above), valued at \$500.
- **Labor:** The \$300 estimated cost of labor for building the garden will be covered in-kind.
- **Supplies/Equipment:** We estimate \$600 in expenses for: lumber to build garden barriers, soil, seeds, a hose, and fertilizer.

The \$1,500 Mini Grant would be used for supplies/equipment, and towards the consultant’s time.

# **Appendix A**

## **Congregational Wellness Mini Grant Program Background Information**

### **How Widespread is Obesity and Why is it a Concern?**

Nationwide, 67% of adults are either overweight or obese (*National Center for Health Statistics, 2008*), and the rate of childhood obesity keeps going up too. Currently, 35% of children in the U.S. are overweight or obese (*National Survey of Children's Health, 2007*); children struggling with overweight seem to be getting heavier, and at younger ages. In Oregon, we are doing slightly better, staying roughly even, but our overweight and obesity rates are not going down. Data from 2007 (*from Oregon Behavioral Risk Factor Surveillance System and the Oregon Healthy Teens Survey*) showed that 26% of Oregon 8<sup>th</sup> graders were either overweight or obese – a 17% increase since 2001 – and 61% of adults were overweight or obese – a 140% increase since 1990.

Extra weight can be a sign that we are not as healthy as we could be, and obesity is strongly linked with serious chronic health problems like heart disease, stroke, diabetes, as well as some cancers. We know that overweight kids are more likely to become obese adults, and that child obesity is creating a generation of children who are on the path to more health problems, and possibly shorter lives (by 2-5 years), than their parents (*New England Journal of Medicine, 2005*). Type 2 diabetes, high cholesterol and high blood pressure, once rare in children, are starting to become more common. If environmental and behavioral conditions that contribute to obesity do not change, we can expect that one in three children born in the year 2000 will develop type 2 diabetes (*Centers for Disease Control and Prevention, 2003*). Check the [faithandwellness.org](http://faithandwellness.org) website for more information on childhood obesity and what you can do to reverse it.

Our environments – at work, home, school, in our neighborhoods and congregations – shape our health, because they determine whether or not we will have healthy options for eating and getting active. Over the past two decades, these environments have changed drastically, often in ways that make it much harder to follow a healthy lifestyle. For example, fast food and other unhealthy options are often cheaper and easier to find during our daily routines, and neighborhoods may not have safe areas for kids and adults to play actively outdoors. Within our congregations, we are faced with a number of these challenges – but also opportunities – around healthy decision-making. The Congregational Wellness Project, Congregational Health Index and [faithandwellness.org](http://faithandwellness.org) website can help you make the most of these resources so that everyone in your midst will have access to healthy food and safe physical activity.

## **Appendix B**

### **How Applications Will be Scored**

<b>Rating Criteria</b>	<b>Points</b>
<b>1. Focus of the Project and Activities Selected</b> <ul style="list-style-type: none"> <li>Is it clear what the outcome or product of the activities will be, and who will benefit?</li> <li>Are there clear steps described to implement the activities?</li> <li>Do activities meet community need(s) and build on community assets and opportunities?</li> <li>Are the activities likely to create environments that make healthy eating and active living choices available to everyone in the target community?</li> </ul>	30
<b>2. Consideration of Health Inequities/Social Justice</b> <ul style="list-style-type: none"> <li>How likely is it that the activities will reduce health inequities by providing equal or greater benefits to people affected by inequities (often people with limited incomes and communities of color)? Are activities led by communities affected by inequities?</li> <li>Are features included to assure cultural appropriateness of proposed activities?</li> </ul>	15
<b>3. Potential Impact</b> <ul style="list-style-type: none"> <li>How many people will the activities affect? What is the expected impact on community health?</li> <li>Are other positive impacts expected (e.g. building new leadership around wellness issues, project management, and partnerships; attracting matching funding or inspiring similar projects in other communities)?</li> </ul>	15
<b>4. Sustainability</b> <ul style="list-style-type: none"> <li>Will the activities have a sustained impact after the funding period, and for how long?</li> <li>Is it clear how the impact will be sustained?</li> </ul>	10
<b>5. Applicant's Capacity and Experience</b> <ul style="list-style-type: none"> <li>What is the applicant's experience, training, or access to resources or partners:               <ul style="list-style-type: none"> <li>Doing activities similar to the one(s) proposed?</li> <li>Advocating for changes in policy, systems and environments?</li> </ul> </li> <li>If the applicant has limited experience or training in these areas, how do they plan to use community resources to be successful?</li> </ul>	10
<b>6. Community Involvement</b> <ul style="list-style-type: none"> <li>How are members of affected communities involved in planning and carrying out activities?</li> <li>Does the applicant demonstrate community support and partnerships?</li> </ul>	10
<b>7. Feasibility of Completing the Project within the 6-Month Timeframe</b> <ul style="list-style-type: none"> <li>Is there a leader or team in place to accomplish the work?</li> <li>Are clergy, staff, congregation members and other leaders supportive of the project?</li> <li>Are the objectives realistic?</li> <li>Has the applicant used the CHI to define their project and to better understand this unique (entire setting vs. individual behavior) approach to community health?</li> <li>Are there letters of agreement showing that necessary partners agree to participate?</li> </ul>	10
<b>GRAND TOTAL</b>	<b>100</b>