

**RACIAL AND ETHNIC APPROACHES TO community HEALTH/LEAD DeKalb**

**CONTACT INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Community-Based Organization | | | | |  | | | | | | | |
| Street Address |  | | | | | | | | | | | |
| City/State/Zip Code |  | | | | | | | | | | | |
| Website address |  | | | | | | | Facebook | | |  | |
| Twitter |  | | | | | | | Other | | |  | |
| Organization Type | ❒ Nonprofit – 501(c)3 | | | | | | ❒ For profit | | | ❒ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Contact Name |  | | | | | | | |  | | | |
| Contact Information | Email | |  | | | | | | Fax: | |  | |
|  | Phone | | Work: | | |  | | | Cell: | |  | |
|  |  | |  | | |  | | |  | |  | |
| Director’s Name |  | | | | | | | Phone | | | |  |
| Director’s Signature | (required) | | |  | | | | | | | |  |
| Amount requested |  | $ | | | | | Date | | | | |  |
|  |  | *Cannot exceed* ***$15,000*** *total* | | | | |  | | | | |  |

***Community-Based Organization Afterschool Program***

***Questionnaire***

***Submit questionnaire with proposal.***

Please provide answers to the following questions:

1. What is the demographic make-up at your after-school program?
   1. Race/ethnicity
   2. Average age of child participants
   3. Average income of participants’ household
2. Approximately what percentage of your program participants reside in DeKalb County?
3. Some community members may have challenges getting to and from your facility. Are there any MARTA stops within proximity of the facility? If so, how many? If not, is free transportation provided to access your program?
4. Does your facility have the capacity to seat and train parents in the Parent Health Ambassador Program? What technological capabilities do you have? (i.e. wifi, projectors, etc)
5. Briefly describe the type of snacks/meals does your organization offer after-school program participants?

a. Do you currently have a person in charge of procurement?

b. Do you have a procurement/contracting process for purchasing food and selecting vendors for the food service?

c. Do you have an organizational policy that addresses nutrition standards and/or limits the types of foods/meals/snacks you can serve in your after-school program?

1. How many children and youth attend your after-school program?
   1. Number of individuals
   2. Are the parents of your participants engaged/involved with activities at your after-school program? If so, to what extent?
   3. Does your organization have any experience in recruitment and retention of parents and volunteers for your after-school program?
2. The food environment describes the physical, social, economic, cultural, and political factors that impact the accessibility, availability, and adequacy of food within a community or region. A healthy food environment provides equitable access to healthy foods such as fruits, vegetables, whole grains, and healthy snack options in various food retail outlets. Briefly describe the food environment of your after-school program. Include your community’s food environment index, using the countyhealthrankings.org tool. (250 words or less)
3. Please submit an implementation plan detailing how you will use the Parent Health Ambassador Program to engage the parents of your after-school program participants to address food service guidelines and nutrition standards. Include any marketing, promotion, and/or communications plans. (500 words or less)
4. Tell us why you would like to partner with the DeKalb County Board of Health and how addressing nutrition standards and food services guidelines will be beneficial to the population that you serve. Also, include any current or previous work around organizational nutrition policy, food service guidelines, and nutrition standards.