

# Aitkin County Statewide Health Improvement Partnership (SHIP)



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## SHIP Coordinator



healthy  
northland  
STATEWIDE HEALTH IMPROVEMENT PARTNERSHIP

## 2023

### Community Partner Funding Instructions

#### Background Information

The Statewide Health Improvement Partnership (SHIP) invests in creating opportunities in partnership with communities that lead to equitable, healthy, and positive conditions that promote the health and well-being of all Minnesotans. Aitkin County SHIP works locally to support these efforts.

As indicated in Minnesota Statute, Section 145.986, SHIP's purpose is to:

- Address the leading preventable causes of illness and death such as commercial tobacco use or exposure, poor diet, and lack of regular physical activity, and other issues as determined by the commissioner through the statewide health assessment;
- Promote the development, availability, and use of evidence-based, community level, comprehensive strategies to create healthy communities; and
- Measure the impact of the evidence-based, community health improvement practices which over time work to contain health care costs and reduce chronic diseases.

SHIP works to prevent chronic conditions by supporting the implementation of action plans that create sustainable policy, system and/or environmental (PSE) changes. Such changes expand opportunities for healthy eating, breastfeeding, physical activity, and tobacco-free living as well as support well-being.

## Application Submission

To apply for funding, complete the **application and budget**. Please note that they application process may be competitive and are available while funds remain; we cannot guarantee an applicant will receive funding.

Additionally, it is important to note the following:

1. **Allowable expenditures** for Community Partner Funding include:
  - a. Must support or lead to a sustainable SHIP related policy, systems, and/or environmental (PSE) change. Links between the expense and sustainable PSE change must be clear and significant as determined by local SHIP determined by local review committee and MDH.
  - b. Must be able to clearly articulate to community and state-level stakeholders how this PSE expense will improve the health of the community served within the scope of SHIP strategic directions.
  - c. Expenditures \$3,000 or more (require Minnesota Department of Health (MDH) prior approval).
2. **Unallowable expenditures** include things such as cement/sidewalks, clothing, direct treatment of disease or disability, entrance fees to parks or recreational facilities for individuals or small groups, maintenance costs, ongoing subsidies of healthier food alternatives, and replacement of equipment.
3. A **10% partner site in-kind match** toward the total Community Partner Funding award is required.
4. All financial transactions will be on a reimbursement basis only. Grantees shall follow this policy for payment of contracts and mini-grants.
5. All **communications pieces (not including Social Media posts) require prior approval**. This includes all signage. Reach out to your to your SHIP Coordinator for the SHIP logo and/or for use of the following: "SHIP is a state-based program that works at the local level to support healthier communities by expanding opportunities for active living, healthy eating, well-being and tobacco-free living, thereby helping to reduce the leading causes of chronic disease."

## After Submission

Your local SHIP Coordinator and Community Leadership Team will review your application and budget to ensure it meets minimum requirements set by MDH, that the funding request is allowable and to offer support around best practices. We may reach out with questions, ask for additional information, or even ask you to consider additional action or budget line items. If the funding request is over \$3,000 or includes items that require it, we will submit the application along with required documentation to MDH for approval. Once the funding request amount is finalized and when necessary, approved by MDH, and/or our local review committee we will send you a Partner Agreement to review and sign. Once the fully executed (signed) Partner Agreement is on file, we will send you directions about how to invoice us for reimbursement and you are able to begin invoicing for us for approved expenses.

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## 2023 Partner Application Detailed Budget

Please provide a detailed budget for your project. The budget must show a minimum of a 10% match to the Total SHIP Funding Requested for reimbursement. The match may include other funding sources (such as budgeted dollars, donations or other grants) or in-kind contributions (such as staff or volunteer labor). Certain items, may require a greater match. Please connect with your local Aitkin County SHIP Coordinator for more information and for examples of allowable and unallowable uses of SHIP funds.

### Funding Request from Aitkin County SHIP

Describe what you will use the requested Aitkin County SHIP Funding for:		Amount
1.	\$	—
2.	\$	—
3.	\$	—
4.	\$	—
5.	\$	—
6.	\$	—
7.	\$	—
8.	\$	—
9.	\$	—
10.	\$	—
Total SHIP Funding Requested*		\$ —

### Match: Other Funding &/or In-Kind Contributions

Source of Match	Project Expense it will cover		Amount
1.		\$	—
2.		\$	—
3.		\$	—
4.		\$	—
5.		\$	—
Total Other Funding or In-Kind Contributions**			\$ —