



This grant requires that the organization receiving grant funds is a 501c3 nonprofit, municipality or school. The documents listed below are REQUIRED for grant submission. If your organization is not a 501c3, municipality or school you will need to provide the information for the fiscal agent that you have selected.

1. Applicant Contact Information

- a. First Name
- b. Last Name
- c. Phone Number
- d. Email Address

2. Are you the primary contact for this grant?

3. Which type of organization are you applying on behalf for?

4. a. Non-Profit    b. Community Coalition    c. Municipality

5. Non-Profit

- a. Organization Name
- b. 501(3)(c) documentation
- c. Current Tax Form 990
- d. Board of Directors Roster

6. Community Coalition

- a. Organization Name
- b. Fiscal Agent Information (name, title, organization, telephone, email, mailing address) c.
- 501(3)(c) documentation
- d. Current Tax Form 990
- e. Board of Directors Roster

7. Municipality

- a. Organization Name

8. Zip code of community served through this project

9. Project Title

10. Which topic(s) does this project address?

- Open Community Use
- Complete Streets
- Community Gardens



- Farmers' Markets
- Active Community Environments
- Healthy Vending
- Comprehensive Planning
- Bike and Pedestrian Planning
- Healthy Retail
- Healthy Corner Stores
- Worksite Wellness
- Healthy Faith-Based Initiatives
- School-based initiatives
- Youth engagement
- Other

11. Project overview/description. (500 words)
12. Provide a description of the population served by this project. (200 words)
13. What are the key milestones in this project? (75 words per milestone, up to 5 milestones total) (Key Milestones: key actions or events that mark progress throughout the project)
14. How will you know that this project is successful? (75 words each, up to 5 success indicators.) (Success Indicators: data your organization will gather and use to measure success and impact)
15. How does this project support a policy, systems, or environmental change? (200 words)
16. Does this project increase coalition capacity by leveraging funds or engaging new partnerships?
  - a. If yes, describe how. Please include any new partnerships and funds leveraged, if applicable. (200 words)
17. Will this project reach address [health disparities](#) in your community?
  - a. If yes, please explain how, including how you are partnering with the population served in this project. Please include relevant statistics, if available. (200 words)
18. Is there a local health coalition in your county? (The coalition does not have to be a chapter of Eat Smart Move More South Carolina.)
  - a. If yes, are you collaborating with them on this project? Please describe this partnership if applicable. (200 words)
19. Where did you hear about the Let's Go 3.0 Mini Grants?
20. The budget is the final requirement of this grant application. Please use the template available on [esmmsc.org](http://esmmsc.org) and read carefully for specific instructions.