



Working Together to Achieve Excellent Health

# YUKON-KUSKOKWIM HEALTH CORPORATION

## Diabetes Prevention & Control

P.O. Box 528 • Bethel, Alaska 99559 • 907-543-6133 • Fax: 907-543-6143

### 2013 Community Activity & Garden Award Application

- A. Maximum amount your agency can apply for:
  1. **\$5,000.00** for Community Activity Award
  2. **\$8,000.00** for Garden Award
  3. **\$4,000.00** for Previously Awarded Garden Programs
- B. Applications must be postmarked no later than **Friday March 15, 2013**. Applications postmarked after this date will not be considered.
- C. Applications with incomplete or missing information will not be considered.
- D. We do not award funds for salary, travel, gasoline or ammunition, etc.
- E. Please call all your vendor(s) to confirm their shipping quotes to your community.

**Please check which award you are applying for. If applying for both awards, please complete two applications.**

- Community Activity Award**
                    
  **Garden Award**
                    
  **Previously Awarded Garden Programs**

**Contact Information:** Type or legibly print the contact information below:

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Proposed Items to be Purchased:**

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Actual Amount Requesting \$ \_\_\_\_\_

**Award Questions:** Using a separate sheet of paper, answer the following questions. A detailed response to each question increases your chances of being funded. After completing this section remember to attach it to your application.

- A. Has your agency received this type of award in the past? If so, please describe the program and/or equipment that you currently have.
- B. Do you want to begin a new program or enhance your current program?
- C. Please describe the activity for which you are requesting funds.
- D. What age group will be participating in this program?
- E. Explain how you plan to sustain this program in the future.
- F. What positive long-term health benefits do you anticipate this program will have for your participants?

**VENDOR QUOTES:** Contact companies (vendors) that sell the items you are requesting; get a price quote for each item you would like to purchase for this award. Doing this online is the easiest way; then just print the quotes.

**DETAILED BUDGET:** On a separate piece of paper, write out your budget with all your vendor price quote(s) with a total at the end. Be sure to call and confirm all vendor shipping costs from the city it is being shipped from to your



# Yukon-Kuskokwim Health Corporation

## Village Operations Community Health & Wellness Diabetes Prevention & Control Program

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### 2013 Community Activity & Garden Award Applicant's Agreement

If our agency is selected to receive a Community Activity and/or Garden Award from YKHC's Diabetes Prevention & Control Program, we agree to comply with the following conditions:

1. \_\_\_\_\_ We agree to spend these funds only on items described in our application.
2. \_\_\_\_\_ We will request permission from YKHC's Diabetes Prevention and Control Program to purchase equipment **not** mentioned in our application; only if the vendor:
  - a. No longer carries the requested items we ordered and/or
  - b. Went out of business.
3. \_\_\_\_\_ We will complete and submit all the required documents listed below to YKHC's Diabetes Prevention and Control Program by the requested deadline:
  - a. Awardee Tracking Report
  - b. Vendor receipts after all purchases
  - c. Photographs of all purchases

By checking each line and signing below our agency agrees to all the conditions mentioned above. We also understand that if we fail to comply with these requirements we will not be considered for future awards.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency

<b>Before you send this packet, be sure you have enclosed the following (please check):</b>	
_____	Application (one page, completed)
_____	Agreement (this page, checked and signed)
_____	Answers A-F (on a separate piece of paper)
_____	Vendor Quotes (printouts of each quoted item)
_____	Detailed Budget (on a separate piece of paper)

**Revised Date: 1/11/13**