



Bayfield County Health Infrastructure Grant Application

The Bayfield County Health Infrastructure Grant is a community wellness initiative that promotes the health infrastructure of Bayfield County, its residents and visitors. The purpose of this grant opportunity is to provide the community with assistance to create the opportunity for a better place to live by supporting infrastructure for physical activity, promoting health and wellness.

Please complete the following sections of the application and return to BayCoHD@bayfieldcounty.org or by mail to Bayfield County Health Dept., 117 E. 6th Street, Washburn, WI 54891. Application for project proposals must be received **no later than May 31st, 2019**. Awarding of grant amounts shall be at the sole discretion of the Bayfield County Health Infrastructure Committee. Grant funds must be used for pre-approved project costs. For details see please see **Grant Description**. If you have any questions regarding this grant opportunity or the application process, please contact Sara Wartman at Bayfield County Health Department at (715)373-6109 ext. 280 or email BayCoHD@bayfieldcounty.org.

Applicant Information

Name of Municipality or Tribe:

Mailing Address:

Phone: Fax:

Contact Person: Email:

Overview

Project Name:

Purpose of Grant Proposal:

Target Audience

Please describe in 2-3 sentences who will benefit from this project:

Project Description

Provide a detailed description of the project. For example, what are you doing in your project and how will you carry it out?

Project Site

Please provide a photo or sketch of the proposed site for your project with your application.

Location Details:

Is the land publicly owned? Yes No

Has the municipality endorsed this proposed project? Yes No

Goals and Objectives

Please craft goals and objectives. What are you trying to achieve and what strategies will you use to get there?

Goal:	Objectives: 1. 2. 3.
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Timeline

Provide a timeline for the project.

Month(s)	Activities
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Project Completion Date:

Partners and Community Support

Describe the role that community members and collaborating partners will play in this project. Please include at least two letters of support from community members with this application to establish that the project has strong community impetus and determination behind the project.

Project Impact and Sustainability

In 4-5 sentences, please describe the anticipated impact on the community and plans for sustainability for this project after the project is completed.

Would you be willing to have this site listed on an interactive Bayfield County map? Yes No

Budget

Please complete a budget with anticipated expenses for each category of the project both for the grant funds and cost-sharing or match for the grant. Items that have a shaded box are not eligible for grant funds.

	GRANT (A)	MATCH (B)	Estimated Costs (A+B)
Equipment	\$	\$	\$
Materials and Supplies	\$	\$	\$
Labor		\$	\$
Permitting/Other Fees		\$	\$
TOTAL:	\$ (All A)	\$ (All B)	\$

Amount Requested: \$

By submitting this grant application, the grantee agrees to allow photos and a community press release to be published on the finished project. Bayfield County assumes no responsibility or liability for any injury, loss or damage incurred as a result of use of any equipment on completed projects or resulting from construction of grant projects. Thank you for your time completing this application. Grant recipients will be announced by **June 21st, 2019**.