## **Nutrition Access, Affordability, and Education Grant Program Application - 2023**



## **AAMA Member Mayor Verification**

Please select your membership name and city to confirm your AAMA membership. (confirmation provided by AAMA financial records)

NOTE: if your city is not listed please contact Ashley Roberts at info@ourmayors.org.

ty	of Membership (Select 1 option) Requ
	Ahoskie (NC)
	Alexandria (LA)
	Aliceville (AL)
	Atlanta (GA)
	Augusta (GA)
	Aurora (IL)
	Baltimore (MD)
	Baton Rouge (LA)
	Bellwood (IL)
	Benton Harbor (MI)
	Bessemer (AL)
	Beverly Hills (MO)
	Birmingham (AL)
	Bladensburg (MD)
	Bolivar (TN)
	Boston (MA)
	Brooklyn Center (MN)
	Brownsville (TN)
	Brunson (SC)
	Buffalo (NY)
	Charlotte (NC)
	Charlottesville (VA)
	Chicago (IL)
	Cleveland (OH)
	College Park (GA)
	Columbia (SC)
	Country Club Hills (IL)
	De Soto (TX)
	Denver (CO)
	District Heights (MD)
	Douglasville (GA)
	Durham (NC)
	Duquesne (PA)
	East Orange (NJ)
	East Point (GA)

Eastover (SC)
Elyria (OH)
Fairbum (GA)
Fayetteville (GA)
Fayetteville (NC)
Forrest City (AR)
Fort Coffee (OK)
Fort Deposit (AL)
Fort Smith (AR)
Gray Court (SC)
Greenville (MS)
Harper Woods (MI)
Harrisonburg (VA)
Hazel Crest (IL)
Hempstead (NY)
Holly Hill (SC)
Hopkinsville (KY)
Houston (TX)
Hughes (AR)
Inkster (MI)
Kansas City (MO)
Kinston (NC)
Lake City (SC)
Lake Providence (LA)
Lathrup Village (MI)
Little Rock (AR)
Manor (TX)
Manassas (VA)
Miramar (FL)
Montclair (NJ)
Montgomery (AL)
Mound Bayou (MS)
Mount Vernon (NY)
Navassa (NC)
Natchitoches (LA)
New Orleans (LA)
New York (NY)
Newport News (VA)
North Brentwood (MD)
North Miami (FL)
Orangeburg (SC)
Orange County (FL)
Peekskill (NY)
Phoenix (IL)
Pine Lawn (MO)
Plainfield (NJ)
Pontiac (MI)
Powder Springs (GA)
Prairie View (TX)

	Prichard (AL)
	Princeville (NC)
	Rialto (CA)
	Richmond (VA)
	Rochester (NY)
	Saint Paul (MN)
	Savannah (GA)
	Sedalia (NC)
	Selma (AL)
	Shreveport (LA)
	South Tucson (AZ)
	St. Louis (MO)
	St. Petersburg (FL)
	Tacoma (WA)
	Talladega (AL)
	Union City (GA)
	Urbancrest (OH)
	Vicksburg (MS)
	Ville Platte (LA)
	Warrensville (OH)
	Washington (DC)
	West Memphis (AR)
	West Palm Beach (FL)
	West Point (MS)
	Wilkinsburg (PA)
	Williamston (NC)
	Willis, (TX)
	Wilson (NC)
	Yazoo City (MS)
3asi	c Program Information
Wha	at is the name/title of the program/initiative you are submitting for consideration? Required
	ase note that the name/title you provide here will be used in all promotional materials, if your program/initiative is selected to receive an award.)
May	vor First Name Required
May	vor Last Name Required

Please select the population category of the city applying for the award: (Select 1 option)  Large City (population greater than 250,000)  Medium City (population less than 250,000 but greater than 100,000)  Small City (population less than 100,000)
Mayoral Staff and Primary Grant Application Contact Information – The Mayoral Staff Contact should be the person responsible for confirming the Mayor's support of the proposed initiative, and the point person for coordinating any logistics regarding the Mayor's schedule/availability, securing quotes for press releases and other such permissions/issues. The Primary Grant Application Contact should be the person familiar with specific aspects of this application, and thus specific aspects of the nitiative you're proposing, who can answer any related questions that might arise.
Mayoral Staff Contact First Name Required
Mayoral Staff Contact Last Name Required
Mayoral Staff Contact Email Required
Mayoral Staff Contact Phone Number Required Please use number format 555-555-5555
Primary Grant Application Contact First Name Required
Primary Grant Application Contact Last Name Required
Primary Grant Application Contact Email Required
Primary Grant Application Contact Telephone Number Required Please use number format 555-555-5555

## City Demographics, Community and Education Program Descriptions

## **Demonstration of Health Desparities in Community**

In the following text box please describe the target population that will be the focus of the proposed program, and the existing health disparities in the community. Consider this essay a statement of need, essentially. Here you can talk about the population(s) your program/initiative aims to help, and why they might need that help.

- Overall community demographics and data on socio-economic status;
  Childhood obesity and/or environmental data specifically for the target population(s) your proposed program/initiative will serve; and
  An overview of existing resources available to the target population, and how your program will supplement, complement, and/or enhance those resources.

Community Description/Statement of Need: Required
Education Component Overview
In the following text box please describe, in detail, the program/initiative you propose to implement, should you win the award. Include the rationale for the program and any objective data or results demonstrating anticipated impact. It may be helpful to consider the answers to the following questions as you prepare your response:
<ul> <li>How will the target population(s) benefit from this program/initiative?</li> <li>What aspects of your program are unique? Novel? Innovative?</li> <li>Why do you believe the program will be effective?</li> <li>What organizations/city departments will be involved in the implementation of this program, and what will be the specific roles of those departments/organizations?</li> <li>What are your anticipated program/initiative outcomes, and how will you measure them?</li> <li>Can your program/initiative be replicated in different communities?</li> </ul>
Description of the Proposed Program/Initiative: Required
Video and Essay Submission
Video Upload Required Please upload your 1-minute application video answering "Why deserves this grant"    Please attach all files to the end of this form before submitting it.
Please answer the following questions in 1250 characters (250 words) or less.
What program(s) will this grant benefit? Required

What is the mission, vision, and goal of the program? Required
How is this program beneficial to your community? Required
If this is an existing program, share some historical context. Required
What type of mayoral involvement does the program have? Required
What community partners, if any, are you collaborating with? Required
How will you track progress and attain data during the program? Required

How is your education component advancing your program? Required
How will this grant impact your community in the short- and long-term? Required
How will your community be impacted by not receiving this grant? Required
Supporting Materials Upload Please upload any additional materials that support your application
Please attach all files to the end of this form before submitting it.

End of form

Don't forget to attach all files before submitting this form