

Letter of Intent for Project Diabetes

"Moving the Needle Towards a Healthier Tennessee"

EXHIBIT 1

Letter of Intent - **Category A** **Category B** (Please check appropriate category)

1. Applicant Name _____

2. Contact Person _____ Email Address _____ Phone Number _____

3. Which strategy(ies) of the Institute of Medicine will be the focus of your project? (Check all that apply)

- Performance Goal 1: Make physical activity an integral and routine part of life**
 - Strategy 1-1: Enhance the physical and built environment**
 - Strategy 1-2: Provide and support community programs designed to increase physical activity**
 - Strategy 1-3: Adopt physical activity requirements for licensed child care providers**

- Performance Goal 2: Create food and beverage environments that ensure that healthy food and beverage options are the routine, easy choice.**
 - Strategy 2-1: Adopt policies and implement practices to reduce overconsumption of sugar-sweetened beverages.**
 - Strategy 2-2: Increase the availability of lower-calorie and healthier food/ beverage options for children in restaurants**
 - Strategy 2-3: Utilize strong nutritional standards for all foods and beverages sold or provided through the government, and ensure that these healthy options are available in all places frequented by the public.**
 - Strategy 2-4: Introduce, modify, and utilize health-promoting food and beverage retailing and distribution policies.**
 - Strategy 2-5: Promote breastfeeding friendly environments**

4. What do you propose to do? Please attach a 1-2 page summary of your proposed project. Describe how you propose to change the "default" choices around physical activity and/or nutrition to healthier ones. Include how you will target disproportionately affected populations and how you will align with partnerships across the intended community. Describe how you will measure your results. *Please respect the page limit as evaluators will read only the first two pages.*

5. Please complete and attach an approximate budget for each year or your proposed project, using the attached budget form (Attachment 1).

6. How many Tennesseans will *realistically* be served by your project? _____

7. Where will your project take place? City _____ County _____

8. How do your proposed services vary from services your organization routinely performs?

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9. Have you received prior Project Diabetes grants? YES ___ NO ___ If YES, what have been the measurable results of your efforts?

Authorized Signature _____

Printed Name/ Title _____

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Attachment 1

Estimated Budget:*

	Year 1	Year 2	Year 3 (Category A Grants only)
Salaries/Benefits:	\$ _____	\$ _____	\$ _____
Indirect Costs:	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Phone/Postage/Printing	\$ _____	\$ _____	\$ _____
Occupancy	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____
Capital Purchases	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

* Please note:

Since the estimated budget is one of the criteria for determining who will be invited to apply, your final, submitted budget cannot vary more than 20% per line item of what is stated here. For example, if you submit a budget listing \$20,000 for Salaries/ Benefits on this form, you cannot submit a final budget that lists \$100,000 for Salaries/ Benefits in your full application.