**Advancing Health Equity to Achieve Diversity and Inclusion (AHEAD) in WIC**

**Application Form**

**Section A: Agency Profile**

**Part I**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local agency name (the parent agency that houses the WIC program):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local agency city and state:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part II**

Which of the following best describes your community? Please check all that apply: (will insert check boxes)

* Rural
* Urban
* Suburban
* Tribal Nation
* U.S. Territory
* U.S. Border Community

What type of business management structure is your parent agency? Please check all that apply:

* Non-profit
* Hospital
* Federally Qualified Health Center (FQHC)
* County or City health department
* Other (please specify)

How long do contracts for a new grant take to process and approve at your agency? Please mark the answer that applies.

* 1 week
* 2 weeks
* 3 weeks
* 4 weeks
* 5 weeks
* 6 or more weeks

How many WIC clinics/sites does your agency have in its jurisdiction? \_\_\_

List each clinic’s/site’s name, address, current participation, and clinic capacity (if available) in the space provided below.

Briefly describe the racial/ethnic make-up of your agency’s clients.

Briefly describe the racial/ethnic make-up of your agency’s staff.

Briefly describe the racial/ethnic make-up of your agency’s nutrition and breastfeeding staff.

Which of the following best describes your agency’s experience with community coalitions and/or workgroups? Please mark the one answer that best describes your agency’s experience.

1. I am not aware of any coalitions or workgroups in my community.
2. My community does not have a health or nutrition-related coalition or workgroup.
3. My community does have a health or nutrition-related coalition or workgroup but my agency has not engaged with it.
4. My community does have a health or nutrition-related coalition or workgroup and my agency engages with it as a participant occasionally offering a perspective.
5. My community does have a health or nutrition-related coalition or workgroup and my agency engages with it as an active participant playing a leadership role.

**Section B: Community Context**

What will be the setting for your project (e.g., three WIC clinics in your county, a grocery store in your community, etc.)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain the need for this project in your community. In 500 words or less, describe your community’s public health needs and assets, highlighting WIC caseload trends, racial/ethnic health disparities, chronic disease statistics, and any social needs that are impacting the health of WIC families such as housing, transportation or job opportunities.

Please explain how your project will work to address the needs you’ve identified and tap into community assets to enhance the WIC participant experience.

**Section C: Assessment of Agency’s Ability to Coordinate Project**

In 500 words or less, describe your WIC program’s role within your community and how you plan to use existing relationships or build new ones to achieve your project goals. Please also describe some resources, organizations, and businesses in your community that you intend to engage and why they have the potential to contribute to the project. If your agency actively participates in a community coalition or workgroup that you will leverage for this project, please describe in what capacity.

**Section D. Intended Project Scope**

What promising practice would your agency like to pursue? Please describe why your community could benefit from the promising practice and why you think your agency will be successful. Please limit your response to 500 words or less.

**Section E. Budget Narrative**

Provide a comprehensive 7.5-month budget narrative, using the provided budget template or in a comparable format.