



Healthy HometownSM Powered by Wellmark Community Award Application

Preparation

Before beginning the application, please review the [Healthy HometownSM Powered by Wellmark tactics reference guide](#). You will be required to use the tactic names and numbers from this guide on the application.

This application is an Adobe PDF fillable form. To best complete this application, use Adobe Acrobat. The latest version of Adobe Acrobat can be downloaded for free from <https://get.adobe.com/reader/otherversions/>.

Please answer the questions below to describe the work for each project that was completed using the [Health Hometown Tactics Reference Guide](#). Projects may include only one tactic, or multiple tactics, depending on the size, scope, or complexity of the project. Tactics listed under the project must be related to that project. If you have more projects/tactics, please save another copy of this application.

If you need clarification or have questions about completing this form, please call 515-376-5642 or email HealthyHometown@wellmark.com. Completed application(s) and attachments must be submitted via email to HealthyHometown@wellmark.com by end of day Friday, August 13, 2021.

Eligibility

To be eligible for award consideration, **at least four tactics from the tactic reference guide** must have been implemented between **July 1, 2020 and June 30, 2021**. If there are additional tactics completed during that time frame, applicants are encouraged to submit those tactics by completing additional applications and we will look at your submissions in totality.

Recognition

Award winners will be recognized in collaboration with Good and Healthy SD.

Organization Information

Community/Organization Name: _____

Population: under 10,000 over 10,000

Primary Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Telephone Number: _____

Website or Social Media for community/organization (if applicable): _____

Project #1 Name:

Tactic #1 Tactic Description:

Please check one: New Expanded/Enhanced Existing

Date Work Started (month and year): _____/____

Date Completed (month and year): _____/____

(if applicable)

Tactic #2 Tactic Description:

Please check one: New Expanded/Enhanced Existing

Date Work Started (month and year): _____/____

Date Completed (month and year): _____/____

Tactic #3 Tactic Description:

Please check one: New Expanded/Enhanced Existing

Date Work Started (month and year): _____/____

Date Completed (month and year): _____/____

Tactic #4 Tactic Description:

Please check one: New Expanded/Enhanced Existing

Date Work Started (month and year): _____/____

Date Completed (month and year): _____/____

Detailed Description

Describe the project in detail and the tactic(s) that were implemented. Include a description of what you were hoping to achieve. Include information that addresses the need for the project/tactic(s) in the community.

Impacts and Outcomes

Describe the immediate outcomes/results following implementation of each tactic listed above. (e.g., number of people impacted/affected, pounds of produce collected, feet of new/repared sidewalk or trails, number of crosswalks painted, number of nicotine-free policies implemented, etc.)

Project #1 Name:

Level of Effort

Describe the community resources needed to implement each tactic listed above, organizations/ volunteers involved, and financial resources (direct or in-kind) used. Identify challenges associated with implementation and how those challenges were addressed/overcome.

Sustainability

Describe if the project/tactic(s) resulted in a change to the built environment or involved implementation of policy or program. How will the project/tactic(s) continue without ongoing funding, staffing, supplies, space, etc.? If applicable, provide any plans for future funding, staffing, supplies, space, etc.

Supporting Documentation

Include other information, documentation or photos that further explain the tactic and its community impact. This item is not required.

I grant permission to Wellmark, Inc. to use any documents/photos attached in connection with Healthy Hometown, Powered by Wellmark initiative, and I confirm that no third party owns the rights to the images. Wellmark will provide appropriate attribution if an image is used.

Project #2 Name:

Tactic #1 Tactic Description:

Please check one: New Expanded/Enhanced Existing

Date Work Started (month and year): _____/____

Date Completed (month and year): _____/____

(if applicable)

Tactic #2 Tactic Description:

Please check one: New Expanded/Enhanced Existing

Date Work Started (month and year): _____/____

Date Completed (month and year): _____/____

Tactic #3 Tactic Description:

Please check one: New Expanded/Enhanced Existing

Date Work Started (month and year): _____/____

Date Completed (month and year): _____/____

Tactic #4 Tactic Description:

Please check one: New Expanded/Enhanced Existing

Date Work Started (month and year): _____/____

Date Completed (month and year): _____/____

Detailed Description

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Impacts and Outcomes

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Project #2 Name:

Level of Effort

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Sustainability

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Supporting Documentation

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Project #3 Name:

Tactic #1 Tactic Description:

Please check one: New Expanded/Enhanced Existing

Date Work Started (month and year): _____/____

Date Completed (month and year): _____/____

(if applicable)

Tactic #2 Tactic Description:

Please check one: New Expanded/Enhanced Existing

Date Work Started (month and year): _____/____

Date Completed (month and year): _____/____

Tactic #3 Tactic Description:

Please check one: New Expanded/Enhanced Existing

Date Work Started (month and year): _____/____

Date Completed (month and year): _____/____

Tactic #4 Tactic Description:

Please check one: New Expanded/Enhanced Existing

Date Work Started (month and year): _____/____

Date Completed (month and year): _____/____

Detailed Description

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Impacts and Outcomes

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Project #3 Name:

Level of Effort

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Sustainability

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Supporting Documentation

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Project #4 Name:

Tactic #1 Tactic Description:
Please check one: New Expanded/Enhanced Existing
Date Work Started (month and year): _____/_____
Date Completed (month and year): _____/_____

(if applicable)
Tactic #2 Tactic Description:
Please check one: New Expanded/Enhanced Existing
Date Work Started (month and year): _____/_____
Date Completed (month and year): _____/_____

Tactic #3 Tactic Description:
Please check one: New Expanded/Enhanced Existing
Date Work Started (month and year): _____/_____
Date Completed (month and year): _____/_____

Tactic #4 Tactic Description:
Please check one: New Expanded/Enhanced Existing
Date Work Started (month and year): _____/_____
Date Completed (month and year): _____/_____

Detailed Description
Describe the project in detail and the tactic(s) that were implemented. Include a description of what you were hoping to achieve. Include information that addresses the need for the project/tactic(s) in the community.

Impacts and Outcomes
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Project #4 Name:

Level of Effort

Describe the community resources needed to implement each tactic listed above, organizations/ volunteers involved, and financial resources (direct or in-kind) used. Identify challenges associated with implementation and how those challenges were addressed/overcome.

Sustainability

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