



Request for Arthritis Intervention Implementation Funds

Implementation fund requests are accepted year round. Fund Requests received by the first of the month will be reviewed during that month. Award notification will be sent via e-mail. If approved, funds will be available by the 15th of the following month.

Name of Organization:

Contact Person:

Phone:

E-mail:

Organization mission statement:

Organization vision statement (if applicable):

Brief overview of the organization's background/history:

Number of employees (if applicable):

Unduplicated number of people served annually (if applicable):

Approximate demographic breakdown of population to be reached through this funding (i.e. socioeconomic status, ethnicity, gender and age):

Amount of funding requested:

Purpose of Funding: Seed/Pilot funding Expanding current project Other (Please explain)

Funds will be used to implement (check all that apply)

- Chronic Disease Self-Management Program (CDSMP) – Better Choices, Better Health
- Walk with Ease, Group Walk (WWEGW)
- Walk with Ease, Self-Directed (WWESD)
- Arthritis Foundation Exercise Program (AFEP)
- Other Program/Please specify _____

Project Budget Form

Category	Budget	Narrative / Explanation
Personnel/Staffing		
Facility/Occupancy		
Training		
Equipment		
Materials		
Marketing/ Advertising		
Other		

For more information or assistance with completing this form, please contact:

Michele D. James, MSW, Director
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Columbia, SC 29201
Email: jamesmd@dhec.sc.gov
Phone: (803) 898-0349
Fax: (803) 898-0350

Instructions

- I. **Name of Organization:** Enter name of organization
- II. **Contact Person:** Enter name of individual within the organization who will oversee implementation of program(s) and be responsible for management of funds received
Phone: Enter phone number to reach contact
E-mail: Enter email address to be used to correspond with the contact listed above
- III. **Organization mission statement::** Enter the mission statement of the organization
- IV. **Organization vision statement:** Enter the vision statement of the organization
- V. **Brief overview of the organization's background/history:** Enter a brief description of the organization's background/history
- VI. **Number of employees (if applicable):** Enter number of employees of the organization if they will be assisting with program implementation.
- VII. **Provide unduplicated number of people served annually (if applicable):** Provide number of people served annually if the organization will be offering the program(s) to their clients
- VIII. **Approximate demographic breakdown:** Enter breakdown of demographic information is the program(s) will be offered to their clients
- IX. **Amount of funding requested:** Enter amount of money you are requesting
- X. **Purpose of Funding:** Check whether the funds will be used to start a new program, expand an existing one or add a new program or for another reason such as registration fees etc. If other is check, please indicate the purpose in the space provided.
- XI. **Funds will be used to implement:** Check the program that the funding will be used for, if more than one, check the ones that apply.
- XII. **Project budget form:** Next to each category enter the amount being requested in the budget column and explain how the funds will be used in the narrative column.

South Carolina
Department of Health and Environmental Control
Division of Healthy Aging & Eat Smart, Move More South Carolina

Funds Available

In collaboration with Eat Smart Move More South Carolina, the SC DHEC Division of Healthy Aging is pleased to announce the availability of implementation funds to assist community based organizations with implementing and/or expanding exercise and disease management interventions for people with arthritis and other serious health conditions.

Funding will be awarded to organizations that are able to implement the intervention(s) at least four times during the funding cycle. Preference will be given to applicants that have at least three sites to conduct the interventions.

Awards will range between \$1,000 and \$3,000 depending on the proposed implementation plan.

Deadline: Ongoing *(Please note that all grant awards are contingent upon funding availability)*

[Click here to complete a Request for Funds application.](#)

For more information, please contact:

Michele D. James, Division of Healthy Aging

- **Phone: (803) 898-0349**
- **Email: jamesmd@dhec.sc.gov**

