Mission of Fit Together:
To build the healthiest kids, families and communities through sustainable strategies that foster healthy eating and active living.

Our Dream:
Our dream is that Torrington & Winsted will be recognized as the healthiest communities in Connecticut. Our future is held by our children and our challenge is to give them the best chance to live long, healthy and productive lives.

Healthy Eating Active Living (HEAL) Annual Request for Proposal 2025

The Fit Together NWCT Steering Committee is seeking requests for proposals to award between **$10,000-$15,000** to support community durational projects that improve physical activity and healthy eating choices. Proposal projects must serve to further Fit Together's mission by enhancing the means and methods to promote better distribution of good health across the communities we serve. The proposals must align with Fit Together's Healthy Eating and Active Living strategic priorities and demonstrate feasibility in advancing improvements in health and wellbeing.

Eligible Grantees: Proposals can be submitted from community-based non-profit partners within Torrington and Winchester (501c3, not-for profit, public entity).

Due Date: June 30, 2025 **Decision Date:** July 30, 2025

At the time of submission, **applications must be complete**. Incomplete or late applications will not be considered.

The Following Are Some Examples of Project Proposals:

- Grant Matching Requirements for large capital projects
- Healthy Eating/ Cooking Culinary Program- school or community based
- Large Scale Physical Activity Programs
- Recreation Program/Camps
- Community gardening and education programs

How to apply:
Complete the attached application and narrative
Please submit complete application (Cover Page, Project Narrative, and attachments):

Carla Angevine, Fit Together Executive Director
Charlotte Hungerford Hospital, 540 Litchfield Street Torrington, CT 06790
860-496-6676 Carla.Angevine@hhchealth.org

Check List:

- ☐ I. Signed Cover Sheet
- ☐ II. Project Narrative (one- two pages)
- ☐ III. Project Budget and Narrative (one-two pages)

HEAL Request for Proposal

Section I. Cover Sheet

Please answer all questions on this page. Do not refer to attachments.

A. Organizational Information

1. Name of Organization: _____
2. Address of Organization: _____
3. Telephone Number: _____
4. E-mail Address: _____

B. Contact Information

1. Primary Contact: _____
2. Telephone Number: _____
3. E-mail Address: _____

C. Project Information

1. Project Title_____
2. Project Brief overview: _____

_____

D. Budget Information

1. Funding Amount Requested: $_____

(Signature) _____

Section II. Project Narrative
Please provide the following information in a narrative (limit to 1- 2 pages single spaced)

A. Organization Background

- Include current programs and activities and indicate how this request aligns with that work.
- Highlight past accomplishments.

B. Program Description- indicate how the funds requested will be catalytic in achieving the desired outcome of the project. Please describe:

- Your program/project's main goals and objectives and how activity will be measured.
- Describe your program/project's main activities, components, approach, and rationale.
- The stakeholders and other partners that will be engaged in this program/project.

Section III. Budget
Please provide the following financial information.

- A budget for your project using the below budget template or a different one.
- Budget Narrative (limit to 1-page single space) Please describe how the funding request for the proposal will be used.

Expenses

Personnel		
Staff Full Time # salary & wages		
Staff Part Time # salary wages		
Agency Subcontractors		
Consultants		
I. Total Personnel Expenses		
Non-Personnel Expenses		
Stipends Gift Cards		
Supplies/materials		
Equipment		
Postage/Printing/Copying		
Travel/lodging		
II. Total non- personnel expenses		
Total Program/Project Expenses		