



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 2026

The Fit Together NWCT Steering Committee is seeking requests for proposals to award up to **\$10,000** to support community programs that improve physical activity and healthy eating choices. Proposed programs 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 programs must align with Fit Together's priorities* and be designed to demonstrate positive health outcomes.

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

Due Date: August 14, 2026

Decision Date: September 15, 2026

Project must be completed by August 31, 2027

Applications must be complete. Incomplete or late applications will not be considered.

Program Requirements

- Must be measurable – Using pre- and post-evaluations
- Must be a minimum length of 8 weeks (1x week)

Program Proposal Examples:

- Nutrition Programs – such as culinary, garden, or healthy eating initiatives
AND/OR
- Physical Activity 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)

***Please visit [Fit Together's Website](#) for more information on our priorities and past projects.**

Fit Together NWCT

259 Prospect Street, Torrington, CT 06790

860-496-6676 www.FitTogetherNWCT.org



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)

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

- Your program's main goals and objectives and specifically how the program will be measured.
- Describe your program's main activities, components, approach, and rationale.
- List any partners that will be working on this program.

Section III. Budget

Please provide the following financial information.

- Use Budget Template
- Budget Narrative (limit to 1-page single space) Please describe how the funding request for the proposal will be used.

	Amount	Item/Description
INCOME		
Grants		
In-Kind		
Total Income		
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		
Other		
II. Total non- personnel expenses		
Total Program/Project Expenses		

Fit Together NWCT

259 Prospect Street, Torrington, CT 06790
860-496-6676 www.FitTogetherNWCT.org