



Voices for Healthy Kids: Active Places

Application for Technical Assistance

Instructions: Please complete all questions on the form. When you are finished, save the form as a PDF and email to activeplaces@saferoutespartnership.org. A Word document form is also available if you are unable to use the PDF form. If you need assistance, contact mikaela@saferoutespartnership.org.

Section A: Organization and Contact Information

Organization Name	Organization Website	
Organization Address	City / State / Zip	
Campaign City/State/Location/Jurisdiction		
Staff Contact Name	Email	Job Title
Name of Campaign/Initiative (if available)	Date Submitted	

Section B: Policy Levers

Please check which policy levers fit for your campaign. (Check all that apply, or just one.)

- Clarify liability laws for shared use agreements in states
- Support appropriations for state level shared shared use programs and incentives to promote shared use agreements
- Codify Safe Routes to School programs in state laws and provide state level funding to enhance federal appropriations
- Secure Safe Routes to School and bicycling and walking MAP-21 funds at the state level
- Pass Complete Streets policies at state and local levels
- Secure a percentage of state appropriations or new state funding sources for the transportation budget for bike/ped or Safe Routes to School
- Get state DOT to create an application process for SAFETEA-LU Safe Routes to School funds
- Get state DOT to obligate SAFETEA-LU Safe Routes to School funds that have been awarded

Section C: Campaign Questions

Please answer the following questions, providing as much detail as possible. There is no word limit; each box will accommodate as much text as you provide.

1. Please state the overall goal(s) of the campaign/policy change initiative and a summary of actions that have taken place already to achieve the campaign goal(s). (Include links to PPT, reports, media and other supporting information):

2. Indicate the decision making body or policy maker that is the target for this campaign. Describe communication the organization has had with the decision maker(s), and the history on how the decision maker(s) have responded.

3. How will this campaign involve and benefit underserved communities?

4. Please list the organizations and key policy makers in support of the policy and if they are providing any staff, monetary or other resources to help with the campaign goals.

5. Please list the organizations and key policy makers in opposition of the policy and why they are in opposition.

6. Please state any possible barriers that might prevent your campaign/initiative from being successful and how these could be overcome.

7. State other reasons your campaign/effort is likely to succeed (political power, key champion, media support, funding, etc.).

8. Describe how this campaign will help in the fight to reverse childhood obesity.

9. Please provide any additional information you feel would be helpful for our team to gain an understanding of your campaign.

10. Please state what you would like the technical assistance or coaching to focus on. Describe the proposed time frame, including milestones you have already achieved and dates of key decision points coming up. Include a statement about the outcome you wish to achieve through the campaign assistance.