C:\Users\Jos180\Desktop\Steps to a Healthier You.jpg

Please reflect your interest in becoming a **WalkWorks** affiliate by completing the following brief questionnaire and returning it to pawalkworks@pitt.edu by 5:00 p.m. on November 1, 2019.

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| Applicant Organization:  Enter text | | |
| Please check the option that best describes your organization:  Governmental  Non-profit  Health Care System  Other (Please specify) | | |
| Primary Contact:  Name  Phone number  Email address | Mailing address  County | |
| Does your organization currently have a community in mind in which to establish a walking route?    Choose yes or no | If “yes” to the previous question, please select the option that best describes this community: | |
| Rural  Small borough/township  Urban | Suburban  Other Please specify |
| Do you have one or more walking route(s) of one-two miles – in the built environment – in mind? If yes, please briefly describe.  Enter text | | |
| If your organization has already identified a community in which to establish a walking route, what are some of the attributes and challenges of this community with regard to health status, walkability and active transportation (pedestrian and bicycle use)? *Note: We are particularly interested in learning about the community in which you propose the route. Thus, to the extent that you are able to extract or relate data from sources such as the* [*2018 County Health Rankings*](http://www.countyhealthrankings.org/app/pennsylvania/2018/overview) *to the proposed community or consider the community health needs assessment for the area, please reference information you deem to be relevant.\**  Enter text | | |

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| Is there is a walking program in the community in which you propose to develop the route (or in a nearby community and/or county in which you are located)?  Enter text |

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| Please explain how the WalkWorks program will help to achieve the mission or goals of your organization and/or the community in which you propose to locate the route.  Enter text |
| Please describe your organization’s capacity to implement the WalkWorks program (staff, student interns, partners, etc.).  Enter text |
| A goal of WalkWorks is to promote relevant policy. Please explain any relationships your organization currently has with decision-making bodies and the extent to which you envision being able to assist with the introduction of plans/policy related to health and/or active transportation to elected officials in your area.  Enter text |

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| If you are aware of whether the community in which you propose to locate the route has adopted or considered a complete streets policy\*\* and/or active transportation plan, please briefly describe.  Enter text |
| If you are selected to be a WalkWorks Affiliate, what other organizational entities would you consider involving in the project (i.e., public agencies, voluntary or civic organizations, existing stakeholder groups)?  Enter text |

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| If selected as a WalkWorks Affiliate, your organization will be provided technical assistance and support through June 30, 2020. Please describe your ideas for sustainability of the walking route and walking group(s) beyond this period.  Enter text |

\*Related data might include, though not be limited to: diabetes prevalence, adult and child obesity rates, physical inactivity rates, access to exercise opportunities, crashes, healthcare costs, income, driving alone.

\*\*Complete streets policy – a transportation and design approach that requires streets to be planned, designed, operated and maintained to enable safe, convenient and comfortable travel and access for users of all ages and abilities regardless of their mode of transportation.

Rev. 09.19.19