

## DeKalb Public Health

### Physical Activity Walkability Assessment Application

DeKalb Public Health is pleased to announce the availability of grant funding to qualified individuals and community organizations in DeKalb County, Georgia. Each selected individual and organization will conduct an assessment of their built environment. Together, the assessments will identify areas needing improvements to increase walkability.

DeKalb Public Health's Health Assessment and Promotion Department is implementing this project. It is part of Local Efforts towards Addressing Disparities in DeKalb (LEAD DeKalb), which is funded by the Centers for Disease Control and Prevention's Racial and Ethnic Approaches to Community Health (REACH) program.

Thank you for your interest in this opportunity with DeKalb Public Health.

***Both individuals and community organizations are encouraged to apply.***

Please identify your applicant type:

1. Are you applying as an individual or a community organization?
  - a. Individual \_\_\_\_\_
  - b. Community organization \_\_\_\_\_

**IF YOUR APPLICATION TYPE IS "INDIVIDUAL," PLEASE ANSWER QUESTIONS 2-9 AND 20-25 BELOW.**

**IF YOUR APPLICATION TYPE IS "COMMUNITY ORGANIZATION," PLEASE SKIP TO QUESTION 10 AND ANSWER QUESTIONS 10-19 AND 20-25 BELOW.**

Individual Information:

2. First name \_\_\_\_\_
3. Last name \_\_\_\_\_
4. Email address \_\_\_\_\_
5. Phone number \_\_\_\_\_
  
6. Are you Hispanic, Latino/a/x, or of Spanish origin?
  - a. Yes \_\_\_\_\_
  - b. No \_\_\_\_\_
  
7. Which racial group(s) best describes how you identify? Check all that apply.
  - a. American Indian or Alaska Native
  - b. Asian or Asian American
  - c. Black or African American
  - d. Middle Eastern/Western Asian, Northern African, or Arab
  - e. Native Hawaiian or Other Pacific Islander
  - f. White

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- g. Other
- 8. What is your age?
  - a. Under 18
  - b. 18-24
  - c. 25-34
  - d. 35-44
  - e. 45-54
  - f. 55-64
  - g. 65 or older
- 9. What is your gender?
  - a. Man
  - b. Non-binary, gender-queer, or gender-fluid
  - c. Transgender female or trans woman
  - d. Transgender male or trans man
  - e. Woman
  - f. Other
  - g. Prefer not to say

**(COMMUNITY ORGANIZATION APPLICANTS ONLY - ANSWER QUESTIONS 10 -19 AND QUESTIONS 20-25)**

10. Organization's name

\_\_\_\_\_

11. Organization's address (Street, City, State, Zip Code)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Organization's website

\_\_\_\_\_

13. Contact person's first name

\_\_\_\_\_

14. Contact person's last name

\_\_\_\_\_

15. Contact person's role/title

\_\_\_\_\_

16. Contact person's email address

\_\_\_\_\_

17. Contact person's phone number

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18. Organization's Tax Identification Number (TIN) or Employer Identification Number (EIN)

DeKalb Public Health Physical Activity Walkability Assessment Questionnaire

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19. Please send a pdf of your organization's W-9 to [jorim.james@dph.ga.gov](mailto:jorim.james@dph.ga.gov).
- a. I will
  - b. Other (This will be a fill in the blank option)

**(QUESTIONS 20 -25 ARE TO BE ANSWERED BY BOTH THE INDIVIDUAL AND COMMUNITY ORGANIZATION APPLICANTS)**

20. Do you live, work, play, and/or serve in at least one of these zip codes: 30032, 30034, 30038, 30316, 30319, or 30324?
- a. Yes
  - b. No

21. What zip code would your walkability assessment be conducted in?

\_\_\_\_\_

22. Do you have experience with conducting a walkability assessment?
- a. Yes
  - b. No

c. Please describe your walkability assessment experience.

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d. Why are you interested in participating in DeKalb Public Health's walkability assessment?

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**Acknowledgment**

- e. I confirm that the information I have provided is accurate.
  - a. Yes
  - b. No

**ONCE YOU'VE COMPLETED THIS ASSESSMENT, PLEASE EMAIL YOUR RESPONSES TO [DPH-DCBOHPURCHASING@DPH.GA.GOV](mailto:DCBOHPURCHASING@DPH.GA.GOV).**