

2009



Grant

REQUEST FOR PROPOSALS
Submission Deadline: April 10, 2009



2009 Healthy School Action Tools Grant

Introduction

The Michigan Department of Education (MDE) Coordinated School Health Program, in partnership with the Michigan Department of Community Health, United Dairy Industry of Michigan, and HealthPlus of Michigan, is pleased to announce the availability of funds for schools to improve school nutrition, physical activity, and tobacco-free environments through the Healthy School Action Tools (HSAT).

The HSAT is a set of online tools developed to help Michigan schools create healthier environments for students and staff. The HSAT is broken into 3 steps: *assess, plan and act*, and *brag a bit*. The HSAT assessment consists of eight modules with questions that allow your school to identify its strengths and needs in five topic areas: Asthma Management, Healthy Eating and Nutrition Education, Physical Education and Physical Activity, Tobacco-Free Lifestyles, and Violence and Injury Prevention. Once your school has a clear understanding of their strengths and needs, HSAT will help you set meaningful goals which will, in turn, help you plan and implement actions that support those goals - this is called your "action plan." The last step encourages you to acknowledge your achievements and share them online so your school can be recognized for your good work and inspire others.

This grant opportunity will focus on the areas of Healthy Eating and Nutrition Education, Physical Education and Physical Activity, and Tobacco-Free Lifestyles. For more information on HSAT visit www.mihealthtools.org/hsat/.

Grant Initiative

In order to positively impact the rates of childhood obesity and overweight, healthier school environments need to be achieved. To help accomplish this, MDE is offering \$2,000 grants to individual school buildings to form a Coordinated School Health Team (CSHT), complete the HSAT assessment and action plan, implement at least one action plan recommendation, and start or improve a reimbursable School Breakfast Program. For more information on the USDA School Breakfast Program, including beginning one or expanding an already existing one, please go to <http://www.fns.usda.gov/cnd/breakfast/>

For more information on the Michigan School Breakfast Challenge visit http://www.michigan.gov/mde/0,1607,7-140-43092_50144-194516--,00.html

Eligibility

All school buildings in Michigan, public, private, and charter are eligible to apply. Applicants must agree to complete the following grant requirements:

Grant Requirements

1. Form a Coordinated School Health Team (CSHT) with **at least** the following members:
 - Administrator
 - Health Education Teacher (or classroom teacher for elementary schools)
 - Physical Education Teacher
 - School Food Service Director or Manager
 - School Nurse or other Health Services Provider
 - School Counselor, Psychologist or Social Worker
 - Parent
 - Student

It is not required, but you may also have additional team members that include: a community member, coach, athletic director, school board member, local business owner, comprehensive school health coordinator, Michigan State University Extension county staff, or any health related agency member from the community.

The team leader identified will be responsible for filing the grant application with MDE, ensuring that the grant is implemented as proposed and managing grant funds according to the grant requirements. In addition, the team leader will:

- Participate on one conference call the beginning of grant period (April 27, 2009)
- Complete and submit a one page mid-year report by September 30, 2009
- Participate on one conference call mid-year on problem solving (October 12, 2009)
- Participate on one conference call at the end of grant period (February 8, 2010)
- Complete and submit a final report on successes, barriers, and lessons learned as a result of the grant by February 28, 2010
- Complete and submit a post-survey by February 28, 2010
- Communicate with local school board members regarding the grant a minimum of two times during the grant period. One such communication should be in the form of a presentation to the school board.

*Please note conference call dates are tentative. Dates will be finalized with grantees.

2. Complete the HSAT assessment and action plan as a team by May 31, 2009. Each member required in #1 above must be present and participate during this process. The required HSAT topics for this grant are: Healthy Eating and Nutrition Education, Physical Education and Physical Activity, and Tobacco-Free Lifestyles.
3. Select one policy and/or environmental change recommended in the action plan and submit to MDE for approval by June 12, 2009.
4. Submit a written plan to start or improve a School Breakfast Program during the 2009-10 school year to MDE by June 12, 2009.

5. Implement one approved policy and/or environmental change by December 15, 2009.
6. Implement the School Breakfast Program plan between September 1, 2009 and February 28, 2010.
7. Submit at least one success story highlighting a change your school made as a result of this grant. Success stories are to be submitted by February 28, 2010 at www.mihealthtools.org/schoolsuccess.
8. All publications, including reports, films, brochures, and any project materials developed with funding from this program, must contain the following statement: **"These materials were developed with federal, state, and private funds allocated by the Michigan Department of Education."**

Budget Guidelines

The funding for this grant opportunity has been provided by the Michigan Department of Education, The United Dairy Industry of Michigan and HealthPlus of Michigan. The Michigan Primary Care Association (MPCA) will act as the fiduciary agent for this grant. MPCA will disperse funds to selected districts.

The \$2000 funding allotment **may** be used for the following HSAT related activities:

- a. Instructional materials and supplies
- b. Parent involvement activities
- c. Staff development and teacher and/or parent travel necessary to enable CSHT to implement the grant requirements
- d. Office supplies and materials
- e. Communication
- f. Printing and binding
- g. Meeting and training supplies and materials
- h. Substitute teacher reimbursements for teachers attending CSHT meetings
- i. Implementation of approved policy and/or environmental change
- j. Implementation of approved School Breakfast Program plan

Grant funds **may not** be used to pay for:

- a. Indirect costs
- b. Non-related HSAT activities or programs

Grant Support

1. An MDE or MDCH designated contact person will serve as a resource for support, materials, and the development of presentation materials to be shared with the local school board.
2. An online HSAT overview and facilitation training is available at <http://mihealthtools.org/hsat/> . It is recommended the team leader complete these trainings to become familiar with the process.

The team leader will act as the HSAT facilitator for the CSHT by:

- Setting a date to meet and complete the HSAT assessment and action plan
- Send any "pre-work" assignments prior to the completion of HSAT
- Help CSHT team complete the HSAT assessment and action plan (this will take 3-5 hours and teams will need to plan appropriately)
- Helping the team stay on task
- Ensuring everyone on the team is being heard
- Encouraging team members to reach consensus

Submitting an Application

The application must be typed or handwritten neatly on 8.5 x 11 paper and include all of the information in Sections A-C of the application. Incomplete applications will not be reviewed or accepted.

The **original** application must be **received** at one of the addresses listed below by **April 10, 2009**. Facsimile and hand delivered applications will not be accepted. Funds to support the implementation of this grant will be available upon notification of the grant award. Grant recipients will be notified by April 20, 2009. The grant period begins April 27, 2009 and ends February 28, 2010.

Applications may be sent via regular mail, overnight mail or express courier to:

Regular Mail

Michigan Department of Education
Grants Coordination and School Support
Coordinated School Health & Safety
Attn: Mary Teachout
P.O. Box 30008
Lansing, Michigan 48909

Overnight/Express Mail

Michigan Department of Education
Grants Coordination and School Support
CSHSP Unit
Hannah Building - 4th Floor
Attn: Mary Teachout
608 W. Allegan
Lansing, Michigan 48933
Telephone: (517) 335-4998

Non-Discrimination and Other Compliance with Law

Applications must include a statement of assurance of compliance with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of the Michigan Department of Education.

Americans with Disabilities Act

The Michigan Department of Education is committed to providing equal access to all persons in admission to, or operation of, its programs or services. Individuals with disabilities needing accommodations for effective participation in this program are invited to contact the Michigan Department of Education for assistance.

Questions

Questions regarding this grant should be directed to Mary Teachout at MDE - Coordinated School Health and Safety Programs Unit, Office of Grants Coordination and School Support, at (517) 335-1730 or by email at TeachoutM@michigan.gov or Jaime Malnar with the Michigan Department of Community Health (MDCH) at (517)373-3267 or by email at MalnarJ@michigan.gov .

2009 HEALTHY SCHOOL ACTION TOOLS GRANT APPLICATION

SECTION A: Background Information

Information for Grant Contact

Name

Position/Title

School or Home Phone Number

Cell Phone Number

E-Mail Address

Information for Grant School

School Name

Type of School (Please check only one. If "other" is selected, please identify.)

Elementary Middle High School Other

School Address

City/State/Zip

School Phone Number

School Fax Number

School District

County

Student Enrollment

Percent of students eligible for free or reduced price meals

SECTION B: Coordinated School Health Team

The CSHT members and a team leader must be identified and be aware of the grant requirements before they sign this application. Signatures indicate that all team members will comply with all terms and conditions outlined in the "grant requirements" and "budget guidelines".

PLEASE TYPE OR PRINT NEATLY

NAME	POSITION	E-MAIL	SIGNATURE
	Administrator		
	Health Education Teacher		
	Physical Education Teacher		
	School Foodservice Director or Manager		
	School Nurse or other Health Services Provider		
	School Counselor, Psychologist or Social Worker		
	Parent		
	Student		
	Other: <input data-bbox="496 1148 768 1192" type="text"/>		
	Other: <input data-bbox="496 1226 768 1270" type="text"/>		
	Other: <input data-bbox="496 1304 768 1348" type="text"/>		

Name of Team Leader

School or Home Phone Number

Cell Phone Number

E-Mail Address

SECTION C: Project Narrative

Part 1: Demonstrated Need

Has your school completed the HSAT assessment and action plan within the past 24 months?

YES

NO

Explain your current school environment related to nutrition, physical activity/education and a tobacco-free lifestyle: (300 words or less)

Why should your school receive this grant? (300 words or less)

Part 3: Proposed Budget

Please describe how the \$2,000 grant allotment will be used. The table includes allowable expenditures and a blank for additional items. It is understood this budget is tentative and most of the funds will be spent on implementation of the policy/environmental changes. A more complete budget will be submitted with the HSAT action plan discussed previously. The budget narrative must be completed and signed by the business office representative and grant contact person.

CATEGORY	REQUESTED BUDGET	DETAILS OF EXPENDITURE
Instructional materials and supplies		
Parent involvement activities		
Staff development and teacher/parent travel necessary to enable CSHT to implement the grant requirements		
Office supplies and materials		
Communication		
Printing and binding		
Meeting and training supplies and materials		
Substitute teacher reimbursements for teachers attending CSHT meetings		
Implementation of approved policy and/or environmental change		
Implementation of approved School Breakfast Program plan		
Other (Please specify)		
	TOTAL: <input type="text"/> (not to exceed \$2,000)	

Business Office Representative Signature _____

Grant Contact Person Signature _____