

ARKANSAS CHILD WELLNESS INTERVENTION PROJECT “CWIP”
Obesity Prevention Through Quality Physical Education
2012-2013 Guidelines

PRE-K ELIGIBILITY REQUIREMENTS

The Arkansas Tobacco Settlement Commission (ATSC) CWIP grant allows for existing CWIP grantee schools with K-2 programs, or CWIP applicants seeking a K-2 grant to also apply for a Pre-K grant. This new Pre-K component utilizes age specific exercises for 3 and 4 year olds through the SPARK curriculum. Expanding this program to Pre-K for schools that will also train those students in K-2 should allow for students to be more capable and understanding of the importance of physical education and physical activity. In order to be eligible for the Pre-K grant, your school must answer yes to at least one of the following questions. If awarded, your Pre-K grant will be administered similar to your K-2 grant, with the ATSC providing funds for training, curriculum, equipment and other grant needs.

1. Do you have an existing K-2 CWIP grant?
Check One YES NO

2. Are you currently applying for a K-2 CWIP grant?
Check One YES NO

If you have answered yes to either of the above questions, then you are eligible to seek a Pre-K grant through CWIP. If you meet the eligibility criteria above then please continue completing this CWIP application.

PART A: APPLICATION COVER PAGE

Educational Cooperative Name: _____

School District Name: _____

School Name: _____

LEA Number _____ Tax ID Number _____ County Name _____

CWIP grants are broken down into the following grade categories: Pre-K, K-2, 3-6, Middle School. This means a school can apply for one or more grants. If your school is a K through Middle, you can apply for three grants (K-2, 3-6 and Middle School). Due to the structure of the CWIP program, a school will need to submit a separate application for each grade category. For example, if you are a K-6th grade school, you would need to complete an application for a K-2 and 3-6 grant. Also, schools can apply for only certain grades within these four set grant categories. If your school is a 3-4 school, you would apply for the 3-6 grant and state it will only be implemented in grades 3-4.

Grades where CWIP will be implemented through this application (ex. Pre-K, K-2; 3-4; 3-6; 7-8):

Number of students participating in the CWIP grant in the grades specified above: _____

Grades in School: _____ Number of Students in School: _____

Address: _____

City: _____ State _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Principal: _____ Phone Number: _____

Email Address of Principal: _____ Fax Number: _____

Grant Contact Person: _____ Phone Number: _____

Email Address of Grant Contact Person: _____ Fax Number: _____

Primary PE Teacher _____ Phone Number: _____
Contact Person

Email Address of Primary PE _____ Fax Number: _____
Teacher Contact Person

PART B: STATEMENT OF NEED/READINESS

Describe your schools "Statement of Need" to promote a quality physical education program to address childhood obesity. Also discuss what your school is already doing to address this issue. To help show readiness please complete the schedule template in appendix A to indicate the teacher, the number of days and the amount of time scheduled for physical education classes for the 2011-2012 school year.

PART C: DESCRIPTION OF IMPLEMENTATION OF HEALTHTEACHER

Describe the plan your school will use to implement HealthTeacher into the classroom.

PART D: APPLICATION QUESTIONS

Answer the following questions

1. Did your school submit BMI data for the 2010-2011 school year?
Check One YES NO

If yes, what is the percent overweight and obese for your school?

(Go to www.achi.net, Click on BMI Information and Current Forms, Click on Year 8 Statewide Report at Bottom of page).

2. What was the free and reduced lunch percentage at your school for the 2010-2011 school year?

Awarded CWIP schools must be willing to provide to each student in the applicable grade level(s) at least 120 minutes of physical education each week of the school year. The 120 minutes must be broken into a minimum of two sessions of 60 minutes each week, with a preference given to schools who provide physical education each day of the week.

3. Provide the number of days each week where CWIP physical education will be administered to each student:

4. Provide the number of minutes each day of the weekly sessions above:

5. Provide the total number of minutes CWIP physical education will be provided to each student, each week, of the entire school year:

6. Do you currently have a designated indoor physical education facility/area or will you have one by the beginning of grant implementation?

Check One: YES NO

If yes, please briefly describe:

PART D: APPLICATION QUESTIONS CONTINUED

Additional Information (will not be used in the grant selection process)

7. Are you currently using Fitnessgram in the grades being applied for?
Check One: YES NO

If yes, which version:

8. Are you currently using a physical education curriculum?
Check One: YES NO

If yes, please list the name of the curriculum

9. Are you currently using HealthTeacher?
Check One: YES NO

10. Are you currently a Coordinated School Health School?
Check One: YES NO

PART E: CONSENT FORM

School District Name: _____

School Name: _____

City Name: _____

Each funded CWIP project or program will undergo standardized evaluation to ensure their effectiveness in achieving overall CWIP programming goals. Schools must report all data as required by the CWIP grant program. Programmatic and process outcomes will be evaluated using existing evaluation tools and an Arkansas-specific survey provided by the Arkansas Tobacco Settlement Commission (ASTC) and the Arkansas Department of Education's (ADE) Office of Coordinated School Health. Completion of the Center for Disease Control's School Health Index Physical Education Module's pre- and post-assessment is a requirement for the schools that receive the CWIP Grant. Completing this module will aid schools in identifying the strengths and weaknesses of the school's physical activity policies and programs.

Information gained through formal evaluation data collection and analyses will inform ASTC and ADE administration about real and/or perceived programmatic barriers. In addition, summarized evaluation results will be delivered to each CWIP project or program, as well as to ASTC and ADE administration, to document potential programmatic successes and overall program impact.

I, _____ as the superintendent of _____ school district, give the ATSC, ADE, and any ADE or ATSC contracted entity permission to enter the information collected from _____ (school name) to be compiled into a database and share group findings without identification of individual schools in any state reports without the districts written permission. I understand that I will receive a summary of my schools findings.

Please submit any questions about this consent form or any questions about the evaluation process to atsc.grants@arkansas.gov.

Original Signature of Superintendent

Date

Original Signature of Principal

Date

PART F CHECKLIST

GRANT APPLICATION CHECKLIST

- Is Part E - Consent Form completed and signed by the school's principal and superintendent?
- Does Part G - Application Signature Page - have the required signatures?
- Is the application complete and clipped together with a binder clip or paperclip?
DO NOT STAPLE THE APPLICATIONS!
- Has the application been submitted electronically? Follow directions below.

Assemble the original application in the following order:

1. Pre-K Eligibility Requirements
2. Part A - Application Cover Page
3. Part B & C - Statement of Need/Readiness & Description of Implementation of Healthteacher
4. Part D - Application Questions (2 pages)
5. Part E - Consent Form
6. Part F - Checklist
7. Part G - Application Signature Page
8. Part H - ACHI Evaluation Agreement
9. Appendix A - Schedule Template

Directions to submit application electronically: The application document **must** be saved as "School Name, Grade Level" (ex: George Smith Elementary, K-2) and email to the Arkansas Tobacco Settlement Commission at atsc.grants@arkansas.gov

PART G: APPLICATION SIGNATURE PAGE

TRAINING PARTICIPANTS (Must have a minimum of one licensed physical education teacher that is teaching in the identified school sign below)

First Licensed Physical Education Teacher	
Phone Number	Email Address
Second Licensed Physical Education Teacher	
Phone Number	Email Address

The success of the Child Wellness Intervention Project depends on the commitment of all parties involved, principal, grants contact person and physical education teachers. It is strongly suggested that each of the above thoroughly read the requirements and guidelines of the grant before signing. The applicant certifies that the information in this application is correct and that the filing of this application is duly authorized by the governing body of this institution. Any changes in the submitted application requirements could result in a loss of funding.

Original Signature of Superintendent

Date

Original Signature of Principal

Date

Original Signature of Grant Contact Person

Date

Original Signature of First Licensed
Physical Education Teacher

Date

Original Signature of Second Licensed
Physical Education Teacher

Date

PART H: ACHI Evaluation Agreement

In order to memorialize the intent of the parties listed herein to promote and advance the Arkansas Child Wellness Intervention Project (CWIP) funded by the Arkansas Tobacco Settlement Commission (ATSC), this AGREEMENT is entered into between the _____ (school name) and the Board of Trustees for the University of Arkansas acting for and on behalf of the University of Arkansas for Medical Sciences Arkansas Center for Health Improvement (ACHI). Through this Agreement, the parties will assess efficiency of physical education in Arkansas schools through evaluation and reporting of programmatic curriculum interventions designed to improve student fitness and health. Data will be collected by each participating school through a software utility referred to as Fitnessgram.

NOW, THEREFORE, in consideration of the mutual promises contained herein, the sufficiency of which is acknowledged by the parties, the parties hereby agree as follows:

1. _____ (school name) will collect all data and information required by the Fitnessgram software utility on every student enrolled in the grades awarded a CWIP grant for that school. Said data collection will occur on the dates provided by the ATSC and through a process to be provided to _____ (school name) by the ACHI.
2. _____ (school name) will then employ the software utility to report all data collected to the ACHI in a manner to be specified by the ACHI and/or the ATSC.
3. ACHI will then employ the Fitnessgram data to assess and evaluate physical and health education curriculum employed in Arkansas schools.
4. ACHI will then use these analyses to provide a report detailing evaluation results to the Arkansas Tobacco Settlement Commission. The report will be made available to schools and the public.
5. ACHI agrees that it will maintain all data received from _____ (school name) in a safe and secure manner.
6. ACHI agrees that it will not release any data that either identifies or allows the identification of individual student[s].

We the undersigned so agree.

_____ (School Name)

9

By: _____ (Principal Signature)
_____ (Principal Name Typed)

Date: _____

Appendix A: Schedule Template

Physical Education Teacher:

Grade(s)

<input type="checkbox"/> This school has block scheduling.	<input type="checkbox"/> Each student in the grades applied for will receive SPARK education the entire school year (August through May).
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FILL in the times for each class period that is allocated for physical education classes:

Class Period	Monday	Tuesday	Wednesday	Thursday	Friday

School Name

Principal Signature

PE Teacher Initials

SAMPLE Schedule Template

Physical Education Teacher: Coach Courtney

This school has block scheduling

FILL in the times for each class period for your school and show when physical education classes are scheduled:

Class Period	Monday	Tuesday	Wednesday	Thursday	Friday
1 st Period 8:10 – 9:00					
2 nd Period 9:05 – 9:55	Pre-K PE		Pre-K PE		Pre-K PE
3 rd Period 10:00 – 11:00					
4 th Period 11:05 – 12:00					
Lunch 12:00 – 12:30					
5 th Period 12:30 – 1:25					
6 th Period 1:30 – 2:20					
7 th Period 2:25 – 3:15					

S A M P L E

Pre-K CWIP BUDGET SUMMARY

School Name

LEA Number Tax ID Number

Grant Contact Phone Number

Grant Contact Email

2012-2013 Budget		Justification
\$ 299.99	SPARK Curriculum	One SPARK Pre-K Curriculum Combination Set
\$ 1,775.77	SPARK Standard Equipment Set	One Pre-K SPARK Standard Equipment Set
\$ 3,012.92	Equipment Storage Set	One Pre-K SPARK Standard Equipment Storage Set
\$ 1,000.00	Technology Equipment	One HP IPAQ 210 Enterprise Handheld Palm (or palm of your choice) and One CD Player
\$ 250.00	PE Teacher Stipend	PE Teacher Stipend for attending all required trainings
\$ 80.00	Grant Contact Stipend	Grant Contact Stipend for attending HealthTeacher training
\$ 640.00	Travel Stipend	Travel to trainings including SPARK, Fitnessgram and HealthTeacher
\$	Other*	(see description below)
\$		
\$ 7,058.68	TOTAL (for 1 teacher)	TOTAL (for 1 teacher)
\$ 250.00	Stipend for second PE Teacher	Teacher stipend for attending all required trainings
\$ 640.00	Travel Stipend for second PE Teacher	Travel to trainings including SPARK, Fitnessgram and HealthTeacher
\$		
\$ 890.00	TOTAL (for 2nd teacher)	TOTAL (for 2nd teacher)
\$ 7,948.68	GRAND TOTAL	GRAND TOTAL

The equipment storage lockers and handheld palms are quoted up to that price. Schools can order lockers and palms on their own or use CWIP suggested websites.

*Any funds that remain after all expenses are paid must be used, to support the physical and health education and wellness programs at your school, on the following items: additional SPARK equipment, pedometers, heart rate monitors (classroom set), automated external defibrillators (AEDs), mats, training for physical education teachers, local/regional/national physical education conferences (i.e. National AAHPERD Convention, ARKAHPERD Convention, and SPARK Training) and/or PE4Life Training. If the item(s) you would like to purchase aren't listed above, you will need to submit an e-mail request to the Grants Coordinator at atsc.grants@arkansas.gov for approval. Any remaining funds that are not used by August 31, 2013 must be returned to the Arkansas Tobacco Settlement Commission. The school must submit an end-of-the-year financial report showing a breakdown of all expenses for the CWIP grant.

S A M P L E