

**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-6<sup>th</sup> 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. 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: \_\_\_\_\_

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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  
Contact Person \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address of Primary PE  
Teacher Contact Person \_\_\_\_\_ Fax Number: \_\_\_\_\_

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# **ARKANSAS CHILD WELLNESS INTERVENTION PROJECT “CWIP”**

## **Obesity Prevention Through Quality Physical Education**

### **2011-2012 Guidelines**

#### **PURPOSE**

The Arkansas Tobacco Settlement Commission and the Arkansas Department of Education (ADE) Office of Coordinated School Health in collaboration with Arkansas Children's Hospital launched the “*Child Wellness Intervention Project*” (CWIP) in 2010 to promote health and wellness in Arkansas public schools. Arkansas ranks second in the nation for childhood obesity. The CWIP grant is the first of its kind specifically designed to tackle this epidemic across the state. CWIP uses proven methods to increase time spent in physical activity through providing quality physical education programs. Students who are more physically active tend to be healthier and perform better academically. Over time, CWIP schools can expect to see a reduction on overall BMI, a decrease in discipline and absenteeism, and an increase in learning efficiency.

In order to achieve the goals within CWIP, schools must develop, sustain and expand on constructive changes in the school physical education environment. The most critical of these changes deals with the time students spend participating in moderate to vigorous physical activity (MVPA). Increasing MVPA is the only proven method to positively impact and reduce BMI. This grant opportunity provides schools with curriculum, training and resources based on the Arkansas Standards for Physical Education to be taught by licensed physical education teachers to equip your school in the battle to combat childhood obesity.

#### **APPLICATION PROCESS**

Completed applications are due on or before 4:30pm, October 29, 2010. Original Application with signatures should be mailed to **Arkansas Tobacco Settlement Commission, 101 East Capitol Avenue, Suite 108 ~ Little Rock, Arkansas 72201** and **must also be submitted electronically at [atsc.grants@arkansas.gov](mailto:atsc.grants@arkansas.gov)**. Informational training session (encouraged but not required) regarding the grant requirements, will be held on September 28, 2010 from 12:00 to 4:00 in the Cox Conference Room at the address listed above.

#### **ELIGIBLE APPLICANTS AND REQUIREMENTS**

The following are requirements to be an eligible applicant:

- Arkansas public and charter schools
- Must have at least one Licensed Physical Education Instructor teaching the grade(s) applied for
- Must apply and implement in the following grade categories: Pre-K, K-2, 3-6 or middle school
- Must be submitted with the approval of the school's principal and superintendent
- Must have a designated indoor physical education facility/area

#### **FUNDING ALLOCATIONS**

Funds that are provided to the schools must be used for the following:

- SPARKS curriculum and required equipment
- Locking storage for all equipment
- Fitnessgram software for grades 3-6 and middle school
- HealthTeacher.com curriculum
- Teacher trainings on SPARK, Fitnessgram, and HealthTeacher.com
- Travel expenses to attend all required trainings
- One stipend for up to 2 teachers per school that attend all required trainings
- One stipend for the grant contact person to attend the Healthteacher.com training

## **SCHOOLS MUST COMMIT TO THE FOLLOWING FOR GRANT FUNDING:**

- Increase the physical education time to a minimum of 120 minutes per week
- Implement program for all students in grades applied for; from the following grade categories Pre-K, K-2, 3-6, or middle school
- Signed copy of schedule template (see Appendix A) indicating physical education teacher's name and time scheduled in physical education class
- Fitness testing for all physical education students grades 3 and above biannually using the Fitnessgram program
- HealthTeacher.com implemented into elementary grades a minimum of 2 lessons a week or middle school implementation of HealthTeacher.com in health classes
- HealthTeacher.com Pre & Post tests completed in grades 3-8 and submitted
- Schools must teach tobacco education at the appropriate grade level using HealthTeacher.com
- Provide physical education teachers with access to computers with internet that meet the necessary requirements to run Fitnessgram 9.0. Requirements can be found at [www.fitnessgram.net](http://www.fitnessgram.net)
- Must have at least one licensed physical education teacher meeting ADE accreditation, teaching awarded grades.
- Physical education teachers must attend all trainings for SPARK, Fitnessgram and HealthTeacher (designated dates will be determined by CWIP staff)
- The grant contact will be responsible for attending and setting up online trainings for classroom teachers on HealthTeacher
- Physical education teachers attending training must commit to implementing the program for a minimum of one year at the designated school
- Complete all components of the CWIP annual evaluation through the 2012-2013 school year or as long as SPARK is implemented as a CWIP project
- Supply all data and reports as required by the CWIP grant program

## **SELECTION PROCESS**

Selection of grantees for the CWIP program will be based on the following categories:

1. Educational Cooperative representation
2. Ability to show readiness and need
3. Percentage of Free and Reduced
4. BMI percentages for 2009-2010 school year
5. Amount of Physical Education time committed by the grant applicant
6. Completion of Grant Requirements

It is important to note that during the initial phase of selection, primary consideration will be given to funding three grants in each Educational Cooperative area of the state (one K-2, one 3-6, and one middle school). If additional grant funds are available after the initial selection phase, then grants will be awarded by competitive review of the scoring in numbers two through six.

## **FUNDING DISTRIBUTION**

All funds will be used for the purchase of items under the section Funding Allocations as mentioned above.

## **REPORTING REQUIREMENTS**

Schools must report all data as required by the CWIP grant program. Each funded CWIP project or program will undergo standardized evaluation to ensure their effectiveness in achieving overall CWIP programming goals. 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, in conjunction with the CWIP evaluator, the Arkansas Center for Health Improvement. Information gained through formal evaluation data collection and analyses will inform the ASTC 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.

## **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 2009-2010 school year?

Check One  YES  NO

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

(Go to [www.achi.net](http://www.achi.net), Click on BMI Information and Current Forms, Click on Year 7 Statewide Report at Bottom of page).

2. What was the free and reduced lunch percentage at your school for the 2009-2010 school year? \_\_\_\_\_

Awarded CWIP schools must be willing to provide to each student in the applicable grade level 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 in these weekly sessions:

\_\_\_\_\_

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

\_\_\_\_\_

6. Do you currently have a designated 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.com?  
Check One:  YES  NO

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

**PART E: CONSENT FORM**

Name of School District: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of City: \_\_\_\_\_

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](mailto: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.Part A - Application Cover Page
- 2-3.Part B & C - Statement of Need/Readiness & Description of Implementation of Healthteacher.com
- 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 emailed to the Arkansas Tobacco Settlement Commission at [atsc.grants@arkansas.gov](mailto: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)

By: \_\_\_\_\_ (Principal Signature)  
\_\_\_\_\_  
(Principal Name Typed) / Principal

Date: \_\_\_\_\_

**Appendix A: Schedule Template**

Physical Education Teacher: \_\_\_\_\_

This school has block scheduling

**FILL in the times for each class period that is allocated for physical education classes:**

Class Period	Monday	Tuesday	Wednesday	Thursday	Friday

School Name \_\_\_\_\_

Principle Signature \_\_\_\_\_

## 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:**

<b>Class Period</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
1 <sup>st</sup> Period 8:15 – 8:55					
2 <sup>nd</sup> Period 8:55 – 9:35	7th-8th Grade	7th -8th Grade	7th -8th Grade	7th -8th Grade	7th -8th Grade
3 <sup>rd</sup> Period 9:35 – 10:15	8 <sup>th</sup> Grade PE	8 <sup>th</sup> Grade PE	8 <sup>th</sup> Grade PE	8 <sup>th</sup> Grade PE	8 <sup>th</sup> Grade PE
4 <sup>th</sup> Period 10:15 – 10:55	6 <sup>th</sup> Grade PE	6 <sup>th</sup> Grade PE	6 <sup>th</sup> Grade PE	6 <sup>th</sup> Grade PE	6 <sup>th</sup> Grade PE
LUNCH 10:55 – 11:35					
5 <sup>th</sup> Period 11:35 – 12:15					
6 <sup>th</sup> Period 12:25 – 1:05	7 <sup>th</sup> Grade PE	7 <sup>th</sup> Grade PE	7 <sup>th</sup> Grade PE	7 <sup>th</sup> Grade PE	7 <sup>th</sup> Grade PE
7 <sup>th</sup> Period 1:05 – 1:45					
8 <sup>th</sup> Period 1:45 – 2:25					
9 <sup>th</sup> Period 2:25 – 3:05					

S A M P L E

## Middle School CWIP BUDGET SUMMARY

School Name

LEA Number  Tax ID Number

Contact Person  Phone Number

Contact Person Email

<b>2010-2011 Budget</b>		<b>Justification</b>
\$ 325.50	SPARK Curriculum	One SPARK MS Curriculum Combination Set
\$ 10,205.01	SPARK Standard Equipment Set with Equipment Storage Locker	One MS SPARK Standard Equipment Set with Equipment Storage Locker
\$ 429.00	Fitnessgram 9 Kit	One Fitnessgram 9 Stand Alone Kit
\$ 75.00	Fitnessgram Student/Parent Reports	Fitnessgram Student/Parent Reports
\$ 1,000.00	Technology Equipment	One HP IPAQ 210 Enterprise Handheld Palm (or palm of your choice) and One CD Player
\$ 500.00	Training Fee	SPARK Premium and Fitnessgram Training (Date: TBD)
\$ 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	Necessary travel to trainings including SPARK, Fitnessgram and HealthTeacher
\$	Other*	(see description below)
\$		
\$ 13,504.01	<b>TOTAL (for 1 teacher)</b>	<b>TOTAL (for 1 teacher)</b>
\$ 500.00	Training for second PE Teacher	Training for second PE Teacher
\$ 250.00	Stipend for second PE Teacher	Teacher stipend for attending all required trainings
\$ 640.00	Travel Stipend for second PE Teacher	Necessary travel to trainings including SPARK, Fitnessgram and HealthTeacher
\$		
\$ 1,390.00	<b>TOTAL (for 2nd teacher)</b>	<b>TOTAL (for 2nd teacher)</b>
\$ 14,894.51	<b>GRAND TOTAL</b>	<b>GRAND TOTAL</b>

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 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. Any remaining funds that are not used by May 31, 2012 will 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