

**Coordinated School Health Mini Grant Application  
(Application Deadline 12/01/2020)**

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

School Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

Healthy School Team Person for This Proposal: \_\_\_\_\_

Contact Person Title/Position: \_\_\_\_\_

Phone of Contact Person: \_\_\_\_\_

Email of Contact Person: \_\_\_\_\_

Project Title: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Date(s) of Project: \_\_\_\_\_

**In order to qualify for this mini-grant, all state mandated compliance and reporting such as Healthy School Team, PAPE reports, and School Health Index must be completed.**

Signature of Applicant: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

(Note to principals: Only one application per school per academic year will be considered.)

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## Program Description

**(PLEASE USE ARIAL 12-POINT FONT FOR THE GRANT TEXT!!)** *Please answer each of the following questions in 250 words or less:*

1. What is the primary goal of your proposed Coordinated School Health Mini-grant Program project?
  
  
  
  
  
  
  
  
  
  
2. Describe your project, how this event / program / class will enhance the students' and/or teacher's health-related learning and the anticipated numbers served. Be very clear about the activities that will occur and what results you intend to achieve.

**Provide a project budget. Vendor must be an GSMD approved vendor. The budget will only pay for equipment. No contracted services, and salaries/benefits will be used per this grant request. Be sure to include discounts, shipping and handling in your order. You may use a 9-font in this table. Remove highlighted example.**

1. **Do you have a Healthy School Team?**  Yes  No
  
2. **Have you completed the School Health Index?**  Yes  No
  - a. **If yes, did you submit the following to the Office of Coordinated School Health?**
    - i. **Overall Score Card-** Yes  No
      1. **Module 1 %-**\_\_\_\_\_
      2. **Module 2 %-**\_\_\_\_\_
      3. **Module 3%-**\_\_\_\_\_
      4. **Module 4%-**\_\_\_\_\_
      5. **Module 5%-**\_\_\_\_\_
      6. **Module 6%-**\_\_\_\_\_
      7. **Module 7%-**\_\_\_\_\_
      8. **Module 8%-**\_\_\_\_\_
  
    - ii. **School Health Improvement Plan-** Yes  No

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Please keep all vendor items together.		QUANTITY	UNIT OF	WHSE.	<b>PLEASE TYPE OR PRINT</b>	EACH	TOTAL COST OF ITEMS
VENDOR	PG #		ISSUE	STOCK NO.	(Exact Name of Item)	PRICE	
S&H (check with vendor)							