

**Colorado Parents for Healthy Kids**

**Wellness Kit Program Application 2019-2020**

Please refer to the **Wellness Kit Program Application Instructions** for an outline   
on the application steps and a detailed description of the program requirements:   
<http://www.actionforhealthykids.org/CO-WKP-Application-Instructions-2018-2020>.

Applicants are encouraged to contact Program Coordinator Denise Marques prior to submitting an application to discuss program goals and requirements: [dmarques@actionforhealthykids.org](mailto:dmarques@actionforhealthykids.org).

**Section 1: School Information**

1. School/Applicant Information
2. School Name (enter complete school name – no abbreviations)
3. School Address (including zip code)
4. School Phone Number
5. School District (drop-down)
6. County
7. Grade levels served
8. Number of students (enrollment)
9. Free and reduced meal eligibility rate (percentage)

Find your school’s enrollment and free and reduced rate:

<https://www.cde.state.co.us/cdereval/2018-19k-12freeandreducedluncheligibilitybyschool>

1. Name of parent/school group applying for the program (e.g., Brookshire PTA, Smith Elementary Wellness Committee)
2. Applicant Contact Information (person filling out application)
3. Name
4. Title
5. Role in Project (e.g., School Staff Advisor, Parent Contact, Wellness Team Member, etc.)
6. Phone Number
7. Email (Note: We will use email for all communications. Please ensure there are no typos in your address)
8. School Staff Advisor Contact Information – School administration must designate a staff member to be on the project team, serve as project liaison between school administration and AFHK-Colorado PTA, and ensure all grant requirements are completed.
9. Name
10. Title
11. Email
12. Phone Number
13. Primary Parent Contact Information – Applying group must designate **a parent** or family member of a student at the school (preferred) or a parent engagement specialist to be the primary parent contact on the project team and serve as project liaison between parent group/project team and AFHK-Colorado PTA.
14. Name
15. Title or role at school
16. Email
17. Phone Number
18. Parent Organization - What kind of parent organization does your school have? (select one)

* My school has no active parent organization
* PTA/PTSA affiliated with National PTA and Colorado PTA
* PTO – independent parent-teacher organization
* Other school parent organization - please specify:

5a. If you don’t have an active parent organization, are you interested in learning how to start a PTA at your school?

5b. If your parent organization is not a PTA/PTSA, are you interested in learning about Colorado PTA and how to join with hundreds of other PTA school across Colorado?

5c. If you are a PTA/PTSA school, do you have a designated Health, Wellness, and Safety Liaison?

1. During a typical school year, how many times does your school health/wellness team meet?

* Our school does not have a school health team.
* 0 times
* 1 time
* 2 times
* 3 times
* 4 or more times
* This information is not available

1. Which of the following groups are represented on your school health/wellness team? (select all that apply)

* Administrators
* Food Service Staff
* School Health Professionals
* Physical Education Teachers
* Other Teachers
* Students
* Parents and family members
* Community partners
* Our school does not have a school health team
* Other (Please specify):

1. How many parents and/or family members are currently involved on your school health/wellness team?

* 0
* 1
* 2
* 3
* 4
* 5
* 6+

**Section 2: Project Details**

Please provide information about your wellness kit project concept in this section. Projects may be designed to improve nutrition knowledge and behaviors, increase physical activity or both.

1. Which **WELLNESS KIT** would your project team like to select?

* Taste Test & Nutrition Promotion Kit
* Healthy Cooking Kit
* Active Recess Cart
* Healthy Games, Celebrations & Rewards Kit
* Classroom Physical Activity Kit

1. Is your wellness kit project designed to increase physical activity or improve nutrition knowledge and behaviors?

* Increase physical activity
* Improve nutrition knowledge and behaviors
* Both

1. Will the kit be used to strengthen or enhance existing initiatives or implement new ones?

* Strengthen existing initiative(s)
* Implement new initiative(s)
* Both

1. Specify the **primary** strategies you plan to implement. Select up to three–note that you will be asked to collect data on each strategy you select at the beginning and end of the project to determine its impact:

* Active Recess (may include indoor or outdoor recess)
* Before & After School Programs
* Classroom Physical Activity
* Healthy Celebrations
* Healthy Fundraising
* Healthy Family Events
* Healthy Rewards
* Healthy School Meals
* Nutrition Education & Promotion (may include school garden activities)
* Other | please specify:

1. Describe your project goals. What nutrition and/or physical activity impacts are you trying to achieve? (1000 characters)
2. Describe in detail the project you plan to implement at your school using your selected kit. Include any significant dates for a timeline. (2000 characters)

**Section 3: Parent and Family Engagement**The primary goals of the Wellness Kit Program are to engage parents and family members in school wellness initiatives, activate parent groups to make transformative improvements to their school food and physical activity environments, and build partnerships between school health teams and parent groups. Successful applications must clearly demonstrate how parents and families will be involved in the project implementation and activities.

1. How will parents and family members be involved in the planning and implementation of the project? They will: (select all that apply)

* Lead the project team
* Serve on the project team
* Provide input to the project team
* Help to implement the project
* Promote the project around the school community
* Help to evaluate the project
* Other | specify below
* Parents will not be involved with project planning and implementation

Please explain in more detail:

1. How will parents and family members participate in the project activities? They will: (select all that apply)

* Attend health and wellness events
* Participate in wellness kit project activities at school and/or at home
* Participate in Every Kid Healthy Week activities
* Receive information about healthy eating and physical activity
* Other | specify below
* Parents will not participate in the project activities

Please explain in more detail:

1. Will any of your parent participants or team members need training or coaching in Spanish?

* Yes, that could be helpful for our team
* No, not at present
* I don’t know at this time

1. How will your **parent organization** (PTA, PTSA, PTO or other) be involved in your project?

* They are leading the project.
* They will have a representative on the project team to provide input and support with project planning and implementation.
* They will help the project team with project implementation and/or promotion.
* They will not be involved.
* We’re not sure yet.
* N/A - We don’t have an active parent organization.

**Section 4: Additional Information**

1. Identify how **school staff** will be engaged in the wellness kit project. (select all that apply)

* Project leadership
* Project planning
* Project implementation
* Project evaluation
* Project promotion around the school community
* Participation in project activities
* Other (Please specify)

1. Identify how **students** will be engaged in the wellness kit project. (select all that apply)

* Project leadership
* Project planning
* Project implementation
* Project evaluation
* Project promotion around the school community
* Participation in project activities
* Other (Please specify)

1. Do you plan to adopt any **policies**, **guideline**s or **school improvement goals** related to nutrition, physical activity or parent/family engagement during the course of your project?

* Probably not
* Yes – please describe:
* We don’t know yet

1. What steps will you take to ensure the school wellness practices implemented through your project are sustained once your school completes the program? (1000 characters)
2. How will your school celebrate [Every Kid Healthy Week](http://www.everykidhealthyweek.org/)? (1000 characters)
3. Why are applying for this program, and is there anything else we should consider when reviewing your application? (1000 characters)
4. How did you hear about the Colorado *Parents for Healthy Kids* Wellness Kit Program?

* Action for Healthy Kids website or social media
* Action for Healthy Kids email or newsletter
* Colorado PTA website or social media
* Colorado PTA email or newsletter
* Colorado PTA phone communications
* School district communications
* Other nonprofit/agency website or communications
* Other (please specify):

Thank you for completing this draft application. **Applications must be submitted online.** Copy and paste your answers from this document into the online survey at: [http://www.SurveyMonkey.com/r/Wellness-Kit-Application-APRIL-2019](http://www.surveymonkey.com/r/Wellness-Kit-Application-APRIL-2019).

We recommend you save a copy of your draft. Copies of submitted applications are not available for download.

**Action for Healthy Kids is available to answer questions and provide you with assistance in submitting a strong application. Don’t hesitate to reach out to us to ensure that you understand the questions and that your project meets the program goals.**

For questions or assistance, contact: Denise Marques, CO Parents for Healthy Kids Program Coordinator at [dmarques@actionforhealthykids.org](mailto:dmarques@actionforhealthykids.org)