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**2019-2020 Action for Healthy Kids Grants**

**Game On Grant**

**Application for Funds – Due Friday, September 27, 2019**

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| **Please refer to the** [**Game On application instructions**](http://www.actionforhealthykids.org/storage/documents/Game_On_Application_Instructions_V2.pdf) **for an outline on the steps to submitting an application and a more detailed description of the application requirements.** |

**Section 1: Contact Information**

1. Applicant Contact Information
   * Name
   * Role (Select one)

|  |  |
| --- | --- |
| Parent | School Professional-Teacher |
| Community Member | School Professional-P.E. Teacher |
| Health Professional | School Professional-Nurse/Health Aid |
| Community Based/Nonprofit Organization Staff | School Professional-Food Service |
| Student | School Professional-Higher Ed |
| Government Official/Agency Staff | School Professional-Administrator |
| School Professional-Board Member | School Professional-Other |
|  | None of the Above |

* Phone Number:
* Primary Email:
* Alternate Email:
* Free and Reduced % (if CEP, enter 100):

1. Provide contact information for the following individuals. By providing their names and emails, you are indicating their support for the project.
   * Name of Principal/Administrator
   * Email
   * Name of Physical Education Teacher
   * Email
   * Name of School Building School Nutrition Manager
   * Email

**Section 2: Project Details**

**Physical Activity Initiative:**

1. What is the physical activity initiative you are interested in implementing at your school? (Select one)

* Outdoor Active Recess
* Indoor Active Recess
* Play Space Refurbishing
* Physical Education Equipment
* Gymnasium Refurbishing
* Brain Breaks/Classroom Physical Activity
* Before-School Programming
* After-School Programming
* Fitness Assessment/Testing
* Walk/Bike to School
* Other (Please specify)

1. Describe the physical activity initiative you wish to see at your school. Include any significant dates for a timeline. (2000 characters)
2. What will be the impact(s) of your physical activity initiative? (Select all that apply)
   * Increase average daily physical activity minutes for students
   * Increase number of students participating in physical activity initiatives
   * Increase amount of time students engage in moderate-to-vigorous physical activity
   * None or other
3. Enter the average number of physical activity minutes per day for the majority of students at your school for each of the following initiatives.

|  |  |
| --- | --- |
| **Physical Education** | |
| * Number of Minutes per Day |  |
| * Number of Days per Week |  |
| * Percentage of Students Participating |  |
| * Percentage of Time Students Engage in Moderate-to-Vigorous Physical Activity |  |
| **Recess** | |
| * Number of Minutes per Day |  |
| * Number of Days per Week |  |
| * Percentage of Students Participating |  |
| * Percentage of Time Students Engage in Moderate-to-Vigorous Physical Activity |  |
| **Classroom Physical Activity Breaks** | |
| * Number of Minutes per Day |  |
| * Number of Days per Week |  |
| * Percentage of Students Participating |  |
| **Before/After School Activities** | |
| * Number of Minutes per Day |  |
| * Number of Days per Week |  |
| * Percentage of Students Participating |  |
| **Walk/Bike to School Activities** | |
| * Number of Minutes per Day |  |
| * Number of Days per Week |  |
| * Percentage of Students Participating |  |

**Nutrition Initiative:**

1. What is the nutrition initiative you are interested in implementing at your school? (Select one)

* Nutrition Education
* School Gardens
* Salad Bars
* Smarter Lunchrooms
* Healthy Fundraisers
* Classroom Celebrations
* Classroom Rewards
* Healthy Food Taste Testing
* Healthy Cooking Classes
* Water Access
* Healthy snacking (including school store, vending and a la carte)
* Other (Please specify)

1. Describe the nutrition initiative you wish to see at your school. Include any significant dates for a timeline. (2000 characters)
2. What will be the impact(s) of your nutrition initiative? (Select all that apply)

* Increase knowledge of healthy foods and beverages
* Increase consumption of healthy foods and beverages
* Improve attitudes around healthy foods and beverages
* Improve the school nutrition environment
* None or other

1. Identify the grade levels that receive nutrition education. (Select all that apply)

* K
* 1
* 2
* 3
* 4
* 5
* 6
* 7
* 8
* 9
* 10
* 11
* 12
* Our school doesn’t provide nutrition education

1. Identify the grade levels that utilize a school garden. (Select all that apply)

* K
* 1
* 2
* 3
* 4
* 5
* 6
* 7
* 8
* 9
* 10
* 11
* 12
* Our school does not have a school garden

1. Once the grant term is over, describe how you will ensure that grant efforts and success will be sustained. (1000 characters)
2. Describe other funding your school has received (or applied for) to address nutrition or physical activity. (500 characters)
3. How will your school celebrate [Every Kid Healthy Week](http://www.everykidhealthyweek.org/)? (1000 characters)
4. During a typical school year, how many times does your school health team meet?

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

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

* Administrators
* Food Service Staff
* School Health Professionals
* Physical Education Teachers
* Other Teachers
* Students
* Parents/Family Members
* Community Partners
* Our school does not have a school health team
* Other (Please specify)

**Section 3: Budget**

1. How will you use the $1,000 if your project is accepted? Itemize the grant funds below.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **First Semester Request**  **(not to exceed 70% of total)** | **Second Semester Request (not to exceed 30% of total)** | **Justification of Funds**  **(Description of use of funds)** |
| Program equipment and supplies |  |  |  |
| Incentives, gifts, and awards |  |  |  |
| Evaluation |  |  |  |
| Printing and Copying |  |  |  |
| Meeting/Event Costs |  |  |  |
| Every Kid Healthy Week Event Costs |  |  |  |
| Other |  |  |  |
| **Total Amount of School Support** | **700** | **300** |  |

**Section 4: Additional Opportunities**

1. If additional funding becomes available, would your school be willing to host:
   * A healthy snack taste test?
   * An active, family engagement event during the school year?
   * A nutrition or physical activity promotional campaign during the school year?
   * Potential corporate volunteers for a school wellness event?

**Section 5: Other Information**

1. How would you best define your school’s involvement in health and wellness? (Select one)

* We had a program with an active 5-person health team, administrator engagement, family and community engaged, and a balance of physical activity and nutrition programming.
* We had a program with a school health team, administrator support, some family and community engagement, and some physical activity and nutrition programming.
* We had a program with a one or two people organizing efforts, but not a team, and implemented a few physical activity and/or nutrition initiatives.
* We had a program with little effort, minimal support and no physical activity and/or nutrition initiatives.
* Other (Please specify):

1. How involved were you in school-based health and wellness? (Check all that apply)

* I led my School Health Team.
* I served on my School Health Team.
* I led school health-related projects and initiatives.
* I supported health-related projects and initiatives.
* I volunteered for health-related projects and initiatives.
* I promoted physical activity and nutrition in my day to day responsibilities but was not involved in school-level health and wellness.
* I was involved in school health and wellness in a different way not listed.
* Other (Please specify):

1. How did you first hear about the Action for Healthy Kids schools grant opportunity? (Select one)
   * My school previously received a grant from Action for Healthy Kids
   * Action for Healthy Kids’ website
   * Social media
   * AFHK emails/newsletters
   * Action for Healthy Kids Regional Manager/State Coordinator
   * AFHK Parent Ambassador
   * Partner website or communications (e.g., USDA, FRAC, Shape America, Let’s Move, etc.)
   * CSX Employee Referral
   * Saputo Employee Referral
   * Materne GoGo squeeZ Employee Referral
   * Cargill Employee Referral
   * Media (e.g. news article, blog)
   * Other (Please specify)
2. How satisfied are you with the services and resources AFHK has provided during this application process?

* Extremely Satisfied
* Very Satisfied
* Satisfied
* Less Satisfied
* Not at all Satisfied
* Did Not Use

1. How satisfied were you with the grant process (school portal, application instructions) AFHK provided this year?

* Extremely Satisfied
* Very Satisfied
* Satisfied
* Less Satisfied
* Not at all Satisfied
* Did Not Use

**Please proceed to the** [**Action for Healthy Kids School Portal**](https://afhkschoolportal.force.com/AFHK_Communities_Login) **to submit your application online. Questions? Please contact your** [**State Coordinator**](mailto:AFHK%20Regional%20Manager/State%20Coordinator) **or email** [**SchoolGrants@ActionforHealthyKids.org**](mailto:SchoolGrants@ActionforHealthyKids.org)**.**