



**2020-2021 Action for Healthy Kids
\$2500 Game On Grant
Application for Funds – Due Friday, May 1, 2020**

Please refer to the [Game On application instructions](#) 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):

2. 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 Nutrition Manager
- Email

Section 2: Project Details

Physical Activity Initiative:

3. What is the physical activity project you are interested in implementing at your school? Please describe in detail. (2000 characters)

4. What is the physical activity strategy you expect to incorporate into your project throughout the year? (select one)
 - Outdoor Active Recess

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

5. 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

6. How do you anticipate your proposed project will lead to the chosen physical activity impact(s)? (2000 characters)

7. Enter the average number of physical activity minutes received 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:

8. What is the nutrition project you are interested in implementing at your school? Please describe in detail. (2000 characters)

9. What is the nutrition strategy you expect to incorporate into project throughout the year? (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)

10. What will be the impact(s) of your nutrition initiative? (Select all that apply)

- An increase in student participation in nutrition education.
- An increase in schools providing access to healthy foods/beverages wherever food is served, sold, or shared on campus.'
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11. How do you anticipate your proposed project will lead to the chosen nutrition impact(s)? (2000 characters)

12. How many hours per year on average do students receive classroom instruction on nutrition education? (3 characters)

13. **How many** grade levels utilize the school garden at your school (through garden workdays, lessons in the garden, garden taste tests, etc.)? For example, if 3rd, 5th, and 7th participate in the school garden, that would be 3 grades. (Select one)

- | | |
|-----|---|
| • 1 | • 9 |
| • 2 | • 10 |
| • 3 | • 11 |
| • 4 | • 12 |
| • 5 | • 13 |
| • 6 | • More than 13 |
| • 7 | • Our school doesn't have a school garden |
| • 8 | |

14. Describe the ongoing opportunities your school will implement to engage staff, family and/or community in leading or supporting your school health programming and your plan for sustaining these opportunities. (2000 characters)

15. 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.

16. 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)

17. Please select at least one of the following impacts as a result of your school's proposed nutrition and physical activity programming: (Please click the links to learn more about SEL impacts through [nutrition](#) and [physical activity](#))

- Increase in student self-awareness
- Increase in student self-management
- Increase in student social awareness
- Increase in student relationship skills
- Increase in student responsible decision making

18. Please include any significant dates for a timeline of your project. (2000 characters)

19. Once the grant term is over, describe how you will ensure that grant efforts and success will be sustained. (1000 characters)

20. Describe other funding your school has received (or applied for) to address nutrition or physical activity. (500 characters)

Section 3: Budget

21. How will you use the \$2,500 if your project is accepted? Please itemize the grant funds in the space provided. (2000 characters)

Section 4: Other Information

22. 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 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
- Aldi Employee Referral
- Other Employee Referral (Please specify)
- Media (e.g. news article, blog)

- Other (Please specify)

Please proceed to the [Action for Healthy Kids School Portal](#) to submit your application online. Questions? Please contact your [State Coordinator](#) or email Contactus@ActionforHealthyKids.org.