

**APPLICATION – Attachment A**  
**Physical Activity and Healthy Eating Before/After School and Summer Programming**

Applicant (school district/organization)

Address

County

Head Administrator (Superintendent/CEO/Executive Director)

Title

Telephone

Email

Fax

Grant Coordinator

Title

Address

Telephone: Office

Cell

Email

Fax

List the schools/locations where students will be served throughout the project period.

Estimated number of youth in kindergarten through sixth grade that will be reached in the programs

Number of youth in physical activity programs

Number of youth in healthy eating/nutrition education programs

Briefly describe your previous history of providing before/after school and/or summer programming.

**Proposal Summary:** Describe the programs, education, environmental enhancements and /or policies being proposed along with the need being addressed by each one. (2 page maximum)



**One physical activity program and one healthy eating/nutrition education program are required for this application. Additional programs may also be proposed within the application.**

Physical Activity Program Description: Funding Amount Requested: \$  
 Funding details:  
 Partnering organizations:

Locations (school/facility building)	Months occurring	# of Weeks	Minutes per session	Total # of hours	Grades being served (K-6)	Number of youth	Cost to the youth
1.							
2.							
3.							
4.							
5.							

Physical Activity Program Description: Funding Amount Requested: \$  
 Funding details:  
 Partnering organizations:

Locations (school/facility building)	Months occurring	# of Weeks	Minutes per session	Total # of hours	Grades being served (K-6)	Number of youth	Cost to the youth
1.							
2.							
3.							
4.							
5.							

Physical Activity Program Description: Funding Amount Requested: \$  
 Funding details:  
 Partnering organizations:

Locations (school/facility building)	Months occurring	# of Weeks	Minutes per session	Total # of hours	Grades being served (K-6)	Number of youth	Cost to the youth
1.							
2.							
3.							
4.							
5.							

Healthy Eating/Nutrition Education Program Description: Funding Amount Requested: \$  
 Funding details:  
 Partnering organizations:

Locations (school/facility building)	Months occurring	# of Weeks	Minutes per session	Total # of hours	Grades being served (K-6)	Number of youth	Cost to the youth
1.							
2.							
3.							
4.							
5.							
6.							

Healthy Eating/Nutrition Education Program Description: Funding Amount Requested: \$  
 Funding details:  
 Partnering organizations:

Locations (school/facility building)	Months occurring	# of Weeks	Minutes per session	Total # of hours	Grades being served (K-6)	Number of youth	Cost to the youth
1.							
2.							
3.							
4.							
5.							
6.							

Parent/Caregivers Education (Optional): Funding Amount Requested: \$  
 Funding details:  
 Partnering organizations:

Locations (school/facility building)	Months occurring	# of Weeks	Minutes per session	Total # of hours	Topics Covered: Physical Activity, Healthy Eating Healthy Living (4 x 4), Other – Be specific	Cost to the attendee
1.						
2.						
3.						
4.						
5.						

Environmental Enhancement (Optional): Funding Amount Requested: \$  
 Funding details:

Locations (school/facility building)	Description of environmental enhancement	Partnering organizations	Completion month	Fee for usage
1.				
2.				
3.				
4.				
5.				

Policy Implementation (Optional): Funding Amount Requested: \$  
 Funding details:  
 Partnering organizations:

Locations (school/facility building)	Description of Policy Elements	Partnering organizations	Completion month	Who will be approval body/committee?
1.				
2.				
3.				
4.				
5.				

Funding Requested: (maximum of \$100,000)

Match: Organization(s), Type, and Total

Support letters from all parties providing services and match are attached      Yes      No

If no, explain the reason for the lack of support letter(s)

Do you have other funding that supports before or after school or summer programming for these students?

Yes      No      If yes, please describe the programming, and funding amount and resource(s)

Yes, I agree to complete progress and data collection reports, attend conference calls, complete a final report, monthly financial status reports, and site visits.

Head Administrator

Date

Grant Coordinator

Date