

Generation With Promise Mini-grant Award Application (2008-2009) DUE JUNE 6, 2008



OVERVIEW

Generation With Promise (GWP) is a project funded by the W.K. Kellogg Foundation. Directed by Michigan Surgeon General Dr. Kimberlydawn Wisdom, GWP aims to achieve and sustain change at the policy, environment and student levels in underserved communities by empowering school staff and middle-school-aged students to become change agents.

GWP began in the 2007-2008 school year and is currently funding 10 schools. One component of GWP is to offer mini-grants to additional schools with grades 6-8 to plan and make changes related to nutrition education, healthy eating at school, PE, physical activity or tobacco use prevention. GWP project staff will provide support to schools for this project.

ELIGIBILITY

Schools with grades 6-8 in the *Governor's Cities of Promise*: Detroit, Highland Park, Hamtramck, Pontiac, Benton Harbor, Flint, Saginaw and Muskegon Heights are eligible to apply for:

\$5,000 per year for up to two years (total award=\$10,000)

Year One: 2008-09 school year

Convene a CSHT (see below)
Assess your school
Develop an action plan and budget
Train staff
Make a positive change
Submit reports

Year Two: 2009-2010 school year

CSHT continues to meet
Students take ownership and learn leadership
Update school assessment, action plan & budget
Students and staff make a positive change
Submit reports

Note: If you have an SNAK Grant you are not eligible to apply.

REQUIREMENTS

1. Form a Coordinated School Health Team (CSHT).
2. Complete the Healthy School Action Tool (HSAT) and choose **ONE** area to focus on: (1) nutrition/healthy eating, (2), PE or physical activity, or (3) tobacco use prevention.
3. Develop a brief action plan with a goal.
4. CSHT members need to complete consent forms and brief surveys.
5. Submit a budget and financial expenditure report.
6. Complete a short progress report twice per year.
7. The principal and one other team member must attend an orientation training session during August 2008 (you will be notified of the date).

ADDITIONAL BENEFITS

- Invitation to EPEC¹ training
- Invitation to Michigan Model training
- Other resources and support from GWP team
- Enroll your school in Team Nutrition
- Invitation to a Youth Summit
- Submit your success story online
- Apply for the Healthy School Environment Recognition Program

TECHNICAL SUPPORT

- Complete this application and submit it with a postmark no later than **June 6, 2008**. Ensure the support of the district superintendent (or equivalent), principal, foodservice director/manager, physical education and health teachers as indicated by their signatures on page 4 of the application.
- The application will be posted to www.michiganstepsup.org by May 19, 2008 (click on Generation With Promise) or: <http://www.michigan.gov/surgeongeneral/0,1607,7-216-47379---,00.html>
- Conference calls to answer questions about grant activities, requirements and the application are scheduled for May 21 at 7:30 am and May 28 at 3:30 pm. Participation is optional and will not affect scoring of your application. Call-in number: (877) 873-8018, access code: 8895061.
- If you have any questions, please contact Bridget Christian at the GWP office at (313) 456-4382 or at christianb@michigan.gov.

SUBMITTING AN APPLICATION

Send one copy of your application to the address below with a postmark on or before **6/6/08**. **NO FAXES ACCEPTED**. Applicants will be informed of funding status by June 27, 2008. A mandatory orientation will be scheduled for August 2008. The principal and one other team member need to attend (more information to follow).

MAIL APPLICATION TO:

Generation with Promise - Office of the Surgeon General
Michigan Department of Community Health
Cadillac Place, Suite 3-350
3056 W. Grand Blvd.
Detroit, MI 48202

Mini-Grant Completion Check list

- Optional: Conference calls May 21 at 7:30 am and May 28 at 3:30 pm. (Call-in number: (877) 873-8018, access code: 8895061)
- Review your mini-grant application carefully to make sure all parts are completed.
- Make sure you have all signatures:
District Superintendent (or equivalent), Principal, Food Service Director/Manager, PE and Health Teachers.
- Keep a copy of your application for your school records.
- Applications must be postmarked by **June 6, 2008**.
- Mini-Grant winners will be notified by June 27, 2008.
- Plan to attend GWP Orientation in August 2008.

SELECTION PROCESS

This is a competitive mini-grant. Schools with grades 6-8 are eligible to apply. Funding is available for 15 schools. All award applications received by the due date and that are complete will be objectively reviewed. The review team consists of: GWP staff, staff from the Cities of Promise, the Michigan Fitness Foundation, Michigan Department of Community Health, the Michigan Department of Education and others. The applications will be scored by at least three reviewers per application and an average will be calculated. Principals and Superintendents (or equivalent) will be notified of their award by June 27 via email.

¹ Exemplary Physical Education Curriculum

Mini-Grant Award Application
(2008 – 2009 School Year)
DUE JUNE 6, 2008



All information is required; incomplete applications will not be considered for funding. Please review the requirements on pages 1-2 carefully to make sure your school can complete them.

CONTACT PERSON (for this application)

Name of person completing this application: _____
Job Title: _____ Phone: () _____ Alt. Phone: () _____
E-mail: _____ Fax:() _____

PRINCIPAL/SCHOOL INFORMATION (all information is required)

Principal: _____ School: _____
School Address (Street, City): _____ Zip: _____
School Phone: () _____ Fax: () _____ Principal e-mail: _____
School Grades: _____ School Enrollment: _____ Grade 6-8 Enrollment: _____
Percent of Students Eligible for Free/Reduced-priced School Meals (07-08): _____
Race: ___% African American ___% Hispanic ___% Caucasian ___% Other: _____

COORDINATED SCHOOL HEALTH TEAM (CSHT) QUESTIONS

Does your school have a Coordinated School Health Team or wellness team in place now?

- Yes, in place and active
- Yes, in place but not currently active (move to next page)
- No (move to next page)

If you already have a CSHT in place, please list by type of members (ex. Principal, PE teacher, Foodservice manager, etc)

-
-
-
-

If yes, how long has this team been together? _____

If yes, what has your team accomplished in any of these areas?

Healthy eating/nutrition:

- _____

Physical education/activity:

- _____

Smoke-free campus or tobacco education:

- _____

COORDINATED SCHOOL HEALTH TEAM (CSHT) APPLICATION FORM

Do you see any difficulty with having your team formed and holding an initial meeting by September 30, 2008? ___ No problem ___ Possible problem ___ Definite Problem
 Specify here if you see a problem: _____

This mini-grant requires you to form a team. Complete this table with the names, contact information and signatures of each CHST member. Required members are indicated with an asterisk (*).

COMPLETE THIS CHART:

Name of Team Member	Contact Information	Signature
Principal/Assistant Principal*:	Phone: Email:	
Foodservice Director/Manager* :	Phone: Email:	
Physical Education Teacher* :	Phone: Email:	
Health Teacher*: If PE teacher and health teacher are same, choose another teacher and indicate subject area.	Phone: Email:	
Other Member (Optional): could include parents, teachers, school counselor, school nurse, or community member	Phone: Email:	
Other Member (Optional): could include parents, teachers, school counselor, school nurse, or community member	Phone: Email:	

** Your signature indicates your willingness to participate as an active member of the Coordinated School Health Team for the 2008-2009 school year. If you are unable to continue your involvement, you must recruit someone to replace you.

As **Superintendent** (or equivalent), I understand the grant project requirements and support this application.

Name/ Signature

Date

As the **principal**, I will support this project and attend the Coordinated School Health Team Meetings.

Name/ Signature

Date

PROJECT REQUIREMENTS

Here is a list of project requirements for the mini grant. **COMPLETE THIS CHART**

GWP Project Requirements/Activities	Completed (circle)		When?
Form Coordinated School Health Team (CSHT) Team members must include the principal, PE teacher, health teacher, foodservice manager/director and student representing sixth, seventh and eighth grades.	No	Yes	
CSHT completes Healthy School Action Tool (HSAT).	No	Yes	
CSHT completes ONE Action Plan goal to either improve the nutrition education/eating environment, PE or physical activity opportunities or that focuses on tobacco education.	No	Yes	
Distribute and collect consent forms to parents of students on CSHT.	No	Yes	Can't complete yet
CSHT (including students) must complete a survey at the beginning and end of the school year.	No	Yes	Can't complete yet
CSHT completes a budget.	No	Yes	
The principal or CSHT leader must complete a progress report 2 times per year.	No	Yes	
Health teacher attends Michigan Model Training for middle school.	No	Yes	
PE teacher attends EPEC PE training for 6-8 th graders.	No	Yes	
School received a Healthy School Environment Recognition Award.	No	Yes	
Registered as a Team Nutrition member.	No	Yes	
Principal and one other staff member must attend a project training meeting in August of 2008.	No	Yes	Can't complete yet

QUESTIONS

1. In the chart above please circle one project requirement/activity that you think will be most difficult for your school
2. Have you reviewed your district's local wellness policy? Yes _____ No _____
3. Does your school have a school-based health center on site? Yes _____ No _____
4. Does your school have a Family Resource Center on site? Yes _____ No _____

5. This grant requires you to make changes in ONE of these areas. Indicate ways these areas need to be improved at your school. **COMPLETE ALL SECTIONS.**

Area	Ways this could be improved at your school
Physical Education	
Physical Activity (other than PE)	
Nutrition Education	
Smoking Policies or Tobacco Education	
Healthy eating (school meals, a la carte, vending)	

NOTE: This does not commit you to carry out the activities you list.

6. Describe ways your school is involving or has involved students to make changes to increase opportunities to eat healthy (at school), learn about nutrition, obtain quality PE, increase physical activity or participate in tobacco use prevention.

7. Why are you applying for this grant? How will it benefit your school? (Be specific)

8. What are your initial ideas for ways to spend the \$5,000 annual award?

NOTE: This does not commit you to spending your funds in this way

9. Why is participating in this mini-grant worth the time and effort?

10. Please tell us anything else you would like us to know about your school.