

# Georgia Shape Physical Activity and Nutrition Grant Application

Georgia Shape is supported by the Centers for Disease Control and Prevention's Preventative Health and Human Services block grant awarded to the Georgia Department of Public Health.

***Due to unforeseen circumstances encountered by the COVID-19 pandemic, Georgia Shape will be providing flexibility in this year's grant application. We are extending the grant period through September 30, 2021. Awardees are encouraged to utilize grant funds for strategies implemented through the school year including the summer enrichment.***

## **Background**

[Georgia Shape](#) is a statewide, multi-agency and multi-dimensional initiative that brings together governmental, philanthropic, academic and business communities to address childhood (0-18) obesity in Georgia. Efforts focus on schools, communities, early care sites, government and policy agencies, businesses, hospitals, and medical practices. Georgia Shape and its School Physical Activity and Nutrition Grant program is coordinated by the Georgia Department of Public Health.

## **Purpose**

Georgia Shape will award grants to public elementary, middle, and high schools to expand and enhance their physical activity and nutrition efforts to improve outcome measures associated with the [Georgia School Health and Physical Education \(S.H.A.P.E.\) Act](#), the nutritional guidelines outlined in the [USDA's Healthy, Hunger-Free Kids Act \(HHFKA\)](#), and other related federal laws.

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## **Grantee Requirements**

1. If funded, our school agrees to identify two grant co-champions and two wellness council representatives who will coordinate grant activities
  - Yes
  - No
  
2. If funded, our school -- including the two grant co-champions and two wellness council representatives -- will participate in virtual training, technical assistance, and other program support provided by the Shape grant program.
  - Yes
  - No

3. If funded, our school will submit a final report of activities and outcomes to the Georgia Department of Public Health along with the final budget.
- Yes
  - No

### Grant Selection

4. Select the grant for which you are applying: **Core OR Enhanced**. Your school can also select the grant add-on for employee wellness.

**Note: All grant activities should be completed before September 30, 2021**

- Core (Nutrition only) - \$1,000.00 - \$3,000.00  
*Grantee Requirement:* Complete **two** nutrition strategies during the 2020-2021 school year from the lists provided on the Proposed Strategies section of the application.
- Enhanced (Nutrition and Physical Activity) - \$3,000.00 - \$5,000.00  
*Grantee Requirement:* Complete **three** strategies during the 2020-2021 school year: one nutrition strategy, one physical activity strategy, and one additional strategy from the lists provided on the *Proposed Strategies* section of the application.
- Grant Add-On:* Employee Wellness - \$1,000  
*Requirement:* Complete one add-on strategy during the 2020-2021 school year: one employee wellness strategy

### Key Contact Information

5. Name

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Title or Role at School \_\_\_\_\_

Email Address \_\_\_\_\_

6. Bookkeeper / School Financial Manager Name

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

7. Principal / Lead School Administrator Name

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Principal Email Address \_\_\_\_\_

8. School Nutrition Professional Name

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

School Nutrition Professional Email Address

\_\_\_\_\_

9. Physical Education Lead Teacher Name

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Physical Education Lead Teacher Email Address

\_\_\_\_\_

## School Information

10. School District \_\_\_\_\_

11. School \_\_\_\_\_

12. Address

Address Line \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Postal / Zip Code \_\_\_\_\_

13. Phone Number \_\_\_\_\_

14. School's Federal Employer Identification Number (Tax ID Number)

\_\_\_\_\_

15. Grade Levels \_\_\_\_\_

16. Percent of students eligible for free or reduced price lunch \_\_\_\_\_

17. Did this school collect and report FitnessGram data to the Georgia Department of Education for the 2019-2020 school year?

- Yes
- No

18. Will this school participate in the National School Lunch program in the 2020-2021 school year?

- Yes
- No

19. As of the date of this application, is your school:

- 100% in-person
- 100% virtual
- Blended model of in-person and virtual learning
- Other

20. In two or three sentences, describe one nutrition, physical activity or health-related success that your school has accomplished in the past two years.

## Shape School Champion

Schools must identify a Shape School Champion to lead the grant efforts. This individual, who should be employed by or affiliated with the school (e.g. teacher, staff, PTA chair, parent, etc.), is responsible for helping to establish or lead/participate in an existing school wellness council, guiding completion of the school action plans, and achieving the grant deliverables. A co-champion may also be identified. ***There will be no points awarded or taken off for your co-champion response.***

### 21. Shape Champion

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Role or Affiliation with the School: \_\_\_\_\_

Champion Email Address \_\_\_\_\_

### 22. Please describe this person's qualifications for serving as the Shape School Champion:

### 23. Shape Co-Champion

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Role or Affiliation with the School: \_\_\_\_\_

Co-Champion Email Address: \_\_\_\_\_

## School Wellness Council

If funded, your school will be asked to establish or enhance an existing school wellness council. Your Shape champion, co-champion and two additional representatives on the council will be asked to participate in the Healthy Schools Virtual Summit. A wellness council typically involves teachers, school nutrition services, health/physical education department, parents, students, school administrators, and members of the local community. **To achieve greatest impact, middle and high school applicants are highly encouraged to include students on their council.**

### 24. My school:

- Already has a wellness council that meets regularly.
- Has had a wellness council in the past.
- Has never had a wellness council.

## Proposed Strategies

### Select Your Strategies

Proposed strategies should aim to reach a higher proportion of your student and/or employee population. Flexibility will be given based on detail of proposed strategies should it not reach a minimum of 25% of your student and/or employee population.

CORE grant applicants (\$1,000.00 - \$3,000.00) must select **two nutrition strategies** to be completed during the 2020-2021 school year.

ENHANCED grant applicants (\$3,000.00 - \$5,000.00) must select **three strategies**: one nutrition strategy, one physical activity strategy, and one additional strategy of your choosing (either nutrition or physical activity or employee wellness) to be completed during the 2020-2021 school year.

ADD-ON Employee Wellness: Schools may implement a worksite wellness strategy for faculty/staff. *Please select the employee wellness add-on in question 4 and indicate intent to conduct employee wellness efforts in your budget.*

25. From the list below, select the evidence-based **nutrition** activities your school will implement in the 2020-2021 school year.

- Increasing breakfast/lunch participation including outdoor classroom or dining strategies or health promotion/marketing efforts (e.g., redesign lunchroom, summer feeding)
- School garden/farm to school
- Smarter snacks
- Taste tests/menu modifications
- Utilizing evidence-based nutrition education curriculum (virtual or in-person)
- Water promotion & access

26. Enhanced Applicants Only: From the list below, select the physical activity/physical education (PA/PE) strategies your school will implement in the 2020-2021 school year.

- Physical activity integration across the school day (Power Up for 30) including Activity integration with lessons / brain breaks / classroom-based PA
- Outdoor environmental change to promote PA (e.g., bike rack, walking trail, painted playground, summer enrichment)
- Improve PE quality through implementing evidence-based PE curriculum (virtual or in-person) and/or technology with a goal of increasing minutes of MVPA
- Recess
- Environmental Changes – outdoor activity classroom



27. For each strategy selected, provide a description of how your school will implement the nutrition strategies and the physical activity/education strategies. Include in your description: strategy name, responsible person, timeline for implementation, specific action steps, and the reach of the proposed activity:

**Strategy 1.**

Name of Strategy \_\_\_\_\_

Responsible Person \_\_\_\_\_

Timeline for Implementation \_\_\_\_\_

Specific Action Steps

Number of students and/or staff impacted \_\_\_\_\_

**Strategy 2.**

Name of Strategy \_\_\_\_\_

Responsible Person \_\_\_\_\_

Timeline for Implementation \_\_\_\_\_

Specific Action Steps

Number of students and/or staff impacted \_\_\_\_\_

**Strategy 3.**

Name of Strategy \_\_\_\_\_

Responsible Person \_\_\_\_\_

Timeline for Implementation \_\_\_\_\_

Specific Action Steps

Number of students and/or staff impacted \_\_\_\_\_

27. Using 250 words or less, describe your top challenges to implementing your grant-related activities as proposed. (TEXT BOX)

## Budget

29. Core Grantees (\$1,000 - \$3,000) and Enhanced Grantees (\$3,000 - \$5,000) estimate how much of the Shape grant will be spent on **nutrition strategies**.

\$ \_\_\_\_\_

30. Enhanced Grantees ONLY (\$3,000 - \$5,000) estimate how much of the Shape grant will be spent on **physical activity strategies**.

\$ \_\_\_\_\_

31. *Grant Add-On*: Employee Wellness (maximum \$1,000) estimate how much of your Shape grant your school will spend on **employee wellness strategies**.

\$ \_\_\_\_\_

***Note: All budgets are contingent until approve by grantor. Spending on grant activities should not begin until approval has been received.***

## Submission Confirmation

- I have consulted with my school principal about this application and they will fully support the proposed actions/activities if funded.
- I have consulted with my school nutrition manager about this application and they will fully support the proposed actions/activities if funded.
- To the best of my knowledge, I certify that the information provided in this application is true and complete.

**Thank you for your submission. A copy of your completed application confirmation will be sent to the e-mail provided in the key contact information section.**