

**Georgia Shape School Physical Activity and Nutrition Grants Round VII  
2017-2018 School Year**



**1. Contact Information**

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**2. School Information**

School District: \_\_\_\_\_  
School: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
School's Federal Employer Identification Number (Tax ID Number): \_\_\_\_\_  
Grade Levels: \_\_\_\_\_  
Number of Students: \_\_\_\_\_  
Number of Faculty: \_\_\_\_\_  
Percentage of students on free and reduced lunch: \_\_\_\_\_  
Is your School a Title 1 School?  
☐ Yes  
☐ No

Provide a concise summary of the demographics of your school and the community served by the school. For example: ethnic/racial makeup, educational attainment, average household income, etc. (Suggested data sources: [National Center for Education Statistics](#) or [Governor's Office of Student Achievement](#))

--

Has this school previously received a Shape Grant?

- ☐ Yes  
☐ No

Did this school collect and report Fitnessgram data to the Dept. of Education for the 2015-2016 school year?

- ☐ Yes  
☐ No

Is this school participating in the National School Lunch program?

- ☐ Yes  
☐ No

**3. Which grant are you applying for?**

☐ Core Funding (Nutrition only) - \$3,000

Identify two nutrition priority actions/activities to be completed during the 2017-18 school year

☐ Enhanced Funding (Nutrition & Physical Activity) - \$5,000

Identify two nutrition priority actions/activities and one physical activity priority actions/activities to be completed during the 2017-18 school year

**4. Shape Grant School Champion**

Schools must identify a Shape Grant School Champion - This individual, who must be employed by or affiliated with the school (e.g. teacher, staff, PTA chair, etc.), is responsible for helping to establish the health team or council, guiding completion of the school assessment, and development of the health improvement plan.

Shape Grant School Champion Name: \_\_\_\_\_

Shape Grant School Champion Email: \_\_\_\_\_

Please describe this person's qualifications for serving as the Shape Grant School Champion:

**5. Health/Wellness Council**

Schools must establish or enhance a health or wellness council during the 2017-18 school year. Health or wellness councils are important in planning and implementing health and wellness initiatives in schools. A representative health/wellness council involves teachers, school nutrition services, health/physical education department, parents, students, school administrators, and members of the public.

Please provide the names and roles of current wellness council members, how often you meet, and outline additional individuals you might invite to serve on the wellness council. If your school does not yet have a wellness council please describe plans for establishing a wellness council in the 2017-18 school year and outline individuals you might invite to serve on the wellness council.

**6. School Health Index Assessment**

Schools submitting a grant application are required to conduct a school health assessment prior to applying for the Shape grant to help identify strengths and weaknesses of school health policies and programs, and provides direction for school health improvement efforts. Note: If your school completed the assessment prior to August 1, 2016, you must complete it again.

The required, online assessment tool is provided by the Alliance for a Healthier Generation Healthy Schools Program (HSP). To complete the assessment visit the [Healthy Schools Program website](#).

a. Date School Health Index Assessment was completed: \_\_\_\_\_

b. Please attach School Health Index Results.

[ATTACH RESULTS HERE]

c. Please briefly describe your school's assessment findings (strengths, areas for improvement).

--

## 7. Actions/Activities

All applicants (core and enhanced) must identify two nutrition actions/activities to be completed during the 2017-18 school year for which funding is being requested. Enhanced applicants must also identify one physical activity action/activity to be completed during the 2017-18 school year for which funding is being requested. The purpose of the funding is to assist schools in creating policy, system, and environmental changes to support a lasting healthier school nutrition environment and increase physical activity, therefore strong preference will be given to schools who select actions/activities that reach all students, improve Fitnessgram and meal participation rates, and result in policy change. Examples of activities can be found here.

ALL APPLICANTS (CORE AND ENHANCED): Select from the list below the two nutrition actions/activities your school would like to implement in the 2017-18 school year. For each activity include a brief description of how your school will implement the action/activities as well as responsible person, timeline, and specific actions to complete.

- ☐ Health promotion/marketing efforts (e.g., redesign lunchroom)
- ☐ School garden/farm to school
- ☐ Taste tests/menu modifications
- ☐ Utilizing evidence-based nutrition education curriculum
- ☐ Breakfast implementation
- ☐ Healthy fundraising
- ☐ Healthy celebrations
- ☐ Smarter snacks
- ☐ Water access
- ☐ Healthy concessions
- ☐ Other

--

ENHANCED APPLICANTS ONLY: Select from the list below the one physical activity action/activity your school would like to implement in the 2017-2018 school year. For each activity include a brief description of how your school will implement the action/activities as well as responsible person, timeline, and specific actions to complete.

- ☐ Utilizing evidence-based Physical Education curriculum
- ☐ Brain breaks/classroom based physical activity
- ☐ Improving quality of Physical Education
- ☐ Before/Afterschool program open to whole school (e.g., running club, gym open before school)
- ☐ Power Up for 30 integration across the school day
- ☐ Safe Routes to School
- ☐ Environmental change to promote more physical activity
- ☐ Recess
- ☐ Physical activity technology
- ☐ Developing a policy against withholding physical activity as punishment
- ☐ Shared joint-use agreement (e.g., community members have access to school facilities for physical activity)
- ☐ Other

## 8. Budget

Please attach a brief draft budget proposal that aligns with the activities proposed above. Please include the following components in your budget, if applicable: Equipment; Incentives; Supplies; Special Events; Guest Speaker/Trainer/Presenter. Note: Items proposed in the budget may be subject to change in order to meet grant deliverables and expectations.

*Worksite Wellness.* Schools that wish to also implement worksite wellness strategies for their faculty/staff may dedicate **no more than 10 percent of the total award amount**. Please indicate intent to conduct employee wellness efforts in your budget.

[ATTACH BUDGET HERE]

## 9. Additional deliverables

Below is the list of additional required deliverables of Shape grantee schools. Please confirm that you agree to complete the following deliverables, if funded.

- ☐ If funded, our school will send two representatives from our school's wellness council to attend a statewide Healthy School Summit grantee meeting
- ☐ If funded, our school will participate in training, technical assistance, and other program support provided by this grant program. This may include webinars, one-on-one phone consultations, site visits, etc.
- ☐ 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 no later than June 30, 2018. The final report will describe progress on achieving deliverables and outcomes as stated in the application. A final report template will be provided to guide grantees along with assistance from subject matter experts.

## 10. Submission Confirmation

- ☐ I have consulted with my school principal about this application and they will fully support the proposed actions/activities if funded  
Principal/Lead School Administrator Name: \_\_\_\_\_  
Principal Email Address: \_\_\_\_\_
- ☐ I have consulted with the School Nutrition Professional about this application and they will fully support the proposed actions/activities if funded  
School Nutrition Professional Name: \_\_\_\_\_  
School Nutrition Professional Email Address: \_\_\_\_\_
- ☐ I have consulted with the Physical Education Lead Teacher about this application and they will fully support the proposed actions/activities if funded  
Physical Education Lead Teacher Name: \_\_\_\_\_  
Physical Education Lead Teacher Email Address: \_\_\_\_\_
- ☐ To the best of my knowledge, I certify that the information provided in this application is true and complete.