

# Georgia Shape Physical Activity and Nutrition Grant Application

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## Grantee Requirements

1. If funded, our school agrees to participate in two peer learning/sharing physical activity and nutrition webinars during the grant period.

Yes

☐ No

2. If funded, our school will participate in the virtual trainings, technical assistance, and other program support provided by the Shape Grant Program. *Note: The grant champion and, if available, one wellness council member and one school administrator, should attend the Shape School Health Summit for grantees.*

☐ Yes

☐ No

3. If funded, our school will submit a final report of activities and outcomes and listing of detailed revenues, in-kind support, and expenses to the Georgia Department of Public Health.

☐ Yes

☐ No

## Grant Selection

4. Select one (1) grant option for which you are applying (**Nutrition OR Nutrition and Physical Activity.**): *Your school can also select the Optional Grant Add-On for employee wellness.*

☐ Nutrition Priority - \$1,000 - \$2,500

*Grantee Requirement:* Complete **two nutrition** strategies during the 2022-2023 school year. *See question 25 for a list of possible strategies.*

☐ Nutrition and Physical Activity Priority - \$2,500 - \$4,000

*Grantee Requirement:* Complete **three strategies** during the 2022-2023 school year. *See question 25 and 26 for a list of possible strategies.*

- one nutrition strategy,
- one physical activity strategy, and
- one additional strategy – nutrition or physical activity

*Optional Grant Add-On:*

☐ Employee Wellness Strategy - \$500 - \$900

*Requirement:* Complete one add-on employee wellness strategy during the 2022-2023 school year. *See question 27 for a list of possible strategies.*

**IMPORTANT:**  
**THE MAXIMUM AMOUNT YOUR SCHOOL CAN APPLY FOR IS \$4,900**  
**(\$4,000 FOR NUTRITION AND PHYSICAL ACTIVITY; \$900 FOR EMPLOYEE**  
**WELLNESS)**

## Key Contact Information

5. **Shape Grant Key Contact 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: School and Community Context**

10. **School District**

11. **School Name**

12. **School Address**

**City**

**State**

**County**

**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 in the past three school years?**

☐ Yes

☐ No

**18. Will this school participate in the National School Lunch program in the 2022-2023 school year?**

☐ Yes

☐ No

**19. In two or three sentences, describe one nutrition, physical activity or health-related success that your school has accomplished and the school year(s) in which it was completed.**

## 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. (Refer to section I in the rubric for how this section will be evaluated.)

### 20. Shape Champion

First Name

Last Name

Role or Affiliation with the School

Champion Email Address

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

### 22. Shape Co-Champion (Optional)

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 Shape School Health Summit. A wellness council typically involves teachers, school nutrition services, health/physical education departments, parents, students, school administrators, and members of the local community. ***To achieve greatest impact, all applicants are highly encouraged to include students on their council.***

23. My school:

- ☐ Has a wellness council.
- ☐ Does not have a wellness council but plans to create one to achieve proposed strategies.
- ☐ Does not have a wellness council.

24. My school has students included in the wellness council.

- ☐ Yes
- ☐ No

# Proposed Strategies

## Select Your Strategies

Proposed strategies that impact a small number of students and staff (one classroom, one club, one teaching team) are discouraged. Proposed strategies that reach more than 25% of your student and/or employee population will be scored higher.

**Nutrition Priority** (\$1,000 - \$2,500) must select **two nutrition strategies** to be completed during the grant period.

**Nutrition and Physical Activity Priority** (\$2,500 - \$4,000) must select **three strategies**: one nutrition strategy, one physical activity strategy, and one additional strategy of your choosing (either nutrition or physical activity) to be completed during the grant period.

**Optional Add-on Employee Wellness Strategy:** Schools applying for a Shape grant may also elect to add-on an Employee Wellness Grant up to \$900. If you selected the optional Employee Wellness grant, describe your proposed employee wellness strategy in the budget section of this application.

### IMPORTANT – PLEASE READ:

- All grant strategies should help to improve fitness outcome measures associated with the [Georgia School Health and Physical Education \(S.H.A.P.E.\) Act](#) and nutrition guidelines outlined by the [USDA's Healthy, Hunger-Free Kids Act \(HHFKA\)](#).
  - If you choose "Other" as a strategy, it should be an evidence-based activity that has been proven to impact student health in the school setting
- **Question 25: Nutrition grant applicants must choose 2 nutrition strategies from the list provided.**
- **Question 26: Nutrition and Physical Activity grant applicants must choose 3 strategies total (2 nutrition and 1 physical activity OR 1 nutrition and 2 physical activity strategies).**
- Funding for Nutrition strategies may not be used to subsidize food or the cost of meals served to students in the school meal programs or to buy food/snacks for students or staff.
- Gift card rewards for staff wellness activities may not exceed \$25.

**25. ALL APPLICANTS:** From the list below, select the evidence-based nutrition activity or activities your school will implement in the grant period.

☐ **Increase school lunch participation:** Develop creative dining strategies or health promotion/marketing efforts to encourage students to make healthy choices, consistently (e.g., redesign lunchroom, add a kiosk in the cafeteria to serve healthy foods, outdoor dining).

- ☐ **School breakfast implementation:** Work with your school nutrition professionals to start an alternative breakfast program to help increase participation (Breakfast in the Classroom, Grab-and-Go Breakfast or Breakfast after First Period/Second chance breakfast). Develop creative dining strategies or health promotion/marketing efforts to encourage students to make healthy choices, consistently.
- ☐ **Summer meals program:** Wellness council and school nutrition manager identify and implement equipment needed for a summer meals program.
- ☐ **School garden/farm to school:** Install hands-on learning gardens in classrooms (e.g., tower gardens) or an outdoor space. Integrate the garden into classroom curriculum and the cafeteria.
- ☐ **Smarter snacks:** Identify snack offerings (e.g., cafeteria *a la carte* offerings, vending machine, school store, fundraisers) in school that could be replaced with more nutritious choices. Work with your school nutrition manager to follow [USDA's Smart Snacks in Schools nutrition standards](#).
- ☐ **Taste tests and school nutrition menu modifications:** Offer taste tests to encourage students to try new foods. Work with your school nutrition manager to taste test items that are added to the school menu (e.g., taste testing smoothies or entrees to be added to the school menu).
- ☐ **Utilizing evidence-based nutrition education curriculum (virtual or in-person):** Nutrition or garden curriculum or software implemented in the classroom, cafeteria or other areas of the school building.
- ☐ **Water promotion and access:** Promote increased water consumption through marketing materials or equipment (e.g., water filling stations).
- ☐ **Food preparation/cooking instruction:** Work with school staff to offer cooking classes and/or food preparation learning opportunities for students at school. Identify equipment or materials needed (e.g., mobile cart, food preparation equipment, recipe development materials).
- ☐ **Other:**

**26. Nutrition and Physical Activity Priority Only:** From the list below, select the ONE or TWO physical activity/physical education (PA/PE) strategies your school will implement during the grant period.



- ☐ **Physical activity integration across the school day:** Include activity integration with lessons and classroom-based PA and brain breaks (e.g., Power Up for 30, GoNoodle, TAKE10, Energizers, etc.).
- ☐ **Outdoor environmental change:** (e.g., bike rack, walking trail, painted playground, summer activity enrichment, outdoor classroom).
- ☐ **Improve PE quality:** Implement evidence-based PE curriculum with a goal of increasing minutes of moderate to vigorous physical activity (MVPA).
- ☐ **Implement PA technology:** Increase minutes of MVPA, including measurement technology.
- ☐ **Enhance recess:** Increase students' access to activities that encourage MVPA (e.g. recess equipment, games or activity packs that increase physical activity).
- ☐ **Other:**

**27. Employee Wellness Add-On:** From the list below, select the employee wellness strategies your school will implement during the grant period.

- ☐ **Wellness Council:** create an internal, employee-driven committee that helps build and sustain a wellness culture in the school. The purpose of the committee is to help build organizational support and effectiveness for a wellness program.
- ☐ **Needs Assessment/Evaluation:** Conduct employee surveys to evaluate the personal wellness interests and needs of employees. Surveying employees to help assess the current climate as to how a program might be received and what information employees are willing to share.
- ☐ **PA-Education & Exercise Classes:** Provide fitness classes to help employees improve their overall physical and mental wellbeing.
- ☐ **Lactation Support:** Provides a place that is shielded from view and free from intrusion from coworkers and the public that allows a nursing mother to express breast milk periodically during the workday.
- ☐ **Food Preparation/Cooking Instruction:** Offer a class that provides the opportunity to learn new cooking techniques and proper food preparation. The goal of the class is to teach employees how eating the right foods can boost concentration and elevate moods.

☐ **Lunch and Learns (Education ONLY):** Offer a lunch event for employees to learn how to better implement nutrition and/or physical activity for students during the school day.

☐ **Wellbeing/Mindfulness:** Offer a class that allows employees to cover strategies useful in managing and reducing stress. This program should address both stresses in the workplace and in personal life.

☐ **Other:**

**Strategy 1.**

Name of Strategy selected:

Person Responsible

Describe the Strategy in Detail (Maximum 300 Words)

Number of Students and/staff impacted

**Strategy 2.**

Name of Strategy selected:

Person Responsible

Describe the Strategy in Detail (Maximum 300 Words)

Number of Students and/or Staff Impacted

**Strategy 3.**

Name of Strategy selected:

Person Responsible

Describe the Strategy in Detail (Maximum 300 Words)

Number of Students and/or Staff Impacted

**Add-on Strategy Employee Wellness.**

Name of Strategy

Describe the Strategy in Detail (Maximum 300 Words)

Number of staff Impacted

## Budget

**Nutrition Priority** - Funding request minimum \$1,000 to maximum \$2,500

**Nutn Physical Activity Priority** - Funding request minimum \$2,500 to maximum \$4,000

**Optional Grant Add-on: Employee Wellness Strategy** – Funding request minimum \$500 to Maximum \$900.

**Total grant funding request cannot exceed \$4,900.**

**29.** Estimate how much of the Shape grant will be spent on **nutrition strategies**.

\$

**30.** Estimate how much of the Shape grant will be spent on **physical activity strategies**  
(Nutrition and Physical Activity Applicants ONLY).

\$

**31.** Optional - Estimate how much of your Shape grant your school will spend on **employee wellness strategies (maximum = \$900)**.

\$

***Note: All budgets are contingent on approval by Georgia Shape. 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.