

Application #XXXX

Please complete this statement: * I am submitting a proposal for **one school**

Note: Individual Schools or School Districts may apply.

School/School District Information

School Name (if applicable):	Sunshine Middle School
School District: *	Vista Public Schools
Street Address: *	XXXX
City: *	Vista
State: *	Any State
Zip: *	XXXX
Phone Number: *	XXXX

Will an organization serve as the fiscal agent if not the school or the school district itself (e.g. 501c3 related to the school such as PTA, school/district foundation)? *

No

If **yes**, please provide us the following information below for the **fiscal agent (all fields are required)**:

Organization Name: *	
Street Address: *	
City: *	
State: *	
Zip: *	
Email: *	
Phone Number: *	

Make Check Payable to: *	Sunshine Middle School
Tax ID #: *	XXXX

Project Lead

Name: *	XXXX
Title: *	Teacher
Email: *	XXXX
Phone Number: *	XXXX

Will the project lead also be the **fiscal/administrative** lead? *

Yes

If **no**, please provide us the contact information for the **fiscal/administrative** lead:

Name: *	
Title: *	
Email: *	
Phone Number: *	

School Principal or Other Administrator

Please submit the name of the school principal or other administrator (superintendent or other administrator if you are submitting an application as a school district) as an indication of their support and approval of this project.

Name: *	XXXX
Title: *	Principal
Email: *	XXXX
Phone Number: *	XXXX

Data

If a **school** is applying, please enter the following data for the school:

Total Enrollment: *	387	Enter a number only
Total Number of Staff and Teachers: *	31	Enter a number only
% Eligible for Free and Reduced Lunch: *	76	Enter a number only
Grades: *	6-8	Example: K-6

If a **school district** is applying on behalf of more than one school, please provide aggregate data for the schools included in the application:

Number of Schools: *	0	Enter a number only
Please list the schools included in the application. *		Example: ABC Elementary School, XYZ Middle School, and Any Town High School
Total Enrollment: *		Enter a number only
Total Number of Staff and Teachers: *		Enter a number only
% Eligible for Free and Reduced Lunch: *		Enter a number only

Grades: *		Example: K-6
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Grant Request

Amount Requested (\$1,000 - \$5,000 per school): *	4689	Enter a number only
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Will your school/school district **use other funds/in kind resources** to implement this project? (Examples: USDA grants, Department of Education grants, foundation grant, teacher time, classroom space, contributions from local businesses, etc.) *

Yes

If **yes**, describe the source of those funds or in kind contributions: *

We have secured a water fountain and reusable water bottles from a local sporting goods chain. These items will be placed in the staff lounge to ensure teachers/staff have fresh, cool water during exercise sessions. The school maintenance team has agreed to install the water fountain with approval from the district.

Word limit: 150

Has your school/school district ever received additional funding to address nutrition or physical activity? *

Yes

If **yes**, please describe: *

We have received a variety of federal and foundation grants to address healthy eating and physical activity on our school campus. Examples of grants that support physical activity for students include a Fuel Up to Play 60 grant, a Carol White Physical Education Grant (PEP Grant). To date, we have used donated items to spruce up the staff lounge to make it a comfortable, relaxing space. A couple of parents donated their time and skills to assemble furniture, install curtains, hang pictures and place mats in the exercise area.

Our school values physical activity for all members of the school community. Our school wellness policy includes an objective to increase staff/teacher wellness through physical activity.

Word limit: 250

Describe why this project or purchase is needed. If this application expands on a previous action plan grant(s), be sure to describe that here. *

This project is needed to promote the health and wellness of our staff and teachers by providing free access to exercise equipment. We are fortunate to have a large, L-shaped teacher lounge at Sunshine Middle School. One area of the room is used by teachers/staff to eat, read, and prepare lesson plans, recharge and talk. The other area is used for physical activity. By expanding the range of exercise equipment available in the staff lounge, teachers and staff will be able to fit in regular physical activity before and after school, and during prep periods and lunch. We currently have mats in the room that are used for yoga and stretching along with basic equipment such as stretch bands. We started equipping the staff lounge because we heard from teachers and staff how hard it can be to get enough physical activity after working all day and then having to attend to other responsibilities. We surveyed teachers and staff about what amenities they would like in the exercise area of the staff lounge to make it easy for them to be more physically active. Their

responses informed the types of equipment we are requesting with this grant.

Word limit: 250

Describe how you will use the requested funds.*

Funds from the grant will be used to purchase a treadmill, ab board, two indoor exercise cycles and exercise equipment (hand weights and exercise balls).

Word limit: 250

List the specific step-by-step activities to be conducted (please use bullets): *

- Purchase the exercise equipment based on our research. We have selected high-quality equipment that will last and is easy to use and requires minimal maintenance.
- Install the equipment. Our PE teacher has volunteered to oversee the installation with help from our school maintenance team.
- Train teachers/staff on using the exercise equipment. (PE teacher and a staff member who is a fitness buff)
- Develop and post a sign-up sheet for using the elliptical machine and exercise cycles. (Our teachers and staff have staggered break and prep periods; this will ensure fair access.)
- Conduct periodic informal surveys with teachers/staff on their use of the exercise equipment and any changes needed to increase access and use. Our principal has agreed to devote 10 minutes to this at quarterly staff/teacher meetings.
- Discuss how teachers/staff can be encouraged to use physical activity equipment and implement a plan which might include incentives
- Communicate use of exercise equipment to the school community at school wellness committee meetings, PTA meetings and through our school newsletter.

Word limit: 250

Please list the specific Action Step(s) in your Healthy Schools Program Action Plan(s) that this grant will support*

- 702 Programs for staff members on physical activity/fitness
- 703 Modeling healthy eating and physical activity behaviors
- 704 Promote staff member participation

Word limit: 250

How is the proposed project part of a larger effort to create a healthy environment at your school or school district? *

Our school is dedicated to creating a healthy environment for students and staff/teachers. For example, we have a school garden that provides healthy snacks during lunch and at school events. We provide a healthy grab and go school breakfast so that students eat a nutritious meal in the morning and are ready to learn. In the area of physical activity, we have a daily before school walking club in which parents, students, teachers/ staff participate. On average we have 15 participants and our principal often joins us. Our school wellness committee (staff/teachers, student representatives, parents and our vice principal) is committed to implementing our school wellness policy and monitoring progress. We are a low-income school but we have successfully engaged businesses in making donations (our soccer team jerseys are provided annually by Rotary) and community-based organizations in helping us promote health on our school campus.

How many youth, parents, and/or teachers/staff will be impacted by the grant? Please be realistic in your estimates. Your proposed intervention may not impact all groups listed here.

Students: *	Indirectly impacts all 387 students since teachers/staff will be modeling healthy living	Insert range (example: 50-100).
Parents: *	Indirectly impacts parents/guardians of students through modeling of healthy living	Insert range (example: 50-100).
Teachers/Staff: *	Up to 31	Insert range (example: 50-100).

If applicable, which specific school/school district and community groups/populations will be served by the grant?

Teachers and staff of Sunshine middle school; indirectly students will also be served by this grant because they will see that the school values physical activity for all school community members. Parents and community partners will be affected by witnessing the priority we place on teacher/staff wellness. Teachers/staff who are healthy are better able to serve our students and school community.

Word limit: 250

Please describe what you expect to change as a result of the grant. *

#1*	Staff will have access to physical activity equipment.	Word limit: 25
#2	Staff will be trained on how to use physical activity equipment and incorporate physical activity into the school day.	Word limit: 25
#3	Staff will use the exercise equipment in the staff lounge before, during and after school for physical activity.	Word limit: 25
#4		Word limit: 25
#5		Word limit: 25

Kaiser Permanente wants to ensure that this funding promotes and sustains a healthy school environment beyond the grant period. List at least one way you will sustain your activities beyond the grant period. *

#1*	A staff wellness committee including the PE teacher will monitor the ongoing maintenance of the staff room physical activity equipment and train new staff on its use.	Word limit: 25
#2	Our principal has committed 10 minutes to discussing use of the physical activity equipment (and any changes needed) at quarterly staff/teacher meetings.	Word limit: 25
#3		Word limit: 25
#4		Word limit: 25
#5		Word limit: 25

How did you hear about this grant opportunity? (Check all that apply.) *

Alliance for a Healthier Generation Healthy Schools Program Manager

Our HG Program Manager assisted in the development of this proposal (required) *

Yes

Our HG Program Manager reviewed and approved the final proposal (required) *

Yes