



Eat Move Grow 2019 Move Forward Grant Application

EatMoveGrow is pleased to release our 2019 Move Forward Grant. EMG schools will have three (3) opportunities to improve the school health environment through 2019 Move Forward Grant opportunities. This grant opportunity is intended to support schools in developing new innovative programs or expanding existing programs that:

- 1. Increase the school nutrition environment using new, innovative nutritional initiatives that increase students' nutrition knowledge and selection of healthy food and drink**
- 2. Improve nutrition through gardens and cafeteria enhancement**
- 3. Increase physical activity through school-based programs and play opportunities that can be held before, during or after school**

These grants are competitive and will range in the amounts from \$1000 - \$2500 to support new or existing efforts in schools that will improve outcome measures that lead to sustainable change.

- 1. Level 1 Grants – will range up to \$1,000**
 - a. Physical Activity – ex. Girls on the Run, Yoga in the Classroom, playground enhancement
 - b. Nutrition – ex. school gardens
- 2. Level 2 Grants – will range from \$1,001- \$1,500**
 - a. Physical Activity – ex. Pound, Active Learning stations
 - b. Nutrition – ex. water bottle fill-up stations
- 3. Level 3 Grants – will range from \$1,501 – \$2,500**
 - a. Physical Activity – ex. Walking Classroom
 - b. Nutrition – ex. cafeteria enhancement to increase student healthy food and drinks consumption

Grant Requirements:

1. Schools must be an active EatMoveGrow school.
2. Schools must have an established School Wellness Team this school year. School Wellness Teams are important in planning and implementing health and wellness initiatives in schools. The team should consist of a minimum of five representatives which include teachers, school nutrition services, health/physical education department, parents, students, school administrators, and members of the public. Must have completed the SHI and have had at least two School Wellness meetings.
3. Grant application must be submitted to hannah@eatmovegrow.us on or before **March 4, 2019**. No application will be accepted after the due date.
4. Grant application must be signed by the **Principal of the School**.
5. Grant Funds cannot be used for:
 - a. One-time events

- b. Salary
 - c. Equipment that doesn't support the work plan of the new or enhanced project.
(Example – basketballs and goals, playground equipment would not qualify. New Yoga mats for expanding program for a before school yoga program would qualify.)
6. Award notice – will be made before March 31, 2019. Programs must be implemented by September 1, 2019.
7. Award decision will be based on program innovation, potential impact of project on school, student or faculty, and ability to increase physical activity and/or nutritional environment.

Section 1: School Contact Information

1. Applicant Contact Information

- a. School Name:
- b. Address:
- c. School Contact:
- d. Phone Number:
- e. Primary Email (NOTE: We will use email for all communications.)

2. Name of Primary Grant Contact - If the primary grant contact is different than the applicant, please provide contact information for the person who will be leading these initiatives at the school.

- a. Name:
- b. Title:
- c. School Name:
- d. Email:
- e. Phone Number:

3. Provide the names of the following key individuals that are part of the School Wellness Team during 2017-18 school year

(Minimum of 5 names should be listed)

- a. Name of Principal/Administrator:
- b. Name of Physical Education Teacher:
- c. Name of Wellness Team Member
- d. Name of Wellness Team Member:
- e. Name of Wellness Team Member:
- f. Name of Wellness Team Member:
- g. Name of Wellness Team Member:

4. Has your School Completed the School Health Index: ____ YES ____ NO

SHI # _____

5. Wellness Team meetings - _____ # of 2017-18 Wellness meetings

6. Wellness Team Meetings - _____ # of 2018-19 Wellness meetings

Section 2: Grant Application:

SELECT ONE OPPORTUNITY:

_____ Level 1 Grant Opportunity - UP to \$1000

_____ Level 2 Grant Opportunity - UP to \$1500

_____ Level 3 Grant Opportunity - UP to \$2500

Section 1A: Describe in detail the *new* or *expanded* grant opportunity that you wish to see funded through EatMoveGrow grant dollars. EatMoveGrow is looking for schools to develop new program initiatives or expand on current successful programs that will lead to the greatest impact on policy, environmental change, physical activity, nutrition thus improving student health and academic achievement. Explain in 1000 words or less the initiative your school plans to implement.

Section 2A: Describe the demographics of your school and the target population that will be impacted by this grant. (300 words)

Section 2B: Please provide numbers for all those that apply.

Total number of students that will be impacted through this grant: _____

Total number of staff that will be impacted through this grant: _____

Total number of community members that will be impacted through this grant: _____

Section 3A: List three measurable strategies/outcomes that will be achieved through implementation of the proposed EatMoveGrow 2019 Move Forward Grant opportunity. These outcomes should correlate to the grant opportunity that you are applying for.

- 1.
- 2.
- 3.

Section 4A: Project Work Plan

Describe activity, person responsible for carrying out activity, outcome project hopes to achieve and a timeline for completion.

Sample template below: (August 2019- May 2020)

Activity Name	Person Responsible	Outcome	Start Date	Finish Date

Section 5A: School Success

EatMoveGrow believes in the dynamic capacity of schools and Wellness Teams to accomplish the goals of the EMG Move Forward Grant. Highlight any successes that your school or Wellness team have accomplished in developing healthy changes to your school environment through programs, policy and facilities. (300 words)

Section 6A: Budget

Please itemize each line item budget expense below detailing how you plan to use grant funds to achieve the objectives of your EatMoveGrow Move Forward Grant. Be specific and list any supplies or equipment that will be needed to support your grant opportunity.

Grant funds are not allowed for one-time event or personnel. Can only be used for expenses related to grant opportunity. Sample budget template below:

Program Name:		Level of Funding:
Budget Line Item	Description of Expense	Amount Requested

Official Authorized to Sign for Applicant Organization: (Principal)

Name of Official Authorized to Sign for Applicant Organization:

_____ (Print)

_____ (Signature)