

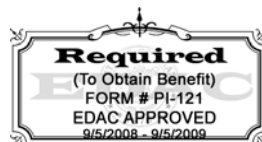
APPLICATION FOR FUNDING

Student Wellness Programs



**Issued by the Colorado Department of Education
Prevention Initiatives
201 East Colfax Avenue
Denver, CO 80203**

Applications are due by 4:00 PM on Friday, November 7, 2008



Legislative Intent

The Colorado General Assembly passed House Bill 1224 in spring 2008 authorizing funding for local Student Wellness Programs, acknowledging that for students to reach their full potential, school communities need to address comprehensive issues of student wellness, including but not limited to addressing the physical, mental, emotional and social needs of students. They further stated that high quality physical education programs taught by persons who are licensed or endorsed in physical education may be a factor in battling the rising incidence of childhood obesity by ensuring not only that children receive a healthy level of physical activity, but that they also learn skills and develop knowledge that will enable them to maintain a healthy level of activity throughout their lifetimes.

Definition

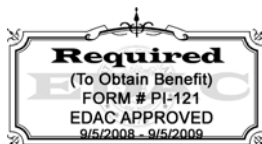
A local Student Wellness Program means a program adopted by a school district or BOCES that is coordinated with health education and is designed to provide services to students in one or more of the following areas:

- ☐ Physical education
- ☐ Nutrition services
- ☐ Mental health counseling and services
- ☐ Promotion of a healthy school environment
- ☐ Health services
- ☐ Parent and community involvement in supporting and reinforcing healthy choices
- ☐ Health education

A local Student Wellness Program will have a designated district or BOCES coordinator, with building-level school health teams representing all areas listed above to coordinate services, healthy messages and programs.

The district/BOCES coordinator will oversee the implementation of the local Wellness Policy in every building, coordinate with the comprehensive health education program and local health advisory council, and assist the school health teams in completing a building needs assessment and School Health Improvement Plan for student wellness.

The school health teams will conduct a needs assessment of all areas of student wellness in their buildings using the School Health Index (<http://apps.nccd.cdc.gov/shi/default.aspx>), identify the most pressing needs, and create a School Health Improvement Plan to address the highest needs and implementation of the district Wellness Policy. A step by step guide to this process can be found in the “Roadmap to Healthy Schools” document located online at <http://www.rmc.org/CSH/roadmap.html> as well as resources such as Best Practices Fact Sheets for each area. If PE and nutrition education are not identified as high need areas, goals in the School Health Improvement Plan must be added to strengthen those areas through the implementation of the district Wellness Policy in the building.



Funding Prerequisites

To receive funding for this program, school districts and BOCES must have:

- ☐ A K-12 Comprehensive Health Education program and local health advisory council
- ☐ A Wellness Policy
- ☐ PE teachers that are licensed or endorsed in physical education unless the school district or BOCES is smaller than 1500 students

Eligible Applicants

School Districts and BOCES may apply

Available Funding

Applicants may request up to \$50,000 per year for the Student Wellness Program and will be funded for three years contingent on available state funding and satisfactory progress toward implementation of the Student Wellness program. It is anticipated that 5 school districts or BOCES will be funded.

Funds may be used to:

- ☐ fund a district/BOCES health coordinator and/or co-leaders for school health teams in buildings
- ☐ provide budgets for school health teams to implement their School Health Improvement Plans
- ☐ provide sub pay and stipends for coordinator and school health team members to attend meetings or trainings
- ☐ provide or attend professional development events
- ☐ purchase curriculum, textbooks, resources, and materials to implement best practices
- ☐ conduct health behavior surveys
- ☐ purchase technology for use in the student wellness program (must be approved by CDE)
- ☐ fund travel to Denver for the coordinator to attend a two day orientation meeting in December, and fund building school health team leaders (two per building) to attend the three day Healthy Schools Leadership Retreat in June 2009

Evaluation

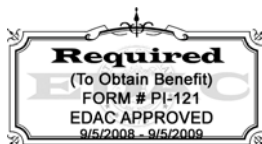
Success of the Student Wellness Program will be measured against the Healthy Schools Program Framework located at:

http://www.healthiergeneration.org/schools.aspx?id=76&ekmense=1ef02451_10_114_btnlink.

At the end of three years, success is defined as meeting the criteria at the silver level in all areas except staff wellness.

Due Date and Timeline

Applications are due Friday, November 7, 2008. Awards will be announced by Friday, November 21, 2008. Funding will be available effective Monday, December 1, 2008.



Submission Requirements

Complete the Signature Page, Program Abstract, Narrative and the Budget Page with a detailed Budget Narrative and your authorized representative's signature.

Applications are due in the office by 4:00 PM on Friday, November 7, 2008.

You may:

1. E mail the application to Connell_k@cde.state.co.us (there is an underscore between the last name and first initial) and fax the signed cover page and budget page to Karen Connell at 303 866-6785 (an e mail conformation will be sent)

Or

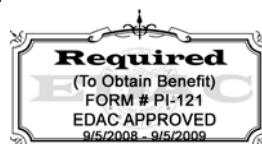
2. Mail the original and six copies to:

Ms. Karen Connell
Colorado Department of Education - Prevention Initiatives
201 East Colfax Avenue
Denver, CO 80203

Questions?

Contact:

- ☐ Karen Connell, Coordinated School Health Director, CDE at Connell_k@cde.state.co.us or 303 866-6903
- ☐ Terry Jones, PE and Health Education Senior Consultant, CDE at jones_t@cde.state.co.us or 303 866-6835



**Student Wellness Programs
2008-2009
COVER and SIGNATURE PAGE**

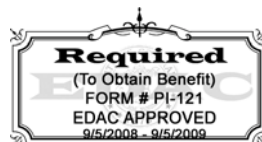
School District Information:	
County:	School District or BOCES:
Mailing Address:	
School District Authorized Representative:*	
Telephone:	Fax:
Email:	
School District Fiscal Manager:	
School District Superintendent:	
Signature of District Authorized Representative	

**The authorized representative can be anyone who is authorized to enter into binding agreements (bank accounts, contracts, etc.) on behalf of the grantee/contractor. Typically, the superintendent, assistant superintendents, the chief financial officer, and program directors have that authority. This may vary among districts in Colorado.*

❖ In consideration of the receipt of these grant funds, the Board agrees to the certifications and assurances attached.

Program Contact Information:	
Contact Name:	
Mailing Address:	
Telephone:	Fax:
Email:	
Program Name:	
CDE Award Requested: \$	

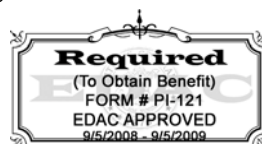
Program Abstract (100-word limit). This information will be posted on the CDE Web site. Please indicate if the above contact information should not be included on the web site with your program description.



CERTIFICATIONS

Schools districts that accept funding through the Colorado Comprehensive Health Education Grant Program agree to the following certifications:

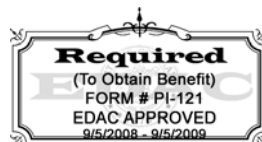
- A certification that the applicant will annually provide the Colorado Department of Education such information as may be required to determine if the grantee is making satisfactory progress toward achieving the funded activities. This includes the submission of an annual expenditure report and performance report.
- A certification that the school will not discriminate against anyone regarding race, gender, national origin, color, disability, or age.
- IF ANY FINDINGS OF MISUSE OF FUNDS ARE DISCOVERED, PROJECT FUNDS MUST BE RETURNED TO THE COLORADO DEPARTMENT OF EDUCATION. The Colorado Department of Education may terminate a grant award upon thirty (30) days notice if it is deemed by the Colorado Department of Education that the applicant is not fulfilling the funded program as specified in the approved project application.
- The applicant may subcontract for work to be performed, but shall retain sole responsibility for the project and shall be the only direct recipient of funds.



**Student Wellness Programs
2008-2009
Program Narrative**

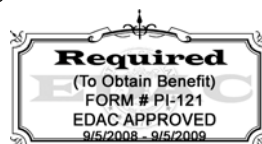
Please address the following questions in 12 pt. font in no more than 10 pages.

1. Describe the existing K-12th grade comprehensive health education program, and your local health advisory council membership and responsibilities.
2. Attach your district Wellness Policy and describe how it is being implemented.
3. Are all of your PE teachers licensed or endorsed to teach PE, if the district is larger than 1500 students?
4. Describe the need for a Student Wellness Program in the school district/BOCES. Include any available local health and behavior data.
5. With the overall goal “To improve student health and fitness through Student Wellness Programs in every building”, provide a 6 month work plan with objectives, activities and timelines. Since the funding will not be available until December, 2008, the 6 month period should be limited to identifying a coordinator, creating school health teams, conducting the School Health Index needs assessment, and writing the School Health Improvement Plan. Activities may include Wellness Policy implementation, surveys, training, health advisory council activities, school health team meetings and parent/community involvement activities.
6. Provide a statement of commitment from the Superintendent/BOCES Director for a fully implemented, preK-12, comprehensive health education program coordinated with a Student Wellness Program. Include a commitment statement from the Superintendent to indicate willingness to participate in the state administered bi-annual Healthy Kids Colorado survey if your district is selected in the state sample of 38 high schools during spring 2009 for survey administration in fall 2009.
7. Fully describe, in narrative form, the budget request. Please provide explanations of how the expenditures relate to the proposed grant activities. Applicants should include the costs of travel to Denver for a two day orientation meeting for the coordinator in December 2008, and a three day Healthy Schools Leadership Retreat in June 2009 for two leaders from each school health team. **LIMITATIONS**—The following will not be funded by this grant:
 - Non-research based programs
 - One-time speakers and or events (ex. Red Ribbon Week)
 - Scare tactics
 - Health fairs
 - Staff wellness
 - Capital construction



- Kitchen/Cafeteria equipment
- Water Coolers
- Vending machines
- Positive Behavior Support

8. Complete the budget form.



Student Wellness Programs SCORING RUBRIC

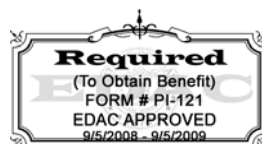
**PLEASE USE THIS SCORING RUBRIC TO GUIDE COMPLETION OF APPLICATION
IT IS FOR YOUR INFORMATION ONLY, DO NOT RETURN WITH YOUR APPLICATION**

Minimum Requirement: If the district is larger than 1500 students, are all of the PE teachers licensed or endorsed? _____

1. CURRENT STATUS OF HEALTH EDUCATION PROGRAM/ LOCAL HEALTH ADVISORY COUNCIL		
0 – 5 points	6 – 10 points	11 – 15 points
<input type="checkbox"/> Current health education is not described <input type="checkbox"/> Current health advisory council is not described	<input type="checkbox"/> Health education is described in general <input type="checkbox"/> Health Advisory Council is described in general	<input type="checkbox"/> Provides specific description of health curricula, grade levels offered and prior teacher training <input type="checkbox"/> Health Council duties, responsibilities and membership are defined <input type="checkbox"/> Health education graduation requirements and standards are addressed

2. CURRENT STATUS OF WELLNESS POLICY IMPLEMENTATION		
0-5 points	6-10 points	11– 15 points
<input type="checkbox"/> Wellness Policy is not attached <input type="checkbox"/> Wellness Policy is not described	<input type="checkbox"/> Wellness Policy is attached but not described	<input type="checkbox"/> Wellness Policy is attached <input type="checkbox"/> Wellness Policy is described including procedures for implementation

3. NEED FOR STUDENT WELLNESS PROGRAM		
0-5 points	6-10 points	11 – 15 points
<input type="checkbox"/> Minimal description of student data <input type="checkbox"/> Gaps are not identified <input type="checkbox"/> Identified issues are not based on data <input type="checkbox"/> Student prevention and intervention programs are not described <input type="checkbox"/> Data source is not mentioned	<input type="checkbox"/> Gaps are described in general <input type="checkbox"/> Data collection is addressed <input type="checkbox"/> Some prevention and intervention programs are described <input type="checkbox"/> Data source is mentioned	<input type="checkbox"/> Data collection regarding health needs and at-risk behavior is addressed <input type="checkbox"/> All prevention and intervention programs are described <input type="checkbox"/> Gaps in education and services are described

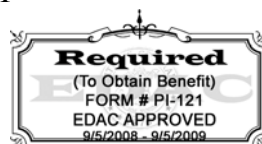


4. PROGRAM OBJECTIVES		
0-5 points	6-10 points	11-15 points
<input type="checkbox"/> Objectives are not measurable <input type="checkbox"/> Does not describe a plan for implementing the Student Wellness program	<input type="checkbox"/> Objectives are measurable <input type="checkbox"/> Describes a plan for implementing the Student Wellness program <input type="checkbox"/> Provides a reasonable outline of activities based on 6 months	Objectives are specific, attainable, measurable, realistic and timely <input type="checkbox"/> Describes a plan for implementing the Student Wellness program <input type="checkbox"/> Provides a detailed outline of activities <input type="checkbox"/> Provides timeline of when activities will be completed

6. SUPERINTENDENT/BOCES Director COMMITMENT		
0-3 points	4-6 points	7 – 10 points
<input type="checkbox"/> No letter of commitment from Superintendent/BOCES Director	<input type="checkbox"/> Letter of commitment is not specific to comprehensive health education and student wellness and willingness to participate in the fall survey if selected.	<input type="checkbox"/> Letter of commitment clearly outlines support for comprehensive health education and student wellness and willingness to participate in the fall survey if selected.

7. BUDGET	
0-5 points	6-10 points
<input type="checkbox"/> Budget form page incomplete <input type="checkbox"/> Budget narrative page incomplete	<input type="checkbox"/> Budget form page complete <input type="checkbox"/> Budget narrative demonstrates how funds support the primary goals

Score	Maximum	
	15	Current status of health education program
	15	Wellness Policy Implementation
	15	Need
	15	Objectives
	10	Commitment Letter
	10	Budget
	80	Total



Colorado Department of Education

Student Wellness Programs

Budget Application Form

Check appropriate box

- ☐ Original request
☐ Revision to original request

County _____ School District _____

Fiscal Year 08-09

Please round to nearest dollar

Salaries (0100)	Employee Benefits (0200)	Purchased Professional and Technical Services (0300)	Other Purchased Services (0500)	Supplies and Materials (0600)	TOTAL REQUESTED

1. Total funds approved for program	
2. Total paid expenditures	
3. Total encumbrances at time of this report	
4. Carryover (Item 1 minus the sum of Items 2 & 3)	
* If carryover amount will be used for different activities than originally budgeted, provide a new Action Plan with this budget.	

Submit by Friday November 7, 2008 to:
 Karen Connell
 CDE/Prevention Initiatives
 201 East Colfax
 Denver, CO 80203

Connell_k@cde.state.co.us



Certification

I certify that all the information herein is true, complete and correct to the best of my knowledge and belief.

 Signature of Authorized Representative

 Signature of CDE Consultant