

Georgia Shape School Grant Application

Georgia Shape and the grants program is supported by Georgia Department of Public Health.
*A red asterisk indicates the section must be completed.

- 1
- Contact and School Information**
- 2
- Grant Information
- 3
- Activity Information
- 4
- Implementation Information

KEY DATES:

Shape Grant Application Support Webinar #1: Thursday, September 5 4:00 PM EST. Register for Sept 4th webinar by copying and pasting this web address in your browser:
<https://attendee.gotowebinar.com/register/5356166842283076866>

Shape Grant Application Support Webinar #2: Monday, September 9, 2019 at 4:00 pm. Register for Sept 9th webinar by copying and pasting this web address in your browser:
<https://attendee.gotowebinar.com/register/6749968254791513602>

Applications Due: Monday, September 23, 2019 11:59 PM EST
Anticipated Award Notification: Monday, September 30, 2018
Performance Period: October 2019 to June 2020

Contact Information

Name *

First Last

Title or Role at School *

Email Address *

School Information

School District *

School *

Address *

Street Address

Address Line 2

City	State / Province / Region
------	---------------------------

Postal / Zip Code	Country
-------------------	---------

Phone Number *

####

School's Federal Employer Identification Number (Tax ID Number) *

Grade Levels *

Standard

<input type="text" value="Single Line Text"/>	<input type="text" value="Number"/>
<input type="text" value="Paragraph Text"/>	<input type="text" value="Checkboxes"/>
<input type="text" value="Multiple Choice"/>	<input type="text" value="Dropdown"/>
<input type="text" value="Section Break"/>	<input type="text" value="Page Break"/>

Fancy Pants

<input type="text" value="Name"/>	<input type="text" value="File Upload"/>
<input type="text" value="Address"/>	<input type="text" value="Date"/>
<input type="text" value="Email"/>	<input type="text" value="Time"/>
<input type="text" value="Phone"/>	<input type="text" value="Website"/>
<input type="text" value="Price"/>	<input type="text" value="Likert"/>
<input type="text" value="Rating"/>	<input type="text" value="DocuSign"/>

Enable payments to collect donations, registrations and simple orders.

Number of Faculty *

Percentage of Students on Free and Reduced Lunch *

Is your school a Title I school? *

- Yes
- No

Provide a concise summary of the demographics of your school and the community served by the school. For example: number of students and staff, free and reduced lunch percent, ethnic/racial makeup of students, staff, community; educational attainment, average household income, etc. Suggested data source: [National Center for Education Statistics](#).

School Demographics Information *

Has this school previously received a SHAPE "nutrition + physical activity" Grant in the past 5 years (\$4,000 or \$5,000)? (If yes, the school is NOT eligible to apply until 5 school years have passed). *

- Yes
- No

Did this school collect and report FitnessGram data to the Georgia Department of Education for the 2018-2019 school year? (If no, the school is NOT eligible to apply for a Georgia SHAPE Grant). *

- Yes
- No

Is this school participating in the National School Lunch program? (If no, the school is NOT eligible to apply for a Georgia SHAPE Grant). *

- Yes
- No

Page Break

Grant Information

Select the grant for which you are applying. *Note: all activities must be completed before June 30, 2020*

- Core (Nutrition only) - \$3,200
Identify two nutrition actions to be completed during the 2019-2020 school year
- Enhanced (Nutrition and Physical Activity) - \$5,200
Identify two nutrition actions and one physical action completed by 2019-2020 school year

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, parent, etc.) is responsible for helping to establish the health team or council, guiding completion of the school action plan, and achievement of the grant deliverables. A co-champion may also be identified.

Champion Name *

Champion Email Address *

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

Co-Champion Name

First Last

Co-Champion Email Address

Health and Wellness Council

Schools receiving a Georgia Shape grant must establish a wellness council or enhance an existing health or wellness committee. The group must meet monthly during the school year. A wellness committee typically involves teachers, school nutrition services, health/physical education department, parents, students, school administrators, and members of the public. *Middle and high school Shape grant applicants must include students in their councils.*

Please provide the names and titles of those who will serve on your schools' wellness committee: *

Prior Experience in School Nutrition and Physical Activity: Successes

Core Grantee (\$3,200) Applicants: Please describe in the box below one nutrition success that your school has accomplished.

Enhanced Grantee (\$5,200) Applicants: Please describe in the box below one nutrition success and one physical activity success that your school has accomplished.

[Next Page](#) [Previous](#)

2 / 4

Page Break

Select Your Activities

The purpose of the Shape Grant funding is to create a lasting healthier school nutrition environment and enhance physical activity/physical education (PE). A STRONG preference will be given to schools who select

[Apply Theme](#)

[Save Form](#)

1 [↓](#)

[View Form](#)

[Share Form](#)

and/or PE strategy to be completed during the 2019-2020 school year.
· Worksite Wellness. Schools may implement a worksite wellness strategy for faculty/staff. Only 10 percent of the total award amount can be spent on employee wellness. Please indicate intent to conduct employee wellness efforts in your budget.

From the list below select the two nutrition activities your school will implement in the 2019-2020 school year. *

- 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

For each activity selected from the list above, include in the box below a brief description of how your school will implement the action/activities as well as responsible person, timeline, and specific actions to complete. *

Estimate how much of the grant your school will spend on nutrition strategy one. *

\$ Dollars Cents

Estimate how much of the grant your school will spend on nutrition strategy two. *

\$ Dollars Cents

Enhanced Applicants Only: From the list below, select one PA/PE strategy your school will implement in the 2019-2020 school year.

- Implement evidence-based PE curriculum
- Improve quality of PE (increase minutes of moderate-to-vigorous physical activity)
- Implement technology for PA or PE
- Brain breaks/classroom-based PA
- Before/Afterschool PA program open to whole school (e.g., running club, gym open before school)
- Power Up for 30** integration across the school day
- Recess
- Safe Routes to School
- Environmental change to promote PA (bike rack, walking trail, painted playground, etc.)
- PA or PE policy (examples: a written policy for not withholding PA or recess as punishment, PE minutes, shared use agreement where community members h

Enhanced Applicants Only: For the one activity selected from the list above, include a brief description of how your school will implement the action/activities as well as responsible person, timeline, and specific actions to

Apply Theme

Save Form

1

View Form

Share Form

How much of the grant will your school spend on the PA/PE strategy? Note: schools applying for enhanced (\$5,200) grant should spend about 1/2 of requested funds on nutrition and 1/2 on PA/PE.

\$

Dollars Cents

[Next Page](#) [Previous](#)

Page Break

Additional Deliverables

Below is the list of additional required deliverables of Shape grantee schools. Please confirm that your school agrees to complete the deliverables, if funded. Hint: Hover over the question for more information. *

- If funded, our school agrees to send two representatives from our school's wellness council to attend a Healthy School Summit grantee meeting.
- If funded, our school will participate in training, technical assistance, and other program support provided by the Shape grant program.
- 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.

Estimate below how much it will cost for two school representatives to attend a Healthy Schools Summit in Macon GA (attendance by 2 school representatives is required).

NOTE: \$200 has been added to each grant type for grantees to pay expenses for attending the Summit out of their grant dollars. [Hover over the question for information regarding the cost.] *

Submission Confirmation

Check all and fill out the corresponding information. *

- 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
- I have consulted with the physical education lead teacher 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.

Principal/Lead School Administrator Name *

[Apply Theme](#)

[Save Form](#)

1

[View Form](#)

[Share Form](#)

Principal Email Address *

School Nutrition Professional Name *

First Last

School Nutrition Professional Email Address *

Physical Education Lead Teacher Name *

First Last

Physical Education Lead Teacher Email Address *

[Previous](#)

4 / 4

Apply Theme

✓ Save Form

1 ↕

View Form

Share Form