



**IMPORTANT
DATES**

January, 20xxFirst day for applications
March, 20xxLast day for applications
April, 20xx.....Schools chosen to participate are notified
First day of school.....Award 50% of grant money
First day of school.....Begin program implementation
January, 20xxRemaining 50% of grant money awarded
April - May 20xxDeliver awards to students

REQUIREMENTS

To be eligible to apply for this grant, your school must be a public or private non-profit school located in the state of Alabama, serving students in grades K-6.

Each school program should run a total of four to six months and have *proven documentation on the effectiveness of the program* by supplying the following:

1. Documentation of student exercise and improved physical performance via approved tests per age group.
2. Documentation of the number of nutrition classes taught and/or cafeteria changes made to improve healthy eating.
3. Documentation of at least 95% class participation.
4. Documentation of parental involvement.

To assist your efforts, Blue Cross and Blue Shield of Alabama has identified several programs that can help you reach your goal. These programs are suggestions and should not restrict your options. You may choose one or more of these programs for your school or design one of your own.

- Alabama Walk@School Day - bcbsal.org/web/walk-at-lunch/schools
- BodyTrek – Call 205 638-3218 (school must be located within 55 miles of Children’s Hospital of Alabama in Birmingham)
- Choosemyplate.gov
- Flaghouse.com (Traverse Climbing Walls)
- Fuel Up To Play 60 – FuelUpToPlay60.com
- GoNoodle - GoNoodle.com
- Gophersports.com (Traverse Climbing Walls)
- HEALAlabama – HealAlabama.org
- Kids Mercedes Marathon – MercedesMarathon.com/Kids_Marathon
- Organ Wise Guys – OrganWiseGuys.com
- Spark – SparkPE.org
- The Alliance for a Healthier Generation – HealthierGeneration.org
- Usgames.com

Be Healthy Schools Grant Program

The Caring Foundation/Blue Cross and Blue Shield of Alabama

SECTION 1: SCHOOL INFORMATION

School name : _____

Each school must apply separately.

School website address: _____

School address Street: _____

City: _____ Zip Code: _____

Alabama County: _____

School type (check one)

- Private
 Public
 Non-Profit

School Location (check one)

- Urban
 Suburban
 Rural

Estimated school enrollment (20xx – 20xx): _____ students

Has the school listed on this application been a recipient of this grant before?

_____ Yes _____ No _____ Not sure

Complete the table below, indicating the number of classrooms in your school for each grade offered. Use "0" to indicate each grade you do not offer.

GRADE	K	1st	2nd	3rd	4th	5th	6th
NUMBER OF CLASSROOMS							

SECTION 2: SCHOOL DISTRICT

Principal's name: _____

Principal's daytime phone (SCHOOL YEAR): _____

Name of school system: _____

Superintendents name: _____

SECTION 3: APPLICANT INFORMATION

Name of person completing application: _____

Applicant's title or relationship to the school: _____

Applicant's email address: _____

Applicant's daytime phone: _____

SECTION 4: CONTINGENCY APPLICANT *(serves as backup to primary applicant)*

Name of contingency applicant: _____

Contingency applicant's title or relationship to the school: _____

Contingency applicant's email address: _____

Contingency applicant's daytime phone: _____

SECTION 5: PHYSICAL ACTIVITY AND PHYSICAL EDUCATION

On average, how many DAILY minutes of exercise does each student receive at your school?
_____ minutes per day

How many times per week do your students have RECESS? _____

Which grades participate in recess? K 1 2 3 4 5 6

How many times per week do your students have PHYSICAL EDUCATION CLASSES? _____

Which grades participate in P.E.? K 1 2 3 4 5 6

How many times per week do your students exercise BEFORE THE SCHOOL DAY BEGINS? _____

How many students participate? _____

SECTION 6: NUTRITION

Is nutrition education taught at your school?

Yes - Complete the remainder of this section
No - Skip to Section 7.

For how many students total? _____

Which grades receive nutrition education? K 1 2 3 4 5 6

SECTION 7: GRANT FUNDING FOR SCHOOL PROGRAM

EXERCISE

What is your program goal? _____

SECTION 7: GRANT FUNDING FOR SCHOOL PROGRAM – continued

EXERCISE – continued

Describe your program and its implementation. _____

How will you measure results? _____

Budget (Please be specific.) _____

NUTRITION

What is your program goal? _____

SECTION 7: GRANT FUNDING FOR SCHOOL PROGRAM – continued

NUTRITION – continued

Describe your program and its implementation. _____

How will you measure results? _____

Budget (Please be specific.) _____

PARENTAL INVOLVEMENT

What is your program goal? _____

SECTION 7: GRANT FUNDING FOR SCHOOL PROGRAM – continued

PARENTAL INVOLVEMENT – continued

Describe your program and its implementation. _____

How will you measure results? _____

Budget (Please be specific.) _____

OTHER NOTES

SAMPLE