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| **Name of Grant Program:** Healthy Schools for Student Success (Healthy Schools) | **Fund Code:** 650 |

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| PART III – REQUIRED PROGRAM INFORMATION |

**IMPORTANT NOTES PRIOR TO COMPLETING PART III:**

**District Wellness Policies and School Wellness Advisory Councils**

* Every school district is required to develop and implement a written school wellness policy as stipulated by the “Child Nutrition and WIC Reauthorization Act of 2004” and the “Hunger-Free Act of 2010”.
* As mandated by [Section 223 of Chapter 111](https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111/Section223) of the Massachusetts Generals Laws, districts are required to establish School Wellness Advisory Committees. Schools/districts may operate this group under various names such as School Health Advisory Council, School Health Committee, District Wellness Advisory Council or Wellness Committee. These committees are intended to ensure that each public school district has an established group of school staff and concerned community representatives to develop, review, and help implement school district policies addressing school nutrition, nutrition education, physical activity, and related issues that affect student health.

**Working Meetings, PD Days, On-site Training and Technical Assistance (TA)**

During Year 1 [fiscal year 2018-2019 (FY19)], the Massachusetts Department of Elementary and Secondary Education (DESE) and its partners will likely offer at least **two** required working meetings, convenings or conferences for team leads and appropriate team members, and at least 1-2 Professional Development offerings for district or school team members or other educators.

Please save the following dates*.* Districts are encouraged to identify team members from both the district and school(s) to attend the following.

* **November 1, 2018:** DESE is planning an event that will bring together districts participating in initiatives related to supporting the “whole” child. Among other relevant and engaging content, we anticipate offering sessions specifically focused on the priorities of this grant (e.g., introduction to the Whole School, Whole Community, Whole Child Framework, etc.). More information will be provided once confirmed.
* **January 15, 2019:** [Engaging Your Community in School Wellness](http://www.johnstalkerinstitute.org/nb/cs/) webinar

DESE staff and/or a partnering TA organization will provide 1-2 on-site visits to help facilitate local team meetings and planning activities, as well as to inform cross-district networking and collaboration opportunities. Additional support throughout the year may be available, as needed. The selection of the TA partner is in progress and additional details will be provided upon award. In addition, districts may consider hiring a consultant with grant funds to support coordination and facilitation of this work at both the school and district level.

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| **District:** |  |
| **Team Lead Name/Email:** |  |
| **Grant/Budget Contact Name/Email:** |  |

Your responses to the following will help DESE assess your district’s readiness for participation in the Healthy Schools: Wellness Initiative for Student Success (Healthy Schools) in FY19, and inform targeted efforts to support infrastructure, professional development (PD), training, technical assistance (TA).

1. **District Wellness Policies:**
	1. Please describe current challenges and opportunities with implementing and revising the district’s required wellness policy.
	2. Please describe the challenges and opportunities the district encountered in current or previous efforts to self-assess, prioritize and adopt school health and wellness policies and programs.
	3. Please upload a copy of the district’s current wellness policy with the grant submission in EdGrants.
2. **District School Wellness Advisory Council (DWAC):** This grant will support districts to ensure that their DWAC includes the required membership, and to improve the effectiveness of this team to promote and advance school health and wellness policies.

The grant also requires each participating school to assign a school-level wellness team and team lead who will serve as a liaison to the district to help coordinate district and school efforts.

* 1. Please describe the current membership and status of the DWAC. Include a description of how often the council meets and any priorities outlined for the 2018-2019 school year.
	2. **Grant-Specific Team:** Applicants are required to designate a specific team that is responsible for guiding and coordinating the implementation of grant activities, particularly with the work of the DWAC and the district wellness policy.
	3. Please indicate which of the following best describes the composition of the grant-specific team:
		1. The grant team is the DWAC
		2. The grant team is a subcommittee of the DWAC
		3. The grant team is a separate team
	4. If grant team is either #2 or #3 above, please describe how the district will ensure communication with and alignment to the DWAC.
	5. The following members/roles are suggested to be a part of the grant team and/or engaged in the work. Please complete the chart below.

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| **Suggested members/role**  | **Name:** | **How will they be engaged?** |
| **School Nutrition Director** |  |  |
| **Out-of-School Time (OST) Coordinator** |  |  |
| **School Nurse Leader/Coordinator** |  |  |
| **District Administrator** |  |  |
| **Other (please indicate role):** |  |  |

**Healthy Schools Implementation Teams**

**[PLEASE COPY AND PASTE THIS PAGE TO COMPLETE FOR EACH SCHOOL PROPOSED TO PARTICIPATE IN THE GRANT]**

In FY19, each district is required to identify at least 3-5 schools to participate in Healthy Schools, ideally including at least one elementary, middle and high school. *Note: additional schools are expected to be added during subsequent grant years.* The district team lead should coordinate with school team leads to complete the following two sections:

1. **School Based Team(s):** Below, provide the name (if known) and title/role of each school’s implementation team lead.

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| **School Name:** |  |
| **School Wellness Lead:** *(Name if known)* | **Title or Role** |
|  |  |
| **Please complete the following brief self-assessment of your school’s readiness and current engagement in school wide health and wellness initiatives.**  |
| Briefly describe the school-wide initiatives that currently address the following:* Access to healthy foods.
* Access to opportunities for physical activity.
* Case management for students with chronic illnesses.
 |  |
| Describe how school wellness initiatives relate to the district wellness policy.  |  |
| Describe how the school collects and uses data to inform health and wellness efforts. |  |
| Does the school currently have a team of individuals focused on health and wellness policies and programs? (Y/N) |  |
| Describe:* how the school is working to prioritize health and wellness.
* challenges to prioritizing health and wellness policy and programs.
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| Describe how the school leadership team (principal, assistant principal, etc.) is or will be involved in the self-assessment and planning processes. |  |
| Describe efforts to ensure staff, student, and family voices are included in the self-assessment and planning processes. |  |

1. Please describe the challenges and opportunities the school has encountered in current or previous efforts to self-assess, prioritize and adopt school health and wellness policies and programs. **Note:** If the school is currently, or has recently participated in self-assessment and action planning related to Safe and Supportive Schools, Rethinking Discipline, or other related initiatives, please describe how this effort will be aligned and/or integrated, to the extent possible.
2. Describe additional resources (e.g., coaching, mentoring, PD, training/TA) that would best support new or continued use of tools to monitor, prioritize and successfully implement programs and policies to address identified needs.

Budget Narrative Form

Provide a budget narrative that explains how program expenditures relate to the proposed activities. Briefly describe the purpose and explain each expenditure by line item. In addition, be sure to identify the activity that the Line Item addresses.

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| **Line Item** | **Line Total**  | Budget Purpose and Explanation |
| Line 1 – Administrators |  |  |
| Line 2 – Instructional/Professional Staff |  |  |
| Line 3 – Support Staff |  |  |
| Line 4 - Stipends |  |  |
| Line 5 – 4-a MTRS4-b Other |  |  |
| Line 6 – Contractual Services |  |  |
| Line 7 – Supplies and Materials |  |  |
| Line 8 – Travel |  |  |
| Line 9 – Other Costs |  |  |
| Line 10 – Indirect Cost |  | [Appendix P Indirect Cost Calculation Worksheet](http://www.doe.mass.edu/grants/procedure/default.html) |
| Line 11 – Equipment |  |  |