FY 2025 Reaching for Excellence in Texas School Health Grant Application

DEADLINE: January 22, 2024

General Information

Tell us your story as you complete this application. Describe your program* by answering all the questions in each section. Only information provided in this application form will be considered in judging your application. Schools or districts can receive up to $10,000 (in reimbursement funds) to implement projects. If selected, the school will receive funds for one selected project only.

Eligibility

A. Applications will be considered for grant funding project only if **all** the following requirements are met:
   1. The program* or initiative described in the application
      - is in the planning stage and not yet started or
      - has been operating less than a complete school year and has no final results.
   2. The program* or initiative identified must:
      - meet the description in the application;
      - strive to improve the physical, mental and/or social well-being of students, staff, and/or the greater school community* (parents/family members, PTA, community members); and
      - will need to focus on one or more of the components in the Whole School, Whole Community, Whole Child (WSCC) model.
   3. A letter of support from the district's school health advisory council (SHAC) supporting the new program* or initiative must accompany the application.
   4. Additional Grant Requirements include the following:
      - Projects must align with their school district's local wellness policy.
      - Comply with receipt retention, deliverable submission, and reporting requirements.
      - Provide DSHS with a designated contact person for the duration of the grant.
      - Attend quarterly meetings with DSHS staff during the duration of the grant.

B. Grant funds may not be used for promotional items including but not limited to hats, bags, keychains, bottles, and fliers.

Deliverables Required

A. Two Reports
   a. Mid-Year Process Evaluation – March 24, 2025
   b. End-of-Year Outcomes Evaluation – September 8, 2025
B. Debrief Interview – around October 2025

Deadline and Instructions

Applications must be received by <mark>January 22, 2024, at 11:59 p.m. Central Time.</mark>

Application Deadlines

Open: October 16, 2023
Close: January 22, 2024

Expected Project Timeframe

September 1, 2024- August 31, 2025

Grant Application

Please complete the application below. Definitions of terms marked with an asterisk "*" are found on the last page of this document. For additional guidance on completing the application, please see our completed Sample Application Project on the DSHS Grants and Awards Program website: dshs.texas.gov/texas-school-health/funding-opportunities/grants-awards-program

Send completed applications and letters of support electronically to: schoolhealthawards@dshs.texas.gov

Questions? Email schoolhealthawards@dshs.texas.gov or call 512-776-7279.

Applicant Information

This application is for a: ☐ School District   ☐ School Campus
Letter of support from our district SHAC is included? ☐ Yes   ☐ No
Name of Project:
Project Coordinator's Name:
Project Coordinator's Title:

Project Coordinator's Phone Number:
Alternate Phone Number:
Project Coordinator's Email Address:
Alternate Email Address:

How did you learn about the Reaching for Excellence Grant? ☐ DSHS Friday Beat e-newsletter   ☐ DSHS School Health Program website ☐ Conference, Workshop, or Meeting   ☐ Colleague ☐ Other (please specify):

District or School Information

District Information

School campus applicants may skip this section.

Name of School District:
Superintendent Name:
District Street Address:
City:
Zip Code:
Which Texas Education Agency-approved coordinated school health program* has this district adopted for grades K-8? Please skip if applying for 9-12th*

School Campus Information

School district applicants may skip this section.

Name of Campus:
Principal Name:

Campus Street Address:
City:
Zip Code:
Which Texas Education Agency-approved coordinated school health program* has the school adopted for K-8? Please skip if applying for 9-12th*

Department of State Health Services
FORM A: FACE PAGE

RESPONDENT INFORMATION

1) LEGAL BUSINESS NAME :

2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code):   **Check if address change** ☐

3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above):   **Check if address change** ☐

4) Federal Tax ID No. (9-digit), **State of Texas Comptroller Vendor ID Number** (14-digit) or
Social Security Number (9-digit):

The respondent acknowledges, understands and agrees that the respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.

5) TYPE OF ENTITY (check all that apply):

☐ City   ☐ Nonprofit Organization*   ☐ Individual
☐ County   ☐ For Profit Organization*   ☐ Federally Qualified Health Centers
☐ Other Political Subdivision ☐ HUB Certified   ☐ State Controlled Institution of Higher Learning
☐ State Agency   ☐ Community-Based Organization   ☐ Hospital
☐ Indian Tribe   ☐ Minority Organization   ☐ Private
                          ☐ Faith Based (Nonprofit Org)   ☐ Other (specify): _____

If incorporated, provide 10-digit charter number assigned by Secretary of State:

5a) CONTRACTORS' FISCAL YEAR END DATE (MM/DD):

6) PROPOSED CONTRACT PERIOD: Start Date: **September 1, 2024**   End Date: **August 31, 2025**

7) COUNTIES SERVED BY PROJECT:

8) PROJECTED EXPENDITURES:

Does respondent's projected federal expenditures exceed $500,000, or its projected state expenditures exceed $500,000, for respondent's <u>current fiscal year</u> (excluding amount requested in line 9 above)? **

Yes ☐   No ☐

**Projected expenditures should include anticipated expenditures under all federal grants including "pass through" federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable.*

9) PROJECT CONTACT PERSON:
Name:
Phone:
Email:
Fax:

10) FINANCIAL OFFICER:
Name:
Phone:
Email:
Fax:

11) AUTHORIZED REPRESENTATIVE: **Check if change** ☐
Name:
Title:
Phone:
Fax:
Email:

12) DATE :

Project Details

1. Which priority area will the project address? (Select all that apply)

☐ Physical education and physical activity

☐ Nutrition environment and services

☐ Health education

☐ Social and emotional climate

☐ Physical environment

☐ Health services

☐ Counseling, psychological, and social services

☐ Employee wellness

☐ Community* involvement

☐ Family engagement

2. Describe how you selected the type of project to implement.

Be sure to include information on the tools used from any needs assessments, such as ASCD School Improvement Assessment Tool or CDC School Health Index modules, and evidence-based interventions, such as School Health Guidelines to Promote Healthy Eating and Physical Activity, Blueprints for Healthy Youth Development or The Community Guide.

Project Summary

3. Provide a detailed summary of the project

a. What is the need for the project? Use data from publicly available sources, program* records, school surveys, interviews, and/or focus groups. Be sure to include information on the demographics of the school/district/area (population, socio-economic status, etc.)

b. How will the project enhance the health outcomes and academic performance of the students?

c. What are the goals*? Please list your goals and objectives using the S.M.A.R.T. criteria*.

    i. What are the objectives*?

d. What are the activities* that will be implemented?

e. How will the project continue after the grant funding ends?

f. How will the project be marketed or gain participants?

g. Does the project support the school district wellness policy? If so, how?

h. Are there other projects in the community* similar to the proposed project? If so, how is this project different from other projects in the community*?

(Please answer the above questions in your summary.)

Collaboration

4. Describe how you will collaborate with individuals and groups to implement the project.

    a. Which individuals (by position) and groups *inside the school* will collaborate with you?

    b. Which individuals (by position) and groups *outside the school* will collaborate with you?

    c. How will these individuals and groups be involved in implementing the project?

    d. How was/is the school health advisory committee (SHAC) involved in the development, implementation, and evaluation of the project?
       (Please answer the above questions in your collaboration description.)

Evaluation

5. Describe how the project will be evaluated.

    a. How will you determine if the project was implemented as planned?

    b. What are the expected outcomes* of the project?

    c. What type of data will be collected?

    d. How/when will data be collected and analyzed?

    e. How will evaluation findings be used?

    f. What do you envision as a successful project implementation?
       (Please answer the above questions in your evaluation description.)

Proposed Budget

6. Use the table below to indicate how you will use the budget if your project is selected. Only include items from the project for which you are requesting DSHS funds. For example, list the items you would need to start a school garden, or equipment you might need to conduct a physical activity. *Promotional items are not covered by the grant.*

Item	Description	Quantity	Cost	Total

7. **Funding provided by the Reaching for Excellence grant is meant to support project start-up. How will the above items help achieve the project's goals*?**

8. **If you aren't awarded the grant, how will you move forward to implement the project?**

Definitions

Goals are general guidelines that explain what you want to achieve.

Objectives define strategies or implementation steps to attain the identified goals. Unlike goals, they are specific, measurable, and have a defined completion date. They outline the "who, what, when, where and how" of reaching the identified goals.

Activities are a set of tasks that accomplish the objective.

S.M.A.R.T. criteria is a tool to foster clear understanding of what the project seeks to accomplish and how that success will be measured. Below is a chart explaining the criteria.

S	Specific	What will be done? Who will be doing it?
M	Measurable	What data will measure the goal? How will you obtain this data?
A	Achievable	Is the goal doable in the time frame? Do you have sufficient resources?
R	Relevant	How does the goal align with the overall project plan? Why are the results important?
T	Time-bound	What is the time frame for the goal?

Outcomes are changes in behavior, health or environment that result from a project.

Program refers to the set of formal organized activities that you want to sustain over time.

Community refers to the stakeholders who may benefit from or who may guide the program. This could include residents, organizational leaders, decision-makers, etc. Community does not refer to a specific town or neighborhood.