

Healthy Hearts for Life School Wellness Mini-Grant Application

Complete this form and mail or fax to Loret at CCISD in Hancock. See www.copperisd.org for complete instructions and guidance on allowable activities and expenses. Approval, or requests for clarification, will be made within 1-2 weeks of receipt.

SCHOOL DISTRICT _____ APPLICATION DATE _____

CONTACT INFORMATION (Name, phone, email and fax)

APPLYING FOR: Check one category per application. If funds from two categories will be used together in the same event, submit two separate applications and budgets but explain the connection in the Project Description.

- Family Wellness Night (up to \$900)
- Wellness Speakers/Training for Staff and Community (up to \$900)
- After-School Student Fitness Club (up to \$750)

PROJECT DESCRIPTION: Briefly describe the proposed activities, including the program name, location, tentative date(s) and time(s), target population (ages or grades of students, whether parents or community members are invited, etc.), the number of participants anticipated, the number of sessions, the principal activities (snow shoeing in the school forest, weekly swim lessons, adult cholesterol screening, diabetes prevention speaker, etc.) and other pertinent information that gives an outline of the event or program.

BUDGET DETAIL: Indicate how you will spend the requested funds in broad categories. Each item should correspond to activities described above, and be reasonable for the scope of the proposed program. It is not necessary to itemize and explain unit costs in great detail, as long as the costs per category fit the activities described. **Food cannot be purchased with grant funds.**

CATEGORY	AMOUNT	BRIEF EXPLANATION
Salary, Instructor Fees, Presenter Fees	\$ _____	_____
Equipment Purchase or Rental	\$ _____	_____
Transportation	\$ _____	_____
Supplies	\$ _____	_____
Facilities Rental	\$ _____	_____
Other	\$ _____	_____
TOTAL GRANT REQUEST	\$ _____	

Superintendent Name _____

Signature _____