

## Let's Move Pittsburgh Champion Schools Application Guidelines 2019

Let's Move Pittsburgh, a collaborative program of Phipps Conservatory and Botanical Gardens, provides children and their caregivers with the knowledge, tools and support needed to make nutritious food choices and lead active lifestyles. Inspired by the former Let's Move! national campaign to improve children's health, we aim to put solutions into swift action here at home.

## **About the Champion Schools Initiative**

#### **PURPOSE**

Let's Move Pittsburgh wants to celebrate and reward Champion Schools for being leaders and innovators of healthy lifestyle programming for children. Since students spend the majority of their day at school, it is important that kids have the chance to be physically active and eat healthy foods before, during and after the school day. We want to help every early childcare center, pre-K and elementary school in Allegheny County become the healthiest place for kids to learn and grow. Therefore, we are excited to launch the Champion Schools program for the sixth year to support new or existing programs geared towards children's health and wellbeing.

## **AWARDS**

Applicants may apply to **one** of the following mini-grant opportunities:

- Champion Schools Seed Mini-Grant (\$1,000): This application is for schools that are proposing new programs and are in need of tools and resources to turn their ideas into action. These Champion Schools will be awarded funding for implementing their new programs.
- Champion Schools Awards Mini-Grant (\$1,000): This application is for schools with existing programs or projects that are already in place and can provide Let's Move Pittsburgh with evidence of impact. These projects will be celebrated for their great work and awarded funding for continued support.

Please note that all money must be used for program or project costs (expansion, incentives, equipment, measurement, evaluation, etc.). Funds should not be used for direct school staff support.

## **ELIGIBLE PROGRAMS/PROJECTS**

Let's Move Pittsburgh is looking for Champion Schools whose programs or projects are focused on **at least one** of the following areas:

- Bag the Junk: These projects aim to increase healthy food and nutrition education in schools. Example projects may include the following:
  - An initiative to remove junk food from the school setting
  - o A nutrition education program
  - Healthy concession stands
  - Water campaign
  - Healthy snack or breakfast program



- **Get Kids Moving**: These projects aim to increase physical activity in and out of schools. Example projects include the following:
  - Classroom physical activity breaks
  - An afterschool exercise club
  - Structured recess games
  - Kinesthetic classrooms
- **Teach Kids to Grow and Cook Food**: These projects aim to increase knowledge of how to grow and prepare fresh, healthy food. Example projects include the following:
  - A school vegetable garden
  - An afterschool healthy cooking club
  - Healthy cooking lessons from local chefs
  - Classroom wall gardens or tower gardens
- **Sustainable Citizenship**: These projects aim to expose students to a variety of opportunities to learn about making a great impact in the community. Example projects include the following:
  - A school recycling or composting program
  - An afterschool science club
  - A pollinator garden

## WHO MAY APPLY

Educators, administrators, students, food service directors, school nurses and/or parents on behalf of <u>a licensed early childcare center</u>, <u>pre-kindergarten or elementary school in Allegheny County</u>. All applicants must receive permission from the school principal to apply for funds. All licensed childcare facilities must participate in Keystone STARS at any level, 1-4, to be eligible for an award.

#### **APPLICATION TIMELINE**

Complete and submit your application at <u>phipps.conservatory.org/champion</u>. Your completed application must be submitted by **Fri., April 12, 2019**. Winning applicants will be notified in **May 2019**.

## THINGS TO DO BEFORE COMPLETING THE APPLICATION

- 1. Collect information about your school. You will need several pieces of information to complete the application. Be sure to gather (1) school contact information, (2) school enrollment information, (3) percentage of children who qualify for free or reduced school meals and (4) how many children are expected to participate in your proposed program.
- 2. Build a Champion School team! The application will require you to list a project lead and a co-lead upon applying. However, your application will be more competitive if you have a strong and diverse team in place. If your school has a School Wellness Committee, that is a great starting place to solicit feedback and brainstorm ideas that you



would like to see in your school. An effective school health system uses a team approach to guide programming and facilitate collaboration between the school and the community.

- **3. Visit the Let's Move Pittsburgh website** at <u>letsmovepittsburgh.org</u> to learn about our programs, partners, speaker series and symposiums. Keep the mission of Let's Move Pittsburgh in mind as you fill out the application.
- **4. Identify existing resources** you can use for free. Our <u>Raise Your Hand for Health</u> guide may be a useful tool for this process. Then, ask Let's Move Pittsburgh to cover the costs you could not otherwise pay for yourself. Provide an itemized budget that clearly states how you will spend the funds. No funds should be used to cover the salaries of school staff. The funds should be used to for supplies, materials, equipment, instructor fees, incentives, event costs, evaluation and other creative uses.
- **5. Preview the application beforehand.** The application can be previewed at the end of this document to help you prepare for the application process. You will complete the actual application process using our online form.
- **6. Develop a detailed project plan for your program.** You will be asked to provide details about your program, specifically: *frequency and duration* (the extent and how often the program will take place), *delivery method* (who and how your health message or activity will be carried out) and *tangibles/materials* (any hands-on tools, equipment, food and learning resources).
- 7. Formulate your goals to demonstrate project impact. Listing your program goals will allow us to understand how the students will benefit from your proposed program. We are looking for programs that have the potential to increase attitudes, awareness, knowledge and healthy behaviors in children over time. Be creative, but keep in mind that goals are meant to be specific and attainable by the one-year timeline. Here are some examples:
  - By the end of this program, our students will be able to list two different fruits and two different vegetables that they tried in their smoothies.
  - By the end of this program, our students will have been exposed to the basics of rollerblading.
  - By the end of this program, our students will be able to successfully pot a plant and care for it on their own.
- **8. Consider adding a family or take-home component to your program.** Take-home resources or healthy activities for the entire family help to reinforce healthy habits at home. Programs with a family component will stand out!
- **9. Contact us with questions.** Check out our frequently asked question below or contact Heather Shannon at hshannon@phipps.conservatory.org with questions about the application.

## **SCORING**

Applications will be scored by multiple reviewers using three main criteria: need, sustainability, and impact. Reviewers will score the applications on a 100 point scale. Please review the following scoring guide before you complete your application.

## Champion Schools mini-grant application review criteria and scoring rubric:

Project **Need** (Consider school climate, student needs, and creativity)

| The proportion of children qualifying for free and reduced-price lunch.  2 point: 0 - 20%, 4 points: 21 - 40%, 6 points: 41 - 60%, 8 points: 61 - 80%, 10 points: 81 - 100% | /10 |
|---|-----|
|---|-----|



| Addresses a significant gap in school wellness programming.  | /5  |  |
|--|-----|--|
| Addresses students' health needs or needs as learners.   | /5  |  |
| Funding is essential to the project's development.   | /5  |  |
| <b>Total</b> (up to 25 point   | rs) |  |
| Project <b>Sustainability</b> (Consider evaluation, project team, budget & appropriateness)  |     |  |
| Accessibility (location, time of day, number of students able to participate) and feasibility.                                     | /5  |  |
| Budget items justify the purchase of essentials and address long term programming needs.   | /5  |  |
| Goals seem attainable and relate to the proposed project.  | /5  |  |
| There is a solid and well-rounded project team that includes at a minimum, a project lead and a colead.                            | /5  |  |
| Adapts delivery to the target population (appropriate for students, age and community).  | /5  |  |
| <b>Total</b> (up to 25 points)   |     |  |
| Project <b>Impact</b> (Consider project inputs, outputs, and behavior change)  |     |  |
| Goals increase regular healthy activity and likely to impact behavior change.  | /5  |  |
| Includes tangibles and direct services are given (i.e. incentives, hands-on tools or materials, food, plants, exercise equipment). |     |  |



| Dosage (i.e. frequency, duration, delivery method).                        | /5 |
|--|----|
| Evidence-based (similar or identical programs have seen positive results). | /5 |
| Presents a family or "take-home" element likely to improve impact.         | /5 |

Total (up to 25 points)

|   | T    |  |
|---|------|--|
| Need  | / 25 | Provide comments about the application in this box |
| Sustainability  | / 25 |  |
| Impact  | /25  |  |
| Overall Impression (25) Please take innovation and creativity into account. | / 25 |  |
| Total score   | /100 |  |

## **FREQUENTLY ASKED QUESTIONS**

What is the difference between the Champion Schools Seed Mini-Grant and Champion Schools Award Mini-Grant?



Applicants can choose to apply for a Champion Schools Seed Mini-Grant or a Champion Schools Award Mini-Grant. Schools that want to start a new program should apply for the Champion Schools Seed Mini-Grant to help get the program started. Applicants can request \$1,000 to kick start their program. Schools that want to be recognized for an existing program or project should apply for the Champion Schools Award. Programs that have evidence of success and impact can receive recognition as a Champion Schools and model best practices for other schools in the Greater Pittsburgh community.

# Why is the application only open to Allegheny County early childhood centers, pre-kindergarten and elementary schools?

Research tells us that in order to impact child health, we need to reach children with healthy messaging as early as possible. If your school is located outside of Allegheny County or working with the adolescent population, please still visit <a href="letsmovepittsburgh.org">letsmovepittsburgh.org</a> or contact Let's Move Pittsburgh for information on other ways to get involved in our movement.

## Why do childcare facilities need to be licensed and participate in Keystone STARS?

Champion Schools Awards is only made possible by generous funding from the Heinz Endowments. As a part of our funding agreement, we are awarding early childcare facilities who also strive to improve, support, and recognize the continuous quality improvement efforts of early learning programs in Pennsylvania - the Keystone STARS initiative. Learn more about Keystone STARS on the PA Keys website: http://www.pakeys.org/pages/get.aspx?page=Programs\_STARS

## Can one school submit multiple applications?

Yes, technically your school can submit more than one application. However, Let's Move Pittsburgh will only award **one mini-grant per school.** Please pick your best program to be featured on the application rather than submitting multiple applications.

## What if a school has already received funds from Let's Move Pittsburgh in 2015, 2016, 2017 or 2018?

Your school may only receive **one mini-grant per calendar year.** If your school received a mini-grant in 2015, 2016, 2017 or 2018, please apply again in 2019!

## What is the Let's Move Pittsburgh Symposium?

The Let's Move Pittsburgh Symposium is held every other year during the month of November. An important part of this regional meeting is to highlight Champion Schools' projects. Champion Schools may be invited to participate in presentations, poster presentations, panels, etc. Participating in the symposium does not hurt or increase your chances of being selected for the mini-grant.

## Why are Healthy Fundraisers required?

Fundraisers are a great way to support your health and wellness programs and make them sustainable for future school years. Traditionally, some fundraisers involve selling unhealthy foods like candy, chips and sugar-sweetened beverages. Let's Move Pittsburgh challenges schools to use alternative methods that do not involve unhealthy foods like healthy



concession stands, walk-a-thons or craft fairs. Please note that you have the option of starting a new healthy fundraiser OR adding a healthy component to an existing school fundraiser.

## How will I be evaluated?

The Let's Move Pittsburgh team finds value in evaluation to gain data and insight on the successes of your program! If awarded, you will be asked to participate in our evaluation process during the funding year. For the evaluation process, you will be required to complete two progress reports that ask basic questions about your program. Our team has worked hard to ensure the evaluation process is quick and easy but also gathers meaningful data for our records and yours!

The following pages contain a sample copy of the application as it will appear on your screen.

|  | t's Move Pittsburgh Champion Schools Award 2019   |
|--|---|
|  |   |
| 1. 2019 Champion Sc                      | hools Application   |
|  |   |
| * Please select the typ                  | pe of award you are applying for:   |
| -  | Seed Mini-Grant (\$1,000): This application is for schools that are proposing a new program and are in need<br>s to turn their ideas into action. These Champion Schools will be awarded funding for implementing their new                         |
| already in place and                     | Awards Mini-Grant (\$1,000): This application is for schools with an existing program or project that is can provide Let's Move Pittsburgh with evidence of impact. These projects will be celebrated for their great inding for continued support. |
| * Champion Schools le                    | ad or project manager:  |
| Name                                     |   |
| Position/Role                            |   |
| E-mail Address                           |   |
| Phone Number                             |   |
| * A co-lead is required program co-lead. | for the Champion Schools Project. Please provide the contact information for your   |
| Position/Role                            |   |
| E-mail Address                           |   |
| Phone Number                             |   |
| •  | ames, position/role and email of any additional project team members (including, but rs, administrators, parents, nurses, school food professionals, school wellness  |

| School/Child Care Facility Name  District (if applicable)  Address Line 1  Address Line 2  City/Town  Zip Code/Postal Code Phone Number  If you are a childcare center applying, is your facility currently licensed by the state of Pennsylvania?  If you are a childcare center applying, is the facility currently involved with the Keystone STARS initiative?  School or Child Care Facility Data  Number of Students Eligible for Free and Reduced Price Lunch  Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name  Email Address   | * School or Child Care     | Facility Information:  |             |
|---|----------------------------|--|-------------|
| District (if applicable)  Address Line 1  Address Line 2  City/Town  Zip Code/Postal Code  Phone Number  If you are a childcare center applying, is your facility currently licensed by the state of Pennsylvania?  If you are a childcare center applying, is the facility currently involved with the Keystone STARS initiative?  School or Child Care Facility Data  Number of Students  Percentage of Students Eligible for Free and Reduced Price Lunch  Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name  | School/Child Care Facility |  |             |
| Address Line 1  Address Line 2  City/Town  Zip Code/Postal Code  Phone Number  If you are a childcare center applying, is your facility currently licensed by the state of Pennsylvania?  If you are a childcare center applying, is the facility currently nivolved with the Keystone STARS initiative?  School or Child Care Facility Data  Number of Students  Percentage of Students Eligible for Free and Reduced Price Lunch  Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name  | Name                       |  |             |
| Address Line 1  Address Line 2  City/Town  Zip Code/Postal Code  Phone Number  If you are a childcare center applying, is your facility currently licensed by the state of Pennsylvania?  If you are a childcare center applying, is the facility currently nivolved with the Keystone STARS initiative?  School or Child Care Facility Data  Number of Students  Percentage of Students Eligible for Free and Reduced Price Lunch  Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name  |                            |  |             |
| Address Line 2  City/Town  Zip Code/Postal Code  Phone Number  If you are a childcare center applying, is your facility currently licensed by the state of Pennsylvania?  If you are a childcare center applying, is the facility currently livensed by the state of Pennsylvania?  If you are a childcare center applying, is the facility currently involved with the Keystone STARS initiative?  * School or Child Care Facility Data  Number of Students  Percentage of Students  Eligible for Free and Reduced Price Lunch  * Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name | District (if applicable)   |  |             |
| Address Line 2  City/Town  Zip Code/Postal Code  Phone Number  If you are a childcare center applying, is your facility currently licensed by the state of Pennsylvania?  If you are a childcare center applying, is the facility currently livensed by the state of Pennsylvania?  If you are a childcare center applying, is the facility currently involved with the Keystone STARS initiative?  * School or Child Care Facility Data  Number of Students  Percentage of Students  Eligible for Free and Reduced Price Lunch  * Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name |                            |  |             |
| City/Town  Zip Code/Postal Code  Phone Number  If you are a childcare center applying, is your facility currently licensed by the state of Pennsylvania?  If you are a childcare center applying, is the facility currently involved with the Keystone STARS initiative?  School or Child Care Facility Data  Number of Students  Percentage of Students  Eligible for Free and Reduced Price Lunch  Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name   | Address Line 1             |  |             |
| City/Town  Zip Code/Postal Code  Phone Number  If you are a childcare center applying, is your facility currently licensed by the state of Pennsylvania?  If you are a childcare center applying, is the facility currently involved with the Keystone STARS initiative?  School or Child Care Facility Data  Number of Students  Percentage of Students  Eligible for Free and Reduced Price Lunch  Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name   |                            |  |             |
| Zip Code/Postal Code  Phone Number  If you are a childcare center applying, is your facility currently licensed by the state of Pennsylvania?  If you are a childcare center applying, is the facility currently involved with the Keystone STARS initiative?  * School or Child Care Facility Data  Number of Students  Percentage of Students  Eligible for Free and Reduced Price Lunch  * Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name  | Address Line 2             |  |             |
| Zip Code/Postal Code  Phone Number  If you are a childcare center applying, is your facility currently licensed by the state of Pennsylvania?  If you are a childcare center applying, is the facility currently involved with the Keystone STARS initiative?  * School or Child Care Facility Data  Number of Students  Percentage of Students  Eligible for Free and Reduced Price Lunch  * Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name  |                            |  |             |
| Phone Number  If you are a childcare center applying, is your facility currently licensed by the state of Pennsylvania?  If you are a childcare center applying, is the facility currently involved with the Keystone STARS initiative?  School or Child Care Facility Data  Number of Students  Percentage of Students  Eligible for Free and Reduced Price Lunch  Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name  | City/Town                  |  |             |
| Phone Number  If you are a childcare center applying, is your facility currently licensed by the state of Pennsylvania?  If you are a childcare center applying, is the facility currently involved with the Keystone STARS initiative?  School or Child Care Facility Data  Number of Students  Percentage of Students  Eligible for Free and Reduced Price Lunch  Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name  |                            |  |             |
| If you are a childcare center applying, is your facility currently licensed by the state of Pennsylvania?  If you are a childcare center applying, is the facility currently involved with the Keystone STARS initiative?  * School or Child Care Facility Data  Number of Students  Percentage of Students  Eligible for Free and Reduced Price Lunch  * Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name  | Zip Code/Postal Code       |  |             |
| If you are a childcare center applying, is your facility currently licensed by the state of Pennsylvania?  If you are a childcare center applying, is the facility currently involved with the Keystone STARS initiative?  * School or Child Care Facility Data  Number of Students  Percentage of Students  Eligible for Free and Reduced Price Lunch  * Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name  |                            |  |             |
| childcare center applying, is your facility currently licensed by the state of Pennsylvania?  If you are a childcare center applying, is the facility currently involved with the Keystone STARS initiative?  School or Child Care Facility Data  Number of Students  Percentage of Students  Eligible for Free and Reduced Price Lunch  Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name   | Phone Number               |  |             |
| childcare center applying, is your facility currently licensed by the state of Pennsylvania?  If you are a childcare center applying, is the facility currently involved with the Keystone STARS initiative?  School or Child Care Facility Data  Number of Students  Percentage of Students  Eligible for Free and Reduced Price Lunch  Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name   | If you are a               |  |             |
| is your facility currently licensed by the state of Pennsylvania?  If you are a childcare center applying, is the facility currently involved with the Keystone STARS initiative?  * School or Child Care Facility Data  Number of Students  Percentage of Students Eligible for Free and Reduced Price Lunch  * Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name   |                            |  |             |
| licensed by the state of Pennsylvania?  If you are a childcare center applying, is the facility currently involved with the Keystone STARS initiative?  * School or Child Care Facility Data  Number of Students  Percentage of Students  Eligible for Free and Reduced Price Lunch  * Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name   |                            |  |             |
| Pennsylvania?  If you are a childcare center applying, is the facility currently involved with the Keystone STARS initiative?  * School or Child Care Facility Data  Number of Students  Percentage of Students  Eligible for Free and Reduced Price Lunch  * Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name  |                            |  |             |
| If you are a childcare center applying, is the facility currently involved with the Keystone STARS initiative?  * School or Child Care Facility Data  Number of Students  Percentage of Students  Eligible for Free and Reduced Price Lunch  * Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name   |                            |  |             |
| center applying, is the facility currently involved with the Keystone STARS initiative?  ** School or Child Care Facility Data  Number of Students  Percentage of Students Eligible for Free and Reduced Price Lunch  ** Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name   |                            |  |             |
| facility currently involved with the Keystone STARS initiative?  ** School or Child Care Facility Data  Number of Students  Percentage of Students Eligible for Free and Reduced Price Lunch  ** Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name   |                            |  |             |
| with the Keystone STARS initiative?  School or Child Care Facility Data  Number of Students  Percentage of Students Eligible for Free and Reduced Price Lunch  Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name   |                            |  |             |
| School or Child Care Facility Data  Number of Students  Percentage of Students Eligible for Free and Reduced Price Lunch  Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name  |                            |  |             |
| School or Child Care Facility Data  Number of Students  Percentage of Students Eligible for Free and Reduced Price Lunch  Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name  |                            |  |             |
| Number of Students  Percentage of Students  Eligible for Free and Reduced Price Lunch  Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name   | initiative?                |  |             |
| Eligible for Free and Reduced Price Lunch  * Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name   |                            |  |             |
| Eligible for Free and Reduced Price Lunch  * Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name   | Develope of Childonto      |  |             |
| Reduced Price Lunch  * Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name   |                            |  |             |
| * Please submit the principal's name and email. By submitting this information, you are confirming the principal approves of this mini-grant proposal.  Name  |                            |  |             |
| principal approves of this mini-grant proposal.  Name   | reduced i fice Editori     |  |             |
| principal approves of this mini-grant proposal.  Name   |                            |  |             |
| principal approves of this mini-grant proposal.  Name   | * Please submit the pri    | ncipal's name and email. By submitting this information, you are con | firming the |
| Name  |                            |  | J           |
|   | principal approves of      | mis min grant proposal.  |             |
| Email Address   | Name                       |  |             |
| Email Address   |                            |  |             |
|   | Email Address              |  |             |
|   |                            |  |             |
|   |                            |  |             |
|   |                            |  |             |
|   |                            |  |             |
|   |                            |  |             |
|   |                            |  |             |
|   |                            |  |             |
|   |                            |  |             |
|   |                            |  |             |
|   |                            |  |             |
|   |                            |  |             |
|   |                            |  |             |

| Let's Move Pittsburgh Champion Schools Award 2019   |
|---|
| 2. Details, Plans and Evaluation  |
| CHAMPION SCHOOLS PROGRAM DETAILS, PLAN AND EVALUATION   |
| Whether this school program is already in place OR is a proposal to make change in your school, the details, plan, and evaluation sections of this application will be the same for both Champion Schools Seed Mini-Grant and Champion Schools Awards Mini-Grant. |
| * Indicate the focus area for your school/child care facility program (select all that apply).  |
| Bag the Junk  |
| Getting Kids Moving   |
| Teach Kids to Grow and Cook Food  |
| Sustainable Citizenship   |
| * What is the name of your program?   |
| Program Goals are general statements of what the program intends to accomplish. They are broad affirmations of what you hope students will achieve, learning outcomes and concepts by the end of the program.   |
| <b>Example:</b> "By the end of this program our students will be able to identify 3 new vegetables."  |
| *Please <b>state</b> and <b>describe</b> at least 3 of your program goals and how they will benefit the students exposed.   |
|   |
| * What are the target grade levels or age groups for your program?  |
| * What is the estimated number of children expected to benefit from this program?   |

| What time of day will your program target (select all that apply)?  Before School  During the School Day  After School  How often will your program occur?  Daily  Weekly  Monthly  Once per school year  Other (please specify)  What will be the main activities of your program and who will lead these activities? (200 words or less)  Please describe any hands-on-tools, equipment, food, or learning resources that will be provided to students. (100 words or less)  Does the program involve a family or take-home element? If yes, please describe the parent involvement 100 words or less) | What are the spe     | ecific health needs or learning needs of the students that will benefit from the progra | ım? |
|--|----------------------|---|-----|
| Before School  During the School Day  After School  How often will your program occur?  Daily  Weekly  Monthly  Once per quarter/semester  Once per school year  Other (please specify)  What will be the main activities of your program and who will lead these activities? (200 words or less)  Please describe any hands-on-tools, equipment, food, or learning resources that will be provided to students. (100 words or less)   |                      |   |     |
| Before School  During the School Day  After School  How often will your program occur?  Daily  Weekly  Monthly  Once per quarter/semester  Once per school year  Other (please specify)  What will be the main activities of your program and who will lead these activities? (200 words or less)  Please describe any hands-on-tools, equipment, food, or learning resources that will be provided to students. (100 words or less)   |                      |   |     |
| Before School  During the School Day  After School  How often will your program occur?  Daily  Weekly  Monthly  Once per quarter/semester  Once per school year  Other (please specify)  What will be the main activities of your program and who will lead these activities? (200 words or less)  Please describe any hands-on-tools, equipment, food, or learning resources that will be provided to students. (100 words or less)   |                      |   |     |
| During the School Day  After School  How often will your program occur?  Daily  Weekly  Monthly  Once per quarter/semester  Once per school year  Other (please specify)  What will be the main activities of your program and who will lead these activities? (200 words or less)  Please describe any hands-on-tools, equipment, food, or learning resources that will be provided to students. (100 words or less)  | What time of day     | will your program target (select all that apply)?                                       |     |
| After School  How often will your program occur?  Daily  Weekly  Monthly  Once per quarter/semester  Once per school year  Other (please specify)  What will be the main activities of your program and who will lead these activities? (200 words or less)  Please describe any hands-on-tools, equipment, food, or learning resources that will be provided to students. (100 words or less)   | Before School        |   |     |
| How often will your program occur?  Daily  Weekly  Monthly  Once per quarter/semester  Once per school year  Other (please specify)  What will be the main activities of your program and who will lead these activities? (200 words or less)  Please describe any hands-on-tools, equipment, food, or learning resources that will be provided to students. (100 words or less)   | During the Sch       | ool Day   |     |
| Daily  Weekly  Monthly  Once per quarter/semester  Once per school year  Other (please specify)  What will be the main activities of your program and who will lead these activities? (200 words or less)  Please describe any hands-on-tools, equipment, food, or learning resources that will be provided to students. (100 words or less)   | After School         |   |     |
| Weekly  Monthly  Once per quarter/semester  Once per school year  Other (please specify)  What will be the main activities of your program and who will lead these activities? (200 words or less)  Please describe any hands-on-tools, equipment, food, or learning resources that will be provided to students. (100 words or less)  | How often will yo    | our program occur?  |     |
| Monthly Once per quarter/semester Once per school year Other (please specify)  What will be the main activities of your program and who will lead these activities? (200 words or less)  Please describe any hands-on-tools, equipment, food, or learning resources that will be provided to students. (100 words or less)   | Daily                |   |     |
| Once per quarter/semester Once per school year Other (please specify)  What will be the main activities of your program and who will lead these activities? (200 words or less)  Please describe any hands-on-tools, equipment, food, or learning resources that will be provided to students. (100 words or less)   | Weekly               |   |     |
| Once per school year  Other (please specify)  What will be the main activities of your program and who will lead these activities? (200 words or less)  Please describe any hands-on-tools, equipment, food, or learning resources that will be provided to students. (100 words or less)  Does the program involve a family or take-home element? If yes, please describe the parent involvement.   | Monthly              |   |     |
| Other (please specify)  What will be the main activities of your program and who will lead these activities? (200 words or less)  Please describe any hands-on-tools, equipment, food, or learning resources that will be provided to students. (100 words or less)  Does the program involve a family or take-home element? If yes, please describe the parent involvement.   | Once per quart       | er/semester   |     |
| Other (please specify)  What will be the main activities of your program and who will lead these activities? (200 words or less)  Please describe any hands-on-tools, equipment, food, or learning resources that will be provided to students. (100 words or less)  Does the program involve a family or take-home element? If yes, please describe the parent involvement.   | Once per scho        | ol year   |     |
| What will be the main activities of your program and who will lead these activities? (200 words or less)  Please describe any hands-on-tools, equipment, food, or learning resources that will be provided to students. (100 words or less)  Does the program involve a family or take-home element? If yes, please describe the parent involvement.   | Other (please specif |   |     |
| Please describe any hands-on-tools, equipment, food, or learning resources that will be provided to students. (100 words or less)  Does the program involve a family or take-home element? If yes, please describe the parent involvement  | Other (please specif | <del>y)</del>   |     |
| Please describe any hands-on-tools, equipment, food, or learning resources that will be provided to students. (100 words or less)  Does the program involve a family or take-home element? If yes, please describe the parent involvement  |                      |   |     |
| Please describe any hands-on-tools, equipment, food, or learning resources that will be provided to students. (100 words or less)  Does the program involve a family or take-home element? If yes, please describe the parent involvement  |                      |   |     |
| Does the program involve a family or take-home element? If yes, please describe the parent involvement   | What will be the     | main activities of your program and who will lead these activities? (200 words or les   | s)  |
| Does the program involve a family or take-home element? If yes, please describe the parent involvement   |                      |   |     |
| Does the program involve a family or take-home element? If yes, please describe the parent involvement   |                      |   |     |
| Does the program involve a family or take-home element? If yes, please describe the parent involvement   |                      |   |     |
| Does the program involve a family or take-home element? If yes, please describe the parent involvement   |                      |   |     |
| Does the program involve a family or take-home element? If yes, please describe the parent involvemen  | Please describe      | any hands-on-tools, equipment, food, or learning resources that will be provided to     |     |
|  | students. (100 w     | ords or less)   |     |
|  |                      |   |     |
|  |                      |   |     |
|  |                      |   |     |
|  |                      |   |     |
| (100 words or less)  |                      |   | mer |
|  | (100 words or le     | ss)   |     |
|  |                      |   |     |
|  |                      |   |     |
|  |                      |   |     |
|  |                      |   |     |
|  |                      |   |     |
|  |                      |   |     |
|  |                      |   |     |

|             | eds as learners? (200                            |                    | ,                |                                    |          |
|-------------|--|--------------------|------------------|------------------------------------|----------|
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
| Please prov | de an itemized budge                             | et explaining ho   | ow your award m  | noney will be spent.               |          |
|             | clude the price and                              |                    |                  |                                    |          |
| NOTE: This  | mini-grant is \$1,000                            | and will only fu   | nd a maximum c   | of \$1,000 toward your total budge | ∍t.      |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
| Mbat atana  | uill be teleen te eneum                          | a tha futura acc   | oooo of the pro- | areas housed the completion of the | <b>.</b> |
|             | wiii be taken to ensur<br>chools Award? (i.e.fir |                    |                  | gram beyond the completion of the  | те       |
| Champion    |  | Tariciai Sustairie | ability)         |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |
|             |  |                    |                  |                                    |          |

# Let's Move Pittsburgh Champion Schools Award 2019

# 3. Terms and Conditions

| If awarded a Champions Schools Grant, your school will be required to:   |
|--|
| 1.Lead at least one "healthy" fundraiser to raise additional funds for your project.   |
| 2.Complete an online evaluation survey at 6 months and 12 months to track the progress of your program   |
| *To ensure your schools eligibility for future Champion Schools Awards, all requirements must be met.  |
| I agree to the terms and conditions.   |
| I do not agree to the terms and conditions.  |
| Other (please specify)   |
|  |
| In addition to the \$1,000 award, Let's Move Pittsburgh will lead a fun and healthy activity of your school's choosing! We will offer a classroom lesson, cafeteria activity or after school event to supplement the work you are doing in your school or child care facility. |
| Is your school interested in this opportunity?   |
| Yes  |
| ○ No   |
| Is there any other pertinent information you would like to share with the Let's Move Pittsburgh team?  |
|  |
|  |
|  |
|  |

| Let's Move Pittsburgh Champion Schools Award 2019 |
|---|
|   |
| 4.  |
| Thank you for submitting your application!        |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |