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**Nebraska Team Nutrition**

**and**

**Nebraska Family, Career and Community Leaders of America**

**Mini-Grant Application**

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For more information, contact:

Allison Kreifels

HSE/FACS Career Field Specialist & FCCLA State Adviser

Nebraska Department of Education

301 Centennial Mall South-6th Floor

Lincoln, NE 68509

402-471-4814

**allison.kreifels@nebraska.gov**

**Nebraska Team Nutrition**

**Nebraska FCCLA Mini-Grant Information**

**PURPOSE OF FUNDING:**

The purpose of the FCCLA mini-grants is to provide assistance in improving and increasing hours of interactive nutrition education to middle and high schools and institutes that participate in the National School Lunch Program (NSLP) to support the implementation of sustainable strategies of the local school wellness policy plans. **Successful mini-grant applicants will contribute to the practice of marketing fruits and vegetables with three different components: social media, product placement, and the renaming of fruit and vegetable dishes at lunch by students.** A unique aspect of our approach is that applicants will need to ensure students are involved in the marketing strategies using different avenues that schools can take to improve fruit and vegetable consumption, including providing nutrition education in the classrooms,and offering hands-on activities in which students gain exposure to a variety of different fruits and vegetables.

**ELIGIBILITY:**

All Nebraska Family, Career, and Community Leaders of America chapters which affiliated members in the 2015-2016 school year, which are advised by a certified Family and Consumer Sciences teacher, are eligible to apply. Projects must be planned and implemented by FCCLA members with assistance from other groups as necessary. Projects may not begin implementation until after July 1, 2016 to align with FCCLA National Competitive Events guidelines.

All Nebraska schools who participate in the National School Lunch Program and enroll as Team Nutrition Schools are eligible to apply for NE TN/FCCLA mini-grant. Each school building will receive up to $1,000. This amount is expected to cover costs for the implementation of at least one action plan that addresses 1) nutrition services, 2) nutrition education and 3) nutrition promotion. The actual items will depend on number of action plans and strategies selected by the school. A budget and corresponding implementation plan needs to be submitted and approved by NDE/TN prior to purchasing any item.

### ALLOWABLE USE OF GRANT FUNDS:

### The following items are examples of allowable expenses within this NE TN/FCCLA mini-grant.

**The mini-grant funds will support schools and institutes to work toward three major components: nutrition services, nutrition promotion, and nutrition education.** Nutrition education and promotion can take place across the school, formally and informally, inside and outside of the classroom (e.g., in the cafeteria, all around the school, and at school events). Examples of action plans under each component are provided to chapters as a menu from which chapters can select. Note that these are only suggested and not required activities. Chapters will be encouraged to select at least one action plan activity that addresses each component (see suggested examples below).

***Nutrition services activities could include:***

1. Achieve healthy school recognition through applying for a HealthierUS School Challenge-Smarter Lunchroom Award.
2. Create a smarter lunchroom by enhancing marketing efforts of healthy school meals, a la carte items, or snacks.
3. Provide opportunities for students to implement the new USDA Smart Snack policy in developing healthy classroom rewards, vending machines, student stores, a la carte items, and fundraising events that occur during the school day.
4. Conduct taste testing by providing students the opportunity to taste the fruits and vegetables.
5. Partner with school nutrition services to provide two to four new foods for tasting (e.g., entrée, fruit, and vegetable) and ask students to vote on each food items.
6. Provide opportunities for students to participate in creating and developing names and displays for fruits, vegetables, dry beans items, and combo meals in the lunch line or on posters/menu boards.

***Nutrition education activities could include:***

1. Support professional development opportunities for educators in the area of nutrition education.
2. Review, revise, or purchase educational materials for nutrition education curricula to ensure consistency with the 2010 Dietary Guidelines for Americans and USDA Choose MyPlate.
3. Plan and implement a school-wide event involving nutrition education for families and communities.
4. Invite a local registered dietitian or chef to provide a food demo to students.

***Nutrition promotion activities could include:***

1. Design signs that promote healthy eating.
2. Plan a fun and interactive family event around nutrition education and promotion.
3. Plan a health fair.
4. Establish a school garden.
5. Take photos of each lunch entrée, along with the number of votes they receive and students’ comments about the entrée, and post them to the school’s website and social media (Facebook, blog, Twitter, etc.)

***Grant funds may not be used to****…*

* *Purchase reimbursable meal components*
* *Purchase larger equipment and/or permanent structures*

### GRANT FUND DISBURSEMENT:

### Grant funds will be disbursed to chapters in two payments. Chapters will receive ½ of the requested funds at the time of the grant approval, as determined by the submitted Projected Budget. The additional ½ of the requested funds will be disbursed after the receipt of the Self-Assessment Score Card and Success Story at the program’s completion.

### GRANT APPLICATION REQUIREMENTS:

### Applicants must complete all sections of the application and supporting documents including:

* Team Nutrition Verification (School must be enrolled as a Team Nutrition School). Enroll on-line at <http://www.education.ne.gov/ns/TN/Join.html> or contact Nebraska Team Nutrition staff for more assistance (Appendix A).
* School Profile (Appendix B)
* Self-Assessment Score Card (before starting the program, Appendix C)
* Action Plan (Appendix D)
* Statement of School Readiness (Appendix E)
* Projected Budget (Appendix F)
* Signature Page (Appendix G)
* W-9
* Self-Assessment Score Card (after completing the program no later than June 1, 2017)
* Success Story (after completing the program no later than June 1, 2017)

**IMPORTANT DEADLINES AND DATES:**

**Application Due Date:**

Applications are due Friday, April 29, 2016 by 5:00 p.m. Hard copies or emailed applications must be received by this time. Completed applications can be sent or emailed to:

Allison Kreifels

Nebraska Department of Education

301 Centennial Mall South

PO Box 94987

Lincoln, NE 68509-4987

allison.kreifels@nebraska.gov

**Award Announcements:**

Applicants will be notified of their status by Friday, May 13, 2016. **It is imperative that the key contact provide a phone number and e-mail address.** Grant funds totaling ½ of the amount requested will be disbursed to the chapter based on the amount requested on the Projected Budget.

**Program Completion:**

The Self-Assessment Score Card and Success Story are due after completing the program and no later than June 1, 2017. The remaining ½ of grant funds requested will be disbursed to the chapter after these forms are submitted.

**Nebraska Team Nutrition**

Appendix B

**Nebraska FCCLA Mini-Grant Application**

**Part 1: School Profile**

**1. School Information**

|  |  |
| --- | --- |
| School Building Name  | School District |
| School Building Telephone Number  |
| Physical Address of School Building | City | Zip |

**2. School Building Data**

|  |
| --- |
| Check the grade level for this building: [ ] 6 -8 [ ] 9 -12 [ ] K-8 [ ]  6-12 [ ] PK-12 |
| Current enrollment of the grades that will participate in this building |  |
| Meals Offered (check all that apply) [ ]  National School Lunch Program  [ ]  School Breakfast Program [ ]  After School Snack Program

|  |  |
| --- | --- |
| F/R% |  |

Free/Reduced percentage |

**3. Contact Information**

|  |
| --- |
| Chapter Name |
| Adviser Name  |
| Email Address  |
| Telephone Number  |

1. **Cafeteria Information**

|  |  |
| --- | --- |
| Number of (reimbursable) meals served-lunch:

|  |
| --- |
|  |

 |
|

|  |
| --- |
|  |

Number of food serving times: |
| Current food use track system: |
| Do you provide Offer vs Serve? [ ] Yes [ ] No |
| Are you a Team Nutrition school? [ ] Yes [ ] No (This is a requirement for schools to receive mini-grant funds)If not, did you recently fill out the TN enrollment form? [ ] Yes [ ] No |
| Has your school achieved at HealthierUS School Challenge Award in the past?What level: [ ] Bronze [ ]  Silver [ ] Gold [ ] Gold of Distinction  |

**Nebraska Team Nutrition**

Appendix C

**Nebraska FCCLA Mini-Grant Application**

**Self-Assessment Score Card**

**Instructions:** Circle the most appropriate score for each item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Fully in place | Partially in place | Under Develop-ment  | Not in place |
| Representative school health committee or team | 3 | 2 | 1 | 0 |
| Written school health and safety policies | 3 | 2 | 1 | 0 |
| Communicate health and safety policies to students, parents, staff members, and visitors | 3 | 2 | 1 | 0 |
| Positive school climate | 3 | 2 | 1 | 0 |
| Overcome barriers to learning | 3 | 2 | 1 | 0 |
| Enrichment experiences | 3 | 2 | 1 | 0 |
| Local wellness policies | 3 | 2 | 1 | 0 |
| Professional development on meeting diverse needs of students | 3 | 2 | 1 | 0 |
| Recess before lunch | 3 | 2 | 1 | 0 |
| Access to physical activity facilities outside school hours | 3 | 2 | 1 | 0 |
| Adequate physical activity facilities | 3 | 2 | 1 | 0 |
| Prohibit using physical activity as punishment | 3 | 2 | 1 | 0 |
| Prohibit withholding recess as punishment | 3 | 2 | 1 | 0 |
| Prohibit using food as reward or punishment | 3 | 2 | 1 | 0 |
| Healthy food purchasing and preparation practices | 3 | 2 | 1 | 0 |
| All foods sold during the school day meet the USDA’s Smart Snacks in School nutrition standards | 3 | 2 | 1 | 0 |
| Venues outside the cafeteria offer fruits and vegetables | 3 | 2 | 1 | 0 |
| Promote healthy food and beverage choices using Smarter Lunchroom techniques | 3 | 2 | 1 | 0 |
| Adequate time to eat school meals | 3 | 2 | 1 | 0 |
| Collaboration between nutrition services staff members and teachers | 3 | 2 | 1 | 0 |
| Annual continuing education and training requirements for school nutrition service staff | 3 | 2 | 1 | 0 |
| All beverages sold during the school day meet the USDA’s Smart Snacks in School nutrition standards | 3 | 2 | 1 | 0 |
| All foods and beverages served and offered during the school day meet the USDA’s Smart Snacks in School nutrition standards | 3 | 2 | 1 | 0 |
| All foods and beverages sold during the extended school day meet the USDA’s Smart Snacks in School nutrition standards | 3 | 2 | 1 | 0 |
| All foods and beverages served and offered during the extended school day meet the USDA’s Smart Snacks in School nutrition standards | 3 | 2 | 1 | 0 |
| Fundraising efforts during and outside school hours meet the USDA’s Smart Snacks in School nutrition standards | 3 | 2 | 1 | 0 |
| Food and beverage advertising and promotion | 3 | 2 | 1 | 0 |
| Hands washed before meals and snacks  | 3 | 2 | 1 | 0 |
| **Column Totals: Add up each column of circled numbers and enter the sum** |  |  |  |  |
| **Total Points: Add the four sums above and enter the total to this box** |  |

**Nebraska Team Nutrition**

Appendix D

**Nebraska FCCLA Mini-Grant Application**

**Action Plan**

List at least five recommended actions to improve the school’s scores (e.g., offer an accessible school breakfast program). Use the five-point scales defined below to rank each action on five dimensions (importance, cost, time, commitment, feasibility). Add the points for each action to get the total points. Use the total points to help you choose one, two, or three top priority actions that you will recommend for implementation this year.

|  |  |
| --- | --- |
| **Importance** | **How important is the action to my school?**5 = Very important 3 = Moderately important 1 = Not important |
| **Cost** | **How expensive would it be to plan and implement the action?**5 = Not expensive 3 = Moderately expensive 1 = Very expensive |
| **Time** | **How much time and effort would it take to implement the action?**5 = Little or no time and effort 3 = Moderate time and effort 1 = Very great time and effort |
| **Commitment** | **How enthusiastic would the school community be about implementing the action?**5 = Very enthusiastic 3 = Moderately enthusiastic 1 = Not enthusiastic |
| **Feasibility** | **How difficult would it be to complete the action?**5 = Not difficult 3 = Moderately difficult 1 = Very difficult |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Action Plan** | **Importance** | **Cost** | **Time** | **Commitment** | **Feasibility** | **Total Points** | **Top Priority** |
|  |  |  |  |  |  |  |  |
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**Nebraska FCCLA Mini-Grant Application**

**Statement of School Readiness**

Statement of school readiness for comprehensive, school-wide planning for improvement to develop a healthy school environment

Appendix E

Please answer the following questions as completely as possible. **(Four-Page Limit)**

1. Describe actions the District and school have previously taken to support student health/wellness at your school.
2. List three ways your school is working to meet School/District Wellness policy goals.
3. Describe how parents, students, school administration and staff, and community are involved in the implementation of the School/District wellness policy at your school.
4. Describe how time, staff and resources will be provided/allocated to the Building Healthy School Environments planning process.
5. Describe how school staff and community members were informed about this opportunity and involved in the decision to apply for this grant.

**Nebraska Team Nutrition**

Appendix F

**Nebraska FCCLA Mini-Grant Application**

# **Projected Budget**

The grant money must be spent on items which support work plan toward three major components: nutrition, nutrition education and physical activity. Using the chart below, identify (1) the items that you will purchase with the grant money, (2) the place where you plan to obtain the items (company, internet, etc.), and (3) the estimated cost of the items. **Insert additional lines and pages as necessary and please be specific**.

|  |  |  |
| --- | --- | --- |
| ***Item*** | ***Company Name/Provider*** | ***Estimated Cost*** |
| Nutrition Services |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Nutrition Education |
|  |  |  |
|  |  |  |
| Nutrition Promotion |
|  |  |  |
|  |  |  |
|  ***Total Cost:*** |  |

**Nebraska Team Nutrition**

Appendix G

**Nebraska FCCLA Mini-Grant Application**

# **Signature Page**

I certify that the information on this form is true and correct to the best of my knowledge. I understand this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

The project has been funded at least in part with Federal funds from the U.S. Department of Agriculture. The contents of this publication do not necessarily reflect the view or policies of the U.S. Department of Agriculture, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

 I have completed all required sections of the application

##### SIGNATURES

#####

##### FCCLA Adviser’s Name School Principal’s Name

#####

##### FCCLA Adviser’s Signature School Principal’s Signature

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**Nebraska Team Nutrition**

**Nebraska FCCLA Mini-Grant Application**

**Application Cover Sheet**

**PRINT OR TYPE ALL INFORMATION**

|  |  |
| --- | --- |
| School Name |  |
| School District |  |
| School Address  |  |
| Grades in School |  |
| Contact Person’s Name and Title |  |
| Contact Person’s Phone Number & Email  |  |
| Date Submitted to the Agency |  |

**FOR OFFICE USE ONLY**

Reviewed by:

 Signature Date

Reviewed by:

 Signature Date

Approved by FCCLA State Adviser:

 Signature Date

Approved by Team Nutrition Director:

 Signature Date

**Nebraska Team Nutrition**

**Nebraska FCCLA Mini-Grant Application**

**Scoring**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Points Possible** | **Points Earned** |
| **Team Nutrition Verification** (Appendix A) | Required of all participants | Required of all participants |
| **School Profile** (Appendix B)Demographics that indicate serving high-needs student populations as evidenced by the percentage of students living in poverty as measured by free & reduced lunch rates, or another recognized mechanism for measuring poverty. | 20 points |  |
| **Self-Assessment Score Card** (Appendix C) | 10 points |  |
| **Action Plan** (Appendix D) | 40 points |  |
| **Statement of School Readiness** (Appendix E)* Previous actions the district & school have taken to support student health/wellness in school.
* Ways school is working to meet school/district wellness policy goals.
* Parents, students, school administration and staff, community’s involvement in implementation of the school/district wellness.
* School staff & community members informed & involved in the decision to apply for this grant.
 | 20 points |  |
| **Projected Budget** (Appendix F) | 10 points |  |
| **Signature Page** (Appendix G)Completed by the FCCLA Adviser and Principal | Required of all participants | Required of all participants |
| **W-9** | Required of all participants | Required of all participants |
| **Total Points** | 100 |  |