



**Partnership Proposal for Schools and School Districts  
2017-2018**

**SCHOOL PARTNER PROPOSAL OVERVIEW**

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Children and youth spend roughly half of their waking hours in school; this is a key place to reinforce the importance of eating well and being active. Because children learn, eat and play at school during the years when they are acquiring lifestyle habits, an environment that supports and models healthy behavior is critical to their becoming healthy, productive adults.

Cass County Health, Human and Veteran's Service, Public Health as part of LiveHealthy Cass County has State Health Improvement Partnership (SHIP) Grant to encourage schools to implement well-designed, evidence-based, and sustainable strategies actively promoting physical activity and healthy eating.

LiveHealthy will be offering School Wellness funding for schools implementing two or more efforts in Healthy School Food Options strategy or Active School Day strategy; or one effort or more in both school Healthy School Food Options and Active School Day strategies:

➤ **Healthy Eating Strategy**

- Includes policies to: practice Smarter Lunchroom techniques in the cafeteria and food service areas of the school; participate in a Farm to Schools program, or school garden to provide locally sourced foods for students and staff.

➤ **Active Living (Active Schools) Strategy**

- Includes policies to: provide activity breaks during the school day including during transition time, within classrooms and during recess; and, supporting quality physical education by adopting new curriculum, extending course offerings, incorporating active time teaching practices, supporting staff trainings on active classrooms such as the U of MN Extension Classroom Energizers, etc.

**Funding Criterion:**

Awarded funds are intended for schools and school districts in Cass County to implement sustainable policy, systems, and environmental changes by June 30<sup>th</sup>, 2017. Policy, systems,

and environmental changes are vital to ensure ongoing changes in students' health behavior. Funding is made possible through the Minnesota Department of Health, State Health Improvement Partnership (SHIP) Grant funding.

Each school district is eligible to receive up to \$3,000. Before receiving funding, each school must complete and or update the School Health Index (SHI) by February 15<sup>th</sup>, 2017. The SHI can be used as a tool to establish where funds will be most effective.

**Acceptable Use of Funds:**

- Staffing costs related to trainings, coordination of projects, development of new policies or procedures (including substitute teachers)
- Start up-costs and support for strategies; for example:
  - Classroom fitness equipment, active classroom training for staff, salad bars, some materials for building a school garden, and new physical education curriculum

**NOT Acceptable Use of Funds:**

- Food purchases for vending machines that will not be recouped.
- Transportation expenses (e.g., late bus programs)
- Video game equipment (Wii Fits, etc.)
- Capital improvement expenses such as vending machines or new recreational facilities.
- Utility bills (e.g., electrical or heating bills).

For more specifics on financial guidelines, please refer to the [SHIP 4.0 Financial Guide](#).

**Grantee Responsibilities:**

- Convene School Wellness Committee meetings regularly.
- Complete or update School Health Index (SHI) assessment by October 31, 2017.
- Use SHI to help develop a LiveHealthy School action plan for implementing two or more strategies.
- All expenses must be connected to the proposed project defined in the plan and contribute to these changes by the end of grant period. The grantee is responsible for tracking all purchases and expenses. Grantees must submit invoices with encumbered expenses to Cass County Health, Human & Veteran's Services by June 30, 2018 to receive payment.
- All grantees must complete the program evaluation requirements.
- All grantees must complete a final narrative.
- Keep in mind that funds can only be used for things that are sustainable (will remain in operation once the grant funding expires on June 30, 2017)

- Signed tracking of 10% match

Match may include cash contributions and in-kind match.

- Cash match is money spent for SHIP-related costs. Cash match may come from funds contributed by partners or other third-party sources.

- In-kind match is a non-cash contribution of the fair market value of goods or services that support SHIP activities, contributed by partners or other third parties. Examples of in-kind contributions are time contributed partners, donated meeting space, donated printing, etc.

For further information please contact Cass County Health Human and Veteran's Services Team Lead: **Jeri Seegmiller** [jeri.seegmiller@co.cass.mn.us](mailto:jeri.seegmiller@co.cass.mn.us), 218-547-1340 ext 223.

### **Partner Plan Timeline & Process**

Plans will be accepted any time before December 31, 2017. LiveHealthy Cass County will review submitted plans. Applicants will receive an email notification within one month of submission regarding their approved status. If approved, Cass County HHVS will review with you/your school the grant agreement and funding reimbursement process. Upon completion of the proposal process, program implementation can begin. Funds must be spent by June 30, 2018.

Applications will be accepted via email (either Word or PDF file) or by mail. Send completed applications to: [jeri.seegmiller@co.cass.mn.us](mailto:jeri.seegmiller@co.cass.mn.us) or Jeri Seegmiller, Cass County Health, Human, and Veteran's Services PO Box 519 Walker, MN 56484.

## SCHOOL PARTNERSHIP PLAN FORM

*(Please do not exceed 5 pages)*

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APPLICANT INFORMATION	
School:	
Contact Person:	
Mailing Address:	
Telephone:	
Fax:	
Email:	

<b>ACTION PLAN:</b> Applicants should answer the questions below to describe their proposed plans to implement Healthy School Food Options and/or Active School Day strategies (see page 1 for more detail on strategies). Assure to address at least two strategy efforts.	
What are the goals and objectives of this proposed project?	
Why is this project needed?	
Describe the population(s) you expect to impact through this project; how many students, staff, community members will be involved?	
Describe the new or revised policy change that will be included in your School Wellness Policy.	
Describe how you will know this project was successful	

Describe how you will provide the required minimum 10% in-kind contribution. Provide a detailed itemized list that includes the dollar amount. Also include any amount above and beyond the minimum required 10%.	
Describe how this project will be sustained, or continue to be funded beyond June 30, 2018.	

**TIMELINE:** Below outline the key activities you plan to implement to complete the proposed project. Describe the staff that will be responsible for each activity and the timeline to complete each activity.

Key Activities	Staff Responsible	Timeline
Complete School Health Index		
School Wellness Committee meetings		
Schedule U of MN Extension Food Staff Training		
Arrange appropriate facilities for training		
Inform staff of training		
Host training		
Complete evaluation		

**BUDGET:** Provide a detailed numerical budget with narrative as needed to implement your action plan. Grant funds will be allocated only through reimbursement process.

Category	Description	Amount Requested
<b>Staffing:</b> Include approximate number of hours and wages for each staff person		
<b>Materials &amp; Supplies:</b> List specific materials requested and itemize expenses		
<b>Trainings:</b> List specific trainings or workshops requested and itemize expenses		
<b>Other/Miscellaneous:</b>		

List other specific items that are needed to implement your action plan.		
	<b>Total Amount Requested: [Cannot exceed \$3,000]</b>	
<b>10% Matching Funds:</b> Indirect or direct description.		

Partnership Plan Requested:

Partnership Plan Approval:

\_\_\_\_\_  
School Contact signature

\_\_\_\_\_  
Jeri Seegmiller, Cass County HHVS Team Lead

\_\_\_\_\_  
School Contact printed name & title

\_\_\_\_\_  
Jeri Seegmiller, Cass County HHVS Team Lead

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## School Partnership Agreement

8/2017

Cass County Health, Human and Veterans Services, Public Health as part of LiveHealthy Cass County has a SHIP (State Health Improvement Partnership) Grant to work with Cass County schools to increase physical activity and/or improve nutrition.

We support and agree to collaborate with LiveHealthy Cass County with our wellness committee as part of the school setting of SHIP to continue improving and/or start new strategies for our school to increase physical activity and/ or improve nutrition in areas of policies, systems, and environmental changes.

Schools agree to:

1. Convene School Wellness Committee meetings regularly.
2. Complete or update School Health Index (SHI) assessment by October 31, 2017.
3. Use SHI to help develop a LiveHealthy School partnership plan for implementing two or more strategies.
4. Provide a 10% direct or indirect match of funding expended.
5. Expend up to maximum of \$3,000 while assuring funds are expended according to action plan approved by LiveHealthy Cass County and in accordance with [Financial Guide for Statewide Health Improvement Partnership \(SHIP 4.0\)](#) of allowable expenses guidance. Must expend funds prior to submission of invoice for payment. Invoice must be received by Jeri Seegmiller before June 30, 2018.
6. Assist in providing information for reporting and evaluation data based on implemented strategies.

LiveHealthy Cass County agrees to:

1. Attend School Wellness Committee meetings when possible.
2. Assist in resources for the on-line SHI assessment tool.
3. Fund schools up to \$3,000.
4. Provide support and resources to schools.
5. Provide reporting and evaluation tools to schools.

We understand that these accomplishments may be used in media and marketing with our approval. This agreement shall be effective September 1, 2017 through October 31, 2018, regardless of signature dates.

School Name:

Contact Person:

Mailing Address:

Phone:

Fax:

\_\_\_\_\_  
School Superintendent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interim Director, Cass County HHVS Signature    Date