# School Health Mini-Grant Application

**Please complete the following application and return it by email, mail, or fax to:**

School Health Program Phone: 406-444-4592

Montana Department of Public Health & Human Services Fax: 406-444-7564
Cogswell Building, 1400 Broadway, Suite C-314B Email: schoolhealth@mt.gov
Helena, MT 59620-2951

**Step 1: Contact Information**

Name:

Credentials (RN/LPN/AE-C/CDE/Other):

Email Address:

Work Address:

Phone Number:

County:

**Step 2: Background Information**

1. For which schools or districts do you provide nursing, education, or administrative services?
2. Approximately how many students do you provide services for?

1. How many hours per week do you provide nursing services/education (or administrative duties) in the school setting?
2. Briefly describe how asthma, diabetes or other chronic diseases affect the students in the school for which this project is meant. Include the approximate number of students with known chronic conditions (specific to your project) in your school(s) where your project will be carried out.

1. How will this grant assist you in providing help to students with asthma, diabetes, or other chronic conditions?

**Step 3: Choose a Project**Please indicate which project you will implement from the options below.

\_\_\_\_ School Staff Asthma Training School Staff Diabetes Training Assess Chronic Disease

\_\_\_\_ School Policies and Practices Teach a Chronic Disease Self-Management Curriculum

\_\_\_\_ Student Referrals to the Asthma Home Visiting Program

\_\_\_\_ Facilitate a Hands Only CPR Training for Students, full CPR Course, or Stop the Bleed Training

\_\_\_\_ Attend Event: Big Sky Pulmonary Conference/Asthma Educator Course/Diabetes Conference

\_\_\_\_ Training Design Your Own Project

A full description of each project is included on the dphhs.mt.gov/schoolhealth website. For further clarification about any of the projects, please contact the Montana School Health Program at schoolhealth@mt.gov.

**Step 4: Letter of Support**

Attach one letter of support from a school administrator on official letterhead to this application. The letter should indicate his or her approval of the project and support of your efforts. No special form is required.

 **Part 5: Budget**

Please indicate below how you intend to allocate your award funding. Funding may be used for staff time, printing costs, meeting expenses and travel, or the purchase of educational materials. Expenses may vary based on the project and available resources. Expenses for any other activity or materials must be related to improving chronic disease or emergency response outcomes in your school/district and must be approved by the DPHHS School Health Program. If you have questions, please consult the State School Nurse Consultant.

**Part 6: Check Recipient Information**

If awarded a School Health Mini-Grant, to whom shall the check be written?

Name/Organization:

Complete Address:

**Part 7: W-9 Submission**

All applicants are required to submit a W-9 for the entity or individual receiving the funding. Please download the W-9 form located on the school health mini-grants website and include the completed form as an attachment to your application. Applications will not be processed until all required items have been submitted, including valid taxpayer identification. Personal W-9s with sensitive information may be sent to the School Health Program through the State of Montana secure file transfer platform at transfer.mt.gov.

**Part 8: Outcome Reporting**

Applicants receiving funding agree to complete their chosen project and return a project specific outcomes report to the Montana School Health Program by May 31st of the school year in which the grant funding is received.