m DEPARTMENT OF HEALTH

Asthma Friendly Schools Mini-Grant Application

Thank you for your interest in the Minnesota Asthma Friendly Schools Mini-Grant Program.

Before beginning your application, please review the Funding Criteria to ensure your project meets the grant requirements (http://www.health.state.mn.us/divs/hpcd/cdee/asthma/grants/selectioncriteria.html).

As a reminder, all applicants must complete all sections of the application. Specifically:

- Provide contact information and approval from your school or district administrator so that we know your school or district health office supports your application.
- Provide contact information for any outside partners or organizations with whom you plan to work and a short explanation of the nature of their contribution to the project.
- Provide details that show how asthma affects students in your school or district and how this grant will help your school and students improve asthma control.
- Include a brief description of how you plan to partner with others to build, implement, and sustain your asthma programming once mini-grant funding is gone.
- Develop realistic, measurable goals for each project.

After the application is submitted, an MDH Asthma Staff member will contact you to set up a time to discuss your application and gather any additional information that may be needed. Please contact Susan Ross at susan.ross@state.mn.us with any questions about the application process.

It may be beneficial to draft your answers to questions in a Word document so that you can easily cut and paste your responses into the application fields.

Contact Information

Provide the following information for the person who will be the primary contact for this mini-grant project(s).

Name:

Position & role in school:

School name, grade level & district #:

Address:

Email: Phone number:

Secondary Contact

Name:_____

Position & role in school:_____

School name, grade level & district #:_____

Address:_____

Email:_____ Phone number:_____

Is this a single or district-wide project? List the school names and grade levels that will be involved in this project.

Choose a Project

BEFORE selecting your project(s), review the project details and evaluation requirements (Outcomes Report) on the mini-grants webpage. Asthma School Mini-Grants webpage (http://www.health.state.mn.us/divs/hpcd/cdee/asthma/grants/)

Put an **X** in front of the project(s) you are applying for. You may select one or more projects to complete with this application. The total funding amount available cannot exceed $1,500.

A: Health office Asthma Data

☐ 1. Implement a process for identifying students with asthma
☐ 2. Create a school or district data report

B: Environmental Policy

☐ 1. Assess school or district policies that can promote asthma-friendly schools; implement strategies to address policy gaps
☐ 2. Plan and host a stakeholder event to review one or more policies

C: Partnerships & Building Awareness

☐ 1. Partner with health care professionals serving the community to organize an asthma educational event during an existing school or community event

D: Providing Asthma Self-Management Education

☐ 1. Implement an asthma self-management program using *Open Airways for Schools* or *Kickin' Asthma* curriculum from ALA in MN
☐ 2. Provide asthma self-management educational sessions for students (or students and parents) transitioning to middle or high school

E: Linking Schools and Health Care Providers

☐ 1. Create a process to connect school health office and health care providers
☐ 2. Assess school or district school health policies related to asthma; draft or revise policies/practices for adoption

F: Health Office Staff and School Personnel Training

☐ 1. Provide trainings for school health office staff to increase knowledge and skills related to asthma, asthma self-management and best practices for asthma management

☐ 2. Provide in-service sessions for school personnel on asthma and district or school asthma related policies and procedures

G: Build Your Own Asthma Project

☐ 1. School personnel and their partners will 'Build Your Own' school and community focused asthma program. Provide a detailed outline of project components (who, where, why, when, how), implementation plans, budget needs and a sustainability plan. * You must discuss project concepts and plans with MDH staff before submitting your application.

If you have questions about these projects or need assistance, contact Susan Ross by email susan.ross@state.mn.us or phone at 651-201-5629.

Describe Your Project

1. Describe what you plan to do with your Asthma Friendly School Mini-Grant. Please be concise but provide enough information to show that you have a need, an implementation plan, and a way to evaluate your success. Include details on how your partners will be involved – it really does "take a village".

2. Briefly tell us about your school and students in your school/district who have asthma. This answer should provide details about your specific school and the students in your school that live with asthma (not statewide statistics or descriptions).

3. How does asthma uniquely affect the students in your school or district?

4. What are some assets of your school that will help with this project? What may be some challenges your school will face with this project?

5. How many students and community members do you anticipate reaching?

6. Provide any school statistics that describe your students and school: What percentage of your student population has asthma? (If you don't know, consider applying for Project A.) Who staffs your health office? (#RN/LSN, #Aides) etc.

7. How will this grant and the project you have chosen make your school more asthma-friendly?

8. Thinking about you and your partners, how might this project lead to sustainable change in your school to become more asthma-friendly?

9. If submitting an application that includes multiple projects, how will you tie these projects together?

10. You can officially start working on your project(s) when your application has been approved and end any time before August 31, 2018. When do you plan to **start** work on this project? When do you plan to **complete** the work on your project?

Identify Partners

Your project will be more successful if you collaborate with partners from your school, district, and community. Partners can be teachers, administrators, other school staff, parents, businesses, health professionals serving your community and even students. Partnerships create an atmosphere of support for students who have asthma and increase your school's ability to sustain what you've accomplished. You must identify at least one partner with whom you will work.

Provide the name, position, email address, and phone number of any partners or individual that will have a key role in your project and how each partner will contribute.

Name	Position	Email	Telephone	Contribution Description

Set your Goals

Everyone who touches your project should have the same goals in mind. A document with sample goals can be found on the Asthma Friendly School Mini Grants website under Application Process (http://www.health.state.mn.us/divs/hpcd/cdee/asthma/grants/index.html). Set 2-3 realistic, meaningful, and measureable goals for your project. How will you measure your goals?

Goal 1:

Goal 2:

Goal 3:

Draft a Budget

Applicants can apply for awards up to $1,500. Not all projects require $1,500 so please budget accordingly. Please review the Funding Criteria located on the Mini-Grant landing page before creating your budget (http://www.health.state.mn.us/divs/hpcd/cdee/asthma/grants/selectioncriteria.html).

Please keep in mind:

- Materials and supplies purchased must be used for your asthma project and support its implementation.
- Funds may not be used to purchase stock items in bulk for use beyond your project's needs.
- Indicate the estimated costs for each of the categories in the table below.
- Supply a brief description of each item and the anticipated cost.
- Grant funds may not be used to purchase food, beverages, or incentive gift cards.

Please note: applicants for a *Providing Asthma Self-Management Education* project should budget for purchasing holding chambers for all participants.

Item	Explanation	Anticipated Cost
Hourly wages - Break down hourly wages by discipline and number of hours (e.g., LSN, $25/hour x 10 hours = $250)		
Printing & copying - What are you printing/copying and how many?		
Supplies & materials - What materials and supplies are needed (you must submit receipts)		
Meeting expenses – e.g., room rental, speaker, handouts		
Travel – Break down travel expenses into miles and if hotel is needed, a per night cost (you must submit receipts)		
IT – Break down by hourly rate & total; software costs		
Other		
TOTAL		

Did you complete everything?

Let's make sure you've included everything.

☐ Have you reviewed the Outcomes Report and Data Request?

☐ Did you discuss your project choice with your school administrator and or district nurse and get their support and approval?

☐ Have you checked with your school or district's business or GRANTS management office to see what processes they require in order to accept grant funding?

☐ Have you talked with your partners about the project and gotten commitments from them to work with you?

☐ Have you thought about creating a timeline to keep you and partners on track? (see Tips & Tricks)

☐ Does your school/district have an appropriate physical space to complete your project? (not hallways or areas where children are too distracted to focus)

☐ Have you asked someone to review your application to double-check that you addressed all requests?

☐ Did you send in your W9 (https://www.irs.gov/pub/irs-pdf/fw9.pdf) to susan.ross@state.mn.us?

☐ If needed, have you asked community partners to support and or fund non-covered items?

Applicant Signature

By signing below, I agree to the following statements

If my application is chosen to be funded, I will complete the project and return the completed Outcomes Report and Data Request to the Minnesota Asthma Program. I also agree to participate in a short telephone exit interview with program evaluators and to allow the Minnesota Asthma Program to share any materials developed and lessons learned.

I have reviewed this application with my administrator and they fully support the project as described.

☐ I agree to both statements

Name: _____

Position/Title:_____Email: _____

Administrator's Name: _____

Administrator's Position/Title: _____Email: _____