



Asthma Friendly Schools Mini-Grant Application

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

Please **submit your application via the online process** on the MDH Asthma Friendly School Mini-Grant website.

Contact Information

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

Submission Date: _____

Name: _____

Position & role in school: _____

School name, grade level & district #: _____

Address: _____

Email: _____ Phone number: _____

State school district vender number (not Tax ID #): _____

Apply for a vendor number at:

https://supplier.swift.state.mn.us/psp/fmssupap/SUPPLIER/ERP/h/?tab=SUP_GUEST

District Business/grants management office address: _____

Business /grants contact Name: _____

Business office contact email: _____ Phone number: _____

Secondary Contact

Name: _____

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 and Data Requests by Project) on the asthma mini-grants webpage.

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. * We ask that you discuss project concepts and plans with MDH staff before submitting your application.

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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.
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 June 30, 2019. 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 have accomplished.

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

Name	Position & Organization or Agency	Email	Telephone	Contribution Description

Set your Goals

Everyone who touches your project should have the same goals in mind. Set 2-3 realistic, meaningful, and measureable goals for your project. How will you measure your goals? Sample Goals can be found on the main asthma mini grants page, under Application Process.

Goal 1:

Goal 2:

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 and Eligibility Criteria document (on website) before creating your budget. 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 costs for each of the categories in the table below. Supply a brief description of each item and the associated cost. Add rows as necessary. Please note, applicants for a *Providing Asthma Self-Management Education* project should budget for holding chambers for all participants.

Grant funds may not be used to purchase food, beverages or ‘incentive’ gift cards

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?

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

Applicant Signature

If my application funded, I will complete the project and return the completed Outcomes Report and Data Requests by Project form 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.

Name: _____

Signature: _____ Date: _____

Administrator Signature

I have reviewed this application and support the project as described.

Name: _____

Position/Title: _____ Email: _____

Phone number: _____

Signature: _____ Date: _____

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651-201-5909
health.asthma@state.mn.us
<https://www.health.state.mn.us/diseases/asthma/schools/index.html>

02/19/2019
To obtain this information in a different format, call 651-201-5909