



Funding Opportunity

Applications Due: **Friday, April 2, 2021, by 11:59 pm**

Application Information Webinar: **Monday, March 1, 2021, from 3:00-4:00 pm**

Intent to Apply Due (not required): **Friday, March 5, 2021, by 11:59 pm**

Colorado Student Wellness Grant

Pursuant to H.B. 08-1224



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Table of Contents

Introduction	3
Purpose	3
Definitions	3
Grant Focus Areas	4
Eligible Applicants	4
Available Funds	5
Allowable Use of Funds.....	5
Duration of Grant	6
Evaluation and Reporting	6
Data Privacy.....	6
Technical Assistance	7
Review Process and Timeline	7
Submission Process and Deadline.....	7
Application Format.....	7
Required Elements	8
Part IA: Cover Page - Applicant Information	9
Part IB: Recipient Schools Information	10
Part IC: Program Assurances Form.....	11
Part ID: Executive Summary.....	13
Application Scoring	14
Selection Criteria and Evaluation Rubric.....	15
Attachment A: Student Health Work Plan	19
Attachment B: Intent to Apply	20
Attachment C: Mid-Year Program Report Questions	21
Attachment D: End-of-Year Program Report Questions.....	22

Introduction

The Colorado General Assembly passed House Bill 1224 in spring 2008 authorizing funding for local Student Wellness Programs, acknowledging that for students to reach their full potential, school communities need to address comprehensive issues of student wellness, including but not limited to addressing the physical, mental, emotional and social needs of students. They further stated that high-quality physical education programs taught by individuals who are licensed or endorsed in physical education may be a factor in battling the rising incidence of childhood obesity by ensuring not only that children receive a healthy level of physical activity, but that they also learn skills and develop knowledge that will enable them to maintain a healthy level of activity throughout their lifetimes.

Purpose

This grant program exists to support evidence-based practices and the implementation of Whole School, Whole Community, Whole Child approaches for students to:

- Enter school HEALTHY and learn about and practice healthy lifestyles;
- Learn in an environment that is physically and emotionally SAFE for students and adults;
- Be actively ENGAGED in learning and are connected to the school and broader community;
- Have access to personalized learning and are SUPPORTED by qualified, caring adults; and
- Be CHALLENGED academically and prepared for success in college or further study and for employment and participation in a global environment.

Student Wellness grantees use the [Centers for Disease Control and Prevention’s Whole School, Whole Child, Whole Community Model \(WSCC\)](#) as a strategy to improve the health and well-being of children and youth in Colorado schools.

Successful grantees will work at the school and district level to coordinate and align programs, policies, practices, and environmental changes in an effort to systematically identify and address barriers related to learning and health. Through this coordinated approach efforts may support the physical, mental, emotional and/or social needs of students.

Definitions

A local “Student Wellness Program” means a program adopted by a Local Education Provider (LEP) that is coordinated across components and is designed to provide services to students in one or more of the following component areas:

- Health Education
- Physical Education and Physical Activity
- Nutrition Environment and Services
- Health Services
- Counseling, Psychological and Social Services
- Social and Emotional Climate
- Physical Environment
- Family Engagement
- Community Involvement

As part of a coordinated approach health education aligned with Colorado’s Academic Standards and skills should be a core component.

A local Student Wellness Program will have a **designated coordinator**, a **health advisory council**, and **building-level health teams** representing all areas listed above. The coordinator will oversee the implementation of the local Wellness Policy, the local (District) health advisory council, and assist school health teams in completing a needs assessment and

school health improvement plans to support the physical, mental, emotional, and social needs of students. District Comprehensive Health and Wellness plans can be supported through this grant opportunity. Local Wellness Programs will be encouraged to follow the [National Association of Chronic Disease Directors WSCC Implementation Guide](#) or [Destination Health Schools Successful Students Roadmap to Healthy Schools](#). Schools will be encouraged to use Colorado's SMART Source as a needs assessment and a tool to track school wellness progress.

Note: If an applicant proposes to use an alternative process other than the National Association of Chronic Disease Directors WSCC Implementation Guide or Destination Health Schools Successful Students Roadmap to Healthy Schools, the applicant must provide justification as to how the district process aligns with the content, steps, and phases of the guide.

Grant Focus Areas

Successful grantees use awarded funds for the following focus areas:

- Identify and address inequities in policies, practices, and programs that support the physical, mental, emotional, and social needs of students and reduce barriers to learning through a WSCC approach.
- Identify health disparities impacted by race, ethnicity, gender, disability, sexual orientation, geographic location, etc. within your district and explain how your whole child efforts will focus on reducing those health disparities.
- Identify and address opportunities for underrepresented or marginalized student populations in policies, practices, and programs.
- Increase coordination of policies, practices, and programs to support the physical, mental, emotional, and social needs of students to reduce barriers through a WSCC approach.
- Increase coordination of policies, practices, and programs to support the management of chronic diseases (e.g., asthma, food allergies, diabetes, etc.).
- Build district infrastructure and sustainability efforts to support a WSCC approach.
- Improve local wellness (USDA) or supporting health and wellness policies aligned with best practices.
- Increase implementation of district wellness policies and best practices to support healthy eating, physical activity, and health education.
- Connect school health and wellness efforts to comprehensive health education standards and skills.
- Increase community engagement and involvement to enhance a WSCC approach.

Eligible Applicants

Local Education Providers (LEPs) are eligible to apply for this opportunity. An eligible LEP is:

- A School District(s);
- A Board of Cooperative Services (BOCES);
- A Charter School(s) authorized by a School District, or the Charter School Institute.
- Facility School(s)

Local Education Providers may apply as a region, group, or consortium.

Applicants that have received funds from the Colorado Department of Education Student Wellness grant during the previous funding cycle may apply for this current funding opportunity; however, their application must describe current grant activities services and demonstrate how, if awarded, capacity to provide activities and services will be expanded, augmented, or sustained. Past expenditure of funds and quality of program implementation will also be considered. Previously funded applicants will be asked to apply at a reduced level of funding compared to other newly funded applicants (see **Available Funds** section below for more details). Districts that have not received funds from the Colorado Department of Education Student Wellness grant in the previous two rounds of funding (2015-2018; 2018-2021) will receive additional points for applying (see **Selection Criteria and Evaluation Rubric** section for more details).

Available Funds

Approximately \$480,000 is available for the 2021-2022 school year, with funding contingent on approval of appropriations from the State Legislature. The Colorado Department of Education anticipates to award grants for a three-year period. Funding in subsequent years for grantees is contingent upon continued appropriations and upon grantees meeting all grant, fiscal, and reporting requirements.

Applicants may request up to \$40,000 per year for new applicants that have not received Student Wellness Funding from the Colorado Department of Education during the previous funding cycle (2018-2021). Applicants that have had previous funding (2018-2021) may apply for a maximum of \$25,000. This decrease in funding for previously funded grantees is to ensure sustained efforts beyond the grant and to engage new applicants in health and wellness efforts.

Applicants are **encouraged** to demonstrate a 10% match of the funds requested to support the work of this grant opportunity. Matching funds may include both in-kind and cash matches. The matching funds can come from state dollars, local government dollars, private dollars, or in-kind support.

Allowable Use of Funds

A Local Education Provider that receives a grant under the program shall use the funds to:

- Fund a health coordinator and/or co-leaders for school health teams in buildings;
- Provide budgets for school health teams to implement their School Health Improvement Plans;
- Provide substitute pay and stipends for coordinator and school health team members to attend meetings or trainings;
- Fund travel for two-one day, coordinator meetings and other professional development opportunities;
- Purchase curriculum, resources, and materials to implement best practices; or
- Purchase technology for use in the student wellness program (must be approved by CDE).

Funding may not be used for:

- One-time speakers and or events that are not aligned with other systemic initiatives (when aligned speakers must be approved by CDE);
- Gift Cards for incentives
- Scare tactics;
- Health fairs;
- Staff wellness;
- Capital construction;
- Kitchen/cafeteria equipment; or
- Vending Machines.

Local Education Providers (LEPs) may receive funding for a local student wellness program that includes physical education only if each person who teaches one or more physical education courses is licensed and endorsed in physical education (C.R.S. 22-32-136, Article 60.5). However, this requirement will not apply to a school district that enrolls 1,500 or fewer students. If a Local Education Provider receives funding for a local wellness program that includes physical education, they must provide documentation that each person who teaches one or more physical education courses is licensed and endorsed in physical education. The applicant will be required to submit documentation from the Human Resources Office that verifies that all physical educators are endorsed and licensed or submit a plan for how they will support those teachers in securing licensing and endorsement in physical education.

Duration of Grant

Grants will be awarded for a three-year term beginning in the 2021-2022 fiscal year. Additional grant funding for subsequent years will be contingent upon annual appropriations by the State Legislature as well as completion of all evaluation and report requirements (see Evaluation and Reporting section). Funded applicants for the 2021-2022 school year are not guaranteed any additional funding beyond the 2021-2022 year at this time. Year 1 funds must be expended by **June 30, 2022**. There will be no carryover of funds. Unobligated funds will be carried forward into the next year during continuation. In the final year all unobligated funds must be returned to CDE along with the submission of the Annual Financial Report.

Evaluation and Reporting

Each Education Provider that receives a grant through the Student Wellness Grant is required to report, at a minimum, the following information to the Department:

- Annual mid-year progress report on work plan and objectives (January 30, 2022);
- Annual mid-year progress budget report (January 30, 2022);
- End-of-year progress report regarding work plan progress and budget (June 30, 2022);
- Success story (June 30, 2022); and
- Annual Financial Report (September 30, 2022).

Please note that grantees will be expected to provide progress reporting and needs assessment data in Years 1 and 3 of this three-year grant.

See **Attachment C** for the Mid-Year Progress Report Questions, and **Attachment D** for the End-of Year Program Report Questions.

Additionally, Education Providers receiving funds through Student Wellness Grant may be selected for a site visit by CDE program staff during the 2021-2022 school year.

Information reported to CDE in relation to grant activities is not confidential and is subject to public request. Grantees should ensure reported information does not contain PII or confidential information.

Data Privacy

CDE takes seriously its obligation to protect the privacy of student and educator Personally Identifiable Information (PII) collected, used, shared, and stored. PII will not be collected through the Colorado Student Wellness Grant. All program evaluation data will be collected in the aggregate and will be used, shared, and stored in compliance with CDE's privacy and security policies and procedures.

Note: Documents submitted must not contain any personally identifiable student or educator information including names, identification numbers, or anything that could identify an individual. All data should be referenced/included in the aggregate and the aggregate counts should be redacted to remove small numbers under n=16 for students or n=5 for educators.

Technical Assistance

An application training webinar will be held on **Monday, March 1, 2021, from 3:00-4:00 pm**. [ZOOM LINK HERE \[https://us02web.zoom.us/j/9303604431\]](https://us02web.zoom.us/j/9303604431). The webinar will be recorded and available to view on [CDE's Student Wellness website](#) in the days following.

If interested in applying for this funding opportunity, submit the Intent to Apply (see **Attachment B**) at <https://app.smartsheet.com/b/form/28b6692b30dc45529ec2530bcb84781d> by **Friday, March 5, 2021, by 11:59 pm**. The Intent to Apply is encouraged, but **not required** to submit an application.

Review Process and Timeline

Applications will be reviewed by CDE staff and peer reviewers to ensure they contain all required components. Applicants will be notified of final award status no later than **Friday, May 14, 2021**.

Note: This is a competitive process – applicants must score at least 86 points out of the 124 possible points to be approved for funding. Applications that score below 86 points may be asked to submit revisions that would bring the application up to a fundable level. There is no guarantee that submitting an application will result in funding or funding at the requested level. All award decisions are final. Applicants that do not meet the qualifications may reapply for future grant opportunities.

Submission Process and Deadline

An electronic copy of the application (in PDF format) and electronic budget (in Excel format) must be submitted to CompetitiveGrants@cde.state.co.us by **Friday, April 2, 2021, by 11:59 pm**. The electronic version should include all required components of the application as one document. Attach the electronic budget workbook in Excel format as a separate document. Incomplete or late applications will not be considered. If you do not receive an email confirmation of receipt of your application within 24 hours after the deadline, email CompetitiveGrants@cde.state.co.us. Application materials and budget are available for download on [CDE's Health and Wellness website](#).

Submit the electronic copy of the application and electronic budget to:

CompetitiveGrants@cde.state.co.us

By: **Friday, April 2, 2021, by 11:59 pm**

Application Format

- Section A-B of the application cannot exceed 10 pages. See below for the required elements of the application. **Note:** Applications with Sections A-B that exceed 10 pages will not be reviewed.
- Section C for BOCES, District(s) Region, will have two (2) additional pages to answer required questions. Note: Applications with a response for Section C that exceed two (2) pages will not be reviewed.
- Section D, E, and Section F do not count towards the page limit.
- All pages must be standard letter size, 8-1/2" x 11", using no smaller than 12-point font, single-spaced with 1-inch margins and numbered pages.
- The signature page must include original signatures of the lead district/BOCES/fiscal agent.

Required Elements

The format outlined below must be followed in order to assure consistent application of the evaluation criteria. See evaluation rubric for specific selection criteria needed in Part II (pages 15-19).

Part I: Application Introduction [not scored]

Part IA: Cover Page - Applicant Information

Part IB: Recipient Schools Information

Part IC: Program Assurances Form

Part ID: Executive Summary

Part II: Narrative

10-Page Narrative Limit for Sections A-B

Section A: Health Advisory Council

Section B: Project Description

2-Page Narrative Limit for Section C

Section C: Additional Narrative for BOCES and Regional/Charter School Consortia

Sections D-F Not Counted Towards Page Limit

Section D: Student Wellness Work Plan

Section E: Budget Narrative

Section F: Electronic Budget

Colorado Student Wellness Grant
Applications Due: Friday, April 2, 2021, by 11:59 pm

Part IA: Cover Page - Applicant Information

Lead Local Education Provider (LEP)/BOCES Information			
LEP/BOCES Name:		LEP/BOCES Code:	
Mailing Address:			
Type of Education Provider			
[check box below that best describes your organization or authorizer]			
<input type="checkbox"/> School District	<input type="checkbox"/> BOCES	<input type="checkbox"/> Charter School Institute	
<input type="checkbox"/> Charter Schools	<input type="checkbox"/> Facility Schools		
Region			
[indicate region of Colorado this program will directly impact]			
<input type="checkbox"/> Metro	<input type="checkbox"/> Pikes Peak	<input type="checkbox"/> North Central	<input type="checkbox"/> Northwest
<input type="checkbox"/> West Central	<input type="checkbox"/> Southwest	<input type="checkbox"/> Southeast	<input type="checkbox"/> Northeast
Recipient Schools			
[list all schools impacted by this funding – additional rows may be added]			
Authorized Representative Information			
Name:		Title:	
Telephone:		E-mail:	
Program Contact Information			
Name:		Title:	
Telephone:		E-mail:	
Fiscal Manager Information			
Name:			
Telephone:		E-mail:	
Amount of Funding Requested:			

Previous Grant Information	
[The following information will be verified by CDE and considered in the funding decision.]	
Has the applicant district or school received previous Student Wellness funding from CDE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant receive previous Student Wellness funding for the 2015-2018 grant cycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant receive previous Student Wellness funding for the 2018-2021 grant cycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If previously funded, were funds expended in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If previously funded, were any unspent funds reverted back to CDE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, enter the year(s) and amount(s) of reverted funds below:	
Year(s):	Amount(s):

Part IB: Recipient Schools Information

Complete and attach after Cover Page. If needed, additional copies of this page should be attached in order to include each participating school.

Local Education Provider Information			
LEP/BOCES Name:		LEP/BOCES Code:	
Recipient School Information			
School Name:		School Code:	
Mailing Address:		Charter School:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Principal Information			
Name:			
Telephone:		E-mail:	

Local Education Provider Information			
LEP/BOCES Name:		LEP/BOCES Code:	
Recipient School Information			
School Name:		School Code:	
Mailing Address:		Charter School:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Principal Information			
Name:			
Telephone:		E-mail:	

Local Education Provider Information			
LEP/BOCES Name:		LEP/BOCES Code:	
Recipient School Information			
School Name:		School Code:	
Mailing Address:		Charter School:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Principal Information			
Name:			
Telephone:		E-mail:	

Local Education Provider Information			
LEP/BOCES Name:		LEP/BOCES Code:	
Recipient School Information			
School Name:		School Code:	
Mailing Address:		Charter School:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Principal Information			
Name:			
Telephone:		E-mail:	

Local Education Provider Information			
LEP/BOCES Name:		LEP/BOCES Code:	
Recipient School Information			
School Name:		School Code:	
Mailing Address:		Charter School:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Principal Information			
Name:			
Telephone:		E-mail:	

Part IC: Program Assurances Form

The appropriate Authorized Representatives must sign below to indicate their approval of the contents of the application Colorado Student Wellness Grant, and the receipt of program funds.

On _____ (date) _____, 2021, the Board of _____ (district/BOCES/CSI) _____
hereby agrees to the following assurances:

- 1) The grantee will annually provide the Colorado Department of Education the evaluation information required in the Mid-Year Report (**Attachment C**) and the End-of-Year Report (**Attachment D**) of the Request for Proposal.
- 2) The grantee will work with and provide requested data to CDE for the Student Wellness Grant within the time frames specified.
- 3) The grantee will be required to attend two, one-day, training/meetings in the Denver metro area.
- 4) Grantees will be required to attend monthly virtual collaborative meetings.
- 5) The grantee will not discriminate against anyone regarding race, gender, national origin, color, disability, or age.
- 6) Funds will be used to supplement and not supplant any funds currently being used to provide student health and wellness services for students in schools and grant dollars will be administered by the appropriate fiscal agent.
- 7) Funded projects will maintain appropriate fiscal and program records and that fiscal audits of this program will be conducted by the grantees as a part of their regular audits.
- 8) If any findings of misuse of these funds are discovered, project funds will be returned to CDE.
- 9) An Annual Financial Report (AFR) will be submitted to CDE on a yearly basis.
- 10) The grantee will maintain sole responsibility for the project even though subcontractors may be used to perform certain services.

The Colorado Department of Education may terminate a grant award upon thirty days' notice if it is deemed by CDE that the applicant is not fulfilling the requirements of the funded program as specified in the approved project application, or if the program is generating less than satisfactory results.

Project modifications and changes in the approved budget must be requested in writing and be approved in writing by the CDE before modifications are made to the expenditures. Contact Matt Freeman (Freeman_M@cde.state.co.us) and Shannon Milliken (Milliken_S@cde.state.co.us) for any modifications.

_____ Name of Organization Board President (School Board, BOCES, Charter School)	_____ Signature	_____ Date
_____ Name of Organization Authorized Representative (Superintendent, Charter School Institute, BOCES Executive Director)	_____ Signature	_____ Date
_____ Name of LEP Program Contact	_____ Signature	_____ Date

Note: If grant application is approved, funding will not be awarded until all signatures are in place. Please attempt to obtain all signatures before submitting the application.

Program Assurances Form: Additional Signatures Page for District(s)

Use only if applicable. Add additional lines as needed.

School/District and Name of Authorized Representative (Superintendent, Charter School Institute, BOCES Executive Director, Charter School President)	Signature	Date
School/District and Name of Authorized Representative (Superintendent, Charter School Institute, BOCES Executive Director, Charter School President)	Signature	Date
School/District and Name of Authorized Representative (Superintendent, Charter School Institute, BOCES Executive Director, Charter School President)	Signature	Date
School/District and Name of Authorized Representative (Superintendent, Charter School Institute, BOCES Executive Director, Charter School President)	Signature	Date
School/District and Name of Authorized Representative (Superintendent, Charter School Institute, BOCES Executive Director, Charter School President)	Signature	Date
School/District and Name of Authorized Representative (Superintendent, Charter School Institute, BOCES Executive Director, Charter School President)	Signature	Date
School/District and Name of Authorized Representative (Superintendent, Charter School Institute, BOCES Executive Director, Charter School President)	Signature	Date
School/District and Name of Authorized Representative (Superintendent, Charter School Institute, BOCES Executive Director, Charter School President)	Signature	Date
School/District and Name of Authorized Representative (Superintendent, Charter School Institute, BOCES Executive Director, Charter School President)	Signature	Date
School/District and Name of Authorized Representative (Superintendent, Charter School Institute, BOCES Executive Director, Charter School President)	Signature	Date

Part ID: Executive Summary

Provide a brief description (no more than one page) of the applicant's program to be funded by the Student Wellness Grant. This summary does not count toward the 10-page page limit.

Colorado Student Wellness Grant
Applications Due: Friday, April 2, 2021, by 11:59 pm

Application Scoring

CDE Use Only

Part I:	Application Introduction	Not Scored
Part II:	Narrative	
Section A:	Health Advisory Council	/6
Section B:	Project Description	/80
Section C:	Additional Narrative for BOCES and Regional/Charter School Consortia	Not Scored
Section D:	Student Wellness Work Plan	/20
Section E:	Budget Narrative	/9
Section F:	Electronic Budget	/9
	Subtotal:	/124
Bonus Points		/15
	Total:	/139

Bonus Points			
Based on the applicant's response to previous funding questions in the application, the following points will be awarded based on the following criteria. CDE will verify eligibility for bonus points.			
Funded twice between 2015-2021	Funded once between 2015-2021	Funded Prior to 2015	New Applicant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 Points	5 Points	10 Points	15 Points

GENERAL COMMENTS: Indicate support for scoring by including overall strengths and weaknesses. These comments will be provided to applicants with their final scores.

Strengths:

-
-

Weaknesses:

-
-

Required Changes:

-
-

RECOMMENDATION: Funded _____ Funded with Changes _____ Not Funded _____

Selection Criteria and Evaluation Rubric

Part I: Application Introduction [Not Scored]

Cover Pages and Assurances

Complete applicant information and program assurances and include as the first pages of the application.

Executive Summary

Provide a brief description (no more than one page) of the applicant’s program to be funded by Student Wellness Grant. This summary does not count toward the 10-page narrative page limit.

Part II: Narrative [124 Points]

The following criteria will be used by reviewers to evaluate the application as a whole. In order for the application to be recommended for funding, it must receive at least 86 points out of the 124 possible points and all required elements must be addressed. An application that receives a score of zero on any required elements will not be funded.

For those applicants that have previously received funding from the Student Wellness Grant, the expectation is that the narrative will include references to that award, where applicable. For example, discuss how the funds contributed to the program and what still needs to be accomplished. In particular, applicants should demonstrate ongoing and improved capacity in the program and a well-developed plan for sustainability.

Scoring Definitions

Minimally Addressed or Does Not Meet Criteria - information not provided

Met Some but Not All Identified Criteria - requires additional clarification

Addressed Criteria but Did Not Provide Thorough Detail - adequate response, but not thoroughly developed or high-quality response

Met All Criteria with High Quality - clear, concise, and well thought out response

Section A: Health Advisory Council	Minimally Addressed or Does Not Meet Criteria	Met Some but Not All Identified Criteria	Addressed Criteria but Did Not Provide Thorough Detail	Met All Criteria with High Quality	TOTAL
1) Include the names of individuals who will serve on the district health advisory council. If there is not a council in place, list the potential partners who might be involved. Council membership should support and ideally represent the ten components of the WSCC model. BOCES and regional councils should have equal representation from the participating district(s). To be eligible to receive full points, applicants must use include all of the WSCC components to be represented in the district health advisory council: <ul style="list-style-type: none"> • Health Education • Physical Education & Physical Activity • Nutrition Environment & Services • Health Services • Counseling, Psychological & Social Services • Social & Emotional Climate • Physical Environment • Family Engagement • Community Involvement 	0	1	2	3	
2) Describe how this district health advisory council will serve in an advisory capacity to schools and district.	0	1	2	3	
Reviewer Comments:					
Total					/6

Section B: Project Description	Minimally Addressed or Does Not Meet Criteria	Met Some but Not All Identified Criteria	Addressed Criteria but Did Not Provide Thorough Detail	Met All Criteria with High Quality	TOTAL
<p>1) Current state: Provide a specific and comprehensive description of the current work to support your efforts to reduce barriers to learning through your student wellness initiatives.</p> <p>To be eligible to receive full points, applicants must include the following in their response:</p> <ul style="list-style-type: none"> a) The current state of the LEP(s) healthy schools initiatives are clearly defined. b) Relevant funding or lack of funding has been clearly stated as it relates to healthy schools. c) Partnerships are identified, relevant, and clearly linked to healthy schools initiatives. d) Describe existing policies, programs, and practices related to school health and wellness, and how they are coordinated or the lack of coordination. <p>NOTE: This question is scored based on the description of the current status of the school/district not the extent that initiatives are in place.</p>	0	10	15	20	
<p>2) Data to support needs: Use qualitative and quantitative data to support the need for school health and wellness improvements in your LEP(s)/schools.</p> <p>To be eligible to receive full points, applicants must include the following in their response:</p> <ul style="list-style-type: none"> a) Relevant data is used to identify school- and/or LEP-level needs related to school health and wellness. b) A variety of qualitative and quantitative data points to identify needs (e.g., Healthy Kids Colorado, SMART Source, student demographic data, climate and culture surveys, observational data, student attendance, referral/suspension) 	0	3	7	10	
<p>3) Equity: Identify health disparities impacted by race, ethnicity, gender, disability, sexual orientation, geographic location, etc. within your district and explain how your whole child efforts will focus on reducing those health disparities.</p> <p>To be eligible to receive full points, applicants must include the following in their response:</p> <ul style="list-style-type: none"> a) A clear description of how you will or have identified health disparities within your district b) Describe how your approach to using a whole child model to improve identified health disparities 	0	5	10	15	
<p>4) Identifying Strategies: Describe the strategies you will use to address the identified areas of improvement/need.</p> <p>To be eligible to receive full points, applicants must include the following in their response:</p>	0	5	10	15	

<p>a) Strategies address school and or LEP-level needs based on available data.</p> <p>b) Describe the rationale for why your LEP has chosen these strategies.</p> <p>c) How will these strategies be implemented to address the identified inequities and/or health disparities</p> <p>d) Identify how strategies are aligned with evidence-based practice.</p> <p>e) Clearly describe how you plan on improving opportunities for underrepresented or marginalized student populations?</p>					
<p>5) Policy and implementation: Describe the capacity and efforts to implement school-level policies, programs, and practices related to school health and wellness.</p> <p>To be eligible to receive full points, applicants must include the following in their response:</p> <p>a) Strategy and capacity to implement school-level policies and programs is clearly outlined.</p> <p>b) Systems are in place to support implementation of policies, programs, and practices at the school level.</p>	0	3	7	10	
<p>6) Describe strategies to support school-level communication, implementation, and enforcement of LEP-level policies, programs, and practices related to school health and wellness.</p> <p>To be eligible to receive full points, applicants must include the following in their response:</p> <p>a) Strategies to address school are fully described and aligned with best practices.</p> <p>b) Strategies support an WSCC approach.</p>	0	3	7	10	
Reviewer Comments:					
Total					/80

Section C: Additional Narrative for BOCES and Regional/Charter School Consortiums	Included	Not Included	N/A
BOCES, regional consortiums, and charter school consortium applicants must complete this section and are allowed an additional two pages to complete the questions below. This section is not scored as part of the application. Reviewers will provide comments only.			
1) Describe your rationale for applying as a BOCES, region, or Charter Consortium.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Describe your plan for working with multiple districts/schools that have varied leadership, priorities, and systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Describe your plan for disbursing funds across consortium participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewer Comments:			

Section D: Student Wellness Work Plan	Minimally Addressed or Does Not Meet Criteria	Met Some but Not All Identified Criteria	Addressed Criteria but Did Not Provide Thorough Detail	Met All Criteria with High Quality	TOTAL
Work Plan is not included in 10-page narrative limit.					
1) Complete the work plan for Year 1 of the district and/or school-level work using the template provided in Attachment A. You may create multiple sections and objectives for these two areas. You may use the Other Work section of the plan as needed.	0	10	15	20	

<p>To be eligible to receive full points, applicants must include the following in their response:</p> <ul style="list-style-type: none"> a) Work Plan is completed using Attachment A. b) Objectives are SMART (specific, measurable, achievable, relevant, and time-phased). c) Activities are clearly aligned with identified needs. d) Activities are clearly aligned with best practices and the allowable use of funds. e) Evaluation and sustainability activities are clearly identified. 					
Reviewer Comments:					Total /20

Section E: Budget Narrative Budget Narrative is not included in 10-page narrative limit.	Minimally Addressed or Does Not Meet Criteria	Met Some but Not All Identified Criteria	Addressed Criteria but Did Not Provide Thorough Detail	Met All Criteria with High Quality	TOTAL
1) In addition to submitting the Section F: Electronic Budget, include a budget narrative in a narrative format that addresses the following criteria: <ul style="list-style-type: none"> a) Provide an explanation that summarizes the proposed uses of grant funds by budget category and is tied to Section B: Project Description. b) Include the cost of the program that the applicant plans to implement using the grant funds. 	0	3	6	9	
Reviewer Comments:					Total /9

Section F: Electronic Budget Workbook Excel budget is not included in 10-page narrative limit.	Minimally Addressed or Does Not Meet Criteria	Met Some but Not All Identified Criteria	Addressed Criteria but Did Not Provide Thorough Detail	Met All Criteria with High Quality	TOTAL
1) Complete the Electronic Budget Budget worksheet (excel spreadsheet) and include with application. <ul style="list-style-type: none"> a) List costs of the proposed project as presented that are reasonable, necessary and are calculated to show how amounts are determined. b) The budget should be sufficient in relation to the objectives, design, scope, and sustainability of project activities and demonstrate how funds will be used for supplementary services. Item Description Example: .X FTE for [role or title] at \$xxxxx per [hour or month or year] times [x per hours or months or year]	0	3	6	9	
2) The electronic budget clearly identifies matching funds (Not scored).	<input type="checkbox"/> No		<input type="checkbox"/> Yes		
Reviewer Comments:					Total /9

Attachment A: Student Health Work Plan

Complete the Student Health Work Plan for Section D. The Work Plan is not included as part of the 10-page limit. Add Activity rows as needed.

Focus on District Level Policies, Programs and Practices

If you are applying as a consortium of schools or BOCES describe how activities that will support policies or programs across schools or districts.

One-year SMART Objective (*Specific, Measurable, Achievable, Relevant, Time-phased*):

What data will you collect that will indicate the objective has been achieved?

Activity	Implementation Benchmark	Date to be Completed (In chronological order)	Job Title of Person Responsible

Focus on School Level Policies, Programs, and Practices

One-year SMART Objective (*Specific, Measurable, Achievable, Relevant, Time-phased*):

What data will you collect that will indicate the objective has been achieved?

Activity	Implementation Benchmark	Date to be Completed (In chronological order)	Job Title of Person Responsible

Other Areas (if needed)

One-year SMART Objective (*Specific, Measurable, Achievable, Relevant, Time-phased*):

What data will you collect that will indicate the objective has been achieved?

Activity	Implementation Benchmark	Date to be Completed (In chronological order)	Job Title of Person Responsible

Additional Notes:

Attachment B: Intent to Apply

The Intent to Apply for the Student Wellness Grant is due **Friday, February 26, 2021, by 11:59 pm**. Submit online at <https://app.smartsheet.com/b/form/28b6692b30dc45529ec2530bcb84781d>. Below is a screenshot of the information requested. The Intent to Apply is encouraged, but not required to submit an application.

Student Wellness Grant - Intent to Apply

Thank you for your interest in the Colorado Student Wellness Grant. Please submit your Intent to Apply by Friday, February 26, 2021, by 11:59 pm. Though strongly encouraged, the Intent to Apply is informational and is not a required component of the grant application submission process.

Lead Applicant *
(Name of District/BOCES/CSI/Consortium)

Schools to be Served
(if known at this time)

Name of Authorized Representative from Lead Applicant *

Name of Application Contact *

Contact E-mail Address *

Contact Telephone Number *

Authorized Representative Approval *

I affirm that I am the named Authorized Representative, or the Authorized Representative is aware and has approved of the intent to apply for this funding opportunity.

Yes

No

Send me a copy of my responses

Attachment C: Mid-Year Program Report Questions

Each Education Provider awarded a Colorado Student Wellness Grant must submit a progress report to CDE **on or before January 31, 2022**. Submit to Shannon Milliken (Milliken_S@cde.state.co.us).

The report must include the following information:

- 1) Describe the progress made toward each of the objectives in your work plan. Please specify what each of your objectives stated and summarize the following information for each objective.
 - a) Describe the accomplishments and/or successes you have achieved related to the objective.
 - b) Explain if an activity was not completed or was delayed (according to your work plan timeline).
 - c) Describe any challenges related to the objective and plans to overcome such challenges.
- 2) What participants have been involved with work and/or trainings so far this year?
- 3) What are the projected goals you plan to have completed/accomplished by the end of this school year?
- 4) Describe any current unexpected roadblocks that have occurred so far this year that is hindering the goals of the work plan.
- 5) Describe the progress and success of your district or regional health advisory council/committee.

Attachment D: End-of-Year Program Report Questions

Each Education Provider awarded a Colorado Student Wellness Grant must submit an end-of-year report to CDE **on or before June 30, 2022**. Submit to Shannon Milliken (Milliken_S@cde.state.co.us).

The answers to the grant report narrative must relate directly to the CDE Student Wellness grants.

The report must include the following information:

PROGRESS AND RESULTS

- 1) Describe the progress made toward each of the objectives in your work plan. Please specify what each of your objectives stated and summarize the following information for each objective.
 - a) Describe the accomplishments and/or successes you have achieved related to the objective.
 - b) Explain if an activity was not completed or was delayed (according to your work plan timeline).
 - c) Describe any challenges related to the objective and plans to overcome such challenges
- 2) Describe current and active partnerships external to the district that impact your district or region's health and wellness work. Give specific examples of what the partnerships have accomplished this school year.
- 3) In what ways have district and school leadership been engaged to support and implement healthy schools? How effective has it been?
- 4) What are the district's plans for sustaining and/or expanding the district's health and wellness program and positions, including other funding sources?
- 5) Describe the progress and success of your health advisory council/committee.
- 6) In what ways are health and wellness being integrated into district accountability structures and infrastructure (e.g., Unified Improvement Plans, accountability committees etc.)?
- 7) How has the district aligned, coordinated, and strengthened school level work with district level health and wellness policies?

SUCSESSES AND CHALLENGES

Describe the significant successes and challenges the district/region experienced related to the funded grant.

LESSONS LEARNED

Based on the challenges noted, what changes, if any, will be made based upon these lessons learned?

SCHOOL- AND LEP-LEVEL SUCCESS STORY

Complete a success story focusing on the impact that the grant has had on your LEP, schools, and students. As the grant wraps up please consider any data (qualitative or quantitative) that supports the work of the grant. You do not need to complete this at the mid-year report just consider this for the end-of-year report. Please do not submit personally identifiable student information.

SCHOOL-LEVEL DATA SUMMARY

Please summarize or submit the data that schools have collected to show school level progress. (e.g., SMART Source, SHI, Survey Results, qualitative data)

ADDITIONAL INFORMATION

Share anything else that happened during the grant period that impacted the LEP/region and schools, either positively or negatively.

BUDGET

Submit your final end-of-year budget.