IMPORTANT DATES

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>January, 20xx ..........</td>
<td>First day for applications</td>
</tr>
<tr>
<td>March, 20xx ...........</td>
<td>Last day for applications</td>
</tr>
<tr>
<td>April, 20xx ...........</td>
<td>Schools chosen to participate are notified</td>
</tr>
<tr>
<td>First day of school ....</td>
<td>Award 50% of grant money</td>
</tr>
<tr>
<td>First day of school ....</td>
<td>Begin program implementation</td>
</tr>
<tr>
<td>January, 20xx ..........</td>
<td>Remaining 50% of grant money awarded</td>
</tr>
<tr>
<td>April - May 20xx ..........</td>
<td>Deliver awards to students</td>
</tr>
</tbody>
</table>

REQUIREMENTS

To be eligible to apply for this grant, your school must be a public or private non-profit school located in the state of Alabama, serving students in grades K-6.

Each school program should run a total of four to six months and have proven documentation on the effectiveness of the program by supplying the following:

1. Documentation of student exercise and improved physical performance via approved tests per age group.
2. Documentation of the number of nutrition classes taught and/or cafeteria changes made to improve healthy eating.
3. Documentation of at least 95% class participation.
4. Documentation of parental involvement.

To assist your efforts, Blue Cross and Blue Shield of Alabama has identified several programs that can help you reach your goal. These programs are suggestions and should not restrict your options. You may choose one or more of these programs for your school or design one of your own.

- Alabama Walk@School Day - bcbsal.org/web/walk-at-lunch/schools
- BodyTrek – Call 205638-3218 (school must be located within 55 miles of Children’s Hospital of Alabama in Birmingham)
- ChooseMyPlate.gov
- Flaghouse.com ( Traverse Climbing Walls)
- Fuel Up To Play 60 – FuelUpToPlay60.com
- GoNoodle - GoNoodle.com
- Gophersports.com ( Traverse Climbing Walls)
- HEALAlabama – HealAlabama.org
- Kids Mercedes Marathon – MercedesMarathon.com/Kids_Marathon
- Organ Wise Guys – OrganWiseGuys.com
- Spark – SparkPE.org
- The Alliance for a Healthier Generation – HealthierGeneration.org
- Usgames.com
SECTION 1: SCHOOL INFORMATION

School name: ____________________________________________________________

Each school must apply separately.

School website address: __________________________________________________

School address
Street: _______________________________________________________________

City: ___________________________ Zip Code: __________

Alabama County: ___________________________

School type (check one)
☐ Private
☐ Public
☐ Non-Profit

School Location (check one)
☐ Urban
☐ Suburban
☐ Rural

Estimated school enrollment (20xx – 20xx): _______ students

Has the school listed on this application been a recipient of this grant before?

______ Yes      ______ No  _____ Not sure

Complete the table below, indicating the number of classrooms in your school for each grade offered. Use “0” to indicate each grade you do not offer.

<table>
<thead>
<tr>
<th>GRADE</th>
<th>K</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
<th>6th</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMBER OF CLASSROOMS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION 2: SCHOOL DISTRICT

Principal’s name: _______________________________________________________

Principal’s daytime phone (SCHOOL YEAR): _________________________________

Name of school system: _________________________________________________

Superintendents name: _________________________________________________

SECTION 3: APPLICANT INFORMATION

Name of person completing application: _________________________________

Applicant’s title or relationship to the school: ____________________________

Applicant’s email address: _____________________________________________

Applicant’s daytime phone: _____________________________________________
SECTION 4: CONTINGENCY APPLICANT  *(serves as backup to primary applicant)*

Name of contingency applicant: ____________________________________________

Contingency applicant’s title or relationship to the school: ____________________

Contingency applicant’s email address: _____________________________________

Contingency applicant’s daytime phone: ____________________________________

SECTION 5: PHYSICAL ACTIVITY AND PHYSICAL EDUCATION

On average, how many DAILY minutes of exercise does each student receive at your school? ______ minutes per day

How many times per week do your students have RECESS? ______

Which grades participate in recess?  K  1  2  3  4  5  6

How many times per week do your students have PHYSICAL EDUCATION CLASSES? ______

Which grades participate in P.E.?  K  1  2  3  4  5  6

How many times per week do your students exercise BEFORE THE SCHOOL DAY BEGINS? ______

How many students participate? ______

SECTION 6: NUTRITION

Is nutrition education taught at your school? Yes - *Complete the remainder of this section* No - *Skip to Section 7.*

For how many students total? ______

Which grades receive nutrition education?  K  1  2  3  4  5  6

SECTION 7: GRANT FUNDING FOR SCHOOL PROGRAM

EXERCISE

What is your program goal? ____________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________
SECTION 7: GRANT FUNDING FOR SCHOOL PROGRAM – continued

EXERCISE – continued

Describe your program and its implementation. ____________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

How will you measure results? ____________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Budget (Please be specific.) ____________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

NUTRITION

What is your program goal? ____________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
SECTION 7: GRANT FUNDING FOR SCHOOL PROGRAM – continued

NUTRITION – continued

Describe your program and its implementation.

How will you measure results?

Budget (Please be specific.)

PARENTAL INVOLVEMENT

What is your program goal?
SECTION 7: GRANT FUNDING FOR SCHOOL PROGRAM – continued

PARENTAL INVOLVEMENT – continued

Describe your program and its implementation. 

How will you measure results? 

Budget (Please be specific.) 

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________