

Individual School Health Mini-Grant Application

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

William Biskupiak, School Health Program Montana
Department of Public Health & Human Services Cogswell
Building 1400 Broadway Suite C-314B Helena, MT
59620-2951

Phone: 406-444-0995
Fax: 406-444-7465
Email: wbiskupiak@mt.gov

Step 1: Contact Information

Name	
Credentials	RN LPN AE-C CDE Other, specify:
E-mail 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?
3. How many hours per week do you provide nursing services/education (or administrative duties) in the school setting?
4. 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 know chronic conditions (specific to your project) in your school(s) where your project will be carried out.
5. How will this grant assist you in providing help to students with asthma, diabetes, or other chronic conditions?

Step 3: Choose a Project

Check the box beside the project you will implement.

- 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 or 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: 406-444-0995.

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

For individual grantees, the grant provides an award of \$500. Please indicate below how you intend to allocate the award money. You may use the money to compensate yourself for your time, purchase supplies and make copies, cover meeting expenses and travel, purchase demonstration tools, or for any other activity that is related to improving chronic disease or emergency response outcomes at your school(s). A sample budget is provided, but this serves as a recommendation only, as expenses will vary based on the project chosen. You may allocate the money as you see fit.

	Sample Budget	Your Budget
Hourly Wage	\$350	
Printing/Copying	\$50	
Meeting Expenses	\$30	
Travel	\$20	
Other	\$50	
Total	\$500	

Please describe "other" expenses:

Part 6: Check Recipient Information

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

Name/Agency

Complete Address

Part 7: W-9 Submission

If the organization or individual receiving payment has not previously received funding from the Public Health and Safety Division of the Montana Department of Public Health and Human Services, you will be asked to complete a W-9. Upon receiving your application DPHHS will determine if you need to fill out a W-9. If a W-9 is need, you will receive a form to complete and return. Grants will not be processed if DPHHS does not have a valid taxpayer identification number on file.

Part 8: Signature

I certify that the information presented herein is accurate. If I am chosen to receive the award, I will complete the project and return the outcomes report to the Montana School Health Program by May 31, 2019. If I receive the award, I give permission for my name and the news of my award to be released to my school's administration and board, as well as to the local media.

Signature

Date:

(For e-mail submission, type your name above.)

When you've completed the application, save it and send it to the Montana School Health Program by mail, email, or fax indicated at the beginning of this application. Please remember to send the letter of support with the grant application. If we do not receive these items, we cannot process your application.

Thank you for applying for a school health mini-grant. If you do not hear from us within two weeks of applying for the award, please contact the Montana School Health Program at 406-444-0995.