

June 25, 2024

To: All Monroe and Owen County School Principals and Teachers

Dear Principals and Teachers,

The Monroe Owen County Medical Society is the professional organization of physicians in the two-county area who have been dedicated to the provision of quality health care in our community since 1940.

We believe that a significant way to improve the overall health of our community is by providing kids with healthy-living educational opportunities at school and encouraging follow-through at home. To advance this initiative, MOCMS developed the **Healthy Schools Grant** program to support Monroe and Owen County teachers and administrators in their efforts to offer K-12 students healthy living choices, including physical fitness and healthy eating activities.

We extend an invitation to all Indiana schools in Monroe and Owen County to apply for the Healthy Schools Grant. We enjoy facilitating healthy habits in our community schools and our grant review process is one of the most rewarding times of the year. Since 2010, we have awarded over \$30,000 in grants to local schools for promoting healthy lifestyles among students. **This year, our total funding to be distributed among all qualifying schools is \$3000**.

We have included the MOCMS Healthy Schools Grant application and guidelines/requirements for your use in applying. Applications can also be found on our website at **mocms.org** along with reports of previous projects done through the Healthy Schools Grant program.

While we do our best to contact all eligible principals and educators, please feel free to share this information with appropriate staff and project coordinators and remind them about the MOCMS Healthy Schools Grant program.

Thank you and we look forward to receiving your application,

Dave Burnworth

Executive Director

Monroe Owen County Medical Society

T: (812) 332.4033

E: director@mocms.org

mocms.org



Healthy Schools Grant Guidelines and Requirements

SCHOOL YEAR 2024-2025

Grant Timeline

1.	Grant Application Deadline	. July 1, 2024
2.	Grant Selections	. December 16, 2024
3.	Winning Schools Notified	. December 18, 2024
4.	Programs Begin	. January 3, 2025
5.	Grant Outcome Description Deadline	. May 26, 2025

Application Submission

All grant applications and reports must be submitted and received by the deadline listed above and may be mailed to PO Box 3211, Bloomington, IN 47402, or by electronic transmission to director@mocms.org. You can also apply online at mocms.org.

Grant Selections

After the Healthy Schools Grant application deadline, the MOCMS Board of Directors will evaluate each submitted grant request to ensure they adhere to all the necessary guidelines and requirements presented below and inform the approved applicants.

Grant Guidelines

All guidelines and requirements must be met to be eligible for the Healthy Schools grant.

- 1. The program must be health/wellness-oriented emphasizing good nutrition and/or exercise and fitness.
- 2. The proposed program must impact at least 75 children or be available for the entire school.
- 3. Capital projects involving the construction of permanent structures are not appropriate for this grant program.



- 4. Maximum funding per project is \$1000. Cost projections and recording of receipts paid for the project must be submitted by the program coordinator.
- 5. The total funding to be distributed among all schools is \$3000. The MCCSC Foundation will hold and distribute funds to grant recipients as expenses are incurred and verified by receipts presented.
- 6. The program should encompass two (2) three-month processes.
- 7. Programs may be presented before/after school or during school hours as approved by the school principal.
- 8. The program must be approved and cosigned by the school principal.
- 9. Program coordinators agree to submit completed Grant Outcome Descriptions. Failure to submit the Grant Outcome Description will jeopardize grant application eligibility for the subsequent year. Pictures of the program in progress are greatly appreciated and should be submitted with the Grant Outcome Description. Electronic submission to the MOCMS email is encouraged. These pictures may be used in MOCMS publications, including mocms.org.

Thank you for your efforts in educating and supporting our children to live healthy lifestyles. If you have any questions, please email us at director@mocms.org or by phone at 812.332.4033.



Healthy Schools Grant Application

SCHOOL YEAR 2024-2025

If more space is required, or you have printed material for the program details, please feel free to include additional pages upon submission.

Application Deadline:

Monday, July 1, 2024

D	4	A		-	
Pro	IOCT	\mathbf{N}	r\/		\A/ •
Γ		VC	ıv		VV -
				_	
	,				

Provide a detailed description of the activities or programs you will offer with this grant and the goal(s) you hope to achieve.	
Number of Students Impacted:	
The program must impact at least 75 students.	



Project Budget:

Please provide a detailed budget for this project, including the total cost and a breakdown of expenses. Additionally, list any other resources or funding you are seeking.
Project Timeline:
Detail the timeline for your program, including key checkpoints and milestones.



Contingency Plan:	
Explain your plan if the total requested fund	ling is not received.
Program Coordinator	
Please provide contact information for the c	coordinator of the program or activity.
First Name:	Last Name:
Phone:	Email:
School Principal	
Please provide contact information for the p	principal of the school where the program or activity will be conducted.
First Name:	Last Name:
Phone:	Email:



Grant Coordinator

Please provide contact information for the gra	nt coordinator of the program or activity.
First Name:	Last Name:
Phone:	Email:
☐ I have read the attached MOCMS Health to all the requirements presented.	Schools Grant Program Guidelines and Requirements and agree
Signatures:	
Grant Coordinator's Signature	
Printed Name	
School Principal's Signature	
Printed Name	



Grant Outcome(s) Description

(To be completed after grant implemented and presented at wrap-up interview.)

Please describe the outcomes generated from your grant. If more space is requadditional pages upon submission. Pictures of the program in progress are great	tly appreciated and should be
submitted with the Grant Outcome Description. Electronic submission to the MC pictures may be used in MOCMS publications, including www.mocms.org.	CMS email is encouraged. These
Grant Coordinator's Signature	Date
 Printed Name	