

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

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rovide a detailed description of the activities or programs you will offer with this grant and the goal(s) achieve.	you hope
lumber of Students Impacted:	
he 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 funding	g is not received.
Program Coordinator	
Please provide contact information for the coo	
First Name:	
Phone:	Email:
School Principal	
Please provide contact information for the prin	cipal of the school where the program or activity will be conducted.
First Name:	Last Name:
Phone:	Fmail:



Grant Coordinator

Please provide contact information for the gran	coordinator of the program or activity.		
First Name:	Last Name:		
Phone:	Email:		
☐ I have read the attached MOCMS Healthy 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			