



BE WELL is Blue Earth County's local efforts of the Statewide Health Improvement Partnership (SHIP). BE WELL receives funding from and is accountable to the MN Department of Health to meet requirements set forth for this program.

NEW School Partner Application

Background Information

Everyday, 95 percent of school-aged kids and teens attend school. Aside from home, it is the place where kids spend most of their time. BE WELL partners with schools to create and sustain healthy environments where students, especially those in greatest need, can learn more and flourish. We support the use of proven research-based initiatives and focuses on sustainability that have a proven, positive impact on student health. Studies show that healthy students perform better on tests, get better grades, attend school more often and behave better in class.



Schools

Partnership Opportunities

BE WELL provides technical assistance and funding to support school partners' efforts to improve nutrition and physical activity.

Nutrition Opportunities: The scope of these activities includes creating sustainable policy, systems, and environmental (PSE) changes that make it easier for students and staff to be healthy during the school day. All nutrition initiatives should focus on increasing access to fruits and vegetables and/or decreasing access to foods high in sodium, saturated fat, and added sugar.

Physical Activity Opportunities: These activities involve implementing policies and practices that increase opportunities for physical activity throughout the school day, including: active transportation to and from school (Safe Routes to School), quality physical education, active classrooms, active recess, and active before/after school day options.

NEW School Partner Process

BE WELL will provide technical assistance and support to implement best practices for school health initiatives. Best practices include the following:

- 1) *Form a School Wellness Committee:* Form a new, or revitalize an existing, committee that meets regularly (quarterly at a minimum) with the purpose of working on healthy school initiatives. Identify one contact person for communication with BE WELL staff. Best practice involves having an administrator on the wellness committee and/or securing administrative support.
- 2) *Complete the [School Health Index \(SHI\)](#),* a self-assessment and planning guide that helps schools identify the strengths and weaknesses of their school's policies and programs for promoting health and safety. Schools are able to use this assessment to build a virtual action plan as it is completed.
- 3) *[Develop an action plan:](#)* Based on the virtual action plan, select priority short term goals for the upcoming school year. These may be based on committee interests, existing momentum, amount of effort required and capacity (easy wins vs. more involved initiatives), etc. Consider available school or grant funding (See next section titled **Application Submission** for information about grant funding through BE WELL).
- 4) *Implement and evaluate.* Ensure staff are trained. Communicate to students, parents and staff; provide opportunities for feedback. Purchase materials, equipment, etc. Implement new curricula or practices.

- 5) *Update the school's wellness policy* accordingly. (Consider utilizing the [Alliance for a Healthier Generation Model Wellness Policy](#) to ensure a comprehensive policy.)
- 6) *Sustain efforts.* The school wellness committee meets on a regular basis. The SHI and action plans are updated annually.

Application Submission

BE WELL has funding available to support action plans related to nutrition or physical activity. To apply for funding, complete the attached application and send as an attachment via email to Kristen Friedrichs at Kristen.Friedrichs@BlueEarthCountyMN.gov with the subject heading: "PARTNER APPLICATION FROM: [Your Organization's Name]".

This application asks for your action plan, budget and sustainability plan. It is an open application, meaning BE WELL staff are available to help you complete it. Funding will be awarded based on need and readiness.

Anticipated annual funding cap per partner: \$3,000

NOTE: Applicants are required to provide a minimum of a 10% match for any funding request. This match may include budget dollars, in-kind contributions or other leveraged funds.

BE WELL Staff

Kristen Friedrichs, MA, 507-304-4411
Kristen.Friedrichs@BlueEarthCountyMN.gov

Gretchen Bohl, 507-304-4450
Gretchen.Bohl@BlueEarthCountyMN.gov

Submit completed application via email to Kristen.Friedrichs@BlueEarthCountyMN.gov



NEW School Partner Application

Please complete this form on a computer. Do not complete this form by hand.

Section I: Organization Information. Complete one application for each school site.

Site Name	
Street Address	
Mailing Address	
City, Zip Code	
MN Dept of Ed Organization #	
As found at: http://w20.education.state.mn.us/MdeOrgView/search/tagged/MDEORG_DISTRICT_SCHOOL	
Total Enrollment at Site	
Grade Levels	
Percentage of students eligible for free & reduced lunch	
Number of Staff	
<p>Is this site currently offering any worksite wellness support to staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you interested in learning more about how BE WELL partners with organizations on worksite wellness initiatives? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please provide contact information for our BE WELL staff to follow-up:</p>	
Name / Title	
Phone and/or Email	
Authorized Representative Name	
Phone and/or Email	
School Wellness Contact Name	
Phone and/or Email	
Financial Contact Name	
Phone and/or Email	

Submit completed application via email to kristen.friedrichs@blueearthcountymn.gov

Section 2: Best Practices: Current State.

Please summarize your site's **current state** related to the healthy school best practices (as described on page 1).

<p>School Wellness Committee <i>Does your school have a committee? What is its composition? How often does it meet?</i></p>	
<p>School Health Index (SHI: self-assessment) <i>Have you completed the SHI? When? Who was involved?</i></p>	
<p>Action Plan for the School Year <i>Do you have an action plan? What is your process for developing it?</i></p>	
<p>Implement and Evaluate <i>How is the action plan implemented and monitored? How do you evaluate your efforts?</i></p>	
<p>Update your School Wellness Policy <i>When was your policy last updated? Does the policy reflect current practice?</i></p>	
<p>Sustain efforts <i>How does your school encourage efforts to support and improve the health of students and staff?</i></p>	

Section 3: Best Practices: Work Plan.

Please summarize your site's **goals for this school year** related to the healthy school best practices (as described on page 1).

<p>School Wellness Committee <i>Are you making any changes to any existing or forming a new committee? What will its composition be? How often will it meet?</i></p>	
<p><u>School Health Index (SHI: self-assessment)</u> <i>When did or will you complete/update? Who was or will be involved?</i></p>	
<p><u>Action Plan for the School Year</u> <i>How did or will you develop the action plan? The actual Action Plan goals will be noted later in Section 4.</i></p>	
<p>Implement and Evaluate <i>How will or have you implemented and monitored the action plan? How will or have you evaluated your efforts?</i></p>	
<p><u>School Wellness Policy</u> <i>What is your plan to review and update your policy? Will it reflect current practice? Will it reflect best practice?</i></p>	
<p>Sustain efforts <i>How will your school continue to encourage efforts to support and improve the health of students and staff?</i></p>	

Section 4: Action Plan.

List action plan goals for this school year (in particular, those for which you would like BE WELL support). Consider goals in **both** the areas of nutrition and physical activity. Include planned activities, intended timeframe, responsible individual(s), and communication plans, internally to staff and externally to students and parents.

<i>(include info about which & how many students will be impacted)</i>	<i>Activity(ies) to accomplish Goal(s)</i>	<i>Timeframe</i>	<i>Responsible individual(s)</i>	<i>Communications plan (internal and/or external)</i>

Section 5: Funding Request.

Please provide a budget estimate. Refer to the [SHIP Financial Guide](#) for examples of allowable and unallowable uses of SHIP funds. Applicants must provide a minimum of a **10% match** to the Funding Request. The match may include budget dollars, in-kind contributions or other leveraged funds.

Description <i>(include staff time to implement)</i>	Estimated Funding Required	Estimated Funding Requested	Other funding sources <i>(describe amount and source)</i>
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
TOTAL	\$	\$	
<i>Total Match</i>		\$	
<i>Describe source of match if different from other funding sources listed in right column above (budgeted, in-kind contributions, other)</i>			