



School Health Mini-Grant Application

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

Katie Sheehy, State School Nurse Consultant	Phone: 406-444-4592
Montana Department of Public Health & Human Services	Fax: 406-444-7465
Cogswell Building, 1400 Broadway, Suite C-314B	Email: schoolhealth@mt.gov
Helena, MT 59620-2951	

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 known 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

Please indicate below how you intend to allocate your award funding. You may use the funding to for staff time, printing costs, meeting expenses and travel, purchase of educational materials, or for any other activity or materials related to improving chronic disease or emergency response outcomes in your school/district. Expenses will vary based on the project and available resources. You may allocate the funds as you see fit. If you have questions, please consult the State School Nurse Consultant.

	Your Budget
Hourly Wage	
Printing/Copying	
Meeting Expenses	
Travel	
Other	
Total	

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

Grants will not be processed until DPHHS has 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 T... 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 State School Nurse Consultant by mail, email, or fax indicated at the beginning of this application. Please remember to send the letter of support with the grant application. We will not process your application until we have received all required items.

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 schoolhealth@mt.gov.