

**Healthy Behaviors Initiative
School District Partnership Grant**

Submission deadline is 4:00 p.m., Monday, April 8, 2024

School Participation Table

School District: _____ **Name of School:** _____

What grades are in this school? <input type="checkbox"/> K-5 <input type="checkbox"/> K-6 <input type="checkbox"/> K-12 <input type="checkbox"/> JH 7-8 <input type="checkbox"/> HS 9-12 <input type="checkbox"/> Other _____				
How many students will this grant serve? _____		How many faculty and staff will this grant serve? _____		
Position	Name	Phone	Email Address	
Principal				
Coordinator(s) - SHAC - YHA - LST Curriculum - PE Curriculum - Vaping Prevention	*PLEASE NOTE: each school is permitted to sign up for all grant activities (SHAC, YHA, LST, PE, VP). However, you may not assign more than two grant activities per coordinator. Contact your District Coordinator or Grant Monitor if you have questions.			
<input type="checkbox"/> School Health Advisory Council (SHAC), Grades K-12	<input type="checkbox"/> Youth Health Advocates (YHA), Grades 7-12	<input type="checkbox"/> Lifeskills Training (LST), Grades 3-12	<input type="checkbox"/> Physical Education CATCH Curriculum (PE), Grades K-8	<input type="checkbox"/> Vaping Prevention (VP), Grades 5-12
Required Activities: <input checked="" type="checkbox"/> School Health Index <input checked="" type="checkbox"/> School Health Advisory Council <input checked="" type="checkbox"/> School Improvement Project (funds provided) <input checked="" type="checkbox"/> Staff Wellness <input checked="" type="checkbox"/> Family/Community Engagement	Required Activities: <input checked="" type="checkbox"/> Evidence Based Curriculum Training <input checked="" type="checkbox"/> Youth Summit <input checked="" type="checkbox"/> One HEAL-related campus-wide campaign in the Fall semester <input checked="" type="checkbox"/> National Drug and Alcohol Facts Week <input checked="" type="checkbox"/> Take Down Tobacco <input checked="" type="checkbox"/> Family/Community Engagement	Required Activities: <input checked="" type="checkbox"/> Implement LifeSkills Training lessons for chosen grade(s). What grade level(s)? _____ If checked, is LifeSkills Training taught at your school via a third-party vendor? Yes No Optional Activity: <input checked="" type="checkbox"/> National Drug and Alcohol Facts Week	Required Activities: <input checked="" type="checkbox"/> Complete CATCH facilitator training <input checked="" type="checkbox"/> Implement CATCH physical education curriculum lessons for chosen grade(s). What grade level(s)? _____	Required Activities: <input checked="" type="checkbox"/> Complete CATCH My Breath facilitator training <input checked="" type="checkbox"/> Implement all CATCH My Breath lessons for chosen grade(s) (5, 6, 7-8, or 9-12) <input checked="" type="checkbox"/> School and family engagement through signage, intercom announcements, and parent information

_____ School Coordinator Signature	_____ Date	_____ School Coordinator Signature	_____ Date	_____ Principal Signature	_____ Date
_____ School Coordinator Signature	_____ Date	_____ School Coordinator Signature	_____ Date	_____ School Coordinator Signature	_____ Date