

CONNECTICUT STATE DEPARTMENT OF EDUCATION

Office of Student Supports and Organizational Effectiveness
Bureau of Health/Nutrition, Family Services and Adult Education



Request for Proposals (RFP)

Coordinated School Health Pilot Program

2013-14 and 2014-15

Purpose: To provide funding for two Educational Reform Districts to engage the services of Coordinated School Health (CSH) Directors to lead the implementation of a districtwide coordinated approach to school health and address policies that reduce childhood obesity.

Pursuant to Public Act (P.A.) 13-184

RFP # 400

Application Due: November 1, 2013

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Connecticut State Department of Education



Stefan Pryor
Commissioner of Education

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AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

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PROGRAM INFORMATION AND REQUIREMENTS

I. Background and Purpose of the Program

The Connecticut State Department of Education (CSDE) is seeking proposals from Educational Reform Districts to implement a coordinated approach to school health. Funding is available for two Educational Reform Districts to engage the services of a full-time Coordinated School Health (CSH) Director to implement a districtwide coordinated approach to school health and address policies that reduce childhood obesity.

Research has shown that student health status and student achievement are directly connected and, in fact, that student health is one of the most significant influences on learning and achievement. The [2011 Connecticut School Health Survey](#) (a survey of Connecticut high school students) results show an association between health risk behaviors and academic achievement. Students that report grades as being mostly Ds and Fs are more than three-times as likely to report their health status as fair or poor, more than twice as likely to be current cigarette smokers, more than twice as likely to have smoked marijuana recently, more likely to have consumed alcohol recently, binge drink, sleep less and more likely to report having a sad or depressed mood. Students with poor grades were also less likely to report familial support. In order to ensure that all students are fit, healthy and ready to learn, schools and communities must address the health needs of all students.

The Centers for Disease Control and Prevention (CDC) recommends a coordinated approach to school health as a strategy to improve health and academic outcomes for students. A coordinated approach to school health brings schools together with community-based partners and families to assess health needs, set priorities, and plan, implement and evaluate activities. Coordinated School Health involves eight components working collaboratively towards the same health policy goals:

1. Comprehensive Health Education.
2. School Health Services.
3. Physical Education.
4. School Nutrition Services.
5. School Behavioral Health Services.
6. Staff Health and Wellness.
7. Healthy School Environment.
8. School-Family-Community Partnerships.

The CSDE has developed a number of guidance documents for use by districts and schools to promote a coordinated approach to school health. [The CSDE Guidelines for a Coordinated Approach to School Health](#) provide the framework for building school and district capacity to implement policies, practices and programs that reduce health and educational disparities for all students. The Connecticut State Board of Education (SBE) has adopted a [Position Statement on a Coordinated Approach to School Health](#) that calls for a systematic and comprehensive

delivery of services, programs and practices to meet the physical and mental health needs of students.

A major focus of this pilot program is to strengthen policies that reduce childhood obesity. Over the past three decades, the prevalence of overweight among children has more than doubled for those children ages 2-5 and adolescents ages 12-19, and has more than tripled for children 6-11 years of age. Overweight children and youth have a very high probability of becoming overweight adults. This places them on a fast track towards prematurely developing chronic diseases of old age such as heart disease and type 2 diabetes as well as increased rates of loneliness, depression, being teased or bullied, smoking and alcohol consumption. Results of the 2011 Connecticut School Health Survey demonstrate that Connecticut high school students are overweight, not eating healthy and spending many hours inactive as shown in the following:

- 14.1 percent of students are overweight;
- 12.5 percent of students are obese;
- 35.3 percent ate vegetables less than one time per day;
- 27.1 percent of students watched TV three or more hours per day; and
- 30.5 percent played video or computer games or used a computer for three or more hours on an average school day (not including schoolwork).

According to the CDC, “schools play a critical role in improving the dietary and physical activity behaviors of children and adolescents” and has outlined [specific guidelines](#) to assist schools in the development, implementation and evaluation of school-based healthy eating and physical activity policies and practices for students.

II. Core Program Strategies

Although the primary mission of schools is education, neither students nor staff can be successful when health-related factors interfere with teaching and learning. A coordinated approach to school health incorporates the structures and practices needed to address these health-related factors. Schools and districts should include the following five Core Program Strategies in their plans to promote a coordinated approach to school health:

1. **Ensuring Leadership** – oversight and support.
2. **Organizing School Health Teams** – structures for coordinating activities.
3. **Conducting an Assessment** – determining what is needed and what is already in place to address those needs.
4. **Creating an Action Plan** – setting priorities, developing implementation strategies, and evaluating the process.
5. **Developing a Communications Plan** – communicating with and involving the community.

Strategy One – Ensuring Leadership

Committed leadership is essential for the successful implementation of a coordinated approach to school health. Past experience has shown that lack of time and dedicated staff are the

leading barriers to the success of this approach. District commitments to ensure leadership include:

- **appointing a full-time CSH Director and providing that Director with the necessary resources (space, time, funding, etc.) to assist with the coordination of policies and programs (requirement of the grant). The full-time position (hours/weeks) should be consistent with other full-time administrative positions in the district;**
- appointing a representative district-level council;
- preparing plans (district and building level) based on identified needs with input from school and community stakeholders, including families, students, teachers and staff and community agencies;
- ensuring compliance with all school policies including school health and wellness policies; and
- conducting regular evaluation and reporting on program implementation.

Strategy Two – Organizing School Health Teams

An effective approach to coordinated school health requires the involvement of:

- district-level CSH Director;
- district-level school health council; and
- building-level school health teams and coordinators.

District-level coordinated school health director: Funded districts must engage the services of a full-time, dedicated CSH Director. This position is responsible for organizing the district council; maintaining communication among team members; managing the needs assessment and planning process; monitoring progress and leveraging resources to meet the physical, social and emotional needs of students.

District-level school health council: The appointment of an active district-level school health council is necessary to coordinate school health activities and lays the foundation for a districtwide, systematic approach to policy development, implementation and monitoring.

Building-level school health teams: Each school needs to take responsibility for wellness-related curricula, programs and services within its building. The formation of a building-level school health-related team may be required to coordinate activities.

Possible members of school and district teams may include the following:

- school principal;
- school nurse;
- health education teacher;
- physical education teacher;
- school medical adviser (preferred);
- family and consumer sciences teachers;
- other classroom teachers;
- mental health professionals (school psychologist, school counselor);
- food service director;
- school facilities manager;
- parents;
- students;
- businesses; and
- community-based agencies.

Instead of forming new teams at the district and school level, administrators may choose to build on existing wellness-related teams such as an indoor air quality team, a school improvement team, a drug-free schools team, or an emergency preparedness team, etc.

Strategy Three – Conducting an Assessment

Before developing a plan, schools, districts and community groups need to gather data to determine what is already in place and identify the gaps. Tools for gathering data about existing health policies, programs and services include the following:

- [School Health Index](#), Centers for Disease Control and Prevention;
- [HealthierUS Schools Challenge](#), United States Department of Agriculture;
- [Healthy School Report Card](#), Association for Supervision and Curriculum Development;
- [Healthy Schools Program Inventory](#), Alliance for a Healthier Generation; and
- [Wellness School Assessment Tool](#), Yale Rudd Center for Food Policy & Obesity.

Strategy Four – Creating an Action Plan

A well-developed plan provides a blueprint for implementation and lays the foundation for effective use of resources. Steps for creating an action plan include the following:

- developing priorities;
- designing a plan;
- involving community members;
- evaluating outcomes;
- ensuring sustainability; and
- obtaining funding.

Developing priorities: The priority for grant funds is to employ strategies known to reduce **childhood obesity**. Specifically, districts and schools will be asked to develop and implement local policies to promote healthy eating and physical activity. As best practice, districts should have written and enforced policies that address nutrition and physical activity and may include the following priority policies:

- [prohibiting the use of food as a reward](#);
- [healthy fundraising](#);
- prohibiting the withholding of physical activity (including recess time) or the imposing of physical activity (such as running laps) as a punishment;
- use of locally grown products in food served to students; and
- scheduling of recess before lunch.

Designing a plan: A written plan spells out clearly why, how, when and by whom activities will be accomplished. The plan of action should incorporate the eight component areas of a coordinated approach to school health inclusive of related research-based guidelines and strategies for school health and safety programs.

Involving community members: Schools cannot do it alone. Community partners are important to a coordinated approach to school health. Examples include: local health

departments, hospitals, medical professionals, parks and recreation, businesses, civic organizations, colleges and universities.

Evaluating outcomes: Evaluation identifies what needs to happen, improves implementation and demonstrates effectiveness. Outcome measures provide information for describing the impact of implementation such as:

- Are students more physically active?
- What has been the change in the number of overweight students?
- Are there fewer absences due to asthma?
- Is the district compliant with all federal and state mandates addressing student health?

Ensuring sustainability: Establishing or strengthening a coordinated school health approach requires an understanding of systemic change. Structures and procedures that help to ensure continuation of a school program may include the following:

- administration-level advocate;
- alignment with a school or district’s philosophy or mission;
- policies that make the school or district accountable;
- written procedures, goals and objectives;
- permanent staff assigned to the effort;
- community involvement and support;
- initial and ongoing professional development;
- ongoing process evaluation;
- routine reporting on actions and their effectiveness to the school board, school staff, parents and community members; and
- reliable funding, including line items in the budget.

Obtaining additional funding: One component of the school health planning process is to identify current funding sources that address health programs and services. Subsequent activities may look for opportunities to leverage resources or possibly acquire additional resources to support priorities previously identified in the assessment process. **For the purpose of this grant, action plans are not required to contain any activities designed to obtain additional funding.**

Strategy Five – Developing a Communication Plan

No matter how well-developed the plan or how well-designed a program, if no one takes advantage of the opportunities offered, no one benefits. The aim is to make systemic change in organizations or behavior change in individuals attractive, affordable and easy to access. Most schools and districts have experience communicating with students, families, staff and the community and know what works best for them. Implementation of a comprehensive communications plan is key to the success of a district’s coordinated approach to school health.

III. Eight Components of a Coordinated Approach to School Health

The coordinated approach to school health provides the framework for the eight CSH components to work together to improve students' health and capacity to learn. By strengthening policies for implementing each component, together they can address health barriers to learning and promote academic achievement. The eight components are:

1. Comprehensive Health Education.
2. School Health Services.
3. Physical Education.
4. School Nutrition Services.
5. School Behavioral Health Services.
6. Staff Health and Wellness.
7. Healthy School Environment.
8. School-Family-Community Partnerships.

When forming district school health councils and school health teams, districts need to consider naming representatives from each of the eight components of CSH listed above. The CSDE's [Guidelines for a Coordinated Approach to School Health](#) includes specific information on each of the eight components including: definitions, rationale, policy recommendations, implementation strategies, applicable legislation, references and resources. The CDC provides additional [strategies](#) to promote a coordinated approach to school health.

IV. Eligible Applicants

Applications will be accepted from local boards of education representing the ten Educational Reform Districts listed below:

- Bridgeport
- East Hartford
- Hartford
- Meriden
- New Britain
- New Haven
- New London
- Norwich
- Waterbury
- Windham

V. Grant Duration and Amount of Funding

This application covers a two-year period beginning December 1, 2013, and ending June 30, 2015. Grantees will be required to demonstrate success during year one in order to be funded for the second year. Successful grantees will be required to submit a separate budget for the grant period July 1, 2014 - June 30, 2015. Second year funding will depend on the availability of funds. The CSDE expects to grant \$95,000 each year to two successful applicants.

VI. Matching Funds

Matching funds are not required; however, extra consideration will be given to applicants that demonstrate in-kind contributions from the local school district, and cash and in-kind contributions from community partners.

VII. Due Date and Anticipated Award Date

Applications Due: November 1, 2013
Grants Awards Issued: December 1, 2013

VIII. Reporting Requirements

The board of education for each local and regional school district receiving funds shall report annually and quarterly to the program manager at the CSDE on reporting forms provided. The state program manager will conduct at least two site visits during the grant period. Districts must comply with any additional reporting requirements developed by the state.

APPLICATION REQUIREMENTS

The grant application must be double spaced with one inch margins and include the following:

I. Cover Page

Use the form provided. The cover page should be the first page of the application.

II. Abstract (one page maximum)

Provide a brief overview of how the applicant district will implement a coordinated approach to school health during 2013-14 and 2014-15 school years.

III. Program Narrative

A. Need and Readiness for Project (two pages maximum)

20 points

- Describe the demographic, socio-economic, academic, physical and mental health characteristics of the district's student population using current and available district, community and state data to show a need for a coordinated approach to school health.

- Describe the infrastructure and practice currently in place at district and building levels to address student health and wellness. Provide a specific example of the district's past experience in addressing a social, emotional or health issue.
Please comment on the following:
 - a. What issue(s) did the district address?
 - b. What led to the identification of the issue(s)?
 - c. What tool was used to make the assessment?
 - d. What other types of data were reviewed?
 - e. Was a formal action plan developed?
 - f. What was the level of staff, student, family and community involvement?
 - g. What was the outcome of the district's effort(s) to address the issue(s)?

B. Project Infrastructure and Implementation (five pages maximum) 25 points

Please provide narrative for each of the five Core Program Strategies:

1. Ensuring Leadership:

- a. Explain the roles and responsibilities of district leadership in promoting a coordinated approach to school health.
- b. Attach a formal job description detailing the experience/qualifications of the CSH Director position, include hours per week and number of weeks per year (excluded from five page limit).
- c. Detail the district plan to recruit or retain a district CSH Director to assist with implementing and evaluating the district's coordinated school health efforts. (Include details in Implementation Chart and Timeline, Section IV.)
- d. Attach a copy of the district organizational chart including position of the full-time, dedicated CSH Director (excluded from five page limit).

2. Organizing Teams:

- a. Outline the plan to identify and recruit the members who will serve on the district-level school health council and provide a proposed schedule of meetings for the 2013-14 school years.
- b. Identify the plan for convening building-level health teams with diverse representation in each of the district's schools and outline the roles and responsibilities of school principals with respect to these teams. **It is expected that all schools in the district will have an active and representative building-level school health team.** (Include details in Implementation Chart and Timeline, Section IV.)
- c. Include letters of support (**one page each**) from the following:
 - up to three key community members;
 - parent/teacher/student organization;
 - district board of education;
 - school medical advisor; and
 - district food service director.

Letters should indicate level of involvement with the pilot project and identify any contributing resources (staffing, training, financial contributions, etc.). Letters are not included in the the five page limit.

Up to five additional points will be awarded to those districts with an active and representative district-level school health council in place. To be awarded these additional points, provide a list of team members, titles and the date of the next council meeting.

3. Conducting an Assessment:

- a. Describe the plan to conduct district and school assessments to see what policies, practices, programs and services are in place and what gaps exist to address the physical and mental health needs of students and staff. Assessments should be completed in time to inform individual school and district action plans. (Include details in Implementation Chart and Timeline, Section IV.)
- b. Identify the assessment tool(s) that the district plans to use to help schools identify the strengths and weaknesses of school health policies and programs. If the district plans to use a tool other than those suggested in the Core Program Strategies section, please describe the tool and rationale for selecting it.
- c. Identify other data sources (such as grades, test scores, absences, behavior-related referrals, detention and dropout rates, asthma rates, etc.) that will be used to inform health-related program and policy planning at the district and school level.
- d. Describe how the district will assess compliance with the District Wellness Policy under the Healthy, Hunger-Free Kids Act of 2010. **To assist with this process, all must complete the Wellness School Assessment Tool (WellSAT).** This tool offers a consistent and reliable means of assessing the comprehensiveness and strength of school wellness policies.

Up to 10 additional points will be awarded to applicants that performed a district-level assessment of the policies, practices, programs and services in the past two years. As evidence of such assessment, please provide details regarding date completed and name of the assessment tool used, major findings and actions taken.

4. Creating an Action Plan:

- a. Describe how the district will develop district and school action plans to address priorities identified through the assessment process. Plans should be completed in a reasonable time to begin implementation during the 2013-14 school year. (Include details in Implementation Chart and Timeline, Section IV.)
- b. Outline how the district will monitor the implementation of health and wellness policies and act to remedy any deficiencies.

Up to five additional points will be awarded to applicants that currently have a CSH action plan in place at the district level. In order to be awarded points, please attach an action plan that has been updated or developed during the last two years.

5. Developing a Communications Plan:

Describe how the district plans to communicate information about CSH activities to the following:

- board of education;
- parents;
- students;
- faculty and staff; and
- community stakeholders.

(Include details in Implementation Chart and Timeline, Section IV.)

**C. Eight Components of a Coordinated Approach to School Health 10 points
(one page maximum)**

1. Outline specifically how each of the eight components will be integrated into the implementation of a coordinated approach to school health at both the school and district level.
2. Include information on how the district wellness policy will be integrated with a coordinated approach to school health.

**D. Policy, System and Environmental Change Priorities 10 points
(one page maximum)**

1. Identify at least one nutrition policy and one physical activity policy that the district will adopt, revise and/or monitor for compliance during the 2013-14 school year. The [CSDE Action Guide for School Nutrition and Physical Activity Policies](#) provides comprehensive guidance for school districts on developing and implementing local policies to promote healthy eating and physical activity. Report how the district is in compliance with new legislation outlined in [Public Act 13-173 \(An Act Concerning Childhood Obesity and Physical Exercise in Schools\)](#). In addition, attach copies of any current district policies addressing time for daily lunch period, time for daily physical exercise and the use of physical activity as a form of punishment (excluded from one page limit).

Up to five additional points will be added to district application scores that address (adopt, revise and/or monitor for compliance) at least two of the following priority policies in the application:

- a. [prohibiting the use of food as a reward](#);
- b. [healthy fundraising](#);
- c. prohibiting the withholding of physical activity (including recess time) or the imposing of physical activity (such as running laps) as forms of punishment;
- d. use of locally grown products in food served to students; and
- e. scheduling of recess before lunch.

2. Describe how the district will implement, communicate and monitor the selected policies. (Include details in Implementation Chart and Timeline, Section IV.)

E. Adequacy of Resources (one page maximum) 10 points

Provide a description of resources to be made available to the CSH Pilot Program.

Consider the following suggested resources when responding to this section:

- a. office space;
- b. support staff;
- c. additional funding;
- d. dedicated agenda item at faculty and board of education meetings; and
- e. other resources.

Up to five additional points will be added to district application scores that demonstrate in-kind contributions from the local school district, and cash and in-kind contributions from community partners (**Report additional funding resources on the Optional Budget Form on page 21**).

F. Program Evaluation (one page maximum) 10 points

Describe how the district's coordinated approach to school health will be evaluated (include formative, process and outcome evaluation details). Refer to Chapter 2 in the CSDE's Guidelines for a Coordinated Approach to School Health for evaluation resources. (Include details in Implementation Chart and Timeline, Section IV.)

G. Continuation of Project (one page maximum) 5 points

Describe how the school district will continue to support the program after the termination of state funding.

IV. Implementation Chart and Timeline (no page limit) 25 points

- A.** All applicants must provide an implementation chart/table that includes at least one goal for each of the five Core Program Strategies. Also include objectives to reach each goal; activities to support the objectives; timelines and responsible parties. Objectives should include all requirements of the grant as outlined in the RFP.

V. Budget (where indicated, use budget forms provided)

10 points

A. Cost Effectiveness

1. All applicants must provide a statement describing the cost effectiveness of the project, for example, that the project promotes integration and coordination of all school health related activities in order to reduce fragmentation and duplication of services and provides opportunities to leverage and expand resources that address school health-related policies, practices and programs.
2. **The budget must first and foremost, allocate funding to engage the services of a full-time District CSH Director.** Any remaining funds may be used to support CSH Pilot Program implementation. Full-time position (hours/weeks) should be consistent with other full-time administrative positions in the district.

B. ED 114 Budget Form

Each grantee must submit an ED114 (page 16) and budget narrative for the first year of the grant as part of this application. For year two, each grantee will resubmit an ED114 and budget narrative by June 1, 2014.

C. Budget Narrative Form

Complete the Budget Narrative Form (page 17). The budget narrative should describe the basis for determining the amounts shown on the budget page in detail. The budget narrative may be single-spaced. Both the budget and the narrative should be aligned with the activities described in the proposal narrative, effective and efficient use of funds justified and the full range of resources that will be used to accomplish the goal of the project described clearly.

Grant Process

I. Review of Applications and Grant Awards

The CSDE reserves the right to make a grant award under this program without discussion with the applicants. Therefore, applications should be submitted which present the project in the most favorable light from both technical and cost standpoints. All awards are subject to the availability of funds. Districts awarded funds under this grant program should not commit such funds until an official grant award letter is received.

II. Management Control of the Program

The grantee should have complete management control of this grant. While CSDE staff may be consulted for their expertise, they will not be responsible for the selection of sub-grantees or vendors nor will they be involved in the expenditure and payment of funds obligated by the grantee.

For questions regarding application procedures or proposal format, contact:
Donna Heins, Associate Education Consultant, at 860-807-2082 or donna.heins@ct.gov or
Kari Sullivan, Education Service Specialist, at 860-807-2041 or kari.sullivan@ct.gov.

III. Reservations and Restrictions

The CSDE reserves the right not to fund an applicant or grantee if it is determined that the grantee cannot manage the fiscal responsibilities required under this grant.

IV. Due Date and Delivery of Applications

Applications, IRRESPECTIVE OF POSTMARK DATE, **must be received by 4:30 p.m. on or before November 1, 2013.**

All submissions must have one (1) original signed in blue ink, including required assurances, and three (3) copies. All applications become the property of the CSDE and are part of the public domain.

Facsimile (faxed) copies of applications will not be accepted. Only applications with original signatures will be accepted.

Note: The CSDE will not make copies on behalf of districts failing to meet this requirement. The application will be deemed incomplete and ineligible for review if required copies are not submitted.

Mailing and Delivery Information:

Donna Heins
Program Manager
Connecticut State Department of Education
25 Industrial Park Road
Middletown, CT 06457

Application Contact

Donna Heins, 860-807-2082, donna.heins@ct.gov or Kari Sullivan, 860-807-2041, kari.sullivan@ct.gov.

V. Standard Considerations

A. Obligations of Grantees

All bidders are hereby notified that the grant to be awarded is subject to contract compliance requirements as set forth in Connecticut General Statutes Section 4a-60 and Section 4a-60a and Sections 4a-68j-1 et seq. of the Regulations of Connecticut State Agencies.

Furthermore, the grantee must submit periodic reports of its employment and subcontracting practices in such form, in such manner and in such time as may be prescribed by the Commission on Human Rights and Opportunities.

B. Freedom of Information Act

All of the information contained in a proposal submitted in response to this RFP is subject to the provisions of Chapter 3 of the Connecticut General Statutes (Public Records and Meetings and Freedom of Information Act (FOIA) Sections 1-200 to 1-242, inclusive). The FOIA declares that except as provided by federal law or state statute, records maintained or kept on file by any public agency (as defined in the statute) are public records and every person has the right to inspect such records and receive a copy of such records.

COVER PAGE

CONNECTICUT STATE DEPARTMENT OF EDUCATION
Coordinated School Health Pilot Program
2013-14 and 2014-15

_____	\$
School District	Amount of State Funding Requested
_____	\$
Program Title	Amount of In-Kind or Cash-Match Funds (not required)
District Information	

Name and Title of District Contact Person	

Address:	

Phone:	

E-mail:	

Certification:	
I hereby certify that the information contained in this application is true and accurate to the best of my knowledge and belief.	

Signature of Superintendent	Date

Superintendent's Name (typed)	

ED114 Budget Form
FISCAL: YEAR 2014

GRANTEE NAME:			TOWN CODE:		
GRANT TITLE: School Health Coordinator Pilot					
PROJECT TITLE: Coordinated School Health Pilot Program					
ACCOUNTING CLASSIFICATION: FUND: 11000 SPID: 12546 YEAR: 2014 PROGRAM: 82154					
CHARTFIELD1:170003 CHARTFIELD2:					
PROJECT CODE: SDE SDE000000000002					
GRANT PERIOD: December 1, 2013 – June 30, 2014			AUTHORIZED AMOUNT:		
	CODE	DESCRIPTION	BUDGET AMOUNT	IN-KIND	CASH-MATCH
111A		ADMINISTRATOR/SUPERVISOR SALARIES			
111B		TEACHERS			
112B		CLERICAL			
119		OTHER			
200		PERSONAL SERVICES-EMPLOYEE BENEFITS			
322		INSERVICE (INSTRUCTIONAL PROGRAM IMPROVEMENT SERVICES)			
325		PARENT ACTIVITIES			
330		OTHER PROFESSIONAL/TECHNICAL SERVICES			
580		TRAVEL			
590		OTHER PURCHASED SERVICES			
611		INSTRUCTIONAL SUPPLIES			
612		ADMINISTRATIVE SUPPLIES			
642		LIBRARY BOOKS			
690		OTHER SUPPLIES			
700		PROPERTY/EQUIPMENT			
		TOTAL			

_____ ORIGINAL REQUEST DATE _____

STATE DEPARTMENT OF EDUCATION
PROGRAM MANAGER AUTHORIZATION

DATE OF APPROVAL

_____ REVISED REQUEST DATE _____

Grant Budget Narrative

Complete a budget narrative for each category for which you are applying. Make copies as necessary.

CODE	OBJECT	AMOUNT
111A	<p>Administrator/Supervisor Salaries</p> <p>Amounts paid to administrative employees of the grantee not involved in providing direct services to pupils/clients.</p>	\$
111B	<p>Teachers</p> <p>Salaries for employees providing direct instruction/counseling to pupils/clients, including staff for whom the grantee is paying employee benefits and who are on the grantee payroll.</p>	\$
112B	<p>Clerical</p> <p>Salaries for grantee employees performing clerical/secretarial services. This category includes all gross salaries for these individuals while they are on the grantee payroll, including overtime salaries or salaries of temporary employees.</p>	\$
119	<p>Other</p> <p>Salary for any other grantee employee not fitting into objects 111A, 111B, 112A or 112B.</p>	\$

CODE	OBJECT	AMOUNT
200	<p>Personal Services-Employee Benefits</p> <p>Amounts paid by the grantee on behalf of the employees whose salaries are reported in objects 111A, 111B, 112A, 112B or 119.</p>	\$
322	<p>In-service (Instructional Program Improvement Services)</p> <p>Payments for services performed by persons qualified to assist teachers and supervisors to enhance the quality of the teaching process. This category includes curriculum, consultants, in-service training specialists, etc., who are not on the grantee payroll.</p>	\$
325	<p>Parent Activities</p> <p>Expenditures related to services for parenting including workshop presenters, counseling services, baby-sitting services, and overall seminar/workshop costs.</p>	\$
330	<p>Other Professional/Technical Services</p> <p>Payments for professional or technical services that are not directly related to instructional activities. This category includes payments for data processing, management consultants, legal services, etc. Do not include the cost of an independent auditor in this category.</p>	\$

CODE	OBJECT	AMOUNT
580	<p>Travel</p> <p>Expenditures for transportation, meals, hotel and other expenses associated with staff travel, including per diem payments to staff in lieu of reimbursement for subsistence (room and board).</p>	\$
590	<p>Other Purchased Services</p> <p>All other payments for services rendered by organizations or personnel not on the GRANTEE payroll and not detailed in 580. These include: insurance costs (other than employee benefits) - payments for all types of insurance coverage including property, liability and fidelity; printing and binding - publication costs; and advertisement - any expenditures for announcements in professional publications, newspapers or broadcasts over radio or television including personnel recruitment, legal ads and the purchase and sale of property.</p>	\$
611	<p>Instructional Supplies</p> <p>Expenditures for consumable items purchased for instructional use.</p>	\$
612	<p>Administrative Supplies</p> <p>Expenditures for consumable items directly related to program administrative (non-instructional) activities.</p>	\$

CODE	OBJECT	AMOUNT
642	<p>Library Books</p> <p>Expenditures for library books, reference books, periodicals and newspapers that are purchased for use by the school library.</p>	\$
690	<p>Other Supplies</p> <p>Allowable expenditures for any other supply, which is not instructional or administrative in nature. This category would include maintenance supplies, heating supplies and transportation supplies.</p>	\$
700	<p>Property/Equipment</p> <p>In accordance with the Connecticut State Comptroller's definition of equipment, including all items of equipment (machinery, tools, furniture, vehicles, apparatus, etc.) with a value of over <u>\$1,000</u> and a useful life of more than one year.</p>	\$
	TOTAL	\$

**Coordinated School Health Pilot Program
Optional Budget Form
2013-14**

Complete this form only if additional resources (in addition to grant funding) will be supporting the implementation of the Coordinated School Health Pilot Program.

Resource (e.g., office space, supplies, technical assistance, etc.)	In-Kind	Cash-Match	Details (e.g., how long is the resource available, who is contributing the resource, etc.)
Total			

APPENDICES

APPENDIX A: STATEMENT OF ASSURANCES

CONNECTICUT STATE DEPARTMENT OF EDUCATION
STANDARD STATEMENT OF ASSURANCES
GRANT PROGRAMS

PROJECT TITLE:

THE APPLICANT:

HEREBY ASSURES THAT:

(insert Agency/School/CBO Name)

- A.** The applicant has the necessary legal authority to apply for and receive the proposed grant;
- B.** The filing of this application has been authorized by the applicant's governing body, and the undersigned official has been duly authorized to file this application for and on behalf of said applicant, and otherwise to act as the authorized representative of the applicant in connection with this application;
- C.** The activities and services for which assistance is sought under this grant will be administered by or under the supervision and control of the applicant;
- D.** The project will be operated in compliance with all applicable state and federal laws and in compliance with regulations and other policies and administrative directives of the State Board of Education and the Connecticut State Department of Education;
- E.** Grant funds shall not be used to supplant funds normally budgeted by the agency;
- F.** Fiscal control and accounting procedures will be used to ensure proper disbursement of all funds awarded;
- G.** The applicant will submit a final project report (within 60 days of the project completion) and such other reports, as specified, to the Connecticut State Department of Education, including information relating to the project records and access thereto as the Connecticut State Department of Education may find necessary;
- H.** The Connecticut State Department of Education reserves the exclusive right to use and grant the right to use and/or publish any part or parts of any summary, abstract, reports, publications, records and materials resulting from this project and this grant;

- I. If the project achieves the specified objectives, every reasonable effort will be made to continue the project and/or implement the results after the termination of state/federal funding;
- J. The applicant will protect and save harmless the State Board of Education from financial loss and expense, including legal fees and costs, if any, arising out of any breach of the duties, in whole or part, described in the application for the grant;
- K. At the conclusion of each grant period, the applicant will provide for an independent audit report acceptable to the grantor in accordance with Sections 7-394a and 7-396a of the Connecticut General Statutes, and the applicant shall return to the Connecticut State Department of Education any moneys not expended in accordance with the approved program/operation budget as determined by the audit;

L. REQUIRED LANGUAGE (NON-DISCRIMINATION)

References in this section to "contract" shall mean this grant agreement and to "contractor" shall mean the Grantee.

(a) For purposes of this Section, the following terms are defined as follows:

- i. "Commission" means the Commission on Human Rights and Opportunities;
- ii. "Contract" and "contract" include any extension or modification of the Contract or contract;
- iii. "Contractor" and "contractor" include any successors or assigns of the Contractor or contractor;
- iv. "Gender identity or expression" means a person's gender-related identity, appearance or behavior, whether or not that gender-related identity, appearance or behavior is different from that traditionally associated with the person's physiology or assigned sex at birth, which gender-related identity can be shown by providing evidence including, but not limited to, medical history, care or treatment of the gender-related identity, consistent and uniform assertion of the gender-related identity or any other evidence that the gender-related identity is sincerely held, part of a person's core identity or not being asserted for an improper purpose;
- v. "good faith" means that degree of diligence which a reasonable person would exercise in the performance of legal duties and obligations;
- vi. "good faith efforts" shall include, but not be limited to, those reasonable initial efforts necessary to comply with statutory or regulatory requirements and additional or substituted efforts when it is determined that such initial efforts will not be sufficient to comply with such requirements;
- vii. "marital status" means being single, married as recognized by the state of Connecticut, widowed, separated or divorced;
- viii. "mental disability" means one or more mental disorders, as defined in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders", or a record of or regarding a person as having one or more such disorders;
- ix. "minority business enterprise" means any small contractor or supplier of materials fifty-one percent or more of the capital stock, if any, or assets of which is owned by a person or persons: (1) who are active in the daily affairs of the enterprise, (2) who have the power

to direct the management and policies of the enterprise, and (3) who are members of a minority, as such term is defined in subsection (a) of Connecticut General Statutes § 32-9n; and

- x. "public works contract" means any agreement between any individual, firm or corporation and the State or any political subdivision of the State other than a municipality for construction, rehabilitation, conversion, extension, demolition or repair of a public building, highway or other changes or improvements in real property, or which is financed in whole or in part by the State, including, but not limited to, matching expenditures, grants, loans, insurance or guarantees.

For purposes of this Section, the terms "Contract" and "contract" do not include a contract where each contractor is (1) a political subdivision of the state, including, but not limited to, a municipality, (2) a quasi-public agency, as defined in Conn. Gen. Stat. Section 1-120, (3) any other state, including but not limited to any federally recognized Indian tribal governments, as defined in Conn. Gen. Stat. Section 1-267, (4) the federal government, (5) a foreign government, or (6) an agency of a subdivision, agency, state or government described in the immediately preceding enumerated items (1), (2), (3), (4) or (5).

- (b) (1) The Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, mental retardation, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the State of Connecticut; and the Contractor further agrees to take affirmative action to insure that applicants with job-related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, mental retardation, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by the Contractor that such disability prevents performance of the work involved; (2) the Contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, to state that it is an "affirmative action-equal opportunity employer" in accordance with regulations adopted by the Commission; (3) the Contractor agrees to provide each labor union or representative of workers with which the Contractor has a collective bargaining Agreement or other contract or understanding and each vendor with which the Contractor has a contract or understanding, a notice to be provided by the Commission, advising the labor union or workers' representative of the Contractor's commitments under this section and to post copies of the notice in conspicuous places available to employees and applicants for employment; (4) the Contractor agrees to comply with each provision of this Section and Connecticut General Statutes §§ 46a-68e and 46a-68f and with each regulation or relevant order issued by said Commission pursuant to Connecticut General Statutes §§ 46a-56, 46a-68e and 46a-68f; and (5) the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the Commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor as relate to the provisions of this Section and Connecticut General Statutes § 46a-56. If the contract is a public works contract, the Contractor agrees and warrants that he will make good faith efforts to employ minority business enterprises as subcontractors and suppliers of materials on such public works projects.

- (c) Determination of the Contractor's good faith efforts shall include, but shall not be limited to, the following factors: The Contractor's employment and subcontracting policies, patterns and practices; affirmative advertising, recruitment and training; technical assistance activities and such other reasonable activities or efforts as the Commission may prescribe that are designed to ensure the participation of minority business enterprises in public works projects.
- (d) The Contractor shall develop and maintain adequate documentation, in a manner prescribed by the Commission, of its good faith efforts.
- (e) The Contractor shall include the provisions of subsection (b) of this Section in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the State and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the Commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the Commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with Connecticut General Statutes §46a-56; provided if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the Commission, the Contractor may request the State of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the State and the State may so enter.
- (f) The Contractor agrees to comply with the regulations referred to in this Section as they exist on the date of this Contract and as they may be adopted or amended from time to time during the term of this Contract and any amendments thereto.
- (g) (1) The Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or the State of Connecticut, and that employees are treated when employed without regard to their sexual orientation; (2) the Contractor agrees to provide each labor union or representative of workers with which such Contractor has a collective bargaining Agreement or other contract or understanding and each vendor with which such Contractor has a contract or understanding, a notice to be provided by the Commission on Human Rights and Opportunities advising the labor union or workers' representative of the Contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment; (3) the Contractor agrees to comply with each provision of this section and with each regulation or relevant order issued by said Commission pursuant to Connecticut General Statutes § 46a-56; and (4) the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the Commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor which relate to the provisions of this Section and Connecticut General Statutes § 46a-56.
- (h) The Contractor shall include the provisions of the foregoing paragraph in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the State and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the Commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the Commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with Connecticut General Statutes § 46a-56; provided, if such Contractor becomes involved in, or is threatened with,

litigation with a subcontractor or vendor as a result of such direction by the Commission, the Contractor may request the State of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the State and the State may so enter.

- M.** The grant award is subject to approval of the Connecticut State Department of Education and availability of state or federal funds.
- N.** The applicant agrees and warrants that Sections 4-190 to 4-197, inclusive, of the Connecticut General Statutes concerning the Personal Data Act and Sections 10-4-8 to 10-4-10, inclusive, of the Regulations of Connecticut State Agencies promulgated there under are hereby incorporated by reference.

I, the undersigned authorized official; hereby certify that these assurances shall be fully implemented.

Signature: _____

Name: *(typed)* _____

Title: *(typed)* _____

Date: _____

CERTIFICATION THAT A CURRENT AFFIRMATIVE ACTION PLAN IS ON FILE

I, the undersigned authorized official, hereby certify that the current affirmative action packet for

_____ is on file with the Connecticut State
[local school district name]

Department of Education. The Affirmative Action Plan is, by reference, part of this application.

Name of Authorized Official

Title

Signature of Authorized Official

Date

RFP #400: Coordinated School Health (CSH) Pilot Program	Reviewer Initials:
Applicant:	Application Number:
Applicant Total Score:	Maximum Allowable Score: 155

Reader instructions: Score the grant components based on how well the proposal meets the specified criteria (see Application Requirements on pages 8-12 of the RFP). For each component area, write a number (using the scoring guidance in the table below) to best describe your rating:

Score	Description	Maximum Points Allowed			
Excellent	Well conceived and thoroughly developed	25	20	10	5
Good	Clear and complete	15	10	5	3
Weak	Minimal information provided	5	5	2	1
Inadequate	Information not provided	0	0	0	0

Point reductions should be considered for scoring (Excellent, Good and Weak) when required criteria for each component area are not provided.

The maximum allowable points for each component area are identified on the Proposal Evaluation Form. The number that follows the maximum number of points indicates the maximum allowable page limit for that component area. If the proposal exceeds the maximum number of pages allowed for a component area, please note that in the Weakness Section.

Total all component scores and write the final score at the top of this page.

Component/Criterion	Points
III. Program Narrative A. Need and Readiness for Project (Maximum 20 points) two page limit	
<ul style="list-style-type: none"> • Shows a need for a coordinated approach to school health using district, community and state data. • Provides a detailed description of the infrastructure and practice currently in place at district and building levels to address student health and wellness and provides a specific example of the district’s past experience in addressing a social, emotional or health issue. 	
B. Project Infrastructure and Implementation (Maximum 25 points) five page limit	
<ul style="list-style-type: none"> • Provides details on <u>Ensuring Leadership</u> <ul style="list-style-type: none"> ○ Explains the roles/responsibilities of district leadership in promoting a coordinated approach to school health. ○ Attaches a formal job description detailing the experience/qualifications of the CSH Director position (excluded from five page limit). ○ Details the district plan to recruit a district CSH Director if not in place or provides detailed job description and responsibilities for CSH Director already in place. ○ Attaches a copy of the district organizational chart including position of the full-time, dedicated CSH Director (excluded from five page limit). • Provides details on <u>Organizing Teams</u> <ul style="list-style-type: none"> ○ Outlines the plan to identify and recruit the members to the district-level school health council and provides a proposed schedule of meetings for the 2013-14 school year. ○ Identifies the plan for convening school-level health teams and outlines the roles and responsibilities of school principals with respect to these teams. ○ Identifies deadline of having an active and representative school health team. ○ Letters of support (one page each) provided by five stakeholders identified on page 8 of RFP. ○ Letters indicate level of involvement with the pilot project and identify any contributing (excluded from five page limit). 	

<ul style="list-style-type: none"> • Provides details on <u>Conducting an Assessment</u> <ul style="list-style-type: none"> ○ Describes the plan to conduct district and school assessments. Assessments should be completed in time to inform individual school and district action. ○ Identifies the assessment tool(s) that the district plans to use to help schools identify the strengths and weaknesses of school health policies and programs. If a tool other than those suggested in the Core Program Strategies section (page 4 of RFP) is selected, a description of the tool and rationale for selecting it is provided. ○ Identifies other data sources (such as grades, test scores, absences, behavior-related referrals, detention and dropout rates, asthma rates, etc.) used to inform health-related program and policy planning. ○ Describes how the district will assess compliance with the District Wellness Policy under the new Healthy, Hunger-Free Kids Act of 2010. • Provides details on <u>Creating an Action Plan</u> <ul style="list-style-type: none"> ○ Describes how the district will develop district and school action plans to address priorities identified through the assessment process. ○ Outlines how district will monitor implementation of health/wellness policies and act to remedy deficiencies. • Provides details on <u>Developing a Communications Plan</u> <ul style="list-style-type: none"> ○ Describes how the district plans to communicate information about CSH activities to key audiences (identified on page 10 of RFP). 	
<p>C. Eight Components of a Coordinated Approach to School Health (Maximum 10 points) one page limit</p>	
<ul style="list-style-type: none"> • Outlines how each of the eight components will be integrated into the implementation of a coordinated approach to school health at both the school and district level. • Includes information on how the district wellness policy will be integrated with a coordinated approach to school health. 	
<p>D. Policy, System and Environmental Change Priorities (Maximum 10 points) one page limit</p>	
<ul style="list-style-type: none"> • Identifies at least one nutrition policy <u>and</u> one physical activity policy that the district will adopt, revise and/or monitor for compliance during the grant period. • Describes how the district will implement, communicate and monitor the selected policies. 	

E. Adequacy of Resources (Maximum 10 points) one page limit	
<ul style="list-style-type: none"> Provides a description of resources available to the CSH Pilot Program. 	
F. Program Evaluation (Maximum 10 points) one page limit	
<ul style="list-style-type: none"> Describes how the district’s coordinated approach to school health will be evaluated. 	
G. Continuation of Project (Maximum 5 points) one page limit	
<ul style="list-style-type: none"> Describes how the school district will continue to support the program after termination of state funding. 	
IV. Implementation Chart and Timeline (Maximum 25 points) no page limit	
<ul style="list-style-type: none"> Outlines at least one goal for each of the five Core Program Strategies; objectives for each goal; activities to support objectives. Objectives include all requirements of the grant as outlined in the RFP. Provides timelines and responsible parties. 	
V. Budget (Maximum 10 points) no page limit	
<ul style="list-style-type: none"> Provides a statement describing the cost effectiveness of the project. Allocates funding to engage the services of a full-time District CSH Director. Completes the ED 114 Budget Form and Budget Narrative Form. 	
Additional Points (Maximum 30 points)	
<ol style="list-style-type: none"> Applicant has: <ul style="list-style-type: none"> active and representative district-level school health council in place (5 points); performed a district-level assessment of school health policies, practices, programs and services in the past two years (10 points); and 	

<ul style="list-style-type: none"> ○ provided evidence that there has been a CSH Action Plan developed within the last two years (5 points). 2. Applicant identifies <u>at least two</u> of the following priority policies in the application (5 points) that will be adopted, revised or monitored for compliance in the 2013-14 school year: <ul style="list-style-type: none"> ○ prohibiting the use of food as a reward; ○ healthy fundraising; ○ prohibiting the withholding of physical activity (including recess time) or the imposing of physical activity (such as running laps) as forms of punishment; ○ use of locally grown products in food served to students; and ○ scheduling of recess before lunch. 3. Demonstrates in-kind contributions from the local school district, and cash and in-kind contributions from community partners – to be reported on the Optional Budget Form (5 points). 	
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