

**Healthy Active Arkansas
Rethink Your Drink: Choose Water
Funding Application**

The goal of Healthy Active Arkansas is to increase the percentage of adults, adolescents and children who are at a healthy weight. ***Rethink Your Drink: Choose Water!*** is Healthy Active Arkansas' campaign to encourage students and school staff to drink more water during the day. Providing access to drinking water throughout the school day gives students a healthy alternative to sugary beverages like soda, energy, sports, and juice drinks. Drinking plenty of water can help combat obesity, increase energy levels and may improve students' cognitive functions. Further, if fluoridated, drinking water also plays an important role in preventing cavities and maintaining oral health. Through a partnership with Delta Dental, Healthy Active Arkansas has committed \$30,000 to REPLACE existing drinking fountains at a select number of schools as part of the Rethink Your Drink campaign. Healthy Active Arkansas has developed a Rethink Your Drink toolkit to aid schools and worksites in promoting increased water consumption. To access the toolkit, visit:

<https://healthyactive.org/wp-content/uploads/2017/11/Rethink-Your-Drink-Toolkit.pdf>

Your school could be one of those selected to receive the following:

- One or more new water fountain/filling stations.
- Access to Healthy Active Arkansas' Rethink Your Drink toolkit to educate students and staff on the benefits of choosing water over sugar-sweetened beverages.

TIMELINE

- Grant application deadline: 4:00 pm on February 28, 2018
- Grant recipients announced: early April, 2018
- Station installed by August 6, 2018
- Final grant report due: mid-January, 2019

ELIGIBILITY REQUIREMENTS

- All Arkansas K-12 schools are eligible to apply.
- Schools will provide all information requested in the application prior to the deadline.

GRANT RECIPIENT REQUIREMENTS

- Sign a grant agreement prior to receiving the water fountain/bottle filling station(s).
- Station should be installed and operational by August 6, 2018.
- School is responsible for costs associated with installation. If assistance is needed with installation expense, see page 6 of application.
- Submit a grant report no later than 30 days upon completion of project (Healthy Active Arkansas will supply reporting forms).
- Work with Healthy Active Arkansas to promote grant partnership through media opportunities, organization materials, social media, etc.
- Acknowledge Healthy Active Arkansas and Delta Dental in educational materials and promotional events.

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GRANT REQUEST REQUIREMENTS

- Only one application per school will be reviewed. If more than one is received, the application with the earliest submission date will be considered
- Must include a signed copy of the application
- Questions about the program or application should be directed to **SSBR@achi.net**

GRANT SUBMISSION GUIDELINES

- Grant application deadline: 4:00 pm on Wednesday, February 28, 2018.
- The original application and supporting documents may be submitted by email or regular mail. Applications may be emailed to Carole Garner at **SSBR@achi.net** or mailed to: Arkansas Department of Health
Attention: Shannon Borchert
4815 West Markham St., Slot 63
Little Rock, AR 72205

GRANT SUBMISSION CHECKLIST

- _____ Completed application form with required signatures
- _____ Photos of the water fountain(s) to be replaced
- _____ Copy of the school's water policy, ***if one is currently in place***
- _____ Cost estimate for fountain installation, ***if requesting financial assistance to have station installed***

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CONTACT INFORMATION

Name of School	<input type="text"/>
School District	<input type="text"/>
School Mailing Address	<input type="text"/>
School Physical Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text" value="Arkansas"/>
Zip Code	<input type="text"/>
County	<input type="text"/>
School Phone Number	<input type="text"/>
School Principal Name	<input type="text"/>
School Principal Email	<input type="text"/>
Applicant Name	<input type="text"/>
Applicant Phone Number	<input type="text"/>
Applicant Email	<input type="text"/>
Name of Superintendent	<input type="text"/>
Superintendent Email	<input type="text"/>
School or District Tax ID	<input type="text"/>

Is the building principal aware that you are applying for this grant?

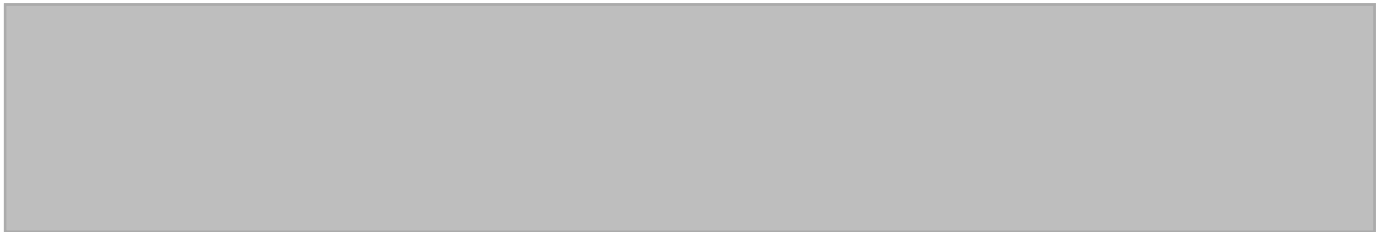
Is the superintendent aware that you are applying for this grant?

DEMOGRAPHIC INFORMATION

1. How many students are enrolled in the school?
2. How many teachers and support staff does your school have?
3. What grades are served by your school?
4. What percentage of your students participate in the free and reduced lunch program?
5. Percentage of student population assessed as overweight and obese from the school's BMI data.

OVERVIEW

6. How do you think this opportunity would benefit the students and staff at your school?



FACILITIES INFORMATION

7. Do you currently have any water fountains installed at your school?
If yes, how many?
8. Ideally, how many fountains would you like to have replaced?
9. Approximately how old is/are the fountain(s) you would like to have replaced?
10. Where is the water fountain(s) you want to have replaced (i.e. hallway, cafeteria, gymnasium). List all locations.
11. Is the plumbing to the existing water fountains functioning properly?
12. Do your current water fountains have a functioning electrical source?
13. Is the source of the school's water fluoridated?

PROJECT INFORMATION

14. How do students at your school currently access drinking water during the school day?

15. Are students allowed to carry water bottles with them during the school day?

16. Is there a written policy that allows students to use their water bottles during the school day?

If yes, does the school commit to continued implementation of the water policy? Please provide a copy of the policy with your application.

17. Do community members have access to the water fountain(s) to be replaced?

If yes, is access allowed outside of school hours?

18. Do the students in your school currently receive oral health education?

19. What types of health initiatives or programs, including oral health education and/or screenings, does your school offer? (Check all that apply)

School Garden

Joint Use Agreement

Utilization of GoNoodle

Intramural Sports Programs for Students

Farm to School

School Based Health Center

Fresh Fruit and Vegetable Program

Provision 2 or Community Eligibility

Coordinated School Health

Recess Before Lunch

Dental Clinic

Dental Sealant Program

Breakfast Enhancement Programs (Breakfast in the Classroom, Breakfast After the Bell, etc.)

Other Programs (provide information below)

20. Would you be willing to distribute oral health and nutrition/physical activity education materials to students, parents, and staff?

PROMOTION

21. Does your school commit to implementing an oral health education program?

If yes, please provide any ideas or details you have on how you would accomplish this.

22. Would you be agreeable to inviting the news media into your school to showcase the *Rethink Your Drink: Choose Water!* campaign and interview students and staff?

23. Does your school/district have a communications or public relations department or staff person?

If yes, please provide contact information.

FINANCIAL BURDEN

If your district is requesting financial assistance to cover installation expenses, should a water filling station be awarded, please provide a justification of the need below. ***A copy of a written estimate from a local professional should be submitted with your application.***

Attach photo of the water fountain you would like to have replaced. If you are requesting replacement for more than one, attach photos of each and label the photos by the order you would like them replaced.

Does your school commit to completing and submitting all of the following evaluation components?

- 1. Report delivery date and installation date of water fountain/bottle filling station.
- 2. Complete installation of water fountain/bottle filling station by August 6, 2018.
- 3. Report monthly usage of the water fountain/bottle filling station by recording numbers provided from the unit counter.
- 4. Provide a summary of promotional events and education programs provided to students and staff through the use of the Rethink Your Drink toolkit.
- 5. Provide feedback on the grant application process.
- 6. If a written water policy is not in place, the school will partner with the school or district wellness committee to develop and present a written water policy to the local school board.

Select one option below.

The following factors may affect the funding decision: Healthy Active Arkansas (HAA) reserves the right to fund applications out of rank order depending on the demographic and geographic distribution of the highest scoring applications. HAA may fund out of rank order to achieve geographic and/or economic diversity.

I certify to the best of my knowledge that all information in this grant application is correct and I have read and agree to the terms and conditions as outlined.

School Principal Signature

Date

Applicant (if not Principal)

Title

Date