

**Healthy Behaviors Initiative  
School District Partnership Grant**  
**Submission deadline is 4:00 p.m., Thursday, March 27, 2025**  
**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 _____				
I would like to sign up for School Nutrition for food service workers. <input type="checkbox"/> YES <input type="checkbox"/> NO				
How many students will this grant serve? _____ How many faculty and staff will this grant serve? _____				
<b>Position</b>	<b>Name</b>	<b>Phone</b>	<b>Email Address</b>	
Principal				
<b>COORDINATOR(S)</b> - SHAC - YHA - LST Curriculum - PE Curriculum - Vaping Prevention	<b>*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.</b>			
<input type="checkbox"/> <b>School Health Advisory Council (SHAC), Grades K-12</b>	<input type="checkbox"/> <b>Youth Health Advocates (YHA), Grades 7-12</b>	<input type="checkbox"/> <b>Lifeskills Training (LST), Grades 3-12</b>	<input type="checkbox"/> <b>Physical Education CATCH Curriculum (PE), Grades K-8</b>	<input type="checkbox"/> <b>Vaping Prevention (VP), Grades 5-12</b>
<b>Required Activities:</b> ✓ School Health Index ✓ School Health Advisory Council ✓ School Improvement Project (funds provided) ✓ Staff Wellness ✓ Family/Community Engagement	<b>Required Activities:</b> ✓ Evidence Based Curriculum Training ✓ Youth Summit ✓ One HEAL-related campus-wide campaign in the Fall semester ✓ National Drug and Alcohol Facts Week ✓ Take Down Tobacco ✓ Family/Community Engagement	<b>Required Activities:</b> ✓ Implement LifeSkills Training lessons for chosen grade(s). <b>What grade level(s)?</b> _____  If checked, is LifeSkills Training taught at your school via a third-party vendor? <b>Yes No</b>  <b>Optional Activity:</b> ✓ National Drug and Alcohol Facts Week	<b>Required Activities:</b> ✓ Complete CATCH facilitator training ✓ Order physical education equipment ✓ Implement CATCH physical education curriculum lessons for chosen grade(s). <b>What grade level(s)?</b> _____	<b>Required Activities:</b> ✓ Complete CATCH My Breath facilitator training ✓ Distribute letter to parents/guardians ✓ Implement all CATCH My Breath lessons for chosen grade(s) (5, 6, 7-8, or 9-12) ✓ School/Family/Community engagement <b>What grade level(s)?</b> _____

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