



2025-2026 AtlantiCare Healthy Schools, Healthy Children Grant Application

Applications are due no later than December 5, 2025.

Since early 2005, AtlantiCare has been partnering with area schools to improve the health and wellness of staff, students and their families, with a vision of building a healthier community. For the 2025-2026 school year AtlantiCare Healthy Schools, Healthy Children will award funding opportunities to partnered schools to promote the adoption and sustainability of wellness actions that align with AtlantiCare's strategic community initiatives.

You must complete this online application in one sitting. Survey Monkey will not save your answers if you exit this page. Before completing the application, use the [Grant Application Worksheet](#) to fill out first, then insert your answers when you are ready to submit this online form.

If at any time you experience technical difficulties, or have a question, please contact us at: healthyschools@atlanticare.org.

*** 1. School Information:**

School Name	<input type="text"/>
School Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP Code	<input type="text"/>

*** 2. Contact Information:**

Person Completing Application	<input type="text"/>
Email Address	<input type="text"/>
Principal Name	<input type="text"/>
Principal Email Address	<input type="text"/>
School Wellness Team Leader	<input type="text"/>
School Wellness Team Leader Email	<input type="text"/>
School Garden Contact (if applicable)	<input type="text"/>
School Garden Contact Email (if applicable)	<input type="text"/>
Additional contact information (if applicable)	<input type="text"/>

*** 3. I have reviewed the 2025-2026 application and guidelines with our school wellness team AND principal/leadership for this funding opportunity.**

☐ Yes

*** 4. I have completed and submitted the 2025-2026 School Healthy Survey before filling out this application.**

☐ Yes



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Grant Actions

Indicate below which grant action(s) your school is applying for.

Schools are eligible to apply for financial support for the AED Heart Heroes Program and/or one of the grant offerings that focus on nutrition, physical activity, resiliency/substance use, attendance, or special request.

If an action is not listed that your school is requesting funding to support, please contact a member of the Healthy Schools team at: healthyschools@atlanticare.org to review before submitting this application.

*** 5. AED Heart Heroes Program Grant**

***Schools who have NOT received an AED through this grant in previous years are eligible to apply.**

- ☐ No, our school is NOT applying for the AED Heart Heroes Program grant at this time
- ☐ Yes, our school is ONLY applying for the AED Heart Heroes Program grant
- ☐ Yes, our school is applying for the AED Heart Heroes Program grant IN ADDITION to a Healthy Schools grant action listed below

*** 6. AED Point of Contact:**

Staff Name:

Staff Position:

Staff Email:

*** 7. Award Categories:**

Please indicate the award category you are applying for. Each school may apply for 1 of the following grant options below:

- ☐ Nutrition: Enhancement Grant (\$750)
- ☐ Nutrition: Innovation Grant (\$1000)
- ☐ Nutrition: School Food Pantry Grant (\$1000)
- ☐ Nutrition: New Edible Schools Garden/Alternative Garden Grant (\$1000)
- ☐ Nutrition: Hydration Station Grant (\$1000)
- ☐ Physical Activity: Enhancement Grant (\$750)
- ☐ Physical Activity: Innovation Grant (\$1000)
- ☐ Resiliency/Substance Use: Enhancement Grant (\$750)
- ☐ Resiliency/Substance Use: Resiliency Room/Zen Den Enhancement Grant (\$750)
- ☐ Resiliency/Substance Use: Innovation Grant (\$1000)
- ☐ Resiliency/Substance Use: New Resiliency Room/Zen Den Grant (\$1000)
- ☐ School Attendance Grant: New or Continued Attendance Initiatives (up to \$1000)
- ☐ Special Grant Request (up to \$1000 - by selecting this option, you are indicating you have received approval for a special grant request from a member of the Healthy Schools team before submitting application form)



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NUTRITION GRANT ACTIONS

Please check **all** boxes that apply to your specific grant action that will be supported by this funding opportunity. Please use "other" option to detail actions if not listed.

8. NUTRITION - Project Scope and Implementation Plans:

Please select from the list of project activities you intend to carry out with the grant funding. Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Build a new edible outdoor school garden | <input type="checkbox"/> New equipment for cafeteria |
| <input type="checkbox"/> Purchase alternative garden equipment/system (ie. aeroponic tower, hydroponic system, greenhouse) | <input type="checkbox"/> Before/after school garden club |
| <input type="checkbox"/> Purchase new garden tools and equipment | <input type="checkbox"/> Harvest of the Month (Jersey Tastes program) |
| <input type="checkbox"/> Purchase plants/seeds | <input type="checkbox"/> Fruit/vegetable monthly cafeteria taste tests |
| <input type="checkbox"/> Install a water bottle filling station | <input type="checkbox"/> Weekend backpack nutrition program/Healthy food pantry |
| <input type="checkbox"/> Hire a chef, start a cooking club or host a cooking activity | <input type="checkbox"/> Purchase food and supplies for a School Food Pantry |
| <input type="checkbox"/> Enhancement to cafeteria | |
| <input type="checkbox"/> Other (please specify) | |

9. NUTRITION - Describe proposed action this grant will support:

10. NUTRITION - Frequency and duration of proposed action:



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PHYSICAL ACTIVITY GRANT ACTIONS

Please check **all** boxes that apply to your specific grant action that will be supported by this funding opportunity. Please use "other" option to detail actions if not listed.

11. PHYSICAL ACTIVITY - Project Scope and Implementation Plans:

Please select from the list of project activities you intend to carry out with the grant funding. Select all that are appropriate.

- | | |
|--|---|
| <input type="checkbox"/> Purchase new PE equipment | <input type="checkbox"/> Before/after school physical activity club/classes |
| <input type="checkbox"/> Purchase organized play equipment | <input type="checkbox"/> Adaptive physical education or playground equipment for students with disabilities |
| <input type="checkbox"/> Purchase PE curriculum (please describe) | <input type="checkbox"/> Complete staff wellness activities/program |
| <input type="checkbox"/> Hire a yoga/fitness instructor for club or activity | |
| <input type="checkbox"/> Other (please specify) | |

12. PHYSICAL ACTIVITY - Describe proposed action this grant will support:

13. PHYSICAL ACTIVITY - Frequency and duration of proposed action:



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RESILIENCY/SUBSTANCE USE PREVENTION GRANT ACTIONS

Please check **all** boxes that apply to your specific grant action that will be supported by this funding opportunity. Please use "other" option to detail actions if not listed.

14. RESILIENCY/SUBSTANCE USE PREVENTION - Project Scope and Implementation Plans:

Please select from the list of project activities you intend to carry out with the grant funding. Select all that are appropriate.

- | | |
|--|--|
| <input type="checkbox"/> Purchase SEL (social emotional learning) curriculum | <input type="checkbox"/> Staff training |
| <input type="checkbox"/> Before/after school clubs, empowerment or support group | <input type="checkbox"/> Design/printing promotion materials for resiliency/substance use prevention campaign |
| <input type="checkbox"/> Hire a yoga instructor for club or activity | <input type="checkbox"/> Implementation of evidence based SEL and/or substance use prevention programming/curriculum |
| <input type="checkbox"/> Student wellness committee or advocacy board | <input type="checkbox"/> Youth Mental Health First Aid Facilitator Training for 1 school staff member |
| <input type="checkbox"/> PBIS student incentives | <input type="checkbox"/> Create a Resiliency Room/Zen Den or mobile cart with equipment and materials supporting building resiliency |
| <input type="checkbox"/> Purchase wellness room items/enhancements | |
| <input type="checkbox"/> Other (please specify) | |

15. RESILIENCY/SUBSTANCE USE PREVENTION - Describe proposed action this grant will support:

16. RESILIENCY/SUBSTANCE USE PREVENTION - Frequency and duration of proposed action:



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SCHOOL ATTENDANCE GRANT ACTION

17. SCHOOL ATTENDANCE GRANT - Project Scope and Implementation Plans: Please explain in detail your current practices/barriers and intended outcomes in regard to attendance.

18. SCHOOL ATTENDANCE GRANT - Describe the actions that will be taken to support your school attendance initiative:

19. SCHOOL ATTENDANCE GRANT - Frequency, duration, and population for attendance initiative:

20. SCHOOL ATTENDANCE GRANT - Describe how the funding will be spent and how it impacts your attendance initiative.



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SPECIAL REQUEST GRANT ACTION

By filling out this section, you confirm you have received prior approval from a Healthy Schools team member for the project/activity/initiative that will be outlined below.

21. **SPECIAL GRANT REQUEST - Project Scope and Implementation Plans: Please explain in detail your special grant request and intended outcome.**

22. **SPECIAL GRANT REQUEST - Describe actions that will be taken for this project:**

23. **SPECIAL GRANT REQUEST - Frequency, duration, and population of proposed action:**

24. **SPECIAL GRANT REQUEST - Total amount of requested dollars:**



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Final Grant Details and Agreement

SUSTAINABILITY - Policy and/or Environmental Changes:

Our intent is for your grant to have long lasting impact through either Policy and/or Environmental Change.

Examples of Policy Change: Snack/party policies, BOE budgeting for wellness activities, structured recess, or community use of gymnasium during non-school hours.

Examples of Environmental Change: Safe bike and/or walking paths to/from school, addition of a new salad bar during school lunch, fitness equipment installed outdoors for student use).

*** 25. Describe how your efforts will be supported and sustained beyond the grant period. (ie. funding, staff support, administrative support, volunteers, etc.)**

*** 26. Select the policy and/or environmental changes you hope will result from your efforts:**

☐ Policy Change

☐ Environmental Change

Please describe:

*** 27. Goals and Objectives:**

List up to three (3) benefits you expect to achieve as a result of the grant actions. Benefits should be listed as either improvements in knowledge, attitudes, or behavior, as they relate to nutrition, physical activity and/or wellness.

Benefit #1:

Benefit #2:

Benefit #3:

*** 28. Population:**

Note the number of students, staff, parents/guardians, and community members that will be impacted by the actions proposed. (Please state an actual number.)

Students

Staff

Parents/Guardians

Other Community
Members

*** 29. Challenge/Obstacles:**

Please list any challenges you anticipate when implementing your proposed actions.

*** 30. Budget:**

Please provide a detailed budget (in dollar amount).

Example:

\$200 seeds and plant starters

\$200 soil

\$100 classroom set hand towels and rakes

\$75 classroom set garden gloves

\$25 adult size garden gloves

\$150 wood and paint for garden signs

= \$750 total for Nutrition Enhancement grant

*** 31. Agreement:**

Please check the boxes and acknowledge that you attest that you understand and agree to these terms.

- ☐ If selected to receive an AtlantiCare Healthy Schools mini-grant, your school agrees to complete and submit all requested information, reports and additional requirements in a timely manner. Each school is required to participate in a **mandatory** grant training session scheduled for January 15, 2025 to learn program details and reporting requirements. Grant Award checks will be mailed directly to your school.
- ☐ It is understood that AtlantiCare has the right to share, release, and publish any results and/or photos relative to the program in coordination with the school.
- ☐ Principal approves application being submitted on behalf of school.

*** 32.** If awarded, please specify whom check should be made payable to, and include the mailing address. (Checks cannot be made payable to an individual.) Please consult with your administration to ensure convenient access to funds as needed.

Grant awards will be announced no later than December 15, 2025. If you do not receive a confirmation email within 72 hours following submission that your grant was received successfully, please email healthyschools@atlanticare.org.