

Letter of Intent

2020-2022 PAHWF School Wellness Initiative 2-Year Grant Opportunity

About the Letter of Intent (LOI)

The following questions are for those organizations who have expressed interest and are eligible for the 2020-2022 PAHWF School Wellness Initiative 2-year grant. Please review the request for proposals. After you have provided responses to all questions, please upload the completed questionnaire with your letter of intent submission through the Pottstown Area Health & Wellness Foundation [online portal](#).

School / District Name _____

Whole Child Approach

1 Please select the areas of the Whole Child Approach that will be directly supported through the proposed funding from the Pottstown Area Health & Wellness Foundation (circle / highlight all that apply)									
Health Education	Physical Education & Physical Activity	Nutrition Environment & Services	Health Services	Social & Emotional Climate	Counseling, Psychological, & Social Services	Physical Environment	Employee Wellness	Family Engagement	Community Involvement

Wellness Coordinator

2 Is the role of a school wellness coordinator as described in the Request for Proposal currently in place to serve the school / district? (circle one)	Yes No
2A If the role of a school wellness coordinator is not in place, then please share the estimated date for which the school wellness coordinator will be filled.	
3 Is the term “Wellness Coordinator” included in the official job title of the person fulfilling that role?	Yes No

4 Please provide information about your student enrollment and staff as it relates to the role and responsibilities of your school wellness coordinator.			
School Student Enrollment and Staff, and The % of Students and Staff for which the Wellness Coordinator is responsible			
Total # of Students and *%	Total # of Staff and *%	Total # of Students and Staff and *%	Grade Level(s) (circle all that apply)
Total Number ----- %	Total Number ----- %	Total Number ----- %	Served by School / District Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12 ----- Served by Wellness Coordinator Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

*% = Percentage of Students, Staff, and Educational Buildings for which the School Wellness Coordinator is / will be responsible

School Wellness Checklist Challenge

5 Please share the Total # of School Education Buildings and the % of Schools that will participate in the School Wellness Checklist Challenge by year 2 of the Proposed Grant.	Total # of Buildings	Total % Participating

Grant Request

6 To support longer-term planning and outcomes, the School Wellness Initiative is a two-year grant opportunity. What is the estimated amount of the year one and year two requests?		
Total 2-year request in dollars (\$)	Year one total request in dollars (\$)	Year two total request in dollars (\$)

7 What is the proposed % of the program budget that will be supported by Foundation, School, and Other Sources?		
Foundation	School / District Budget	Other Sources

8 Please describe the top five budget items in terms of amount requested over the duration of the 2-year grant. Provide estimated amounts, a short title of the program, position, service, etc, and list the quantitative indicator(s) or measure(s) that will be used to track progress toward goals for implementation.		
Amount in dollars (\$)	Title of Program, Position, or Service provided	Indicator(s) or measure(s) used to track progress. If the measure is not on the list provided , then please enter a proposed measure in terms of a "number of _____" or "% of _____".