

Coordinated Approach To Child Health “CATCH” Application Check List of Required Components

Please make sure all the following are included in your application packet.

- Signed Check List (page 1)
- School Information Form (pages 2-3)
- Typed responses to page 3 questions 7 & 8
- School Principal Commitment Form (page 4)
- Typed Principal Vision Statement
- CATCH Committee Form (page 5)
- Renewing School Information Form (page 6)
(Applies to schools receiving CATCH funding in previous years)
- Typed responses to page 6
- SY 2009-2010 School Calendar

School Name: _____ City: _____

Principal
Signature: _____

Mail to: (No faxes accepted)
Tempa J. Tate, MS, RD
**NM/DOH Diabetes Prevention &
Control Program**
5301 Central Ave., NE Suite 800
Albuquerque, New Mexico 87108

For more information:
Tempa.Tate@state.nm.us
(505) 841-5864
For additional copies of this application visit
www.diabetesnm.org and click on CATCH
tab.

Deadline: Must be postmarked by May 15, 2009



Coordinated Approach to Child Health

CATCH 2009-2010 Grant Application

NM Department of Health
Diabetes Prevention & Control Program

School Information Form

- Print or type the following information.
- All information is required.
- Completed applications must be postmarked by **May 15, 2009**.

- **Please mail completed application to: (No Faxes)**

Tempa J. Tate, MS, RD
 NM/DOH Diabetes Prevention & Control Program
 5301 Central Ave., NE Suite 800
 Albuquerque, New Mexico 87108
 (505) 841-5864

Please check one of the following: New School Renewing School:
 School year last funded: _____

School Name: _____ **District:** _____

Physical Address: _____

Mailing Address: _____

City: _____ **State:** NM **Zip Code:** _____

Telephone: () _____ - _____ **Fax:** () _____ - _____

Principal: _____ **E-Mail:** _____

Application preparer: _____ **Position:** _____

	Name	E-mail	Phone
Financial Contact	_____	_____	_____
Food Service Director	_____	_____	_____
Wellness Director	_____	_____	_____
School Nursing Director	_____	_____	_____

Deadline: Must be postmarked by May 15, 2009

School Information Form (cont.)
--

1. How often is the nurse at your school? Hours each day? _____
2. Does your school serve "breakfast in the classroom"? _____
3. Does your school have "recess before lunch"? _____
4. Is your physical education teacher certified to teach PE? _____
5. Is your school's physical education teacher full-time or part-time (in your school)? (attach schedule if applicable) _____
6. How many minutes per week does the physical education teacher see each class? _____
7. Do you have a School Health Advisory Committee (SHAC)/Wellness Committee in place? _____
8. If so, describe activities that SHAC/Wellness Committee is currently involved in. (Please type and submit with application, limit 100 words)
9. Describe how you plan to use CATCH to support your school's participation in the school district Wellness Policy. (Please type and submit with application, limit 100 words)

Student Enrollment:
K: _____
1 st : _____
2 nd : _____
3 rd : _____
4 th : _____
5 th : _____

Number of classes:
K: _____
1 st : _____
2 nd : _____
3 rd : _____
4 th : _____
5 th : _____

Percent of Students on Free & Reduced Lunch: _____

Ethnic Breakdown numbers:
_____ Hispanic
_____ Caucasian (not of Hispanic origin)
_____ American Indian/Native American
_____ Black (not of Hispanic origin)
_____ Asian/Pacific Islander/Other

Deadline: Must be postmarked by May 15, 2009

School Principal Commitment Form

1. I am committed to **Coordinated School Health Programming** in my school.
 2. I recognize **CATCH** as a resource that supports Coordinated School Health for my school, my staff and our children.
 3. I agree to actively support and facilitate the following:
 - a. The selection of a **CATCH** Champion who is responsible for coordination and the successful implementation of **CATCH** in my school.
 - b. Attendance by the **CATCH** Champion at a minimum of one **CATCH** Training and two school committee meetings per school year.
 - c. Implementation of **all** **CATCH** components for all grades:
classroom nutrition curriculum*,
physical activity component,
tobacco use prevention (for 5th grade only),
school food service involvement, and
home and family components.
- *This must be taught in every class.**
- d. Involvement in **CATCH** by myself, classroom teachers, physical education teachers, the school secretary and finance officer, food service personnel, school nurse and counselor and other staff.
 - e. Activities and direction from the **CATCH** Committee (which may be your school's Wellness Committee or School Health Advisory Council (SHAC)).
 - f. Inclusion of **CATCH** in the school district Wellness Policy.
 - g. Communicate with teachers that the **CATCH** curriculum aligns with many Health Education, Physical Education, and other academic Performance Standards.
 - h. Use of **CATCH** funds in accordance with the Scope of Work and **CATCH** guidelines.
 - i. Data collection as needed for the evaluation of **CATCH** in our school.
4. I agree to be visibly involved throughout the school year in my support of **CATCH**.
5. I am committed to making **CATCH** successful in my school.

As Principal, briefly state your vision how CATCH will benefit the students, teachers, staff and the parents of your school. (Please type and submit with application, limit 100 words)

Signature _____ Date _____

Deadline: Must be postmarked by May 15, 2009

CATCH Committee Form

Please explain any omissions in CATCH Committee members in the space provided. To fully implement a quality CATCH program it is highly recommended that each school applying for CATCH funds have a representative in each category listed below. This may be your school's School Health Advisory Council (SHAC) or Wellness Committee.

The CATCH Committee will be composed of the following: **Please print.**

Please check box by name if a SHAC member

CATCH Champion:

(Selected from members listed below)

Champion

Champion

Phone: _____

Email: _____

Co-Champion

(If applicable)

Name: _____

Cafeteria Manager:

Name: _____

Parent Representative:

Name: _____

Physical Education Teacher:

Name: _____

School Nurse:

Name: _____

Kindergarten Teacher:

Name: _____

1st Grade Teacher:

Name: _____

2nd Grade Teacher:

Name: _____

3rd Grade Teacher:

Name: _____

4th Grade Teacher:

Name: _____

5th Grade Teacher:

Name: _____

Other Representative:

(Counselor, community member, etc.)

Name: _____

Your school's eligibility for funding is based on administration and staff readiness to support and implement the CATCH program.

Renewing Schools Information Form
This form is required for renewing schools ONLY.

The following questions relate to your performance, and planned progress as a CATCH school.

1. Describe how the CATCH philosophy and content were promoted during your family/community event in school year (SY) 08-09 or last (SY) funded.

(Please type and submit with application)

2. Describe your CATCH Committee's plan to improve promotion for your family/community event in SY 09-10.

(Please type and submit with application)

3. Describe all communication methods your school used to extend CATCH to the home and family in SY 08-09 or last (SY) funded.

(Please type and submit with application)

4. Describe your CATCH Committee's plan to extend the impact of CATCH to the home and family in SY 09-10.

(Please type and submit with application)

Describe your CATCH Committee's plan to:

5. Increase Moderate to Vigorous Physical Activity opportunities in SY 09-10.

(Please type and submit with application)

6. Improve dissemination of CATCH nutrition curriculum content, including snack and homework materials, in all grades in SY 09-10.

(Please type and submit with application)

7. Increase Food Service involvement with CATCH activities in SY 09-10.

(Please type and submit with application)