

## **HEALTHY LIFESTYLE GRANT FOR UNIT, COUNCIL AND DISTRICT PTAs**

Grant funds are available from the California State PTA to develop, promote and implement Healthy Lifestyles programs, projects and activities to improve the overall health of children and adults. Refer to the Insurance and Loss Prevention Guide for allowed activities.

### **AVAILABILITY**

Grant funds from the California State PTA are available for use by unit, council or district PTAs in good standing. Programs or projects must be sponsored by the PTA applying for the grant.

Grant funds must be expended by June 1. A report detailing the project's goals and objectives, an evaluation of the outcomes, and a budget of actual expenditures must be submitted to the California State PTA Scholarship and Grant Committee no later than June 30. Any funds not used for the purpose stated on the original grant application must be reimbursed and accompany the report to the California State PTA Scholarship and Grant Committee

### **APPLICATION AND DEADLINE**

An application may be obtained from the California State PTA office, or from the website at [www.capta.org](http://www.capta.org).

Applications must include a copy of the most recent PTA fiscal year-end audit and a copy of the current fiscal year budget. Application **MUST** be signed by the unit, council or district PTA president. In addition to application and financial information, three supplemental information sheets that provide a further understanding of the program's goals and anticipated outcomes may be included.

Applications must be received in the California State PTA office by close of business November 15. When November 15 falls on a weekend, applications are due in the California State PTA office by close of business the following Monday. Applications will not be considered if received after deadline date. Applications must be mailed; facsimiles will not be accepted.

### **SELECTION**

Unit, council and district PTA grant recipients are selected by representatives of the California State PTA Scholarship and Grant Committee. All applicants will be notified of their standing by letter in January. A check for the grant will be sent to each unit, council or district PTA recipient following the January California State PTA Board of Managers meeting.

## Unit, Council and District PTA Application

### HEALTHY LIFESTYLE GRANT

Grants are available for use by unit, council and district PTAs in good standing to develop and implement healthy lifestyle programs or projects. Applications MUST be signed by unit, council or district PTA president. This completed form must accompany all required documentation.

**DEADLINE FOR RETURN – NOVEMBER 15**  
**APPLICATIONS WILL NOT BE CONSIDERED IF RECEIVED AFTER DEADLINE**

Please type or print **legibly**

PTA Name \_\_\_\_\_ California State PTA ID# \_\_\_\_\_

PTA Council \_\_\_\_\_ District PTA \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Date PTA membership approved this project \_\_\_\_\_ Grant Amount Requested \$ \_\_\_\_\_

**PROVIDE THE FOLLOWING:**

- \_\_\_ Most current PTA fiscal year-end audit
  - \_\_\_ Current fiscal year PTA budget
- Completed application form and required documentation including
1. Description of project and its purpose. Include goals, number of students served and expected outcomes.
  2. Description of activities planned to implement project and goals.
  3. Time for this project (one-year plan).
  4. Proposed project budget.
  5. Description of other funding you've applied for or received for this project.
  6. Explanation of how you plan to implement this project.
  7. Description of how you will determine whether you have accomplished your objectives and reached your goals. How will the project be evaluated?
  8. Have you previously received grant funds from the California State PTA? \_\_\_No  
\_\_\_Yes Grant \_\_\_\_\_ Year received \_\_\_\_\_

**PLEASE RETURN APPLICATION PACKET IN THE FOLLOWING ORDER. DO NOT STAPLE. ATTACH A PAPERCLIP TO THE UPPER LEFT HAND CORNER.**

1. Completed application form
2. Response to information items #1-7, up to three (3) pages
3. Copy of current PTA budget
4. Copy of most recent fiscal year-end PTA audit

**MAIL TO**

**California State PTA  
930 Georgia Street  
Los Angeles, CA 90015-1322**

**FACSIMILES WILL NOT BE ACCEPTED**

Report and evaluation of funds used must be submitted by June 30.

Signature Of Contact Person \_\_\_\_\_ Signature of PTA President [ ] unit [ ] council [ ] district \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY ___ Unit in good standing ___ Fiscal year-end PTA audit ___ Current PTA budget ___ Report/Evaluation
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