

Approval to Apply for Grant

A copy of all grant applications must be submitted to the Curriculum Office.

1. Obtain your principal's signature on this document.
 - a. **Prior to submitting your request**, send original and completed grant application to Curriculum Office at the Administration Building.
 - b. **Include signed/approved** copy along with original grant application to the funding source.
2. Once Assistant Superintendents review the grant and sign this form, a copy of the signature page will be returned to the building principal.
3. In order to accept a successful grant of \$2500 or more, Board approval is required.

Project Title: Thriving Together: Collaborative Approaches to Wellness

Funding Source: Aspirus Health

Name(s) of Grant Writer(s):


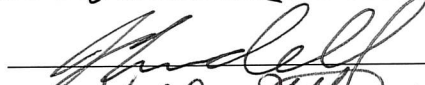
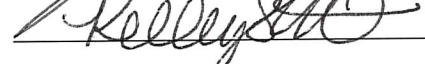
Name	Signature	Email
<u>Gina Lehman</u>	<u></u>	<u>gilehman@dce.k12.wi.us</u>

Amount Requested: \$ 5000 Total Project Cost: \$ 39192.85


Targeted Age Group/Grade: Staff School: DCE & Wausau

Date of Request: 10/25/24

Signatures:

Principal Approval:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u></u>
Assist. Superintendent of Learning:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u></u>
Assist. Supt. of Business/Personnel:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u></u>

All grants having a **value of more than \$2,500** shall be accepted by the Board.
The Superintendent may accept gifts of lesser value for the Board.

Superintendent Approval:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u></u>
School Board Clerk:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u></u>

The D.C. Everest Area School District Federal Tax Number is 39-6007952.

Approved 2/7/2022



Aspirus Health Foundation Grant Application & Guidelines

Grant Application Process

The Aspirus Health Foundation accepts grant applications to support programs and services within Aspirus Wausau Hospital and the Aspirus Health System. Grant requests are considered on a bi-monthly basis, though exceptions will be made for requests that need more immediate attention. Grant applications are reviewed by the Foundation and ratified by the Foundation Board of Directors where appropriate.

Deadline for Application

- **Applications are due the 1st Monday in January, March, May, July, September, and November.** *Note: applications received after the deadline will be reviewed in the following grant cycle.*
- The Committee reserves the right to request an in-person presentation by the department at a Committee or Board meeting.
- All applications or questions about the process should be emailed to: ahf@aspirus.org

Grant Eligibility

Any department or program within the hospital is eligible to apply. **Grant applications must include a program budget or equipment quote and the department manager's or director's signature.**

Grant Criteria

Funded projects will:

- Support the Mission of Aspirus Health to heal people, promote health and strengthen communities.
- Advance and strengthen the quality of healthcare services for patients and families using innovative approaches
- Demonstrate reasonable and measurable outcomes that have a long-term impact
- Support programs that are essential to the provision of high-quality services

Types of Grants Funded

- **Program Grants** support new programs or services, or expansion of existing programs or services that impact the patients and families served by Aspirus.
- **Capital Grants** support the remodeling of spaces or purchase of equipment for departments within Aspirus hospitals.

Use of Foundation funds

- When reviewing requests, the Foundation will determine whether funds are available and within budget
- If approved, the department requesting funds will submit a purchase order to the Foundation, signed by the department manager or director. The Foundation will provide appropriate coding and forward to Purchasing to be held until an invoice is received.
- NOTE: In most instances, the Foundation does not pay vendors directly. The department absorbs the expense and is reimbursed by the Foundation.

Notification of Approval/Denial

When final approval is given from the Foundation and Foundation Board of Directors, recipients are notified of approval or denial of their grant request. It is the responsibility of the department to follow up with the Foundation as funds are used so the Foundation can provide impact back to donors.



Contact Information	
Name and title of applicant:	Gina Lehman, Director of Student Services
Department/Business Unit/Facility:	D.C. Everest Area School District
Preferred Phone:	715-359-4221 est. 1351
Email:	gilehman@dce.k12.wi.us

Program/Capital Information	
My Request is a (please check appropriate selection):	<input checked="" type="checkbox"/> Program Request <input type="checkbox"/> Capital Request
Program/Capital Name:	Thriving Together: Collaborative Approaches to Wellness
Brief Summary: (one to two sentences)	A professional development day hosted by D. C. Everest Area School District and the Wausau School District. There will be 4 Wellness Tracks exploring classroom dynamics, challenging behaviors, innovative strategies for empowering staff and students, empowering your wellness, and engagement protocols to transform classroom behavior.
Requested Amount:	\$5000
Who will be served by this grant?	All staff in the D.C. Everest and Wausau School Districts.
How many people annually will be served by this grant?	2000
Has your department/organization received funding from the Aspirus Health Foundation in the past?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
** If yes, please list most recent project name and funded amount.	



We received \$5000 last year for our Community Professional Development Day under Caring for our Community Kids.

Manager or Director's Approval is Required

Was this program or capital purchase denied during the Fiscal Budget Process? Yes No

Is there a gap in funding this project in your department? Yes No

If the Foundation does not fund this project, where will funding be sought? Other grants within the community.

Additional Leader Comments:

Director's Name: Gina Lehman Date: 10/25/24

Director's Signature: _____

Needs Assessment:

Describe how you determined a need for this project/service. What issues will be addressed? What significant long-term impact will result if funding of this grant is approved? How does it align with Aspirus and its mission? Is this project supported by colleagues?

See attachments



Information about Your Program or Capital Grant Request

Project Goal:

Continue to educate our community on strategies on how to best support our youth inside and outside of the classroom.

Objective:

Enhance education in the following areas:

- Mastering Classroom Dynamics: Proven Strategies for Managing Challenging Behavior
- Unlocking Brain Power: Innovative Strategies for Empowering Staff and Students with Advanced Emotional and Cognitive Techniques
- Strategy Slam: Dynamic Engagement Protocols and Expert Insights for Transforming Classroom Behavior
- Empower Your Wellness: Harnessing Brain Science for Staff Well-being

Expected Outcome(s):

More educated community members and staff on how to embed wellness strategies into everyday life.

Evaluation:

Exit ticket was asked to be completed by all participants.

Return on Investment (if appropriate): More community members (youth and adults) who are emotionally and socially aware of the importance of wellness.

Project Request: Resources Overview

**** PLEASE INCLUDE AN ITEMIZED BUDGET OF THE REQUESTED EXPENDITURE AMOUNT. ****

What additional resources are in place to complete or fulfill your grant request or ensure success?

Support D.C. Everest and Wausau Area School Districts to cover remaining funds as well as support from Marathon County Mental Health Collaboration.

Is this a one-time request, or will there be anticipated future requests to support this project? One-time request as it is a professional learning day for our staff and community.

For Aspirus Health CAPITAL PURCHASE only:

**** PLEASE INCLUDE A QUOTE FROM AN ASPIRUS CONTRACTED VENDOR. ****



Please check all that apply:

- This equipment was budgeted but denied during the fiscal year budget process.
- This grant is requesting a new piece of equipment. Explain the benefits of the new equipment:
- This grant will replace current equipment. Explain the reason for replacing:
- This grant was unanticipated/not budgeted. Please explain why:
- Does this equipment transmit any data?
If yes, have you secured IT review and/or approval? (Required prior to submitting your application.)

For Aspirus Health CAPITAL Grant Requests

SITUATION: Explain the issue or problem at hand that you are trying to solve or improve.

BACKGROUND: Provide information such as data/statistics to validate that this situation exists. Include historical information regarding other attempts to improve or solve the situation; or other improvements that have been made that led to this situation.

ASSESSMENT: Provide information about the process used to determine a solution or different options that you've considered. Describe your proposed solution and how it will improve the situation. What steps or processes do you anticipate need to be completed to achieve these results? Are there additional costs in implementing the solution?



RECOMMENDATION: Can you outline your action plan and provide the timeline to implement your recommendation?

Applicant's Agreement and Signature:

By signing below, you agree:

- The grant is consistent with Aspirus Health's mission and values.
- The approved grant will only be used for the specified purposes defined.
- As steward/manager of the grant funds, I accept responsibility to initiate the grant in a timely manner. I understand that future grants will be ineligible for review if I do not comply as instructed.
- Grants awarded for \$5,000 or more will need to go through the Aspirus capital review process.

Applicant's Name: _____ Date _____

Applicant's Signature: _____