

# I Can Do It! Missouri Mini-Grant Application

## I Can Do It! Program

The I Can Do It! (ICDI) Program is offered through the U.S. Department of Health & Human Services (Administration for Community Living) in partnership with the U.S. Department of Education. ICDI is a voluntary school-based physical activity program designed to provide access to, facilitate and encourage opportunities for students with disabilities to be physically active for 60 minutes a day. Students can accumulate the 60 minutes through physical education, adapted physical education, recess, classroom physical activity breaks, active transport to/from school, and extracurricular activities, including a variety of club and sport activities to accomplish this goal.

I Can Do It! (ICDI) is a customizable and inclusive health promotion model aimed at transforming the lives of individuals with a disability. ICDI is centered on mentor-mentee relationships and weekly health-related goals. The ICDI Mentors and Mentees (participants with a disability ages five and over) meet weekly over 8 weeks to engage in physical activity, learn and practice healthy eating behaviors, and set health-related goals. Participants meeting all of the requirements are awarded with the Presidential Active Lifestyle Award (PALA+). For more information on PALA+, go to <https://www.hhs.gov/fitness/programs-and-awards/pala/index.html>.

ICDI works to achieve its objectives through the program's three core tenets:

- Mentoring:** School site personnel (teachers, paraprofessionals, therapists, counselors, etc.) guide students through physical education, physical activity and sports opportunities, and healthy eating habits.
- Goal Setting:** School site personnel work with students on setting weekly, grading period or semester goals.
- Recognition:** After completing the program for a minimum of 8 weeks, students earn their PALA+ (certificate and patch). Each school is required to purchase the patches for the participating students.

For more information about I Can Do It!, go to: <https://acl.gov/programs/health-wellness/icdi>

### Funding:

The Missouri Department of Health and Senior Services (DHSS), in partnership with the Missouri Department of Elementary and Secondary Education (DESE) is offering \$1,000 stipends through Letters of Agreement (LOA) to approximately 26 schools to implement the ICDI! Program. Funding is available for a maximum of three schools per district. The goal of the mini-grant is to help launch the program in Missouri, generate increased interest in participation, ensure schools have the equipment necessary to best support their students with disabilities to engage in physical activity, and enable DHSS and DESE to capture success stories to assist in recruiting additional schools.

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Schools should use the funds to address one or more of the three common implementation barriers noted below:

Common Barrier	I Can Do It Solution
Limited availability of accessible environments to be active (e.g., adapted or inclusive sport, recreation, and/or physical activity-based facilities and programs)	Establish ICDI sites which offer opportunities for individuals with a disability to participate in adapted or inclusive physical and healthy eating activities
Lack of resources in support of physical activity and healthy eating habits	Provide ICDI and health-related resources, as well as technical assistance to leaders working to improve the lives of individuals with a disability
Lack of social support (family member or friend) for pursuing physical activity involvement and healthy eating	Foster individual mentee-mentor relationships through weekly ICDI sessions and encourage involvement of family, friends, and/or caregivers outside of weekly sessions

## Award Information:

DHSS will award funding on a first come, first serve basis until all of the funds are expended. Priority will be given to schools that have over 60% free/reduced price lunch enrollment. Schools awarded will submit supporting documentation with their invoices to ensure they use funds as described in their proposal.

Timeline for award notification and program implementation:

Date	Task
<b>February 28, 2020 5:00 p.m.</b>	Proposals for ICDI! Program submitted to Kathy Craig, DHSS
<b>March 6, 2020</b>	All proposals will be reviewed and scored
<b>March 17, 2020</b>	Districts will be notified of award and Letters of Agreement will be mailed to participating schools
<b>April 3, 2020</b>	Signed Letters of Agreement to be returned to DHSS
<b>April-May 2020</b>	Implement ICDI! Program in selected schools. Schools will run at least one 8-week ICDI session.
<b>May 2020</b>	Plan and conduct celebration for ICDI! participants (could incorporate into existing end-of-school-year awards ceremonies)
<b>May 28, 2020</b>	All invoices to be turned into Kathy Craig, DHSS

For questions about your proposal, please contact Kathy Craig at 573-522-2820 or [Kathy.craig@health.mo.gov](mailto:Kathy.craig@health.mo.gov).

Please submit the following information to [Kathy.craig@health.mo.gov](mailto:Kathy.craig@health.mo.gov) by 5:00pm on February 28, 2020. Proposals **must** address all of the questions below. Please type responses to each of the following questions completely and concisely.

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## Section A

Please list the address to receive reimbursement and physical location of schools requesting the funding if they have different addresses. Districts may apply for funding for up to three schools.

School District:	
District contact person and title:	
Email address:	
Mailing address:	
Written letter of support from district administration attached:	Yes _____ No _____
<b>ICDI School One:</b>	
Name of contact person and role within school:	
Mailing address:	
Email address of contact person at school site:	
Phone:	
School free or reduced school lunch percentage (priority will be given to schools that have over 60% free/reduced price lunch enrollment):	
<b>ICDI School Two:</b>	(if applicable)
Name of contact person and role within school:	
Complete address:	
Email address of contact person at school site:	
Phone:	
School free or reduced school lunch percentage (priority will be given to schools that have over 60% free/reduced price lunch enrollment):	
<b>ICDI School Three:</b>	(if applicable)
Name of contact person and role within school:	
Complete address:	
Email address of contact person at school site:	
Phone:	
School free or reduced school lunch percentage (priority will be given to schools that have over 60% free/reduced price lunch enrollment):	

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## Section B

1. Describe your district's motivation for implementing the I Can Do It! (ICDI) Program.
2. How many students do you expect to participate in ICDI per participating school building?
3. Does your district or school have existing programs that align with ICDI? If so, describe how they align.
4. Describe the experience working with children with disabilities for staff participating as ICDI mentors.
5. What are your district's or school's goals and objectives for the ICDI program? Please use SMART Objectives. SMART objectives are **Specific** (what is to be done), **Measurable** (how will you know it meets expectations), **Achievable** ((can you do it), **Realistic** (should it be done), and **Timely** (when will it be done).
6. How does your district or school plan to continue the program after the funding period is completed?

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## Section C

1. Please describe in narrative form, your district’s or school’s plan for implementing ICDI. Please include information on staffing, recruitment, and delivery of program content.

2. Please outline in the table included, the general steps that your school will take to put ICDI in place. Provide a timeline of how you will execute your plan. Expand the table as needed.

Timeline	Activities	Person Responsible

## Section D

### **Budget**

Provide an itemized budget in the table below. Expand the table as needed. **Allowable expenses** include, but are not limited to: personnel time for program planning and implementation, equipment to support participation in physical activities, stipends for mentors and program implementation materials.

Item	Amount

**Explanations:**

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## **Section E**

### **Evaluation**

1. How will you know if your program is successful?

2. What barriers do you anticipate? How will you overcome them?

Return applications via email to: [Kathy.craig@health.mo.gov](mailto:Kathy.craig@health.mo.gov) or fax to 573-522-2856.