Be Healthy Schools Grant Program 2025

The Caring Foundation/Blue Cross and Blue Shield of Alabama

Contact Confirmation

Application Guidelines*

I acknowledge that I've reviewed the grant guidelines found here.

I acknowledge that this grant has a primary focus to serve most or all the students of my school. It is not primarly focused on student athletes.

Choices

Agree

Review and confirm that the Applicant and Organization contact information listed above is correct.

Click Here to view the applicant tutorial video.

- Click your name in the upper-right corner of the page to view/update.
- Click Edit My Profile to update your contact information or password.
- Click Edit Organization to update your organization's information.

Contact Information Confirmation*

Incorrect information will delay the payment process if the application is approved.

I've reviewed/updated my contact and organization information. All information is correct.

Choices

Agree

Main Application Contact*

If the best person to contact with questions about this request is someone other than yourself, please type their name below. If you are the best contact, type **"NA"**

Please note we may need to contact people during the summer.

Character Limit: 250

Applicant's Title or Relationship to the School:

Character Limit: 250

Email & Daytime Phone #*

Please list the best email address **and** daytime phone number for us to contact with questions.

Character Limit: 250

Alternate Contact*

Please list the name **and** their realtionship to the school of who we could contact about this application should you become unavailable.

Character Limit: 250

Alternate Contact Email & Phone #*

Please list the best email address **and** daytime phone number for your alternate contact person.

Character Limit: 250

Request Details

REQUIREMENTS

Each application must address Health Education, Physical Fitness and/or Nutritional Education to be considered.

- Click Here to more info about this grant.
- Click Here to review National Health and Physical Education Standards listed here.

School Name*

Character Limit: 100

Total Amount Requested*

Character Limit: 20

Focus Area*

Please choose the appropriate focus area that this specific grant will impact. Click Here for more information about grant focus areas.

Choices

Adaptive
Physical education equipment/programming
Playgrounds/outdoor/indoor structures
School gardens/nutrition

Describe your request**

Please describe the project(s) or program(s) you're seeking funding for, including:
Why you decided to pursue the project; What impact this will have on your school; How this relates to the grant focus area above; Details on how grant funds will be used by your school.

Character Limit: 10000

Project Budget*

Please list your **itemized budget** here or upload an attachment in the question below. This should include all material and/ equipment you plan to purchase.
The budget amount should match the "Total Amount Requested" above.

Character Limit: 250

Upload Project Budget

Use this question to upload an itemized budget attachment if needed.

Character Limit: 3000 | File Size Limit: 2 MB

Project Timeline*

Please provide a detailed estimated timeline for implementing this project/program into your school.

Character Limit: 10000

Measurable Results*

How will you measure the results/outcomes of this project to determine it's impact on your students?

Character Limit: 2000

School Background Information

School Name (If different from above)*

If the school you are applying for is different from the organization lised on this account please list the school name below. If it is the same, please type **"NA"**

Character Limit: 250

Website & Social Media*

Please list links to the official school website and any school social media pages. If there are no websites related to this school, type **"NA".**

Character Limit: 2000

Community*

Please provide a summary telling us about the community your school is located in. Including estimated population, parent involvement, and challenges that impact the community and school.

Character Limit: 2000

School Type*

Choices

Charter
Private

Public

Is this a Title 1 School?*

Choices

Yes

No

Estimated School Enrollment*

Please list the estimated number of students attending your school.

Character Limit: 250

Has this school been ever been awarded a Be Healthy School Grant?*

Choices

Yes

No

Not Sure

Free & Reduced Lunch*

What percentage of the school's student body recieves free or reduced lunch?

Character Limit: 250

Grade Levels*

Please list the range of grade levels taught at this school.

Character Limit: 250

School District Information

Name of School District*

Character Limit: 250

Name of the County*

Character Limit: 250

Superintendent's Name*

Character Limit: 250

Princpal's Name*

Character Limit: 250

Principal's Daytime Phone #*

Character Limit: 250

Application Acknowledgement

By submitting this application, I acknowledge that:

Awarded Grant Funds will be Spent During 2025-2026 School Year.*

Should my school be awarded a Be Healthy School Grant, the money must be spent within the 2025-2026 school year, preferably by December 2025.

Choices

Agree

Awarded Grant Funds Are to be Used for the Applied Project.*

I understand that any grant funding received must be spent on the items outlined in the "Project Budget" above.

Choices

Agree

Blue Cross & Blue Shield will be Contacted with Any Issues or Changes.*

If I run into any issues implementing my grant or need to make changes to the orginal project plan, I will contact Heidi Ramey at Blue Cross and Blue Shield of Alabama BEFORE I make any adjustments or purchases.

Choices

Agree

Blue Cross & Blue Shield Required Grant Visit*

I am aware that, should I be awarded the grant, the Caring Foundation team will need to visit me in person after my grant materials have been acquired and put into use.

Choices

Agree

Failure to Comply will Result in Grant Loss & Repayment.

I understand that failure to do any of these things could result in a forfeiture of the grant and immediate repayment of the grant funds to Blue Cross and Blue Shield of Alabama and.

Choices

Agree