



Thank you for your interest in **McDonald's Operators' Association of Southern California (MOASC) 2013 School Health Grant Application**. Attached is a MOASC School Health Grant application for 2013 funding consideration.

Programs seeking MOASC funding should have a direct, measurable impact on the health of Southern California children. MOASC will provide one school in each of five counties with a \$5,000 grant to launch or sustain a program that emphasizes physical activity and nutrition for children.

The completed grant application must be *received, not postmarked*, by **April 30, 2013**. All grant application questions should be answered in paragraph form. If you believe a more detailed description of your program is needed, you may submit additional pages in narrative form to provide further explanation. (Limit to two pages.) Please do not send videotapes or other materials. A MOASC representative will contact you if additional information is required. Each application will be evaluated based upon its merit and available funding for the specific fiscal year. There may be a site visit as part of the application and screening process.

The School Health Grant committee encourages organizations to reach out to their local McDonald's owner/operator, seek their support through a recommendation letter and inform them about current and future projects that make a difference in children's health.

General Funding Guidelines

- The school or organization for which funds are sought must be located within the counties of Los Angeles, Orange, Riverside, San Bernardino, and Ventura.
- One school or organization from each county will be selected unless there are no eligible applications within a county. In which case, a grant application from any county will be considered.
- The service must directly help children in need age 18 years and younger.
- Funds must be used as seed money for start-up programs, funding for existing programs or funding for tangible goods such as, supplies, equipment, educational materials, etc.
- The maximum amount of funding a school can receive for the 2012-13 school year is \$5,000.
- Your application must include a plan for both healthy eating and physical activity.
- Your application must include a plan to address nutritious options for 'away from home' eating. Schools receiving grant funding may fulfill the requirement by allowing McDonald's to provide a free seminar for adults that addresses balanced nutritional options for a healthy lifestyle. The program is run by independent registered dietitians, and is available in English and Spanish. More information is included in Appendix A of this application.
- Schools may wish to kick off their programs/projects with a Ronald McDonald school show provided free of charge. More information is included in Appendix B of this application. (Not available for middle or high schools).
- Schools are encouraged, but not required, to partner with a local McDonald's restaurant to host a McTeacher's night. More information is included at the end of the grant application. More information is included in Appendix C of this application.
- MOASC School Health grants are meant to fund activities that lead to long-term change within the school environment.

Non-Funded Areas

The following areas of service will not be considered for funding by MOASC:

- Academic or athletic scholarships
- Administrative and/or programmatic salaries or fees
- Teachers' stipends
- Advertising and fund-raising drives
- General expenses (overhead, office materials, travel, postage, etc.)
- Partisan and political programs
- Food sold at school to students, or to subsidize food or the cost of meals served to students in the school meal programs
- Computer hardware. Other technology requests must be supported with a strong case that it is central or essential to the proposed program.
- Equipment for organized sports teams.

Fund recipient agrees to use the funding as outlined in the approved application form. Any changes to the use of funding must be reviewed and approved by the MOASC grants administrator.

Timeline

- Funding should be used within the 2013-2014 school year
- Applicants should receive notification of the funding decision within 4 weeks of the application deadline.
- Funding will be disbursed thereafter in a timely manner.

Other terms

- Funds may only be used by the participating school that submits the funding application.
- Funds may not be transferred to another school, institution or individual.
- Fund recipient agrees to submit photographs and accompanying signed releases for promotional and informational materials, if requested.
- Fund recipient agrees to share success, if requested, to demonstrate progress made toward creating a healthy and active school community.

Application check list:

(ALL documents listed below MUST be included for consideration of your grant proposal.)

- Original completed grant application with appropriate signatures.
- Itemized budget for specific funds requested in this application.
- Please be sure that part two of the application is reflective only for the project the funds are requested for.

Please direct all correspondence to:

Ashley Loar, Grant Administrator
McDonald's Operators' Association of Southern California, c/o Porter Novelli
6755 Hollywood Boulevard, Suite 700, Los Angeles, CA 90028
Telephone: (323) 762-2442 Fax: (323) 762-2499



THE MCDONALD'S OPERATORS' ASSOCIATION OF SOUTHERN CALIFORNIA
2013 SCHOOL HEALTH GRANT APPLICATION

PART ONE: ORGANIZATION INFORMATION SUMMARY

A. General Information:

1. Name of person completing this application on behalf of school:

2. Your Job Title:

- | | |
|---|--|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Principal/ Assistant Principal |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> School Board Member |
| <input type="checkbox"/> District Curriculum Director | <input type="checkbox"/> School Family/ Consumer Science Dept. Chair |
| <input type="checkbox"/> District Health Director | <input type="checkbox"/> School Family/ Consumer Science Teacher |
| <input type="checkbox"/> District School Nurse Admin/Supervisor | <input type="checkbox"/> School Health Teacher |
| <input type="checkbox"/> District Superintendent/ Asst. | <input type="checkbox"/> School Nurse |
| <input type="checkbox"/> District Wellness Coordinator | <input type="checkbox"/> School Nutrition Manager/ Cafeteria Mgr |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> School Office Staff |
| <input type="checkbox"/> Other District Employee | <input type="checkbox"/> School Teacher |
| <input type="checkbox"/> Other School Employee | <input type="checkbox"/> School Wellness Coordinator |
| <input type="checkbox"/> Parent | |

3. Who is the school or district employee who will serve as the main contact and take responsibility for implementing this program and funding, as outlined in this application, if funded? (Note: MUST be a school or district employee; NOT a parent or outside individual working with the school)

Name: _____

Job Title: _____

Email Address: _____

School District: _____

District Enrollment: _____

School: _____

School Enrollment: _____

School's Grade Level: _____

School Address: _____

City/State/Zip: _____

County: _____

Phone: _____

Email: _____

Fax: _____

School Federal Employer Identification Number: _____

(A 9 digit number in the following format: XX-XXXXXXX. Also called the Tax ID Number or the EIN. It is NOT the same as the tax-exempt number.)

4. If your funding request is awarded, who should the check be made out to? (Must be the school or school district. May NOT be an individual.)

To whose attention should the check be sent?

5. Where should the check be mailed?

IMPORTANT: Please make sure this is a valid school or school district address

School or District Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip: _____

B. School Need and Demographics

1. Does your school participate in the National School Lunch Program?

Yes

No

2. Does your school participate in the National School Breakfast Program?

Yes

No

3. What percent of students at your school is eligible to receive free/reduced priced school lunch?

0%

50-59%

1-9%

60-69%

10-19%

70-79%

20-29%

80-89%

30-39%

40-49%

90-99%

100%

4. Identify the target population specific to the program/project that funding would support. Also, please include ethnic breakdowns (percentages) for the specific project. *For example:* The program/project will serve kindergarten students, ages 6-7. Of these children, 50% are African American, 20% are Hispanic, 15% are Caucasian, 10% are Asian and 5% are other.

PART TWO: GRANT INFORMATION SUMMARY

C. Program/Project

1. Provide a brief description of the nutrition or physical activity program for which funding is sought. Be sure to indicate who and how many will be served, over what time period and in what geographic area. Also, describe the need or problem to be addressed. Please attach a separate paper if necessary.

2. How will funding will be used to help accomplish your program/ project ?

3. What changes do you hope to see at your school this year as a result of implementing your program/project? (For example, if you will be installing a learning garden, describe what changes might happen in the foods offered to the students at school as a result of the garden).

4. How will the program and/or changes outlined above continue beyond this school year, after this funding is exhausted?

5. Describe and provide an estimated value for any in-kind support to be received from any community partners:

6. What percent of the students at your school will participate in any way in project/program during the year of its implementation?

- 1-19% 20-39% 40-59% 60-79% 80-99% 100%

7. Describe how the program/ project will incorporate 'away from home' eating. Schools that host a free "Food Works" or "Vamos A Comer" workshop for parents, teachers or staff will automatically fulfill this requirement. (See "Appendix A" for more information)

8. Is your school interested in hosting a Ronald McDonald school show? Yes No

- a. If yes, please fill out the 'Ronald McDonald School Show Request Form' included at the end of this application as "Appendix B". Please note: Due to the large number of requests we receive, we ask that this form arrive in our office at least ninety (90) days prior to the date requested.

D. Budget

Please attach an itemized budget that outlines how only the grant funds (\$5,000) for the specific project will be used. Estimated use is acceptable.

For example: *Itemized Budget Sample*

Program Item	Cost
2,500 student activity logs	\$1,000
500 nutrition wall charts	2,500
5,000 health workbooks	1,500
TOTAL	\$5,000

Reminder: The following areas of service will not be considered for funding by MOASC: academic or athletic scholarships, administrative and/or programmatic salaries or fees, advertising and fund-raising drives, general expenses including overhead, office materials, travel and postage, school athletic team equipment, food sold to students or subsidies for student meals, teacher stipends, and partisan and political programs.

E. Evaluation

1. Describe how you will track the impact of the project/ program you outlined above. Be specific.

F. McDonald's Affiliations

1. If funded, how would your organization recognize this donation from McDonald's?

2. Has your organization ever received a contribution from any national or local McDonald's in the past?
 Yes No If so, how was the funding used?

3. Does your school currently participate in the McTeacher's Night fundraising opportunity? Yes No
If so, at which location do you host your school's McTeacher's Night?

4. Please name a McDonald's representative in your area who is familiar with your program.

Contact: _____

Street Address: _____

City: _____

Telephone: _____

G. Team verification

The McDonald's Operators' Association of Southern California School Health Grant relies on a team approach with students and adults. By checking the boxes next to each statement below and gathering the appropriate signatures, you are confirming that the following key school leaders approve this application and will fully support the proposed program and requirements, if funded.

Your principal approves this application and will fully support the proposed program and requirements, if funded.

Principal's signature:

Principal's name:

Principal's email address:

Your School Nutrition Leader/Manager approves this application and will fully support the proposed program and requirements, if funded. (If your school does not have a nutrition manager, please leave blank)

School Nutrition Leader/Manager's Signature:

School Nutrition Leader/Manager's Name:

School Nutrition Leader/Manager's email address:

Your Lead Physical Education Teacher approves this application and will fully support the proposed program and requirements, if funded. (If your school does not have a lead physical education teacher, please leave blank)

Physical Education Lead Teacher's Name:

Physical Education Lead Teacher's email address:

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I have read and agree to the terms above.

By submitting this application, I agree on behalf of my school that I will oversee the funding to ensure it is used as outlined in this application. I verify the accuracy of this submission and understand the terms of the grant application.

Signed: _____

Print Name: _____

Date: _____

Please return your completed application and attached information to:

Ronald McDonald House Charities of Southern California
c/o Porter Novelli
Attn : Ashley Loar
6755 Hollywood Blvd, Suite 700
Los Angeles, CA 90028

Appendix A: Food Works/ Vamos A Comer Request Form

McDonald's understands that meal times have become a pervasive obstacle for families as their daily lives have gotten increasingly busier. This is especially true for parents looking to serve satisfying and delicious meals in a hurry that are also healthy and balanced. That's why McDonald's created "Food Works" and "Vamos A Comer", 90-minute workshops that gives parents, teachers and administrators tools to help their kids make food choices that fit into a balanced, active lifestyle. The complimentary presentation is led by a registered dietitian and includes an interactive discussion with time allotted for questions and answers.

The program's four objectives are: identify and balance carbohydrate, protein and fat intake; plan a realistic pattern of food intake to sustain energy and stamina for the day's activities; determine how much to eat; and learn to manage better food choices in a variety of eating environments. Although McDonald's is not the focus of the presentation, fast food examples are given to demonstrate how parents can plan a well-rounded meal even when families dine out. Your school/organization is invited to take advantage of this valuable, cost-free opportunity.

Due to the large number of requests we receive, we ask that this form arrive in our office at least six (6) weeks prior to the date requested. All requests are on a first-come, first-served basis. You will receive a confirmation letter approximately two (2) weeks prior to the presentation date.

NAME OF SCHOOL/ORGANIZATION: _____
PROPOSED DATE OF PRESENTATION: _____ START TIME: _____
ALTERNATE DATES: _____
SCHOOL/ORGANIZATION CONTACT: _____
ADDRESS: _____
CITY AND ZIP CODE: _____
PHONE: _____ FAX: _____
E-MAIL: _____

ESTIMATED SIZE OF AUDIENCE: _____ PREDOMINANT LANGUAGE OF AUDIENCE: _____

McDonald's Information

NAME OF OPERATOR/McOpCo REPRESENTATIVE: _____
ADDRESS: _____
CITY AND ZIP CODE: _____
PHONE: _____ FAX: _____
E-MAIL: _____
NAME OF MOASC REPRESENTATIVE ATTENDING: _____

Please return this completed form to:
Food Works
C/o: Porter Novelli
6755 Hollywood Blvd, Suite 700, Los Angeles, CA 90028
(323) 762-2500 phone (323) 762-2499 fax

THIS IS NOT A CONFIRMATION LETTER

APPENDIX B: RONALD McDONALD SCHOOL SHOW REQUEST

Thank you for your interest in the Ronald McDonald School Show program. School shows are performed every day of the week. Due to the large number of requests we receive, we ask that this form arrive in our office at least ninety (90) days prior to the date requested. Please note that Ronald can only make one appearance per year at any individual school. The request form needs to have complete addresses, including street designation, (i.e., Street, Boulevard, Road). All requests are on a first-come, first-served basis. Each school is limited to two shows on any given day, one hour apart from each other. You will receive a confirmation letter approximately four (4) weeks prior to the show date.

PLEASE CHECK ONE (1) OF THE FOLLOWING SHOWS:

All shows are designed to appeal to children in kindergarten-through-fifth grade.

For maximum enjoyment, we recommend your audience include a range of grade levels.

- GIVING BACK WITH RONALD McDONALD** – An approximately 40-minute show that helps kids learn how to share their time, talent and gifts with each other and their community. Ronald uses music, exciting magic and a puppet show to encourage kids to give back.
- A FRIENDSHIP ADVENTURE WITH RONALD McDONALD** – An approximately 45-minute anti-bullying show that focuses on friendship and cooperation. With the use of music and magic, Ronald McDonald promotes active play of the body and mind.
- BOOK TIME** - An approximately 40-minute show encouraging kids to read every day. Ronald uses magic, games, puppetry and story-telling elements to make reading fun, and to encourage kids to set aside, "Book Time" to read every day.
- GET MOVIN' WITH RONALD McDONALD** – This 35-minute show promotes the importance of being active as part of a healthy lifestyle. Ronald uses games, magic, and a little help from his friends to help kids Get Movin', Get Groovin' and Get Active!
- ON THE INSIDE** – An approximately 40-minute show about the "stuff" on the inside – character -- that makes us who we are. Through the use of music and puppets, Ronald brings a powerful message to children about trustworthiness, responsibility, respect and fairness and how they can make every student a "kid for character."
- PRESCHOOL APPEARANCE** – An approximately 25-minute meet and greet where Ronald will entertain younger (5 years and under) children with fun and magic.

PROPOSED DATE OF APPEARANCE: _____ TIME: _____

ALTERNATE DATE(S): _____ TIME: _____

(If two performances are required, they will be scheduled exactly one (1) hour apart.)

BILINGUAL NEEDED? (ENGLISH, SPANISH, SIGN LANGUAGE) YES: _____ NO: _____

NAME OF SCHOOL: _____

CONTACT: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: (____) _____ EMAIL: _____

NAME AND TELEPHONE NUMBER OF OTHER CONTACT: _____

ESTIMATED NUMBER OF CHILDREN WHO WILL VIEW SHOW: _____ GRADES: _____

(Minimum of 100 children required per show)

WILL THERE BE ANY CHILDREN WITH SPECIAL NEEDS PRESENT? YES: _____ NO: _____

PLEASE SEND THIS COMPLETED FORM TO:

RONALD McDONALD PROGRAM MANAGER
c/o: Porter Novelli
6755 Hollywood Boulevard, Suite 700
Los Angeles, CA 90028
Phone: 323/762-2500
Fax: 323/762-2499

THIS IS NOT A CONFIRMATION LETTER

Appendix C



During the month of October, participating McDonald's restaurants throughout Southern California team up with local schools to celebrate "McTeacher's Night." This special event will give your school the opportunity to raise funds for programs, equipment or any other special projects. Last year, school raised more than \$130,000 for their schools through this event.

How does it work? While your students, their parents and other school supporters are having a great time dining at McDonald's, you and your staff are working behind the counter. As a bonus for your staff's efforts, we will pay your school **a percentage** of all sales garnered during the event's three-hour period. Over the years, McTeacher's Night has grown to become one of the most important fundraising events in our local communities, and we strongly encourage you and your school to consider participating this year.

McDonald's is committed to education, and as the McDonald's **Operators' Association of Southern California** **we are** also dedicated to making **the Southland** a better place. We would love to have the opportunity to partner with you and your school for "McTeacher's Night" in October **at your local restaurant.**

Your school is responsible for:

- Promoting this event at school and to parents and other school supporters. (*Hint: your success depends on how well YOU PROMOTE this event at your school*).
- Gathering a minimum of **TEN (10)** teachers to assist throughout the event.
- Arriving **THIRTY** (30) minutes *early* for training.
- Having the principal work one of the registers or host in the lobby.
- Dressing casually and comfortably (*e.g., no jeans, sneakers, open-toe shoes or heels*).

McDonald's is responsible for:

- Providing staff to train principal and teachers.
- Assisting school throughout the evening.
- Making McDonald's a "FUN" place for families to visit.
- Processing and presenting the check to the school (*approximate two-week waiting period*).

If your school participates in McTeacher's Night, you can expect a lot of fun!