

**PLAN NAME**

The Art of Meal Preparation for an Independent and Healthy Life

**ID**

5611537

**LOGO**

**CREATED DATE**

10/18/19 7:54:41 PM PDT

**LAST UPDATED**

10/18/19 10:24:57 PM PDT

**SUBMISSION FORM**

**APPLICANT INFORMATION**

*While the proposal may involve multiple people working together, list one district person responsible for the submission of the grant and the final report. Please list the others involved with the grant in the field below*

**FIRST NAME**

Ashley

**LAST NAME**

Andrews

**MY POSITION WITH HIGHLINE PUBLIC SCHOOLS:**

Other Staff

**OTHERS INVOLVED WITH THIS PROPOSAL**

Margo Kearney, Luke McPhee, John Jarrett, Jodi-Ann Rodrigues, Lindsay Bogovitch, Kathryn Morris, Maggie Hammond

**EMAIL (PLEASE USE YOUR HIGHLINE PUBLIC SCHOOLS EMAIL ADDRESS)**

**DAYTIME PHONE**

US/CANADA

OUTSIDE

US

**CELL PHONE**

US/CANADA

OUTSIDE

US

**SCHOOL OR DEPARTMENT**

Community-Based Services

**PRINCIPAL'S OR SUPERVISOR'S NAME**

Darren Spencer

**PRINCIPAL'S OR SUPERVISOR'S EMAIL**

**GRANT SPECIFICS**

**I AM APPLYING FOR AN**

Excel Grant

**PROJECT TITLE**

The Art of Meal Preparation for an Independent and Healthy Life

***Provide a descriptive, but succinct, title for your project. Be creative and have fun with the name!***

**MAIN AREA OF PROJECT FOCUS:**

Life skills for special needs students

**NUMBER OF STUDENTS INVOLVED**

39 current students, and many more in the next several years.

**NUMBER OF TEACHERS INVOLVED**

8

***Be as accurate as possible in your estimate. Consider how many schools, classrooms, and grade levels will be involved.***

**PLEASE DESCRIBE WHO WILL BE INVOLVED (TEACHER, STUDENTS, PARENTS, COMMUNITY REPS, ETC.) AND HOW THEY WILL THEY BE INVOLVED.**

CBS students are moderately to severely impaired 18-21 year-olds who require a little extra time in school after 12th grade in order to get ready for adult life. In addition to intellectual disabilities, many students have diagnoses such as cerebral palsy that impair their strength and coordination. Along with connecting to support agencies and learning how to get around the community, CBS students are preparing to live life as independently as possible. One of the skills they work on is learning to safely prepare their own nutritious meals. CBS teachers, paraprofessionals, speech-language pathologists, and occupational therapist are all involved in teaching students these vital skills.

**OVERALL PROJECT DESCRIPTION**

We are asking for your help to purchase cooking and eating equipment that our students with physical disabilities can use to learn how to prepare nutritious meals independently.

***What will you be doing in this project? Feel free to explain who or what inspired you, where you got the idea or how you identified the need, and why it is important to you and others.***

**WHAT MAKES THIS PROJECT INNOVATIVE OR ESSENTIAL?**

Our students have a working kitchen in which to learn meal preparation skills, but options for students who don't have full use of both of their hands are limited. We are asking for adapted cooking and eating equipment that will allow our students with physical disabilities to learn how they can prepare their own meals. The items we are requesting are either designed for one-handed use or can be activated with an adapted switch. We want to empower all of our students to prepare their own meals, as well as teach them about adaptive equipment that they can request from third party payers such as the Developmental Disabilities Administration (DDA) to use at home.

***How does this program or project fill a need, build on an existing program, or provide a unique opportunity not currently available through regular school classroom activities or district funding?***

**HOW WILL THE STUDENTS BENEFIT BY THIS PROJECT? (WHAT DO YOU HOPE TO ACHIEVE?)**

We hope to empower students to prepare their own meals and learn about adaptive equipment that they can either purchase or advocate for as they move into adulthood. Many students with disabilities have poor nutrition and are at higher risk for poor health.

1 69% of people with a profound/severe disability are overweight or obese

23% have diabetes or a high sugar level before the age of 25

Having poor nutrition and/or being overweight or obese means an

increased risk of developing a variety of chronic diseases and conditions: AIHW 2010. Health of Australians with disability: health status and risk factors. AIHW bulletin no.

83. Cat. no. AUS 132. Canberra: AIHW.

We would like to give our students the tools they need to live a healthier and more independent life.

**HAS HIGHLINE SCHOOLS FOUNDATION FUNDED A SIMILAR EXCEL OR IMPACT GRANT FOR YOU IN THE PAST?**

Yes

**HOW WILL YOU MEASURE THIS PROJECTS SUCCESS? (WE ARE LOOKING FOR 2 - 4 SMART GOALS FOR EACH PROJECT.)**

- 1) All students, no matter their level of ability, will be able to contribute in a meaningful way to the preparation of a meal or snack at school at least once per month.
- 2) students with physical disabilities will identify adaptive kitchen or feeding equipment that they can effectively use at home after graduation
- 3) 50% of students will develop a menu of at least 5 nutritious meals that they can safely prepare independently.

**Please note: We are looking for measurable evaluation criteria that can be shared with the funders of these grants to encourage future support.**

**WHERE AND WHEN WILL THIS PROJECT TAKE PLACE?**

CBS students attend school Monday through Thursday and rotate through cooking groups throughout their school week at the CBS campus.

**Please include start and completion dates**

**IS THERE ANY REASON THIS GRANT WILL NOT BE COMPLETED BY THE END OF THE SCHOOL YEAR?**

No

**WILL THIS PROJECT BE SUSTAINABLE AFTER BEING FUNDED BY HIGHLINE SCHOOLS FOUNDATION OR WILL YOU NEED TO APPLY FOR FUNDING TO KEEP IT GOING?**

Sustainable

**BRIEF SYNOPSIS**

We are asking for your help to purchase cooking and eating equipment that our students with moderate to severe disabilities can use to learn how to prepare nutritious meals independently.

**This is the paragraph that we will show on our website if your grant is funded. Only 3-4 sentences please.**

**Excel Grants are designed to align with Highline Public Schools' strategic plan. Please tell us how your program aligns with the districts strategic plan and describe the alignment below.**

**ALIGNMENT (PLEASE CHOOSE AS MANY AS APPLY)**

High School Graduation

**ALIGNMENT**

"Students will graduate from high school prepared for the future they choose." Our students aspire to an independent, productive, and meaningful life.

**IF AWARDED FUNDING, HOW WILL YOU PROMOTE THE RECEIPT OF THIS GRANT?**

We will share Highline Schools Foundation's generosity within our departments, among special education staff, and on social media including Twitter and Facebook.

**BUDGET**

**Budget**

**We changed the way that funds are awarded in 2018-19. If you haven't done so yet, please read through the page for answers to common questions and information on changes to the grant process.**

**MY APPLICATION INCLUDES TECHNOLOGY**

No

**MY APPLICATION INCLUDES TRANSPORTATION**

No

**Remember to include any technology and/or transportation costs in the "Total Amount Requested" box below.**

**Also, include tax, shipping and any other costs associated with your project. The Foundation will not calculate these additional costs for you. IOnce awards are made, we are not able to provide additional funds if you forget to include these costs**

**TOTAL AMOUNT REQUESTED**

\$386

**Maximum \$2,500 for Excel Grants and \$10,000 for Impact Grants. Please include any technology and/or transportation costs in your total.**

**DETAILED BUDGET - YOU MAY EITHER TYPE IN YOUR BUDGET HERE OR UPLOAD AN EXCEL SPREADSHEET UNDER BUDGET SUPPLEMENTAL. IF YOU UPLOAD THE BUDGET SUPPLEMENTAL, PLEASE JUST PUT "SEE ATTACHED" IN THIS BOX.**

**Please explain how the funds will be used. Please include anticipated categories of expenditures and amounts for the complete project and if you have a preferred supplier. You may upload a copy of an invoice or purchase order if you feel that this will complement your request - but it is not necessary. Remember to include shipping and/or sales tax in your request. The Foundation will not research this for you.**

**The name of the attachment should be the same as your grant title, so it can be matched with your grant application**

**BUDGET SUPPLEMENTAL**

**IF THE COST OF THE PRODUCT/SERVICE EXCEEDS YOUR GRANT AWARD, DO YOU HAVE ACCESS TO OTHER FUNDS?**

No, but should prices change we will adjust our purchases to match the budget.

*If you know that the amount of your program will exceed the amount of the grant you are requesting, please use this box to tell us where the additional funds will come from. If an Excel Grant will completely cover your costs, you may leave this box blank.*

IF WE ARE UNABLE TO FUND THE ENTIRE GRANT, COULD YOU ACCEPT PARTIAL FUNDING TO COMPLETE SOME OF THE WORK THIS YEAR?

Yes

NAME:

EMAIL:

ADDRESS

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE/REGION

ZIP/POSTAL  
CODE

EDITORS

		COMPANY POSITION		PHONE NUMBER	

ATTACHMENTS

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