

**Joint Use Agreement**

**Discretionary Grant Application**

**Section I: APPLICANT INFORMATION**

### This form must be completed by entities or individuals applying for discretionary grant funds from the Division of Elementary and Secondary Education.

**DESE Contact Information:**

|  |  |
| --- | --- |
| Program Manager | Clifford Thebodeau |
| Email address | Clifford.thebodeau@ade.arkansas.gov |
| Phone number | 501-683-3588 |

#### SECTION IA: APPLICANT INFORMATION (Max 3 Points)

|  |  |
| --- | --- |
| District Name |  |
| District Tax Identification Number |  |
| District DUNS Number |  |
| District LEA |  |
| Grant Authorized Contact Name |  |
| Grant Authorized Contact Position |  |
| Grant Recipient Address |  |
| Grant Authorized Contact Phone Number |  |
| Grant Authorized Contact email |  |
| Proposed Joint Use Facility  |  |

**SECTION IB: GRANT INFORMATION (TO BE COMPLETED BY ADE)**

|  |  |
| --- | --- |
| Grant Award Total Amount | $30,000.00-$30,500.00 |
| Grant Award Period of Performance | June 30, 2024 |
| Grant Award Purpose | Maximizing resources and increasing opportunities for physical activity |

|  |  |
| --- | --- |
| ADE Cost Center | 351089 |
| ADE Fund Center | 59W |
| ADE Fund Code | JAA1002 |
| ADE WBS Element/IO | N/A |
| APSCN Source of Funds | 2901 |
| APSCN Revenue Code | 32901 |
| Award Amount |  |

|  |  |
| --- | --- |
| Indirect Cost Rate | N/A |

\*DUNS number assignment is free and is required to receive funds from the DESE. DUNS numbers can be obtained at:

## SECTION II: PROJECT DESCRIPTION (Max 40 Points)

Provide a single-spaced description/overview of no more than four (4) pages, which responds to each of the following items:

### Describe the proposed JUA project and location.

### Discuss the needs and barriers that exist in the school/community related to physical activity and/or the proposed partnership.

### Using the identified barriers. How will this project/partnership help overcome those needs and barriers?

### Describe how the project will support a healthier community and increase opportunities for physical activity. Evidence should be provided to show how partnering entities have collaborated to determine and meet student/community needs.

### Describe how the project and use of proposed joint use space falls within the purview of the partnering organization.

**PROJECT DESCRIPTION SUPPORT DOCUMENTS (Max 15 Points)**

Each letter of support should include the school or partner’s commitment of resources to the project and how the project will benefit the organization. *The* *following documents should appear after the questionnaire portion of the submission.*

### A letter of support from the district’s superintendent

### A letter of support from the school board

### A letter of support from partnering organization’s administration

1. An aerial map of the target community depicting the proposed JUA site and all recreational spaces available in the area. Clearly label the aerial map to identify the JUA location and other recreational spaces.

**SECTION III: PROJECT PERFORMANCE OBJECTIVE (30 Points)**

All grant applications must provide a description of how the project will be evaluated for effectiveness. Generally, one or more project performance measures should be established for each objective that demonstrates whether the recipient is making progress towards meeting each project goal/objective listed in **Section II, Program Description.** For each performance measure, a target level of performance must be established to compare to actual performance data to demonstrate the recipient’s progress towards meeting or exceeding their target level of performance.

The applicant must choose one of the two state level goals to set measurable performance objectives for the proposed project. State Goal 1 focuses on increasing the hours a space is available and State Goal 2 focuses on increasing the number of users accessing a space. Choose the goal that most appropriately fits the proposed project. Applicants must set at least one objective for the chosen goal.

**Note:** Approved applicants will be required to submit an annual grant performance report using the program objectives provided in this application.

*Depending on the type of project being proposed, applicants must develop a measurable objective related to one of the two state performance goals. Applicants must set at least one measurable objective for the chosen goal.*

|  |
| --- |
| **State Goal 1: Schools engaging in joint use practices will report an increased number of hours a recreational space is available to users.** |
| **Project Objective** | **Target Level of Performance** | **Date for Achievement** |
| 1.1. |  |  |
| 1.2 |  |  |
| **State Goal 2: Schools engaging in joint use practices will report an increased number of user/or specific populations utilizing a recreational space.** |
| **Project Objective** | **Target Level of Performance** | **Date for Achievement** |
| 2.1 |  |  |
| 2.2 |  |  |

Complete the following table with a timeline for the major project activities. Be sure to include activities that support program objectives and collaborative efforts.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Start Date** | **End Date** | **Position(s) of Person(s) Responsible** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Add rows for additional activities, as needed.

**SECTION IV: PROJECT BUDGET & BUDGET NARRATIVE (Max 10 Points)**

The applicant must complete the “**DESE Grant Budget and Budget Narrative Form”** as part of the grant application. Applicant budgets must provide sufficient detail for the program staff to conduct a cost analysis of the applicant’s budget. The budget narrative should explain, in detail, what will be purchased.

\*Budget template is attached to the commissioner’s memo as an Excel file.

**The amount of the budget must match the amount of grant funds requested in the application.** Line-item budget changes that exceed 10% of the total grant award amount must be pre-approved in writing by the program manager. All costs must be budgeted in the grant recipient’s approved application to be eligible to be charged to the grant. Only costs included in the approved budget will be reimbursed.

## SECTION V: FINANCIAL MANAGEMENT SYSTEM NARRATIVE (Max 5 Points)

### All applicants must provide a narrative describing their accounting system and financial management system that the recipient has in place to properly administer grant funds. As a recipient, you must have a financial management system in place that is able to record and report on the receipt, obligation, and expenditure of grant funds. In your description of your accounting system, please provide a description of the following:

* Internal controls - Your system should allow you to exercise effective control and accountability for all cash, real and personal property, and other assets. As a grant recipient, you must adequately safeguard all such property and assure that it is used solely for authorized purposes.
* Budget controls - Your system must allow for the comparison of expenditures with budget amounts for each grant award.
* Allowable costs - Your system must provide procedures for determining the reasonableness, allowability, and allocability of costs.
* Source documentation - Your system must require records that identify the source and application of grant funds. These records must contain details regarding the obligation of funds, unobligated balances, assets, expenditures, income, interest, and be supported by adequate source documentation.
* Cash management – An adequate system will require you to minimize the time between the receipt and the expenditure of grant funds when funds are received in advance.

\*NOTE: The applicant may provide the existing written financial management policies and procedures to meet this requirement. Grant recipients must demonstrate the responsibility, financial management capacity and fiscal integrity necessary to adequately and appropriately manage awarded funds.

**APPENDICES**

**Appendix A**: Co-Applicant Agreement

**Appendix B:** Questionnaire

**Appendix C:** Facility, Health, and Safety Assurances

**Appendix D**: Joint Use Advisory Board

**Appendix E:** Partner Profile, 501(c)3 (if applicable)

**Appendix F:** Joint Use Agreement Certificate of Assurances

**Appendix G:** Copy of existing stand-alone Joint Use School Board Policy (if applicable)

**Appendix H**: Copy of APSCN BMI Student Cognos report for the applying LEA

**APPENDIX A- Co-Applicant Agreement (Max 2 Points)**

Lead School Partner, enter text and the Lead Community Partner(s), enter text, will increase opportunity for physical activity through a joint use agreement (JUA) to share indoor/outdoor recreation facilities as proposed and state funding is requested to aid in this effort. The JUA is based on shared use of enter text facility/location, property belonging to enter text. The property will be used by the partnering agency for the purpose of enter text. The expected duration of the agreement is enter text year(s). The partnership advisory board will revisit the formal agreement on an annual basis for the purpose of renewal/modification/termination.

It is agreed by all parties that efforts will focus on reducing obesity and improving healthy lifestyles. All parties will abide by the JUA grant guidelines. Our signatures indicate membership in the local JUA collaborative partnership and active involvement in the development of this program application.

I/We do hereby state and further affirm that the grant application, as submitted, is a true and accurate representation of planned activities and, if awarded, the grant will not be used to take the place of a formal agreement or be used for any other purposes, except those which are included in this application.

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Signature of Superintendent (School/District) Date

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Signature of Collaborative Partner (Community) Date

**APPENDIX B-QUESTIONNAIRE (Max 141 Points)**

Provide a brief, but descriptive answer to each question. The questionnaire section may not exceed six pages. Responses to this section should be single-spaced.

PROJECT NEED and READINESS (Max 70 points)

1. Has the applicant previously completed Phase I: Adoption of JUA School Board Policy? ☐Yes ☐No

If yes, include a copy of the board-approved policy in the appendix section of the submission.

1. Does the district open existing playground space to the community outside of school hours?

☐Yes ☐No

1. \*What is the applying school’s 2022-2023 Body Mass Index (BMI) screening results reported for overweight and obese students? Include a copy of the APSCN BMI Student Cognos report in the appendix section of the submission.
2. Have the partnering entities collaborated to determine student/community needs? If yes, explain. Show evidence that the partners have met prior to determining the JUA project. Give information regarding meetings, discussion, persons involved, and how the project was collaboratively determined.
3. \*What recreational sources are currently available in the target area? List all and the terms of accessibility for each (e.g., fees, community access, community hours, school access to community spaces, frequency).
4. How will the planned project increase or sustain physical activity in the community? Explain how this project will create opportunities for physical activity or expand/sustain a current partnership.
5. How will this project maximize local resources? Resources to address include, but are not limited to space, personnel, and/or operation costs. Provide details about how the partnership will cut costs and/or save long-term revenue for each partner.

LOCATION/FACILITY OF PROPOSAL (Max 5 points)

1. Describe why the location was chosen for the proposed JUA. The description should allow the reader to visualize the site. Include information about the surrounding area, demographics, facility amenities, parking, and lighting.

JUA POLICY DEVELOPMENT and ADOPTION (Max 20 points)

1. Does the district currently practice joint use? Describe in detail the district’s existing joint use efforts, formal and non-formal. If applicable, include a copy of the existing formal Joint Use Agreement and the Appendix section of the submission.
2. Identify the persons from each agency who will act as the lead for both Phases I and II of the project. Specify each responsible person for each phase. If applicable, please note if Phase I has been completed in a previous grant cycle.

JUA COLLABORATION and IMPLEMENTATION (Max 30 points)

1. **Short-Term Roles and Responsibilities** - What resources will each partner provide to implement the JUA short-term funded project (financial, in-kind)? Show evidence of each partner’s responsibility to the JUA project during the grant period.

School:

Community Partner:

1. **\*Long-Term Roles and Responsibilities** - What resources will each partner provide to sustain the JUA long-term partnership (financial, in-kind) beyond the grant period? Show evidence of each partner’s responsibility to the project.

School:

Community Partner:

JUA COMMUNICATION (Max 6 points)

1. How will the partners inform local, county, and state officials/representatives about the JUA project?
2. How will the partners inform the community about the physical activity opportunities made available through the JUA project?

INTEGRATION OF OTHER HEALTHY PROGRAMS (Max 10 points)

Priority is given to those applicants who show evidence of integration of existing programs related to health, nutrition, and physical activity that will complement the joint use efforts and objectives.

1. Describe the current program/initiatives being implemented, which will be leveraged to support the JUA project.

## APPENDIX C- Facility, Health, and Safety Assurances (Max 2 Points)

Check the appropriate requirements.

The applicant agrees or meets the following requirements:

☐ Yes☐ No☐ N/A☐ The facility and restrooms are handicapped accessible.

 Yes☐ No☐ N/A☐ The facility has been inspected and meets fire code regulations.

☐ Yes☐ No☐ N/A☐ The facility has been inspected by the Arkansas Health Department.

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Signature of Superintendent (School/District) Date

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Signature of Collaborative Partner (Community) Date

## APPENDIX D- Joint Use Advisory Board (Max 2 Points)

**STATEMENT OF SUPPORT: I have participated in the planning and design of this program, agree to support, and participate in the activities outlined in this application.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Print Name** | **Signature** | **Date** | **Advisory Board Member Roles and Responsibilities** |
|  |  |  |  |
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|  |  |  |  |
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### Do the members identified as the Joint Use Advisory Board reflect members of the district’s wellness committee?

## Appendix E- Partner Profile (Max 5 Points)

## LEAD COMMUNITY PARTNER INFORMATION

### Organization Name: Click here to enter text.

Mark Type of Entity: ☐City ☐Government ☐Non-profit

Community Contact Name: Click here to enter text.

Position: Click here to enter text.

Address: Click here to enter text. City: Click here to enter text.

Zip: Click here to enter text. Phone: Click here to enter text. Fax: Click here to enter text.

County: Click here to enter text.

\*If the partnering agency is non-profit: Attach proof of 501(c)3 nonprofit status (letter/documentation from Federal government/IRS) (if applicable)

\*For proposed construction/renovation projects that involve all grant funds being used for one expense other than “building operation,” both partners must provide a 50% match of the amount grant funds requested to be eligible for funding. These matching funds may include in-kind contributions.

**Explain in detail, in the space below how the partner will meet the 50% match requirement (if applicable).**

**APPENDIX F- CERTIFICATE of ASSURANCES (Max 2 Points)**

The signatures of the authorized representatives of the JUA partners certify that the following statements are and will be addressed through policies adopted for the partnership, and if the application is approved, that the partners shall abide by the terms and conditions of the grant.

1. The project will take place in a safe and easily accessible location.
2. The project will be developed and carried out with active collaboration among partners and other members of the community.
3. The project activities will primarily target obesity prevention through increased opportunities for physical activity.
4. Funds awarded through this grant will be used for the sole purpose of the grant, and in no case supplant federal, state, and/or local mandates.
5. Partners will comply with all health and safety regulations applicable to this project.
6. The grant fiscal agent will maintain fiscal control and use fund accounting procedures to ensure proper disbursement and accounting of state funds paid to the fiscal agent for the project. In the event of an audit exception, shall repay state funds upon completion of audit resolution.
7. The partners agree to provide all information as requested by the Division of Elementary and Secondary Education.
8. Each partner certifies that no funds have been or will be paid, by or on behalf of the partner, to any person for influence or attempting to influence an officer or employee or any federal or state department.
9. Equitable services will be offered to participants of the grant.
10. Partners will maintain confidentiality with all student and family information, in accordance with the Family Educational Rights and Privacy Act (FERPA).
11. The community will be notified of the JUA grant award.

### By signing below, the applicant indicates that they have read and agreed to comply with all the terms and conditions of the grant.

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Signature of Superintendent (School/District) Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Collaborative Partner (Community) Date

**Application Requirement Checklist**

* Section I. Applicant Information
* Section II. Project Description (single spaced and a maximum of four pages)
	+ Support documents
		- Provide a letter of support from the district’s superintendent
		- Provide a letter of support from the school board
		- Provide a letter of support from partnering organization’s administration
		- Provide an aerial map of the target community depicting the proposed JUA site and all recreational spaces available in the area
* Section III. Program Evaluation
* Section IV. DESE Grant Budget and Budget Narrative form
* Section V: Financial Management

### (Copy of Districts Financial Management System)

* Appendix A - G
1. Co- Applicant Agreement
2. Questionnaire
3. Facility, Health, and Safety Assurances
4. Joint Use Advisory Board
5. Partner Profile, 501c3 (if applicable)
6. Joint Use Agreement Certificate of Assurances
7. Copy of existing stand-alone Joint Use School Board Policy (if applicable)
8. Copy of APSCN BMI Student Cognos report for the applying LEA

**SUBMISSION GUIDELINES**

Districts should submit applications via email to Ade.schoolhealthservices@ade.arkansas.gov. Applications should be submitted as a single PDF file attachment. The email subject line should reference the “2023-2024 Joint Use Agreement Application”. Applications will be accepted through Friday, January 5, 2024.