



DIVISION OF ELEMENTARY & SECONDARY EDUCATION

Arkansas School-Based Health Center Discretionary Grant Application SECTION I: APPLICANT INFORMATION FORM 2025-2026

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

DESE CONTACT INFORMATION:

Program Manager	Faith Morris
Email Address	Faith.Morris@ade.arkansas.gov
Phone Number	501-683-3588

SECTION IA: APPLICANT INFORMATION

Applicant Name	
Applicant Tax Identification Number	
Applicant LEA Number	
Applicant UEI Number	
Grant Authorized Contact Name	
Grant Authorized Contact Position	
Grant Recipient Address	
Grant Authorized Contact Phone Number	
Grant Authorized Contact Email	

SECTION IB: GRANT INFORMATION (TO BE COMPLETED BY DESE)

Grant Award Total Amount	
Grant Award Period of Performance	July 2025-June 2026
Grant Award Purpose	To promote health, wellness, and academic achievement in Arkansas public schools.

DESE Cost Center	351085
DESE Fund Center	59W
DESE Fund Code	JAA10002
DESE WBS Element/IO	N/A
APSCN Source of Funds	2902
APSCN Revenue Code	32902
Award Amount	

Indirect Cost Rate	
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*UEI number assignment is free and is required to receive funds from DESE. UEI numbers can be obtained at: [Entity Registration](#) | [SAM.gov](#)

**Arkansas School-Based Health Center
Discretionary Grant Application
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SECTION II: PROGRAM DESCRIPTION (Total 150 points)

The Program Description should describe the intent of the project in components A-D. The application will be reviewed and scored according to the quality of responses to each component.

In developing the Program Description section of the application, use the following instructions:

- The Program Description (Components A-D) may not exceed **10 pages**. Single spacing is acceptable. Aptos or Calibri, 11-point font is required. One-inch margins are required.
- Applicants must use the four component headings listed below in developing the Program Description narrative. **Indicate the component letter and number in the response, (i.e., type “A-1”, “A-2”, etc.).** Applicants may not combine two or more questions or refer to another component of the Program Description in the response, such as indicating that the response for B-2 is in C-1. **Only information included in the appropriate numbered component will be considered by reviewers.** Applications will be scored according to how well the requirements for each component of the Program Description are addressed.
- The number of points after each heading is the maximum number of points a review committee may assign to that component. Although scoring weights are not assigned to individual components, each component is assessed to determine the program description overall score.

Component A: Statement of Need (30 points – approximately 1 page)

1. Identify the need to establish, enhance, or expand a School-Based Health Center (SBHC), specifically student physical and mental health needs. Identify existing physical and mental health services and document service gaps. Identify sources of data used for this purpose (i.e., student health data, student attendance data, parent/student survey results).
2. Identify, in detail, the barriers that exist in the community (community, services, parents, etc.) which have prevented addressing the needs specified in component A-1.

Component B: Program Service Summary (70 points – approximately 4 pages)

1. Identify the LEA which the SBHC will or currently (if established) targets. Provide a detailed account of the target student population served by the LEA (i.e., enrollment, demographics, sub-populations, economic levels, academic achievement).
2. Provide a detailed account of the service delivery proposed including physical (medical, vision, and dental, as applicable) and mental health through the SBHC (i.e., scheduling, specific services offered, logistics). If an applicant has an established center, provide a detailed account of the proposed enhanced or expanded services in addition to an account of services currently offered.
3. Provide a detailed plan for enrollment outreach, describe how the SBHC will engage specific at-risk youth and families with services, and set enrollment benchmarks related to the overall student population served within the target LEA(s).
4. Describe how the components of the overall proposal promote a sustainable program beyond the 3-year funding cycle. Define the key areas of the implementation plan which support program sustainability.
5. Provide a detailed plan of how the SBHC staff and resources will be utilized to promote health and wellness activities, resources, and education to students, staff, parents, and community.

The following appendices support Component B:

APPENDIX B - LEA Demographics

Component C: Location of Services (20 points – approximately 1 page)

1. Briefly describe the location of the proposed SBHC project and justification for choosing this location. The description should allow the reviewer to visualize the site. Be sure to take both physical and mental health service delivery spaces into account. For established centers, provide a detailed account of the proposed enhancement or expansion project location in addition to a description of the established center's location (if applicable). **NOTE: Mental health services are not required to be housed in the established center but must show collaboration efforts in service delivery offered through the center.**
2. Briefly describe the integration of the SBHC activities/outreach into the existing school environment (safety, crisis planning) and coordinated school health effort (special education services, social services, homeless, migrant).

The following appendices support Component C:

APPENDIX C - SBHC Building Sketch & Aerial Campus Map: Include a blueprint sketch of the current layout of the proposed location and a blueprint sketch following renovation. Also, include an aerial map of the campus indicating the SBHC location. Each graphic should clearly label points of interest.

Component D: Partnership & Stakeholders (30 points – approximately 1 page)

1. Provide a detailed account of the medical health partnership with the school, as well as the partner's stake in the overall project including their experience in similar projects. Additionally, provide a detailed plan for service deliveries to include immunizations, well child checks, chronic disease management, and health care coverage and enrollment.
2. Provide a detailed account of the mental health partnership with the school, as well as the partner's stake in the overall project including their experience in similar projects. Additionally, provide a detailed plan for service delivery to include mental health screening and services for all students.
3. Identify other project partners and expected contribution to the overall success of the SBHC (i.e., local health unit, local pharmacy, dental and vision service providers).

The following appendices support Component D:

APPENDIX D - Partner Profile: Using the form provided, complete a partner profile for all services providers, including physical and mental health providers.

APPENDIX E - Four Letters of Support: Include necessary letters of support from each service provider, school board member, as well as from the school district superintendent.

APPENDIX F - SBHC Staff Profile: Using the form provided a complete list of staff positions for the proposed center, including the primary mental health and physical health partnering staff who will carry out the required services of the center. Describe the role of each center staff person, level of effort, full-time equivalent (FTE), and qualifications.

APPENDIX G - SBHC Organizational Chart: Using the example SBHC organizational chart as a reference, outline the working relationship between the school district and collaborative provider organizations, including the internal and external flow of processes and communication.

SECTION III: PROGRAM EVALUATION (30 points)

All grant applications must provide a description of how the program will be evaluated for effectiveness. Using the program performance report forms on the next few pages, complete at least one program performance objective for each state level program goal that demonstrates whether the recipient is making progress towards meeting each project goal. For each performance objective, 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.

Note: Approved applicants will be required to submit an annual performance indicator progress report based on the performance objectives developed in this application.



Division of Elementary and Secondary Education (DESE)
2025-2026
School-Based Health Center (SBHC)
Performance Report

School District _____ District LEA Number _____ Target School _____

1. 2024-2025 Target School Total Enrollment _____
2. 2025-2026 SBHC Target Student Enrollment _____ (By year three (3) the district must set a target enrollment of 75% or higher of the target school student population.)

State Level Program Goal 1: Schools providing access to School-Based Health Center services will report an attendance rate equal to or higher than the most current state average.

1. Performance Measure	Target Level of Performance	Actual Level of Performance	Date of Achievement

Provide a brief overview of activities:



Division of Elementary and Secondary Education (DESE)
2025-2026
School-Based Health Center (SBHC)
Performance Report

State Level Program Goal 2: Schools providing access to school-based health center services will ensure the target student population has an assigned Primary Care Provider (PCP) and has received a well child check-up in the past two years.

2. Performance Measure	Target Level of Performance	Actual Level of Performance	Date of Achievement

Provide a brief overview of activities:



Division of Elementary and Secondary Education (DESE)
2025-2026
School-Based Health Center (SBHC)
Performance Report

State Level Program Goal 3: Schools providing access to school-based health center services will operate the SBHC at a capacity that supports sustainable access to care for students, staff, and community. *(This goal must focus on establishing a target number of weekly medical encounters based on the planned operating hours of the SBHC.)*

3. Performance Measure	Target Level of Performance	Actual Level of Performance	Date of Achievement

Provide a brief overview of activities:

SECTION IV: PROGRAM BUDGET & BUDGET NARRATIVE (10 points)

Refer to the distribution of grant funds table on page 1 of the grant guidelines, complete the “**Three-Year Projected Budget**” tab in the excel budget form based on the applicants funding request.

All grant applications must include a detailed year-one program budget and budget narrative. The budget narrative should explain in detail what will be purchased with grant funds. Applicant budgets must provide sufficient detail for the DESE program staff to conduct a cost analysis of the applicant's budget.

The amount of the budget must match the amount of grant funds requested in the application.

Changes that result in a 10% or greater deviation from any budgeted line item 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 (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 district financial policy/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 detail regarding the obligation of funds, unobligated balances, assets, expenditures, income, and 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.

The applicant may provide their 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 manage awarded funds adequately and appropriately.

SECTION VI: APPENDICES

- A. SCHOOL PROFILE
- B. LEA DEMOGRAPHICS
- C. SBHC BUILDING SKETCH & AERIAL CAMPUS MAP
- D. PARTNER PROFILE
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- I. TERMS AND CONDITIONS AGREEMENT

APPENDIX A: SCHOOL PROFILE

School District Name: _____

Superintendent: _____

Designated Grant Administrator: _____

Email Address: _____

Address: _____

City: _____ Zip Code: _____ County: _____

Phone Number: _____ Fax Number: _____

LEA School Name: _____

LEA #: _____ Number of Students: _____ Grades: _____

Principal: _____

Email Address: _____

Address: _____

Phone Number: _____ Fax Number: _____

CSH Coordinator: _____ Phone Number: _____

Email Address: _____ Fax Number: _____

Special Education Supervisor: _____ Phone Number: _____

Registered School Nurse: _____ RN License #: _____

Educational Service Cooperative: _____

Legislative District: _____

Amount Requested: \$ _____

The applicant certifies that the information on this proposal is correct and that the filing of this proposal is duly authorized by the governing body of this institution.

Typed Name of Superintendent

Title

Original Signature of Superintendent

Date

Typed Name of Principal

Title

Original Signature of Principal

Date

APPENDIX B: LEA DEMOGRAPHICS

DISTRICT DEMOGRAPHICS:

Total Student Enrollment as of October 1, 2024 _____

- _____ % Graduation Rate
- _____ % Dropout Rate
- _____ % Medicaid Eligible
- _____ % BMI Overweight/Obese

District Racial/Ethnic Composition

- _____ % American Indian or Alaskan
- _____ % Asian or Pacific Islander
- _____ % Black (not Hispanic)
- _____ % Hispanic or Latino
- _____ % White (not Hispanic)
- _____ % Other Racial/Ethnic

TARGET LEA DEMOGRAPHICS:

Total Student Enrollment, as of October 1, 2024 _____

- _____ % BMI Overweight/Obese
- _____ % Attendance Rate

Target LEA Racial/Ethnic Composition

- _____ % American Indian or Alaskan
- _____ % Asian or Pacific Islander
- _____ % Black (not Hispanic)
- _____ % Hispanic or Latino
- _____ % White (not Hispanic)
- _____ % Other Racial/Ethnic

APPENDIX C: SBHC BUILDING SKETCH AND AERIAL CAMPUS MAP

Provide a before and after blueprint sketch of the facility layout and aerial campus map. Each graphic should clearly label points of interest.

APPENDIX D: PARTNER PROFILE

(Complete a partner profile form for each provider offering services to or through the health center)

Organization/Practice Name: _____

Type of Organization/Practice: Private _____ Non-Profit _____ Other _____

Designated Agency Contact: _____

Email Address: _____

Address: _____

City: _____ Zip Code: _____ County: _____

Phone Number: _____ Fax Number: _____

Provider NPI #: _____

Medicaid Provider #: _____

Federal Qualified Health Center (FQHC) Status: Yes _____ No _____

Brief description of the services provided by the partner:

Indicate in the table provided below the service hours the provider will be available.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Provider Hours							

As a collaborating provider, we agree to enroll the SBHC site with all applicable third-party health coverage sources, including Medicaid and agree to seek third party reimbursement for eligible services rendered through the SBHC.

Signature of Collaborating Provider

Date

APPENDIX E: LETTERS OF SUPPORT

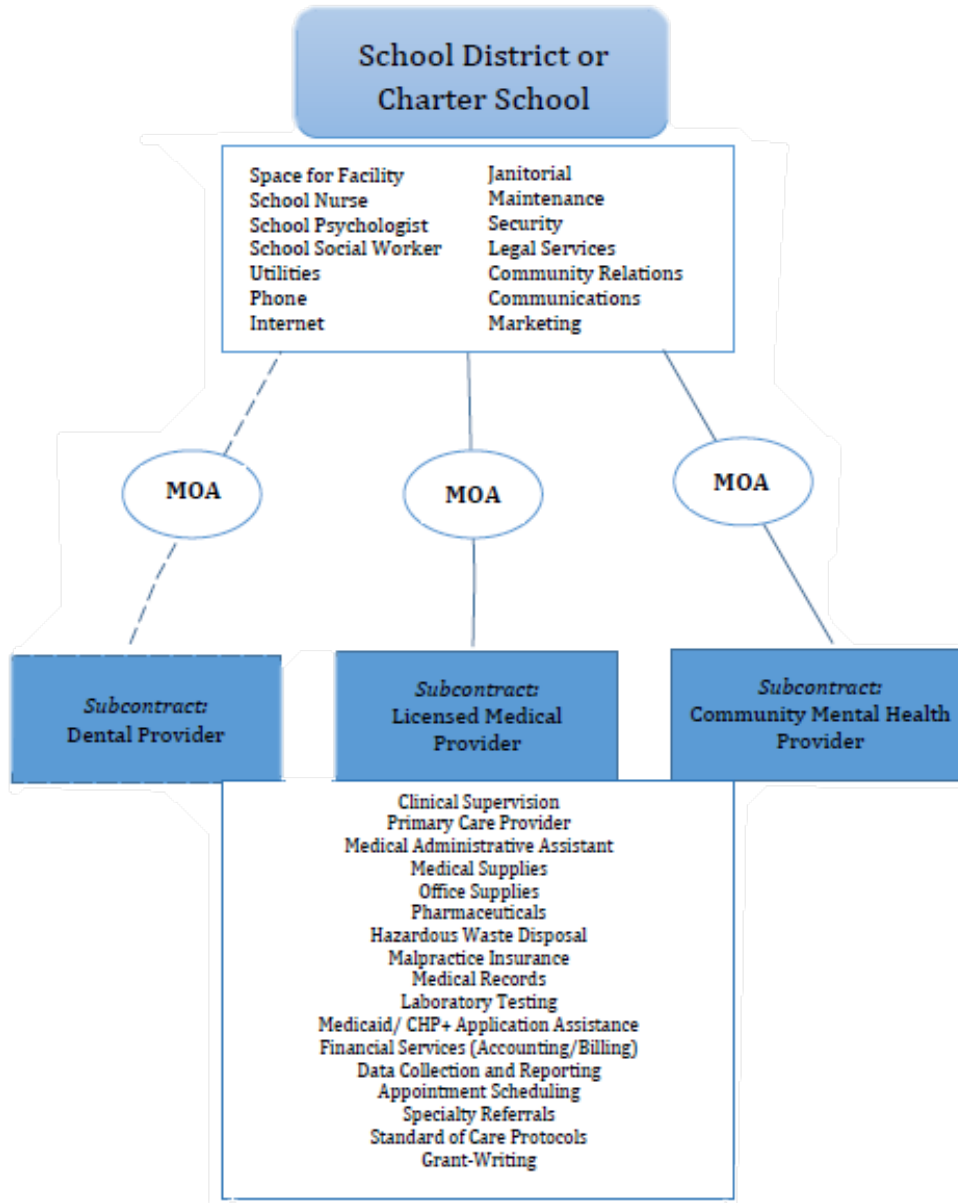
The application submission must include, at least, four (4) letters of support, including a letter from physical health providers, each mental health provider, the school district superintendent, and a school board member. Support letters should include the organization's vision and overall contribution to the SBHC.

APPENDIX F: SBHC STAFF PROFILE

<u>POSITION</u>	<u>FTE</u>	<u>QUALIFICATIONS</u>	<u>DUTIES</u>	<u>EMPLOYER</u>

APPENDIX G: SBHC ORGANIZATIONAL CHART EXAMPLE

SAMPLE



Both Licensed Medical Provider and Community Health Provider services are required.
Dotted line indicates optional service.

APPENDIX H: SHAPE MENTAL HEALTH ASSESSMENT

Districts must complete the Bronze Level School Mental Health Profile within the School Health Assessment and Performance Evaluation (SHAPE) system. The district will need to create a district level login and complete the following sections of the School Mental Health Profile: Students Served and Data Systems, Staffing, and Services and Supports. (<https://theshapesystem.com/>). The Bronze Level SHAPE Certificate of Completion should be included with the application packet submission.

APPENDIX I: GRANT TERMS AND CONDITIONS AGREEMENT

By signing below, the authorized representatives certify that the applicant and collaborative providers will comply with the following terms and conditions of the School-Based Health Center Program.

1. The program will take place in a safe and easily accessible facility.
2. The applicant certifies the proposed SBHC facility does not have an existing school bond.
3. The proposed program was developed and will be carried out in an active collaboration between the school, collaborating providers, and the community.
4. Funds under this grant will be used for the sole purpose of the grant, and in no case supplant federal, state, local, or non-federal mandate.
5. The applicant and collaborative partners will comply with all health and safety regulations, which are applicable to this program.
6. The applicant will use fiscal control and fund accounting procedures to ensure proper disbursement and accounting of state funds paid to the applicant under the program and in the event of an audit exception, shall repay state funds upon completion of audit resolution.
7. The applicant agrees to provide all information as directed or as requested by the Arkansas Department of Education and Division of Elementary and Secondary Education.
8. The applicant certifies that no funds have been or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee or any federal or state department or agency.
9. The applicant and collaborative partners will ensure equitable services will be offered to all students regardless of ability to pay.
10. The applicant and collaborative partners will adhere to confidentiality, consent, and transaction guidelines according to HIPAA and FERPA guidelines, as it applies.
11. The applicant and collaborative partners will maintain a working relationship with the physician of a child’s medical home, to ensure that individual patient health plans are executed effectively and efficiently.
12. The applicant and collaborative partners will provide a comprehensive range of services that meet the specific physical and mental health needs of the target population.
13. The applicant must require parents to sign written consents for minor children to receive services provided at the SBHC.
14. The applicant and collaborative partners will abstain from actively encouraging parents and/or guardians of minors served by the district, from enrolling with the provider, if the minor has an existing primary care provider and has received an Early and Periodic Screening, Diagnostic and Treatment (**EPSDT**) visit or well child visit within the past 2 years.

By signing below, the applicant and collaborative providers are indicating that they have read and agreed to comply with all the terms and conditions of the School-Based Health Center Program.

<hr/>	<hr/>	<hr/>
Signature of Superintendent	District	Date
<hr/>		
Signature of Primary Medical Provider	Organization	Date
<hr/>		
Signature of Primary Mental Health Provider	Organization	Date
<hr/>		
Signature of Other Health Service Provider	Organization	Date