

**Application for stipend to attend  
CATCH Training Academy in April 2013**

**Sponsored by:**

**Illinois Department of Public Health  
Office of Health Promotion  
Division of Chronic Disease Prevention and Control**

**Released February 2013**

The Illinois CATCH Training Academy Stipend Program was established by the Illinois Department of Public Health (IDPH) to support statewide training efforts of organizations that are participating in the CATCH program, are currently participating in the We Choose Health Grant with Coordinated School Health activities, and/or are committed to the implementation of the CATCH Program in preschool and elementary school settings. The purpose of the three-day Training Academy is to train participants to become certified CATCH trainers which will enable them to train school personnel committed to implementing the CATCH program. This is a highly effective way build an infrastructure that maintains and sustains the program. The first day features instruction on CATCH implementation. Day two offers teaching and training techniques. On the last day, participants put their new training knowledge into practice by teaching the actual CATCH activities.

Throughout the training sessions, all parts of the curriculum are explored to expose barriers to teaching health, and explain the resources that are pertinent to overcoming those barriers in their area of specialty. Open dialogues are encouraged during the day and attendees are motivated to share their ideas with each other. In addition, “Action Planning” is a vital part of the training process. Action Plans are created to identify steps needed to be taken to implement the CATCH program and applaud the great efforts that may already be taking place on the school campus.

By the end of the Training Academy, attendees are able to identify the components of Coordinated School Health, establish procedures to continue and sustain CATCH Program implementation, and coordinate strategies throughout the school that support the CATCH philosophy.

Completion of the three-day Training Academy will certify participants to conduct CATCH Implementation trainings for the school community. CATCH implementation trainings are typically held in one day, and a school team is encouraged to attend, represented by the PE teacher, classroom teachers, cafeteria manager, administrator, counselor and school nurse. Implementation trainings are instrumental in raising awareness of the school health environment and giving school personnel the tools to go back to their campus and easily implement CATCH into the school’s daily activities.

**Note:** For those previously certified as a CATCH trainer, attendance at day one (only) of the Training Academy will recertify their credentials to provide Implementation Training to schools. Recertification is necessary due to the updating of CATCH materials and resources and the introduction of the coordinated school kit. Day one of the Training Academy will address the recently released coordinated school kit and provide updated CATCH resources and training manuals. Previously certified CATCH trainers who complete day one of the Training Academy will not need to attend days two or three.

CATCH trainings are fun, inspirational, and an integral part of the coordination process when implementing coordinated school health practices.

### **Eligibility for Stipend to Attend CATCH Training Academy**

Persons interested in renewing their CATCH Training certification or becoming a certified CATCH trainer are eligible to apply for a stipend to the Training Academy. In order to maximize the learning experience, a limited number of people can be accommodated by this training.

Preference for the award of this stipend will be given to:

- Persons previously certified CATCH trainers (for day one)
- Grantees funded through the Illinois Department of Public Health, Community Transformation Grant, We Choose Health initiative for the Coordinated School Health interventions. These

grantees must have identified implementation of or enhancement of the CATCH program in their schools, within their approved workplan.

- Other persons who currently have plans underway for CATCH implementation in schools.

*Master Trainer Certification:* Master trainer stipends will be limited to two persons. Candidates will be chosen based on their level of experience with the CATCH program, commitment to providing technical assistance, and geographic location. To be considered for the Master Trainer Certification, applicants must:

- Must be able to attend all three days of the training academy as they will be co-facilitating this training with Master Trainer Peter Cribb.
- Describe previous experience with delivery of implementation training to schools
- Be willing and able to conduct at least one three-day training academy within one year of earning Master Trainer Certification.
- Be willing and able to conduct the Training Academy on an annual basis, provided there is a need, through September 30, 2016.
- Be willing and able to participate in conference calls with the National CATCH Trainer, Peter Cribb, prior to the Training Academy in preparation for co-facilitation of this Training Academy.
- Provide continued technical assistance to trainers they have certified by providing them with updated resources etc.

### **Funding**

*Amount of award:* Stipends of up to \$500.00 per person will be awarded by the Illinois Department of Public Health (IDPH), Office of Health Promotion/ Division of Chronic Disease Prevention and Control, to cover the costs associated with attendance at the Training Academy. This funding may be used for travel, lodging, and per diem allowance. If the attendee is an active teacher, this funding may cover the cost of hiring a substitute in his/her absence from the school provided the school is in session on the dates of training. There is no registration fee. All CATCH training materials will be provided by IDPH to be kept by the attendee including the coordinated toolkit, a training manual, cones, scarves, and a CATCH tote bag.

### **Reimbursement of Stipend Award**

Reimbursement of stipend award will be issued by IDPH following awardee's attendance at the Training Academy and as reimbursement for expenses incurred. Awardee must be present for the complete duration of training to collect reimbursement of expenses and submit documentation of expenses prior to reimbursement as directed by IDPH. Only expenses incurred will be reimbursed. The amount of the stipend shall not exceed \$500 per person.

### **Timeline**

- Applications must be received by 5:00 p.m., March 1, 2013
- Stipend recipients will be notified by 5:00 p.m., March 15, 2013

The Training Academy will be held on Tuesday, April 2, 2013, Wednesday, April 3, 2013, and Thursday, April 4, 2013 from 8:30 a.m. until 4:00 p.m. each day, with approximately one hour for lunch at attendee's expense. The training location is Springfield High School, 101 South Lewis St., Springfield, Illinois 62704.

## Application Guidelines

Applicants are required to:

1. Complete Sections 1 and 2
2. Complete the stipend application questions Section 3
3. Complete the estimated budget Section 4
4. Complete applicant certification Section 5
5. Submit completed applications for receipt by IDPH on or before 5:00 p.m., March 1, 2013

Applications received by IDPH after 5:00 pm on this date will not be considered.

Submit application via email including all components of the application in one pdf document to: [Kalea.Engle@Illinois.gov](mailto:Kalea.Engle@Illinois.gov) with [Margie.Harris@Illinois.gov](mailto:Margie.Harris@Illinois.gov) copied on the email.

Applications will also be accepted via regular USPS or by hand delivery to:

Illinois Department of Public Health  
Office of Health Promotion  
Division of Chronic Disease  
Attn: Kalea Engle  
535 West Jefferson St., 2<sup>nd</sup> floor  
Springfield, Illinois 62761-0001

\*\*\* If submitting in this manner, please provide one original and one copy of the application.

Application format is:

- Four page limit, excluding sections one and two
- Single-spaced, using 12 point Times New Roman font
- 8.5 by 11 inch paper size
- Page margin size is one inch
- Pages are numbered in bottom right corner

**Application for stipend to attend CATCH Training Academy  
 Illinois Department of Public Health  
 Office of Health Promotion  
 Division of Chronic Disease Prevention and Control**

<b>Section 1. ILLINOIS CATCH TRAINING ACADEMY APPLICATION</b>	
<b>Legal Name of Applicant:</b> <i>(Attach copy of W-9)</i>	
<b>Name and Title of Chief Officer:</b> <i>(If more than one, attach a list of all officers)</i>	Name: Title: Address: Phone: Fax: E-mail:
<b>Applicant Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Telephone:</b>	
<b>Fax:</b>	
<b>E-Mail:</b>	
<b>Web Site:</b>	

<b>Section 2. STIPEND APPLICANT CONTACT INFORMATION</b>	
<b>Legal Name of Applicant:</b> <i>(Attach copy of W-9)</i>	
<b>Name and Title of Chief Officer:</b> <i>(If more than one, attach a list of all officers)</i>	Name: Title: Address: Phone: Fax: E-mail:
<b>Applicant Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Telephone:</b>	
<b>Fax:</b>	
<b>E-Mail:</b>	
<b>Web Site:</b>	

### Section 3. STIPEND APPLICANT QUESTIONS

Please complete a response to each question below.

**I. Are you a We Choose Health Grantee or partner? If so, please provide the name of the We Choose Health grantee and describe the jurisdiction served by the grant. Indicate whether the CATCH program is an approved objective in your grant work plan for the Coordinated School Health component.**

**II. Which Training would you like to attend? Please mark one box below**

- One Day Refresher Training:** Day one of the CATCH Training Academy will address the recently released coordinated school kit and provide updated CATCH resources and training manuals. Previously certified CATCH trainers who complete day one of the Training Academy will not need to attend days two or three.
- 3-Day CATCH Implementation Workshop:** Completion of the three-day Training Academy will certify attendees to conduct CATCH Implementation trainings for the school community.
- Master Trainer Workshop (all 3 days):** Participation in Master Training will be limited to two persons who have been highly active within their communities as a CATCH trainer and agree to the Master Trainer application criteria listed above.

**III. Describe your plan to implement CATCH training in your local community? Address all four sections listed below in answer to this question.**

1. Describe, in narrative format (limit one page):
  - The organization's structure (e.g., local health department, school, hospital system, community-based organization, etc.);
  - Staff member requesting CATCH training and his/her roles and responsibilities within the organization;
  - Experience with the CATCH program. If with previous CATCH implementation training experience, cite school(s) previously trained and technical assistance provided to schools after training was completed;
  - Other experience in working with schools, school personnel, and/or students and their families.
2. What is your role in supporting school-based health programs (circle one)?
  - a. School or School District Personnel
  - b. Teacher

- c. Food Service Personnel
- d. School Nurse
- e. Parent
- f. City or County Health Department employee
- g. Other-please explain

**3. Briefly provide, in a narrative format, clear and concise reasons for attending this training. If more than one person from the same organization is applying for this training stipend, indicate rationale supporting multiple trainers. If the request for training is associated with We Choose Health grant activities, please describe how training will impact grant objectives. For example, X amount of staff will need to be trained from X amount of schools by 2015. (Limit one page please)**

**4. Describe, in narrative format:**

- An overview of how the project will be implemented.
- Indicate the name(s) of the school(s) the trainer will be working with, which grade level(s) will be addressed, the number of children that will be impacted as a result of this training and how/when training will be provided to school personnel.
- Describe support to implement CATCH from school administration, food services, teachers, parents and others who will be involved with CATCH.
- Describe plans to assist schools with evaluation and sustainability. For example, technical assistance provided or booster trainings.

#### Section 4. STIPEND APPLICANT ESTIMATED BUDGET

For expenses that support attendance at the CATCH Training Academy

For each category, indicate the amount of estimated funding requested and describe how the amount was calculated in the space for each category in the budget table.

Budget Category	Estimated Amount Requested
Lodging:	\$
Transportation:	\$
Per Diem:	\$
Miscellaneous Expenses:	\$
Cost of Hiring a Substitute Teacher:	\$
<b>Total estimated stipend budget requested (not to exceed \$500.00)</b>	<b>\$</b>

Example:

Lodging: 2 nights x \$80.00 per night + hotel tax @ 10% per night = \$176.00

Transportation: 100 miles r/t x \$0.556 per mile = \$55.60

Cost of Hiring a Substitute Teacher: \$75/day x 1 substitute x 3 days = \$225.00

**Section 5. APPLICANT CERTIFICATION**

Under penalty of perjury, I certify that I have examined this application and the document(s), proposal(s), and statement(s) submitted in conjunction herewith, and that to the best of my information and belief, the information contained herein is true, accurate, correct, and complete. I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this grant application is approved for funding.

I, hereby release to IDPH, the rights to use photographs and/or written statements of information, regardless of the format, contained in or provided after the grant application for the purposes of publication of the IDPH Web site, unless the applicant submits a written request asking that the information not be disclosed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date

**FOR DEPARTMENT USE ONLY – DO NOT WRITE BELOW THIS LINE**

**Type of Stipend Application**

- Direct appropriation
- Allocation by administrative rule
- Competitive request
- Statutory board review required
- Formula and/or caseload allocation
- Non-competitive

**Funding Source:**

- General Revenue Fund
- State special fund
- Federal

**Stipend Application Funding Recommendation by Division/Program**

- Stipend application disqualified/not eligible for funding under this award
- Stipend application recommended for approval at full estimated budget \$ \_\_\_\_\_

CATCH Training Stipend Reviewer \_\_\_\_\_ Date \_\_\_\_\_

Division Chief/Program Manager \_\_\_\_\_ Date \_\_\_\_\_

**Grant Application Funding Recommendation Approved by:**

Deputy Director: \_\_\_\_\_ Date \_\_\_\_\_