

## Active Outdoor Spaces Grant Application

This grant is funded by Hamilton County and administered by the Health Department's Health & Social Services Division, with up to \$47,000 available to elementary, middle, and high schools across the district for creative proposals to create or enhance outdoor areas. All interested schools are encouraged to apply. Projects that include academic instruction, community partnerships, inclusivity, and physical and mental health benefits are highly encouraged. **The application period is from January 12 to April 30, 2026. If submitting your packet via email, please send it as a PDF. Grant recipients will be notified in June 2026, allowing time to plan and install new outdoor spaces by May 30, 2027.**

### **Eligibility:**

- Open to all Hamilton County Schools (HCS) K-12 public schools.
- Projects must create or enhance outdoor areas that promote physical activity, hands-on learning, and student health and engagement.
- Funds may not be used to enhance competitive sports facilities such as sports fields, courts, tracks, bleachers, etc., or buy freestanding equipment such as sports gear, weights, and other non-stationary items requiring storage.

### **Application Requirements:**

1. **Project Proposal:** Detailed project description, including objectives, outcomes, alignment with grant goals, and sustainability plan.
2. **HCS Notice of Interest (NOI) Form**
  - **All interested schools must submit a Notice of Interest (NOI) on the Grants Page in Employee Hub before applying for the AOS Grant.** Please visit the **Grant Applications SharePoint** to learn more about the grant application process or email **grants@hcde.org** with any questions.
3. **Budget Plan:** Comprehensive budget detailing grant fund use, including estimates and quotes.
4. **Additional Required Supporting Documents:**
  - Campus map showing the location for proposed active spaces.
  - Letter of support from an administrator/principal.

**Submit Completed Application To:**

**[TaylorT@Hamiltontn.gov](mailto:TaylorT@Hamiltontn.gov)**



# Notice of Interest

Request for External Funding >\$2,500  
and all Central Office

The purpose of this form is to notify the Grants Department that you are interested in applying for a grant so that proper support may be provided to you. It is not an authorization to submit, nor is it a commitment to apply.

**Instructions:** Complete this form **as soon as possible** prior to the grant deadline. If the grant obligates the Board of Education in some manner (such as matching funds), the Board must approve the application, and advance notice of at least six weeks prior to the grant deadline is required.

**\*\*\* THIS FORM IS NOT AN APPLICATION FOR FUNDING \*\*\***

Grant Information	
<b>Funding Agency :</b>	
<b>Grant Title:</b>	
<b>Due Date:</b>	
<b>Request Amount:</b>	
<b>Brief Project Description:</b>	
<b>Which Opportunity 2030 Commitment aligns with this project? Check all that apply.</b>	
<input type="checkbox"/> Every Student Learns <input type="checkbox"/> Every Student Belongs <input type="checkbox"/> Every School Equipped <input type="checkbox"/> Every Employee Valued <input type="checkbox"/> Every Community Served	
<b>Does the project involve any of the following? Check all that apply.</b>	
<input type="checkbox"/> Matching Funds <input type="checkbox"/> Collaborative Partners <input type="checkbox"/> Curriculum Development <input type="checkbox"/> Capital Projects <input type="checkbox"/> Professional Development <input type="checkbox"/> New Staff Positions/New Hires <input type="checkbox"/> Technology/Software Purchases	
Requestor Information	
<b>Grant Writer/Project Leader:</b>	
<b>Principal/Supervisor:</b>	
<b>School(s)/Department:</b>	

**Grant Writer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal/Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

A Grants Representative will contact you regarding next steps within two business days.

Internal Use Only	
<b>Tracking #</b>	
<b>Notes</b>	

Last revised 10/17/23

## MINIMUM LIMITS OF INSURANCE

The contractor shall provide written confirmation of the following minimum limits of insurance and enclose a sample Certificate of Insurance demonstrating that they have this coverage:

- A. *Commercial General Liability Insurance*: \$2,000,000 per occurrence for property damage and bodily injury. The proposer should indicate in its proposal whether the coverage is provided on a claims-made or (preferably) on an occurrence basis. The insurance shall include coverage for the following:
  - i. Premise/Operations
  - ii. Explosion, Collapse and Underground Property Damage Hazard (only when applicable to the project)
  - iii. Products/Completed Operations
  - iv. Contractual
  - v. Independent Contractors
  - vi. Broad Form Property Coverage
  - vii. Personal Injury
- B. *Business Automobile Liability Insurance*: \$1,000,000 limit per accident for property damage and personal injury.
  - i. Owned/Leased Autos
  - ii. Non-owned Autos
  - iii. Hired Autos
- C. *Workers' Compensation and Employers' Liability Insurance*: Workers' Compensation statutory limits as required by Tennessee. This policy should include Employers' Liability coverage for \$1,000,000 per incident.

Hamilton County shall be listed as an additional insured on the above required Commercial General Liability insurance policy, as well as other policies to be determined by the County. A signed certificate of insurance shall evidence all policies and coverage shall not be cancelled without a minimum of thirty (30) days cancellation notice to the Hamilton County Risk Management Office. All coverage shall be placed with Tennessee admitted insurers rated B+10 or better by A.M. Best's rating service or as approved by Hamilton County's Risk Manager.

### **For listing purposes as to the additional insured use the following:**

Hamilton County, TN  
Attn: Procurement Department  
455 N. Highland Park Avenue  
Chattanooga, TN 37404

Proof of Insurance must be provided before a purchase order is issued or a contract is executed with the successful provider and updated as necessary. Note however that coverage requirements are subject to change as business needs dictate.

Vendor submitting quote(s) to initial below (this page must be returned with quote submission):

\_\_\_\_\_ I acknowledge receipt of the above Minimum Limits of Insurance requirements for Hamilton County, TN and understand that if awarded I will be required to submit a current ACORD form to evidence the required coverage. Any cost associated with obtaining or increasing coverage amounts shall be included with the initial quote submission and will not be accepted as additional charges to the County after award.

**Disclaimer:**

***This rubric is provided solely as a reference to guide you in the development of your proposal. It is designed to help you understand the criteria and expectations, with a maximum achievable score of 20 points. Please note that this rubric is not intended to be filled out or submitted.***

**Selection Criteria:**

<b>Criteria</b>	<b>Description</b>	<b>Score (0-5)</b>
<b>Alignment with Goals</b>	<b>How well does the proposal align with the goals of promoting physical activity, hands-on learning, and student health/engagement?</b>	
<b>Innovation</b>	<b>How innovative is the proposal in incorporating academic instruction, community partnerships, physical and mental health benefits, and inclusivity?</b>	
<b>Feasibility &amp; Long-term Sustainability</b>	<b>How feasible is the project proposal? Does it demonstrate potential for long-term sustainability?</b>	
<b>Detailed &amp; Realistic Budget Plan</b>	<b>How detailed and realistic is the budget plan? Does it clearly outline the use of funds and demonstrate an efficient allocation of resources?</b>	

**Scoring Guide:**

- **0 points:** No evidence of meeting the criteria
- **1 point:** Poor alignment with criteria
- **2 points:** Fair alignment with criteria
- **3 points:** Good alignment with criteria
- **4 points:** Very good alignment with criteria
- **5 points:** Excellent alignment with criteria

**Grant Application Information:**

**For more information or questions, please contact Taylor Teasley at [TaylorT@Hamiltontn.gov](mailto:TaylorT@Hamiltontn.gov) or (423)209-8366.**

<b>Project Name:</b>	
<b>School Name:</b>	
<b>School Address:</b>	
<b>Grades Served:</b>	
<b>Total Student Population:</b>	
<b>Project Lead Name &amp; Title:</b>	
<b>Project Lead Contact Information:</b>	
<b>Alternate Contact Person Name &amp; Title:</b>	
<b>Alternate Contact Person Contact Information:</b>	
<b>Amount of Funding Requested:</b>	

**Project Proposal:**

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at [TaylorT@Hamiltontn.gov](mailto:TaylorT@Hamiltontn.gov) or (423)209-8366.**

<p><b>Project Description: Please describe your project in detail. If collaborating with community partners, specify their involvement.</b></p>	
<p><b>Project Goals and Objectives: Briefly describe the project's goals and objectives, including how it will promote physical activity, hands-on learning, and student engagement. Additionally, describe the methods that will be used to evaluate and sustain the project to measure its success.</b></p>	
<p><b>Statement of Need: Please describe the need this project addresses and the intended impact it will have on your school and community.</b></p>	

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**Budget Plan:**

Equipment:	Cost	Quantity	Total
Other Expenses (e.g., edging, cement, mulch, ramps, etc.):	Cost	Quantity	Total
Installation & Labor:			Total
<b>Total Cost of Project (not to exceed \$47,000):</b>			

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