

Team Nutrition: \$2,000 Mini Grant Application; Due 10/23/2026

The Nebraska Department of Education (NDE) is pleased to announce the availability of \$2,000 Mini Grants funded through a USDA Team Nutrition grant. These mini grants aim to support Afterschool Programs, Clubs, and Family & Consumer Sciences (FCS) programs in helping PreK-12 students and/or Transition Program students develop scratch-cooking skills, increase their familiarity of local foods and nutrient dense ingredients, expand nutrition knowledge, and encourage healthy eating. In addition, these grants will help promote family engagement through take-home recipes and strengthen school wellness efforts.

Only schools/programs operating USDA School Meals Programs (e.g., NSLP, SBP, Afterschool Snack Program) or Child & Adult Care Food Program (CACFP) At Risk Afterschool Meals and Outside School Hours Care Centers (OSHCC) are eligible to apply.

Mini grant activities may only be completed during the academic year (includes summer school).

* Indicates required question

1. Email *

Mini Grant Instructions

- Please complete this application in its entirety and submit by 11:59 p.m. CT on October 23, 2026.
- Incomplete or late applications will not be accepted/considered.
- All applications must be submitted using this form; applications sent via mail or email will not be accepted.
- **Limit of 1 application per school building. Due to the limited number of mini grants available, it is strongly recommended that school staff coordinate with Afterschool Program staff to avoid multiple applications being submitted from the same school building.**
- A copy of your application responses will be sent to the email address provided above.
- Up to 25 mini grants are available. Award notifications will be made in November 2026 and the grant period will end September 15, 2027.

Grant funds will be provided on a reimbursement basis (**KEEP ALL INVOICES AND RECEIPTS**).

2. District Name *

3. District Street Address *

4. City, State, and Zip Code *

5. School Name *

6. School Street Address *

7. City, State, and Zip Code *

8. School Phone Number *

9. Name of Afterschool Program (if applicable)

10. Applicant/Key Contact First & Last Name *

11. Applicant/Key Contact Phone Number *

12. Applicant/Key Contact Email Address *

13. Business Manager First & Last Name *

14. Business Manager Phone Number *

15. Business Manager Email Address *

16. In the space provided below, please provide the school's current student enrollment number.

REFERENCE ONLY

17. Please select the ESU Region that your school/district resides in. *  Dropdown

Mark only one oval.

- ☐ ESU 1
- ☐ ESU 2
- ☐ ESU 3
- ☐ ESU 4
- ☐ ESU 5
- ☐ ESU 6
- ☐ ESU 7
- ☐ ESU 8
- ☐ ESU 9
- ☐ ESU 10
- ☐ ESU 11
- ☐ ESU 12
- ☐ ESU 13
- ☐ ESU 14
- ☐ ESU 15
- ☐ ESU 16
- ☐ ESU 17
- ☐ ESU 18
- ☐ ESU 19

Grant Narrative

Outline how this funding will support scratch-cooking skills, increase familiarity with local foods and nutrient dense ingredients, promote family engagement, strengthen school wellness efforts, expand nutrition knowledge, and/or encourage healthy eating among PreK - 12 students and/or Transition Program students. Please respond to the following questions and complete the Mini Grant Work Plan.

Please note, all grantees will be expected to promote and utilize NDE resources including:

- [Team Nutrition resources](#);
- [Harvest of the Month resources & home recipes](#);
- [Beanstock lessons & home recipes](#)

Please refer to the [2026 Team Nutrition Mini Grant Overview](#) for further details, including mini grant activity ideas.

18. Please indicate whether grant activities will take place during FCS classes, Afterschool programming, Afterschool clubs, Transition Programs, or a combination of these. Select all that apply. *

Check all that apply.

- ☐ FCS Class
- ☐ Unified FCS Class
- ☐ Afterschool Program
- ☐ Afterschool Club
- ☐ Transition Program
- ☐ Other: _____

19. Complete the Mini Grant Work Plan using this [template](#). *

Note - when you click the linked template, you will be asked if you would like to make a copy of **TN Mini Grant Work Plan.docx**; click the 'Make a Copy' button.

Once you have completed the Mini Grant Work Plan, please rename it or save it using the following naming convention: **School District Name - School Name: Mini Grant Work Plan**.

Please upload the completed Mini Grant Work Plan below:

Files submitted:

20. As the Key Contact/Submitter of this mini grant application, I attest that I have read through the [Allowable & Unallowable Costs Guide](#) in its entirety and understand the requirements of this funding opportunity. *

Check all that apply.

☐ I have read the Allowable & Unallowable Costs Guide and understand funding requirements.

21. If selected as a mini grant recipient/awardee, we agree to implement mini grant activities in accordance with the funding requirements identified in the [Allowable & Unallowable Costs Guide](#). *

Check all that apply.

☐ Our school/district/program agrees to implement grant activities according to funding requirements.

22. If selected as a mini grant recipient/awardee, we agree to complete approved mini grant activities by the end of the grant period (September 15, 2027). *

Check all that apply.

☐ Our school/district/program agrees to complete approved grant activities by the end of the grant.

23. Which grade groups will be involved with and/or supported by mini grant activities? Select all that apply. *

Check all that apply.

☐ Pre-K

☐ K

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

☐ 11

☐ 12

24. Please identify the expected number of students that will be reached/impacted through this grant's activities. *

Mini Grant Action Planning

Please complete the questions below to assist you and your team in planning for and executing mini grant activities outlined in the Mini Grant Work Plan.

25. Select the time frame for which the following required grant activities will be completed: *

Mark only one oval per row.

	Dec. 2026 - Feb. 2027	March - May 2027	June - Sept. 15, 2027
Mini grant implementation meeting with school grant team	☐	☐	☐
Purchase necessary supplies to aid mini grant activities	☐	☐	☐
Implement programming/Initiate grant activities	☐	☐	☐
Completion of mid- point evaluation form	☐	☐	☐
Submit final success story and reimbursement request	☐	☐	☐
Completion of final evaluation form	☐	☐	☐

26. If awarded, how can NDE offer follow-up support? *

Check all that apply.

- ☐ Phone Call
- ☐ Zoom Meetings
- ☐ Resources
- ☐ None needed
- ☐ Other: _____

Thank you for your interest in this mini grant opportunity! You will receive a copy of your responses and NDE will reach out to the key contact via email if there are any questions regarding your application. Please contact Lauren Christensen at lauren.christensen@nebraska.gov with any questions.

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