

Pool Cool Shade & Sun Protection Mini-Grant

The North Central District Health Department (NCDHD) is offering Pool Cool Mini-Grants to support local, public community pools in implementing sun safety strategies that protect lifeguards and patrons from harmful UV exposure. With participation in the Pool Cool program, NCDHD will conduct an environmental scan and provide tailored recommendations to improve shade and promote sun-safe behaviors. Use this feedback to help guide how you leverage this mini grant opportunity. A consult will be provided for pools not opening for the summer 2026.

Pools may be **reimbursed for up to \$350** for approved purchases and improvements that increase access to shade or encourage sun-safe behaviors. Pre-approved items are listed below. Items not included in the list can be approved on a case-by-case basis. Submit requests for a variance to jennifer@ncdhd.ne.gov.

Itemized receipts are required to be reimbursed. Items exceeding \$1,000 require submission of at least 2 competing bids.

Requests for reimbursement should be submitted **by 07/31/2026** to jennifer@ncdhd.ne.gov. Please include the reimbursement request form, receipts, proof of bids (if necessary), and pictures of what you implemented (optional).

Pre-Approved Eligible Items

Shade Structures & Infrastructure

- Portable or permanent **shade sails**
- **Umbrellas or canopies** for seating areas or lifeguard stands
- **Pergolas** or permanent shade structures
- Materials/hardware for installing shade (anchors, bases, poles)

Natural Shade Enhancements

- **Trees** suitable for pool environments (with planting supplies)
- Shrubs or landscaping elements that provide long-term shade

Sun-Protective Apparel (for Lifeguards/Staff)

- Long-sleeve **rash guards** or UPF shirts
- Wide-brim **sun hats** or caps
- UV-protective **sunglasses**

For additional questions contact NCDHD at 402-336-2406, Jennifer jennifer@ncdhd.ne.gov or Autumn at autumn@ncdhd.ne.gov.

Pool Cool Shade & Sun Protection Mini Grant Reimbursement Request Form

Submitted by **07/31/2026** to jennifer@ncdhd.ne.gov

With your submission include the reimbursement request form, itemized receipts, proof of bids (if necessary), and pictures of what you implemented (optional).

| | |
|-------------------------|--|
| Pool Name | |
| Contact Name | |
| Role/Title | |
| Contact Email | |
| Phone Number | |
| Mailing Address | |
| City, State, Zip | |

*Payment will be made to the pool name and address listed above.

| Shade or Sun Protection Item / Description | Vendor / Source Selected | Competing Bids Attached (Required for items >\$1,000) | Total Cost |
|--|--------------------------|--|------------|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| TOTAL COST | | | \$ |
| TOTAL AMOUNT REQUESTED FROM NCDHD (max \$350) | | | \$ |