

North Carolina Health and Wellness Trust Fund Commission

**Children, Youth and Community
Obesity Prevention/Reduction Initiative**

Request for Proposals

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Note: This RFP outlines the purpose and background of this initiative and also provides useful resources to which applicants can refer. In order to apply for a grant under this RFP, you are encouraged to complete an online letter of intent and full application available at the Commission's website (www.hwtfc.org) starting on or about May 5, 2003. However, if you do not have Internet access, you may contact the Commission office to obtain copies of these forms.

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North Carolina Health and Wellness Trust Fund Commission

Children, Youth and Community Obesity Prevention/Reduction Initiative

Request for Proposals

PURPOSE

The Health and Wellness Trust Fund Commission (“Commission”) announces the availability of grant funding during calendar years 2004-2006 to expand and enhance the statewide effort to prevent and reduce obesity. Funds will be provided to local community agencies, schools, state agencies, local government or other political subdivisions of the state, and nonprofit organizations for initiatives that seek to build local collaborations to:

- Raise awareness about the prevalence of obesity in their community,
- Engage decision makers to encourage adoption of state and local policies to promote community-based strategies that support healthy eating and increased physical activity,
- Emphasize school policies and environments that ensure access to healthful food choices and opportunities for physical activity,
- Promote healthy eating and physical activity in children and their families through culturally relevant social marketing interventions that are designed to affect behavioral change.

These goals are linked to a Plan entitled: *Moving Our Children Toward a Healthy Weight: Finding the Will and the Way*. This document is available on the web at <http://www.nchealthyweight.com>. The North Carolina Healthy Weight Initiative was established in October 2000 with obesity prevention/reduction grant funding from the Centers for Disease Control and Prevention (CDC). Partners, both internal and external to the NC Division of Public Health, collaborated on the original response to CDC’s request for proposal and in the development of the Plan.

The Plan uses a multi-level approach, focusing not only on behavioral and interpersonal change, but also on the organizational, community, and societal change necessary to support healthy eating and increased physical activity by children, youth, and their families. The recommendations target increasing physical activity, improving eating patterns, and reducing disparities in the prevalence of childhood overweight.

BACKGROUND

Overweight/Obesity is the first chronic disease that is spreading at epidemic rates. At its current rate, it will soon become the costliest disease, surpassing cardiovascular diseases. The percentage of children who are overweight in the United States doubled during the past two decades and the percentage of overweight adolescents tripled.

North Carolina data from children seen in public health settings show an even greater increase. The most striking increase is in the 5 to 11 year age group, where there was a 40 percent increase in the prevalence of overweight between 1995 and 2000. One in eight (12.0 percent) children 2 to 4 years of age, more than one in five (20.6 percent) children 5 to 11 years, and more than one in four (26.0 percent) youth 12 to 18, are overweight. North Carolina Nutrition and Physical Activity Surveillance System (NC-NPASS) data show an increased prevalence of overweight among children and youth of both genders and across all races and ethnicities.

Racial, ethnic, and socioeconomic disparities in the prevalence of overweight and obesity exist among adults in the U.S., and may occur in children and adolescents. For all racial and ethnic groups combined, women of lower socioeconomic status are approximately 50 percent more likely to be obese than those of higher socioeconomic status. Among children, the relationship is weaker. Girls from lower income families have not consistently been found to be overweight compared to girls from higher income families. The data is not yet robust enough to provide reliable answers to all questions regarding racial, ethnic, and socioeconomic disparities in the prevalence of childhood overweight. Data from *Healthy People 2010* are clear, however, that there are marked disparities in the impact of poor diet, physical inactivity and obesity on various groups of people, particularly by race/ethnicity and by education level. The health consequence of overweight and obesity is among the most burdensome public health issue faced by the nation. Type 2 diabetes, formerly called adult-onset diabetes, is increasingly being diagnosed in overweight children and young adults. Many overweight children and adolescents have impaired glucose tolerance, a condition that often appears before the development of type 2 diabetes. High blood lipids and hypertension, as well as early maturation, orthopedic problems, and sleep apnea also occur with increased frequency in overweight youth. In addition to being an increasing health problem during childhood, overweight perpetuates the upward spiral of adult overweight and obesity and earlier onset of associated chronic disease such as heart disease, stroke, diabetes and cancer, four of the leading causes of death in North Carolina. Overweight adolescents have a 70 percent chance of becoming overweight or obese adults. This chance increases to 80 percent if one or more parent is overweight or obese.

The economic and social consequence of obesity manifests itself in premature death and disability, in health care costs, in lost productivity, and in social stigmatization. In 2000 the total economic cost was estimated to be \$117 billion (\$61 billion direct and \$56 billion indirect). Social and emotional costs for those affected and for their friends and families, are immeasurable.

From Moving Our Children Toward a Healthy Weight: Finding the Will and the Way, NC Dept. of Health and Human Services, 2002, The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity, U.S. Department of Health and Human Services, and the chapter on Promoting Healthy Eating and Physical Activity for a Healthier Nation in Promising

GENERAL GUIDELINES

Grant applicants are encouraged to consider incorporating strategies from existing program models, where feasible. Applicants are also encouraged to consider incorporating strategies from the North Carolina Department of Health and Human Services' *Moving Our Children Toward a Healthy Weight*, which can be found at <http://www.nchealthyweight.com>, and the *North Carolina Blueprints for Changing Policies and Environments in Support of Healthy Eating and Increased Physical Activity*, which can be found at <http://www.eatsmartmovemorenc.com>. Applicants should also consider addressing the Healthy People 2010 risk reduction objectives with regard to physical activity, overweight, and obesity. (<http://www.healthypeople.gov/default.htm>) and recommendations for community-based interventions in the chapter on *Promoting Healthy Eating and Physical Activity for a Healthier Nation* in *Promising Practices in Chronic Disease Prevention and Control: A Public Health Framework for Action*, available at http://www.cdc.gov/nccdphp/promising_practices/index.htm. A list of related websites is provided below as a resource for reviewing pertinent information. Both the Healthy Weight and the Eat Smart Move More web sites provide additional resource lists.

National:

- www.cdc.gov/nccdphp/dnpa/physicalactivity.htm
- www.cdc.gov/nccdphp/dnpa/kidswalk/index.htm
- www.cdc.gov/nccdphp/dnpa/5aday
- www.cdc.gov/nccdphp/dash/shi/
- www.bam.gov
- www.cdc.gov/powerfulbones/
- www.ced.gov/cdenergy/
- <http://www.eatright.org>
- <http://www.asfsa.org>
- <http://ctb.lsi.ukans.edu>
- <http://www.cde.ca.gov/nsd/nets/rfaleaf02.pdf>
- <http://www.cancer.org>

North Carolina:

- www.nchealthyweight.com
- www.eatsmartmovemorenc.com
- www.nutritionnc.com
- www.nhealthyschools.org
- www.startwithyourheart.com
- www.ncdiabetes.org
- www.healthycarolinians.org
- <http://www.ncaahperd.org>

THE PROGRAM

Who May Apply

Under the NC General Statutes, an organization is eligible to receive a grant from the Commission if it is:

- A state agency,
- A local government or other political subdivision of the state or a combination of such entities (includes local education agency and/or public charter schools), or
- A nonprofit organization.

Other entities interested in reducing/preventing obesity may apply in partnership with an eligible organization which is functioning as the lead applicant for the grant. This lead applicant bears responsibility for fiscal and overall management.

An Overview of the Children, Youth and Community Obesity Prevention/Reduction Initiative

The Children, Youth and Community Obesity Prevention/Reduction Initiative will consider grants from applicants to:

- **Initiate new community/school partnerships and collaborations.** It is anticipated that grants will be awarded to applicants that are structured as follows:
 - Lead Applicant Organization: Typically, a public local education agency, public charter school, childcare facility, health organization, or healthcare organization, this entity bears the responsibility for overall program and fiscal management.
 - Partners: This is a formal agreement among community-based organizations, including the lead applicant, to implement the proposed program. These organizations are listed as co-applicants, and could include public health organizations, medical practices, hospitals, local education agencies, public charter schools, childcare facilities, youth organizations, voluntary agencies, non-profits, and faith communities, among others. Other community-based, non-traditional organizations, such as police and fire departments, can play an important role in organizing and managing sports and similar events for children.
 - Collaborating Organizations/Individuals: The Commission encourages the broadest possible coalition-building among diverse organizations, dedicated to achieving the goals of this Initiative. Collaborating entities may include, but are not limited to, community organizations and individuals such as health care providers, concerned volunteers, and parents who are committed participants in the proposed program. These entities are not listed as co-applicants. However, their description and roles should be included in the body of the proposal.

Although it is anticipated that most of the applicants will be from collaborations/organizations that will focus their efforts on their local community, applications will also be considered from collaborations/organizations that seek to implement one or more of the goals of this initiative statewide.

- **Build on existing efforts.** Funds will also be available to organizations currently conducting obesity reduction/prevention activities for enhancement of those activities. It is anticipated that most of these enhancement grants will be awarded to applicants that are structured as described above. Preference will be given to applicants that encourage participation from community partners as well as collaborating organizations and individuals.
- **Stimulate innovation in reduction/prevention.** The Commission will also consider applications from eligible organizations proposing innovative new approaches to prevent and reduce obesity.

How Funds Can Be Used

Each Youth and Community Reduction/Prevention Initiative recipient must use the funds to carry out activities that support the following goals and objectives. The examples listed below each goal/objective are examples provided as guidance to grant applicants. Applications should be based on locally-identified needs.

GOAL I: REDUCE BARRIERS IN CHILDREN’S HOMES/COMMUNITIES TO HEALTHY EATING AND PHYSICAL ACTIVITY.

OBJECTIVES:

- 1. Increase the number of people who have access to opportunities for healthy eating and increased physical activity, to learn skills for healthy lifestyles, and to receive support for healthy behaviors.**

Examples:

- a. Provide educational opportunities and practical skills that will improve caregivers’ abilities to meet recommendations for healthy eating and physical activity.
 - b. Ensure safe and accessible places for physical activity for all children and youth.
 - c. Increase access to a variety of affordable healthy foods in grocery stores and restaurants in all neighborhoods.
- 2. Increase the proportion of children and adolescents who view television no more than 1 to 2 hours a day.**

Examples:

- a. Provide educational opportunities to raise awareness of the positive association between the number of hours children watch television and their risk of being overweight.
- b. Help caregivers develop skills to encourage active play as an alternative to TV watching and video games.

- c. Test one of the school-based programs that have shown promise in helping to reduce children's TV viewing by providing means for parents and children to monitor and budget the time children spend watching TV.

GOAL II: SIGNIFICANTLY INCREASE THE NUMBER OF SCHOOL AND CHILD CARE SETTINGS THAT PROMOTE HEALTHY EATING AND PHYSICAL ACTIVITY.

OBJECTIVES:

- 1. Increase the number of children and youth who participate in daily physical activity at school.**

Examples:

- a. Increase the availability of quality daily physical education in schools for all children.
- b. Provide extracurricular physical activity programs, targeted to all ability levels, especially intramural programs and physical activity clubs.
- c. Incorporate physical activity into core subjects at school.
- d. Ensure universal access to physical education and physical activity opportunities for children and youth with disabilities and special health care needs.
- e. Partner with communities to make school facilities available for physical activity beyond school hours and promote their use by families.
- f. Establish or participate in safe walk/bicycle-to-school promotions.

- 2. Increase the number of schools and child care facilities that adopt and implement policies to limit consumption of sugar-sweetened beverages.**

Examples:

- a. Set standards for nutritional content, portion size, and hours of service of beverages sold in vending machines, snack bars, and as school cafeteria a la carte menu items.
- b. Ensure that water, small sizes of 100 percent juice, and low-fat milk are available in vending machines.
- c. Provide education and skill practice about how to resist advertising pressures to buy foods and beverages high in calories and low in nutrients.

- 3. Increase the number of schools and child care facilities that provide appropriate portion sizes of foods and beverages.**

Examples:

- a. Set standards for maximum portion sizes of foods and beverages sold in vending machines, snack bars, and as school cafeteria a la carte menu items.
- b. Follow age-group recommendations for portion sizes of foods and beverages served in the National School Lunch, School Breakfast, and Child and Adult Care Food Programs.

- c. Provide education and skill practice to students, as well as school and child care staff, about calorie need, portion size, and satiety/appetite awareness.

4. Increase the number of schools that adopt and implement a plan to create an environment that establishes and promotes healthy eating and active lifestyles as the norm rather than the exception.

Examples:

- a. Provide healthy lifestyle skills education as well as practice that includes nutrition, food purchasing and preparation, physical activity, and media literacy.
- b. Participate in community-wide social marketing interventions that promote healthy eating and physical activity, such as “5 a Day” or “1% or Less” milk.
- c. Promote safe routes to walk or bike to school and provide bike racks.
- d. Ensure that National School Lunch and School Breakfast Program meals meet or exceed national standards.
- e. Prohibit access to vending machines, snack bars, and other venues in which snacks compete with healthy meals in child care and elementary schools, and limit access in middle and high schools.
- f. Make healthy eating and physical activity initiatives part of the coordinated school health program to ensure collaboration among all school health professionals.
- g. Involve parent-teacher organizations in designing interventions, developing incentives, and promoting commitment.

GOAL III: INCREASE THE NUMBER OF NEIGHBORHOODS THAT ARE DESIGNED TO SUPPORT SAFE PLAY AND HEALTHY EATING.

OBJECTIVES:

1. Increase the number of children and youth who have the opportunity to participate in at least 60 minutes of physical activity every day.

Examples:

- a. Partner with schools to make facilities for physical activity available to the community beyond school hours.
- b. Encourage the promotion of physical activity in faith communities and the expanded use of their physical activity facilities.
- c. Engage organizations for children and youth in promoting physical activity among their members.
- d. Review transportation policies and traffic patterns and revise to facilitate safe walking and biking.

2. Increase the number of community settings that adopt practices that limit consumption of sugar-sweetened beverages.

Examples:

- a. Promote availability of water, low-fat milk, and small sizes of 100 percent juice in vending machines in parks, recreation facilities, hospitals, and other public buildings.
- b. Engage organizations for children and youth in increasing water consumption and reducing consumption of sugar-sweetened beverages among their members.
- c. Work with industry on availability, pricing, and marketing of water, 100 percent juice, low-fat milk, and small sizes of 100 percent juice and sugar-sweetened beverages.
- d. Engage faith communities in making available and promoting alternatives to sugar-sweetened beverages at all functions where beverages are served.

3. Increase the number of community settings that provide appropriate portion sizes of foods and beverages.

Examples:

- a. Promote appropriate portion sizes of foods and beverages in community operated facilities.

4. Increase the number of community-based opportunities for leisure-time/recreational physical activity for all children and youth.

Examples:

- a. Expand offerings of affordable physical activity such as league sports, gymnastics, dance, swimming, and martial arts classes.
- b. Ensure universal accessibility for physical activity resources and opportunities.
- c. Include youth representation in planning and promoting physical activity opportunities.

5. Increase the number of community partners that adopt practices that help create an environment that establishes and promotes healthy eating and active lifestyles as the norm rather than the exception.

Examples:

- a. Engage community leaders to work with restaurants and other food outlets to promote availability of affordable options that support healthy eating.
- b. Support events, such as Special Olympics, that focus on physical activity among children and youth of all ability levels.
- c. Adopt local policy that sets standards for green space and sidewalks in new developments.
- d. Establish workplace programs and policies that promote breastfeeding.

- e. Promote the establishment of workplace programs and policies that support healthy eating and physical activity.

6. Increase equitable access to prevention and treatment services for children who are overweight or at-risk for overweight in order to reduce health disparities.

Examples:

- a. Provide support for a network of accessible, family-based and culturally relevant interdisciplinary weight management services for children and youth who are overweight or at-risk for overweight.
- b. Increase awareness of prevention and treatment programs among children and youth, parents/caregivers, school personnel, primary care providers, and community leaders.

GOAL IV: INCREASE THE NUMBER OF HEALTHCARE SETTINGS THAT PARTICIPATE IN THE PREVENTION AND TREATMENT OF OBESITY AND CHILDHOOD OVERWEIGHT IN PARTNERSHIP WITH THEIR COMMUNITIES TO CREATE INTEGRATED, COMPREHENSIVE SYSTEMS OF CARE.

OBJECTIVES

1. Increase equitable access to prevention and treatment services to reduce health disparities.

Examples:

- a. Engage local practices in routinely discussing obesity prevention/reduction with children and parents, including availability of local resources.
- b. Establish and support a network of accessible, family-based and culturally relevant interdisciplinary weight management services for overweight children and youth.
- c. Maintain a list of health care professionals who are trained to provide treatment to overweight children, youth, and their families.

2. Increase number of children and youth screened during routine physical assessment for overweight and related chronic disease risk factors using nationally established guidelines for screening and referral.

Examples:

- a. Provide training to health care professionals on current pediatric screening recommendations and anthropometric measurement protocols.
- b. Develop brief overweight assessment tools for pediatric health care professionals.

GRANT TERMS

The Commission will award grants to new local programs or to enhance existing local programs. The awards will range from \$75,000- \$150,000 annually. Project funding will be commensurate with the size and scope of the proposed activities. **Subject to availability of funds, and further subject to annual satisfactory program evaluation and continuation plans, the awards will be for three calendar years, 2004 - 2006.**

Grants will be disbursed as follows: up to 3 months startup funding at the beginning of the funding cycle, followed by an equal monthly advance of the remainder of the annual grant, beginning in the second month. These monthly advances will be triggered by submission of monthly financial reports detailing expenditures incurred in the previous month.

The Commission expects to receive more funding requests than can be awarded. Therefore, submission of a grant application does not guarantee receipt of an award. Additionally, grants that are funded may not be funded at their requested amount. The grant size may vary by circumstances, need, and program model. The Commission reserves the right to conduct pre-award interviews or onsite assessments.

As a condition of receiving a program grant award, the Commission requires that each grantee participate in project evaluation as well as a monthly program activity tracking system. Applicants should budget for 4-5 hours/month of staff time for the program activity tracking system and 7-8 hours/month of staff time for the state-level outcomes study. Duke University Medical Center's Department of Community and Family Medicine will provide training and technical assistance in the proper use of the computer-based activity tracking system and in submitting the information for central data processing. As part of the evaluation system, specific reports or information, as well as site visits and telephone interviews, will be required as needed to document program implementation and operation.

Applicants are also required to submit both an interim (6-month) and an annual progress and financial report to the Commission (user-friendly forms will be available on the Commission's website). A final cumulative progress report and financial report will be due 30 days after the end of the grant period.

Use of Grant Funds

Funds may be used for planning, staff salaries, project-related travel, supplies, a limited amount of equipment, and other direct expenses essential to the project. The Commission anticipates that one Full-Time Employee (FTE) of dedicated staff will be needed for most funded programs and should be accounted for either in the proposed budget or as an in-kind contribution. The Commission discourages the use of grant funds to pay indirect costs. Any allocated funds that are used to pay indirect costs must be clearly identified along with justification for the expense. Indirect costs include operating and maintaining buildings, grounds, equipment, depreciation, administrative salaries, general telephone expenses, general agency travel expenses and general office supplies. Also, Commission funds may **not** be used for capital expenditures or equipment expenses over \$2,000 per unit. Computers, including laptops, are an acceptable

expenditure with justification. Commission funds may not support any efforts to engage in any political activities or lobbying including, but not limited to, support of or opposition to candidates, ballot initiatives, referenda, or other similar activities. These funds may not be used for research studies, unless this research is directly linked to evaluation purposes, or to substitute for funds currently supporting similar services. Applicants may subcontract for proposed services after notice to the Commission.

Auditing and Reporting Requirements

State law requires that all grant recipients that are nongovernmental entities and receive at least \$15,000 but less than \$300,000 in combined state funds annually, must file with each of the funding entities, a sworn accounting of receipts and expenditures of these funds. Grant recipients that are nongovernmental entities and receive \$300,000 or more in combined state funds annually must file both with the State Auditor and the funding entities an audited financial statement as prescribed by the State Auditor.

A single audit is required if a unit of government or public authority expends \$300,000 or more of combined state awards in either a federal program (such as a state match) or a state program. Nongovernmental entities are not required to perform a single audit, based only on state awards expenditures.

APPLICATION PROCESS

The Commission has established a two-step process for awarding funds under the Children, Youth and Community Obesity Prevention/Reduction Initiative, consisting of a Letter of Intent and a full Application Package. Both can be submitted either by using the Commission's online process or in writing. A letter of intent is strongly recommended, but not required. A full Application Package is required of each applicant. The detailed description of a Letter of Intent and Application Package follows. The Duke Management Team will provide direction and technical assistance to all applicants in preparing the application package through conference calls and will provide technical assistance to all grantees in the evaluation of the funded programs. Applicants can refer specific questions either in advance or during the conference calls. Advanced questions can be relayed via email to hwtfc@ncmail.net.

Stage I: Letter of Intent

The Commission requests that potential applicants submit a letter indicating the applicant's intention to submit a complete application. Please complete the Letter of Intent online at www.hwtfc.org. If you do not have web access, you may contact the Commission for the Letter of Intent form. Two pre-bidders' conference calls will be held on **May 28 and 29, 2003** to provide technical assistance for potential applicants. The Commission requests receipt of a Letter of Intent by **Friday, June 13, 2003** (see Timetable).

The letter of intent should clearly describe:

- A brief review of the lead applicant's history, mission, services offered and recent accomplishments, and if relevant, of partnering organizations that will be listed as co-applicants,
- Whether this is an application to create a new program or enhance an existing effort,
- The geographic area to be served,
- A brief summary of proposed program including the target population, goals, objectives, intervention strategies, and
- Estimate of budget amount to be requested and intended use of funds.

Applicants are strongly encouraged to use the Commission's website for submission of letters of intent, however, written letters will be accepted through the mail as well. Mailed applications should contain three sets - an original plus two copies to be sent to the Commission. Faxed copies will not be accepted. The name and address of the institution and the name, address and telephone number of the contact person must be included. No additional materials will be accepted.

Stage II: Full Proposals

All applicants must submit full proposals in order to be considered. Technical Assistance conference calls will be held on **June 30 and July 1, 2003** to answer any questions that applicants have in developing their proposals. (See Timetable below for dates).

Applicants are strongly encouraged to use the online capabilities found at www.hwtfc.org for full proposals; however, written full proposals will be accepted through the mail as well. Please contact the Commission to receive an application form by mail if you are unable to access the Internet. Applications submitted by mail must strictly adhere to the character count listed in the printed application form. This same character count is coded into the online application. Mailed applications should contain three sets - an original plus two copies to be mailed to the Commission. Faxed copies will not be accepted. All mailed proposals must be typed or printed in ink in 12-point type on 8 1/2" by 11" white or light colored paper. To the extent possible, applicants sending their applications by mail should also provide an electronic copy in a format such as a formatted diskette or via e-mail using Microsoft Word.

The proposal should include:

- 1. Cover page.** Include the name, mailing address, telephone number, facsimile number, email, and federal identification number for the lead applicant organization, and the name and contact information of the key contact person at that organization. Identify the partnering entities, including local education agencies or public charter schools (if other than lead applicant) and include the name of the key contact person in each organization. **The Certification Page found at the end of the application must be signed by the chair of the Board of Directors or the head of the lead applicant organization in order for the application to be considered complete.**
- 2. Executive summary.** The executive summary should include an overview of the lead applicant organization, total amount of grant request for three years, a concise description of the need for the program and the target population benefiting from services; objectives and measurable outcomes for the program for which funding is requested; how the proposed

program demonstrates innovation at the community, county or regional level; and information on the integration of the program with existing services, partnering organizations (co-applicants), and evidence of community support and participation in planning and implementation.

3. **Program Description.** The narrative of the description should include:

- **Background of the lead organization and its partners.** Provide an overview of the lead applicant organization, including its mission statement, current programs, accomplishments and experience working on obesity reduction/prevention policy and programmatic activities. Provide brief overviews of all partners (co-applicants) and their proposed roles and responsibilities. Include information on the capacity of the lead organization to administer the program. Provide information about the various assets of the partnership that apply to the proposed project.
- **Need for establishing a new program or need for enhancement of existing program.** Describe the community's need for the program or program expansion. Include current demographic information about obesity. Provide information on current obesity prevention/reduction activities and infrastructure in the community. Describe the geographic area and population the program will serve and an explanation of how these people will benefit from the program. Explain how the program will build or enhance the community's capacity to prevent/reduce overweight and obesity. (*More information is available from the Health Promotion Branch at www.communityhealth.dhhs.state.nc.us or at the Centers for Disease Control and Prevention (CDC) at www.cdc.gov.*)
- **Program goals, objectives, and strategies for achievement.** Include a description of the proposed program plan that covers the years for which funding is requested. The program plan must include specific goals, objectives, and intervention strategies for year one. Program objectives must be specific, measurable, time-phased, and realistic. Anticipated goals and objectives for years 2 and 3 may be briefly summarized in paragraph form. Proposed intervention strategies should be evidence-based and demonstrate a commitment to involve target audiences in program development. Applicants are also encouraged to propose innovative strategies.
- **Outcomes/Evaluation Plan.** Using the goals and strategies on pages 4-6, provide a list of expected outcomes from the program including what the applicant expects the program to accomplish in the first year. How will the quality and quantity of obesity reduction and prevention activities be measured? Give examples. Describe how this evaluation will be used to make the program more effective and efficient, and how results of the evaluation will be disseminated. In order to maximize impact of the program, identify any school and/or community policies, and program services that will have to be monitored during the length of the program.
- **Program outcomes for existing programs.** All existing programs applying for enhancement grants must describe program outcomes for all the years that the intervention program has been in existence.
- **Program management.** Describe the roles and responsibilities of program staff in the proposed project. The description should include their titles, qualifications, and experience, as well as the percentage of time and number of hours each will devote to the program, and the portions of their salary that will be paid from the grant award.

- **Integration of services and collaborations with local organizations.** Describe all collaborations with community organizations and describe their roles in supporting the program, including the extent of the collaboration with the local education agency (if it is not a lead applicant or partner). Outline how the proposed program will complement or build upon existing programs and services that address obesity prevention/reduction.
- **Participation in program activity tracking system.** All applicants must demonstrate a willingness and ability to participate in a program activity tracking system and specifically dedicate staff time in their proposal.
- **Sustainability.** Identify how the organization will sustain its efforts after the grant period. Discuss strategies for long-term funding and viability.

4. Budget and Fiscal Information. Applicants must include the following:

- A detailed budget of the projected annual funding requests for the proposed program in the form provided in the online application, including any indirect costs, if requested. A narrative budget justification that describes how the categorical costs are derived must also be completed. Applicants should also list any in-kind resources that they will contribute to the project.
- The current year budget of the lead applicant organization.
- A complete list of sub-recipients under the grant and a specific description of how the applicant will account for funds disbursed to sub-recipients (sub-recipient includes partners, collaborators and other contractors). The applicant shall have an on-going duty to identify sub-recipients annually under the grant.
- A description of the bank accounts and internal accounting ledgers or books that will be set up and used and an assurance that all accounts, books, and ledgers can be audited by the Commission or the State auditor.
- A list and history of lead applicant's programs funded by grants or awards in the last five years, as well as the names of all granting entities involved in those grants or awards.
- For existing programs applying for enhancement grants, a list and history of all grants and awards, as well as names of all granting entities involved in those grants or awards.

***Budget Note:** Program grantees are required to include Training and Development expenses in the Annual Budget Section of the proposal. Grantees are required to attend all regional and Statewide Annual Meetings. A minimum of \$1,500 per individual (up to three) attending these events should be included to support these expenses.*

5. Additional Materials. Applicants must include:

- Letters of agreement from application partners outlining roles/responsibilities of the partner for the entire grant period.
- Letters of support from Collaborating Organizations/Individuals.
- Statement agreeing to provide computer with minimal capabilities to provide data, facilitate communication, and support the Management Team. See attached description.
- Evidence of non-profit status, if applicable.

REVIEW PROCESS AND CRITERIA

All applications will be evaluated through a multi-stage process. The Commission staff will initially screen all applications to determine if they are complete. Incomplete applications will not be considered. No grant may be awarded for a program that is unlawful. Applications that are complete will be forwarded to an independent, objective Grant Review Committee, consisting of Commissioners and expert advisors appointed by the Commission. The Grant Review Committee will focus its review and evaluation of the applications on the required program narrative elements listed above. During the review and evaluation of proposals, the Grant Review Committee may request that Commission staff or a designee make site visits to applicant agencies and report to the Grant Review Committee. At the conclusion of their review and evaluation, the Grant Review Committees will make recommendations to the Commission as to which applications should be funded.

The Commission will receive the recommendations of the Grant Review Committees and will evaluate proposals based on the beneficial impact of the funding request on the health and wellness of the people of North Carolina. In making this evaluation, the Commission may consider: who/how many will be served by the grant, the cost of administering the grant, community capacity building, sustainability of the grant application, and whether the program has measurable outcomes. Scoring and ranking of proposals will be determined by using a consistent rating methodology.

The proposal will be evaluated on the criteria listed below, thus it is recommended that applicants account for each item in their proposal:

1. Statement of need and program rationalization: **10%**
 - Well-documented community need and program justification.

2. Soundness of proposed plan and strategy: **35%**
 - Based on an assessment of objective data about obesity and the communities to be served, (*More information is available from Health Promotion Branch at www.communityhealth.dhhs.state.nc.us or at the Centers for Disease Control and Prevention (CDC) at www.cdc.gov/nccdphp/dnpa/nutrition.htm and www.cdc.gov/nccdphp/dash/shi See also *General Guidelines*).*
 - Based on an analysis of risk factors, protective factors, assets, or other variables identified through scientifically based research.
 - Grounded in scientifically-based research that provides evidence on strategies to reach the proposal's goals and objectives. (Please refer to goals, objectives and strategies section of this Request for Proposals and also *refer to websites in General Guidelines Section*).
 - Evidence of an innovative and sound strategy and program design for reducing obesity in children and their caregivers.
 - Based on input from community leaders representing a range of local organizations, diverse community members, and youth.
 - For all existing programs applying for enhancement grants, the presence of significant program outcomes for all years of existence.

3. Organizational capacity: **35%**
- Demonstrated ability to provide sound programmatic and fiscal oversight.
 - Dedication of at least one full time equivalent (FTE) staff to prevention efforts where funding level warrants.
 - Evidence of organizational experience in reduction/prevention programs and youth involvement.
 - Likelihood to sustain effort after grant period.
 - Creation of partnerships between public health agencies, nutritionists, physicians, local education agencies, or other community-based organizations that are listed as co-applicants for the grant.
 - Collaborating entities that are committed supporters of the program goals, but are not listed as co-applicants.
 - Support from local media outlets, and in case of existing programs, evidence of media support in prior efforts.
 - Commitment to actively involve youth in program development, implementation, and in all other aspects, over the life of the grant.
4. Outcomes/Evaluation plan: **10%**
(More information on outcomes/evaluation planning for obesity prevention/reduction programs is available at <http://www.cdc.gov/nccdphp/dnpa/obesity/index.htm>).
- Demonstrates strong strategic planning skills and an understanding of the importance of program monitoring and evaluation. Includes providing information to monitor progress on implementation of both planned and opportunistic events and analyze impact of proposed activities.
 - Monitoring system in place to periodically review, refine, improve and strengthen the program.
 - Clarifies lead agency's ability and willingness to participate in ongoing progress tracking and outcomes study.
5. Proposed budget: **10%**
- Cost-effectiveness of proposed budget in relation to the scope and nature of the program.

In order to facilitate the development of additional statewide community and school partnerships to reduce obesity, Commission will provide individual critiques of proposals.

IMPORTANT DATES

| | |
|---|---|
| Monday, May 5, 2003 | Grant RFP announcement |
| Wednesday, May 28, 2003 Thursday, May 29, 2003 | Pre-bidders conference call regarding the RFP from 3:30 pm to 5:00 pm E-mail advance questions to HWTFC@ncmail.net. Pre-registration required: contact Giselle Roman at 919-681-3023 |
| Friday, June 13, 2003 | Letters of Intent due |
| Monday, June 30, 2003 Tuesday, July 1, 2003 | Pre-application technical assistance conference call 3:30 pm to 5:00 pm. E-mail advance questions to HWTFC@ncmail.net. Pre-registration required: contact Giselle Roman at 919-681-3023 |
| Tuesday, August 5, 2003 | Applications due |
| Mid-November 2003 | Notifications of awards by the Health and Wellness Trust Fund Commission |
| January 2004 | Projects begin |

Special thanks to the North Carolina Department of Health and Human Services, authors of Moving Our Children Toward a Healthy Weight: Finding the Will and the Way, 2002, and NC Blueprints for Changing Policies and Environments in Support of Healthy Eating and Increased Physical Activity on which much of this document is based.

**Technology Requirements for the
North Carolina Health and Wellness Trust Fund Commission**

**Children, Youth and Community
Obesity Prevention/Reduction Initiative**

Participation in Children, Youth and Community Obesity Prevention/Reduction Initiative activities will require Internet access and other computer capabilities. Table 1 indicates minimum and recommended hardware specifications for compatibility with the Children, Youth and Community Obesity Prevention/Reduction Initiative.

Table 1 – Hardware

| Category | Minimum | Recommended | Required |
|-----------------|----------------|-----------------------|-----------------------|
| Processor | Pentium 166 | Pentium III | |
| Memory | 32 megabytes | 128 megabytes | |
| Disk Space | 2 Gigabytes | 6 Gigabytes or larger | 1 Gigabyte free space |

Minimum system components are necessary to run the required software effectively. Recommended components reflect current technology and should be considered if a new system is purchased. Grantees should select a vendor that can provide service under warranty and meet the needs of your project. Grantees are not obligated to purchase the systems listed in Table 2. Information has been provided for reference only.

Table 2- Vendor Information

| Manufacturer | Model/Series |
|---------------------|---------------------|
| Dell | Optiplex GX110 |
| Compaq | DeskPro EX |

These systems come with a CD-ROM, Ethernet card, sound card, keyboard, mouse, monitor, 1.44 floppy drive, and speakers. They can be customized to include a modem, and other options such as a CDRW or a Zip Drive. One important reason for buying these machines is the warranty. For example, Dell’s standard warranty on the GX110 is 3 years, next business day, on-site service. We expect that the technology included in these systems to be stable, which

means you should not have to worry about recalls and standard applications not working correctly. Though these systems are not a requirement, they are likely to meet your needs for the duration of the project.

The Youth and Community Obesity Reduction/Prevention Initiative will require the Microsoft Windows operating system (Windows 95/98/ME or Windows NT/2000) with Office 97 Professional and current service packs loaded to ensure Y2K compatibility. Office 97 Professional's basic components include Access, Word, Excel, and PowerPoint.

All grantees must demonstrate their capability for Internet access. Electronic transfer of information for the duration of the Program will be essential to overall project management. The computer designated for project use needs the capability for uninterrupted access to the Internet. This connection should be as fast as possible to make the transfer of data as efficient as possible. Any of the methods listed below are possible:

- Dial up modem to and Internet service provider (such as Earthlink, AT&T Globalnet, AOL, etc)
** requires a modem to be installed in the PC and a dedicated analog telephone line
- ADSL (local phone company) or cable modem (i.e. Time Warner's Road Runner)
** requires Ethernet card to be installed in the PC, ADSL/cable modem service, and TCP/IP software configured (TCP/IP configuration will be performed during the installation of the cable modem or ADSL)
- Local Area Network with access to Internet
** requires Ethernet card to be installed in the PC and TCP/IP software configured (TCP/IP configuration is performed by the network's administrator)

The dial up method is the slowest of the three but may be the only available system. An ADSL/cable modem will provide good performance at a reasonable price. A Local Area Network will more than likely provide the best performance of the three depending on setup, but may not be available.

CHILDREN, YOUTH AND COMMUNITY OBESITY PREVENTION/REDUCTION INITIATIVE

FREQUENTLY ASKED QUESTIONS

(Recently added questions in italics)

Application Process and Website

1) Who are the members of the Health and Wellness Trust Fund Commission?

Commission members are posted on the Commission Website at www.hwtfc.org.

2) Where do I submit my Letter of Intent and application?

The Letter of Intent can be submitted online or written letters can be mailed to the Health and Wellness Trust Commission at the address listed on the website under *Contact Us*.

3) What is the deadline for the Letter of Intent?

Letters of Intent are due on June 13th. However, since they are not mandatory, Letters of Intent may be submitted at anytime prior to the Application due date.

4) How much detail is required in the Letter of Intent from each partner/coalition member?

Each lead organization should very briefly list and describe partnering organizations and their role in supporting the project.

5) Should the dollar amount stated in the Letter of Intent be for year one or all three years of the grant? Can the dollar amount differ from year to year?

Since the Commission has required all applicants to provide proposed costs for years 2 and 3, please include those amounts in your Letter of Intent as well. The dollar amounts could vary from year to year. This RFP requests the applicant to submit a proposed budget for the life of the project.

6) Can applicants apply for lesser or more funding for the second and third year ?

Yes, applicants can apply for different funding in years 2 and 3.

7) If an applicant applies for less than what was originally stated in the Letter of Intent, will this affect approval?

It is acceptable and understandable for figures to change as the application process moves forward. The final application is what will be evaluated.

8) Will the Commission accept an application from an organization that did not send in a Letter of Intent?

Yes. However the Commission strongly encourages organizations to submit a Letter of Intent. The Letter of Intent will assist the Commission in providing

specific technical assistance for identified applicants and help the Commission in designing the needed review process based on the anticipated number of applications. The Commission will also use the Letter of Intent process to encourage potential applicants from one community to partner and/or collaborate in submitting applications.

9) If an organization does not submit a Letter of Intent, will it negatively influence the future application?

No, this would not negatively impact an application. The Letter of Intent is meant to provide the Commission and Technical Assistance providers with 1) tracking information for future correspondence and 2) an idea of the projects groups are considering and an opportunity to provide technical assistance based on the information in the Letter of Intent.

10) Will there be feedback provided on the Letters of Intent?

The Commission may provide feedback if it receives Letters of Intent from multiple organizations within one geographic area. The applicants may be encouraged to partner together to submit a stronger application. The Commission may also provide feedback on other issues on a case-by-case basis to assist applicants in submitting a better application.

11) I have submitted an online Letter of Intent today. Do I need to fill out the application or wait to hear back from the Commission?

You will receive e-mail notification within one week of your submission. You may then proceed to the full online application. The Commission staff may, after receipt of your Letter of Intent, provide you with input and/or encouragement to partner with other local organizations.

12) After the Letter of Intent has submitted and received, can it be altered?

No, you cannot alter your Letter of Intent after it has been received. However, the full application is what you will be evaluated for grant award. The application may differ from your Letter of Intent; the two will not be compared.

13) Is an organization required to have a Federal ID number in order to apply for a grant?

Yes.

14) Are the applicants considered contractors with the Health and Wellness Trust Fund Commission or are they grantees?

The money being distributed by the Commission is in the form of a grant, not a contract.

15) Will applicants be required to fill out the Request for Proposal and application for each year of the grant?

No, there is only one application for the three-year grant. The six month and annual progress reports, along with the monthly financial and programmatic reports will be the major requirements for the three-year grant, which will help the Commission determine if the grantee is on track and renew the grant for years 2 and 3.

16) Regarding the character count requirement associated with each section of the Grant Application, is the character count "no spaces" or "with spaces" as determined through Microsoft Word - Tools/Word Count?

The character count is "with spaces".

17) What are the exact page limits for the sections in the application?

The online application gives a breakout for each question and character limits applicable to each.

18) Who are Letters of Support addressed to?

The letters should be addressed to the Health and Wellness Trust Fund Commission.

19) How can I ask questions other than on the conference calls?

Questions about any matters related to the Obesity Initiative should be e-mailed to hwtfc@ncmail.net. Questions will be answered via e-mail and the Commission will post commonly applicable questions and answers on the website, www.hwtfc.org. You may also click on the *Contact Us* section of the website and submit your question.

20) When will grant funding be announced?

As detailed in the RFP timetable, final grant applications are due on August 5, 2003 and the notification of awards by the Commission is scheduled for late October 2003. Funding is expected to begin on or about January 1, 2004.

21) Has the Commission set aside a particular amount of money for funding this RFP?

Yes. The Commission voted to allocate grants totaling \$3 million per year for three years, based on the availability of funds, to expand and enhance the statewide effort to prevent and reduce obesity.

22) Can the same organization submit multiple proposals?

Yes, the technical assistance providers will assist in determining which proposal would be most viable or will recommend combining the proposals.

23) Will the Commission have another RFP process for Obesity grants next year?

The Obesity grants selected by the Commission through the current RFP will be funded for 3 calendar years based on the availability of funds and annual satisfactory program evaluation and continuation plans.

24) Will there be an opportunity to apply for continuation funding from the Health and Wellness Trust Fund Commission after the three-year period?

The Commission has made no decision in this regard. At this time, the Commission is looking to fund projects that will be self-sustaining beyond the Commission funding.

25) Will the narrative section for this grant's goals, objectives and strategies include all three years?

Applicants should include a description of the proposed program plan that covers all three years of the project. The program plan must include specific goals, objectives and strategies for year one. For example, you will want to briefly state the program objectives, strategies and services that will be implemented in years 2 and 3 once you have built the capacity in year one.

26) Can attachments such as statistics cited in the proposal, logic models or other items be submitted along with the completed application?

Yes. These items must be received by the Trust Fund Commission by August 5, 2003 and should be explained.

Grant Requirements

1. How many Obesity grants will be funded?

The Commission expects to receive 60 – 100 applications and will likely fund 20 – 25 organizations.

2. Should applicants closely follow the example strategies provided in the RFP guidelines?

The examples provide suggestions of activities that would be reviewed favorably. Applicants need not limit themselves to only the activities listed. The strategies listed provide a range of activities that exemplify the intent of the goals.

3. Do all objectives have to be met or be in the process?

If you are "in process", it would be important to describe how far along you are in the process and what steps need to be implemented in order to complete the objective. This information will enable reviewers to judge how what resources would be needed.

4. Is the required computer specifications and internet access to be able to capture certain data on a statewide level and perform a larger evaluation of which the individual projects are all a part? How will we be able to then learn from our peer communities on a regular basis through this sharing of information?

Yes. There will be a website and opportunities to share best practices.

5. In the RFP on page 17, under "Organizational Capacity," the second bullet describes dedication of 1 full time staff. Is that full time staff dedicated to this initiative supported by the grant funding, or is this full time staff dedicated from existing budgeted staffing?

The full time staff member would be dedicated to this initiative and supported by the grant funding.

6. Can grant funds be used for benefits as well as salaries?

Yes, the amount that would be included in the budget spreadsheet in the salaries/benefits line item can also cover benefits. A description would also be included in the budget narrative.

7. Can dieticians play a role in the grant?

Yes, they can be covered by the grant.

8. Can an application propose a new program as well as an expansion of an old program?

Yes. The only limitation is that funds for existing programs cannot supplant existing funds and that in case of existing programs must clearly enhance their efforts in order to be eligible for funding.

9. With salaries for school personnel, does the Commission allow for breaks in the school year?

Yes.

10. Would the Commission like to see background data about the community served such as obesity data?

This is highly recommended. The applicant should be as specific as possible in order to show who will be the population served and the need for this service.

11. Is there a preference in expanding a current program or establishing a new program?

No, the Commission has traditionally funded a combination of both existing and new programs.

12. Is there an ideal type of organization that the Commission would fund?

No, the Commission is interested in funding diverse types of organizations.

13. Can grant funds be used for wireless access or cellular phones?

The expense is not prohibited but would need to be clearly justified. Sustaining the cost after the grant period should also be considered.

14. Will staff hired under the grant be considered state employees?

The staff will be employees of the funded entity or could be contract employees.

15. Would statewide organizations be considered for funding as well as local or regional applications?

Yes.

16. Is there a matching component to this grant?

No. However, on the budget spreadsheet, there is a column for in-kind. This would be looked upon favorably by the evaluators and Commission but is not required.

17. My agency has a pending grant that if funded would cover one component of our intended HWTFC Obesity Grant. This component is vital. If the component is funded through the currently pending grant, may we revise the awarded HWTFC grant accordingly?

The applicant would need to clearly state in the grant applications how grant funds would be used in case the applied for funding do not materialize. The applicant may need to submit an addendum if it does not fit into the allotted space.

18. If an applicant has received a grant from the Trust Fund Commission for a different initiative, does receipt of this grant influence the chances for receiving an obesity/overweight grant?

No. However, geographic dispersion is a factor for the Commission. This will be examined when selecting the final grants but will not be the main factor in determining awards

19. On page 11 of the RFP, it states that the Commission anticipates that one FTE of dedicated staff will be needed. Is the assumption that that person will be doing the 11-13 hours of work on meeting the requirements for the activity tracking system and the state level outcomes study? Or is it the assumption that that will represent one and a quarter FTE?

This depends on the program design. For smaller areas, there may be only one FTE and it may be necessary to have for that person to do the tracking and outcomes study as well. The RFP recommends the funding of at least one FTE but does not limit the number to be funded. Larger areas may need 2 or 3 FTEs depending on the program size.

20. At some point in the process there was talk of a separate pot of "resource funds" that would be used for statewide organizations that provided technical assistance to local agencies that received Obesity Reduction/Prevention Initiative Funds? Will there be a separate RFP for those funds or have they been subsumed by the current RFP?

The current RFP addresses both local entities and statewide organizations. There will not be a separate RFP for statewide organizations.

21. An applicant is planning to propose a project that will provide a comprehensive curriculum and activity program for up to 20 high-need schools. The program has a strong evaluation component. How will the evaluation plan merge with the evaluation piece planned by the Duke Management Team? Will there be more specifics about what data will be required from the applicants? Will applicants be able to work with Duke to refine the evaluation piece of the application to ensure that the evaluation is efficient as well as effective?

More specifics about the data that will be required will be made available. Yes, applicants can work with Duke to refine the evaluation piece.

22. The RFP states that "applications will also be considered from collaborations/organizations that seek to implement one or more of the goals of this initiative statewide." Does that also mean that you expect all partners and collaborating organizations in a geographical area should submit one proposal or can they submit different but complementary proposals?

Collaborations are strongly encouraged. A proposal will be considered more meritorious if it contains a strong partnership element. Certainly if the goals and objectives are not similar, the reviewers would not question why collaboration did not occur. On the other hand if they are similar, the question of collaboration will remain.

23. Can part of the grant award be used for funding physical fitness equipment?

Yes. Applicants can propose to use up to 25% of their annual grant request to fund capital expenditures for program implementation for e.g. physical activity equipment, walking trails including signage, playground equipment; so long as they can clearly demonstrate how this is a really integral part of their proposed program and in the absence of which they cannot implement their chosen strategy.

- 24. In many grants it is customary that the cost of materials ordered from sites such as CDC, NIH, etc—(during the grant period funded) are often waived or “in-kind”. Are there any arrangements that the Trust has made with CDC, Eat Smart Move More, Start with your Heart and/or other programs for the 20 to 25 grants that will be funded? Or should applicants plan on BUDGETING for those “resources” listed on page 4 of the RFP—that applicants plan to use in project plans? (Ex. Handouts, Educational materials—that CDC has already developed—that have to be ordered.**

Most of the materials referenced by the RFP are free to download of upon request at the website (sometimes postage is required). However, during the course of a “funded” project, it would be acceptable to include funds in the proposal to cover necessary materials for distribution.

- 25. Does the grant provide for sending school-based food service workers to training programs offered by the state?**

Yes, grant money can be used to provide registration and training for these workers. If salary reimbursement is requested, it must be clearly justified and expenses should be tied to the goals and objectives of the proposal.

- 26. On the application, Section B, Page 4, Question 4, it asks for specific goals, objectives and strategies. Should these be specific to our proposed project?**

The goals can be restated but the objectives and strategies should be customized for each program

- 27. If a program is established yet the applicant wants to expand and add new programs to the existing foundation, would this be considered new or expanded programs?**

The application should clearly show the expansion as well as the new aspects of the program. It would be considered an existing program with expansion and new developments.

- 28. What are the different responsibilities of the co-applicants as opposed to collaborators?**

Co-applicants would be considered subcontractors and the lead agency should view the relationship as a contract. Collaborators may be involved in the project but have no contractual duty.

- 29. Are there certain parts of an audit that are needed rather than submitting an entire school system budget?**

Summary information of the entire budget is sufficient as well as other details about the portion which is allocated for physical activity and nutrition.

- 30. For large school systems that receive hundreds of grants per year, is it necessary to list all grants received in the past 5 years?**

Please list any physical activity and nutrition grants. This gives the applicant a chance to strengthen the application by showing that there is expertise and credibility in this area.

- 31. Would a program to develop a database of community resources for exercise and weight maintenance as well as a multidisciplinary weight management program for adult patients be a proposal that the Commission would consider?**

The Obesity Initiative is specifically created to address the needs of children, youth and their caregivers. Unless a clear tie into intervention into children is shown, the Commission would not likely look favorably upon such a proposal.

32. An applicant is going to be featured on a television show for a hometown segment. Is it appropriate to discuss the program that is being proposed in the grant application?

It is acceptable to mention the proposal with the understanding that the project may not receive funding from the Commission.

33. What is the financial responsibility of the lead applicant as opposed to the co-applicants?

The lead applicant is fiscally responsible for all grant funds. They must submit monthly financial reports on expenditures. The co-applicants would not have any contact from the Commission and the lead applicant would be responsible for their activities and productivity.

34. Is there a preference on the type of partners that should be listed on the application?

There is no preference on the type of partnership. There is an emphasis on collaborations and all inclusiveness within the community.

35. Is there a preference on serving certain social-economic groups?

There is no preference; this initiative seeks to cover all types of children.

36. The RFP discusses evidence-based models. If there is a “homegrown” idea that has measured outcomes, would this model be considered?

Yes, the program and outcomes should be explained as well as the reason for expansion.

37. What is the expected sustainability of the grants?

Programs should build capacity in the community to provide for the community to sustain the program after the grant.

38. How specific should the proposal be and do there need to be specifics on how many schools and children will be reached?

The application should be as specific as possible and have the commitments made listed on the application.

39. Does the exact curriculum or program need to be completely described?

No, but the relationship with the schools should be arranged as well as a solid idea of what would need to be put in place if the grant is awarded.

40. Can the cost of food items be considered as part of the supplies for a grant?

If this is a minimal amount of your request and if you can justify the need for food purchases, such as samples or tasting demonstrations.

41. What does the Commission want the grantees to provide for evaluation?

Guidelines will be provided and monthly reporting will be required.

42. Can a different budget amount be requested for each year?

Yes, it is understandable to have different requests each year.

Programmatic Questions

43. In regard to eligible strategies for the obesity initiative funding: a partner of an applicant has suggested proposing the Project Fit America concept for funding. Project Fit America is a proven program that it is administered through a not-for-profit foundation and works like this - for a donation of about \$14,000, Project Fit America will bring fitness equipment, training and curriculum a school to increase children's physical activity. They also provide data collection and evaluation, as well as a comprehensive "canned" marketing plan/campaign. In order to provide this service, the Project Fit America foundation keeps 25% of the \$14,000 for administrative purposes. If there are more schools in a county than there are donations (again, \$14,000 per school), Project Fit America organizes a grant process to identify which schools receive the program. During this grant process, each school is asked to submit a proposal, which is then reviewed by a Project Fit America review committee. Is this something the NCHWTFC would consider for funding?

The Commission would NOT look favorably on an application that looks at "re-granting" their money by another organization as mini-grants etc. It is recommended that the school interested in utilizing Project Fit Youth activities/services include the fee for their participation directly in their application rather than as proposed in this question.

44. Should timelines be provided in the description of strategies?

Yes, this will strengthen a proposal and provide the reviewers with a sense that there is a well thought-out strategy for each of the goals and objectives.

45. Can grant funds be used to subsidize memberships for at risk and obese middle school students and one parent to attend a local hospital owned/managed fitness center for a limited amount of time, say one school semester? Afterwards, the family would have to pay the fee on a sliding fee scale or special needs membership arranged through the fitness center. The families could be eligible for the special membership for one semester if the students participate in an alternative PE and nutrition education program during school hours several times per week. The alternative school program is open to any student, regardless of body weight and is considered part of the PE curriculum. Only the at-risk and obese students would be eligible for the "free to family" membership.

The answer depends on the cost for subsidizing memberships compared to the total cost of the grant proposal. If this is a small piece of the proposal, it may be considered. The applicant should also show how they will continue to sustain this after the grant period.

46. Can an applicant develop a PE program for a school, parents and community?

Yes, an FTE to coordinate this program would be a good use of grant funds. The organization would need to fully define the roles of the partners and solidify letters of support and commitment.

47. Can an applicant show a new program component for each grant year in a timeline?

A program may take incremental steps and show this in a timeline.

48. Can smaller groups of individuals be targets for the grant?

Yes. It is important to examine the budget request and the ratio to the number of individuals served.

49. Does the Commission allow a gender specific program?

Yes, it is dependent upon the goals and strategies of the proposal.

50. Can proposals address training teachers, Sunday school teachers and those individuals that influence children?

Goals I and II address this topic and allow for it.

51. The RFP identifies youth 12 to 18 as one of the target populations but does not specify that efforts to impact youth must occur through the public school system. Would the freshman class at a University qualify since they are overwhelmingly 17 and 18? In addition, it is at this age that educational institutions have their last opportunity to influence these youths before they become totally independent and start having children of their own. Establishing good eating and exercise habits now would influence what they teach their children.

The goals and objectives for the RFP suggest intervention in the public school system. Since we know that changes in health behavior take time, it would be important to demonstrate how you will impact changes given that you would essentially have one year with the students. Another suggestion might be to partner with a school and use the students at the university to influence curriculum and these health behaviors thereby changing the behavior of the college students as well as creating a lasting effect in the school/daycare.

52. Can part of the grant award be used for marketing and promotion of the grant-funded program that will make available physical activity classes for youth?

This must be part of a comprehensive proposal. The marketing budget should be commensurate with the program budget.

53. Can part of the grant award be used to defray the cost of a youth weight management program that is costly to provide?

This must be commensurate with the overall budget.

54. Would the Commission entertain a proposal that addresses development of a coalition and plan to encourage healthful uses of a planned greenway?

The Initiative does fund policy change. However, a smaller grant request with a tight description of how the applicant would organize and specific products the group would produce that may be used for other communities that want to initiate the same types of change would be recommended. The Commission would not look favorably upon a grant that is strictly for planning meetings etc. The Commission is most interested in funding the programming that will be implemented once a greenway is in place and specific deliverables during the policy change phase. Again, the planning and focus should continue to emphasize youth and their caregivers.

55. Would the Commission entertain a proposal that develops a database of community resources for exercise and weight maintenance and initiate a multidisciplinary weight management program for adults? The weight

management program would incorporate/encourage the utilization of the community resources to facilitate weight loss.

The HWTFC Obesity Initiative does address children, youth and their caregivers. Unless there is a tie in the intervention to children and parents in the community, this proposal would not address the priority areas as outlined in the RFP.

56. What will be considered acceptable outcome measures for the population of children being targeted? BMI, wt/age; physical activity play time; physical fitness measures (cardiovascular fitness); dietary change (reducing CHO intake, energy intake, low nutrient density foods...increasing fruits and vegetables, skim milk products, whole grain breads); visits to a nutritionist/physician for weight control; measures of knowledge vs. behaviors?

A minimum will be showing an increase in the desired or targeted behavior. For example, if it's fruit and vegetable consumption or physical activity. You would need to combine the information from process measures (the number of children/people you say you will serve by when and in what setting) with the desired outcome of the intervention you are providing. The evaluation of the projects will combine these two elements.

57. Will the grant be able to be used for the case management of overweight children for referral and follow-up to a nutritionist or pediatric clinic? Can an outcome measure be the number of children case managed?

Yes, outcome could be the number managed but in addition to the process information, outcomes of children followed in terms of changes in health behavior would substantiate the need for case management.

58. Can the grant money be used for parent/children/teacher FIT! clubs emphasizing the planning and conducting of food activities and physical activities for families to do together?

Yes, please be sure to justify in your described activities and budget narrative how this fits together along with costs for participation. The cost ratio should be reasonable.

59. Can the grant money be used for lay health advisors to work with families of overweight children in the neighborhoods?

Yes.

60. If two grants are submitted from one county, for example one from a hospital directed toward the employees of the hospital and their children, and one toward school children, and co-applicants include partners who want to be on both grants and receive money from both grants, would that be viewed as competing grants that should be partnering together to submit one grant? Or would that be considered as separate but competing grants?

The proposal would be stronger if it were submitted as a combined application as opposed to two separate but competing proposals, unless there is clear rationale for submitting two separate applications from the same entity.

61. If the lead contact for an applying organization serves as a paid consultant for other proposals in other counties, is that a conflict of interest for the application?

The Commission would not look favorably upon being a lead in one application and being a paid consultant in other applications. There must be clear justification for the contract services by the grant applicant seeking to pay these consultant fees. Furthermore, there are specific guidelines for reimbursing contractors outlined in the Commission's rules.

62. In the distribution of funds if two agencies have two projects coming from ONE county, then does that decrease the chance of either being funded, even if they both have merit?

No, but the likelihood that both would be funded is low.