

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/energy/
- <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:

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

Examples:

- Provide educational opportunities to raise awareness of the positive association between the number of hours children watch television and their risk of being overweight.
- 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.