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State of California—Health and Human Services Agency  
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February 4, 2008

TO: RENEWING LOCAL INCENTIVE AWARD (LIA) APPLICANTS

SUBJECT: NETWORK FOR A HEALTHY CALIFORNIA (NETWORK) FUNDING APPLICATION PACKAGE (FAP) CONTRACT RENEWAL INFORMATION FOR CONTRACT TERMS BEGINNING 2008/2009

Congratulations! Based on successful past performance, your organization has been selected to receive a **three-year** contract from the *Network* LIA Program. This is anticipated to benefit your organization by decreasing the annual workload of preparing and negotiating contract documents. It also will allow you to continue conducting activities into the second and third year of your contract without interruption. Needed changes to your State and/or Federal Share Budget or Scope of Work (SOW) during the three-year period may be handled either through an informal budget adjustment, informal SOW change, or a formal contract amendment.

Below is a timeline that includes the documents your organization is required to submit as part of the federal fiscal year (FFY) 2009 Funding Application Package (FAP) for your contract. Please note that once the new Guidance has been received from United States Department of Agriculture (USDA), the *Network* may be required to update some of the FAP Forms. These will be sent to you under separate email if this occurs.

Document Required	Submission Deadline
1. Letter of Qualification and Intent (LOQI)	February 21, 2008
<b>Application Package</b>	
1. Application Cover Sheet/Checklist and Contract Negotiation Availability	April 3, 2008
2. Contractor Information Form	April 3, 2008
3. Budget Cover Sheet	April 3, 2008
4. Budget Justification	April 3, 2008
5. Scope of Work	April 3, 2008
6. Project Summary Form (mailed 3/8/07)	April 3, 2008
7A. Shaping Health as Partners in Education (SHAPE) Letter of Commitment (if applicable)	April 3, 2008
7B. SHAPE Partner Data Form (if applicable)	April 3, 2008
8. Memo of Understanding (if applicable)	April 3, 2008

All completed FAP documents should be emailed to your assigned Contract and Program Manager (CM/PM). The LOQI and SHAPE Forms require a signature of the authorized contract signatory or representative and should be emailed initially and then followed by a hard copy sent through the mail to assigned CM by the stated deadline.

*Network* staff will review your application and work with your organization on any needed adjustments. Once this step is finalized, you will receive a letter to confirm *Network's* intent to award and assigned a new contract number. Please display the contract number on all subsequent documents and correspondence related to this contract.

### **Allowable and Unallowable Costs**

The Allowable and Unallowable Cost Chart can be found on our website at <http://www.dhs.ca.gov/ps/cdic/cpns/network/FAP/Renewing.html>. Refer to this document when completing your application. If there are changes in the *Food Stamp Nutrition Education Plan Guidance* for FFY 2009 that impact the Allowable and Unallowable Costs, the *Network* will update the website with a revised Allowable and Unallowable Costs document. Note: You will be required to comply with the FFY 2009 USDA Guidance document once issued. You will be notified by email if changes occur.

### **LIA Collaboration and Partnering Guidelines**

LIA Collaboration and Partnering Guidelines can be found on the CPNS web site along with the FAP documents. This document contains a sample memorandum of understanding (MOU) for LIA contractors to use when collaborating with partners. Remember - if you list a partnering agency in Section #8, Coordination Efforts of the Project Summary Form, you are required to submit a MOU for that partnership.

### **Contract Negotiations**

The *Network's* goal is to have a fully executed contract in place as close as possible to the contract start date of October 1, 2008, in order to give your organization the maximum time to expend contract funds. Contract negotiations are anticipated to take place from April 17 through June 1, 2008. Additional information will be supplied when your negotiation date has been determined based on the negotiation availability form you return to your assigned Contract and Program Manager.

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We look forward to working with you in the coming year. For administrative/fiscal questions, contact your assigned Contract Manager and for programmatic questions, contact your assigned Program Manager.

A handwritten signature in black ink, reading "Susan B. Foerster", followed by a horizontal line extending to the right.

Susan B. Foerster, M.P.H., R.D., Chief  
Cancer Prevention and Nutrition Section  
And Project Director, *Network*