

REQUEST FOR APPLICATIONS (RFA) #LFNE-2008

*Local Food and Nutrition Education*

Released April 23, 2008

Applications due on June 2, 2008 by 4:00 p.m.

Cancer Prevention and Nutrition Section  
California Department of Public Health  
1616 Capitol Avenue, Suite 74.516  
PO Box 997377, MS 7204  
Sacramento, CA 95899-7377



Principal funding is from the United States Department of Agriculture Food Stamp Program through the *Network for a Healthy California*, which is an initiative of the California Department of Public Health. These institutions are equal opportunity providers and employers.

## RFA TIMELINE

<b>DATE</b>	<b>ACTIVITY</b>
April 23, 2008	RFA released on website
May 6, 2008	Written RFA questions due by 4 p.m.
May 13, 2008	Informational Teleconference
May 20, 2008	Mandatory, non-binding Letter of Intent due by 4 p.m.
June 2, 2008	Applications due by 4 p.m.
June 20, 2008	Intent to Award posted and formal notification to all applicants sent
June 27, 2008	Appeal deadline 4 p.m.
October 1, 2008	Contract begins

See page 7, paragraph II, "General Information," for details on responding to the above activities.

**Please note: Applicants must check the website frequently for any RFA addenda, which includes additional RFA information such as answers to RFA questions, and other helpful information. The website is:**

<http://www.networkforahealthycalifornia.net/LFNEfunding>.

## TABLE OF CONTENTS

I.	INTRODUCTION.....	1
II.	GENERAL INFORMATION .....	1
A.	RFA Purpose and Background .....	1
B.	Funding Amount and Timeframe .....	2
C.	Reporting Income Targeting Data.....	3
D.	Who May Apply.....	3
E.	Informational Teleconference Call .....	4
F.	Non-binding, Mandatory Letter of Intent .....	4
G.	Submission of Application.....	4
H.	Information, Addenda or Changes.....	5
I.	Review Process.....	5
J.	Contract Award Process .....	6
K.	Appeals Process.....	6
III.	APPLICATION INSTRUCTIONS.....	6
A.	Letter of Intent .....	6
	Application Content.....	7
C.	Description of Each Section of the Application .....	8
1.	Cover Letter.....	8
2.	Project Description .....	8
3.	Project Narrative.....	8
4.	Scope of Work.....	10
5.	Evaluation Plan.....	10
6.	Budget and Budget Justification .....	13
7.	Project Summary Form 6a and 6b.....	14
8.	Resumes .....	14
9.	Community Letters of Support.....	15
IV.	OTHER APPLICANT INFORMATION.....	15
A.	Project Reporting.....	15
B.	Sustainability and Effective Use of Existing Resources .....	15
V.	WEBSITES AND RESOURCES.....	15
VI.	ATTACHMENTS (Included in Separate Documents from RFA).....	17
	Scope of Work Template .....	A
	Sample Scope of Work and Instructions .....	B
	Non-binding, Mandatory Letter of Intent Form .....	C
	Application Checklist.....	D
	Evaluation Model.....	E
	Budget Justification.....	F
	Budget Justification Instructions .....	G
	2009 Allowable and Unallowable USDA Guidelines.....	H
	Travel Reimbursement Information .....	I
	Project Summary Instructions.....	J
	Project Summary Forms 6a and 6b.....	K

## **Local Food and Nutrition Education Grants Request for Application**

### **I. INTRODUCTION**

#### Overall Purpose of Request for Application (RFA)

The Cancer Prevention and Nutrition Section (CPNS) of the California Department of Public Health (CDPH) is soliciting Local Food and Nutrition Education (LFNE) applications from eligible non-profit, community-based organizations to implement innovative nutrition education activities and promote access to healthy food for low-income Californians.

### **II. GENERAL INFORMATION**

#### **A. RFA Purpose and Objective**

CPNS is conducting an open, competitive RFA process to fund up to 12 LFNE projects for a three-year contract period from October 1, 2008 to September 30, 2011. The overall objective of this RFA is to award funding to non-profit, community-based organizations that work with food stamp participants and Californians who are eligible, to provide high-quality nutrition education interventions. CPNS recognizes that community-driven approaches to implement nutrition education and access to healthy food are most successful in changing community norms. Applicants must place emphasis on community empowerment as an integral part of the nutrition education interventions, and include promotion of access to healthy food, and physical activity.

The three primary objectives or key components of the funding for the LFNE projects:

1. Provide and implement innovative nutrition education activities to Food Stamp eligible families in non-profit, community-based organizational settings that address and support anti-hunger, food justice, economic development, community-supported agriculture, and cooperative educational models. The LFNE applicant must represent and/or partner with individuals, organizations, advocates, community leaders, businesses, or others with expertise in nutrition education, food security, obesity, chronic disease prevention, and working with under-served communities.
2. Provide technical assistance and community leadership to *Network for a Healthy California (Network)*-funded projects in the area of nutrition education and food stamp promotion in innovative settings such as: food banks, community gardens, low-income housing communities, farmers' markets, and community supported agriculture organizations.
3. Participate in the *Network's* partnership development efforts via the Local Food and Nutrition Education Action Committee (LFNEAC) statewide advisory committee, to enhance nutrition education interventions and the sustainability of promising practices.

Examples of currently funded LFNE Contractors that have included innovative approaches to nutrition education are described below:

- **Child Care Providers and Families**—a community-based organization that provides nutrition education classes to day care home providers, parents and families that are food stamp eligible. The classes focus on healthy recipes using affordable foods; and include tours of local farmers' markets, to emphasize the benefits of consuming fresh fruits and vegetables.
- **Local Farms as Nutrition Education Intervention Sites**—a community-supported agriculture organization provides hands-on, nutrition education opportunities to low-resourced schools. The project includes a garden enhanced nutrition education; collaboration with a local farm as a nutrition education site for both teachers and K-8 students.
- **Affordable Housing Complex and Edible Landscape Project**—established anti-hunger organization implements an edible landscaping project in an affordable housing complex. The residents learn about good nutrition and access to healthy, affordable food.
- **Garden-Enhanced Nutrition Education in Schools**—a small urban, community-driven organization works to increase fruit and vegetable consumption of low-income youth and adults in under-served neighborhoods through garden-enhanced nutrition education. This projects includes training community members to provide nutrition education interventions.
- **Food Bank**—a local food bank provides nutrition education in conjunction with the distribution and sales of fresh fruits and vegetables. Participants are provided with simple to prepare culturally appropriate recipes, cooking demonstrations, taste testing, tips on increasing physical activity, and information on food stamp eligibility. Please note, only the nutrition education activities are funded by the *Network*.
- **Farmers' Market**—a local health education organization provides nutrition education training to farmers' market vendors who live and grow their produce in a low-resource community. The project also provides nutrition education information through direct mailings to residents in qualifying census tracts closest to the market.
- **Peer-to-Peer Education**—nutrition education is provided in a community comprised of the lowest income people in an urban setting, including thousands of homeless people. Nutrition needs of homeless people are often overlooked and this program is unique in providing education to this underserved group of people.

**B. Funding Amount and Scope of Work Timeframe**

A total of \$1,020,000 is available each year to fund up to 12 LFNE projects at an annual maximum award of \$85,000 per contractor. The contract period begins on October 1, 2008. Funding for the LFNE projects is contingent on the continued availability of funds through the United States Department of Agriculture (USDA) Food Stamp Nutrition Education (FSNE) Plan, and subject to USDA FSNE Plan Guidance requirements at

[http://www.nal.usda.gov/foodstamp/guidance08/Final\\_2008\\_Guidance.pdf](http://www.nal.usda.gov/foodstamp/guidance08/Final_2008_Guidance.pdf). Successful applicants awarded a contract as a result of this RFA will be eligible for a three-year contract, beginning on October 1, 2008 and ending September 30, 2011.

Applicants shall submit a composite three-year Scope of Work (SOW) for federal fiscal year (FFY) 2009 (2008-2009), FFY 2010 (2009-2010), and FFY 2011 (2010-2011). Applicants shall submit three separate budget justifications (one budget justification for each FFY 2009, 2010 and 2011).

If additional funding is made available, projects from this solicitation not initially selected for funding will be considered for funding at a later date in the order of the scores they receive during the application review process.

### **Contract Terms and Conditions**

Contractual terms and conditions for the resulting awards can be viewed on the CPNS' web site at <http://www.networkforahealthycalifornia.net/LFNEfunding>. Awards recommended from this RFA will be contingent on additional review and approval by USDA.

### **C. Reporting Income Targeting Data**

All *Network*-funded programs must provide income targeting data for the populations that are served with USDA FSNE funding. The income targeting data source will verify that your target audience meets the USDA FSNE funding guidelines, which is 185 percent Federal Poverty Level (FPL). The *Network's* Geographic Information System mapping tool will assist you in identifying qualifying census tract data. Submit this information on the Project Summary Form. The Project Summary Form is a mandatory document to be completed and submitted with each LFNE application. For more information, see Section III Application Instructions, subparagraph 7: Project Summary.

### **D. Who May Apply**

Applicants must be California-based, non-profit, community-based organizations that meet all of the following criteria:

- Operate within the communities they intend to serve.
- Provide proof of non-profit status as part of the response to the RFA (for example, a copy of your signed 501(c) (3) IRS form).
- Address nutrition education and promote access to healthy food.
- Demonstrate experience or capacity to provide nutrition education to well-identified FSNE eligible individuals and families.
- Collaborate with partners representing the diverse assets and needs of community, including addressing and promoting the following efforts: food security, anti-hunger, economic development, health disparities, and local food systems.
- Possess the capacity to adhere to the contractual, fiscal, and program reporting requirements of CDPH and USDA.

**E. Informational Teleconference Call and Submission of Questions to CPNS/CDPH**

An Informational Teleconference call will be conducted on May 13, 2008 from 2 - 4 p.m. The purpose of the teleconference is to answer any questions applicants might have regarding the RFA and the application process. The format of the teleconference will be formal; CPNS staff will read the questions submitted and provide answers to the participants. An opportunity at the end of the teleconference will be provided so that CPNS staff can clarify any questions that arise as a result of the teleconference. Applicants must submit their questions via FAX to:

ATTN: Mary N. Rousseve  
Fax number: (916) 449-5414  
Date: May 6, 2008  
Time: 4 p.m.

**F. Mandatory, Non-Binding Letter of Intent**

Mandatory, non-binding Letter of Intent must be received no later than 4 p.m. on May 20, 2008.

**G. Submission of Application**

Submit one (1) original application packet and four (4) copies to the CPNS/CDPH office no later than 4 p.m. on June 2, 2008. Application packets postmarked on or before June 2, 2008, but received after 4 p.m. will not be accepted. FAXES AND ELECTRONIC SUBMISSIONS WILL NOT BE ACCEPTED.

It is the sole responsibility of the applicant to ensure that CPNS receives the application package by the above deadline. Incomplete or late applications will be considered non-responsive and will not be reviewed.

Please note that it can take up to several days for items sent through the United States Postal Service to be processed through the State mail system. It is highly recommended that applications be sent via express courier/overnight or hand-delivered to CPNS offices.

Send application packets to:

**Mailing Address:**

Mary N. Rousseve  
Health Program Specialist  
Cancer Prevention and Nutrition Section  
P.O. Box 997377, MS-7204  
Sacramento, CA 95899-7377

**Shipping Address/Overnight Express:**

Mary N. Rousseve  
Health Program Specialist  
Cancer Prevention and Nutrition Section  
1616 Capitol Avenue, MS 7204  
Sacramento, CA 95814

CDPH reserves the right to reject any or all applications, cancel this solicitation, and/or request best and final offers from some or all applicants. Acceptance of an application is subject to negotiations of a contract between CDPH and the applicant organization.

Agencies will not be reimbursed for any expenses incurred in the development of this application.

All materials submitted in response to this RFA will become the property of CDPH at the time the application is received.

All applicants agree that in submitting an application they authorize CDPH to verify any or all claimed information and to verify any references named in their application.

All applications must be complete when submitted. No changes, modifications, corrections, or additions may be made once the application is filed with CDPH. CDPH reserves the right to contact applicants during any application evaluation phase to clarify the content of the application.

**Submission of an application will be considered as a representation that:**

- The lead organization and any subcontractor(s) have carefully investigated all conditions which affect, now and in the future, the performance of the work covered by the application;
- the lead organization and any subcontractor(s) are fully informed concerning the conditions to be encountered, quantity and quality of work to be performed; and
- the lead organization and any subcontractor(s) are familiar with all federal and state laws that affect the work to be conducted and the persons employed in the work.

**H. Information, Addenda or Changes**

If any clarifications or modifications to this RFA are necessary, all questions and answers, addenda or changes will be posted on the CPNS web site at <http://www.networkforahealthycalifornia.net/LFNEfunding>. It is the responsibility of potential applicants to check the website frequently to keep updated regarding clarifications or changes to this RFA.

**I. Review Process**

Applications will be reviewed for completeness and compliance with RFA requirements. Each application received meeting the completeness and compliance requirements of the RFA will be evaluated by a panel of reviewers to determine the responsiveness of the application to the purpose and requirements specified in the RFA.

Applications will be scored according to the following criteria:

Project Description	5 points
Project Narrative	30 points
Scope of Work	20 points
Evaluation Plan	15 points
Budget & Budget Justification	30 points
<hr/>	
Total Points	100 points

## J. Contract Award Process

Successful applicants will be notified by June 20, 2008. CPNS reserves the right to fund any or none of the applications submitted.

Awards will be made to applicants with the highest scores and whose applications are determined to be technically complete, whose professional qualifications and experience meet the terms of the RFA, and to applicants deemed by the review panel to be most competent. In addition, CPNS is seeking applications to increase impact and expansion of nutrition education interventions, and will therefore choose applicants from a variety of geographic locations. The selection process may include a request for additional information to support the written application. In addition, telephone interviews and/or site visits may take place between the selection process, contract negotiations, and contract award dates.

## K. Appeals Process

An applicant may appeal a funding decision on the grounds that CPNS failed to correctly adhere to the review process specified in this RFA. Only unfunded applicants who submit an application within required guidelines may appeal. There is no appeal process for incomplete applications or applications submitted after the deadline.

The appeal process consists of two steps: 1) Letter indicating the applicant is appealing the final decision and selection process must be received no later than 4 p.m. on June 27, 2008; 2) The appellant must file a complete written appeal, including the issue(s) in dispute, the legal authority or other basis for the appellant's position, and the remedy sought. **Faxed and e-mailed copies are not acceptable.** Applicants will be notified of decisions in writing within ten working days of the receipt of their appeal.

Please send your appeal to the attention of:

### Mailing Address:

Rosanne Stephenson  
Staff Services Manager I  
Cancer Prevention and Nutrition Section  
P.O. Box 997377, MS-7204  
Sacramento, CA 95899-7377

### Shipping Address/overnight Express

Rosanne Stephenson  
Staff Services Manager I  
Cancer Prevention and Nutrition Section  
1616 Capitol Avenue, MS 7204  
Sacramento, CA 95814

## III. Application Instructions

### A. Mandatory, Non-binding Letter of Intent

Prospective applicants who intend to submit an application are required to indicate their intention to submit an application. Failure to submit the mandatory, non-binding Letter of Intent will result in application rejection. The mandatory Letter of Intent is non binding and prospective applicants are not required to submit an application merely because a Letter of Intent is submitted. Use the Letter of Intent form found on the LFNE RFA web page at <http://www.networkforahealthycalifornia.net/LFNEfunding>, or in the attachments section.

### **Submitting a Mandatory, Non-Binding Letter of Intent**

Regardless of delivery method, the mandatory, non-binding Letter of Intent must be received by 4 p.m. on May 20, 2008.

Submit the Letter of Intent to the attention of Mary N. Rousseve at the address indicated on page 10, or FAX to:

#### **Letter of Intent FAX**

Local Food and Nutrition Education RFA  
Attention: Mary N. Rousseve  
California Department of Public Health  
Cancer Prevention and Nutrition Section  
Fax: (916) 449-5414

Applicants transmitting by FAX are responsible for confirming the receipt of the Letter of Intent by the stated deadline.

Email Mary Rousseve at [mary.rousseve@cdph.ca.gov](mailto:mary.rousseve@cdph.ca.gov) to confirm faxed transmissions.

### **B. Application Content**

The LFNE RFA and packet are available on the website at <http://www.networkforahealthycalifornia.net/LFNEfunding>. In reviewing the application, please read instructions carefully.

Any application that does not comply with these requirements will be considered non-responsive and will not be reviewed. A checklist (Attachment "D" Section IV) is provided to assist with submitting a complete application in a coordinated order.

#### Submitting the Application

- Paper size must be standard 8½ x 11 inch paper.
- Number the pages of your application.
- Do not use binders or presentation folios. Securely staple the original application and four copies in the upper left-hand corner.

All sections, including all attachments, must be complete and submitted in the order listed below:

1. Cover Letter – Two (2) pages maximum
2. Project Description – Two (2) pages maximum
3. Project Narrative – Seven (7) pages maximum
4. Scope of Work – Fifteen (15) pages maximum
5. Evaluation Plan – Five (5) pages maximum
6. Budget Forms
7. Project Summary
8. Resumes of Key (Proposed) Project Staff
9. Up to Three (3) Community Letters of Support – Three (3) maximum

## C. Description of Each Section of the Application

### 1. Cover Letter

### 2. Project Description (5 points, maximum of two pages)

For maximum points, provide a summary of the overall proposed project, the target audience, and community to be served by the project, the project's major goals and objectives, how the project will operate and be evaluated, and what the anticipated final products or outcomes will be after three years of funding.

### 3. Project Narrative (30 points, maximum of seven pages)

Include a short descriptive title of the proposed project at the top of the first page of the Project Narrative section and use the headings below as an outline for your narrative.

#### a. Community/Target Audience Description

- Briefly describe the FSNE-eligible community and target audience you are working with or plan on working with, including the location, size, demographics, income levels, and other relevant characteristics, with a special emphasis on the *Network's* target audience. At least 50 percent of the people you plan on serving in any Census Tract must have incomes at or below 185 percent of the FPL (see <http://www.cnnngis.org/> for more information on census tract data). For school sites, at least 50 percent of the student population must qualify for free or reduced price meals (See <http://www.cde.ca.gov/ds/sh/cw/filesafdc.asp>). Sites exempt from providing census tract data, include: food banks, pantries, shelter, and low-income housing sites. Specific data and the source of the data on the population to be served are required on the Project Summary Forms.
- Needs Assessment – Describe the community's available assets and define the needs with respect to improving access to the availability and provision of high-quality nutrition education, promotion of healthy eating, and promoting participation in the Food Stamp Program.

#### b. Project Highlights and Major Goals, Objectives and Activities

- Provide a description of the overall project and how it will operate in the community, how the community and target audience will benefit from the project, and what outcomes and results will occur.
- Provide a discussion of the major objectives for each year of the three-year project (consistent with the objectives in the Scope of Work (SOW). Objectives should be measurable, outcome and results-oriented, with specific target dates, and relevant to concrete program, community empowerment, partnership and other relevant capacity-building efforts.
- Provide a discussion of the major activities for each year of the three-year project consistent with the goals and objectives in the SOW. Include how those activities will accomplish the objectives

of the project; the provision of high-quality nutrition education supportive of the *Network's* mission; and how the project will collaborate with other projects, programs, and organizations to achieve success.

- Provide a discussion of intended outcomes as a result of the three years of funding, with an emphasis on sustainability of the program and promising practices.

**c. Community Involvement and Empowerment**

- Describe how local FSNE-eligible community residents will be involved with: 1) project planning; 2) different aspects of decision-making; and 3) leadership roles.
- Describe how the project will find ways to engage the community to increase knowledge about the importance of good nutrition, promote the Food Stamp Program, and increase access to access to healthy food.
- Describe how your organization will empower community members to become Champions for Change in addressing importance of nutrition education and access to healthy food in your community.

**d. Agency's capabilities/experience**

Provide a brief summary of your agency's overall mission, history, major activities, and funding sources. The summary should describe how the applicant will address the following:

- Planning and implementing nutrition education/healthy eating promotion programs. Describe to what extent your agency has promoted healthy eating among low-income individuals and families.
- Identify key people who will work on the project and briefly describe their qualifications. Specify the lead person (by name and title) responsible for implementing the project, monitoring progress, and maintaining contact with the *Network*.
- Describe the specific roles and capabilities of any key partners. Name the lead person(s) responsible for the collaboration and partnership, their title, and briefly explain their capabilities, or contribution to the partnership. Describe the length and nature of previous collaborations with the lead organization.
- For new partners, explain how you will develop and maintain an effective working partnership.
- Describe involvement with collaborations and community partnerships that address nutrition education, anti-hunger, and food security issues.
- Please describe how the coalition development and operation ties to the proposed project and how they would partner with the larger *Regional Network*.
- Management experience and fiscal capacity to administer similar type projects.

**4. Scope of Work (20 points, maximum 15 pages). The following key elements must be reflected in the applicant's Scope of Work:**

- The project is innovative and has replication potential.
- The proposed objectives are clearly stated, reasonable, justifiable, and quantified.
- Appropriate staff positions are identified for each objective.
- Measurable evaluation and/or tracking methods demonstrate the applicant's ability to document successful completion of each objective.
- The evaluation and/or tracking methods provide the contractor with the ability to evaluate the process, impact and outcomes of the project goals and objectives.

The SOW provides the basis for contract negotiations and, along with the budget, becomes a legally binding document. The negotiated SOW and any subsequent revisions will be incorporated and made part of the contract. The SOW may be changed only with prior approval from CDPH.

The SOW must include objectives covering each of the three-years of the project within the period beginning October 1, 2008 and ending September 30, 2011.

The SOW outlines the goals and objectives, while the project narrative provides an opportunity to describe thoroughly how the project will point towards major milestones or outcomes for each year. In planning the project, the applicant should envision specific outcomes or deliverables that did not necessarily exist at the beginning of the project and that would clearly benefit the target audience in highly measurable ways.

The SOW should specify the planned nutrition education topics, materials/curricula, settings, evaluation or tracking measures, and necessary staffing for each objective. Relevant information about the intervention not captured in the categories listed above should be described in the "Other information" section.

In considering the development of nutrition education materials and curriculum, USDA Guidance asks 1) that projects verify that the needed materials do not exist currently; and 2) that the costs are reasonable and necessary to the SOW and delivery of nutrition education intervention. Suggest using current USDA materials and *Network*-funded and produced materials.

**5. Evaluation Plan (15 points, maximum 5 pages)**

This section of the proposal should include:

- An evaluation model of the intervention for each target audience to be served. (5 points)

- A description of how intervention effectiveness will be assessed, include plans for process and impact evaluation including indicators and description of how the necessary information will be collected. (6 points)
- A description of the applicant's past experience, capacity and/or willingness to collect and analyze data. (4 points)

Evaluation should focus on two areas: 1) process and 2) impact. Your evaluation should help you track progress that allows you to meet important benchmarks in your project. It should also indicate how and to what extent you have succeeded in reaching your desired outcomes or results.

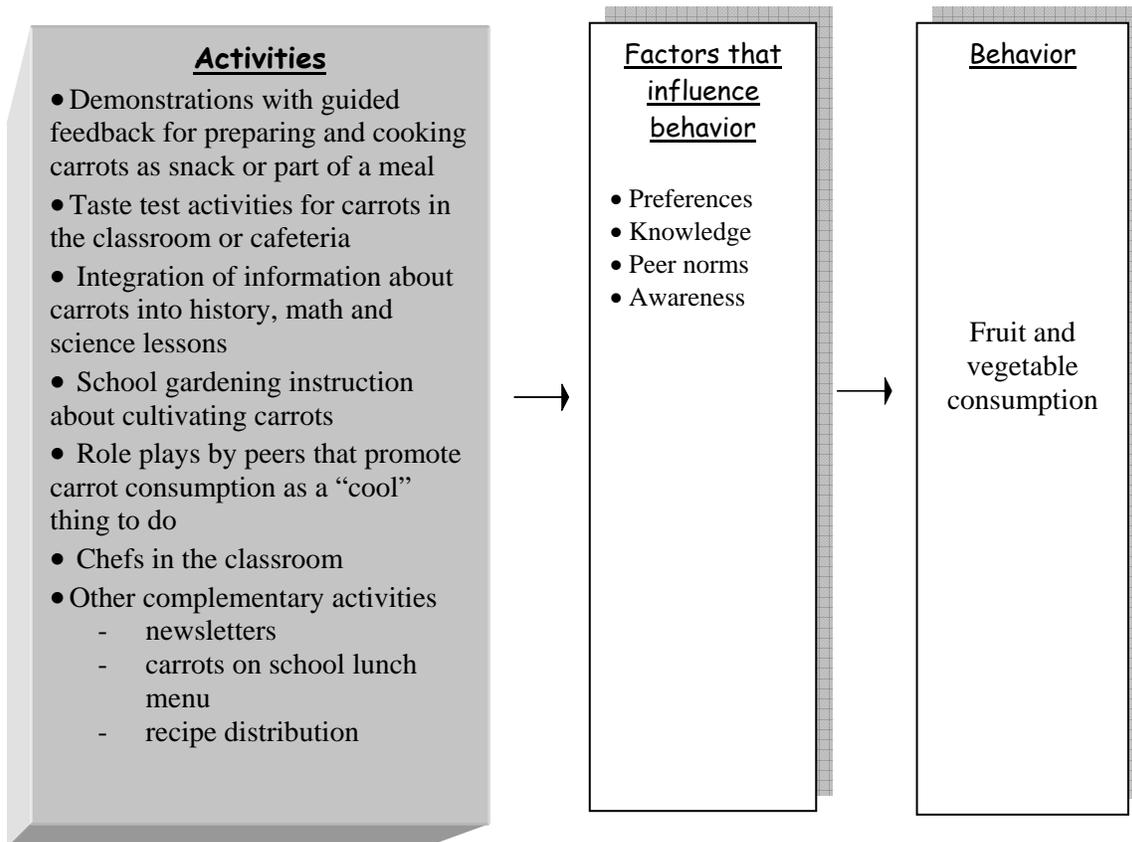
### **The Evaluation Model**

Evaluation models, sometimes referred to as logic models, graphically represent the reasoning behind an intervention. They capture the reasoning underlying why a program will be effective. The *Network* encourages contractors to describe their interventions for a clearly defined target audience using a simple three-component model with a) a behavioral component, b) factors that influence behaviors and c) activities to change the behavior.

- **Target audience**— The first step in creating an evaluation model is to define the target audience. The target audience is the group of people whose behavior the intervention is designed to change.
- **Behaviors (Goals)** — the second step is to identify the behavior that will be targeted and write it in the right-hand box of the model, as in Figure 2 on page 12. (The desired health behavior becomes the intervention goal and should be written in the goal section of the SOW). The *Network*-funded interventions must target fruit and vegetable consumption and to a lesser degree, the promotion of physical activity and participation in the Food Stamp Program. Research has shown that behaviors will change if the factors that influence the behavior change, so the *Network* also uses factors as measures of intervention effectiveness, in addition to behavior.
- **Factors that influence behavior**— The third step in creating the logic model consists of identifying factors that influence the target behavior, represented by the middle box in the model (Figure 2, page 16). They are sometimes referred to as precursors of behavior, determinants, antecedents or predictors but here we will use the term “factors.” It is essential that the factors are properly identified for an intervention to be effective.
- **Activities**— Activities are the tangible actions, approach, style or methods used to engage people during an intervention. They include events like nutrition education, classes, role plays, taste tests, food preparation trainings, demonstrations, goal setting, newsletters, video tapes, songs, letter writing and others. Effective interventions consist of activities directly linked to factors that influence a specific behavior. They are built on the premise that behaviors will change if the factors change.

ATTACHMENT E provides a template for the evaluation model. For more information on evaluation (or logic) model construction, please see Section II, page 3 of the **Impact Evaluation Handbook A Guide for California Nutrition Network Local Incentive Awardees** <http://www.dhs.ca.gov/ps/cdic/CPNS/research/download/Handbook%202006-07.pdf>

Figure 2: Evaluation Model Activities for Kids Café (sample)



### Process and Impact Evaluation Plan

The evaluation description should include two areas, process and impact evaluation. Your evaluation measures should help you track progress towards intended outcome and indicate how you will know when you have succeeded in reaching your desired outcomes or results.

**Process Evaluation Expectations:** Process evaluation involves tracking actual implementation. For example, estimate of the amount of the intervention that was delivered to and received by the target audience. All funded projects must complete Activity Tracking Forms and the Semi-Annual Activities Report (SAAR) along with their semiannual and annual progress reports.

[http://www.dhs.ca.gov/ps/cdic/cpns/network/progress\\_report\\_annual.html](http://www.dhs.ca.gov/ps/cdic/cpns/network/progress_report_annual.html).

The SAAR is an on-line report that captures project activities in terms of numbers reached. Additional process evaluation may be conducted to ensure the intervention is being implemented as planned. Over the contract period,

process evaluation expectations will be revised to reflect new USDA Education and Administrative Reporting System (EARS) reporting requirements.

**Impact Evaluation Expectations:** Impact evaluation, also sometimes referred to as outcome evaluation or outcome assessment, addresses whether or not behavior, or factors influencing behavior, has changed in conjunction with an intervention. Impact evaluation is not required during the first year while awardees implement the intervention. However, the intervention should be designed to facilitate short-term impact evaluation during the second and subsequent years of the project. This type of evaluation should measure change in behavior and factors that influence behavior, like knowledge, peer norms, availability or access to fruits and vegetables. The evaluation may utilize quantitative methods such as pre- and post-surveys, qualitative methods such as focus groups and/or participatory learning and action methods or mixed methods. The *Network* also has a compendium of surveys contractors will be encouraged to use.

One-on-one technical assistance and small-group trainings will be available to contractors to develop and implement evaluation designs. For funded applicants, a finalized evaluation plan including draft evaluation instruments is required at the end of year one. Evaluation instruments must be approved prior to their use. Evaluation results are to be reported in years two and three with at least two examples of project modifications informed by the results reported in year three. Technical assistance will be available to funded projects for report writing and use of evaluation findings.

Technical assistance will be available to funded projects to answer agency-defined questions. In addition, funded projects may be required to participate in any special evaluation projects that are undertaken by the *Network* in the area of LFNE. While no additional expenses will be incurred by the project, in-kind support of staff time for interviews, site visits, and consultation will be expected.

### **Evaluation Experience and Capacity**

This section should include the name(s) and capabilities of the person(s) and/or organizations that will be responsible for conducting evaluation. It should include a concrete description of how past evaluation data were used and how the data generated by the proposed evaluation plan will be used.

## **6. Budget and Budget Justification (30 points)**

Complete a Budget Justification Form (See Section VI - Attachment F) for each FFY of the three-year project period. Use this form to discuss and justify each of the expenditure categories, along with the total dollar amount. Immediately below each classification title and dollar amount, briefly describe how the funds will be used. List estimated expenses in the appropriate categories, following the budget justification instructions.

The Budget Justification Instructions (See Section VI - Attachment F) will assist the applicant with the criteria for the Budget Justification requirements. Please note: budget items must be clear, reasonable and directly related to achieving the deliverables of the proposed project.

Travel funds must be included in the budget and SOW for each funding year for the following meetings and conferences: (3) LFNEAC meetings, two *Regional Network* lead agency meetings and two *Network*-sponsored trainings, and travel, lodging, and per diem for attendance at the annual *Network Conference*

Important Checklist for Budget Justification Documents to be submitted:

- Budget calculations and totals are accurate.
- Appropriate level of detail is given in all budget documents.
- Personnel costs are reasonably based on the qualifications of the individuals and the needs of the contractor.
- Fringe benefits are a reasonable percent of staff salaries.
- Operating costs are reasonable and based on quality and quantity of activities in the SOW.
- Equipment expenses—provide model, make, and unit cost.
- Travel and Per Diem costs are reasonable and based on State reimbursement rates.
- Subcontract costs are reasonable based on the quality and quantity of activities to be performed in the SOW.
- Subcontracts—must provide budget justification and brief description of project, including key activities.
- Other costs are reasonable based on the quality and quantity of activities to be performed in the SOW.
- The percentage rate used to calculate the Indirect Expenses does not exceed 25 percent.
- Overall, all purchases and expenditures must be reasonable and necessary.

## **7. Project Summary Form 6a and 6b**

All *Network*-funded programs must provide income targeting data for the populations that are served with *Network* funds. The income targeting data source will verify your target audience meets the 185 percent FPL requirement. The Project Summary Instructions will assist the applicant in filling out The Project Summary Form (see section VI - Attachments, Forms J and K). The Project Summary Form is a mandatory document to be submitted with LFNE application.

## **8. Resumes**

Attach a one-page resume for each of the key staff involved with the proposed project. For staff yet to be hired, include a one-page job description in place of a resume.

## **9. Community Letters of Support**

Solicit and include no more than three (3) letters of support from past clients, funders, or other agencies that support the applicant's successes. Letters should not exceed three pages total. The letters should include the following:

- Describe the capacity in which the reference worked with the applicant.
- Describe the applicant's successes in the area of programmatic experience as they relate to nutrition education and the promotion of healthy eating and/or participation in the Food Stamp Program.
- Describe the applicant's area of fiscal and administrative experience.

The letters must be on agency's letterhead and should include the address, telephone number, name and title of the letter's author. CDPH reserves the right to contact any reference during the application process.

## **IV. Other Applicant Information**

### **A. Project Reporting**

Funded projects will be required to submit a Semi-Annual Progress Report first (due April 15) and an Annual Progress Report at the end of each contract period (due October 15, 2009) and each subsequent contract year.

Examples of past Progress Report Forms are found on the CPNS Web site at <http://www.networkforahealthycalifornia.net/>

### **B. Sustainability and Effective Use of Existing Resources**

The successful applicant must clearly demonstrate that their proposed project will be a starting or continuation point for a long-term commitment to improving the nutrition knowledge, status, and behaviors of low-income households through appropriate program development and the implementation of planned activities. You will need to describe how your efforts will be sustained past the three-year granting period.

Applicants are encouraged to show how funding will be used strategically for issues and needs that will have important benefits to local residents and how existing resources will be capitalized. There is numerous nutrition education and food systems materials available from a variety of sources, and the successful candidate will demonstrate that they are familiar and able to use effective materials that already exist, and through grant support, develop what is lacking.

## **V. Websites and Resources**

### ***Network for a Healthy California Resources***

1. *Network for a Healthy California*  
<http://www.networkforahealthycalifornia.net/>
2. Champions for Change newsletter  
[http://www.dhs.ca.gov/ps/cdic/cpns/press/fresh\\_facts/2008-01.htm](http://www.dhs.ca.gov/ps/cdic/cpns/press/fresh_facts/2008-01.htm)

3. *Network* GIS Map-Viewer of income levels by Census tract, locations of retail outlets, demographics, and other resources  
<http://www.cnnngis.org/>
4. *Regional Networks*  
<http://www.networkforahealthycalifornia.net/rn/>
5. Impact Evaluation Handbook for *Network* funded projects  
<http://www.dhs.ca.gov/ps/cdic/CPNS/research/download/Handbook%202006-07.pdf>
6. Harvest of the Month  
<http://www.harvestofthemonth.com/>
7. California Healthy Kids Resource Center  
<http://www.californiahealthykids.org/>
8. Centers for Disease Control (CDC) Fruit and Veggies More Matters  
<http://www.fruitsandveggiesmatter.gov/>

### **United States Department of Agriculture Resources**

1. Food Stamp Nutrition Connection: Resource center for FSNE providers. Provides nutrition education materials that can be downloaded, as well as links to data and other resources. Available at <http://www.nal.usda.gov/foodstamp/>.
2. Team Nutrition: A comprehensive program that aims to improve children's health through nutrition education; schools are the primary target of this program. Information and resources are available at <http://www.fns.usda.gov/tn/>.
3. Dietary Guidelines for Americans 2005: The Dietary Guidelines provide the basis for USDA nutrition education activities. Available at [http://www.usda.gov/cnpp/dietary\\_guidelines.html](http://www.usda.gov/cnpp/dietary_guidelines.html).
4. My Pyramid: A food guidance system based on the Dietary Guidelines for Americans 2005. Available at <http://www.mypyramid.gov/>

### **Partial List of Partner Web Resources**

1. California Food Policy Advocates  
<http://www.cfpa.net/>
2. California Association of Food Banks  
<http://www.cafoodbanks.org/>
3. Central Valley Health Network  
<http://www.cvhclinics.org/>

4. California Food and Justice Coalition  
<http://www.foodsecurity.org/california/>
5. California School Garden Network  
<http://www.csgn.org/>
6. California Project LEAN  
<http://www.californiaprojectlean.org/>
7. Prevention Institute  
<http://www.preventioninstitute.org/about.html>

**VI. Attachments (Included in Separate Documents from RFA)**

Scope of Work Template .....	A
Sample Scope of Work and Instructions .....	B
Letter of Intent Form.....	C
Application Cover Letter & Checklist .....	D
Evaluation Model .....	E
Budget Justification .....	F
Budget Justification Instructions .....	G
2008 Allowable and Unallowable USDA Guidelines.....	H
Travel Reimbursement Information .....	I
Project Summary Instructions.....	J
Project Summary Form.....	K

**Attachment A – Scope of Work**

Contract period: Oct 1, _____ through Sept 30, _____	Contracting Agency: _____
	Contract Number: _____

**A. Direct Nutrition Education – Series**

**Goal:** Increase the likelihood that Californians participating in or potentially eligible for the Food Stamp Program will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current Dietary Guidelines for Americans and MyPyramid.

**Objective** : By September 30, \_\_\_\_\_, number/range food stamp eligible or similar individuals per year will participate in one of number/range cycles annually of the number/range-session nutrition education series that includes promoting access to healthy food and physical activity.

<b>Nutrition education topics</b>	<b>Check planned topics:</b>			
	<input type="checkbox"/> A. Low fat dairy	<input checked="" type="checkbox"/> E. Fruits & vegetables	<input type="checkbox"/> I. Physical activity	<input type="checkbox"/> M. All above topics
	<input type="checkbox"/> B. Fats & oils	<input type="checkbox"/> F. Lean meats & beans	<input type="checkbox"/> J. Healthy weight	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> C. Fiber-rich foods	<input type="checkbox"/> G. Limit added sugars	<input type="checkbox"/> K. Sodium & potassium	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> D. Food shop/prep	<input type="checkbox"/> H. MyPyramid	<input type="checkbox"/> L. Whole grains	
<b>Materials / Curricula</b>	<b>Check handouts, materials, and/or curricula likely to be used in this intervention (for recruitment, teaching, etc.):</b>			
	<b>Developed by Network:</b>		<b>Developed by Contractor:</b>	
	<b>Developed by Other:</b>		<i>new</i> (specify material)	<i>existing</i> (specify material)
	<input type="checkbox"/> African American	<input type="checkbox"/> United States Department of Agriculture (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Latino	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Power Play!	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Retail	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Worksite	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<b>Settings</b>	<b>Check settings where this nutrition education will be offered and indicate number of planned sites in parentheses:</b>			
	<input type="checkbox"/> Preschool ( )	<input type="checkbox"/> Clinic – community or public health ( )	<input type="checkbox"/> Emergency food sites ( )	<input type="checkbox"/> Other (specify) _____ ( )
	<input type="checkbox"/> School – K-12 ( )	<input type="checkbox"/> Community based organization or center ( )	<input type="checkbox"/> Farmers' market ( )	<input type="checkbox"/> Other (specify) _____ ( )
	<input type="checkbox"/> School – adults/parents ( )		<input type="checkbox"/> Food stamp office ( )	
	<input type="checkbox"/> After school program ( )			
<b>Tracking</b>	<b>Check planned tracking:</b>			
	<input checked="" type="checkbox"/> Activity Tracking Form	<input type="checkbox"/> Other (specify) _____		
	<input type="checkbox"/> Intake log/sign-in sheets on file	<input type="checkbox"/> Other (specify) _____		
	<input type="checkbox"/> Participant evaluation summary	<input type="checkbox"/> Other (specify) _____		
<b>Staffing</b>	<b>List <u>positions</u> responsible for planning, delivery, and/or tracking of this intervention:</b>			
<b>Other information</b>	<b>Important information regarding this intervention not described above:</b>			

**Attachment A – Scope of Work**

Contract period: Oct 1, _____ through Sept 30, _____	Contracting Agency: _____
	Contract Number: _____

**B. Direct Nutrition Education – Single Sessions**

**Goal:** Increase the likelihood that Californians participating in or potentially eligible for the Food Stamp Program will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current Dietary Guidelines for Americans and MyPyramid.

**Objective** : By September 30, \_\_\_\_\_, number/range food stamp eligible or similar individuals per year will participate in one of number/range nutrition education sessions offered annually, that includes promoting access to healthy food and physical activity.

<b>Nutrition education topics</b>	<b>Check planned topics:</b>			
	<input type="checkbox"/> A. Low fat dairy	<input checked="" type="checkbox"/> E. Fruits & vegetables	<input type="checkbox"/> I. Physical activity	<input type="checkbox"/> M. All above topics
	<input type="checkbox"/> B. Fats & oils	<input type="checkbox"/> F. Lean meats & beans	<input type="checkbox"/> J. Healthy weight	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> C. Fiber-rich foods	<input type="checkbox"/> G. Limit added sugars	<input type="checkbox"/> K. Sodium & potassium	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> D. Food shop/prep	<input type="checkbox"/> H. MyPyramid	<input type="checkbox"/> L. Whole grains	
<b>Materials / Curricula</b>	<b>Check handouts, materials, and/or curricula likely to be used in this intervention (for recruitment, teaching, etc.):</b>			
	<b>Developed by Network:</b>		<b>Developed by Contractor:</b>	
	<b>Developed by Other:</b>		<i>new</i> (specify material)	<i>existing</i> (specify material)
	<input type="checkbox"/> African American	<input type="checkbox"/> United States Department of Agriculture (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Latino	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Power Play!	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Retail	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Worksite	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<b>Settings</b>	<b>Check settings where this nutrition education will be offered and indicate number of planned sites in parentheses:</b>			
	<input type="checkbox"/> Preschool ( )	<input type="checkbox"/> Clinic – community or public health ( )	<input type="checkbox"/> Emergency food sites ( )	<input type="checkbox"/> Other (specify) _____ ( )
	<input type="checkbox"/> School – K-12 ( )	<input type="checkbox"/> Community based organization or center ( )	<input type="checkbox"/> Farmers' market ( )	<input type="checkbox"/> Other (specify) _____ ( )
	<input type="checkbox"/> School – adults/parents ( )		<input type="checkbox"/> Food stamp office ( )	
	<input type="checkbox"/> After school program ( )			
<b>Tracking</b>	<b>Check planned tracking:</b>			
	<input checked="" type="checkbox"/> Activity Tracking Form	<input type="checkbox"/> Other (specify) _____		
	<input type="checkbox"/> Intake log/sign-in sheets on file	<input type="checkbox"/> Other (specify) _____		
	<input type="checkbox"/> Participant evaluation summary	<input type="checkbox"/> Other (specify) _____		
<b>Staffing</b>	<b>List <u>positions</u> responsible for planning, delivery, and/or tracking of this intervention:</b>			
<b>Other information</b>	<b>Important information regarding this intervention not described above:</b>			

**Attachment A – Scope of Work**

Contract period: Oct 1, _____ through Sept 30, _____	Contracting Agency: _____
	Contract Number: _____

**C. Indirect Nutrition Education – Nutrition Promotion Events/Activities**

**Goal:** Increase the likelihood that Californians participating in or potentially eligible for the Food Stamp Program will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current Dietary Guidelines for Americans and MyPyramid.

**Objective** : By September 30, \_\_\_\_\_, number/range food stamp eligible or similar individuals per year will participate in one of number/range nutrition/physical activity promotion events conducted annually that includes the promotion of access to healthy food and physical activity.

<b>Nutrition education topics</b>	<b>Check planned topics:</b>			
	<input type="checkbox"/> A. Low fat dairy	<input checked="" type="checkbox"/> E. Fruits & vegetables	<input type="checkbox"/> I. Physical activity	<input type="checkbox"/> M. All above topics
	<input type="checkbox"/> B. Fats & oils	<input type="checkbox"/> F. Lean meats & beans	<input type="checkbox"/> J. Healthy weight	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> C. Fiber-rich foods	<input type="checkbox"/> G. Limit added sugars	<input type="checkbox"/> K. Sodium & potassium	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> D. Food shop/prep	<input type="checkbox"/> H. MyPyramid	<input type="checkbox"/> L. Whole grains	
<b>Materials / Curricula</b>	<b>Check handouts, materials, and/or curricula likely to be used in this intervention (for recruitment, teaching, etc.):</b>			
	<b>Developed by Network:</b>		<b>Developed by Contractor:</b>	
	<b>Developed by Other:</b>		<i>new</i> (specify material)	<i>existing</i> (specify material)
	<input type="checkbox"/> African American	<input type="checkbox"/> United States Department of Agriculture (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Latino	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Power Play!	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Retail	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Worksite	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<b>Settings</b>	<b>Check settings where this nutrition education will be conducted and indicate number of planned sites in parentheses:</b>			
	<input type="checkbox"/> Preschool ( )	<input type="checkbox"/> Clinic – community or public health ( )	<input type="checkbox"/> Emergency food sites ( )	<input type="checkbox"/> Other (specify) _____ ( )
	<input type="checkbox"/> School – K-12 ( )	<input type="checkbox"/> Community based organization or center ( )	<input type="checkbox"/> Farmers' market ( )	<input type="checkbox"/> Other (specify) _____ ( )
	<input type="checkbox"/> School – adults/parents		<input type="checkbox"/> Food stamp office ( )	
	<input type="checkbox"/> After school program ( )			
<b>Event type</b>	<b>Check the types of events/activities likely to occur and indicate planned number of events in parentheses:</b>			
	<input type="checkbox"/> Art contest ( )	<input type="checkbox"/> Retail event ( )	<input type="checkbox"/> Materials distribution (specify) _____ ( )	
	<input type="checkbox"/> Community festival ( )	<input type="checkbox"/> School event/festival ( )	<input type="checkbox"/> Other (specify) _____ ( )	
	<input type="checkbox"/> Farmers' market ( )	<input type="checkbox"/> Theatre event or program ( )	<input type="checkbox"/> Other (specify) _____ ( )	
<b>Tracking</b>	<b>Check planned tracking:</b>			
	<input checked="" type="checkbox"/> Activity Tracking Form	<input type="checkbox"/> Other (specify) _____		
	<input type="checkbox"/> Intake log/sign-in sheets on file	<input type="checkbox"/> Other (specify) _____		
	<input type="checkbox"/> Participant evaluation summary	<input type="checkbox"/> Other (specify) _____		
<b>Staffing</b>	<b>List <u>positions</u> responsible for planning, delivery, and/or tracking of this intervention:</b>			
<b>Other information</b>	<b>Important information regarding this intervention not described above:</b>			

**Attachment A – Scope of Work**

Contract period: Oct 1, _____ through Sept 30, _____	Contracting Agency: _____
	Contract Number: _____

**D. Indirect Nutrition Education – Provider Training/Train-the-Trainer**

**Goal:** Increase the likelihood that Californians participating in or potentially eligible for the Food Stamp Program will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current Dietary Guidelines for Americans and MyPyramid.

**Objective** : By September 30, \_\_\_\_\_, number/range providers of services to food stamp eligible or similar individuals will participate in one of number/range nutrition/physical activity training events conducted annually that includes promoting access to healthy food and physical activity.

<b>Nutrition education topics</b>	<b>Check planned topics:</b>			
	<input type="checkbox"/> A. Low fat dairy	<input checked="" type="checkbox"/> E. Fruits & vegetables	<input type="checkbox"/> I. Physical activity	<input type="checkbox"/> M. All above topics
	<input type="checkbox"/> B. Fats & oils	<input type="checkbox"/> F. Lean meats & beans	<input type="checkbox"/> J. Healthy weight	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> C. Fiber-rich foods	<input type="checkbox"/> G. Limit added sugars	<input type="checkbox"/> K. Sodium & potassium	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> D. Food shop/prep	<input type="checkbox"/> H. MyPyramid	<input type="checkbox"/> L. Whole grains	
<b>Materials / Curricula</b>	<b>Check handouts, materials, and/or curricula likely to be used in this intervention (for recruitment, teaching, etc.):</b>			
	<b>Developed by Network:</b>	<b>Developed by Other:</b>	<b>Developed by Contractor:</b>	
			<i>new</i> (specify material)	<i>existing</i> (specify material)
	<input type="checkbox"/> African American	<input type="checkbox"/> United States Department of Agriculture (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Latino	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Power Play!	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Retail	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Worksite	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<b>Audience</b>	<b>Check the intended food stamp eligible audience or intermediaries and indicate number of planned reach in parentheses:</b>			
	<input type="checkbox"/> Business community ( )	<input type="checkbox"/> Faith community ( )	<input type="checkbox"/> Public health/social services providers ( )	<input type="checkbox"/> Other (specify) _____ ( )
	<input type="checkbox"/> Community based organizations ( )	<input type="checkbox"/> Food Stamp participants and eligibles ( )	<input type="checkbox"/> Schools – teachers, staff, administrators ( )	<input type="checkbox"/> Other (specify) _____ ( )
	<input type="checkbox"/> Community leaders ( )	<input type="checkbox"/> Preschool providers ( )		
	<input type="checkbox"/> Emergency food providers ( )			
<b>Tracking</b>	<b>Check planned tracking:</b>			
	<input checked="" type="checkbox"/> Activity Tracking Form		<input type="checkbox"/> Other (specify) _____	
	<input type="checkbox"/> Intake log/sign-in sheets on file		<input type="checkbox"/> Other (specify) _____	
	<input type="checkbox"/> Participant evaluation summary		<input type="checkbox"/> Other (specify) _____	
<b>Staffing</b>	<b>List <u>positions</u> responsible for planning, delivery, and/or tracking of this intervention:</b>			
<b>Other information</b>	<b>Important information regarding this intervention not described above:</b>			

**Attachment A – Scope of Work**

Contract period: Oct 1, _____ through Sept 30, _____	Contracting Agency: _____
Contract Number: _____	

**E. Indirect Nutrition Education – Community Empowerment**

**Goal:** Increase the likelihood that Californians participating in or potentially eligible for the Food Stamp Program will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current Dietary Guidelines for Americans and MyPyramid.

**Objective** : By September 30, \_\_\_\_\_, number/range leaders/providers/residents per year in food stamp nutrition education eligible communities will participate in one or more of number/range annual nutrition/physical activity-focused meetings, events, or training that include the promotion of access to healthy food and physical activity.

<b>Nutrition education topics</b>	<b>Check planned topics:</b>			
	<input type="checkbox"/> A. Low fat dairy	<input checked="" type="checkbox"/> E. Fruits & vegetables	<input type="checkbox"/> I. Physical activity	<input type="checkbox"/> M. All above topics
	<input type="checkbox"/> B. Fats & oils	<input type="checkbox"/> F. Lean meats & beans	<input type="checkbox"/> J. Healthy weight	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> C. Fiber-rich foods	<input type="checkbox"/> G. Limit added sugars	<input type="checkbox"/> K. Sodium & potassium	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> D. Food shop/prep	<input type="checkbox"/> H. MyPyramid	<input type="checkbox"/> L. Whole grains	
<b>Materials / Curricula</b>	<b>Check handouts, materials, and/or curricula likely to be used in this intervention (for recruitment, teaching, etc.):</b>			
	<b>Developed by Network:</b>	<b>Developed by Other:</b>	<b>Developed by Contractor:</b>	
			<i>new</i> (specify material)	<i>approved</i> (specify material and indicate year of approval)
	<input type="checkbox"/> African American	<input type="checkbox"/> United States Department of Agriculture (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____ (____)
	<input type="checkbox"/> Latino	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____ (____)
	<input type="checkbox"/> Power Play!	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____ (____)
	<input type="checkbox"/> Retail	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____ (____)
	<input type="checkbox"/> Worksite	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____ (____)
	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____ (____)
<b>Audience</b>	<b>Check the intended food stamp eligible audience or intermediaries and indicate number of planned reach in parentheses:</b>			
	<input type="checkbox"/> Business community ( )	<input type="checkbox"/> Faith community ( )	<input type="checkbox"/> Public health/social services providers ( )	<input type="checkbox"/> Other (specify) _____ ( )
	<input type="checkbox"/> Community based organizations ( )	<input type="checkbox"/> Food Stamp participants and eligibles ( )	<input type="checkbox"/> Schools – teachers, staff, administrators ( )	<input type="checkbox"/> Other (specify) _____ ( )
	<input type="checkbox"/> Community leaders ( )	<input type="checkbox"/> Preschool providers ( )		
	<input type="checkbox"/> Emergency food providers ( )			
<b>Tracking</b>	<b>Check planned tracking:</b>			
	<input checked="" type="checkbox"/> Activity Tracking Form	<input type="checkbox"/> Other (specify) _____		
	<input type="checkbox"/> Intake log/sign-in sheets on file	<input type="checkbox"/> Other (specify) _____		
	<input type="checkbox"/> Participant evaluation summary	<input type="checkbox"/> Other (specify) _____		
<b>Staffing</b>	<b>List <u>positions</u> responsible for planning, delivery, and/or tracking of this intervention:</b>			
<b>Other information</b>	<b>Important information regarding this intervention not described above:</b>			

**Attachment A – Scope of Work**

Contract period: Oct 1, _____ through Sept 30, _____	Contracting Agency: _____
	Contract Number: _____

**F. Social Marketing Activities**

**Goal:** Increase the likelihood that Californians participating in or potentially eligible for the Food Stamp Program will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current Dietary Guidelines for Americans and MyPyramid.

**Objective** : By September 30, \_\_\_\_\_, promote healthy eating and active living and access to healthy food and physical activity to food stamp eligible individuals, families, and intermediaries through number/range social marketing activities conducted annually, reaching an estimated combined audience of number/range per year; new or revise materials will be submitted to the *Network* for approval.

<b>Nutrition education topics</b>	<p><b>Check planned topics:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:25%;"><input type="checkbox"/> A. Low fat dairy</td> <td style="width:25%;"><input checked="" type="checkbox"/> E. Fruits &amp; vegetables</td> <td style="width:25%;"><input type="checkbox"/> I. Physical activity</td> <td style="width:25%;"><input type="checkbox"/> M. All above topics</td> </tr> <tr> <td><input type="checkbox"/> B. Fats &amp; oils</td> <td><input type="checkbox"/> F. Lean meats &amp; beans</td> <td><input type="checkbox"/> J. Healthy weight</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td><input type="checkbox"/> C. Fiber-rich foods</td> <td><input type="checkbox"/> G. Limit added sugars</td> <td><input type="checkbox"/> K. Sodium &amp; potassium</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td><input type="checkbox"/> D. Food shop/prep</td> <td><input type="checkbox"/> H. MyPyramid</td> <td><input type="checkbox"/> L. Whole grains</td> <td></td> </tr> </table>	<input type="checkbox"/> A. Low fat dairy	<input checked="" type="checkbox"/> E. Fruits & vegetables	<input type="checkbox"/> I. Physical activity	<input type="checkbox"/> M. All above topics	<input type="checkbox"/> B. Fats & oils	<input type="checkbox"/> F. Lean meats & beans	<input type="checkbox"/> J. Healthy weight	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> C. Fiber-rich foods	<input type="checkbox"/> G. Limit added sugars	<input type="checkbox"/> K. Sodium & potassium	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> D. Food shop/prep	<input type="checkbox"/> H. MyPyramid	<input type="checkbox"/> L. Whole grains	
<input type="checkbox"/> A. Low fat dairy	<input checked="" type="checkbox"/> E. Fruits & vegetables	<input type="checkbox"/> I. Physical activity	<input type="checkbox"/> M. All above topics														
<input type="checkbox"/> B. Fats & oils	<input type="checkbox"/> F. Lean meats & beans	<input type="checkbox"/> J. Healthy weight	<input type="checkbox"/> Other (specify) _____														
<input type="checkbox"/> C. Fiber-rich foods	<input type="checkbox"/> G. Limit added sugars	<input type="checkbox"/> K. Sodium & potassium	<input type="checkbox"/> Other (specify) _____														
<input type="checkbox"/> D. Food shop/prep	<input type="checkbox"/> H. MyPyramid	<input type="checkbox"/> L. Whole grains															
<b>Social Marketing tools/materials</b>	<p><b>Check the types of approved media tools, materials, and/or outlets that will be used in this intervention:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:25%;"><input type="checkbox"/> Print ad/Public Service Announcement</td> <td style="width:25%;"><input type="checkbox"/> Radio Public Service Announcement, program, interview</td> <td style="width:25%;"><input type="checkbox"/> Newsletter</td> <td style="width:25%;"><input type="checkbox"/> <i>Network</i> or United States Department of Agriculture developed materials (specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Press release/Media advisory</td> <td><input type="checkbox"/> TV Public Service Announcement, program, interview</td> <td><input type="checkbox"/> Web site</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Press kit</td> <td></td> <td><input type="checkbox"/> Waiting room media</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Outdoor media (billboard, bus ad, etc.)</td> <td></td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Print ad/Public Service Announcement	<input type="checkbox"/> Radio Public Service Announcement, program, interview	<input type="checkbox"/> Newsletter	<input type="checkbox"/> <i>Network</i> or United States Department of Agriculture developed materials (specify) _____	<input type="checkbox"/> Press release/Media advisory	<input type="checkbox"/> TV Public Service Announcement, program, interview	<input type="checkbox"/> Web site	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Press kit		<input type="checkbox"/> Waiting room media	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Outdoor media (billboard, bus ad, etc.)			
<input type="checkbox"/> Print ad/Public Service Announcement	<input type="checkbox"/> Radio Public Service Announcement, program, interview	<input type="checkbox"/> Newsletter	<input type="checkbox"/> <i>Network</i> or United States Department of Agriculture developed materials (specify) _____														
<input type="checkbox"/> Press release/Media advisory	<input type="checkbox"/> TV Public Service Announcement, program, interview	<input type="checkbox"/> Web site	<input type="checkbox"/> Other (specify) _____														
<input type="checkbox"/> Press kit		<input type="checkbox"/> Waiting room media	<input type="checkbox"/> Other (specify) _____														
<input type="checkbox"/> Outdoor media (billboard, bus ad, etc.)																	
<b>Audience</b>	<p><b>Check the intended food stamp eligible audience or intermediaries and indicate number of planned reach in parentheses:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:25%;"><input type="checkbox"/> Business community ( )</td> <td style="width:25%;"><input type="checkbox"/> Faith community ( )</td> <td style="width:25%;"><input type="checkbox"/> Public health/social services providers ( )</td> <td style="width:25%;"><input type="checkbox"/> Other (specify) _____ ( )</td> </tr> <tr> <td><input type="checkbox"/> Community based organizations ( )</td> <td><input type="checkbox"/> Food Stamp participants and eligibles ( )</td> <td><input type="checkbox"/> Schools – teachers, staff, administrators ( )</td> <td><input type="checkbox"/> Other (specify) _____ ( )</td> </tr> <tr> <td><input type="checkbox"/> Community leaders ( )</td> <td><input type="checkbox"/> Preschool providers ( )</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Emergency food providers ( )</td> <td></td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Business community ( )	<input type="checkbox"/> Faith community ( )	<input type="checkbox"/> Public health/social services providers ( )	<input type="checkbox"/> Other (specify) _____ ( )	<input type="checkbox"/> Community based organizations ( )	<input type="checkbox"/> Food Stamp participants and eligibles ( )	<input type="checkbox"/> Schools – teachers, staff, administrators ( )	<input type="checkbox"/> Other (specify) _____ ( )	<input type="checkbox"/> Community leaders ( )	<input type="checkbox"/> Preschool providers ( )			<input type="checkbox"/> Emergency food providers ( )			
<input type="checkbox"/> Business community ( )	<input type="checkbox"/> Faith community ( )	<input type="checkbox"/> Public health/social services providers ( )	<input type="checkbox"/> Other (specify) _____ ( )														
<input type="checkbox"/> Community based organizations ( )	<input type="checkbox"/> Food Stamp participants and eligibles ( )	<input type="checkbox"/> Schools – teachers, staff, administrators ( )	<input type="checkbox"/> Other (specify) _____ ( )														
<input type="checkbox"/> Community leaders ( )	<input type="checkbox"/> Preschool providers ( )																
<input type="checkbox"/> Emergency food providers ( )																	
<b>Tracking</b>	<p><b>Check planned tracking:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;"><input checked="" type="checkbox"/> Activity Tracking Form</td> <td style="width:50%;"><input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Copy of media tool/material</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Press clipping</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Transcript/program listing</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Activity Tracking Form	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Copy of media tool/material	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Press clipping	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Transcript/program listing									
<input checked="" type="checkbox"/> Activity Tracking Form	<input type="checkbox"/> Other (specify) _____																
<input type="checkbox"/> Copy of media tool/material	<input type="checkbox"/> Other (specify) _____																
<input type="checkbox"/> Press clipping	<input type="checkbox"/> Other (specify) _____																
<input type="checkbox"/> Transcript/program listing																	
<b>Staffing</b>	<p><b>List positions responsible for planning, delivery, and/or tracking of this intervention:</b></p> 																
<b>Other information</b>	<p><b>Important information regarding this intervention not described above:</b></p> 																

**Attachment A – Scope of Work**

Contract period: Oct 1, _____ through Sept 30, _____	Contracting Agency: _____
Contract Number: _____	

**G. Impact Evaluation – Year 1**

**Goal:** Increase the likelihood that Californians participating in or potentially eligible for the Food Stamp Program will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current Dietary Guidelines for Americans and MyPyramid.

**Objective** : By September 30, 2009, submit an evaluation plan including draft evaluation instruments developed in consultation with *Network* evaluation consultants. [Note: The evaluation may utilize quantitative methods such as pre- and post- surveys, qualitative methods such as focus groups or participatory learning and action activities or mixed methods.]

<b>Nutrition education topics</b>	<b>Check planned topics:</b>			
	<input type="checkbox"/> A. Low fat dairy	<input checked="" type="checkbox"/> E. Fruits & vegetables	<input type="checkbox"/> I. Physical activity	<input type="checkbox"/> M. All above topics
	<input type="checkbox"/> B. Fats & oils	<input type="checkbox"/> F. Lean meats & beans	<input type="checkbox"/> J. Healthy weight	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> C. Fiber-rich foods	<input type="checkbox"/> G. Limit added sugars	<input type="checkbox"/> K. Sodium & potassium	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> D. Food shop/prep	<input type="checkbox"/> H. MyPyramid	<input type="checkbox"/> L. Whole grains	
<b>Materials / Curricula</b>	<b>Check handouts, materials, and/or curricula likely to be used in this intervention (for recruitment, teaching, etc.):</b>			
	<b>Developed by Network:</b>	<b>Developed by Other:</b>	<b>Developed by Contractor:</b>	
			<i>new</i> (specify material)	<i>existing</i> (specify material)
	<input type="checkbox"/> African American	<input type="checkbox"/> United States Department of Agriculture (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Latino	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Power Play!	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Retail	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Worksite	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<b>Settings</b>	<b>Check settings where this nutrition education will be offered and indicate number of planned sites in parentheses:</b>			
	<input type="checkbox"/> Preschool ( )	<input type="checkbox"/> Clinic – community or public health ( )	<input type="checkbox"/> Emergency food sites ( )	<input type="checkbox"/> Other (specify) _____ ( )
	<input type="checkbox"/> School – K-12 ( )	<input type="checkbox"/> Community based organization or center ( )	<input type="checkbox"/> Farmers' market ( )	<input type="checkbox"/> Other (specify) _____ ( )
	<input type="checkbox"/> School – adults/parents ( )		<input type="checkbox"/> Food stamp office ( )	
	<input type="checkbox"/> After school program ( )			
<b>Evaluation</b>	<b>Check planned evaluation:</b>			
	<input checked="" type="checkbox"/> Develop evaluation plan in consultation with <i>Network</i> staff		<input type="checkbox"/> Pre & post data collection (list/briefly describe) _____	
	<input checked="" type="checkbox"/> Activity Tracking Form		<input type="checkbox"/> Data entry & analysis of instruments	
			<input type="checkbox"/> Other (specify) _____	
<b>Staffing</b>	<b>List <u>positions</u> responsible for planning, delivery, and/or evaluation of this intervention:</b>			
<b>Other information</b>	<b>Important information regarding this intervention not described above:</b>			

**Attachment A – Scope of Work**

Contract period: Oct 1, _____ through Sept 30, _____	Contracting Agency: _____
	Contract Number: _____

**H. Impact Evaluation – Year 2 and Year 3**

**Goal:** Increase the likelihood that Californians participating in or potentially eligible for the Food Stamp Program will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current Dietary Guidelines for Americans and MyPyramid.

**Objective** : By September 30, 2011, implement at least two program modifications that were informed by the project’s impact evaluation reports completed in Year 2 and Year 3.

<b>Nutrition education topics</b>	<b>Check planned topics:</b>			
	<input type="checkbox"/> A. Low fat dairy	<input checked="" type="checkbox"/> E. Fruits & vegetables	<input type="checkbox"/> I. Physical activity	<input type="checkbox"/> M. All above topics
	<input type="checkbox"/> B. Fats & oils	<input type="checkbox"/> F. Lean meats & beans	<input type="checkbox"/> J. Healthy weight	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> C. Fiber-rich foods	<input type="checkbox"/> G. Limit added sugars	<input type="checkbox"/> K. Sodium & potassium	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> D. Food shop/prep	<input type="checkbox"/> H. MyPyramid	<input type="checkbox"/> L. Whole grains	
<b>Materials / Curricula</b>	<b>Check handouts, materials, and/or curricula likely to be used in this intervention (for recruitment, teaching, etc.):</b>			
	<b>Developed by Network:</b>		<b>Developed by Contractor:</b>	
	<b>Developed by Other:</b>		<i>new</i> (specify material)	<i>existing</i> (specify material)
	<input type="checkbox"/> African American	<input type="checkbox"/> United States Department of Agriculture (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Latino	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Power Play!	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Retail	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Worksite	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<b>Settings</b>	<b>Check settings where this nutrition education will be offered and indicate number of planned sites in parentheses:</b>			
	<input type="checkbox"/> Preschool ( )	<input type="checkbox"/> Clinic – community or public health ( )	<input type="checkbox"/> Emergency food sites ( )	<input type="checkbox"/> Other (specify) _____ ( )
	<input type="checkbox"/> School – K-12 ( )	<input type="checkbox"/> Community based organization or center ( )	<input type="checkbox"/> Farmers’ market ( )	<input type="checkbox"/> Other (specify) _____ ( )
	<input type="checkbox"/> School – adults/parents ( )		<input type="checkbox"/> Food stamp office ( )	
	<input type="checkbox"/> After school program ( )			
<b>Evaluation</b>	<b>Check planned evaluation:</b>			
	<input checked="" type="checkbox"/> Impact evaluation report for each year (Year 2 and Year 3) with program modifications made in Year 3 based on Year 2 results		<input type="checkbox"/> Pre & post data collection (list/briefly describe) _____	
	<input checked="" type="checkbox"/> Activity Tracking Form		<input type="checkbox"/> Data entry & analysis of instruments	
			<input type="checkbox"/> Other (specify) _____	
<b>Staffing</b>	<b>List <u>positions</u> responsible for planning, delivery, and/or evaluation of this intervention:</b>			
<b>Other information</b>	<b>Important information regarding this intervention not described above:</b>			

**Attachment A – Scope of Work**

Contract period: Oct 1, _____ through Sept 30, _____	Contracting Agency: _____
	Contract Number: _____

**I. Administration and Staff Development**

**Goal:** Increase the likelihood that Californians participating in or potentially eligible for the Food Stamp Program will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current Dietary Guidelines for Americans and MyPyramid.

**Objective** : By required deadlines, submit required reports, invoices, and documentation; conduct required elements of *Network* program; attend necessary meetings; collaborate with other organizations; and facilitate professional development as needed for the delivery of quality nutrition education programs.

<b>Contract maintenance</b>	<b>Contract documents:</b>	<b>By date:</b>
	<input checked="" type="checkbox"/> Invoice submission <input checked="" type="checkbox"/> Semi-annual report documents <input checked="" type="checkbox"/> Federal Share documentation <input checked="" type="checkbox"/> Necessary budget adjustments <input checked="" type="checkbox"/> Necessary Scope of Work adjustments	 Apr 15, Oct 15 On file/submit upon request As needed As needed
<b>3-Year Retrospective</b>	<input checked="" type="checkbox"/> Produce a 3-Year Retrospective narrative report and presentation in the final year of the project to be presented at the Local Food and Nutrition Education Action Committee Meeting. Retrospective should highlight successes, promising practices and lessons learned.	
<b>Meetings</b>	<input checked="" type="checkbox"/> Local Food and Nutrition Education Action Committee Meetings ( <i>held three times per year in Los Angeles, Sacramento, and Bay Area</i> ). <input checked="" type="checkbox"/> <i>Regional Network</i> related meetings (e.g., Fruit & Vegetable campaign and program meetings, collaborative meetings, etc.) to provide input into planning and participate in <i>Network</i> regional activities including educational initiative efforts <input type="checkbox"/> <i>Network</i> Steering Committee meetings	
<b>Collaboration</b>	<input checked="" type="checkbox"/> Support statewide initiatives and provide nutrition education/physical activity promotion resources to local programs <input checked="" type="checkbox"/> Collaborate with University of California Cooperative Extension & Food Stamp Nutrition Education agencies and organizations conducting food stamp outreach when appropriate	
<b>Staff development</b>	<b>Annually, attend a minimum of 2 <i>Network</i>-sponsored or approved trainings and conferences:</b>	
	<input checked="" type="checkbox"/> Annual <i>Network</i> conference <input type="checkbox"/> <i>Network</i> -sponsored Shaping Health as Partners in Education (SHAPE) meeting <input type="checkbox"/> <i>Harvest of the Month</i> training <input type="checkbox"/> Other <i>Network</i> -sponsored training <input type="checkbox"/> In-service staff training (e.g., training new staff; training on new procedures, materials, etc.; other training related to <i>Network</i> program) <input type="checkbox"/> Other training, professional development, or meetings _____ ( <i>pro-rating may apply</i> ) <input type="checkbox"/> California Association of Nutrition and Activity Programs (CAN-Act) meeting/training	
<b>Tracking</b>	<b>Check planned tracking:</b>	
	<input checked="" type="checkbox"/> Activity Tracking Form <input checked="" type="checkbox"/> Agendas <input type="checkbox"/> Other (specify) _____	
<b>Staffing</b>	<b>List <u>positions</u> responsible for planning, delivery, and/or tracking of this intervention:</b>	
<b>Other information</b>	<b>Important information regarding this intervention not described above:</b>	

## Attachment B

### *Network for a Healthy California (Network)* **Local Food and Nutrition Education Projects** General Instructions for Scope of Work Templates

#### Overview

The Scope of Work templates were developed in order to:

- Make developing Scopes of Work simpler – contractors will only need to supply the information related to nutrition education deliverables – e.g., how many of what, reach, audience, etc.,
- Reduce the number of revisions necessitated during the negotiations process, and
- Give contractors more flexibility in the day-to-day work of accomplishing deliverables.

The templates are generally labeled as either “direct education” or “indirect education”; there are also templates for “social marketing activities” and “administration and staff development.” The USDA’s definitions for these types of nutrition education are as follows:

- *direct education* – interventions where a participant is actively engaged in the learning process (with an educator and/or interactive multimedia), and for an activity to qualify as direct education, information on the number of individuals, Food Stamp Program participation, age, gender, and race/ethnicity must be collected (it is from direct nutrition education objectives that you will collect “unduplicated counts” for reporting purposes)
- *social marketing* – a consumer-focused, research-based process to plan, implement and evaluate interventions that are designed to influence the voluntary behavior of a large number of people in the target audience
- *indirect education* – distribution of information and resources including any mass communications, public events and materials distribution that DO NOT meet the definitions of Direct Education or Social Marketing Campaigns

#### Currently available templates include:

##### **Template**

A: Direct Nutrition Education – Series

##### **Intended Use**

Direct nutrition education interventions in group settings that involve delivering a series of sessions to an identified audience using an established curriculum or set of lesson plans. This template is appropriate for use in delivering a nutrition series in community settings, clinic settings, school settings, garden settings, adult education programs, with parent groups, youth groups, etc. (Individuals reached in this objective will be reported as unduplicated counts.)

B: Direct Nutrition Education – Single Sessions

Direct nutrition education interventions that involve delivering nutrition education through sessions to an identified audience or individual using an established lesson plan but are not part of a series. This template is appropriate for use in delivering a nutrition series in community settings, clinic settings, school settings, garden settings, adult education programs, with parent groups, youth groups, etc. (Individuals reached in this objective will be reported as unduplicated counts.)

C: Indirect Nutrition Education – Nutrition Promotion Events/ Activities

Nutrition interventions that involve indirect nutrition education and limited contact with the target audience, such as festivals, health fairs, farmers’ market tabling, nutrition festivals or “Olympics” at schools, art contests, theater arts program, distribution of educational materials, newsletters, etc.

## Attachment B

### *Network for a Healthy California (Network)* **Local Food and Nutrition Education Projects**

#### General Instructions for Scope of Work Templates

D: Indirect Nutrition Education –  
Provider Training/Train-the-Trainer

Interventions where training is provided to staff or volunteers who then go on to conduct nutrition interventions with the target audience. (This is separate from professional development activities for *Network* funded staff.)

E: Indirect Nutrition Education –  
Community Empowerment

Interventions designed to support a nutrition and physical activity coalition focused on the FSNE-eligible community; provide information and overviews and initiate dialogue on nutrition issues relevant to food stamp participants and eligibles in communities to leaders, parents, school officials, and others; provide training and support to nutrition/physical activity/food security "champions".

F: Social Marketing Activities

Interventions using *Network*-produced or other approved media or social marketing materials (when planning media activities, keep in mind requirements around pro-rating). This template can be used for outreach and media activities such as websites, newsletters, and press releases.

G: Impact Evaluation – Year 1

In Year 1, projects are required to submit an evaluation plan, including draft evaluation instruments, that is developed in consultation with *Network* evaluation consultants. **This template is required.**

H: Impact Evaluation – Year 2 and  
Year 3

In Year 2 and Year 3, evaluation activities based on the Year 1 evaluation plan will be conducted. In Year 3, at least two program modifications should be made based on the project's evaluation results from Year 2. **This template is required.**

I: Administration and Staff  
Development

For use in describing administrative functions associated with *Network* contract compliance and administration and staff/professional development activities. **This template is required.**

#### **Template Features**

- **Please note:** The templates are locked in form formatting and password protected to preserve the integrity of the form. Having the templates locked increases the forms' ease of use and allows the check boxes and text fields to be more easily distinguished when viewed on a computer screen.
- **General:** Each template has numerous check boxes  and text entry fields \_\_\_\_\_. You will need to click check boxes as appropriate, and in cases where "Other" is checked, click on the text entry field and add text as needed.
  - SOW templates are written in terms of intervention activities, rather than target audience.
  - Since detailed activities and timeframes are not reflected in the SOW, projects may need a work plan or other management system to assist them in completing their SOW objectives. Major activities and timeframes should be detailed in the Project Narrative.
  - **Please avoid the use of acronyms when adding information to the text entry fields.**
- **Banner:** Each template has a banner at the top of the page that identifies this document as "Exhibit A" – this is the legal term for this document in contracts with the State of California. In each template, you will need to go into the banner and add the information specific to your contract, including the name of the agency that contracts with the State, and the years that the Scope of Work covers. Do this by clicking on the text field (text fields are indicated by gray shading and/or underlining) and entering the necessary information. Leave the "Contract Number" text field blank.

## Attachment B

### *Network for a Healthy California (Network)* **Local Food and Nutrition Education Projects**

#### General Instructions for Scope of Work Templates

- **Goal:** The goal statement comes directly from USDA’s Food Stamp and Nutrition Education (FSNE) plan guidance document, is very general and essentially applies to all FSNE funded programs.
- **Objective:** The objectives are written in a way that complies with USDA guidance. Include other relevant information about your intervention in the “Other Information” section. **Important note:** your “unduplicated counts” will be derived from the numbers of people you reach through interventions considered “direct nutrition education” (templates A and B).
- **Intervention Description:** With a few exceptions, each template includes the following descriptive categories:
  - **Nutrition education topics** – These topic headings comply with the USDA’s new evaluation system – check all that apply to the intervention you are describing. If your intervention includes topics that are not listed you can check “Other” and specify the topic – e.g., “Food Stamp Promotion” would be listed under “Other.”
  - **Materials/Curricula** – A variety of pre-set options and “Other” fields have been provided. If you check “Other,” you will need to provide a brief title or description in the text field provided. If you are planning to develop new materials for an objective, please check one of the “new” boxes under the “Developed by Contractor” column and provide a brief description in the text field. If you are using materials your program has already developed, indicate the title of that material under the “existing” column. **All materials/curricula must be submitted to the Network for approval prior to use.**
  - **Settings** – A variety of pre-set options and “Other” fields have been provided. The “Nutrition Promotion Events” template also has an “Event type” category. If you check “Other,” you will need to provide a brief description in the text field provided. e.g., “Community Garden” would be listed under “Other.”
  - **Evaluation or Tracking** – This section in Template A ask for information related to your impact evaluation; the remaining templates ask for tracking measures. A variety of pre-set options and “Other” fields have been provided; if you wish to submit photographs, images of a website, lesson plans, etc. as evidence of your intervention, indicate that here.
  - **Staffing** – List the positions (not the staff names) that will be involved in the completion of the objective.
  - **Other information** – Include any other relevant information about an intervention here (this may be needed in some cases to link your Scope of Work to your Budget Justification). For example, you may wish to indicate that your nutrition education series includes food sampling or demonstrations in four of six sessions, that part of an intervention will be delivered in multiple languages, or that a portion of an intervention will be delivered through volunteer staffing.
- **Pagination:** The text fields at the bottom of each completed template will need to be adjusted to reflect the number of pages in your complete document (you may find it easier to complete this step after finishing your Scope of Work). The page numbering should start with “Page 4 of XX.”

#### **Individual Template Instructions**

Each template has specific instructions and a sample you can refer to when completing your Scope of Work (see the Individual SOW Template Instructions document below). Download and complete only those templates that are applicable to your project. If necessary, a specific template may be used more than once.

**Attachment B**

***Network for a Healthy California (Network)***  
**Local Food and Nutrition Education Projects**

Individual Scope of Work Template Instructions

**Instructions and Sample for Scope of Work Template A, Direct Nutrition Education, Series**

**Banner:** Provide required identifying information in banner. Example:

Exhibit A – Scope of Work	
Contract Period: Oct 1, 2008 through Sept 30, 2011	Contracting Agency: Better Health Organization
	Contract Number:

**Objective:** Number your objective and insert the appropriate year. To insert the numbers and ranges in the text fields, double click on the text box and type in the appropriate number/range (make sure that the text field is highlighted in order to type over the text prompt). Example:

**Objective 1:** By September 30, 2011, 350-450 food stamp eligible or similar individuals per year will participate in one of 14-18 cycles annually of the 6-session nutrition education series that includes promoting access to healthy food and physical activity.

**Nutrition education topics:** All contractors are expected to cover fruits and vegetables in their intervention; therefore this topic has been pre-selected. Click on the check boxes to select any additional topics this intervention will cover. If you select “Other,” please write a brief description of the topic in the text field. Example:

<b>Nutrition education topics</b>	<b>Check planned topics:</b>			
	<input type="checkbox"/> A. Low fat dairy <input type="checkbox"/> B. Fats & oils <input type="checkbox"/> C. Fiber-rich foods <input type="checkbox"/> D. Food shop/prep	<input checked="" type="checkbox"/> E. Fruits & vegetables <input type="checkbox"/> F. Lean meats & beans <input checked="" type="checkbox"/> G. Limit added sugars <input checked="" type="checkbox"/> H. MyPyramid	<input checked="" type="checkbox"/> I. Physical activity <input checked="" type="checkbox"/> J. Healthy weight <input type="checkbox"/> K. Sodium & potassium <input checked="" type="checkbox"/> L. Whole grains	<input type="checkbox"/> M. All above topics <input checked="" type="checkbox"/> Other (specify) <b>Food Stamp Promotion</b> <input type="checkbox"/> Other (specify) _____

**Materials/Curricula:** Check the types of curricula/materials planned for this intervention. If you select “Other,” please write a brief description of the topic in the text field. Example:

<b>Materials / Curricula</b>	<b>Check handouts, materials, and/or curricula likely to be used in this intervention (for recruitment, teaching, etc.):</b>			
	<b>Developed by Network:</b>	<b>Developed by Other:</b>	<b>Developed by Contractor:</b>	
			<i>new</i> (specify material)	<i>existing</i> (specify material)
<input checked="" type="checkbox"/> African American <input type="checkbox"/> Latino <input type="checkbox"/> Power Play! <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Worksite <input checked="" type="checkbox"/> Other (specify) <b>Harvest of the Month</b>	<input type="checkbox"/> United States Department of Agriculture (specify) _____ <input checked="" type="checkbox"/> Other (specify) <b>Nutrition Essentials from University of Florida Cooperative Extension</b> <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Other (specify) _____	<input checked="" type="checkbox"/> <b>Recruitment Flyer</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

**Attachment B**

***Network for a Healthy California (Network)***  
**Local Food and Nutrition Education Projects**  
 Individual Scope of Work Template Instructions

**Instructions and Sample for Scope of Work Template A, Direct Nutrition Education, Series**

Settings: Indicate the types of settings where the series will be conducted and the approximate number of that type of site; if the type of setting where this nutrition education will be conducted is not listed, click “Other” and describe the site. Example:

<b>Settings</b>	<b>Check settings where this nutrition education will be offered and indicate number of planned sites in parentheses:</b>			
	<input type="checkbox"/> Preschool ( )	<input checked="" type="checkbox"/> Clinic – community or public health (2)	<input type="checkbox"/> Emergency food sites (1)	<input checked="" type="checkbox"/> Other (specify) <u>community garden (1)</u>
	<input type="checkbox"/> School – K-12 ( )	<input checked="" type="checkbox"/> Community based organization or center (2)	<input type="checkbox"/> Farmers’ market ( )	<input type="checkbox"/> Other (specify) _____ ( )
	<input type="checkbox"/> School – adults/parents ( )		<input type="checkbox"/> Food stamp office ( )	
	<input type="checkbox"/> After school program ( )			

Tracking: The activity tracking form box has been pre-checked – this indicates a required tracking element. Check any additional tracking you will conduct for this intervention, and indicate whether you will maintain it on file (if “on file” is not stated, you will be expected to submit the tracking element with your Annual Progress Report). Example:

<b>Tracking</b>	<b>Check planned tracking:</b>	
	<input checked="" type="checkbox"/> Activity Tracking Form	<input checked="" type="checkbox"/> Other (specify) <u>Photographs</u>
	<input checked="" type="checkbox"/> Intake log/sign-in sheets on file	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> Participant evaluation summary	<input type="checkbox"/> Other (specify) _____

Staffing: List the positions that will be involved in this objective; include only positions that are on your Federal Share budget (e.g., do not include “in-kind” positions here). The position titles should correspond with the titles used in your budget documents. Example:

<b>Staffing</b>	<b>List <u>positions</u> responsible for planning, delivery, and/or tracking of this intervention:</b>
	<u>Nutrition Educator, Community Outreach Worker</u>

Other information: This field allows you to provide any important information that is not included in other sections of the template. If there is no further descriptive information that is important to include, you may leave this blank. Example:

<b>Other information</b>	<b>Important information regarding this intervention not described above:</b>
	<u>At least four of the six sessions will incorporate a cooking demonstration and/or taste testing. These nutrition education sessions will be offered in both Spanish and English.</u>

Pagination: Enter page numbers to reflect the number of pages in your Scope of Work. Example: Page 4 of 12

**Attachment B**

***Network for a Healthy California (Network)***  
**Local Food and Nutrition Education Projects**

Individual Scope of Work Template Instructions

**Instructions and Sample for Scope of Work Template B, Direct Nutrition Education – Single Sessions**

Banner: Provide required identifying information in banner. Example:

Exhibit A – Scope of Work	
Contract Period: Oct 1, 2008 through Sept 30, 2011	Contracting Agency: Better Health Organization
	Contract Number:

Objective: Number your objective and insert the appropriate year. To insert the numbers and ranges in the text fields, double click on the text box and type in the appropriate number/range (make sure that the text field is highlighted in order to type over the text prompt). Example:

**Objective 2:** By September 30, 2011, 400-500 food stamp eligible or similar individuals per year will participate in one of 24-30 nutrition education sessions offered annually, that includes promoting access to healthy food and physical activity.

Nutrition education topics: All contractors are expected to cover fruits and vegetables in their intervention; therefore this topic has been pre-selected. Click on the check boxes to select any additional topics this intervention will cover. If you select “Other,” please write a brief description of the topic in the text field. Example:

<b>Nutrition education topics</b>	<b>Check planned topics:</b>			
	<input type="checkbox"/> A. Low fat dairy	<input checked="" type="checkbox"/> E. Fruits & vegetables	<input checked="" type="checkbox"/> I. Physical activity	<input type="checkbox"/> M. All above topics
	<input type="checkbox"/> B. Fats & oils	<input checked="" type="checkbox"/> F. Lean meats & beans	<input checked="" type="checkbox"/> J. Healthy weight	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> C. Fiber-rich foods	<input checked="" type="checkbox"/> G. Limit added sugars	<input type="checkbox"/> K. Sodium & potassium	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> D. Food shop/prep	<input checked="" type="checkbox"/> H. MyPyramid	<input checked="" type="checkbox"/> L. Whole grains	

Materials/Curricula: Check the types of curricula/materials planned for this intervention. If you select “Other,” please write a brief description of the topic in the text field. Example:

<b>Materials / Curricula</b>	<b>Check handouts, materials, and/or curricula likely to be used in this intervention (for recruitment, teaching, etc.):</b>			
	<b>Developed by Network:</b>		<b>Developed by Contractor:</b>	
	<b>Developed by Other:</b>		<i>new (specify material)</i>	<i>existing (specify)</i>
	<input checked="" type="checkbox"/> African American <input type="checkbox"/> Latino <input type="checkbox"/> Power Play! <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Worksite <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> United States Department of Agriculture (specify) _____ <input checked="" type="checkbox"/> Other (specify) <b>Nutrition Essentials from University of Florida Cooperative Extension</b> <input checked="" type="checkbox"/> Other (specify) <b>American Cancer Society Body and Soul</b> <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Other (specify) _____	<input checked="" type="checkbox"/> <b>Recruitment Flyer</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

**Attachment B**

***Network for a Healthy California (Network)***  
**Local Food and Nutrition Education Projects**  
 Individual Scope of Work Template Instructions

**Instructions and Sample for Scope of Work Template B, Direct Nutrition Education – Single Sessions**

Settings: Indicate the types of settings where the series will be conducted and the approximate number of that type of site; if the type of setting where this nutrition education will be conducted is not listed, click “Other” and describe the site. Example:

<b>Settings</b>	<b>Check settings where this nutrition education will be offered and indicate number of planned sites in parentheses:</b>			
	<input type="checkbox"/> Preschool ( )	<input type="checkbox"/> Clinic – community or public health ( )	<input type="checkbox"/> Emergency food sites (2)	<input checked="" type="checkbox"/> Other (specify) Churches (2)
	<input type="checkbox"/> School – K-12 ( )	<input checked="" type="checkbox"/> Community based organization or center (2)	<input type="checkbox"/> Farmers’ market ( )	<input type="checkbox"/> Other (specify) Food Banks (2)
	<input checked="" type="checkbox"/> School – adults/parents (2)		<input type="checkbox"/> Food stamp office ( )	
	<input type="checkbox"/> After school program ( )			

Tracking: The activity tracking form box has been pre-checked – this indicates a required tracking element. Check any additional tracking you will conduct for this intervention, and indicate whether you will maintain it on file (if “on file” is not stated, you will be expected to submit the tracking element with your Annual Progress Report). Example:

<b>Tracking</b>	<b>Check planned tracking:</b>	
	<input checked="" type="checkbox"/> Activity Tracking Form	<input checked="" type="checkbox"/> Other (specify) Photographs
	<input checked="" type="checkbox"/> Intake log/sign-in sheets on file	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> Participant evaluation summary	<input type="checkbox"/> Other (specify) _____

Staffing: List the positions that will be involved in this objective; include only positions that are on your Federal Share budget (e.g., do not include “in-kind” positions here). The position titles should correspond with the titles used in your budget documents. Example:

<b>Staffing</b>	<b>List positions responsible for planning, delivery, and/or tracking of this intervention:</b>
	Nutrition Educator, Community Outreach Worker

Other information: This field allows you to provide any important information that is not included in other sections of the template. If there is no further descriptive information that is important to include, you may leave this blank. Example:

<b>Other information</b>	<b>Important information regarding this intervention not described above:</b>
	At least half of the sessions will incorporate a cooking demonstration and/or taste testing. These nutrition education sessions will be offered in both Spanish and English.

Pagination: Enter page numbers to reflect the number of pages in your Scope of Work. Example: Page 5 of 12

**Attachment B**

***Network for a Healthy California (Network)***  
**Local Food and Nutrition Education Projects**

Individual Scope of Work Template Instructions

**Instructions and Sample for Scope of Work Template C, Indirect Nutrition Education – Nutrition Promotion Events/Activities**

Banner: Provide required identifying information in banner. Example:

Exhibit A – Scope of Work	
Contract Period: Oct 1, 2008 through Sept 30, 2011	Contracting Agency: Better Health Organization
	Contract Number:

Objective: Number your objective and insert the appropriate year. To insert the numbers and ranges in the text fields, double click on the text box and type in the appropriate number/range (make sure that the text field is highlighted in order to type over the text prompt). Example:

**Objective 3:** By September 30, 2011, 1,000-1,200 food stamp eligible or similar individuals per year will participate in one of 6-8 nutrition/physical activity promotion events conducted annually that includes the promotion of healthy food and physical activity.

Nutrition education topics: All contractors are expected to cover fruits and vegetables in their intervention; therefore this topic has been pre-selected. Click on the check boxes to select any additional topics this intervention will cover. If you select “Other,” please write a brief description of the topic in the text field. Example:

<b>Nutrition education topics</b>	<b>Check planned topics:</b>			
	<input type="checkbox"/> A. Low fat dairy	<input checked="" type="checkbox"/> E. Fruits & vegetables	<input checked="" type="checkbox"/> I. Physical activity	<input type="checkbox"/> M. All above topics
	<input type="checkbox"/> B. Fats & oils	<input type="checkbox"/> F. Lean meats & beans	<input type="checkbox"/> J. Healthy weight	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> C. Fiber-rich foods	<input checked="" type="checkbox"/> G. Limit added sugars	<input type="checkbox"/> K. Sodium & potassium	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> D. Food shop/prep	<input checked="" type="checkbox"/> H. MyPyramid	<input type="checkbox"/> L. Whole grains	

Materials/Curricula: Check the types of curricula/materials planned for this intervention. If you select “Other,” please write a brief description of the topic in the text field. Example:

<b>Materials / Curricula</b>	<b>Check handouts, materials, and/or curricula likely to be used in this intervention (for recruitment, teaching, etc.):</b>			
	<b>Developed by Network:</b>	<b>Developed by Other:</b>	<b>Developed by Contractor:</b>	
			<i>new</i> (specify material)	<i>existing</i> (specify material)
	<input checked="" type="checkbox"/> African American	<input type="checkbox"/> United States Department of Agriculture (specify) _____	<input checked="" type="checkbox"/> Sugar finder quiz	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> Latino	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input checked="" type="checkbox"/> Power Play!	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Worksite	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	

**Attachment B**

***Network for a Healthy California (Network)***  
**Local Food and Nutrition Education Projects**  
 Individual Scope of Work Template Instructions

**Instructions and Sample for Scope of Work Template C, Indirect Nutrition Education – Nutrition Promotion Events/Activities**

**Settings:** Indicate the types of settings where the intervention will be conducted and the approximate number of that type of site; if the type of setting where this nutrition education will be conducted is not listed, click “Other” and describe the site. Example:

<b>Settings</b>	<b>Check settings where this nutrition education will be conducted and indicate number of planned sites in parentheses:</b>			
	<input type="checkbox"/> Preschool ( )	<input type="checkbox"/> Clinic – community or public health ( )	<input type="checkbox"/> Emergency food sites ( )	<input type="checkbox"/> Other (specify) _____ ( )
	<input checked="" type="checkbox"/> School – K-12 (6)	<input type="checkbox"/> Community based organization or center ( )	<input type="checkbox"/> Farmers’ market ( )	<input type="checkbox"/> Other (specify) _____ ( )
	<input type="checkbox"/> School – adults/parents ( )		<input type="checkbox"/> Food stamp office ( )	
	<input checked="" type="checkbox"/> After school program (6)			

**Event Types:** Indicate the types and numbers of events likely to occur. If you check “Materials distribution” or “Other,” please provide additional detail in the text field. Example:

<b>Event type</b>	<b>Check the types of events/activities likely to occur and indicate planned number of events in parentheses:</b>		
	<input checked="" type="checkbox"/> Art contest (2)	<input type="checkbox"/> Retail event ( )	<input checked="" type="checkbox"/> Materials distribution (specify) <u>Newsletter, nutrition activities pages (9)</u>
	<input type="checkbox"/> Community festival ( )	<input checked="" type="checkbox"/> School event/festival (4)	<input type="checkbox"/> Other (specify) _____ ( )
	<input type="checkbox"/> Farmers’ market ( )	<input checked="" type="checkbox"/> Theatre event or program (2)	<input type="checkbox"/> Other (specify) _____ ( )

**Tracking:** The activity tracking form box has been pre-checked – this indicates a required tracking element. Check any additional tracking you will conduct for this intervention, and indicate whether you will maintain it on file (if “on file” is not stated, you will be expected to submit the tracking element with your Annual Progress Report). Example:

<b>Tracking</b>	<b>Check planned tracking:</b>	
	<input checked="" type="checkbox"/> Activity Tracking Form	<input checked="" type="checkbox"/> Other (specify) <u>Photos</u>
	<input checked="" type="checkbox"/> Intake log/sign-in sheets on file	<input checked="" type="checkbox"/> Other (specify) <u>Sample newsletters and nutrition activities pages</u>
	<input type="checkbox"/> Participant evaluation summary	<input checked="" type="checkbox"/> Other (specify) <u>Images of art contest entries</u>

**Staffing:** List the positions that will be involved in this objective; include only positions that are on your Federal Share budget (e.g., do not include “in-kind” positions here). The position titles should correspond with the titles used in your budget documents. Example:

<b>Staffing</b>	<b>List positions responsible for planning, delivery, and/or tracking of this intervention:</b>
	<u>Project Coordinator</u>

**Other information:** This field allows you to provide any important information that is not included in other sections of the template. If there is no further descriptive information that is important to include, you may leave this blank. Example:

<b>Other information</b>	<b>Important information regarding this intervention not described above:</b>
	<u>Parent volunteers will assist in coordinating school events.</u>

**Pagination:** Enter page numbers to reflect the number of pages in your Scope of Work. Example: Page 6 of 12

**Attachment B**

***Network for a Healthy California (Network)***  
**Local Food and Nutrition Education Projects**

Individual Scope of Work Template Instructions

**Instructions and Sample for Scope of Work Template D, Indirect Nutrition Education – Provider Training/Train-the-Trainer**

Banner: Provide required identifying information in banner. Example:

Exhibit A – Scope of Work	
Contract Period: Oct 1, 2008 through Sept 30, 2011	Contracting Agency: Better Health Organization
	Contract Number:

Objective: Number your objective and insert the appropriate year. To insert the numbers and ranges in the text fields, double click on the text box and type in the appropriate number/range (make sure that the text field is highlighted in order to type over the text prompt). Example:

**Objective 4:** By September 30, 2011, 50-100 providers of services to food stamp eligible or similar individuals will participate in one of 4-6 nutrition/physical activity training events conducted annually that includes promoting access to healthy food and physical activity.

Nutrition education topics: All contractors are expected to cover fruits and vegetables in their intervention; therefore this topic has been pre-selected. Click on the check boxes to select any additional topics this intervention will cover. If you select “Other,” please write a brief description of the topic in the text field. Example:

<b>Nutrition education topics</b>	<b>Check planned topics:</b>			
	<input type="checkbox"/> A. Low fat dairy	<input checked="" type="checkbox"/> E. Fruits & vegetables	<input checked="" type="checkbox"/> I. Physical activity	<input type="checkbox"/> M. All above topics
	<input type="checkbox"/> B. Fats & oils	<input type="checkbox"/> F. Lean meats & beans	<input type="checkbox"/> J. Healthy weight	<input checked="" type="checkbox"/> Other (specify) <b>Food Stamp</b>
	<input type="checkbox"/> C. Fiber-rich foods	<input checked="" type="checkbox"/> G. Limit added sugars	<input type="checkbox"/> K. Sodium & potassium	<b>Promotion</b>
	<input type="checkbox"/> D. Food shop/prep	<input checked="" type="checkbox"/> H. MyPyramid	<input type="checkbox"/> L. Whole grains	<input type="checkbox"/> Other (specify) _____

Materials/Curricula: Check the types of curricula/materials planned for this intervention. If you select “Other,” please write a brief description of the topic in the text field. Example:

<b>Materials / Curricula</b>	<b>Check handouts, materials, and/or curricula likely to be used in this intervention (for recruitment, teaching, etc.):</b>			
	<b>Developed by Network:</b>	<b>Developed by Other:</b>	<b>Developed by Contractor:</b>	
			<i>new</i> (specify material)	<i>existing</i> (specify material)
	<input checked="" type="checkbox"/> African American <input checked="" type="checkbox"/> Latino <input checked="" type="checkbox"/> Power Play! <input type="checkbox"/> Retail <input type="checkbox"/> Worksite <input type="checkbox"/> Other (specify) _____	<input checked="" type="checkbox"/> United States Department of Agriculture (specify) MyPyramid for Kids <input checked="" type="checkbox"/> Other (specify) <b>Reading Across MyPyramid</b> <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Other (specify) _____	<input checked="" type="checkbox"/> <b>Recruitment poster</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input checked="" type="checkbox"/> <b>Training Agenda</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

**Attachment B**

***Network for a Healthy California (Network)***  
**Local Food and Nutrition Education Projects**  
 Individual Scope of Work Template Instructions

**Instructions and Sample for Scope of Work Template D, Indirect Nutrition Education – Provider Training/Train-the-Trainer**

Settings: Indicate the types of settings where the intervention will be conducted and the approximate number of that type of site; if the type of setting where the nutrition/physical activity training events will be conducted is not listed, click “Other” and describe the site. Example:

<b>Audience</b>	<b>Check the intended food stamp eligible audience or intermediaries and indicate number of planned reach in parentheses:</b>			
	<input type="checkbox"/> Business community ( )	<input type="checkbox"/> Faith community ( )	<input type="checkbox"/> Public health/social services providers ( )	<input type="checkbox"/> Other (specify) _____ ( )
	<input checked="" type="checkbox"/> Community based organizations (10-20)	<input checked="" type="checkbox"/> Food Stamp participants and eligibles (20-30)	<input checked="" type="checkbox"/> Schools – teachers, staff, administrators (20-30)	<input type="checkbox"/> Other (specify) _____ ( )
	<input type="checkbox"/> Community leaders ( )	<input type="checkbox"/> Preschool providers ( )		
	<input checked="" type="checkbox"/> Emergency food providers (10-20)			

Tracking: The activity tracking form box has been pre-checked – this indicates a required tracking element. Check any additional tracking you will conduct for this intervention, and indicate whether you will maintain it on file (if “on file” is not stated, you will be expected to submit the tracking element with your Annual Progress Report). Example:

<b>Tracking</b>	<b>Check planned tracking:</b>	
	<input checked="" type="checkbox"/> Activity Tracking Form	<input type="checkbox"/> Other (specify) _____
	<input checked="" type="checkbox"/> Intake log/sign-in sheets on file	<input type="checkbox"/> Other (specify) _____
	<input checked="" type="checkbox"/> Participant evaluation summary	<input type="checkbox"/> Other (specify) _____

Staffing: List the positions that will be involved in this objective; include only positions that are on your Federal Share budget (e.g., do not include “in-kind” positions here). The position titles should correspond with the titles used in your budget documents. Example:

<b>Staffing</b>	<b>List positions responsible for planning, delivery, and/or tracking of this intervention:</b>
	Project Coordinator

Other information: This field allows you to provide any important information that is not included in other sections of the template. If there is no further descriptive information that is important to include, you may leave this blank. Example:

<b>Other information</b>	<b>Important information regarding this intervention not described above:</b>

Pagination: Enter page numbers to reflect the number of pages in your Scope of Work. Example: Page 7 of 12

**Attachment B**

***Network for a Healthy California (Network)***  
**Local Food and Nutrition Education Projects**

Individual Scope of Work Template Instructions

**Instructions and Sample for Scope of Work Template E, Indirect Nutrition Education – Community Empowerment**

Banner: Provide required identifying information in banner. Example:

Exhibit A – Scope of Work	
Contract Period: Oct 1, 2008 through Sept 30, 2011	Contracting Agency: Better Health Organization
	Contract Number:

Objective: Number your objective and insert the appropriate year. To insert the numbers and ranges in the text fields, double click on the text box and type in the appropriate number/range (make sure that the text field is highlighted in order to type over the text prompt). Example:

**Objective 5:** By September 30, 2011, 25-50 leaders/providers/residents per year in food stamp nutrition education eligible communities will participate in one or more of 2-3 annual nutrition/physical activity-focused meetings, events, or training that include the promotion of access to healthy food and physical activity.

Nutrition education topics: All contractors are expected to cover fruits and vegetables in their intervention; therefore this topic has been pre-selected. Click on the check boxes to select any additional topics this intervention will cover. If you select “Other,” please write a brief description of the topic in the text field. Example:

<b>Nutrition education topics</b>	<b>Check planned topics:</b>			
	<input type="checkbox"/> A. Low fat dairy	<input checked="" type="checkbox"/> E. Fruits & vegetables	<input checked="" type="checkbox"/> I. Physical activity	<input type="checkbox"/> M. All above topics
	<input type="checkbox"/> B. Fats & oils	<input type="checkbox"/> F. Lean meats & beans	<input checked="" type="checkbox"/> J. Healthy weight	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> C. Fiber-rich foods	<input checked="" type="checkbox"/> G. Limit added sugars	<input type="checkbox"/> K. Sodium & potassium	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> D. Food shop/prep	<input type="checkbox"/> H. MyPyramid	<input type="checkbox"/> L. Whole grains	

Materials/Curricula: Check the types of curricula/materials planned for this intervention. If you select “Other,” please write a brief description of the topic in the text field. Example:

<b>Materials / Curricula</b>	<b>Check handouts, materials, and/or curricula likely to be used in this intervention (for recruitment, teaching, etc.):</b>			
	<b>Developed by Network:</b>		<b>Developed by Contractor:</b>	
	<b>Developed by Other:</b>		<i>new</i> (specify material)	<i>existing</i> (specify material)
	<input checked="" type="checkbox"/> African American	<input type="checkbox"/> United States Department of Agriculture (specify) _____	<input checked="" type="checkbox"/> <u>Community Nutrition Profile</u>	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> Latino	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Power Play!	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Retail	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Worksite	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	

**Attachment B**

***Network for a Healthy California (Network)***  
**Local Food and Nutrition Education Projects**  
 Individual Scope of Work Template Instructions

**Instructions and Sample for Scope of Work Template E, Indirect Nutrition Education – Community Empowerment**

Settings: Indicate the types of settings where the intervention will be conducted and the approximate number of that type of site; if the type of setting where this nutrition education will be conducted is not listed, click “Other” and describe the site. Example:

<b>Audience</b>	<b>Check the intended food stamp eligible audience or intermediaries and indicate number of planned reach in parentheses:</b>			
	<input type="checkbox"/> Business community ( )	<input type="checkbox"/> Faith community ( )	<input type="checkbox"/> Public health/social services providers ( )	<input type="checkbox"/> Other (specify) _____ ( )
	<input checked="" type="checkbox"/> Community based organizations (5-10)	<input checked="" type="checkbox"/> Food Stamp participants and eligibles (10-20)	<input checked="" type="checkbox"/> Schools – teachers, staff, administrators (10-20)	<input type="checkbox"/> Other (specify) _____ ( )
	<input type="checkbox"/> Community leaders ( )	<input type="checkbox"/> Preschool providers ( )		
	<input type="checkbox"/> Emergency food providers ( )			

Tracking: The activity tracking form box has been pre-checked – this indicates a required tracking element. Check any additional tracking you will conduct for this intervention, and indicate whether you will maintain it on file (if “on file” is not stated, you will be expected to submit the tracking element with your Annual Progress Report). Example:

<b>Tracking</b>	<b>Check planned tracking:</b>	
	<input checked="" type="checkbox"/> Activity Tracking Form	<input type="checkbox"/> Other (specify) _____
	<input checked="" type="checkbox"/> Intake log/sign-in sheets on file	<input type="checkbox"/> Other (specify) _____
	<input checked="" type="checkbox"/> Participant evaluation summary	<input type="checkbox"/> Other (specify) _____

Staffing: List the positions that will be involved in this objective; include only positions that are on your Federal Share budget (e.g., do not include “in-kind” positions here). The position titles should correspond with the titles used in your budget documents. Example:

<b>Staffing</b>	<b>List positions responsible for planning, delivery, and/or tracking of this intervention:</b>
	Project Coordinator, Community Outreach Worker

Other information: This field allows you to provide any important information that is not included in other sections of the template. If there is no further descriptive information that is important to include, you may leave this blank. Example:

<b>Other information</b>	<b>Important information regarding this intervention not described above:</b>
	We will provide staff support for 4 meetings of our community nutrition coalition and provide two nutrition/physical activity forums for community leaders.

Pagination: Enter page numbers to reflect the number of pages in your Scope of Work. Example: Page 8 of 12

**Attachment B**

***Network for a Healthy California (Network)***  
**Local Food and Nutrition Education Projects**  
 Individual Scope of Work Template Instructions

**Instructions and Sample for Scope of Work Template F, Social Marketing Activities**

Banner: Provide required identifying information in banner. Example:

Exhibit A – Scope of Work	
Contract Period: Oct 1, 2008 through Sept 30, 2011	Contracting Agency: Better Health Organization
	Contract Number:

Objective: Number your objective and insert the appropriate year. To insert the numbers and ranges in the text fields, double click on the text box and type in the appropriate number/range (make sure that the text field is highlighted in order to type over the text prompt). Example:

**Objective 6:** By September 30, 2011, promote healthy eating and active living and access to healthy food and physical activity to food stamp eligible individuals, families, and intermediaries through 6-8 social marketing activities conducted annually, reaching an estimated audience of 8,000.

Nutrition education topics: All contractors are expected to cover fruits and vegetables in their intervention; therefore this topic has been pre-selected. Click on the check boxes to select any additional topics this intervention will cover. If you select “Other,” please write a brief description of the topic in the text field. Example:

<b>Nutrition education topics</b>	<b>Check planned topics:</b>			
	<input type="checkbox"/> A. Low fat dairy	<input checked="" type="checkbox"/> E. Fruits & vegetables	<input checked="" type="checkbox"/> I. Physical activity	<input type="checkbox"/> M. All above topics
	<input type="checkbox"/> B. Fats & oils	<input type="checkbox"/> F. Lean meats & beans	<input checked="" type="checkbox"/> J. Healthy weight	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> C. Fiber-rich foods	<input checked="" type="checkbox"/> G. Limit added sugars	<input type="checkbox"/> K. Sodium & potassium	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> D. Food shop/prep	<input checked="" type="checkbox"/> H. MyPyramid	<input type="checkbox"/> L. Whole grains	

Social marketing tools/materials: Check the types of tools/materials planned for this intervention. If you select “Other,” please write a brief description of the topic in the text field. Example:

<b>Social Marketing tools/materials</b>	<b>Check the types of approved media tools, materials, and/or outlets that will be used in this intervention:</b>			
	<input type="checkbox"/> Print ad/Public Service Announcement	<input checked="" type="checkbox"/> Radio Public Service Announcement, program, interview	<input type="checkbox"/> Newsletter	<input checked="" type="checkbox"/> <i>Network</i> or United States Department of Agriculture developed materials (specify) <u>Food Stamp Office Resource Kit</u>
	<input type="checkbox"/> Press release/Media advisory	<input type="checkbox"/> TV Public Service Announcement, program, interview	<input checked="" type="checkbox"/> Web site	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> Press kit		<input checked="" type="checkbox"/> Waiting room media	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> Outdoor media (billboard, bus ad, etc.)			

**Attachment B**

***Network for a Healthy California (Network)***  
**Local Food and Nutrition Education Projects**  
 Individual Scope of Work Template Instructions

**Instructions and Sample for Scope of Work Template F, Social Marketing Activities**

Audience: Indicate the types and approximate number of audience/s to which social marketing activities will be directed. If the audience type to which this social marketing will be directed is not listed, click “Other” and describe. Example:

<b>Audience</b>	<b>Check the intended food stamp eligible audience or intermediaries and indicate number of planned reach in parentheses:</b>			
	<input type="checkbox"/> Business community ( )	<input type="checkbox"/> Faith community ( )	<input checked="" type="checkbox"/> Public health/social services providers (500)	<input type="checkbox"/> Other (specify) _____ ( )
	<input type="checkbox"/> Community based orgs. ( )	<input checked="" type="checkbox"/> Food Stamp participants and eligibles (8,000)	<input type="checkbox"/> Schools – teachers, staff, administrators ( )	<input type="checkbox"/> Other (specify) _____ ( )
	<input checked="" type="checkbox"/> Community leaders (150)	<input type="checkbox"/> Preschool providers ( )		
	<input type="checkbox"/> Emergency food providers ( )			

Tracking: The activity tracking form box has been pre-checked – this indicates a required tracking element. Check any additional tracking you will conduct for this intervention, and indicate whether you will maintain it on file (if “on file” is not stated, you will be expected to submit the tracking element with your Annual Progress Report). Example:

<b>Tracking</b>	<b>Check planned tracking:</b>	
	<input checked="" type="checkbox"/> Activity Tracking Form	<input checked="" type="checkbox"/> Other (specify) <u>Materials distribution log (on file)</u>
	<input checked="" type="checkbox"/> Copy of media tool/material	<input checked="" type="checkbox"/> Other (specify) <u>Copy of web site home page</u>
	<input type="checkbox"/> Press clipping	<input type="checkbox"/> Other (specify) _____
	<input checked="" type="checkbox"/> Transcript/program listing	

Staffing: List the positions that will be involved in this objective; include only positions that are on your Federal Share budget (e.g., do not include “in-kind” positions here). The position titles should correspond with the titles used in your budget documents. Example:

<b>Staffing</b>	<b>List positions responsible for planning, delivery, and/or tracking of this intervention:</b>
	Project Coordinator, Web Designer

Other information: This field allows you to provide any important information that is not included in other sections of the template. If there is no further descriptive information that is important to include, you may leave this blank. Example:

<b>Other information</b>	<b>Important information regarding this intervention not described above:</b>

Pagination: Enter page numbers to reflect the number of pages in your Scope of Work. Example: Page 9 of 12

**Attachment B**

***Network for a Healthy California (Network)***  
**Local Food and Nutrition Education Projects**  
 Individual Scope of Work Template Instructions

**Instructions and Sample for Scope of Work Template G, Impact Evaluation – Year 1**

Banner: Provide required identifying information in banner. Example:

Exhibit A – Scope of Work	
Contract Period: Oct 1, 2008 through Sept 30, 2011	Contracting Agency: Better Health Organization
	Contract Number:

Objective: Number your objective. Example:

**Objective 7:** By September 30, 2009, submit an evaluation plan including draft evaluation instruments developed in consultation with *Network* evaluation consultants. [Note: The evaluation may utilize quantitative methods such as pre- and post- surveys, qualitative methods such as focus groups or participatory learning and action activities or mixed methods.]

Nutrition education topics: All contractors are expected to cover fruits and vegetables in their impact evaluation; therefore this topic has been pre-selected. Click on the check boxes to select any additional topics the intervention you are planning to evaluate will cover. If you select “Other,” please write a brief description of the topic in the text field. Example:

<b>Nutrition education topics</b>	<b>Check planned topics:</b>			
	<input type="checkbox"/> A. Low fat dairy	<input checked="" type="checkbox"/> E. Fruits & vegetables	<input checked="" type="checkbox"/> I. Physical activity	<input type="checkbox"/> M. All above topics
	<input type="checkbox"/> B. Fats & oils	<input type="checkbox"/> F. Lean meats & beans	<input checked="" type="checkbox"/> J. Healthy weight	<input checked="" type="checkbox"/> Other (specify) <b>Food Stamp Promotion</b>
	<input type="checkbox"/> C. Fiber-rich foods	<input checked="" type="checkbox"/> G. Limit added sugars	<input type="checkbox"/> K. Sodium & potassium	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> D. Food shop/prep	<input checked="" type="checkbox"/> H. MyPyramid	<input checked="" type="checkbox"/> L. Whole grains	

Materials/Curricula: Check the types of curricula/materials for the intervention you are planning to evaluate. If you select “Other,” please write a brief description of the topic in the text field. Example:

<b>Materials / Curricula</b>	<b>Check handouts, materials, and/or curricula likely to be used in this intervention (for recruitment, teaching, etc.):</b>			
	<b>Developed by Network:</b>	<b>Developed by Other:</b>	<b>Developed by Contractor:</b>	
			<i>new</i> (specify material)	<i>existing</i> (specify material)
	<input type="checkbox"/> African American	<input type="checkbox"/> United States Department of Agriculture (specify) _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Healthy Eating Curriculum
<input checked="" type="checkbox"/> Latino	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Power Play!	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Worksite	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	

**Attachment B**

***Network for a Healthy California (Network)***  
**Local Food and Nutrition Education Projects**  
 Individual Scope of Work Template Instructions

**Instructions and Sample for Scope of Work Template G, Impact Evaluation – Year 1**

Settings: Indicate the types of settings where the intervention will be conducted and the approximate number of that type of site; if the type of setting where this nutrition education will be conducted is not listed, click “Other” and describe the site. Example:

<b>Settings</b>	<b>Check settings where this nutrition education will be offered and indicate number of planned sites in parentheses:</b>			
	<input type="checkbox"/> Preschool ( )	<input type="checkbox"/> Clinic – community or public health ( )	<input type="checkbox"/> Emergency food sites ( )	<input checked="" type="checkbox"/> Other (specify) <b>Church (2)</b>
	<input type="checkbox"/> School – K-12 ( )	<input checked="" type="checkbox"/> Community based organization or center (1)	<input type="checkbox"/> Farmers’ market ( )	<input checked="" type="checkbox"/> Other (specify) <b>Food bank (1)</b>
	<input checked="" type="checkbox"/> School – adults/parents (2)		<input type="checkbox"/> Food stamp office ( )	
	<input type="checkbox"/> After school program ( )			

Evaluation: Several boxes have been pre-checked – this indicates a required evaluation element. Check any evaluation or tracking you will conduct for this intervention; provide the name of instruments you will use or briefly describe your planned evaluation methods. Example:

<b>Evaluation</b>	<b>Check planned evaluation:</b>	
	<input checked="" type="checkbox"/> Develop evaluation plan in consultation with <i>Network</i> staff	<input checked="" type="checkbox"/> Pre & post data collection (list/briefly describe) <b>National Cancer Institute Fruit and Vegetable Checklist</b>
	<input checked="" type="checkbox"/> Activity Tracking Form	<input checked="" type="checkbox"/> Data entry & analysis of instruments
		<input type="checkbox"/> Other (specify)

Staffing: List the positions that will be involved in this objective, including the evaluation component; include only positions that are on your Federal Share budget (e.g., do not include “in-kind” positions here). The position titles should correspond with the titles used in your budget documents.

Example:

<b>Staffing</b>	<b>List <u>positions</u> responsible for planning, delivery, and/or evaluation of this intervention:</b>
	Nutrition Educator, Research Specialist

Other information: This field allows you to provide any important information that is not included in other sections of the template. If there is no further descriptive information that is important to include, you may leave this blank. Example:

<b>Other information</b>	<b>Important information regarding this intervention not described above:</b>

Pagination: Enter page numbers to reflect the number of pages in your Scope of Work. Example: Page **10** of **12**

**Attachment B**

***Network for a Healthy California (Network)***  
**Local Food and Nutrition Education Projects**  
 Individual Scope of Work Template Instructions

**Instructions and Sample for Scope of Work Template H, Impact Evaluation – Year 2 and Year 3**

Banner: Provide required identifying information in banner. Example:

Exhibit A – Scope of Work	
Contract Period: Oct 1, 2008 through Sept 30, 2011	Contracting Agency: Better Health Organization
	Contract Number:

Objective: Number your objective. Example:

**Objective 8:** By September 30, 2011, implement at least two program modifications that were informed by the project's impact evaluation reports completed in Year 2 and Year 3.

Nutrition education topics: All contractors are expected to cover fruits and vegetables in their impact evaluation; therefore this topic has been pre-selected. Click on the check boxes to select any additional topics the intervention you are planning to evaluate will cover. If you select “Other,” please write a brief description of the topic in the text field. Example:

<b>Nutrition education topics</b>	<b>Check planned topics:</b>			
	<input type="checkbox"/> A. Low fat dairy <input type="checkbox"/> B. Fats & oils <input type="checkbox"/> C. Fiber-rich foods <input type="checkbox"/> D. Food shop/prep	<input checked="" type="checkbox"/> E. Fruits & vegetables <input type="checkbox"/> F. Lean meats & beans <input checked="" type="checkbox"/> G. Limit added sugars <input checked="" type="checkbox"/> H. MyPyramid	<input checked="" type="checkbox"/> I. Physical activity <input checked="" type="checkbox"/> J. Healthy weight <input type="checkbox"/> K. Sodium & potassium <input checked="" type="checkbox"/> L. Whole grains	<input type="checkbox"/> M. All above topics <input checked="" type="checkbox"/> Other (specify) <b>Food Stamp Promotion</b> <input type="checkbox"/> Other (specify) _____

Materials/Curricula: Check the types of curricula/materials for the intervention you are planning to evaluate. If you select “Other,” please write a brief description of the topic in the text field. Example:

<b>Materials / Curricula</b>	<b>Check handouts, materials, and/or curricula likely to be used in this intervention (for recruitment, teaching, etc.):</b>			
	<b>Developed by Network:</b>	<b>Developed by Other:</b>	<b>Developed by Contractor:</b>	
			<i>new</i> (specify material)	<i>existing</i> (specify material)
<input type="checkbox"/> African American <input checked="" type="checkbox"/> Latino <input type="checkbox"/> Power Play! <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Worksite <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> United States Department of Agriculture (specify) _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input checked="" type="checkbox"/> <b>Healthy Eating Curriculum</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

**Attachment B**

***Network for a Healthy California (Network)***  
**Local Food and Nutrition Education Projects**  
 Individual Scope of Work Template Instructions

**Instructions and Sample for Scope of Work Template H, Impact Evaluation – Year 2 and Year 3**

Settings: Indicate the types of settings where the intervention will be conducted and the approximate number of that type of site; if the type of setting where this nutrition education will be conducted is not listed, click “Other” and describe the site. Example:

<b>Settings</b>	<b>Check settings where this nutrition education will be offered and indicate number of planned sites in parentheses:</b>			
	<input type="checkbox"/> Preschool ( )	<input type="checkbox"/> Clinic – community or public health ( )	<input type="checkbox"/> Emergency food sites ( )	<input checked="" type="checkbox"/> Other (specify) <b>Church (2)</b>
	<input type="checkbox"/> School – K-12 ( )	<input checked="" type="checkbox"/> Community based organization or center (1)	<input type="checkbox"/> Farmers’ market ( )	<input checked="" type="checkbox"/> Other (specify) <b>Food bank (1)</b>
	<input checked="" type="checkbox"/> School – adults/parents (2)		<input type="checkbox"/> Food stamp office ( )	
	<input type="checkbox"/> After school program ( )			

Evaluation: Several boxes have been pre-checked – this indicates a required evaluation element. Check any evaluation or tracking you will conduct for this intervention; provide the name of instruments you will use or briefly describe your planned evaluation methods. Example:

<b>Evaluation</b>	<b>Check planned evaluation:</b>	
	<input checked="" type="checkbox"/> Impact evaluation report for each year (Year 2 and Year 3) with program modifications made in Year 3 based on Year 2 results	<input checked="" type="checkbox"/> Pre & post data collection (list/briefly describe) <b>National Cancer Institute Fruit and Vegetable Checklist</b>
	<input checked="" type="checkbox"/> Activity Tracking Form	<input checked="" type="checkbox"/> Data entry & analysis of instruments
		<input type="checkbox"/> Other (specify) _____

Staffing: List the positions that will be involved in this objective, including the evaluation component; include only positions that are on your Federal Share budget (e.g., do not include “in-kind” positions here). The position titles should correspond with the titles used in your budget documents.

Example:

<b>Staffing</b>	<b>List <u>positions</u> responsible for planning, delivery, and/or evaluation of this intervention:</b>
	Nutrition Educator, Community Outreach Worker, Research Specialist

Other information: This field allows you to provide any important information that is not included in other sections of the template. If there is no further descriptive information that is important to include, you may leave this blank. Example:

<b>Other information</b>	<b>Important information regarding this intervention not described above:</b>

Pagination: Enter page numbers to reflect the number of pages in your Scope of Work. Example: Page **11** of **12**

**Attachment B**

*Network for a Healthy California (Network)*  
**Local Food and Nutrition Education Projects**

Individual Scope of Work Template Instructions

**Instructions and Sample for Scope of Work Template I, Administration and Staff Development**

Banner: Provide required identifying information in banner. Example:

Exhibit A – Scope of Work	
Contract Period: Oct 1, 2008 through Sept 30, 2011	Contracting Agency: Better Health Organization
	Contract Number:

Objective: Number your objective and insert the appropriate year. To insert the numbers and ranges in the text fields, double click on the text box and type in the appropriate number/range (make sure that the text field is highlighted in order to type over the text prompt). Example:

**Objective 9:** By required deadlines, submit required reports, invoices, and documentation; conduct required elements of *Network* program; attend necessary meetings; collaborate with other organizations; and facilitate professional development as needed for the delivery of quality nutrition education programs.

Contract maintenance: The items that are checked are required of all projects. Example:

<b>Contract maintenance</b>	<b>Contract documents:</b> <input checked="" type="checkbox"/> Invoice submission <input checked="" type="checkbox"/> Semi-annual report documents <input checked="" type="checkbox"/> Federal Share documentation <input checked="" type="checkbox"/> Necessary budget adjustments <input checked="" type="checkbox"/> Necessary Scope of Work adjustments	<b>By date:</b> <u>Quarterly in month following end of quarter</u> Apr 15, Oct 15 On file/submit upon request As needed As needed
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3-Year Retrospectives: This is required of all projects. Example:

<b>3-Year Retrospective</b>	<input checked="" type="checkbox"/> Produce a 3-Year Retrospective narrative report and presentation in the final year of the project to be presented at the Local Food and Nutrition Education Action Committee Meeting. Retrospective should highlight successes, promising practices and lessons learned.
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Meetings: In order to continue building the statewide and regional movements, all contractors are expected to attend Local Food and Nutrition Education Action Committee, regional collaborative and *Regional Network* meetings to the extent possible for their agency. If your budget allows, it is also useful to send a representative to the *Network* Steering Committee meetings. Example:

<b>Meetings</b>	<input checked="" type="checkbox"/> Local Food and Nutrition Education Action Committee Meetings ( <i>held three times per year in Los Angeles, Sacramento, and Bay Area</i> ). <input checked="" type="checkbox"/> <i>Regional Network</i> related meetings (e.g., Fruit & Vegetable campaign and program meetings, collaborative meetings, etc.) to provide input into planning and participate in <i>Network</i> regional activities including educational initiative efforts <input checked="" type="checkbox"/> <i>Network</i> Steering Committee meetings
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**Attachment B**

***Network for a Healthy California (Network)***  
**Local Food and Nutrition Education Projects**  
 Individual Scope of Work Template Instructions

**Instructions and Sample for Scope of Work Template I, Administration and Staff Development**

Collaboration: These activities are pre-checked because they are required.

<b>Collaboration</b>	<input checked="" type="checkbox"/> Support statewide initiatives and provide nutrition education/physical activity promotion resources to local programs <input checked="" type="checkbox"/> Collaborate with University of California Cooperative Extension & Food Stamp Nutrition Education agencies and organizations conducting food stamp outreach when appropriate
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Staff development: Several staff development options are listed in this section. Check the boxes of the functions your staff will most likely attend.

Example:

<b>Staff development</b>	<b>Annually, attend a minimum of 2 Network-sponsored or approved trainings and conferences:</b> <input checked="" type="checkbox"/> Annual <i>Network</i> conference <input checked="" type="checkbox"/> <i>Network</i> sponsored Shaping Health as Partners in Education (SHAPE) meeting <input checked="" type="checkbox"/> <i>Harvest of the Month</i> training <input checked="" type="checkbox"/> Other <i>Network</i> -sponsored training <input checked="" type="checkbox"/> In-service staff training (e.g., training new staff; training on new procedures, materials, etc.; other training related to <i>Network</i> program) <input type="checkbox"/> Other training, professional development, or meetings _____ ( <i>pro-rating may apply</i> ) <input checked="" type="checkbox"/> California Association of Nutrition and Activity Programs (CAN-Act) meeting/training
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Tracking: The activity tracking form box and agendas box have been pre-checked – these indicate required tracking elements. Check any additional tracking you will conduct for this intervention, and indicate whether you will maintain it on file (if “on file” is not stated, you will be expected to submit the tracking element with your Annual Progress Report). Example:

<b>Tracking</b>	<b>Check planned tracking:</b> <input checked="" type="checkbox"/> Activity Tracking Form <input checked="" type="checkbox"/> Agendas <input type="checkbox"/> Other (specify) _____
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Staffing: List the staff positions that will be involved in any of the administrative activities in this objective (which may be all of your *Network*-funded positions); include only positions that are on your Federal Share budget (e.g., do not include “in-kind” positions here). The position titles should correspond with the titles used in your budget documents. Example:

<b>Staffing</b>	<b>List positions responsible for planning, delivery, and/or tracking of this intervention:</b> Project Coordinator, Family Advocate, Nutrition Educator, Administrator
-----------------	--

Other information: This cell allows you to provide any important information that is not included in other sections of the template. If there is no further descriptive information that is important to include, you may leave this blank. Example:

<b>Other information</b>	<b>Important information regarding this intervention not described above:</b>  
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Pagination: Enter page numbers to reflect the number of pages in your Scope of Work. Example: Page 12 of 12

**Attachment C**

**LETTER OF INTENT FORM  
(MANDATORY NON-BINDING)  
Due: May 20, 2008 by 4:00 p.m.**

**Please FAX to (916) 449-5414**

**To: Mary Rousseve, Program Manager  
*Network for a Healthy California*  
Cancer Prevention and Nutrition Section, CDPH**

**From :** \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax:  
\_\_\_\_\_

E-mail:  
\_\_\_\_\_

We are intending to submit an application in response to the *Local Food and Nutrition Education RFA*. We are aware that this is a mandatory, non-binding letter of intent and that applications are due **June 2, 2008 by 4:00 p.m.**

**Attachment D**

**Application Cover Letter & Application Checklist Form**  
**Applications due June 2, 2008**

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**A. Application Cover Sheet/Contact Information**

Applicant Name:	
Street Address:	
City, Zip code:	
Project Contact Person:	
Telephone:	
Fax:	
Email:	

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**B. Application Checklist.** Please compile the application in the following order:

1. Cover Letter – Two (2) pages maximum
2. Project Description – Two (2) pages maximum
3. Project Narrative – Seven (7) pages maximum
4. Attachment A - Scope of Work – Fifteen (15) pages maximum
5. Evaluation Plan – Five (5) pages maximum
6. Attachment F - Budget Justification
7. Attachment K - Project Summary Form
8. Resumes of Key (Proposed) Project Staff
9. Up to Three (3) Community Letters of Support – Three (3) maximum

**Submit to:  
Mailing Address:**

**Mary N. Rousseve  
Program Manager  
Cancer Prevention and Nutrition Section  
P.O. Box 997377, MS-7204  
Sacramento, CA 95899-7377**

**Shipping Address/  
Overnight Express:**

**Mary N. Rousseve  
Program Manager  
Cancer Prevention and Nutrition Section  
1616 Capitol Ave., Suite 74.516, MS 7204  
Sacramento, CA. 95814**

## Evaluation (or logic) model template

Target Audience \_\_\_\_\_

Activities	Factor (Objective)	Behavior Change (Goal)

**BUDGET JUSTIFICATION  
FFY 2009**

Contractor: \_\_\_\_\_

Contract #: \_\_\_\_\_

<b>A PERSONNEL SALARIES:</b>									
1. Name and Position Title		2. Annual Salary	3. Total FTE (as a decimal)	4. Percentage FTE Time for Administrative Duties	5. Percentage FTE Time for Direct Delivery	6. Federal Share Total Dollars			
<b>FEDERAL SHARE POSITIONS</b>									
1.	Name: _____ Title: _____								
2.	Name: _____ Title: _____								
3.	Name: _____ Title: _____								
<b>SUBTOTAL</b>		\$ -	0	0%	0%	\$ -			
<b>SAMPLE POSITION DESCRIPTIONS:</b>									
<b>Accountant/Finance Analyst</b>		Serves as internal auditor and controller. Assists with processing purchase orders, invoices, preparation of vouchers for payment as related to the Network program, as well as monitoring the budgets.							
<b>Administrative Coordinator</b>		Provides administrative and office support for the project staff and is responsible for the reporting requirements.							
<b>Administrator (e.g., Director of Programs)</b>		Administer the nutrition education contract and budget, supervising nutrition education staff, attend nutrition education and scope of work related meetings, program planning and participating in the Regional collaborative. Coordinate contract reporting requirements.							
<b>After school Coordinator/Assistant</b>		Plan and facilitate nutrition education activities for recreation programming, in after school setting for different age groups of children; seniors, teen; special populations, such as mothers with young children and families; nutrition education for special events and workshops. Prepare instructional plans for youth camps and field trips; and nutrition education for special events and workshops. Prepare instructional plans for nutrition activities, collect data related to nutrition education programming, prepare documentation for nutrition education contract; and helps prepare interim and final progress report .							
<b>Chief Executive Officer</b>		Provides overall guidance for the operations, personnel, and fiscal responsibilities required by the nutrition project.							

**BUDGET JUSTIFICATION**  
**FFY 2009**

Contractor: \_\_\_\_\_

Contract #: \_\_\_\_\_

<b>Community Outreach Worker/Community Liaison</b>	Conducts nutrition education, physical activity promotion interventions in the community setting. Works with CBOs to increase the reach of nutrition education interventions to FSNE eligibles.	
<b>Computer Specialist</b>	The Computer Specialist will provide assistance with the nutrition database and tracking system.	
<b>Contract Manager</b>	Manages the nutrition education contract including budgets, invoices, local share documentation reports, time studies, fiscal reporting and adherence to funding requirements. Prepares Budget Adjustment Requests (BAR) as necessary.	
<b>Coordinator of Other Program (e.g., Teen program, Healthy Start, etc.)</b>	Supervises, coordinates, facilitates nutrition education activities, workshops, special events related to the recreation and community center planning and working together with other community center groups. Supervises staff implementing the nutrition education contract, prepares invoices, prepares and collects documentation, prepares progress reports	
<b>Curriculum Specialist</b>	Develops curriculum for nutrition education and physical activity interventions in a variety of different channels/venues.	
<b>Database Coordinator</b>	Develops database used to track nutrition education, physical activity and food stamp promotion interventions in a variety of channels.	
<b>Dental/Medical Assistant</b>	Conduct one-on-one nutrition education interventions prior to primary care visit.	
<b>Dietician</b>	Oversees and supervises the nutrition education program including project administration, project coordination, the development of the nutrition education component and materials and other nutrition and physical activity promotion programs.	
<b>Family Advocate</b>	Provides nutrition education to students and their families, and recruits FSNE eligibles for group nutrition/cooking classes. Provides nutrition, physical activity and food stamp promotion resources to students and their parents.	
<b>Food Service Worker (e.g., Director, Manager, Asst, Server, Cook)</b>	Assists with planning and preparing healthy food taste tests in the school setting in conjunction with classroom based nutrition education intervention. Works with teachers to increase student, teacher and parent knowledge of the importance of consuming more servings of fruits and vegetables and being active daily. Compiles documentation on taste testing activities and all reporting required for nutrition grants. In some cases, supervises staff that carry out activities.	
<b>Graphic Illustrator</b>	Develop local promotional nutrition education materials such as community flyers/ newsletters and/or to develop local nutrition/physical activity promotional/educational materials under the direction of the nutrition staff.	

**BUDGET JUSTIFICATION**  
**FFY 2009**

Contractor: \_\_\_\_\_

Contract #: \_\_\_\_\_

<b>Health Educator (including Health Aide, Health Promotion Instructor, etc.)</b>	Develop materials and facilitate health education in both group and individual settings. Teaches general nutrition, the importance of fruits and vegetables, and health benefits of proper nutrition and physical activity.	
<b>Legal Counsel</b>	Assist with development of policies, approval of contracts and Memorandums of Understanding and providing legal advice specifically related to the implementation of nutrition education and physical activity promotion	
<b>Medical Assistant</b>	Demonstrates safe food handling and personal hygiene to prevent food borne illness, provide nutrition-related services to staff, parents, and students and promotes physical activity within the context of nutrition education. (This does not include any medical nutrition therapy).	
<b>Nurse/Nurse Supervisor/Nurse Aide RN</b>	Provides nutrition and physical activity promotion to students enrolled in nutrition education programs and their families. Supports nutrition education goals through interventions; local, regional, and statewide collaboration and interventions. (This does not include any medical nutrition therapy).	
<b>Nutritionist/Nutrition Educator/Nutrition Aide</b>	Provides nutrition education to the FSNE eligible population. Specific duties include: one-on-one general nutrition education, delivery of general nutrition education in a classroom or group setting, staffing health fairs and other community or promotional events where nutrition education messages are delivered, distribution of linguistically and culturally appropriate nutrition education materials, documentation of educational and other encounters, assisting with writing project reports and preparation of quarterly reports, maintaining program reporting and tracking systems.	
<b>Office Manager/Secretary/Admin Asst</b>	Provides general clerical support to the Program. Assists in development and maintenance of a data collection system with emphasis on fiscal information. Arranges meetings and trainings, orders supplies and materials, creates correspondence, photocopies, etc.	
<b>Pharmacist</b>	Promotes nutrition education and physical activity to FSNE eligible population through displays, distributing literature, and supervising staff to update nutrition education bulletin board.	
<b>Physician</b>	Supervises professional staff including Dietitians, Nurses and Nutrition/Project Coordinators that provide nutrition education and promotes physical activity to FSNE eligibles in a variety of channels. Provides direction on strategic planning of nutrition and physical activity programs to FSNE eligible clients. In some cases, provides nutrition education to FSNE eligibles. (This does not include any medical nutrition therapy).	

**BUDGET JUSTIFICATION**  
**FFY 2009**

Contractor: \_\_\_\_\_

Contract #: \_\_\_\_\_

<b>Professor</b>	Coordinates, facilitates, modifies, develops, and demonstrates lessons on nutrition and promotes physical activity for the FSNE eligible community, and students with their families. Supports nutrition education Program goals and local, regional, and statewide collaboration.	
<b>Program Assistant</b>	Assists the Project Coordinator with nutrition education program planning and development. Under the direction of Project Coordinator, works directly with individuals and small groups providing curriculum-based, prevention-oriented general nutrition education and physical activity targeted to FSNE eligibles.	
<b>Project Coordinator</b>	Coordinate program staff and nutrition education activities; plan and follow through on outreach and educational events at health fairs, schools, and other promotional activities; work with schools, churches, farm worker organizations, and community organizations in planning and promoting good health through dissemination of nutrition education materials; actively acquire and develop culturally and linguistically competent nutrition curriculum and educational materials; to promote existing and/or to develop new physical activity promotional components of nutrition education; and expand our existing community outreach program to encompass nutritional components to increase community awareness and knowledge of good nutrition and healthy active lifestyles.	
<b>Promotora</b>	Works with the Project Coordinator in FSNE communities to conduct nutrition education interventions and participate in local events to promote health eating and physical activity for FSNE eligibles.	
<b>Recreation Leader</b>	Mentors and trains staff on integration of physical activity into nutrition education interventions. Coordinates one-time physical activity demonstrations. Chooses nutrition and physical activity resources to distribute with nutrition education interventions.	
<b>Research Specialist</b>	Evaluates nutrition education, and physical activity promotion interventions in a variety of community channels. Methods can include process and impact evaluations, pre and post tests, surveys, focus/discussion roundtables, photo documentaries, case studies, etc.	
<b>School Administrator (e.g., Principal, Superintendent)</b>	Provides oversight and coordination of the nutrition education conducted in participating classrooms of all schools.	
<b>Teacher/Student Aide/Assistant</b>	Assists the Nutritionists, Health Educators, and Project Coordinator with nutrition education activities and community events that promote healthy eating and physical activity for low-income families, the target population, Food Stamp recipients and other similar households. 100% direct delivery of educational services.	

**BUDGET JUSTIFICATION**  
**FFY 2009**

Contractor: \_\_\_\_\_

Contract #: \_\_\_\_\_

	<b>Teacher (preK-12 Classroom, PE, Speech, etc.)</b>	Coordinates, facilitates, modifies, develops, and demonstrates lessons on nutrition and promotes physical activity for students and their families. Supports nutrition education program goals through promotion; local, regional, and statewide collaboration; and close coordination with the Registered Dietitian to train staff.	
	<b>Translator</b>	Translates approved curriculum and materials into Spanish or other languages. Reviews translation for cultural appropriateness. Interprets nutrition education interventions (one-on-one and group) in the community for dietitians, health educators and other.	
	<b>Tutor</b>	Assist teachers and/or students with nutrition education and physical activity promotion.	
	<b>Web Designer</b>	Develops and maintains website containing nutrition education resources, gardening and health related topics and issues.	

**BUDGET JUSTIFICATION  
FFY 2009**

Contractor: \_\_\_\_\_

Contract #: \_\_\_\_\_

											<b>Federal Share Total Dollars</b>		
<b>B.</b>	<b>FRINGE BENEFITS:</b>										\$	-	
	<b>Federal Share:</b>												
	Includes payroll taxes and medical/dental benefits at ___% of salaries												
											<b>SUBTOTAL:</b>	\$	-
<b>C.</b>	<b>OPERATING EXPENSES:</b>										\$	-	
	<b>Federal Share:</b>												
											\$	-	
											<b>SUBTOTAL:</b>	\$	-
<b>D.</b>	<b>EQUIPMENT EXPENSES:</b>												
	<b>Federal Share:</b>												
											\$	-	
											<b>SUBTOTAL:</b>	\$	-
<b>E.</b>	<b>TRAVEL AND PER DIEM:</b>										\$	-	
	<b>Federal Share:</b>												
	<b>Staff</b>	<b># Trips</b>	<b># Days</b>	<b>Per Diem</b>	<b>Lodging</b>	<b>Round Trip</b>	<b>Total</b>						
	<b>Meeting</b>												
											<b>SUBTOTAL:</b>	\$	-

**BUDGET JUSTIFICATION  
FFY 2009**

Contractor: \_\_\_\_\_

Contract #: \_\_\_\_\_

											<b>Federal Share Total Dollars</b>	
<b>F.</b>	<b>SUBCONTRACTORS:</b>										\$	-
	<b>Federal Share:</b>											
										<b>SUBTOTAL:</b>	\$	-
<b>G.</b>	<b>OTHER COSTS:</b>										\$	-
	<b>Federal Share:</b>											
										<b>SUBTOTAL:</b>	\$	-
<p><i><u>*Expenditures on nutrition education reinforcement items or promotional items must have prior CDPH approval and must comply with all State and Federal safety requirements with respect to production including Prop 65 requirements for lead content.</u></i></p>												
<b>H.</b>	<b>INDIRECT COSTS:</b>											
	<b>Federal Share:</b>											
<p>____% of Total Salaries or ____% Total Direct Costs or ____% of Modified Directs ( provide what costs to be included)</p>												
										<b>SUBTOTAL:</b>	\$	-
<b>TOTAL</b>										\$	-	
										0%	0%	
										#VALUE!	\$	-

## Attachment G

### ***Network for a Healthy California (Network)*** **Local Food Nutrition Education (LFNE) Program** **Budget Justification Instructions** **FFY 2009 (October 2008-September 2009)**

#### **Instructions for completing the Budget Justification**

A Budget Justification must be submitted for each budget year that your organization participates in the LFNE program.

The budget justification template is available in Excel and can be downloaded from the CPNS website at <http://www.cdph.ca.gov/programs/CPNS/Pages/LFNERFA.aspx>.

1. List your organization's legal name at the top of each page.
2. List your contract number (assigned to your organization by CPNS) below your organization's name at the top of each page.
3. Round off dollars and percentages to the nearest whole number.
4. Use the Budget Justification to reflect your budget amounts. If the space provided for the required information is not sufficient, you can modify the rows to add additional information as needed. (e.g.: additional personnel titles and information). When adding rows or columns to the Excel form please make sure and format the cells, rows and/or columns added.
5. Place a revision date in the footer of each page in order to easily identify the most current version.
6. Use a calculator to check total calculations. Do not rely on formulas.
7. Enter Budget items for each of the Budget Justification lines.
8. Space allocation, equipment, and non-program related travel must be prorated by FTE when staff person is not dedicating 100% FTE to the *Network* contract. If costs are required to be prorated, please provide the basis of the prorating. Example: Project Coordinator is 75% on budget; rent for the space occupied by the Project Coordinator must be prorated based on the FTE. CPNS would only reimburse for 75% of the rental costs. If staff is on reduced time base, but dedicated 100% to the *Network* with no other funding source for salary and benefits, prorating is not required.
9. **Contractors must adhere to USDA and CPNS deadlines in order to meet required timely submission of *Network* plan to USDA. Failure to comply with the timeline will cause lengthy delays in the contracting process or loss of opportunity to contract with the *Network* altogether.**

#### **Budget Line Item Definitions/Information**

Contractors should verify with their appropriate fiscal staff that the following *Network* line item definitions are compatible with their internal line item definitions. Accommodations may be made with the *Network* to place expenses in alternative line items to facilitate accurate invoicing. If needed, such accommodations should be requested by the contractor during contract negotiations and prior to finalizing the budget justification.

- A. Personnel Salaries:** Describe and justify staffing information for each position budgeted. Contract employees or consultants should not be included in this line item. Include all of the following information:

## Attachment G

- **Name** - Enter the employee name(s). If there are more than 8 staff per classification, indicate "multiple staff" and the total number of staff in parenthesis. A list of names is not needed, but should be available upon request.
  - **Position Title** - Enter the employee's "generic title". This should be one of the titles found on the list of USDA-approved generic position descriptions, which can be located on the CPNS web site at: <http://www.cdph.ca.gov/programs/CPNS/Documents/RenewingFAP/CPNS-LIAPositionDescriptions.xls>
  - If the generic title differs from the employee's official title, list the official title in parenthesis next to the generic title.
  - Note: using USDA-approved generic titles and generic position descriptions is not mandatory, but is recommended.
  - If a position is not filled, indicate "vacant".
1. **Annual Salary** -  
Enter the annual salary used for each employee. When converting a monthly, semi-monthly, weekly or hourly salary to an annual salary please use the standard 52 week year at 2080 hours/year to make the calculation. Calculations should be based on actual salaries.
  2. **Total Full Time Equivalent (FTE) Allocated to Network Contract**  
Enter the FTE each employee will spend on allowable *Network* activities (e.g., 20 hours of a 40-hour week equals .50 FTE). Please note: Enter this as a decimal not a percentage. (The FTE should be carried to four decimal places).
  3. **Percentage FTE Time for Administrative Duties Allocated to Network Contract**  
Estimate the percentage of time for each employee that is spent on administrative duties. (The percent of time entered for Administrative Duties + the percent of time entered for Direct Delivery should add up to the percentage of FTE for each position listed.) Please enter as a percentage (i.e., 50% rather than a decimal - .50FTE).  
  
**Administrative Duties** are expenses related to personnel positions that perform administrative duties (e.g., processing purchase orders, preparing invoices, collecting weekly time logs, and performing general clerical duties, such as answering phones, ordering supplies and preparing correspondence, etc.).
  4. **Percentage FTE Time for Direct Delivery Duties Allocated to Network Contract**

Estimate the percentage of time for each employee that is spent on direct delivery or programmatic duties. (The percent of time entered for

## Attachment G

Administrative Duties + the percent of time entered for Direct Delivery Duties should add up to the percentage of FTE for each position listed.) Please enter as a percentage (i.e. 50% rather than a decimal - .50FTE).

**Direct Delivery Duties** are expenses related to personnel positions directly engaged in service/program delivery (e.g., nutrition education in the classroom, food stamp promotion, food demonstrations, community outreach activities, physical activity promotion, nutritional aspects of gardening, etc).

CPNS is implementing this requirement using the following methodology: if the majority of the activities for the staff person are administrative, i.e. an accounting assistant, then place all that person's FTE allocated to the *Network* contract under "Administrative Duties", if the person is an RD, working as a Project Coordinator, place that person's FTE allocated to the *Network* contract under "Direct Delivery Duties". This methodology must be applied consistently in order to meet USDA's requirement.

Example: if a person is working as a Project Coordinator and dedicating .5 FTE, this should be reflected as 50% Direct Delivery Duties in column # 5. If the person is working as an Administrative Assistant and dedicating .75 FTE, this should be reflected as 75% Administrative Duties in column #4.

Note: The percentages listed under columns 4 (% Administrative Duties) and column 5 (% Direct Delivery Duties) should equal the FTE listed for each employee(s). For example, if a nurse is budgeted at .25 FTE, then we should see 25% listed in the Direct Delivery Duties column for that row. Similarly, if 10 nutrition educators are budgeted for a total of 2.5 FTE, we should see 250% in the Direct Delivery Duties column for that row.

### 5. **Budget Total Dollars**

For each employee calculate the total amount of dollars allocated. Annual Salary (column 2) multiplied by Total FTE (column 3) = Total Dollars (column 6).

### **Position Description**

Include a brief description of each employee's duties and responsibilities as they relate to allowable nutrition education and physical activity promotion to FSNE eligibles. There is a list of generic position descriptions approved by USDA on the website at

[http://www.cdph.ca.gov/programs/CPNS/Documents/RenewingFAP/CPN S-LIAPositionDescriptions.xls](http://www.cdph.ca.gov/programs/CPNS/Documents/RenewingFAP/CPN%20S-LIAPositionDescriptions.xls)

These generic position descriptions are listed on the Excel Budget Justification form. Next to each position description title, include the corresponding number(s) in parenthesis from each staff listed under the Personnel Salaries line item that the position description applies to. **Please remove any position descriptions that are not applicable to your organization.** If none of the generic position descriptions apply, add a short position description. **The order of personnel listed in the Personnel Salaries line item should correspond directly with the list of position descriptions.** CPNS recommends the use of these generic position

## Attachment G

descriptions as well as inserting the actual organization staff title in parenthesis next to the generic position description.

- B. Fringe Benefits:** Fringe Benefits may include expenses such as statutory benefits, a comprehensive benefits package, or other benefits (e.g., medical, dental, vision coverage, long-term disability, accidental death insurance, and a tax-sheltered annuity program). Benefits may be calculated using various rates depending on individual factors. List the type of fringe benefits included in the Fringe Benefit rate. Indicate the fringe benefit percentage used for calculating the fringe benefit line.
- C. Operating Expenses:** Identify the major areas of operating expenses and provide a detailed cost breakout of these expenses. The detailed cost breakout should include the basis for the calculation. Example: Postage \$505 -1000 stamps at 50.5 cents each for nutrition newsletter to FSNE eligibles). Operating expenses should be prorated based on the FTE dedicated to FSNE. Please indicate the percentage by which you are prorating the expense. Operating Expenses include expenses for routine items such as office supplies, communications (telephone, facsimile, e-mail), postage, overnight mail, routine printing and duplication, and space-rent/lease (include formula for calculating space costs). Indicate the total operating expenses in the Budget column. (Note: Non-routine and one-time types of expenses should be budgeted under the "Other Costs" line item.)
- D. Equipment Expenses:** Describe and itemize any equipment expenses and indicate the staff assigned to the equipment. Equipment is defined as non-expendable property used to conduct eligible nutrition education activities, and includes items such as computers, televisions, VCRs/DVDs, cameras, typewriters, furniture, etc. If your equipment will not be used exclusively for allowable *Network* activities or by a 100% FTE, then the expense must be prorated by FTE to include only the portion related to nutrition education. If prorating, please indicate the percentage by which you are prorating the expense and the staff the equipment is assigned to. The % FTE for the staff must match the prorated % of the cost. Indicate the total equipment expenses in the Budget column.
- E. Travel and Per Diem Expenses:** For each trip, include personnel title and FTE of person(s) traveling, dates of travel, purpose of trip as it pertains to FSNE scope of work, location and approximate cost. The approximate cost should include an expense breakdown for registration, hotel, mileage, meals, parking, etc... Indicate the travel and per diem expenses in the Budget column. The reimbursable State Department of Personnel Administration (DPA) mileage rate is 50.5 cents per mile. Travel and Per Diem expenses included on the Budget may be no greater than the current DPA rates as outlined at <http://www.dpa.ca.gov/jobinfo/statetravel.shtm>.

Staff from your organization should budget for the following applicable training opportunities offered by the *Network*: (These trainings do not need to be prorated.)

1. *Network* Statewide Conference in Northern California;
2. Regional Collaborative Trainings or meetings; and
3. (3) *Network* Sponsored Skill-Based Training – including trainings such as facilitation, sustainability, program delivery, and Harvest of the Month. Each contractor is required to attend one *Network* Sponsored Skill-Based Training each year and should budget for the costs for each contract year.
4. *Network* Fiscal Training
5. *Network* Media Training

## Attachment G

6. Youth Empowerment Training
7. *Network* Steering Committee Meetings

Prorate all non-*Network* sponsored travel and per diem by the percentage of FTE for all personnel traveling and again by the percentage of allowable nutrition education and physical activity promotion included in the trip agenda. All non-*Network* sponsored conference/trainings must be prorated, require state approval and are subject to further justification by contractor staff including objective/purpose as it pertains to FSNE scope of work. Please see supplemental Form #4C – Non-*Network* Sponsored Travel Request. For non-*Network* Sponsored conferences, CPNS staff will determine the amount to prorate based on content once the agenda has been published and will forward this information to *Network* Contractors.

**F. Subcontracts:** The Subcontractor line is to include both subcontractor and consultant costs. The following information must be provided for the Budget:

- Subcontractor name (if known); list as “TBD” if not known;
- Brief description of services to be provided;
- Basis for the Cost - approximate number of consulting hours and/or days to perform the deliverable that will be contracted for and the hourly/daily rate; and
- Total costs.

If consultant services or stipends are budgeted, provide the following details:

- Consultant name; list as “TBD” if not known;
- Brief description of services to be provided;
- Basis for the Cost - approximate number of consulting hours and/or days to perform the deliverable that will be contracted for and the hourly/daily rate; and
- Total costs.

Subcontractor/Consultant budgets and budget justifications will be reviewed and approved during contract negotiations with the CM and PM. If the subcontractor/consultant has not been determined, submit the required subcontract information to CPNS as soon as the agreement is negotiated with contractor but prior to execution, so that *Network* staff can review and approve the subcontract for compliance with USDA and CDPH regulations. As required by USDA, prior written authorization is required for all subcontracts. No subcontractor expenses will be paid by CPNS to the agency unless a fully executed copy of the subcontract has been submitted to CPNS for review and approval. Attach the subcontractors’ budget justification and brief project description as part of the application.

**G. Other Costs:** This line item includes non-routine, occasional, or one-time expenses such as publications, training, nutrition education materials, and food (for demonstration/taste testing purposes only). Identify the major areas of expense and provide a brief cost breakout of these expenses. Indicate the other costs expenses in the Budget.

**H. Indirect Costs:** Indirect Costs are defined as expenses not directly or exclusively associated with the project’s deliverables such as overhead or allocated expenses. Examples of overhead or allocated expenses include: administrative personnel, bookkeeping, payroll services, janitorial services, insurance, and audit expenses.

## Attachment G

Describe briefly the expenses associated with this line item. Calculations should be based on rates as indicated below. Please submit documentation from your fiscal department that supports how the indirect rate was determined and calculated.

- The indirect rate used to calculate this line item should be your organization's standard indirect rate. If your organization has a federally negotiated indirect cost rate, this must be used.
- If your indirect costs are based on a modified amount, please identify what expenses are not included in your calculations to arrive at your total Indirect Costs amount; and
- For colleges and universities: Since most services take place off-campus, the off-campus rate is considered most appropriate to use. Only if the majority of the nutrition education activities are conducted on campus can the on-campus rate be allowed.

**I. Total Expenses:** Enter the sum of line items A through H to reflect total expenses.

## Attachment H

<b>II. FISCAL SECTION</b>
<b>300. Allowable and Unallowable Costs</b>

### **301 General Information**

The Allowable/Unallowable Chart listed in Section 302 below may change every year based on annual USDA Guidance. CPNS will notify *Network* Contractors of all updates through Program Letters and on the CPNS web site. USDA rules for allowable and unallowable costs apply to State and Federal Share. All activities and materials must be reasonable (in cost and scope) and necessary and targeted to FSNE-eligible persons.

FSNE-eligible persons are defined as persons who are participating in the Food Stamp Program, those who are likely eligible for participation in the Food Stamp Program because their income does not exceed 130 percent of Federal Poverty Level (FPL), or those who are potentially eligible because their incomes do not exceed 185 percent of the FPL.

FSNE activities may be delivered with a waiver to potentially eligible target audience with at least 50 percent having household incomes not higher than 185 percent of the FPL. (Waiver to USDA will be completed by CPNS staff). Activities in school districts or organizations working with schools must have over 50 percent of the students enrolled in the free or reduced price school meal program at each participating school site to qualify. College students must be at 130 percent of FPL and meet at least one other USDA criterion.

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.

## Attachment H

### 302 Chart of USDA Allowable and Unallowable Costs Chart

1. Equipment
2. Food Demonstrations
3. Food Stamp Promotion and Food Stamp Outreach
4. Gardening
5. Literature/Materials/Audiovisuals
6. Media Activities
7. Medical Equipment and Health Services
8. Research, Evaluation and Needs Assessments
9. Nutrition Education Events/Classes
10. Nutrition Education Materials
11. Physical Activity Promotion
12. Systems, Policy and Environmental Education (Consumer Empowerment)
13. Profits/Revenues/Fund Raising/Grant Writing
14. Space Allocations
15. Social Marketing
16. Staff Training, Conferences, and Other Costs
17. Income Qualifications
18. Retail, Restaurants and Worksite
19. FSNE-Eligible Costs per Participant
20. Personnel

## Attachment H

### ALLOWABLE AND UNALLOWABLE COSTS BASED ON USDA GUIDANCE FFY 2008

ALLOWABLE	UNALLOWABLE
<b>1. Equipment</b>	
<ul style="list-style-type: none"> <li>▪ Purchase of office or electronic equipment (such as computers TV, VCR, cameras, etc). A public organization may donate equipment and use fair market value; however, any fair market value must be adjusted to reflect equipment provided by federal funding. (Multiplying the fair market value times the percentage share invested in the equipment may factor this value.)</li> <li>▪ All equipment must be reasonable (in cost and scope), necessary, and integral to the nutrition education activity. If the equipment is also being used to support other activities, or not being used by 100% FTE staff, the costs must be prorated.</li> <li>▪ Equipment purchased with Federal Share funds may be returned to the State at the request of the <i>Network</i> if the project is terminated or the Contractor no longer participates in the <i>Network</i>.</li> <li>▪ Only one salad bar per contract is allowed for educators to use for nutrition education.</li> <li>▪ Purchase of one mobile food demonstration cart per contractor for nutrition education.</li> <li>▪ Kitchen appliances and storage equipment only with justification of reasonable and necessary need.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Electronic or office equipment that exceeds prior approval thresholds (i.e., \$5,000) unless such prior approval is received from the <i>Network</i>.</li> <li>▪ Purchasing food service equipment for food service use.</li> <li>▪ Medical equipment, including breast pumps.</li> <li>▪ Cell Phones (unless contractor can meet criterion).</li> <li>▪ Video cameras</li> <li>▪ Global Positioning Systems (GPS) systems and/or devices</li> <li>▪ Walkie talkies and/or handheld two-way radios</li> </ul>
<b>2. Food Demonstrations</b>	
<ul style="list-style-type: none"> <li>▪ Cost of food for recipe/taste testing purposes that promotes healthy eating (especially fruits and vegetables). Cost of kitchen equipment and dishes necessary for food storage, preparation, and demonstration purposes.</li> <li>▪ Equipment costs must be prorated to reflect the FSNE portion only if other programs or projects use the equipment.</li> <li>▪ Cost for food <u>samples</u> associated with a nutrition education lesson. A recommended guideline for taste testing samples is \$2.50/person, including supply costs. In</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ongoing snack or food service.</li> <li>▪ Meal size portions or complete meal service, including “training table meals”. (<u>Portions sizes must be limited to taste test sample sizes, and cannot be snacks, partial meals, or complete meal service.</u>)</li> <li>▪ The purchase of water for food demonstrations is unallowable, unless approved by the <i>Network</i>.</li> <li>▪ Cost of food provided as groceries or supplemental food.</li> <li>▪ Distributing or providing meals or snacks to FSNE-eligible persons for attendance of</li> </ul>

## Attachment H

<u>ALLOWABLE</u>	<u>UNALLOWABLE</u>
<p>some cases a slightly higher cost per person may be justified.</p> <ul style="list-style-type: none"> <li>▪ Staff time to prepare, transport, serve and clean-up food for demonstration and/or taste testing purposes.</li> <li>▪ Food may be donated, but the actual cost may not be leveraged or claimed on any FSNE budget.</li> </ul>	<p>nutrition education classes or events.</p> <ul style="list-style-type: none"> <li>▪ Use of staff time to prepare or serve meals or develop food or produce displays. Snacks, meals, or the use of food/fruit for decoration or display purposes.</li> </ul>
<h3>3. Food Stamp Promotion and Food Stamp Outreach</h3>	
<ul style="list-style-type: none"> <li>▪ A brief message about the Food Stamp Program must be provided on all newly developed or reprinted materials. The following is recommended: “The Food Stamp Program provides nutrition assistance to people with low incomes. It can help you buy nutritious foods for a better diet. To find out more, contact [enter your local office or toll-free number, or other useful information to help identify how to get services].”</li> <li>▪ USDA asks that all nutrition education efforts include a <i>brief</i> promotional Food Stamp Program (FSP) outreach message <u>within the context</u> of nutrition education.</li> <li>▪ Activities that provide more than a brief promotion message may be funded through the State’s FSP Outreach Plan or through regular FSP administrative funding.</li> <li>▪ Within the context of a nutrition education intervention, staff may promote ideas for improving access to healthier foods in low-income communities, but may not use FSNE funds to actively increase food security.</li> <li>▪ Within the context of nutrition education interventions, staff may distribute Food Stamp Outreach materials such as brochures and posters to promote the Food Stamp Program.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Any activity or set of activities in which the primary objective is to increase participation in the Food Stamp Program through individual applicant assistance, community-based outreach message dissemination, or facilitation of systemic changes in Food Stamp Program that enhance program accessibility (Outreach). <b><i>Examples of unallowable outreach activities include:</i></b></li> <li>▪ Pre-screening or assisting individuals with completing Food Stamp Program applications and obtaining verification;</li> <li>▪ Accompanying individuals to the Food Stamp Program office to assist with the application process;</li> <li>▪ Conducting outreach workshops for members of community organizations that serve low-income people;</li> <li>▪ Convening meetings that focus exclusively or primarily on Food Stamp Program Outreach and increasing Food Stamp Program participation;</li> <li>▪ Reimbursing the mileage for outreach training or meeting attendance;</li> <li>▪ Producing print materials (e.g. brochures, posters) that are primarily Food Stamp Program outreach in nature;</li> <li>▪ Developing and placing print, radio or television media advertisements to be used as public service announcements to educate potential applicants about Food Stamp Program;</li> <li>▪ Designing a Food Stamp Program Outreach program, including the development, publication, and distribution of materials to the community;</li> <li>▪ Building Food Stamp Program promotion/outreach teams, steering</li> </ul>

**Attachment H**

<u>ALLOWABLE</u>	<u>UNALLOWABLE</u>
	<p>committees, coalitions, etc. and providing Food Stamp Program outreach guidance to other State and local organizations;</p> <ul style="list-style-type: none"> <li>▪ Working with local agencies to plan and implement Food Stamp Program Outreach and Program;</li> <li>▪ Accessing strategies, as well as monitoring and/or evaluating agencies' outreach performance;</li> <li>▪ Funding State or local staff to develop, implement, or oversee Food Stamp Program Outreach activities;</li> <li>▪ Costs for the following are neither reimbursable through Food Stamp Program promotion nor Food Stamp Program Outreach:               <ul style="list-style-type: none"> <li>- Implementing "Direct Certification" of Food Stamp Program households for other programs.</li> <li>- Outreach and recruitment for non-Food Stamp programs (e.g. School Breakfast Program, National School Lunch Program or WIC).</li> <li>- Implementing environmental or systematic changes and strategies, in which the primary objective is to increase participation in a non-FOOD STAMP program.</li> </ul> </li> <li>▪ States may not use FSNE funds for local community food security and needs assessments, except where such an activity is of minimal or no cost and is integral to general FSNE nutrition education program planning.</li> <li>▪ FSNE funds may not be used to actively promote and conduct outreach for the FSP, the National School Lunch Program, the School Breakfast Program, and other Food and Nutrition Services programs. Brief messages identifying these as sources of food assistance are allowable.</li> </ul>
<b>4. Gardening</b>	
<ul style="list-style-type: none"> <li>▪ Educational supplies, curricula and staff salaries to teach gardening concepts as part of nutrition education efforts that reinforce the beneficial nutrition aspects of gardening.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The cost for the rental or purchase of garden equipment (fertilizer, tractors), the purchase or rental of land for garden plots, seeds, plants, and other gardening supplies.</li> <li>▪ Costs associated with creating, implementing, and maintaining gardens.</li> </ul>

## Attachment H

<u>ALLOWABLE</u>	<u>UNALLOWABLE</u>
<b>5. Literature/Materials/Audiovisuals</b>	
<ul style="list-style-type: none"> <li>▪ The purchase of FNS nutrition education/promotion materials that address FSNE topics for use with FSNE-eligible persons.</li> <li>▪ The purchase of other nutrition education materials when there are no FNS materials available that address FSNE topics and will be used with FSNE-eligible persons.</li> <li>▪ The production of nutrition education materials, for which there <u>is no other existing comparable material</u>, which support the State's goals and objectives for FSNE and will be distributed to FSNE-eligible persons. It is encouraged that States collaborate with other FNS programs on the messages conveyed and the costs of education materials. The State agency must describe the method used for allocating costs between the programs.               <ul style="list-style-type: none"> <li>- Prior to production, materials must be justified, reviewed and approved by <i>Network</i> staff and contain appropriate USDA acknowledgements.</li> </ul> </li> <li>▪ Fact sheets, brochures, newsletters, and calendars, etc. that are produced for distribution to FSNE-eligible persons and similar persons about nutrition topics such as food choices, food budgeting and food preparation.               <ul style="list-style-type: none"> <li>- Harvest of the Month (HOTM) menu slicks should be prorated at 60%. Please note that this percentage holds as long as the HOTM menu slicks templates are not edited (i.e. no modifications to the nutrition education content). Non-HOTM menu slicks should be prorated based on the amount of nutrition education.</li> </ul> </li> <li>▪ Videos and websites, developed for use by FSNE-eligible persons, about nutrition education and related topics. Timeframe for redevelopment and reproduction is limited to once every other year. More frequent</li> </ul>	<ul style="list-style-type: none"> <li>▪ Any nutrition education literature paid for by another federal or private program or source.</li> <li>▪ Any material that endorses or promotes brand name products or retail stores.</li> <li>▪ Paying for manufacturer's or store (cents off) coupons.</li> <li>▪ Influencing a store's pricing policy.</li> <li>▪ Materials that do not give attribution to the FSP.</li> <li>▪ Any audiovisual paid-in-full by a private third party or source and any audiovisual that endorses or promotes brand name products or retail stores.</li> <li>▪ Negative written, visual or verbal expressions about specific foods, beverages, or commodities.</li> <li>▪ DVD/video development and production for one-time demonstrations.</li> </ul>

## Attachment H

<p>updates requires justification.</p> <ul style="list-style-type: none"> <li>▪ Materials targeted to intermediaries who deliver services to FSNE-eligible persons.</li> </ul>	
<p><b>6. Media Activities</b></p>	
<ul style="list-style-type: none"> <li>• Paid or public service radio and television commercials or advertisements promoting healthy eating directed toward FSNE-eligible persons within the community.</li> <li>• Local media activities, including media advertisements, must be coordinated with and complementary to State media activities.</li> <li>• Contractors must provide a justification as to why local media activities are reasonable and necessary and provide the target audience income data that qualify the activities for FSNE funding. Paid media costs and activities must target FSNE-eligible persons in qualified census tracts, use outlets where over half of the audience meet FSNE eligibility criterion, or use outlets approved by USDA.</li> <li>• Public relations activities including media appearances, interviews, preparation of press releases and press kits, training of spokespersons, announcements publicizing community events, or resources for FSNE-eligible persons.</li> <li>▪ Development of media materials, including public service or paid advertisements, requires prior approval from CPNS staff and the USDA WRO and must display appropriate acknowledgements.</li> </ul>	<ul style="list-style-type: none"> <li>• Media activities to promote or present nutritional messages to the general public, which are not targeted to the FSNE-eligible population.</li> <li>• Creating media activities that make derogatory statements about a particular food, beverage, or commodity.</li> <li>• Developing media advertisements to promote participation in programs other than Food Stamps.</li> </ul>
<p><b>7. Medical Equipment and Health Services</b></p>	
<ul style="list-style-type: none"> <li>▪ Salaries and benefits of personnel to collect dietary intake data based on a 24-hour recall, food frequency questionnaires, or other assessment of nutrition knowledge and behaviors.</li> <li>▪ Health promotion activities and interventions aimed at primary prevention of disease (prevent or postpone the onset of chronic disease) and designed to help FSNE-eligible persons establish and maintain active lifestyles and healthy eating habits.</li> <li>▪ USDA will reimburse staff only at compensation rates representative of the work they conduct with FSNE rather than</li> </ul>	<ul style="list-style-type: none"> <li>▪ Medical equipment or health services related to health assessment of recipients; obtaining data on nutritional status, chronic disease, or chronic disease risk assessments. This includes obesity prevention and/or weight management programs which are billable to MediCal or other medical insurance.</li> <li>▪ Costs associated with the measurement of height, weight, skin fold thickness, blood pressure, cholesterol, blood-glucose and iron levels.</li> <li>▪ Clinical health screenings (i.e., cholesterol testing, body mass index and blood glucose testing, etc).</li> </ul>

## Attachment H

<p>their regular rate for their job. (e.g. practicing law or medicine).</p>	<ul style="list-style-type: none"> <li>▪ Dental hygiene activities, including instruction on proper brushing and flossing</li> <li>▪ Medical equipment (e.g., scales, sphygmomanometer, skinfold calipers, glucometer, <b>breast pumps</b>).</li> <li>▪ Secondary prevention interventions and Medical Nutrition Therapy. Secondary prevention interventions include activities that help people who already have a chronic disease cope with and control these conditions and prevent additional disability. Medical Nutrition Therapy involves the assessment of nutritional status and the assignment of diet, counseling, and/or specialized nutrition therapies to treat an individual's illness or condition; it is conducted in association with a prescription from a qualified professional as a physician or nurse practitioner.</li> <li>▪ Salaries of health professionals such as physicians, nurses, pharmacists, dentists charged at their regular rate for their job (e.g., practicing medicine, law, database coordinator, etc.) rather than compensated at rates representative of the work they conducted with FSNE. If salaries appear to be exceptionally high given the described job duties and relative to the salaries noted for other FSNE projects, the contractor will be required to submit a justification to the contract manager prior to the approval of the position.</li> </ul>
<p><b>8. Research, Evaluation and Needs Assessments</b></p>	
<ul style="list-style-type: none"> <li>▪ Consumer and intermediary/market research and pilot testing of interventions for FSNE-eligible persons.</li> <li>▪ <i>Network</i>-approved consultant services for research and evaluation expertise linked to FSNE.</li> <li>▪ Conducting focus groups as an essential part of developing and testing targeted nutrition messages for the FSNE-eligible audience. Expenses (e.g., meals, child care, and transportation) that are considered necessary and reasonable for services provided as a focus group participant.</li> <li>▪ Intercept surveys, key informant interviews, record audits, and community surveys of</li> </ul>	<ul style="list-style-type: none"> <li>▪ Payment to subjects for their participation in research/evaluation studies.</li> <li>▪ Research that does not target FSNE-eligible persons.</li> <li>▪ Costs associated with surveillance or surveys of the general population that are not prorated based on the number of likely FSNE eligible respondents (persons with incomes less than or equal to 130% of poverty guidelines/thresholds, with certain exceptions).</li> <li>▪ Local community food security and needs assessments, except where such an activity is of minimal or no cost and is integral to general FSNE nutrition education program planning.</li> <li>▪ Use of "Changing the Scene" and the "School</li> </ul>

## Attachment H

<p>FSNE activities.</p> <ul style="list-style-type: none"> <li>▪ Telephone or mail surveys and the purchase of questions for surveys of FSNE-eligible persons.</li> <li>▪ Formative research for program planning and process, impact, and outcome evaluations of FSNE interventions.</li> <li>▪ Funding for all surveillance/surveying activities must be pro-rated to reflect only the percentage of respondents at <u>130% of poverty or less</u> unless the surveillance/survey activity is directed to FSNE-eligible persons only.</li> <li>▪ Local agency evaluation projects should focus on evaluating FSNE activities and assessing the effectiveness of FSNE interventions in improving dietary habits.</li> <li>▪ Assessments of consumer needs and access to healthy foods as an integral part of program planning to increase the effectiveness of FSNE interventions and strategies. The costs, however, must be minimal, reasonable and limited to the scope of the FSNE activities.</li> </ul>	<p>Health Index” with FSNE funds is unallowable based on these resources focusing on policy and environmental change.</p> <ul style="list-style-type: none"> <li>▪ Incentive payments to encourage attendance at focus groups.</li> <li>▪ Costs associated with developing nutrition education standards for grade, school, or district-wide levels. For this to be pursued, FSNE should not be the sole contributor; instead costs should be shared with other participating schools or districts. If all school participants are not FSNE-eligible, costs should be prorated.</li> </ul>
<h3>9. Nutrition Education Events/Classes</h3>	
<ul style="list-style-type: none"> <li>▪ Participation in nutrition education activities/events does not require pro-rating of costs if your organization can demonstrate that at least 50% of the participants meet the 185% FPL targeting requirement. If this cannot be demonstrated, costs associated with the event must be prorated to the percent of the community that is at or below 130% FPL.</li> <li>▪ Structured, interactive educational and promotional events in community, cafeteria, and classroom settings. Associated costs of salaries, space, equipment and materials for education of FSNE-eligible persons on nutrition related topics (e.g., food budgeting, preparation, safety). If nutrition education is included with other topics, only that portion of class pertaining to nutrition education is an allowable cost. Schools must be public government entities for State Share charges.</li> <li>▪ The <i>pro rata</i> share of costs of classes that</li> </ul>	<ul style="list-style-type: none"> <li>▪ Classes that are designed to provide case management or "life skills" training (e.g., parenting, child development, crisis management, rental information). Only that portion of the class related to nutrition education is allowable.</li> <li>▪ Medical Nutrition Therapy and secondary prevention interventions.</li> <li>▪ Breastfeeding education, promotion, and support that duplicates or otherwise is provided by other funding sources such as WIC.</li> <li>▪ Physical activity/exercise classes, equipment or facilities.</li> <li>▪ Weight loss classes, individualized meal plans, obesity treatment programs, etc.</li> <li>▪ Nutrition education costs that are charged to another Federal program (e.g., WIC, EFNEP, Head Start, etc.).</li> <li>▪ Incentive payments to encourage attendance at nutrition education classes.</li> <li>▪ Personal costs for recipients to attend nutrition</li> </ul>

## Attachment H

<p>are provided to targeted groups in conjunction with another program (e.g., WIC), provided the local agency provides the interagency agreement that exists between the programs and the method for allocating costs between the programs.</p> <ul style="list-style-type: none"><li>▪ All activities that address the topic of breastfeeding must be planned and implemented in collaboration with WIC through an MOU. Breastfeeding activities must supplement and not supplant existing WIC activities.</li><li>▪ Promotion or marketing of the nutrition benefits of a Salad Bar Program.</li><li>▪ Where operating in conjunction with existing programs, activities should enhance and/or supplement, not supplant them. For example, the cost for a home economics teacher to conduct an extracurricular cooking club for low-income teenagers could be allowable, while using FSNE funds to replace costs of routine nutrition school classes would constitute inappropriate supplanting of ongoing school curricula.</li><li>▪ Local FSNE contractors wanting to implement a mini-grant program must first get CPNS approval. (Mini-grant projects awarded by local FSNE contractors must be reviewed and approved by USDA prior to funding being allocated to any mini-grant project). Mini-grant projects must submit the following to CPNS for review and submission to USDA: (1) description of the project, (2) targeting data, and (3) budget justification.</li><li>▪ Activities where the primary objectives pertain to allowable nutrition education but brief FSP outreach messages are also shared with FSNE participants. FSP information materials are available to download on the FNS web site at: <a href="http://www.fns.usda.gov/fns">http://www.fns.usda.gov/fns</a>.</li></ul>	<p>education activities such as childcare and transportation services.</p> <ul style="list-style-type: none"><li>▪ Personnel costs for staff to monitor students' food selections or other such activities within the realm of school food service (such as food service workers only encouraging fruit and vegetable intake in cafeteria, as opposed to a more curriculum-based cafeteria intervention).</li><li>▪ Education for incarcerated or institutionalized persons who are not eligible for the Food Stamp Program (i.e. persons in jails, prisons, nursing homes, mental institutions, etc.).</li><li>▪ Most able-bodied students ages 18 through 49 who are enrolled in college or other institutions of higher education at least half time are not eligible for the Food Stamp Program and therefore not eligible (130% of FPL) to receive FSNE. However, students may be qualified for food stamp benefits if otherwise income-eligible and they can meet one of the criteria listed below:<ul style="list-style-type: none"><li>– Receive public assistance benefits under Title IV-A Program; or</li><li>– Take part in a State- or Federally-financed work study program; or</li><li>– Work at least 20 hours a week; or</li><li>– Are taking care of a dependent household member under the age of 6; or are taking care of a dependent household members over age 5, but under age 12 and do not have adequate child care to enable them to attend school and work a minimum of 20 hours, or to take part in a State or Federally financed work study program; or</li><li>– Are assigned to or placed in a college or certain other schools through:<ul style="list-style-type: none"><li>• A program under the Workforce Investment Act of 1998; or</li><li>• A program under Section 236 of the Trade Act of 1974; or</li><li>• An employment and training program under the Food Stamp Act, or</li><li>• An employment and training program operated by State or local government.</li><li>• Also, a single parent enrolled full time in college and taking care of a dependent household member under the age of 12 can get food stamps if otherwise eligible.</li></ul></li></ul></li></ul>
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## Attachment H

### 10. Nutrition Education Materials

- Nutrition education materials designed for physical activity promotion must be provided in conjunction with relevant nutrition and physical activity messages (e.g., Frisbee, jump rope, visor).
- Expenditures on nutrition education materials must have prior California Department of Public Health approval and must comply with all State and Federal safety requirements with respect to production including Prop 65 requirements for lead content.

### 11. Physical Activity Promotion

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| <ul style="list-style-type: none"> <li>▪ Physical activity (PA) promotion as a component of broader nutrition activities such as providing FSNE-eligible persons and similar low-income persons with information and encouragement to exercise. This may include 1) promotion of PA messages/PA recommendations contained in the current <i>Dietary Guidelines for Americans</i>, 2) PA demonstrations (instructional in nature, on a <u>one-time basis for clients or staff</u>), 3) provision of technical assistance and 4) community resource information (such as free or low-cost local fitness events) in order to encourage program participants to engage in regular PA.<br/> <p>Note: For PA demonstrations at <i>Network</i>-funded school districts, the <i>Network</i> and USDA have negotiated a pre-approved contract with SPARK (Sport, Play and Active Recreation) to conduct one-time demonstrations. If a school district is using FSNE funds to conduct a SPARK one-time demonstration, they must use the pre-approved contract for services and costs. School districts may use other vendors to conduct one-time demonstrations.</p> </li> <li>▪ FSNE staff may use FSNE funds to promote PA in the context of nutrition education, but they may not use FSNE funds to develop stand-alone PA materials or projects.</li> <li>▪ Purchase/development of educational materials promoting PA and integrating PA into nutrition education for FSNE-eligible persons. All newly developed materials must have <i>Network</i> approval before final</li> </ul> | <ul style="list-style-type: none"> <li>▪ Ongoing exercise or PA classes, (e.g., yoga classes, walking clubs, sports teams, running classes, gym classes).</li> <li>▪ The implementation of PA environmental interventions, (i.e., PA community assessments, walkability workshops, development of community plans to improve walkability, and the implementation of any environmental improvements to increase neighborhood walkability).</li> <li>▪ Costs incurred for health club or gym memberships, dues, equipment, (e.g., bicycles, treadmills, stair steps, weights, etc.), facilities (rental or modifications) or exercise leaders for ongoing exercise classes.</li> <li>▪ Personnel costs for conducting or maintaining exercise or PA classes. (Exception: one-time PA demonstration).</li> <li>▪ PA supplies for class participants are not allowable except for instructor demonstrations.</li> <li>▪ The purchase of water for physical activity promotion is unallowable, unless approved by the <i>Network</i>.</li> <li>▪ PA promotional materials developed with FSNE funds without CPNS Staff prior approval.</li> </ul> |
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## Attachment H

<p>production. USDA prefers the utilization of existing materials when possible.</p> <ul style="list-style-type: none"> <li>▪ Walk to School events that are part of a larger nutrition education campaign. Allowable activities for Walk to School include collaborating with school partners to promote the Walk to School Day event and/or participating (but not leading) the event. <i>Network</i>-funded staff should work with partners to ensure that nutrition education and nutrition-related activities are included in the Walk to School event.</li> <li>▪ PA education and promotion as part of nutrition education sessions in the Food Stamp Program.</li> <li>▪ Information on local sites where FSNE-eligible and other low-income persons can access a diverse range of low or no-cost activities appropriate for different ages and physical abilities.</li> <li>▪ Physical activity bulletin boards or displays around the food stamp offices, clinics or community.</li> <li>▪ Referral to library or web site resources on physical activity.</li> <li>▪ Development and provision of information and resource lists to target audiences.</li> <li>▪ A certified physical fitness professional should be consulted throughout the development phases of materials that contain PA content. The cost of such consultation is allowable if it is reasonable and necessary.</li> <li>▪ Purchase of educational materials that promote PA for FSNE eligibles. Examples of educational materials include brochures, newsletters, posters, public service announcements, audiotapes, videotapes, and DVDs. These materials may be purchased or obtained free from reliable sources such as government organizations, PA associations, or other authorities on the subject.</li> </ul>	
<p><b>12. Systems, Policy and Environmental Education (Consumer Empowerment)</b></p>	
<ul style="list-style-type: none"> <li>▪ FSNE funds may be used to promote, but not implement, systems, environmental, or policy change, if and only if such promotion is directly linked to, supportive of, and proportionate to direct nutrition education efforts for FSNE clients. FSNE staff may</li> </ul>	<ul style="list-style-type: none"> <li>▪ Any activity or material to lobby or influence Federal, State, or local officials to pass or sign legislation or to influence the outcomes of an election, referendum, or initiative.</li> <li>▪ Organized efforts to influence elected officials and lobby for legislative/policy changes.</li> </ul>

## Attachment H

<p>encourage FSNE-eligible persons to pursue positive nutrition systems, environment, and policy changes, and provide them with a list of strategies to assist with this effort (community empowerment).</p> <ul style="list-style-type: none"> <li>▪ Systems, policy and environmental change may be included in projects if the activities are supportive and proportionate to direct nutrition education activities.</li> <li>▪ <i>Network</i> Contractors are allowed to participate but not lead the development or implementation of school wellness committees or school health councils for that segment of the community who are FSNE eligible.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Costs associated with the establishment and maintenance of environmental or policy changes in the community, such as staffing, infrastructure, equipment, space, land, construction or supplies.</li> <li>▪ FSNE funds may not be used for implementation of initiatives and other resources which have the primary purpose of improving nutrition systems, environments, or policies. Examples of materials that promote systems and environmental changes that are inappropriate for FSNE include <i>Changing the Scene</i>, <i>Healthier US School Challenge</i>, and the <i>School Health Index</i>.</li> </ul>
<h3>13. Profits/Revenues/Fund Raising/Grant Writing</h3>	
<ul style="list-style-type: none"> <li>▪ Sale of publications/nutrition education materials produced with FSNE funds. Publications/materials must be sold <u>at cost</u> (cost includes concept development, production, and distribution).</li> <li>▪ Any sales received by Contractor must be accounted for in a separate, identifiable account, reported to the State on the SF-269 form, and used to meet agreed upon and allowable programmatic needs of the Contractor, or the sale proceeds must be returned to the State.</li> <li>▪ Attendance at trainings on sustainability.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sale of publication/materials produced with USDA dollars to make a profit without prior approval from CPNS and USDA.</li> <li>▪ Costs of organized fund raising/grant writing including financial campaigns, solicitation of gifts and bequests, and similar expenses incurred to raise capital or obtain contributions, regardless of the purpose for which the funds will be used.</li> </ul>
<h3>14. Space Allocations</h3>	
<ul style="list-style-type: none"> <li>▪ Space allocated for nutrition education programs in which the plan for the space/cost allocation is documented and actual out-of-pocket costs are incurred and tracked.</li> <li>▪ Space donated by local school districts, but only the cost of space based on depreciation or use allowance.</li> <li>▪ Space must be prorated by FTE when staff person is not dedicating 100% FTE to the <i>Network</i> contract.</li> </ul>	<ul style="list-style-type: none"> <li>▪ State Share charges for space that is donated by a private third party or <u>public entity</u>, or costs that are fully funded by another program (e.g., USDA WIC and EFNEP programs). For publicly owned space, amounts claimed under “rent” must represent actual costs of ownership and/or maintenance for the property, NOT the “fair market value” if the space was rented on the open market. For example, if a county or school district donated space to a program to use in the conduct of eligible nutrition education, and the county or school district was not incurring any ownership or maintenance costs for that space, no “fair market value” may</li> </ul>

## Attachment H

	<p>be assigned to that space for the purposes of determining State Share contributions.</p> <ul style="list-style-type: none"> <li>Commercial rental rates may not be used for publicly owned space.</li> </ul>
<b>15. Social Marketing</b>	
<ul style="list-style-type: none"> <li>Local radio and television announcements of nutrition education events for FSNE-eligible persons. (See #6, MEDIA).</li> <li>Appropriate social marketing campaigns that target nutrition messages to FSNE-eligible person audiences and are delivered, with an approved exclusivity waiver, in areas/venues where at least 50 percent of persons have incomes, equal to or less than 185% FPL. Prior approval is required from CPNS and USDA.</li> </ul>	<ul style="list-style-type: none"> <li>Social marketing campaigns that target the general population. In some instances, prorated costs based upon numbers of likely FSNE-eligible persons (<math>\leq 130\%</math> of poverty) guidelines/threshold, with certain exceptions, that will be reached with the campaign may be allowed.</li> <li>Nutrition education messages that convey negative message or disparage specific foods, beverages, or commodity, or which are not consistent with the 2005 Dietary Guidelines for Americans and My Pyramid.</li> <li>TV and radio announcements/advertisements that do not include a brief message about the FSP, its benefits, and how to contact the Food Stamp office.</li> </ul>
<b>16. Staff Training, Conferences, and Other Costs</b>	
<ul style="list-style-type: none"> <li>Training (including travel expenses) for staff and contractors providing nutrition education to FSNE-eligible persons. Attendance must be justified in terms of the benefits to implementing the contract Scope of Work. Prior written authorization is required from the CPNS <i>Network</i> staff for any new training/travel not already listed on the approved budget.</li> <li>Travel costs associated with <i>Network</i> business or to a <i>Network</i>-sponsored training or event will be 100% reimbursed even if the person is not 100% FTE. However, if the conference is not <i>Network</i>-sponsored, travel costs must be prorated based on FTE and for the portion of the conference or training that qualifies as nutrition education.</li> <li>Participation in regional or state coalitions such as <i>Network</i> Regional Collaboratives and NSC Action Teams on FSNE business.</li> <li>Nutrition education training materials.</li> <li>FSNE-related training for program delivery staff (e.g., <i>Children's Power Play! Campaign</i>, <i>Harvest of the Month</i>, <i>Community Health</i></li> </ul>	<ul style="list-style-type: none"> <li>Travel outside the State of California without prior written authorization from the CPNS <i>Network</i> staff. Attendance must be justified and travel request approved.</li> <li>No more than four FSNE staff (including <i>Network</i>, DSS and UCD state and local agencies) are allowed to travel for national-level conference, meeting or training, even when occurring in the State. Attendance must be justified and have prior USDA approval.</li> <li>Costs for clerical, administrative staff, and other staff not providing direct services to the FSNE eligible population to attend conferences.</li> <li>University level courses on technical or clinical subjects that are not relevant to the practical delivery of nutrition education to the target audience.</li> <li>Costs of training materials that have not been reviewed/approved for use in FSNE.</li> <li>Money, vouchers or passes provided to FSNE recipients in conjunction with FSNE activities.</li> <li>Childcare or transportation services provided for FSNE recipients in conjunction with FSNE</li> </ul>

## Attachment H

<p><i>Leaders, Latino Campaign).</i></p> <ul style="list-style-type: none"> <li>▪ The time volunteers of a public agency spend performing FSNE-specific duties. Time must be commensurate with the duties being performed. (This does not apply to nonprofit organizations).</li> <li>▪ FSNE support or partial sponsorship of meetings, conferences and summits must be pro-rated based on both the proportion of the target audience that represents FSNE-eligible stakeholders and the proportion of the agenda related to nutrition for low-income audiences.</li> <li>▪ FSNE funds may be used to provide general briefings and trainings to community health professionals, if the State can demonstrate that such professionals serve a majority of FSNE eligibles.</li> <li>▪ Funds spent on training, workshops, meetings, and summits should target FSNE eligibles or intermediaries working with FSNE eligibles. The primary focus must be nutrition education/healthy eating behaviors. A secondary focus (e.g, food shopping practices, safe handling, promoting healthy communities, etc.) may be included.</li> <li>▪ Cost of institutional memberships in business, technical, and professional organizations. These costs must be consistent with the effort to promote the provision of quality nutrition services to FSNE-eligible persons.</li> <li>▪ Nutrition education activities that promote the selection of healthy foods from vending machines.</li> <li>▪ Contractors may prorate hotel wireless fees by FTE, conference content, and FSNE-specific usage. Contractors should first utilize their daily incidental allowance towards these costs.</li> </ul>	<p>activities.</p> <ul style="list-style-type: none"> <li>▪ Substitute teachers costs for <i>Network</i>-funded teachers while they are at <i>Network</i> or nutrition education trainings.</li> <li>▪ Training or professional development costs of food service workers or others not directly associated with delivery of FSNE (e.g., Serve Safe Training).</li> <li>▪ Costs to support travel and other costs associated with the <i>Network</i>'s participation in national committee meetings. (This condition applies to national committee meetings for which USDA representation and participation are established at the federal level).</li> <li>▪ Subscriptions and/or memberships to non-FSNE-related affiliations. These include, but are not limited to: <ul style="list-style-type: none"> <li>- Individual memberships in business, technical and professional organizations (e.g. ADA, Society for Nutrition Education, national and state WIC Associations, Center for Nonprofit Management).</li> <li>- Local newspapers, magazines, and journals.</li> <li>- Costco, Sam's Club, or other retail, discount, or wholesale stores.</li> </ul> </li> </ul>
<h3>17. INCOME QUALIFICATIONS</h3>	
<ul style="list-style-type: none"> <li>▪ Each intervention site must have specific income qualifying targeting data submitted for state and federal share.</li> <li>▪ Flea Market, farmers' markets, festivals, health fairs and other community events should be located in qualifying census tracts whenever possible or contractor should</li> </ul>	

## Attachment H

<p>prorate based on % of people in the area at 130% FPL (GIS can be used) Also, if available, survey data from the event may be used to qualify the site .</p> <ul style="list-style-type: none"> <li>Participation in nutrition education activities/ events does not require pro-rating of costs if your organization can demonstrate that at least 50% of the participants meet the 185% FPL targeting requirements.</li> </ul>	
<h3>18. Retail, Restaurant and Worksites</h3>	
<ul style="list-style-type: none"> <li>FSNE services in partnership with restaurants may use FSNE funds to do so only in restaurants that are both authorized to accept food stamps and located in geographic areas meeting the FSNE targeting criteria (e.g., at least 50% of their clients have gross incomes at or below 185% FPL).</li> <li>Restaurant sites may participate in FSNE by serving as intervention sites if these sites can demonstrate that at least 50% of their clients have gross incomes at or below 185% FPL. If such sites redeem food stamps, this would be further proof of the efficacy of these locations as venues for FSNE.</li> <li>Worksite interventions (nutrition education) where you can verify that at least 50% of the employees are at or below 185% of FPL. This can be done by the census tract data of the site itself, proprietary data from the employer if available, or means testing.</li> <li><b>Regional Networks (RN) must provide retail interventions in qualifying census tracts or stores redeeming over \$50,000 on Food Stamps monthly.</b> Retail interventions include comprehensive merchandising and promotional activities in supermarkets, small chain stores and independent (neighborhood) markets statewide in an effort to increase the purchase of fruits and vegetables among FSNE-eligible Californians. The merchandising components of the program include customized point-of-purchase materials, in-store recipe booklets and recipe cards. Food demonstrations, store tours, and retail-sponsored community events are conducted to support the merchandising</li> </ul>	<ul style="list-style-type: none"> <li>Partnerships with restaurants not accepting food stamps and not meeting the targeting criteria of 50% or more of the audience is at or below 185% FPL.</li> <li>Retail site interventions not targeted to FSNE-eligible shoppers.</li> <li>Worksites interventions not targeted to FSNE-eligible workers.</li> <li>Hosting retail interventions in sites that do not meet the qualifying criteria.</li> <li><i>African American Campaign, Latino campaign and Core 1 may <u>not</u> merchandise or host food demonstrations in the same stores.</i></li> </ul>

## Attachment H

<p>efforts as well.</p> <ul style="list-style-type: none"> <li>▪ The <i>Children's Power Play! Campaign</i> may host food demonstrations in those stores that are recruited and maintained by <i>African American Campaign, Latino campaign</i> and Core 1. However, Food demos may <u>not</u> be held jointly and should be scheduled on different days and times to reinforce the <i>Power Play!</i> message at the point of purchase.</li> <li>▪ As documented in the SOW, RNs should work with LIAs. This may also include LIA crossover into the retail arena. RNs and LIAs may host food demos in the same qualifying stores. However, food demos may <u>not</u> be held jointly and should be scheduled on different days and times to reinforce the message at the point of purchase and increase the reach of interventions.</li> </ul>	
<b>19. FSNE Eligibility Cost per Participant</b>	
<ul style="list-style-type: none"> <li>▪ Costs per FSNE eligible participant, on average, range between \$60-\$300. Contractors that propose spending significantly more than this average must provide justification.</li> </ul>	
<b>20. Personnel</b>	
<ul style="list-style-type: none"> <li>▪ The USDA recommends using a \$45 per hour salary rate (\$94,400 yearly salary) for school teachers and a \$54 hourly rate (\$112,000 yearly salary) for school administrators as a maximum State Share salary rate. Using this methodology, contractors may elect to utilize lower salary rates for teachers/school administrators up to this maximum salary rate. For any contractor wishing to exceed the maximum salary rate, a justification would be required and will be considered on a case-by-case basis. The maximum rates do not include fringe benefit costs.</li> </ul> <p><b>Redirected from #16</b></p> <ul style="list-style-type: none"> <li>▪ Staff time spent planning, delivering and evaluating nutrition education to FSNE-eligible persons. Time must be charged at a rate commensurate with duties being performed.</li> <li>▪ Time contribution of food service staff for FSNE should not exceed 20%. Contractors should provide justification for time</li> </ul>	<p><b>Redirected from #16</b></p> <ul style="list-style-type: none"> <li>▪ A physician's time spent distributing nutrition flyers at health fairs when charges are based on a rate commensurate with his/her credentials as opposed to the duties he/she is performing.</li> <li>▪ The time volunteers of a non-public agency (e.g., faith-based organizations, food banks, etc.) spend performing FSNE-specific duties.</li> <li>▪ Costs to support dietetic interns/students if their experience will meet academic or fieldwork requirements.</li> <li>▪ Costs to support staff time or other expenditures related to participating in national-level work or committees, except where the activity is an integral part of FNS' focus on general FSNE program planning. However, in general, costs associated with national-level committee work are not reasonable and necessary for the delivery of FSNE in States. USDA, FNS staff represents FSNE interests on national committees.</li> </ul>

## Attachment H

<p>contributions exceeding this percentage.</p> <ul style="list-style-type: none"><li>▪ The time interns/students spend on FSNE activities only if they are (a) <u>unpaid</u> or (b) not using the internship placement to fulfill academic or fieldwork requirements. Paid interns/students meeting criterion (b) must track their FSNE time using weekly time logs, semi-annual certification statements, or if applicable, as part of an approved time study.</li><li>▪ Since they are not traditional positions acting as nutrition educators, the use of non-traditional positions (e.g. school psychologists, warehouse workers) as FSNE State or Federal Share requires justification and an explanation of their role in FSNE activities.</li></ul>	
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## Travel Reimbursement Information

*(Mileage Increase Effective 1-1-08.)*

1. The following rate policy is to be applied for reimbursing the travel expenses of persons under contract. The terms "contract" and/or "subcontract" have the same meaning as "grantee" and/or "subgrantee" where applicable.
  - a. Reimbursement for travel and/or per diem shall be at the rates established for nonrepresented/excluded state employees. Exceptions to Department of Personnel Administration (DPA) lodging rates may be approved by *the California Department of Public Health (CDPH)* upon the receipt of a statement on/with an invoice indicating that such rates are not available.
  - b. Short Term Travel is defined as a 24-hour period, and less than 31 consecutive days, and is at least 50 miles from the main office, headquarters or primary residence. Starting time is whenever a contract or subcontract employee leaves his or her home or headquarters. "Headquarters" is defined as the place where the contracted personnel spends the largest portion of their working time and returns to upon the completion of assignments. Headquarters may be individually established for each traveler and approved verbally or in writing by the program funding the agreement. Verbal approval shall be followed up in writing or email.
  - c. Contractors on travel status for more than one 24-hour period and less than 31 consecutive days may claim a fractional part of a period of more than 24 hours. Consult the chart appearing on Page 2 of this exhibit to determine the reimbursement allowance. All lodging reimbursement claims must be supported by a receipt\*. If a contractor does not or cannot present receipts, lodging expenses will not be reimbursed.

(1) Lodging (with receipts\*):

Travel Location / Area	Reimbursement Rate
Statewide (excluding the counties identified below)	\$ 84.00 plus tax
Counties of Los Angeles and San Diego	\$110.00 plus tax
Counties of Alameda, San Francisco, San Mateo, and Santa Clara	\$140.00 plus tax

Reimbursement for actual lodging expenses that exceed the above amounts may be allowed with the advance approval of the Deputy Director of the California Department of *Public Health (CDPH)* or his or her designee. Receipts are required.

\*Receipts from Internet lodging reservation services such as Priceline.com which require prepayment for that service, ARE NOT ACCEPTABLE LODGING RECEIPTS and are not reimbursable without a valid lodging receipt from a lodging establishment.

- (2) Meal/Supplemental Expenses (with or without receipts): With receipts, the contractor will be reimbursed actual amounts spent up to the maximum for each full 24-hour period of travel.

Meal / Expense	Reimbursement Rate
Breakfast	\$ 6.00
Lunch	\$ 10.00
Dinner	\$ 18.00
Incidental expenses	\$ 6.00

- d. Out-of-state travel may only be reimbursed if such travel is necessitated by the scope or statement of work and has been approved in advance by the program with which the contract is held. For out-of-state travel, contractors may be reimbursed actual lodging expenses, supported by a receipt, and may be reimbursed for meals and supplemental expenses for each 24-hour period computed at the rates listed in c. (2) above. For all out-of-state travel, contractors/subcontractors must have prior CDPH written or verbal approval. Verbal approval shall be confirmed in writing (email or memo).
- e. In computing allowances for continuous periods of travel of less than 24 hours, consult the chart appearing on Page 2 of this exhibit.
- f. No meal or lodging expenses will be reimbursed for any period of travel that occurs within normal working hours, unless expenses are incurred at least 50 miles from headquarters.

- If any of the reimbursement rates stated herein is changed by DPA, no formal contract amendment will be required to incorporate the new rates. However, CDPH shall inform the contractor, in writing, of the revised travel reimbursement rates and the applicable effective date of any rate change.

At CDPH’s discretion, changes or revisions made by CDPH to this exhibit, excluding travel reimbursement policies established by DPA may be applied retroactively to any agreement to which a Travel Reimbursement Information exhibit is attached, incorporated by reference, or applied by CDPH program policy. Changes to the travel reimbursement rates stated herein may not be applied earlier than the date a rate change is approved by DPA.

- For transportation expenses, the contractor must retain receipts for parking; taxi, airline, bus, or rail tickets; car rental; or any other travel receipts pertaining to each trip for attachment to an invoice as substantiation for reimbursement. Reimbursement may be requested for commercial carrier fares; private car mileage; parking fees; bridge tolls; taxi, bus, or streetcar fares; and auto rental fees when substantiated by a receipt.
- Note on use of autos:** If a contractor uses his/her or a company car for transportation, the rate of reimbursement will be **50.5 cents** maximum per mile. If a contractor uses his/her or a company car "in lieu of" airfare, the air coach fare will be the maximum paid by the State. The contractor must provide a cost comparison upon request by the State. Gasoline and routine automobile repair expenses are not reimbursable.
- The contractor is required to furnish details surrounding each period of travel. Travel expense reimbursement detail may include, but not be limited to: purpose of travel, departure and return times, destination points, miles driven, mode of transportation, etc. Reimbursement for travel expenses may be withheld pending receipt of adequate travel documentation.
- Contractors are to consult with the program with which the contract is held to obtain specific invoicing procedures.

**Per Diem Reimbursement Guide**

Length of travel period	This condition exists...	Allowable Meal(s)
Less than 24 hours	Trip begins at or before 6 am and ends at or after 9 am.	Breakfast may be claimed.
Less than 24 hours	Trip begins at or before 4 pm and ends at or after 7 pm.	Dinner may be claimed.
<i>Employees may <b>not</b> claim lunch or incidentals on one-day trips. When trips are <b>less than 24 hours</b> and there’s no overnight stay, meals claimed are taxable.</i>		
24 hours	Trip begins at or before 6 am.	Breakfast may be claimed.
24 hours	Trip begins at or before 11 am.	Lunch may be claimed.
24 hours	Trip begins at or before 5 pm.	Dinner may be claimed.
More than 24 hours	Trip ends at or after 8 am.	Breakfast may be claimed.
More than 24 hours	Trip ends at or after 2 pm.	Lunch may be claimed.
More than 24 hours	Trip ends at or after 7 pm.	Dinner may be claimed.
<i>Employees may <b>not</b> claim meals provided by the State, meals included in hotel expenses or conference fees, meals included in transportation costs such as airline tickets, or meals that are otherwise provided. Snacks and continental breakfasts such as rolls, juice, and coffee are not considered to be meals.</i>		

**Network for a Healthy California**  
FFY 2009

**PROJECT SUMMARY INSTRUCTIONS**

The *Network for a Healthy California (Network)* requires contractors to submit a Project Summary each year. This form provides the United State Department of agriculture (USDA) and the Cancer Prevention and Nutrition Section (CPNS) with comprehensive information about each *Network* contractor for the annual state plan, facilitates collaboration among contractors and other partners, and is used to respond to queries and questions asked by other State agencies and partners.

Future revisions to your Project Summary need to be approved by both the Program Manager (PM) and Contract Manager (CM) to ensure that any changes are within the approved Scope of Work and that it is consistent with the Budget Justification for FFY 2009.

Instructions for the Project Summary are provided below. Refer to the instructions as you review your Project Summary.

Unless otherwise noted, follow these three general guidelines:

- Your responses are based on the nutrition education activities you conduct with your *Network*-funded activities.
- Check all boxes that apply or type in text.
- If you check an "Other" category, specify the information requested.

<b>Form 6a (Microsoft Word document)</b>
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**Contractor Name:** Enter the name of your agency as it appears on your contract.

**Project Title:** If your agency has more than one contract with the *Network*, enter the name of your *Network* project. Otherwise, leave this blank.

**Contract #:** Please leave blank for your LFNE RFA application.

**Date Submitted:** Enter the date the form is submitted to CPNS.

- 1) **Funding Source:** Enter the source of funding for your organization's activities not funded by USDA/FSNE. Check all boxes that apply.
- 2) **Target Audience:** Check all the boxes that apply to your target audience per your *Network*-funded proposed scope of work activities: and enter the percentages for gender, ethnicity, language and age groups. Within each area (gender, ethnicity, language, age group), the percentages should sum to 100%. Please round percentages to the nearest percent and do not use decimals.

Languages: Enter the primary language of the Target Audience. Primary language refers to the language most frequently used by members of the Target Audience.

Participants: Enter an estimate of the projected number of unduplicated participants. This count refers to the actual number of participants served, with each individual counted **only once**, no matter how many times they receive a service. For example, if David attends a 6-session nutrition education class series, he would be counted as one unduplicated participant.

- 3) **Key Educational Messages/Topics**: Check the key educational messages your program addresses. All contractors must include “Fruits and Vegetables” as a key message. Food Stamp promotion activities apply to the “Other” category.
- 4) **Key Methods (State and Federal Share)**: Check the primary methods that apply to your program.

Website: If your agency has a *Network*-funded webpage/site, please enter the website address.

Print Media: Print media may include, press releases, media alerts, media tip sheets, editorial articles or letters, kiosk or poster displays, advertisements on billboards and bus stops.

Nutrition Education Classes, Community Education Events, Training/Workshop/Conference, Point of Purchase, or other direct education: For the methods where you have direct contact with your target audience(s), please estimate the frequency and average duration of the interventions. If multiple interventions fall under one method, enter the average duration, not the sum for that method. See the example provided on the following page.

Other: Youth empowerment activities are an example of methods that would be included here.

**Example:**

**Nutrition Education Classes** – Your agency presents an estimated 200 nutrition education classes per year. Class duration ranges from 30 minutes to 2 hours, with an estimated average duration of 1 hour. Under the ‘Frequency’ column enter 200 and under the ‘Duration’ column enter 1. Units for the Duration column are in hours.

**Trainings/Workshops/Conferences** – Your agency holds 8 teacher trainings throughout the fiscal year. The average duration of the 8 trainings is 1 hour and 30 minutes (1.5 hours). Enter 8 under ‘Frequency’ and 1.5 under ‘Duration’.

Other Key Methods are filled in below as examples.

**4) Key Methods**

		<i>Frequency (in hours)</i>	<i>Duration</i>
<input type="checkbox"/> Advisory Council/Task Force (specify): _____	<input checked="" type="checkbox"/> Nutrition Education Classes	<u>200</u>	<u>1.0</u>
<input type="checkbox"/> Internet/Web Sites website address: _____	<input checked="" type="checkbox"/> Community Education Events	<u>4</u>	<u>3.0</u>
<input type="checkbox"/> Print Media	<input checked="" type="checkbox"/> Training/Workshop/Conference	<u>8</u>	<u>1.5</u>
<input type="checkbox"/> Radio	<input type="checkbox"/> Point of Purchase	_____	_____
<input type="checkbox"/> TV	<input type="checkbox"/> Other (specify): _____	_____	_____
	<input type="checkbox"/> Other (specify): _____	_____	_____

**5) Modification of Project Methods/Strategies (Not Applicable for LFNE RFA; leave blank)**

**6) Key Performance Measures/Indicators:** List the key measures/ indicators of implementation or performance that you will capture or collect. For activities this could be the type(s) of evaluation you will perform, as well as a description of the specific indicators your project intends to measure (knowledge, changes in behavior, skill improvement, new partnerships, organizational change, etc.), as well as process indicators. Please limit to 100 words.

**7) FSNE Delivery Sites by Type of Setting:** For each type of setting your project targets, enter the number of different sites/locations. For example, if your agency plans to conduct nutrition education at three food stamp offices, enter “3” in the space before “Food Stamp Offices.” If your nutrition education intervention and/or activity involve more than one location, choose the location that best reflects the **primary delivery** of service or the group you are attempting to reach. For instance, if you are a school contractor or a contractor working in schools and you have nutrition education activities in a school garden or school clinic, please use the school category, not gardens or clinics.

In general, a site should only be listed under one location; however, a site can be listed twice if the site is used to conduct activities for more than one target audience. For example:

- If a preschool and an afterschool program are housed at the same location, list them separately under “Preschools” and “Afterschool Programs”.

- If your afterschool program is housed at a K-12 school site and no other nutrition education activities are conducted during regular school hours, only list under “Afterschool Programs.”
  - If your program reaches both parents and students at the same school, then list the school twice under “Schools – students (K-12)” and “Schools - adults/parents.”
- 8) **Coordination Efforts:** Describe efforts to coordinate, complement, and supplement other local/regional programs in order to deliver consistent behavior-focused nutrition messages. Include participation in *Regional Collaboratives of the Regional Networks for a Healthy California*, a County Nutrition Action Plan (CNAP), or other local coalitions addressing the FSNE population. Please state that written agreements are attached if you submitted Memorandums of Understanding (MOUs) with your application packet. This section should be limited to 100 words.
- 9) **Project Narrative:** The narrative is a brief description of your overall FSNE program, covering main intervention approaches and highlighting any unique aspects of your project. Write in the third person (do not use “I” or “we”), do not use bullets, and limit to 200 words.
- 10) **Income Targeting Data Source:** Enter the data source(s) you use to qualify your target audience(s) to meet the  $\leq 185\%$  Federal Poverty Level (FPL) requirement. If you are using census tract data, complete Section 12 on Form 6b. School-based contractors and other contractors working with schools should use free and reduced price meals enrollment data found on the California Department of Education website to verify that each school site qualifies (at least 50 percent of the student body must be enrolled in Free and Reduced Price Meal Program) (<http://www.cde.ca.gov/ds/sh/sn/freereduced0506.asp>). This information should be reported under Section 13 on Form 6b.
- 11) **Location Based Proxy Sites:** Check all boxes that apply and indicate the percentage of your target audience that are at these locations. No additional targeting data are needed for these delivery sites.

### Form 6b (Microsoft Excel spreadsheet)

**Note:**

- If you are planning to cut and paste information into the spreadsheets from a Word document, it is recommended that you use the “Paste Special” function located under the Edit menu and select “Text” from the list provided in the Paste Special dialog box. Form 6b is protected so that the user can only make certain modifications. As a result, if you try to copy and paste information into the spreadsheet from a Word document without using Paste Special, you will not be able to edit the information once it is pasted.
- When printing it is recommended that you specify which pages you would like to print in the page range section of the Print dialog box.
- You will only be able to enter information into the cells with a white background.

**Date Submitted, Contractor Name, and Contractor Number:** Information must match the data on Form 6a. Once you fill in the white rows, the grey areas will automatically fill in; this sheet is part of the CPNS internal tracking systems. Do not attempt to type in the grey area.

- 12) **Intervention Site Census Tracts:** Using the *Network Qualifying Census Tracts* database located on the CPNS Funding Application website, identify and enter the qualifying census tracts

your agency plans to target. There are drop-down boxes for the County and Ethnicity columns. For each census tract you are targeting, enter the county, the qualifying census tract number, ethnicity (e.g., "All Races", "Black or African American", "Hispanic or Latino"), and the percentage of the target audience at or below 185% FPL. Enter in actual percentages; do not round numbers.

Ethnicity: If you are using an ethnicity for your census data (vs. "All Races"), you need to make sure the ethnicity matches the ethnicity data you entered in Form 6a, Section 2 (Target Audience).

School Sites: List the census tract of the schools that qualify by census tract, but not by Free and Reduced Price Meal data. Please **do not** include qualifying school sites if you are not conducting *Network* activities there.

**Note:**

- The *Network* Qualifying Census Tract database is available online at: <http://www.dhs.ca.gov/ps/cdic/cpns/network/FAP/docs/Continuing/Retail%20Census%20Tracts%20and%20New%20Qualifying%20Stores.xls>.
- You may also use the *Network*'s GIS system to verify the location of a census tract listed on the *Network* Qualifying Census Tracts database.
- Below are instructions on how to use GIS to determine if a physical address is in a qualifying census tract:
  1. Go to the *Network* – GIS Map Viewer website: <http://www.cnngis.org>. A *Quick Reference Tutorial* is available for new users.
  2. Click on "**Launch Map Viewer**" at the bottom of the webpage. It will take a couple of seconds to load the site.
  3. On the right side of the screen, there are five tabs: Map Layers, Locate, Advanced, Layer List, and Legend. If not already selected, click on the Layer List tab.
  4. Click on the box to the left of "**Admin. Boundaries.**" A drop down list of options will appear. Scroll down to "**Administrative Divisions**" to find "**2000 Census Tracts.**" Click on the white box (a check will appear in the box).
  5. Scroll down to "**Demographics**" and click on the box to the left of "**Demographics.**" A drop down list of demographic options will appear. Scroll down to "**Economic Indicators**" to find "Proportion <185% FPL - All Races." Click on the white circle (a dot will appear inside the circle). Specific target groups may be selected such as "Proportion <185% FPL – Hispanic." Next, click on the blue circle with the white "i" adjacent to the white circle, the blue circle will change to gold.
  6. Click on the "Locate" tab. Enter the address of the intervention site. Click on "**Search.**" A list of addresses may appear, click on the correct address with the highest score. A map will load onto the screen.
  7. Move the cursor to the map and center the arrow (not the "i") over the star and click.
  8. A pop-up box should appear that lists data including the census tract number and percent of the population (by all races) that are less than 185% FPL.

**Note:** If a pop-up box does not appear, your security settings may be blocking your pop-ups. To bypass this, hold down the Shift key when clicking on the star. A pop-up box will appear on the screen.

9. In instances where a site/location is not located in a qualifying census tract, block group data is utilized as an alternative method to determine whether a project is located in a qualifying area. Block group data is only available for All Races at 125% FPL and 185% FPL. To activate the block group layer follow the instructions to "Select Map Layers". This time scroll down to "Economic Indicators" and select either "BG Proportion <185%FPL – All Races" or "BG Proportion <125% FPL – All Races."

If you are not using census tract data, you must identify in Sections 10 and 11 on Form 6a the qualifying data source(s) you are using to verify your delivery sites meet the ≤ 185% FPL requirement. If you check "Other," you must indicate the data source and estimate the percentage of your target audience that is ≤ 185% of FPL.

**13) Free and Reduced Price Meal/GIS Income Data:** *(Only for School Districts, County Offices of Education and other contractors working in schools. If you do not work in schools, skip this section)*

Enter the name of the school district, the County, District, School (CDS) Code, the name of the school site, the percentage of students enrolled in Free Meals, the percentage of students enrolled in Reduced-Price Meals, and the combined percentage of Free and Reduced Price Meal (FRPM) enrollment for each school site **where interventions are occurring**. Please **do not** include qualifying school sites if you are not conducting *Network* activities there. If you do not have these data, you can get them at the California Department of Education website (<http://www.cde.ca.gov/ds/sh/sn/freereduced0506.asp>).

**Note:**

- Enter in actual percentages; do not round numbers.
- For CDS Codes, please make sure to include the leading zero. See example below.

If you cannot qualify a school site using FRPM data, search the CPNS GIS system for the specific census tract which includes the school site to find the percentage of the target audience ≤ 185% FPL. Instructions for using the GIS are above (see Section 12) and on the GIS webpage ([www.cnnqis.org](http://www.cnnqis.org)). Enter the school district name and CDS code in their respective columns. Under "School Site Name," enter the School Site Name and add the qualifying census tract number in parentheses. The census tract number should also be entered in Section 12 above. Leave the % Free, % Reduced, and % Free and Reduced columns blank.

School District Name	CDS Code	School Site Name	Free and Reduced Price Meals Program Enrollment		
			% Free	% Reduced	% Free and Reduced
West Contra Costa Unified	07-61796-6005045	Wilson Elementary (06013371000)			

**14) Use of Existing Educational Materials (State and Federal Share):** Fill in the Source, Title and Language(s) of the materials you plan to use. Please list each material only once.

- The Source column has a drop down list that may be used if applicable. Pre-approved contractor developed materials should be listed as a "Contractor developed" under "Source." If the source is not listed for a specific material you may type in the source manually. Doing so

will result in a warning that the data entered is not on the drop down list. Click on “Yes” to exit the dialog box and keep the data entered.

- Adapted or revised materials, such as Harvest of the Month newsletters, should be listed with the appropriate source (Harvest of the Month) and should specify under title that the material has been modified, adapted or revised.
- Educational materials that have reference to chronic disease prevention (e.g. diabetes, heart disease, etc) must be used for health promotion activities aimed at primary prevention of disease, not for secondary prevention interventions or medical nutrition therapy.
- Due to lead contamination found in *Network* lunch boxes in 2007, CDPH has placed a moratorium on the purchase and distribution of promotional items pending the development of department-wide guidelines. Any newly purchased or developed materials must meet the guidelines which will be provided in Program Letters as they become available.

**15) Development of New Educational Materials:** Enter the title of any new materials that you plan to produce, a 25-word description of the materials, and a brief justification of the need and cost. Before developing new materials, the *Network* requires contractors to research and identify existing nutrition education and physical activity promotion materials for use in their program. If existing educational/promotional materials are examined thoroughly and none are found to fit the program or target audience, contractors may use *Network* funds to develop new materials, but only with prior approval from the *Network*.

**Thank you for completing this valuable data collection tool.**

Contractor Name: \_\_\_\_\_

Project Title: \_\_\_\_\_

Contract #: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**1) Funding Source**

- |                                 |   |                               |   |
|---------------------------------|---|-------------------------------|---|
| <input type="checkbox"/> State  | <input type="checkbox"/> County                 | <input type="checkbox"/> City | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Prop10 | <input type="checkbox"/> Non Profit (Cash Only) |                               | <input type="checkbox"/> Other (specify): _____ |

**2) Target Audience** *(Please check all boxes that apply.)*

<b>Gender</b>	<input type="checkbox"/> Male _____%	<input type="checkbox"/> Female _____%	
<b>Ethnicity</b>	<input type="checkbox"/> African American/Black _____% <input type="checkbox"/> Asian _____% <input type="checkbox"/> Caucasian/White _____% <input type="checkbox"/> Latino/Hispanic _____%	<input type="checkbox"/> Native American _____% <input type="checkbox"/> Pacific Islander _____% <input type="checkbox"/> Other (specify): _____% <input type="checkbox"/> Other (specify): _____%	
<b>Languages</b>	<input type="checkbox"/> English _____% <input type="checkbox"/> Spanish _____% <input type="checkbox"/> Arabic _____% <input type="checkbox"/> Armenian _____% <input type="checkbox"/> Bosnian _____% <input type="checkbox"/> Cantonese _____%	<input type="checkbox"/> Farsi _____% <input type="checkbox"/> Hmong _____% <input type="checkbox"/> Khmer (Cambodian) _____% <input type="checkbox"/> Korean _____% <input type="checkbox"/> Lao _____% <input type="checkbox"/> Mandarin _____%	<input type="checkbox"/> Russian _____% <input type="checkbox"/> Tagalog _____% <input type="checkbox"/> Vietnamese _____% <input type="checkbox"/> Other (specify): _____% <input type="checkbox"/> Other (specify): _____% <input type="checkbox"/> Other (specify): _____%
<b>Age Group</b>	<input type="checkbox"/> Under 5 years old _____% <input type="checkbox"/> 5-8 years old _____%	<input type="checkbox"/> 9-11 years old _____% <input type="checkbox"/> 12-17 years old _____%	<input type="checkbox"/> 18-59 years old _____% <input type="checkbox"/> 60 years old and over _____%
<b>Participants</b>	<p><b><u>Projected Number of Unduplicated Participants</u></b> _____</p> <p>Individual participants, not number of contacts</p>		

**3) Key Educational Messages/Topics**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> <b>Fruits &amp; Vegetables</b>                                | <input type="checkbox"/> Lean Meat and Beans                      |
| <input type="checkbox"/> <b>Physical Activity</b>   | <input type="checkbox"/> Limit Added Sugars or Caloric Sweeteners |
| <input type="checkbox"/> Breast-feeding   | <input type="checkbox"/> MyPyramid – Healthy Eating Plan          |
| <input type="checkbox"/> Fat Free & Low Fat Milk or Equivalent<br>(and alternate calcium sources) | <input type="checkbox"/> Promote Healthy Communities              |
| <input type="checkbox"/> Fats and Oils  | <input type="checkbox"/> Promote Healthy Weight                   |
| <input type="checkbox"/> Fiber-Rich Foods   | <input type="checkbox"/> Sodium and Potassium                     |
| <input type="checkbox"/> Food Shopping/Preparation  | <input type="checkbox"/> Whole Grains                             |
|   | <input type="checkbox"/> Other (specify): _____                   |

**4) Key Methods**

	<u>Frequency</u>	<u>Duration (in hours)</u>
<input type="checkbox"/> Advisory Council/Task Force (specify): _____	<input type="checkbox"/> Nutrition Education Classes _____	_____
<input type="checkbox"/> Internet/Web Sites website address: _____	<input type="checkbox"/> Community Education Events _____	_____
<input type="checkbox"/> Print Media	<input type="checkbox"/> Training/Workshop/Conference _____	_____
<input type="checkbox"/> Radio	<input type="checkbox"/> Point of Purchase _____	_____
<input type="checkbox"/> TV	<input type="checkbox"/> Other (specify): _____	_____
	<input type="checkbox"/> Other (specify): _____	_____

**5) Modification of Project Methods/Strategies**

*If adapting or changing an identified intervention/project method or strategy, please check the appropriate boxes below. If no changes are being made, please check box for "We have not modified our methods/strategies."*

- |   |  |
|---|--|
| <input type="checkbox"/> <b>We have not modified our methods/strategies</b> | <input type="checkbox"/> Changing audience participation |
| <input type="checkbox"/> Improving Cultural Relevancy                       | <input type="checkbox"/> Adding New Partners             |
| <input type="checkbox"/> Enhancing/Updating Existing Strategies             | <input type="checkbox"/> Other (specify): _____          |
| <input type="checkbox"/> Utilizing Research/Program Evaluation Results      | <input type="checkbox"/> Other (specify): _____          |

**6) Key Performance Measures/Indicators**

*List the key measures/indicators of implementation or performance that you will capture or collect (max 100 words).*

**7) FSNE Delivery Sites by Type of Setting**

*Enter the number of sites for each setting your agency targets (e.g., 3, 12, 1).*

<input type="text"/> Adult Education & Job Training Sites	<input type="text"/> Parks, Recreation Centers
<input type="text"/> Adult Rehabilitation Centers	<u>Preschools</u>
<input type="text"/> Afterschool Programs	<input type="text"/> Head Start Programs
<input type="text"/> Churches	<input type="text"/> School District Preschools
<input type="text"/> Community-Based Organizations	<input type="text"/> Other Preschools or Daycares
<input type="text"/> Community Centers	<input type="text"/> Public/Community Health Centers (includes Public Health Departments)
<input type="text"/> Community Clinics (non government)	<input type="text"/> Public Housing
<input type="text"/> Community Youth Organizations	<input type="text"/> Restaurants/Diners/Fast Food
<input type="text"/> Elderly Service Sites	<input type="text"/> Schools – students (K-12)
<input type="text"/> Emergency Food Assistance Sites (includes Food Banks)	<input type="text"/> Schools – adults/parents
<input type="text"/> Extension Offices	<input type="text"/> Shelters/Temporary Housing
<input type="text"/> Farmers' Markets	<input type="text"/> Soup Kitchens/Congregate Meal Sites
<input type="text"/> Food Stamp Offices	<input type="text"/> Universities, Community Colleges
<input type="text"/> Food Stores	<input type="text"/> WIC Programs
<input type="text"/> Health Care Facilities (non-government)	<input type="text"/> Worksites
<input type="text"/> Healthy Start	<u>Other</u> <u>Specify (e.g., Community Gardens)</u>
<input type="text"/> Homes	<input type="text"/> _____
<input type="text"/> Libraries	<input type="text"/> _____
<input type="text"/> Other Youth Education Sites	<input type="text"/> _____

**8) Coordination Efforts**

*Describe efforts to coordinate, complement and supplement other programs (e.g., UC Cooperative, Food Stamp Offices, Regional Network, and other USDA-funded projects) in order to deliver consistent behavior-focused nutrition messages (max 100 words).*

**9) Project Narrative Summary**

*Please update your narrative as appropriate. Please limit to 200 words.*

**10) Income Targeting Data Source**

*If you are using Census Tract data, please complete section 12 (Form 6b). If you are using free/reduced price meal percentage, please complete section 13 (Form 6b). If you check "Other," please indicate the data source and estimate the percentage (%) of your target audience that is estimated to be equal to or less than 185% of FPL.*

- |  |  |
|--|--|
| <input type="checkbox"/> 2000 Census Tract Data<br><input type="checkbox"/> Free/Reduced Price Meal % (for school sites) | <input type="checkbox"/> Other (specify): _____<br>_____ % equal to or less than 185% FPL (estimate)<br><input type="checkbox"/> Other (specify): _____<br>_____ % equal to or less than 185% FPL (estimate) |
|--|--|

**11) Location-Based Proxy Sites**

*Targeting data is not required for proxy sites. Please check all that apply and indicate the percentage of your target audience(s) at these locations.*

<b>Likely FSP Eligibles</b>		<b>Potential Eligibles</b>
<input type="checkbox"/> Food Banks _____ %	<input type="checkbox"/> Shelters/Temporary Housing _____ %	<input type="checkbox"/> WIC Offices _____ %
<input type="checkbox"/> Food Pantries _____ %	<input type="checkbox"/> Soup Kitchens _____ %	
<input type="checkbox"/> Food Stamp Offices _____ %	<input type="checkbox"/> TANF Job Readiness Program _____ %	
<input type="checkbox"/> Public Housing _____ %		

Date Submitted	
Contractor Name	
Contract Number	
GIFTS ID OrgName Project Title	







