

## 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.

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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.

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### *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.

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**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"/> _____	

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 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

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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 Other:</b>	<b>Developed by Contractor:</b>	
			<i>new</i> (specify material)	<i>existing</i> (specify)
	<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"/> _____

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 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) <b>Churches (2)</b>
	<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) <b>Food Banks (2)</b>
	<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) <b>Photographs</b>
	<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>
	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

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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"/> _____	

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 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

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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 type="checkbox"/> Press release/Media advisory <input type="checkbox"/> Press kit <input type="checkbox"/> Outdoor media (billboard, bus ad, etc.)	<input checked="" type="checkbox"/> Radio Public Service Announcement, program, interview <input type="checkbox"/> TV Public Service Announcement, program, interview	<input type="checkbox"/> Newsletter <input checked="" type="checkbox"/> Web site <input checked="" type="checkbox"/> Waiting room media	<input checked="" type="checkbox"/> Network or United States Department of Agriculture developed materials (specify) <u>Food Stamp Office Resource Kit</u> <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Other (specify) _____

**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 type="checkbox"/> _____	<input checked="" type="checkbox"/> <b>Healthy Eating Curriculum</b> <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 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>	<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	<u>Quarterly in month following end of quarter</u> Apr 15, Oct 15 On file/submit upon request As needed As needed

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
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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