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Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

February 16, 2012

TO: PROJECT COORDINATORS
NETWORK FOR A HEALTHY CALIFORNIA (NETWORK)

SUBJECT: PROGRAM LETTER 12-02
LOCAL SUPPORT GUIDELINES COMMENCING WITH FEDERAL
FISCAL YEAR (FFY) 2012 *NETWORK CONTRACTS*

This Program Letter (PL) 12-02 provides information on Local Support commitments required by the California Department of Social Services (CDSS) for the California Department of Public Health (CDPH) *Network* contracts starting in Federal Fiscal Year (FFY) 2012 and includes the form which contractors are required to complete.

CDSS is requesting that *Network* contractors provide 50 percent annual Local Support to demonstrate how Nutrition Education and Obesity Prevention (NEOP), formerly known as SNAP-Ed, funding is leveraged to further enhance NEOP efforts in California. Generating Local Support provides assurances to legislators and funders that the commitment of California in reducing obesity rates in NEOP populations and providing nutrition education remains significant. It will also contribute to the long-term sustainability of NEOP prevention efforts in the state.

Local Support may include contributions provided directly or through grants, and/or donations from public (federal, state, or local governments) or private entities, and may be cash or in-kind. The attached form includes instructions and further guidance on the types of Local Support that can be reported. Contractors are encouraged to seek in-kind sources that support the general NEOP efforts.

Please use the attached form to report Local Support efforts by your agency. This form must be submitted 30 days after the end of each period and is retroactive to October 1, 2011. Period 1 covers October 1, 2011 through March 31, 2012, and Period 2 covers April 1, 2012 through September 30, 2012.

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All forms are to be submitted to Antonio Baxter at the following address:

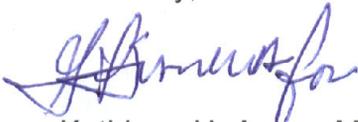
California Department of Public Health
Network for a Healthy California
Attention: Antonio Baxter
P.O. Box 997377, MS 7204
Sacramento, CA 95899-7377

CDPH will forward all Local Support forms to CDSS personnel for review. This form will not be submitted to, or reviewed by, the United States Department of Agriculture for any future compliance reviews.

The *Network* appreciates your dedication and commitment to improving the lives of the NEOP population through your participation in providing Local Support funding resource information to CDSS.

Please retain a copy of this PL 12-02 and attached form with your contract file to use as a reference. Should you have any questions regarding this change, please contact your assigned *Network* Contract Manager or Program Manager directly.

Sincerely,



Kathleen H. Acree, MD, JD, MPH, Chief
Cancer Control Branch

Attachment: Local Support Semi-Annual and Final Report form with instructions

LOCAL SUPPORT SEMI-ANNUAL AND FINAL REPORT

California Department of Public Health
 Network for a Healthy California
 Mail Station 7204
 P.O. Box 997377
 Sacramento, CA 95899-7377

Date: _____

Contractor Name/Address: _____

Contract Number: _____
 Contract Term: _____
 FFY ____ Annual Amount: _____

Reporting Period 1 (October 1 - March 31) []
 Reporting Period 2 (April 1 - September 30) []

Telephone: _____

LOCAL SUPPORT CATEGORIES	Period 1 1 - March 31) (Oct	Period 2 (Apr 1 - Sept 30)	Cumulative Local Support
A. CASH DONATIONS _____			-
B. FEDERAL GRANTS _____			-
C. STATE GRANTS _____			-
D. FOUNDATION GRANTS _____			-
E. OPERATING COSTS _____			-
F. TRAVEL AND PER DIEM _____			-
G. EQUIPMENT COSTS _____			-
H. OTHER SOURCES _____			-
I. PERSONNEL / FRINGE _____			-
J. INDIRECT COSTS _____			-
TOTAL	-	-	-
TOTAL LOCAL SUPPORT REPORTED FOR THIS PERIOD	\$ -	\$ -	\$ -
TOTAL LOCAL SUPPORT % REPORTED FOR THIS PERIOD	0%	0%	0%

I certify that the above LOCAL SUPPORT was directed toward nutrition education and physical activity promotion for NEOP participants/eligibles.

 Signature of Project Coordinator

 Date

 Signature of Accounting Representative

 Date

LOCAL SUPPORT SEMI ANNUAL AND FINAL REPORT INSTRUCTIONS

TOP SECTION

Fill in the date, Contractor name, address, telephone number, contract number, contract term, Federal Fiscal Year and annual amount. Check appropriate box for reporting period.

Contract Term. Fill in effective dates of the contract term being reported.

Federal Fiscal Year (FFY). Fill in the year being reported and corresponding annual amount.

For each of the Local Support Categories below, provide the total support for that period.

COLUMN 1 - LOCAL SUPPORT CATEGORIES AND DEFINITIONS (Please provide name of funding source in space provided.)

- A. Cash Donations: This includes the gross amount of any cash donations. Donations that support NEOP efforts may be used for Local Support provided that such activities benefit the qualifying NEOP population. Only the portion of the donations targeting NEOP population may be used as Local Support.
- B. Federal Grants: This includes the gross amount of any Federal grant(s). Grants that support NEOP efforts may be used for Local Support provided that such activities benefit the qualifying NEOP population. Only the portion of the grant(s) targeting NEOP population may be used as Local Support.
- C. State Grants: This includes the gross amount of any State grant(s). Grants that support NEOP efforts may be used for Local Support provided that such activities benefit the qualifying NEOP population. Only the portion of the grant(s) targeting NEOP population may be used as Local Support.
- D. Foundation Grants: This includes the gross amount of any foundation grant(s). Grants that support NEOP efforts may be used for Local Support provided that such activities benefit the qualifying NEOP population. Only the portion of the grant(s) targeting NEOP population may be used as Local Support.
- E. Operating Costs: This includes all Local Support associated with Operations. Operation contributions, such as office supplies, postage, printing, communication, facilities costs and maintenance costs which support NEOP population and are not included in the contracted NEOP budget may be used for Local Support. Fair market value should be used in calculating space and maintenance costs in the area of NEOP intervention.
- F. Travel & Per Diem: Travel contributions received in support of NEOP programming, and not included in the NEOP contract budget, would be considered for Local Support regardless if the funding comes from other federal or state grants. Travel costs must meet the California Department of Personnel Administration (DPA) rates.
- G. Equipment Costs: This includes the purchase costs for non-expendable property (e.g. copies, laptops and computers) used to conduct NEOP activities. The amount should be prorated to reflect use related to NEOP activities.
- H. Other Sources: Other sources not included in the NEOP contract budget targeting NEOP population may be used. These may include costs of donated items such as fruits and vegetables, gardening tools, seeds, educational materials and media activities. For paid and earned media activities, the media markets must be limited to current approved CDPH media markets. Proration must occur based on the demographics of the media market. Costs must be determined by the agency/program that is donating the item and must be prorated based on the qualifying NEOP targeted population.
- I. Personnel/Fringe: This includes Local Support associated with all personnel positions. This time may include NEOP administrative support, lesson preparation time, delivery time and reporting. Time spent evaluating, measuring, reporting and/or generally improving program delivery strategies are also appropriate inclusions within the Local Support Personnel Costs category. Personnel includes, but is not limited to, local agency staff, university based graduate students and interns, professional/academic contributors, etc. Valuation of time for this category should reflect the actual hourly rate relative to duties being performed. May include all Volunteer Costs. The maximum hourly rate for volunteer time cannot exceed State minimum wage. Complete the fringe benefits amount in accordance with your institutions approved percentage rate.
- J. Indirect Costs: Provide the actual indirect costs for the Local Support reported (e.g., Total Personnel Costs, Total Direct Costs, etc.) in the space provided.

COLUMN 2 - PERIOD 1: Use this column to record the actual LOCAL SUPPORT during this reporting period using the Local Support Categories definitions above.

COLUMN 3 - PERIOD 2: Use this column to record the actual LOCAL SUPPORT during this reporting period using the Local Support Categories definitions above.

COLUMN 4 - CUMULATIVE LOCAL SUPPORT: This column is the total of all Local Support paid under the contract through the current reporting period.

TOTAL LOCAL SUPPORT REPORTED FOR THIS PERIOD SECTION: Formula driven to calculate the total Local Support amount reported for the period.

TOTAL LOCAL SUPPORT PERCENTAGE REPORTED FOR THIS PERIOD SECTION: Formula driven to calculate the percentage of Local Support reported for the period.

SIGNATURE SECTION: Original signature of authorized project coordinator and accounting representative and the date must appear on the LOCAL SUPPORT SEMI-ANNUAL AND FINAL REPORT. Use a pen color other than black ink (BLUE ink is recommended) for original signature.