

IMPORTANT NOTICE:

The APPLICATION DUE DATE has been extended to July 7, 2006 at 4pm.

Activ8Kids! Request for Applications are organized into categories by General Questions and RFA Part. Some questions and answers are repeated within sections because they were directed specifically to more than one Part. Applicants are encouraged to read all the questions and answers provided.

General Questions

1. How many children would you consider an appropriate number to recruit, engage, and maintain in an overweight and obesity program for the first year? Would 100 be acceptable?

Applicants will be selected based on the strength of their application as rated by the criteria in the scoring section. There is no minimum number of children specified; however, the number of children reached is a factor considered in scoring.

2. Would the number of participants in the program need to increase in the second and subsequent years, or would the maintenance of the initial cohort at a constant number (adding for attrition as needed) be appropriate?

Applicants will be selected based on the strength of their application as rated by the criteria in the scoring section. The application should justify the decision to increase the number of participants or remain stable, based on the design of the program.

3. Would all the cohort(s) need to be tracked through to the final (fifth) year to monitor outcomes?

It is the responsibility of the applicant to propose an appropriate, effective and defensible evaluation plan.

4. Earlier descriptions about the Activ8Kids! program indicate the goal of targeting children before the age of eight. However, the RFA does not specify the target age group. Are applicants encouraged to design activities for preschool age children/families as well as school age children? Can you indicate if DOH is recommending that applicants design school-based activities for grades K-3 or K-8?

The RFA does not define groups by chronological age, but by stage of development and setting. Except for those applying for Centers for Best Practices, where the age range defines the type of center in which the applicant is interested, applicants may choose to work with any age range from infancy through grade 12. A successful application will describe the target population and provide solid justification for the choice.

**Prevention of Childhood Overweight and Obesity – Activ8Kids! Questions and Answers
RFA# 0601261256**

5. Is NYSDOH planning on making Activ8Kids! promotional items (brochures, posters, etc.) available at no cost to grantees? If so, please specify the materials that will be available.

Some Activ8Kids! promotional items may be available in limited numbers at no cost to grantees. The number and type of items is not known at this time.

6. Will grant applications be accepted and considered for funding if they include or evaluate practices that do not receive an intervention, i.e., no treatment controls in either a randomized or a non-randomized design?

Applications will be accepted and considered for funding absent a formal research design. Implementation of evidence-based or promising strategies using innovative partnerships and/or coalitions is encouraged, as are those proposals that could produce supporting evidence. All proposals must include methods for program evaluation.

7. Will grant applications be accepted if they have a sub-contract partner in another geographic region of the state?

Yes, if the description of the relationship and work to be completed is clear.

8. SPARK was chosen, in part, for its evidence-base in the literature. We saw an earlier email outlining CATCH and Planet Health as Best Practices, and would like to confirm that SPARK also fits as a Best Practice under the RFP?

Yes, Sports, Play and Active Recreation for Kids (SPARK), a curriculum promoting increased physical activity among children, fits as a best practice for use in conjunction within the scope of the Prevention of Childhood Overweight and Obesity – Activ8Kids! Request for Applications.

9. In light of the very short time-frame allotted to applicants to develop questions, would DOH consider allowing another round of questions at a later date, say mid-May?

An additional round of questions is not anticipated.

Part A: Centers for Best Practices

10. Question pertains to both Part A #3, and Part B #1 of the RFA. Can the grant money be used to build a facility for the implementation of the project?

Grant funds may not be used for capital costs.

11. Question pertains to both Part A #3, and Part B #1 of the RFA. What steps and/or requirements must be taken and fulfilled to receive the funding for more than 1 year?

**Prevention of Childhood Overweight and Obesity – Activ8Kids! Questions and Answers
RFA# 0601261256**

An application that meets the requirements outlined in the RFA must be submitted. The work plan should cover the full five year period although the budget is for just the first year. Additional activities planned for the first year using the single-year supplemental funds should be included in the work plan and budget. The resulting contract will be for one year, with the option of four one-year renewals, contingent upon the continued availability of grant funds and satisfactory performance by the contractor, including completing work plan activities as scheduled, vouchering in a timely way and providing required reports as directed.

12. Can you use the money to train staff and personnel?

That is acceptable.

13. Question pertains to Part A, page 8, paragraph 1, bullet 3: Bullet 3 states: conducting activities, in a designated geographic area, to prevent and reduce childhood overweight and obesity.

Does bullet 3 (referenced above) include the development of programs to treat and manage currently overweight/obese children in addition to preventing and reducing childhood overweight and obesity? We believe it may; however, we would like to have this confirmed.

The focus of the centers should be population-based prevention and public health activities for reduction of overweight and obesity. It was not the intent of the Department to fund treatment for children who are overweight or obese. Costs associated with the treatment of individuals will not be funded. However, the development of programs to treat and manage children who are overweight or obese may be included.

14. Questions pertain to pg 8, pg 12, pg 11.
Page 8, Centers for Best Practices. Can you provide a rationale for making awards for projects addressing a specific age group rather than addressing all age groups within a specified geographic area?

The RFA defines the way the projects are to be developed. Potential approaches, strategies, organizations and partners differ by age group.

15. Has DOH secured a commitment from the statewide and regional professional organizations provider associations identified in the RFA to work with DOH grantees?

Securing those commitments is the responsibility of the contractor.

16. Centers for Best Practices, page 11, Section 4, Work Plan Narrative: This section asks how the applicant will work with professional organizations, providers and schools to "Improve health counseling of children, parents and pregnant women...etc

**Prevention of Childhood Overweight and Obesity – Activ8Kids! Questions and Answers
RFA# 0601261256**

If our proposed Center for Best Practice is targeting school-aged children, we would not need to address issues of pregnant women, is that correct?

Yes, applicants are responsible only for the age group for which the award was made.

17. Conversely, if our proposed Center for Best Practice is targeting prenatal and infancy, we would not need to work with schools, is that correct?

The prenatal and infancy center would not need to be involved with schools.

18. Page 12, third paragraph, asks for a separate work plan and budget for the additional \$150K to form partnerships to increase early recognition and to improve counseling.

Is there an opportunity to provide a narrative for this section? If not, should we address these activities in the main Work Plan Narrative? Is there a page limit to this work plan?

The additional \$150,000 in the first year will be available only to successful awardees under Part A – Centers for Best Practices. A separate work plan and budget for the additional funding should be submitted with the application. Page limits are a maximum of ten (10) pages for the work plan and an additional set of budget forms.

19. Page 11, Work Plan Narrative, bullet 4: "provide technical assistance and consultation to health care providers, staff at schools, child care settings, after school programs, prenatal care groups and others, as appropriate, on the health impacts of overweight and obesity and evidence-based practices to prevent childhood obesity"

Please clarify - does a Center for Best Practice, no matter which age group they have selected to target, need to provide technical assistance to "health care providers, staff at schools, child care settings, after school programs, prenatal care groups and others", or only to the groups that are appropriate for the chosen age group?

This list is inclusive of all the centers. Centers should work with groups, organizations, institutions, etc., appropriate to reach the targeted age group.

20. Can the geographic region be as narrow as a particular neighborhood? Or does a region at the very least need to be borough-wide or even city-wide?

There is no minimum size. It is the responsibility of the applicant to explain why a region was selected and why that selection will produce the desired outcomes.

21. If an applicant wanted to serve group 1 (prenatal and infancy) in years 1 and 2 of a multi-year grant, is it possible to serve group 2 (early childhood) in years 3 through 4? If so, how would that need to be reflected?

**Prevention of Childhood Overweight and Obesity – Activ8Kids! Questions and Answers
RFA# 0601261256**

Each Center for Best Practices should address a single age group and plan to focus solely on that age group for the duration of the contract.

Part B: School and Community Partnership Initiatives

22. Question pertains to both Part A #3, and Part B #1 of the RFA. Can the grant money be used to build a facility for the implementation of the project?

No, grant funds may not be used for capital costs.

23. Question pertains to both Part A #3, and Part B #1 of the RFA. What steps and/or requirements must be taken and fulfilled to receive the funding for more than 1 year?

An application that meets the requirements outlined in the RFA must be submitted. The work plan should cover the full five-year period although the budget is for just the first year. Additional activities planned for the first year using the single year supplemental funds should be included in the work plan and budget. The resulting contract will be for one year with the option of four one-year renewals, contingent upon the continued availability of grant funds and satisfactory performance by the contractor, including completing work plan activities as scheduled, vouchering in a timely way and providing required reports as directed.

Ten mini-grants are also being awarded, based on separate applications. These will be one-year contracts only.

24. Can you use the money to train staff and personnel?

That is acceptable.

25. Question pertains to Part B #1.
If possible we would like someone to help us walk through the application in order for us to comply with the mandates of the Grant - Part B - School and Community Partnership initiatives.

No individual assistance can be given as that would give some applicants an unfair advantage.

26. Is the field open in regard to choosing partners to work in conjunction with this project? Nutritionist, Physical Education Consultants, Health Organizations, Parent Workshops.

You may propose to work with any partners you believe will benefit the grant activities.

27. We understand that only two multi-year awards will be granted in New York State. Are there specific criteria or priority areas that increase/decrease the probability of being awarded the grant (i.e., poverty, size of district, urban vs. suburban, etc.)?

**Prevention of Childhood Overweight and Obesity – Activ8Kids! Questions and Answers
RFA# 0601261256**

All the criteria are listed in the RFA. Decisions will be made based on the scoring mechanisms described therein.

28. Assuming that we will be a recipient of the \$10,000 one-year award, how will our application and budget be adjusted if our application was developed with the \$125,000 per annum award in mind?

If you wish to be considered for a mini-grant of \$10,000, you must apply for that specifically. Non-awardees for the larger \$125,000 grants will not be automatically included in the mini-grant pool. The work scope proposed for the \$125,000 amount should be on a scale commensurate with the award amount while a lesser work scope would be expected from applicants seeking a \$10,000 award.

29. We are applying for Part B, School and Community Partnership Initiatives, and hope to receive one of the two multi-year contracts at \$125,000 each. However, there are 10 additional one-year only mini-grants of \$10,000. The RFA reads to us like we don't need to make separate application for the mini-grant, is that true? Will the Department just award the ten next highest scoring applications the mini-grant? I assume they need a different budget.

Page 15 of the RFA states that a separate application is required for each grant. This means that the applicant must indicate on the cover page which type of grant is being sought and provide an appropriate work plan and budget. Mini-grants will not be awarded based on an application for the larger grants.

30. We have applied for Eat Well Play Hard (EWPH) Community Projects funding. Does this mean we are not eligible for this grant?

Organizations that have been funded by EWPH Community Projects are eligible to apply. They may not mix funding or work plan activities from this grant with EWPH funding and activities. The state will review both work plans to assure that there is no duplication of effort or expenses.

While there are overlaps, the two programs are not similar in intent. Together they indicate the depth of the Department's concern about obesity in children. The key outcome from the Activ8Kids! School and Community Partnerships will be broad new coalitions working to increase the dialog around childhood obesity and create and support the necessary policy and environmental changes. The Activ8Kids! Partnerships are targeted to all New York children, not just those residing in low-income families. The community level EWPH projects must define "a target community (of at least 80,000 residents)" within "one of the four Department of Health (DOH) geographic regions", whereas Activ8Kids! applicants can target communities smaller than 80,000 or consider a statewide model. Applicants may also select a target population that crosses DOH geographical regions.

Part C: Initiatives in Child Care Settings

31. Question pertains to Part C - Initiatives in Child Care Settings. I am already participating in the NAP SACC pilot project and this sounds like what I am doing only with training at least four consultants. Is this accurate?

The NAP SACC pilot program was the Department's first step in expanding the use of NAP SACC beyond a very small research group. This contract will be the second step and will expand the use of the program to a much larger number of child care centers, which is the reason for seeking a statewide organization as contractor. The Department will consider applications from organizations that are not statewide if they are able to demonstrate their ability to implement NAP SACC across the state.

The RFA does not specify training four consultants. "The funded organization...would be expected to conduct a minimum of four (4) training sessions for consultants, who would then identify, recruit and work with staff at individual child care centers." The purpose of conducting four training sessions for consultants would be to prepare a larger number of consultants to work with centers or to train consultants in different geographic areas. Only one training session is required to prepare a consultant to administer the NAP SACC process.

The New York Pilot Project Description is provided at the end of the questions and answers. For additional information about the development of NAP SACC see <http://www.napsacc.org/public/nap-sacc/background.asp>

The Eat Well Play Hard in Child Care Settings (EWPH CCS) program is preparing to award contracts that use NAP SACC as part of the deliverables. However, the EWPH CCS program is not implementing NAP SACC in its entirety. The grant for which applications are solicited herein is to offer child care centers the complete NAP SACC program as designed by the University of North Carolina. Applications will be accepted from organizations who have applied for EWPH CCS grants. It is the responsibility, however, of the applicant to insure that child care centers are not participating in both initiatives (EWPH CCS and Activ8Kids! NAP SACC).

32. On page 21 of 72 of the RFA outlines exactly what I am doing in the NAP SACC pilot. Is this county specific initiative or is it regional - the RFA is not specific on that.

The NAP SACC approach is the same as the NAP SACC pilot currently being conducted in New York. The RFA specifies a statewide organization to implement NAP SACC with the intention of expanding the reach of NAP SACC to many additional child care centers.

33. Are there any restrictions, other than legal registration, on the type of Child Care Centers that can be selected for the project?

**Prevention of Childhood Overweight and Obesity – Activ8Kids! Questions and Answers
RFA# 0601261256**

No, the RFA does not restrict the type of center. NAP SACC was designed for use in child care centers serving a target population of children aged 3 through 5 years. NAP SACC strategies are appropriate for children over 2 years of age.

34. Do we need to include letters of agreement from all the proposed Child Care Centers for year 1 of the project? If we have letters from the majority of centers with which we intend to work, can we finalize selection and agreements with the remaining centers after submission of the proposal?

Page 25 of the RFA states that letters of commitment should be submitted with the application. Additional commitments may be finalized upon receiving the award but indication of significant support will strengthen the application. They should be included as appendices and will not be counted as part of the page limits.

35. It states in the RFA (p.21) that “the state plans to provide each participating child care center with a \$200 stipend”. Is this \$200 taken from the funded-agency’s budget or will it be provided in addition to the proposed budget?

Physical activity equipment valued at up to \$200 from an approved list of items will be provided to the awardee for distribution to participating child care centers completing NAP SACC. It will be provided in addition to the awarded monies.

36. We have been funded by Eat Well Play Hard to provide nutrition and physical activity training in child care centers. Are we still eligible for this grant?

Organizations that have been funded by EWPCCS are eligible to apply. They may not mix funding or work plan activities from this grant with EWPCCS funding and activities. The state will review both work plans to assure that there is no duplication of effort or expenses and that the programs are being implemented in different child care centers.



Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) New York Pilot Project Description

What is NAP SACC?

The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) is an intervention aimed at improving nutrition and physical activity policies and practices in childcare through self-assessment, staff training and technical assistance. The goals of NAP SACC are to improve nutritional quality of food served, amount and quality of physical activity, staff-child interactions, provider health practices, and center nutrition and physical activity policies.

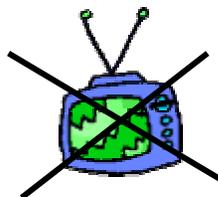
Who developed the NAP SACC Intervention?

The University of North Carolina at Chapel Hill, Center for Health Promotion and Disease Prevention and the North Carolina Department of Health and Human Services.

Why is New York State interested in NAP SACC?

Children have been identified as a high priority in New York State's Strategic Plan to Prevent Overweight and Obesity. Obesity is increasing among preschool children as it is in every other segment of the child population. Because early intervention offers the best opportunity to prevent the onset of obesity, childcare centers has been identified as an important setting for action.

Nationally recognized childcare standards, assessment tools, and recommendations from childcare providers and experts in nutrition, physical activity, childcare and child development were used to develop NAP SACC. The NAP SACC Self-Assessment and consultation process was pilot tested in 8 North Carolina counties in 2003. The pilot showed that both intervention and control centers improved their NAP SACC scores; intervention and control centers improved by an average of 13 points and 8 points, respectively. Because NAP SACC is considered a promising intervention for improving the nutrition and physical activity environment of childcare centers, North Carolina is sharing the model with selected states, including New York. New York State's NAP SACC pilot project is currently being conducted in 16 counties (1-2 centers/county) by a variety of personnel including nurses, nutritionists, and child health promotion specialists.



How does NAP SACC Work?

- Childcare centers are recruited to participate in NAP SACC voluntarily. Criteria used to select centers may include center size, participation in the Child and Adult Care Food Program, and other indicators, such as eligibility for free- and reduced-price meals.

Prevention of Childhood Overweight and Obesity – Activ8Kids! Questions and Answers
RFA# 0601261256

- The center director completes the NAP SACC Self-Assessment tool and returns it to the NAP SACC consultant (someone who has completed the a 4-hour training session or on-line training to implement the NAP SACC intervention). The tool should be completed without assistance from the NAP SACC consultant. Centers are encouraged to complete the tool as honestly as possible to provide an accurate overview of their current nutrition and physical activity policies and practices.
- The NAP SACC consultant meets with the center director to review the Self-Assessment and to assist in identifying potential areas for improvement.
- The center directors select performance indicators from the Self-Assessment in areas they want to improve. Each center will be asked to choose three areas for improvement (at least one nutrition and at least one physical activity area and one other area of their choice). Based on the improvement areas selected, the center director and the NAP SACC consultant create an action plan including a timeline, key steps, and the desired outcome in each area selected.
- When the center’s improvement plan is complete, the consultant schedules the five workshops designed for childcare staff: childhood overweight (30 minutes), physical activity (30 minutes), healthy eating (30 minutes), TV and media use (30 minutes) and personal health (60 minutes). Depending on the needs of the center, the workshops may be delivered separately, or combined. The workshops, designed to get the staff excited about making nutrition and physical activity improvements at their center, provide a topic overview and the rationale for making changes in each area addressed by the NAP SACC Self-Assessment.
- NAP SACC consultants provide technical assistance to centers over a six-month period, using the consultation guides and resource materials in the NAP SACC toolkit, to assist centers in planning and making improvements. During the North Carolina and New York pilot projects, consultants were asked to contact centers at least once a month during the consultation period. The amount of time spent on the project largely depends on each center’s needs. This step in the project should be tailored to support the center in achieving planned improvements. In the North Carolina pilot, some centers requested regular assistance while others preferred to be more autonomous.
- At the end of the six-month period the center director completes another NAP SACC Self-Assessment to assess progress. Again, this tool should be completed without assistance from the NAP SACC consultant.

