

**RFA # 0809170456**  
**New York State**  
**Department of Health**  
*Division of Chronic Disease Prevention and Adult Health*  
*Obesity Prevention Program, Diabetes Prevention and Control Program*  
*Division of Nutrition*  
*Eat Well Play Hard Program*

## **Request for Applications**

*Creating Healthy Places*  
*To Live, Work and Play*

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**KEY DATES**

<b>RFA Release Date:</b>	<b>November 16, 2009</b>
<b>Letter of Interest Due:</b>	<b>November 30, 2009</b>
<b>Questions Due:</b>	<b>December 11, 2009</b>
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<b>Applications Due:</b>	<b>February 3, 2010</b>
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## **I. Introduction**

The New York State Department of Health Division of Chronic Disease Prevention and Adult Health and Division of Nutrition seek applications to establish programs to prevent obesity, type 2 diabetes and other chronic diseases in New York State through the implementation of sustainable policy, systems and environmental changes in communities where people live, work and play. This approach to chronic disease prevention emphasizes supportive environments and population-wide efforts that accelerate improvements in individual health behaviors and health outcomes. Initiatives must maximize the impact on the prevention of obesity and type 2 diabetes by promoting the implementation of policies, systems and environmental change that will create healthy places for people to live, work and play.

Applicants may apply for funding to establish programs directed at community and worksite settings and will implement strategies to create policy, systems and environmental changes that will lead to the following outcomes, *among the target population*:

- Increase physical activity and reduce sedentary behavior among the target population, and
- Increase access to and consumption of healthy foods and reduce access to and consumption of foods with minimal nutritional value.

### **A. Background**

Obesity and diabetes have emerged as two of the most critical public health threats to New Yorkers and Americans, reducing quality of life, likely shortening the life span, increasing health care costs and reducing productivity in the work place and at school. In the United States, the prevalence of overweight and obesity increased among both adults and children in the past two decades. Among adults aged 20-74 years, the prevalence of obesity increased from 15 percent (1976-1980) to 32.9 percent (2003-2004). Over the same time period, the prevalence of overweight increased from 5.0 percent to 13.9 percent among children aged 2-5 years: from 6.5 percent to 18.8 percent among those aged 6-11 years, and from 5.0 percent to 17.4 percent among those aged 12-19 years. An estimated 66 percent of United States (US) adults are either overweight or obese, including 59.6 percent of adults in New York State. In New York City, an estimated 22 percent to 24 percent of children in kindergarten through fifth grade are obese. By 2010, poor nutrition and physical inactivity may replace cigarette use as the leading preventable causes of premature death in the US. As a result, for the first time in more than a century, the obesity and diabetes epidemics could actually lower the life expectancy of Americans.

The financial and personal costs associated with obesity and type 2 diabetes are also increasing, in part, because these conditions lead to higher rates of many chronic diseases, including heart disease, stroke, cancer, asthma, arthritis, disability and mental health conditions, such as depression. Overweight and obesity-attributable medical expenditures in the US was \$92.6 billion (in 2002 dollars). According to the American Diabetes Association (ADA), the total economic cost of diabetes in 2007 was estimated to be \$174 billion. Medical expenditures totaled \$116 billion and indirect costs of diabetes totaled \$58 billion.

Overweight and obesity are causally related to type 2 diabetes in adults and appears to be an important predictor of type 2 diabetes in children. The increase in overweight and obesity prevalence is highly correlated with the epidemic of type 2 diabetes in the United States and New York. Diabetes is the most rapidly growing chronic disease, with prevalence increasing three-fold since 1980. In the US, approximately 20.8 million people have diabetes, including more than one million New Yorkers. One of every three males and two of every five females will develop type 2 diabetes in their lifetimes. According to a recent study, one of every 523 people under age 20 years has been diagnosed with diabetes, with type 2 diabetes now accounting for up to 45 percent of new cases of childhood diabetes.

Although the twin epidemics of obesity and diabetes affect all ages and abilities, racial and ethnic groups and socioeconomic groups, obesity and diabetes disproportionately affect some of the most vulnerable populations in New York. Low-income children and adults, African American and Hispanic residents, and those with disabilities are at higher risk of both conditions compared to medium and higher income New Yorkers, non-Hispanic white New Yorkers and New Yorkers without disabilities. Specifically, overweight and obesity are more prevalent among African Americans (68%) and Hispanics (62%) than among non-Hispanic Whites (58%). Non-Hispanic black New Yorkers have the highest diabetes prevalence rate at 12.3 percent, compared to 7.5 percent of Hispanic and 6.5 percent of the non-Hispanic white New Yorkers. In New York City, the Asian American population has the highest rate of diabetes at 16 percent. In the United States, persons with disabilities have higher rates of obesity (31.2%) and physical inactivity (25.3%) compared to those without disabilities (18.6% and 13.4% respectively). In New York, persons with disabilities are more likely to be obese (36.6%) than those without disabilities (22.0%). Youth with disabilities are 4.5 times more likely to be physically inactive compared to non-disabled youth.

Overweight, obesity and type 2 diabetes are caused by a complex array of genetic, metabolic, behavioral, social and environmental factors. Genetic and metabolic factors have remained stable while the incidence of obesity and diabetes exploded. However, behavioral, social and environmental factors have changed in revolutionary ways. These dramatic changes include (1) increased access to a wider variety of foods low in nutrition and high in calories, fat and added sugar; (2) increased marketing of low nutrition foods, especially to children; (3) increased time spent viewing television and computer and video screens; and (4) reduced opportunities for physical activity as a result of community and building design, among other factors.

Fortunately, overweight, obesity and type 2 diabetes can be prevented. The root causes of the obesity epidemic – poor nutrition and physical inactivity – can be addressed by lifestyle changes facilitated by supportive and accessible physical, social and community environments. Similarly, the progression to diabetes among those at-risk for type 2 diabetes is not inevitable. Among people at highest risk for diabetes (those with pre-diabetes), increased physical activity and improved nutrition leading to weight loss reduced the risk of type 2 diabetes by 58 percent. In addition, prevention strategies will have significant impact on the control of diabetes and its complications among those with diabetes. Increasing physical activity and improving nutrition are critical components of diabetes management. Effective primary and secondary prevention of obesity and type 2 diabetes include improving nutrition and increasing physical activity. These

require establishing supportive environments in communities that actually promote and sustain healthful nutrition and increased physical activity.

### **Description of Programs**

The Obesity Prevention Program and the Diabetes Prevention and Control Program in the Division of Chronic Disease Prevention and Adult Health and the Eat Well Play Hard Program in the Division of Nutrition are working to prevent adult and childhood overweight and reduce long term chronic disease risks by reducing the burden of obesity and diabetes in New York State. These programs work with local, state and national partners and include funding from the Centers for Disease Control and Prevention and the state.

### **Obesity Prevention Program**

The New York State Obesity Prevention Program (OPP) strives to achieve the goals and objectives of *The New York State Strategic Plan for Overweight and Obesity Prevention* which was completed in December 2004 and released in early 2005. The Plan serves as a blueprint to guide prevention efforts in both the public and private sectors, targets settings and sectors for action, and promotes policy and legislative initiatives to counter the “obesigenic environment.” It prioritizes action on behalf of children and includes 10 goals to achieve the vision that all New Yorkers will achieve and maintain a healthy weight. The mission of the OPP and partners and stakeholders is to decrease the prevalence of overweight and obesity and to reduce the burden of obesity-related diseases by improving healthy eating and increasing physical activity. To accomplish the mission, the OPP’s work focuses on six evidence-based target areas: increase physical activity; increase fruit and vegetable consumption; decrease sugar-sweetened beverage consumption; increase breastfeeding initiation, duration and exclusivity; reduce high-energy-dense foods consumption; and decrease television viewing. Over the past 5 years, New York has made significant progress in improving nutrition and physical activity to prevent obesity and other chronic diseases. The strategic plan may be viewed at [http://www.nyhealth.gov/prevention/obesity/strategic\\_plan/strategic\\_plan\\_index.htm](http://www.nyhealth.gov/prevention/obesity/strategic_plan/strategic_plan_index.htm).

### **Diabetes Prevention and Control Program**

Since its inception in 1977, the New York State Diabetes Prevention and Control Program (DPCP) has focused the majority of its public health efforts on the prevention of diabetes complications in high risk populations, specifically, increasing the number of individuals with diabetes who receive the recommended diabetes care practices such as foot exams, eye exams, immunizations and hemoglobin A1c (HbA1c) tests. The DPCP has worked with key partners to promote these standards of care and to develop and disseminate tools to assist health care providers in implementing them in practice. The prevention of diabetes complications has also been a main goal of many of the DPCP’s funded partnerships, such as the Community Coalitions for Diabetes Prevention and the NYS Diabetes Centers of Excellence. Most recently, the DPCP collaborated with the NYS Medicaid program to provide reimbursement for Diabetes Self-Management Education for Medicaid enrollees, which took effect in January 2009. In 2003, the DPCP, in collaboration with its advisory body, the New York State Diabetes Task Force, developed and released the *New York State Plan for the Prevention and Control of Diabetes*. The state plan is currently being revised to reflect emerging diabetes priorities and to be congruent with the National Diabetes Program goals set forth by the CDC this year, which

newly identifies the prevention of type 2 diabetes as a priority. The revised NYS plan establishes three primary goals that parallel the national guidance as follows: 1) Prevent Type 2 Diabetes; 2) Control the Complications of Diabetes; and 3) Eliminate Health Disparities in Diabetes. The following six priority areas will guide diabetes public health efforts: 1) Public Awareness and Education, 2) Children and Diabetes in Schools and Daycare Settings, 3) Health Care Practice, 4) Access to Health Care, 5) Policy, Systems and Environmental Change, and 6) Public Health Tracking and Evaluation.

### **Eat Well Play Hard Program (EWPH)**

Since 1996, the Division of Nutrition has implemented the Eat Well Play Hard intervention in multiple statewide nutrition programs and community settings. Eat Well Play Hard is designed to prevent childhood overweight and reduce long term chronic disease risks through the implementation of physical activity and targeted dietary practices. The core strategies for the EWPH intervention include:

- increase developmentally appropriate physical activity,
- increase consumption of 1% or fat-free milk and low-fat dairy products,
- increase consumption of fruits and vegetables,
- decrease TV and screen time, and
- increase the initiation and duration of breastfeeding.

Through EWPH Community Projects, community partnerships have implemented systems and sustainable policy and environmental changes that assure children and their families are exposed to consistent nutrition and physical activity recommendations. EWPH Community Projects have: facilitated changes to child care and school physical activity and nutrition practices; implemented farm-to-school and farm-to-child programs; established new farmer's markets and community gardens; worked to increase use of local parks and trails; and partnered with local planners to make their communities more walkable. For additional information on these projects go to:

[http://www.health.state.ny.us/prevention/nutrition/resources/eat\\_well\\_play\\_hard/](http://www.health.state.ny.us/prevention/nutrition/resources/eat_well_play_hard/)

### **Action Areas**

In order to contribute to the goals of the obesity, diabetes and nutrition strategic plans, the New York State Department of Health requests applications to establish programs in communities and worksites to promote healthful nutrition and physical activity through policy, systems and environmental changes that prevent obesity and type 2 diabetes. To achieve policy, system and environmental changes, programs will take action in four areas:

- **Education of policy and decision makers** to increase awareness of obesity and type 2 diabetes prevention issues, build support for obesity and type 2 diabetes prevention action, and increase knowledge about and action to implement evidence-based prevention strategies.
- **Advocacy with community and organizational decision makers** to promote the

adoption and implementation of policies, systems and environments that promote and sustain healthful eating and physical activity.

- **Education of community members** to build support for obesity and type 2 diabetes prevention efforts and stimulate demand for policy, systems and environmental change to improve healthful nutrition and physical activity opportunities.
- **Utilization of earned media** to advance obesity and type 2 diabetes prevention action to keep the obesity and diabetes epidemics on the public agenda and frame the issues for community members and decision makers.

These efforts will support the primary prevention of obesity and type 2 diabetes through the implementation of sustainable policy, systems and environmental changes.

Total funding available for this initiative is up to \$4.3 million per year for five years. See chart on page 8 for funding available by county. The top four highest scoring applications in each region will be funded for a total of up to 16 awards. Additional awards may be made to the next highest scoring applicant in each region if additional funding becomes available. A minimum score of 70 points out of a possible 100 is required to be considered for funding. The five year contract will have an initial term of two years, followed by three one-year renewals. The anticipated contract start date is April 1, 2010.

**Optional Funding Opportunity:** Organizations funded under this RFA may be awarded an additional \$65,000 or \$75,000 (see list of counties and funding levels on page 8) to implement Comprehensive Worksite Wellness strategies in at least 20 small to medium size worksites (less than 1,000 employees) over 5 years. The top two highest scoring optional worksite component applicants per region will be awarded. A minimum score of 23 points out of a possible 30 is required to be considered for the optional funding.

**Please note: Applicants are not required to apply for optional funding, but if they choose to do so, must obtain a score of 70 points out of a possible 100 for the core community strategies, and must be one of the top five highest scoring applicants in the region, in order to be considered for optional funding.**

## **II. Who May Apply**

Eligible applicants include public and private not-for-profit agencies and organizations in New York State, including but not limited to: local government and public health agencies, hospitals, health care systems, not-for-profit primary care networks, academic institutions, community-based organizations, volunteer associations and professional associations.

**Applicants can only apply for and serve one county and must be an established organization located within the county to be served.**

**Applicants from counties that receive New York State Department of Health or Centers for Disease Control and Prevention Strategic Alliance for Health funding (Albany, Schenectady, Orange, Broome, Bronx, and Manhattan) are NOT ELIGIBLE for this funding opportunity.**

The applicant should be both the fiscal agency and the lead agency responsible for implementing the work described in the Request for Applications (RFA). Applicants may subcontract specific components of the scope of work, but are required to retain a majority of the work (represented in dollar value) within the organization. For those applicants that propose subcontracting, it is preferable (but not required) to identify subcontracting agencies during the application process. Applicants that plan to subcontract should state in the application which components of the scope of work will be performed through one or more subcontracts.

Eligible applicants must have no affiliation or contractual relationship with any tobacco company, its affiliates, its subsidiaries or its parent organization. All applicants must include either a statement verifying the applicant's "no tobacco" status (Attachment 17), or a written letter of commitment to develop such a policy within one year of receiving the award. Applicants' written policy should 1) prohibit acceptance of tobacco company gifts, grants, contracts, financial support and in-kind support, and other relationship; and 2) establish a 100% tobacco free facility including outdoor areas under control of the applicant.

Eligible applicants must have in place or develop and implement within one year of the contract start date a comprehensive healthy foods policy for their organization, including use of healthy meeting guidelines. If an applicant does not provide food on-site for staff or visitors (e.g., has no cafeteria, vending machines, store, etc, under its or its organization's control), the applicant must have in place or develop and implement within one year of the contract start date healthy meeting guidelines, which establish that healthy foods will be provided at all organization-sponsored meetings and events. Applicants must complete Attachment 18 stating that they have or will develop and implement such policies.

Preferred applicants are organizations that have experience working with, respectively:

- community leaders and decision makers, including knowledge of the unique needs and characteristics of the county to be served;
- Employers and worksite health promotion/wellness programs. (for optional worksite component applicants only).

The table below indicates the maximum annual funding amount for which an applicant may apply in each county.

<b>County</b>	<b>Base Funding Amount Up to:</b>	<b>Optional Worksite Component Funding Upto:</b>
<b>WESTERN</b>		
Chemung	\$175,000	\$65,000
Schuyler	\$175,000	\$65,000
Seneca	\$175,000	\$65,000
Wayne	\$175,000	\$65,000
Ontario	\$175,000	\$65,000
Yates	\$175,000	\$65,000
Steuben	\$175,000	\$65,000
Allegany	\$175,000	\$65,000
Livingston	\$175,000	\$65,000
Monroe	\$175,000	\$65,000
Orleans	\$175,000	\$65,000
Genesee	\$175,000	\$65,000
Wyoming	\$175,000	\$65,000
Niagara	\$175,000	\$65,000
Erie	\$175,000	\$65,000
Cattaraugus	\$175,000	\$65,000
Chautauqua	\$175,000	\$65,000
<b>CENTRAL</b>		
St. Lawrence	\$175,000	\$65,000
Jefferson	\$175,000	\$65,000
Lewis	\$175,000	\$65,000
Herkimer	\$175,000	\$65,000
Oneida	\$175,000	\$65,000
Oswego	\$175,000	\$65,000
Onondaga	\$175,000	\$65,000
Madison	\$175,000	\$65,000
Chenango	\$175,000	\$65,000
Cortland	\$175,000	\$65,000
Cayuga	\$175,000	\$65,000
Tompkins	\$175,000	\$65,000
Tioga	\$175,000	\$65,000
<b>CAPITAL</b>		
Franklin	\$175,000	\$65,000
Clinton	\$175,000	\$65,000
Essex	\$175,000	\$65,000
Hamilton	\$175,000	\$65,000

<b>County</b>	<b>Base Funding Amount Up to:</b>	<b>Optional Worksite Component Funding Upto:</b>
Warren	\$175,000	\$65,000
Washington	\$175,000	\$65,000
Saratoga	\$175,000	\$65,000
Montgomery	\$175,000	\$65,000
Otsego	\$175,000	\$65,000
Schoharie	\$175,000	\$65,000
Rensselaer	\$175,000	\$65,000
Delaware	\$175,000	\$65,000
Greene	\$175,000	\$65,000
Columbia	\$175,000	\$65,000
<b>METRO/NYC</b>		
Sullivan	\$225,000	\$75,000
Ulster	\$225,000	\$75,000
Dutchess	\$225,000	\$75,000
Putnam	\$225,000	\$75,000
Westchester	\$225,000	\$75,000
Rockland	\$225,000	\$75,000
Nassau	\$225,000	\$75,000
Suffolk	\$225,000	\$75,000
Brooklyn/Kings County	\$225,000	\$75,000
Staten Island/Richmond County	\$225,000	\$75,000
Queens/Queens County	\$225,000	\$75,000

### **III. Project Narrative/Workplan Outcomes**

#### **A. Project Deliverables**

##### **1. Policy, Systems and Environmental Change**

Policy, systems and environmental change refers to the implementation of sustainable population-based strategies that will positively influence health behaviors and health outcomes (See Attachment 7 for a more detailed description of policy, systems and environmental changes). Organizations funded as a result of this RFA will work with communities and worksites to develop and implement policy, systems and environmental change. Specific requirements and project deliverables are described below.

The areas in which people live, work and play need to support access to healthy foods and opportunities for physical activity. In an ideal healthy community or worksite, people can walk or bicycle to their destinations, physical activity opportunities are safe and accessible, inviting

and commonplace, and healthy food is readily available.

The community and worksite environments play a large role in promoting or inhibiting healthful nutrition and physical activity. People know that physical activity is good for health, but unless the opportunities to be active are easily incorporated into daily routines, many people will not change sedentary behavior. Similarly, ready availability of healthful foods positively influences food choices and consumption. Policy, systems and environmental changes create the supports necessary to improve health behavior in the community and the worksite.

Applicants will select one or more geographic areas, e.g., a neighborhood or defined community or municipal jurisdiction within their county/borough to develop and implement effective policy, systems and environmental changes to increase availability of healthy food and opportunities for physical activity. The proposed budget should appropriately reflect the number of geographic areas the applicant will engage in the change process. Effective community and worksite policies and supporting changes to the environment must be developed in collaboration with community residents, civic groups, community-based organizations, local decision makers, business leaders, food vendors, private industry, transportation, urban planning groups, and other key stakeholders. The collaborative process should include representation from diverse cultures and community members with disabilities.

Applicants are required to implement the following four **core community strategies**, as described below:

1. Each selected geographic area will implement **at least one** of the following environmental approaches to increase availability of places to be physically active:
  - a. Establish joint-use agreements or policies that allow use of public schools and facilities for recreation by the public during non-school hours and promote use by community members.
  - b. Establish or improve and promote use of neighborhood or community trails. Suggested resource: Facilitating Development of a Community Trail and Promoting Its Use to Increase Physical Activity Among Youth and Adults, [www.prevent.org/actionguides/CommunityTrail.pdf](http://www.prevent.org/actionguides/CommunityTrail.pdf)
  - c. Create, rehabilitate, maintain and promote parks and recreation facilities in underserved residential areas to offer safe, accessible and attractive opportunities for physical activity for persons of all ages and abilities. Develop and/or enhance playgrounds for children that are safe, attractive, accessible and available. Suggested resources: Peaceful Playgrounds, [www.peacefulplaygrounds.com](http://www.peacefulplaygrounds.com) and/or KaBOOM! <http://kaboom.org>
  - d. In childcare and daycare settings, implement the *Nutrition and Physical Activity Self-Assessment for Child Care* (NAP SACC) television viewing/screen-time reduction module developed by New York State Department of Health (see Attachment 15). **Applicants choosing this option will also implement 3 d.**
  - e. In after-school care programs, implement the *Healthy Kids, Healthy New York After-School Model Guidelines* for Screen time and Physical Activity (see Attachment 14).
2. Each selected geographic area will implement **at least one** of the following environmental

approaches to create community landscapes conducive to physical activity:

- a. Improve street-scale urban design for small geographic areas (such as a few blocks): improved street lighting, safe street crossing, use of traffic calming approaches (speed humps, traffic circles), enhanced landscaping, and promote these areas as appropriate for physical activity.
- b. Improve community-scale urban design for areas of several square miles or more by improving the accessibility and proximity of residential areas to stores, jobs, schools and recreation areas; enhancing the continuity and connectivity of sidewalks and streets; increasing aesthetic quality; and improving safety aspects of the physical environment to create physical activity opportunities for community residents of all ages and abilities.
- c. Improve land use policies, including building codes, roadway design standards, zoning regulations, and other governmental policies and builders' practices that lead to environmental changes that promote and facilitate physical activity.
- d. Develop transportation policies and environmental changes to ensure streets are safe, accessible and convenient for all users of the roadway including: pedestrians, bicyclists, users of public transit, motorists, children, the elderly, and people with disabilities. Examples include:
  - o encourage walking and bicycling as a means of transportation
  - o reduce car use through increased parking costs
  - o change roadway design standards, including traffic calming
  - o create or enhance bike lanes and install racks on public transportationSuggested resource: Complete Streets, [www.completestreets.org](http://www.completestreets.org)

3. Each selected geographic area will implement **at least one** of the following strategies to increase availability of fresh fruits and vegetables:

- a. Create community gardens by working with community planning boards, neighborhood associations, persons with disabilities, and senior and low-income housing developments.
- b. Develop and implement policies to increase production, distribution and processing of fresh and healthy foods to local stores, schools, hospitals, food banks, restaurants, worksites, childcare and community organizations to enhance consumption of fruits and vegetables by community members.
- c. Establish and promote the use of farmers markets and implement innovative strategies to increase access to healthy foods in high need areas, such as providing produce carts or vans to offer communities in need fresh, nutritious produce.
- d. In childcare and daycare settings, implement the *Nutrition and Physical Activity Self-Assessment for Child Care* (NAP SACC) intervention using the materials and methods described on the University of North Carolina's Center for Excellence in Training and Research Translation website available at <http://www.center-trt.org/index.cfm?fa=opinterventions.intervention&intervention=napsacc&page=intent>. **Applicants choosing this option will also implement 1 d.****
- e. In after-school care programs, implement the *Healthy Kids, Healthy New York After-School Model Guidelines* for Nutrition (see Attachment 14).

4. Each selected geographic area will implement **at least one** of the following strategies to increase the healthful quality of foods offered for sale:
  - a. Establish and promote the use of grocery stores in high needs areas.
  - b. Improve quality of food at grocery stores, convenience stores/bodegas and small stores in underserved communities.
  - c. Enhance variety of fruits and vegetables in grocery stores, convenience stores/bodegas and small stores including strategies to enhance visibility and increase overall shelf space allocated to healthful food offerings.
  - d. Reduce point-of-sale marketing of energy-dense, nutrient-poor foods and beverages in grocery stores, convenience stores/bodegas, small stores and restaurants.
  - e. Establish and enforce local policies and laws to require posting of calorie, fat and sodium content of all food items offered for sale in fast-food and chain restaurants and prepared foods offered for sale in grocery and convenience stores in the county.
  - f. Work with local restaurants to add healthier menu items including healthier “side” items provided with a meal (carrot sticks rather than potato chips with a sandwich), reformulate existing items, offer affordable and appropriately sized portions, provide healthier combinations for meals, make healthier items the standard for children’s meals, and publicize the calorie, fat and sodium content of menu items.

**Optional Worksite Component:** Organizations funded under this RFA to provide core community strategies as described above may be awarded an additional \$65,000 or \$75,000 annually to implement Comprehensive Worksite Wellness strategies, focused on cardiovascular disease, type 2 diabetes and obesity, in at least twenty small to medium size worksites (less than 1,000 employees) over five years. The top two highest scoring optional worksite component applicants per region will be awarded. Applications for the optional worksite component will be scored separately and a minimum score of 23 points out of a possible 30 is required to be considered for the optional funding.

**Please note: Applicants are not required to apply for optional funding, but if they choose to do so, must obtain a score of 70 points out of a possible 100 for the core community strategies, and must be one of the top five highest scoring applicants in the region, in order to be considered for optional funding.**

The expected outcomes of this optional component are:

- Increase physical activity among workers at targeted worksites.
- Increase access to and consumption of healthy foods and reduce access to and consumption of foods with minimal nutritional value during the workday, among workers at targeted worksites.
- Increase breastfeeding among nursing mothers at targeted worksites.
- Increase access to and use of preventive health programs designed to reduce risk factors for chronic disease among workers at targeted worksites with elevated risk for chronic disease (based on validated health risk appraisal or biometric screening).

Funded applicants will work with employers to incorporate the following general approach at each targeted worksite to achieve the expected outcomes:

- Demonstrate senior management support of comprehensive worksite wellness at each worksite.
- Designate a wellness coordinator and/or committee at each worksite.
- Conduct pre- and post- assessment of policies and environmental supports at each worksite, using the HeartCheck tool (see Attachment 16).
- Based on pre-assessment
  - Implement at least three sustainable environment-oriented strategies at each worksite (see below for details).
  - Implement at least two sustainable activity-oriented strategies at each worksite (see below for details).
  - Implement at least one sustainable results-oriented strategy is implemented at each worksite (see below for details).
- Ensure opportunities exist for employees with disabilities to adopt healthier behaviors.
- Adopt Healthy Meeting Guidelines and utilize How to Plan Events Everyone can Attend at all meetings and trainings at each worksite (see Attachments 11 and 16).

Please note that health fairs/one-time wellness events, newsletters, bulletin boards, and resource libraries may only be used in conjunction with the general approach listed above. They are not acceptable stand-alone strategies and will not be funded as such under this RFA.

### **Why Worksites?**

Worksites are part of a larger community. Community initiatives to improve opportunities for physical activity and nutrition may appeal to employers to develop their own initiative and enhance the broader community initiative. A majority of adults work and spend a significant amount of time at their workplaces, presenting an opportunity to engage a relatively large and contained population in sustained health improvement efforts. A survey of both employers and health care providers by the U.S. Department of Health and Human Services revealed that the “work setting represents the single most important channel to systematically reach the adult population through health information and health promotion programs.” In addition, the worksite can be a means to close the ever-widening gap between the health status of ethnic minorities and non-Hispanic whites by reaching minority and low-income/low education groups. The worksite also provides an opportunity to reach employees with disabilities who experience health disparities similar to those of racial and ethnic minorities. According to the New York State Department of Labor, in the public and private sectors, New York State currently has 572,743 worksites with 8,552,384 employees. Of that total, 568,734 worksites (99.3%) have fewer than 500 employees. In the private sector, 69.2% of workers work with companies with fewer than 250 employees, and 78.3% work with companies with fewer than 500 employees. Many of these smaller employers do not have the resources to implement effective worksite health promotion programs.

### **Comprehensive Worksite Wellness**

For this optional worksite component, comprehensive worksite wellness is defined as a blend of activities and environmental and policy changes that work across multi-level strategies for the prevention and/or treatment of type 2 diabetes, obesity, and cardiovascular disease. The multi-level strategies for the optional worksite component include the following (based on the research and practice of Larry S. Chapman):

Environment-oriented strategies – Ensuring the worksite environment makes it easier for employees of all abilities to eat healthfully and be physically active.

Activity-oriented strategies – Providing a wide range of information and activities that are generally valued by most employees and assist employees in changing behavior.

Results-oriented strategies – Addressing reduction of selected health risks and improved management of health conditions, and are personalized and proactive.

The evidence for the effectiveness of comprehensive worksite wellness programs is mounting. Over 400 studies have shown that worksite wellness programs can reduce employee health risks; many others have reported on their positive financial impact. In addition, a literature review of 43 studies concluded that comprehensive health promotion programs may yield a return on investment (ROI) of approximately \$4 in reduced health care costs and \$5 in reduced absenteeism costs for every dollar invested within 3-5 years. Targeting several health risk factors through an integrated, comprehensive health promotion program can improve health and productivity, reduce absenteeism and reduce medical expenditures.

Funded applicants selecting the optional worksite component are required to address physical activity, nutrition, and prevention and/or treatment of type 2 diabetes, obesity, and assist employers in implementing and sustaining the following strategies in at least 20 small to medium size worksites (less than 1,000 employees) over 5 years as described below. Grant funds may be used to providing training and technical assistance that facilitate adoption and implementation of comprehensive policies and should not be used to support the policy (e.g., grant funds may not be used to pay for gym memberships, farmers markets, etc).

1. Assist worksites with **at least three** of the following [**environment-oriented**] strategies:
  - Subsidize gym memberships for employees and their families or create on-site, sustainable physical activity facilities and/or programs.
  - Adopt comprehensive food purchasing policies to ensure cafeteria meals, refreshments, and vending machines include healthy and sustainable choices.
  - Establish on-site sale of produce, such as farmers markets or community supported agriculture (CSA).
  - Promote stair use by increasing access to clean, safe stairwells.
  - Increase policies that allow flex time in order to fit physical activity into workdays.
2. Assist worksites with **at least two** of the following [**activity-oriented**] strategies:
  - Increase use of voluntary biometric testing with appropriate referral to their primary health care provider.

- Facilitate weight management programs at the worksite.
  - Facilitate smoking cessation programs at the worksite (see Attachment 16).
  - Increase workplace lactation support using the Business Case for Breastfeeding toolkit (see Attachment 16).
  - Increase use of incentives and supports for alternative forms of transportation to and from work, such as walking, biking, or taking public transportation.
  - Modify health plan benefit design so preventive health services are part of health insurance coverage (e.g. tobacco cessation counseling and nicotine replacement therapy, obesity counseling, see Attachment 16).
3. Assist worksites with **at least one** of the following [**results-oriented**] strategies:
- Increase use of incentives for employee participation in Health Risk Assessments (HRA) with individual risk factor follow-up education and appropriate referral (see Attachment 16 for resources).
  - Increase the use of telephone, web-based or in-person health coaching to improve individual skills development and guide employees to adopt healthier lifestyles.
  - Increase use of incentives for completion of steps for reducing risk behavior(s) or for achieving certain objective standards such as being tobacco smoke-free for six months, or having blood pressure below a certain level (see Attachment 16).

As resources permit, funded applicants may assist employers in implementing efforts to address other health related issues such as tobacco use, cancer, arthritis, asthma, mental health, etc.

In order to be considered for optional funding, applicants must submit additional application information. The additional application information is described in Section V, Completing the Application.

### **Additional Requirements for All Organizations Funded Under this RFA**

#### **Sustainability**

“Sustainability” refers to the thoughtful implementation of a set of strategic activities designed to increase community and worksite awareness of obesity and type 2 diabetes prevention efforts and strategies, improve recognition of the importance of obesity and type 2 diabetes prevention work, demonstrate success in preventing and reducing the risk of obesity and type 2 diabetes, and highlight the burden of the obesity and diabetes epidemics in the county. The purpose of sustainability activities is to strengthen support for obesity and diabetes public health efforts.

Organizations funded as a result of this RFA will implement the following seven sustainability activities:

1. Conduct an inventory of community connections (Who Do You Know?).
2. Recruit community members to an obesity/diabetes advocacy website (e.g., New York State Healthy Eating and Physical Activity Alliance (NYSHEPA), American Diabetes Association (ADA) and National Alliance of Nutrition and Activity

- (NANA), National Center on Physical Activity and Disability (NCPAD)).
3. Write letters to the editor of local papers discussing obesity and type 2 diabetes prevention issues.
  4. Communicate monthly with elected leaders and decision-makers to keep them informed about nutrition and physical activity initiatives in the community to prevent and reduce obesity and diabetes.
  5. Conduct one visit annually to educate elected officials about activities in the community to prevent and reduce obesity and diabetes.
  6. Engage community members who have suffered as a result of the obesity/diabetes epidemic.
  7. Build relationships with news reporters and media personalities to disseminate obesity and type 2 diabetes prevention messages and information.

Community members and decision makers should be well-educated about the magnitude of the obesity and diabetes epidemic, effective actions to address the burden, and the unmet need for addressing this problem in counties across New York State.

### **Annual Recognition Event**

Organizations funded as a result of this RFA will host a community event to acknowledge and recognize partners, community members, worksites, and leaders that have taken action to advance obesity and type 2 diabetes prevention efforts in the county. Planning and funding of recognition events will follow guidelines developed by the NYS OPP, DPCP and EWPH.

### **Evaluation**

Organizations funded as a result of this RFA will conduct both process and outcome evaluation. This will include reporting quarterly on the implementation of the strategies and activities fostering sustainability and policy, systems and environmental change. It will also include conducting program evaluation to measure the impact of these strategies and activities. Evaluation projects will aim to document policy, systems and environmental changes associated with contractor activities and demonstrate that these changes made an impact contributing to the achievement of the stated outcomes of this RFA:

- Increase physical activity levels and reduce sedentary behavior among the target population
- Increase access to and consumption of healthy foods and reduce access to and consumption of foods with minimal nutritional value, among the target population

Staff from funded organizations can anticipate consulting with NYS DOH evaluation specialists on the design and selection of evaluation methods and data collection instruments and participating in evaluation trainings provided by the Department. The Department's Institutional Review Board (IRB) must approve research and evaluation protocols involving human subjects. NYS DOH staff will work with funded applicants to submit applications to the IRB and ensure approval of evaluation protocols, prior to commencing work with human subjects.

**Note:** It is expected that optional worksite component applicants will develop an evaluation plan and conduct evaluation data collection. The NYSDOH will supply contractors with guidelines,

and will help with the design of the evaluations that need to be completed by employers and employee participants in Comprehensive Worksite Wellness programs. Additional evaluation information is described in Section V, Completing the Application.

### **Organizational Structure**

- The applicant and the lead agency responsible for implementing the project must be the same.
- The applicant should propose an organizational structure that best fits the strategies and setting. This may include a traditional coalition model or partnership.
- The applicant should identify key partners appropriate to the scope of work and setting as well as those who can support and advance sustainability activities. It is expected that the range of partners and their contributions will vary depending on the geographic location, and proposed organizational structure. A Letter of Commitment (See Attachment 12) from each key partner identified as critical to the success of your project is required with the application. Letters are not counted toward the page limit. Letters of Commitment from and collaborations with local health units are strongly encouraged.
- The project should be placed high enough in the applicant's organizational structure to promote program visibility, facilitate decision-making, and advance internal and external communications.
- The funded agency is responsible for ensuring all program deliverables are met.
- The funded agency will review and approve annual workplans and reporting requirements and attend all site visits.
- The funded agency should provide budget support to the project and have demonstrated capacity to expeditiously process budget and purchasing requests in order to facilitate the smooth operation of the contract.

### **Staffing**

- The funded agency should use grant funds to support a minimum of one full-time professional position responsible for building, coordinating and guiding the project in meeting the deliverables of the grant. This person will be the primary contact with the NYS DOH staff and will be expected to attend all trainings and meetings convened by the department. In addition, this person should have a function within the funded agency that reflects professional and leadership status. A position description is included as Attachment 6 which includes required qualifications and responsibilities of the coordinator.
- The funded agency should identify and hire additional staff as needed, with the appropriate competencies to implement the full range of activities for which they are applying.
- Salaries should be commensurate with the level of education and experience required for the position.
- If a vacancy occurs (resignation, maternity leave, medical leave, etc.), it is the responsibility of the funded agency to notify NYS DOH and ensure programmatic work is being completed.

- The staffing pattern should be sufficient to manage the project and information should be provided to demonstrate that management staff is at a level within the agency to affect decision making.

### **Staff Orientation, Training, Supervision and Program Support**

Funded agencies are required to support paid coordinators by providing the following: proper orientation to the organization's policies and procedures; appropriate budgeting for the program's transportation needs; fiscal and budget management support; timely processing of purchase and subcontracting requests; appropriate administrative support; current computer system with access to an individual e-mail account and the Internet, and office and meeting space. Frequent travel to Albany is required.

### **Meetings and Trainings**

- Coordinators are required to attend and participate in all statewide meetings, quarterly conference calls and trainings (up to three one day trainings may be held annually and will require travel to Albany and/or other parts of the state).
- The funded agency and its key partners will be expected to be a role model and use the New York State Healthy Meeting Guidelines, and How to Plan Events Everyone Can Attend (see Attachments 11 and 16 ) at all meetings and trainings convened as part of the Creating Healthy Places project.

### **Budget**

- An in-kind match of 15 percent of the amount requested from NYSDOH is required from the lead applicant.
- Partners are expected to contribute to this match. Applicants should budget for at least one person to attend three trips to Albany.

## **IV. Administrative Requirements**

### **A. Issuing Agency**

This RFA is issued by the NYS Department of Health, Division of Chronic Disease Prevention and Adult Health, Obesity Prevention Program, Diabetes Prevention and Control Program, and Division of Nutrition Eat Well Play Hard Program. The department is responsible for the requirements specified herein and for the evaluation of all applications.

### **B. Question and Answer Phase:**

All substantive questions must be submitted in writing to:

Susan Millstein, LCSW-R, MPH

Diabetes Prevention and Control Program  
Bureau of Community Chronic Disease Prevention, NYS DOH  
Riverview Center  
150 Broadway, Suite 350  
Albany, NY 12204  
Phone: (518) 408-5142

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the cover of this RFA.

Questions of a technical nature can be addressed in writing or via telephone by calling:

Susan Millstein, LCSW-R, MPH  
Diabetes Prevention and Control Program  
Bureau of Community Chronic Disease Prevention, NYS DOH  
Riverview Center  
150 Broadway, Suite 350  
Albany, NY 12204  
Phone: (518) 408-5142

**Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

Prospective applicants should note that all clarification and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

This RFA has been posted on the Department of Health's public website at: <http://www.nyhealth.gov/funding/>. Questions and answers, as well as any updates and/or modifications, will also be posted on the Department of Health's website. All such updates will be posted by the date identified on the cover sheet of this RFA.

If prospective applicants would like to receive notification when updates/modifications are posted (including responses to written questions), please complete and submit a letter of interest (see Attachment 2). Prospective applicants may also use the letter of interest to request hard copy documents containing update information.

Submission of a letter of interest is not a requirement for submitting an application.

### **C. Applicant Conference**

An Applicant Conference will not be held for this project.

## **D. How to file an application**

Applications must be **received** at the following address by the date and time posted on the cover of this RFA. Late applications will not be accepted. \*

Susan Millstein, LCSW-R, MPH  
Diabetes Prevention and Control Program  
NYS Department of Health  
150 Broadway, Suite 350  
Albany, NY 12204

**Applicants shall submit one (1) original, signed application and three (3) copies.** Application packages should be clearly labeled with the name and number of the RFA as listed on the cover of this RFA document. Applications will not be accepted via fax or e-mail.

\* It is the applicant's responsibility to see that applications are delivered to the address above prior to the date and time specified. Late applications due to a documentable delay by the carrier may be considered at the Department of Health's discretion.

## **E. THE DEPARTMENT OF HEALTH RESERVES THE RIGHT TO**

1. Reject any or all applications received in response to this RFA.
2. Award more than one contract resulting from this RFA.
3. Waive or modify minor irregularities in applications received after prior notification to the applicant.
4. Adjust or correct cost figures with the concurrence of the applicant if errors exist and can be documented to the satisfaction of DOH and the State Comptroller.
5. Negotiate with applicants responding to this RFA within the requirements to serve the best interests of the State.
6. Eliminate mandatory requirements unmet by all applicants.
7. If the Department of Health is unsuccessful in negotiating a contract with the selected applicant within an acceptable time frame, the Department of Health may begin contract negotiations with the next qualified applicant(s) in order to serve and realize the best interests of the State.
8. The Department of Health reserves the right to award grants based on geographic or regional considerations to serve the best interests of the state.

## **F. Term of Contract**

Any contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller.

It is expected that contracts resulting from this RFA will have the following time period: April 1, 2010 through March 31, 2015.

## **G. Payment & Reporting Requirements of Grant Awardees**

1. The State (NYS Department of Health) may, at its discretion, make an advance payment to not for profit grant contractors in an amount not to exceed 25 percent.
2. The grant contractor will be required to submit quarterly invoices and required reports of expenditures to the State's designated payment office:

Division of Chronic Disease Prevention and Adult Health  
Fiscal Department  
NYS Department of Health  
Corning Tower, Room 515  
Albany, NY 12237

Payment of such invoices by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Contractor will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Workplan.

3. The grant contractor will be required to submit the following periodic reports:
  - Four quarterly reports
  - One annual report
  - Other reports as determined by the contract.

All payment and reporting requirements will be detailed in Appendix C of the final grant contract.

## **H. Vendor Responsibility Questionnaire**

New York State Procurement Law requires that state agencies award contracts only to responsible vendors. Vendors are invited to file the required Vendor Responsibility

Questionnaire online via the New York State VendRep System or may choose to complete and submit a paper questionnaire. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep) or go directly to the VendRep system online at <https://portal.osc.state.ny.us>. For direct VendRep System user assistance, the OSC Help Desk may be reached at 866-370-4672 or 518-408-4672 or by email at [helpdesk@osc.state.ny.us](mailto:helpdesk@osc.state.ny.us). Vendors opting to file a paper questionnaire can obtain the appropriate questionnaire from the VendRep website [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep) or may contact the Department of Health or the Office of the State Comptroller for a copy of the paper form. Applicants should complete and submit the Vendor Responsibility Attestation (Attachment 4).

## **I. General Specifications**

1. By signing the "Application Cover Page" (Attachment 3) each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractor will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the application.
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
5. Provisions Upon Default
  - a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.
  - b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have

the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.

- c. If, in the judgment of the Department of Health, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgment of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

## **J. Appendices**

The following will be incorporated as appendices into any contract(s) resulting from this Request for Application.

- APPENDIX A - Standard Clauses for All New York State Contracts
- APPENDIX A-1 Agency Specific Clauses
- APPENDIX B - Budget
- APPENDIX C - Payment and Reporting Schedule
- APPENDIX D - Workplan
- APPENDIX H - Federal Health Insurance Portability and Accountability Act (HIPAA) Business Associate Agreement
- APPENDIX E - Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for:

Workers' Compensation, for which one of the following is incorporated into this contract as **Appendix E-1**:

- **CE-200** - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York

State Workers' Compensation And/Or Disability Benefits Insurance Coverage is Not Required; OR

- **C-105.2** -- Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
- **SI-12** -- Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** -- Certificate of Participation in Workers' Compensation Group Self-Insurance

Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2**:

- **CE-200** - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage is Not Required; OR
- **DB-120.1** -- Certificate of Disability Benefits Insurance OR
- **DB-155** -- Certificate of Disability Benefits Self-Insurance

**NOTE: Do not include the Workers' Compensation and Disability Benefits forms with your application. These documents will be requested as a part of the contracting process should you receive an award.**

## **V. Completing the Application**

A checklist and order for application submission is included as Attachment 5.

### **A. Application Content for Core Community Strategies (up to 24 single-spaced pages)**

**Applicants shall submit one (1) original, signed application and three (3) copies.**

**Section I. Executive Summary (up to 1 single-spaced page) Not Scored**

Provide a summary of the project proposal. This section is not scored, but five points will be deducted if it is not included or exceeds one page.

**Section II. Statement of Need (up to 5 single-spaced pages) 15 points**

1. Identify the one county in which you will be working and discuss key demographic characteristics of the population, and key physical and social characteristics of the geographic area pertaining to nutrition, physical activity and health in the county.
2. Identify the neighborhood(s) or other geographic area(s) in which you will be working and provide a justification for the selection of the neighborhood or area. Include any additional demographic, physical and/or social characteristics specific to the target population or area within the selected setting relevant to your proposed work to improve nutrition and physical activity.
3. Describe how the project will have a population based impact and how this population-based strategy will reach low-income, underserved communities and/or those with a high percentage of racial/ethnic minorities; and considers and/or addresses the needs of individuals with disabilities when planning, implementing and promoting the proposed strategies.
4. Discuss the obesity and type 2 diabetes prevention issues that affect your selected target population.
5. Identify the current obesity and diabetes prevention resources, services and efforts available to the target population and explain the gaps and barriers to these services for the target population.
6. Describe why the proposed strategies are appropriate and necessary in the county for which you are applying and for the target population.
7. Provide evidence that the strategies will be successful and the target population will use the new opportunity created by the policy, systems or environmental change.

**Section III. Organization Capacity and Experience (up to 3 single-spaced pages) 10 points**

1. Describe the mission and purpose of the applicant organization and how the proposed project fits with the organization's mission. Describe the experience of the applicant organization and key partners with policy, systems and environmental changes that affect public health. Include, if applicable:
  - a. At least one successful effort to develop, implement and promote a policy, systems or environmental change related to health, including the strategies implemented and the results achieved.
  - b. Experience working directly, or through coalitions or partnerships, with the county. Applicants should describe experience working with community leaders and decision makers, including knowledge of the unique needs and characteristics of the county being served.
  - c. Describe experience implementing population- based strategies that reach low-income, underserved communities and/or those with a high percentage of racial/ethnic minorities; and considers and/or addresses the needs of individuals with disabilities when planning, implementing and promoting the proposed strategies.
2. Experience of the organization in building support through community organizing, outreach, communications with opinion leaders and the media.
3. If some of the work is subcontracted to other organizations, describe how the applicant organization will manage the work of subcontractors, e.g. specific deliverables of subcontractors and how the applicant will monitor the work and expenditures of subcontractors and submit that information in a timely manner.
4. Include an organizational chart at the end of this section that shows the location of the proposed project within the organization. The organizational chart will not count toward the page limit.

**Section IV. Program Plan (up to 10 single-spaced pages) 30 points**

1. Utilize Attachment 8 to identify the activities and timeline for the first 24 months (2 years) to support achievement of each of the required core community strategies for which you are applying. Five points will be deducted for not using Attachment 8.
  - At the top of the table, insert the strategy from the numbered list. The list of strategies can be found beginning on page 10. Identify activities for the first two (2) years of the project. Some strategies may be accomplished within this timeline; other strategies may need more than two years. It is up to the applicant to propose reasonable activities and an appropriate timeline for achievement of the strategies. For the purposes of this application, submission of two years worth of activities for each strategy is required.
  - Complete one workplan table for each required strategy. Workplan tables are included in the page count.
  - The applicant may propose implementation of more than the minimum required strategies for policy, systems and environmental changes, if this is reasonable and appropriate. If so, include additional workplan tables to reflect activities for these

strategies.

- Applicants selected to receive funding will work with their Contract Manager to complete a more detailed, measurable workplan.
2. In narrative format, generally describe your implementation plan for the remaining three (3) years of the project. This may include completion of strategies that will take longer than two years to achieve, roll-out to additional community areas in which the proposed strategies will be implemented, or the selection of additional strategies once the initial policy, systems or environmental changes have been achieved.
  3. Describe how you will implement the required sustainability activities and annual recognition event. Utilize a narrative or bulleted format to outline planning tasks for the annual event and seven sustainability activities, with key dates as appropriate.

### **Section V. Staffing Structure and Qualifications (up to 3 single spaced pages) 15 points**

1. Describe the structure (e.g., coalition or partnership) the agency proposes to utilize to meet the deliverables of the grant. List key partners and their roles in meeting the deliverables. For each partner, include a letter of commitment (see Attachment 12) that identifies the specific roles, strengths, and contributions of the partner. These letters should be included at the end of this section but are not included in the page limit. Letters of Commitment from, and collaborations with local health units are strongly encouraged.
2. If known, describe the capacity of the individual who will be hired to fill the position of the coordinator and include a resume. Otherwise, explain the recruitment and hiring process to fill the position, including providing a position description at the end of this section (this does not count toward the page limit). Explain where the position will be located in the organization's hierarchy and the professional level and authority that will accompany the position.
3. If distinct from the coordinator, include a description of specific staff responsible for program evaluation and include a resume. If the person has not been identified, explain the recruitment and hiring or identification process to ensure evaluation deliverables are met. If the coordinator will be responsible for the evaluation, explain his/her capacity to conduct program evaluation.
4. Describe how orientation and supervision of staff will be provided and by whom, including the credentials of the persons(s) who will be providing orientation and supervision to the program and include a resume. If a vacancy occurs in the coordinator position, please describe how that position would be covered within the organization until the coordinator returns or a new one is hired.
5. Describe the applicant's current administrative staffing pattern for activities such as payroll, bookkeeping, invoicing, and general tracking of administrative and fiscal controls. Describe the qualifications of key fiscal staff, including a description of the staff's experience (if any) with monitoring government grant funds.
6. At the end of this section, include resumes for Coordinator, Evaluator (if different from Coordinator) and any other hired staff, if applicable, and/or those providing orientation/supervision to the program. Resumes will not count toward the page limit.

**Section VI. Evaluation (up to 2 single-spaced pages) 10 points**

Organizations should describe their capacity to conduct program evaluation and submit a plan for meeting the stated evaluation deliverables. Descriptions of specific staff responsible for program evaluation should be included in Section V (Staffing Structure and Qualifications).

1. Describe how you will obtain background information about the communities where interventions are planned and how it will be used to inform the implementation of selected strategies and activities.
2. Describe how you will conduct program evaluation to measure policy, systems and environment changes associated with your activities and assess the impact of these changes.
3. Describe how you will work collaboratively with NYS DOH staff to develop and select appropriate methods and data collection instruments for conducting program evaluation and participate in applicable NYS DOH evaluation trainings.

**Section VII. Budget and Justification (not included in page count) 20 points**

1. Complete a budget using the attached instructions and format (Attachments 9 & 10). Applicants are required to submit a 24 month budget, assuming a start date of April 1, 2010. All costs must be related to the provision of services described in this RFA, be consistent with the scope of services, be aligned with the reach of the proposed project and be reasonable and cost effective.
2. Justification for each cost should be submitted in narrative form.
3. An in-kind match of 15 percent of the subtotal of the amount requested from NYSDOH is required. If the applicant's proposed organizational structure includes partners, partners are expected to contribute to this match.

NYS funded indirect costs may not exceed ten percent (10 %) of your direct costs and should be fully itemized and justified (i.e., space, utilities, etc.). Ineligible budget items will be removed from the budget before the budget is scored. The budget amount requested will be reduced to reflect the removal of the ineligible items. **THIS FUNDING MAY ONLY BE USED TO EXPAND EXISTING ACTIVITIES OR CREATE NEW ACTIVITIES PURSUANT TO THIS RFA. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING STAFF ACTIVITIES OR SIMILAR PROJECTS.** Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered) or remodeling or modification of structure. Projects that propose to only conduct traditional planning processes (e.g. comprehensive plans, land use plans, etc.) are not eligible for funding under this RFA; those types of planning projects should be funded with other resources. Funds awarded under this RFA cannot be used for capital construction. Rather, funds should be used to support the implementation of policy, systems and

environmental changes, to advocate for and promoting the use of expanded or newly created resources.

Applicants should review established NYS travel and lodging rates when calculating travel and lodging costs. Reimbursement for travel and lodging will not exceed the stated standard agency rate and in no case will exceed the approved NYS rates (see [www.osc.state.ny.us/agencies/travel/reimbrate.htm](http://www.osc.state.ny.us/agencies/travel/reimbrate.htm).)

**Requirements for Optional Worksite Component (up to 12 additional single-spaced pages)**

**Section I. Executive Summary (up to 1 page) (not scored)**  
Provide a summary of the optional worksite component.

**Section II. Statement of Need (up to 2 single-spaced pages) (3 points)**

1. Describe the small-medium sized employers in your county. Discuss key demographic characteristics such as size, type of industry, union status, health benefits offered, insured/self-insured, don't offer health insurance.
2. Include any information about current worksite wellness efforts among small-medium sized employers in your county.
3. Address the benefits of and barriers to comprehensive worksite wellness.
4. Describe any other organizations in your county that are doing worksite wellness and how your efforts will complement/expand on what is already in place.

**Section III. Organizational Capacity and Experience (up to 3 single-spaced pages) (7 points)**

1. Describe any past or current experience providing worksite wellness, highlighting efforts focused on the prevention of chronic disease, and include information about your experience working with small-medium sized employers and/or including employees with disabilities (where applicable). Include a description of results of past or current worksite wellness programs (e.g., repeat aggregate Health Risk Assessments, repeat Heart Check Assessments, productivity measures such as absenteeism or presenteeism, return on investment calculations).
2. Describe how you built or will build management support for worksite wellness efforts.
3. Describe your experience with unions, if applicable.
4. Describe how you assessed or will assess employees' wellness needs.
5. Describe how you will handle confidentiality and privacy issues in wellness programs.

**Section IV. Program Plan (up to 4 single-spaced pages) (7 points)**

1. Describe how you will recruit small-medium sized worksites in your county, and include a description of how you will gain and maintain senior management support for comprehensive worksite wellness at a given worksite.

2. Describe in general terms the steps you will take to design, communicate, deliver, and evaluate the key strategies of a comprehensive worksite wellness program at a given worksite.
3. Utilize Attachment 8 to identify major proposed activities and timeline for the first 24 months.

**Section V: Staffing (up to 1 single-spaced page) (4 points)**

1. Describe the skills and attach resumes for staff who will work with worksites. If some of the work will be subcontracted to other organizations, describe 1) the skills of the subcontractors and include resumes; and 2) how the applicant will monitor the work, expenditures, timely reporting of subcontractors.
2. Indicate any staff qualifications and/or certifications in worksite wellness.

**Section VI: Evaluation (up to 1 single-spaced page) (3 points)**

It is expected that applicants will develop an evaluation plan and collect evaluation data. The purpose of an evaluation plan is to monitor progress, improve effectiveness, and demonstrate accountability to stakeholders and the funder. The NYSDOH will supply contractors with guidelines, and will help with the design of the evaluations that need to be completed by employers and employee participants in wellness programs.

1. Describe how you plan to collect process, outcome and impact data. Be specific about who will be in charge of collecting this data, and who within your organization will be responsible for submitting this data to the NYSDOH.

**Section VII: Budget (not included in page count) (6 points)**

1. Complete a budget using the attached instructions and format (Attachments 9 & 10). Applicants are required to submit a 24 month budget, assuming a start date of April 1, 2010. All costs must be related to the provision of services described in this optional component and be consistent with the scope of services, be aligned with the reach of the proposed project and be reasonable and cost effective.
2. Fully justify each line item.

**B. Application Format**

ALL APPLICATIONS SHOULD CONFORM TO THE FORMAT PRESCRIBED BELOW. POINTS WILL BE DEDUCTED FROM APPLICATIONS WHICH DEVIATE FROM THE PRESCRIBED FORMAT.

Core Community Strategies applications should not exceed 24 single-spaced typed pages (not including the cover page, budget and attachments), using a 12-point font and one inch margins on all sides. The value assigned to each section is an indication of the relative weight that will be given when scoring your application. Up to three points will be deducted for applications with incorrect formatting or over page limits. Five points will be deducted if an executive summary is not included or exceeds one page, and five points will be deducted if Attachment 8 is not used.

<b>SECTION</b>	<b>Maximum Score</b>	<b>Page Limit</b>
<b>Executive Summary</b>	<b>NA</b>	<b>1</b>
<b>Statement of Need</b>	<b>15</b>	<b>5</b>
<b>Organization Capacity and Experience</b>	<b>10</b>	<b>3</b>
<b>Program Plan</b>	<b>30</b>	<b>10</b>
<b>Staffing Structure and Qualifications</b>	<b>15</b>	<b>3</b>
<b>Evaluation</b>	<b>10</b>	<b>2</b>
<b>Budget and Justification</b>	<b>20</b>	<b>NA</b>
<b>Optional Worksite Component</b>	<b>30</b>	<b>12</b>

### **C. Review & Award Process**

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by staff from the NYSDOH Division of Chronic Disease Prevention and Adult Health and the Division of Nutrition.

1. Applications failing to provide all response requirements or failing to follow the prescribed format will be removed from consideration or points will be deducted.

Total funding available for this initiative is up to \$4.3 million per year for five years. The anticipated contract start date is April 1, 2010. The top four highest scoring applicants in each region will be funded, for a total of 16 awards. A minimum score of 70 points is required to be considered for funding. The top two highest scoring optional worksite component applicants per region will be awarded. Additional awards may be made to the next highest scoring applicant in each region if additional funding becomes available. A minimum score of 23 points out of a possible 30 is required to be considered for the optional funding. The five year contract will have an initial term of two years, followed by three one-year renewals.

**Please note: Applicants are not required to apply for optional funding, but if they choose to do so, must obtain a score of 70 points out of a possible 100 for the core community strategies, and must be one of the top five highest scoring applicants in the region, in order to be considered for optional funding.**

In scoring applications and determining award amounts, reviewers will consider the following factors:

1. Clarity of applications
2. Responsiveness to the Request for Applications
3. Agency capability
4. Agency contract history

5. The comprehensiveness of the program design
6. The scope of the program
7. The quality of the evaluation strategy
8. The amount requested
9. Justification for costs included in the budget
10. Ability/willingness to develop linkages with DOH and other funded service providers

Following the award of grants from this RFA, applicants may request a debriefing from the New York State Obesity Prevention Program, Diabetes Prevention and Control Program or Eat Well Play Hard Program no later than three months from the date of the award(s) announcement. This debriefing will be limited to the positive and negative aspects of the subject application.

If additional funding becomes available for this initiative, awards may be made to the next highest scoring applicant in each region.

## **VI. Attachments**

- Attachment 1: Standard Grant Contract with Appendices
- Attachment 2: Letter of Interest Sample
- Attachment 3: Application Cover Page
- Attachment 4: Vendor Responsibility Attestation
- Attachment 5: Checklist and Order for Application Submission
- Attachment 6: Coordinator Position Description
- Attachment 7: Policy, Systems and Environmental Change Definitions
- Attachment 8: Workplan Format
- Attachment 9: Budget Instructions for Core Community Strategies
- Attachment 10: Application Budget Format
- Attachment 11: Guidelines for Healthy Meetings
- Attachment 12: Letter of Commitment Sample
- Attachment 13: Nursing Mothers in the Workplace Act
- Attachment 14: Healthy Kids, Healthy NY After School Model Guidelines
- Attachment 15: Television Viewing/Screen-Time Reduction Module
- Attachment 16: Other Resources/References
- Attachment 17: No Tobacco Status
- Attachment 18: Comprehensive Healthy Foods Policy Status and Intent

Standard Grant Contract with Appendices

GRANT CONTRACT (STANDARD)

STATE AGENCY (Name and Address):

\_\_\_\_\_  
\_\_\_\_\_

. NYS COMPTROLLER'S NUMBER:

.  
. ORIGINATING AGENCY CODE:

\_\_\_\_\_

CONTRACTOR (Name and Address):

\_\_\_\_\_

. TYPE OF PROGRAM(S)

.  
. \_\_\_\_\_

FEDERAL TAX IDENTIFICATION NUMBER:

MUNICIPALITY NO. (if applicable):

CHARITIES REGISTRATION NUMBER:  
PERIOD:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ or ( ) EXEMPT:  
(If EXEMPT, indicate basis for exemption):

\_\_\_\_\_

. INITIAL CONTRACT PERIOD

. FROM:

. TO:

. FUNDING AMOUNT FOR INITIAL

.  
. \_\_\_\_\_

CONTRACTOR HAS( ) HAS NOT( ) TIMELY  
FILED WITH THE ATTORNEY GENERAL'S  
CHARITIES BUREAU ALL REQUIRED PERIODIC  
OR ANNUAL WRITTEN REPORTS.

. MULTI-YEAR TERM (if applicable):

. FROM:

. TO:

CONTRACTOR IS( ) IS NOT( ) A  
SECTARIAN ENTITY

CONTRACTOR IS( ) IS NOT( ) A  
NOT-FOR-PROFIT ORGANIZATION

APPENDICES ATTACHED AND PART OF THIS AGREEMENT

\_\_\_\_ APPENDIX A  
State

Standard clauses as required by the Attorney General for all

_____	APPENDIX A-1	contracts.
_____	APPENDIX B	Agency-Specific Clauses (Rev 10/08)
_____	APPENDIX C	Budget
_____	APPENDIX D	Payment and Reporting Schedule
_____	APPENDIX X	Program Workplan
	appendices	Modification Agreement Form (to accompany modified
		for changes in term or consideration on an existing period or
		renewal periods)

**OTHER APPENDICES**

_____	APPENDIX A-2	Program-Specific Clauses
_____	APPENDIX E-1	Proof of Workers' Compensation Coverage
_____	APPENDIX E-2	Proof of Disability Insurance Coverage
_____	APPENDIX H	Federal Health Insurance Portability and Accountability Act
		Business Associate Agreement

_____	APPENDIX _____	_____
_____	APPENDIX _____	_____

IN WITNESS THEREOF, the parties hereto have executed or approved this AGREEMENT on the dates below their signatures.

_____	.	_____
-------	---	-------

_____	.	Contract No.
-------	---	--------------

_____	.	_____
-------	---	-------

_____	.	STATE AGENCY
-------	---	--------------

_____	.	_____
-------	---	-------

By: _____	.	By: _____
-----------	---	-----------

_____		_____
(Print Name)		(Print Name)

_____	.	_____
-------	---	-------

_____		
-------	--	--

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

Title:

Date: \_\_\_\_\_

Date:

State Agency Certification:

“In addition to the acceptance of this contract,  
I also certify that original copies of this signature  
page will be attached to all other exact copies of  
this contract.”

STATE OF NEW YORK )

County of \_\_\_\_\_ )

SS:

On the \_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(Signature and office of the individual taking acknowledgement)

ATTORNEY GENERAL'S SIGNATURE

STATE COMPTROLLER'S SIGNATURE

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

Title:

Date: \_\_\_\_\_

Date:

STATE OF NEW YORK

AGREEMENT

This AGREEMENT is hereby made by and between the State of New York agency (STATE) and the public or private agency (CONTRACTOR) identified on the face page hereof.

WITNESSETH:

WHEREAS, the STATE has the authority to regulate and provide funding for the establishment and operation of program services and desires to contract with skilled parties possessing the necessary resources to provide such services; and

WHEREAS, the CONTRACTOR is ready, willing and able to provide such program services and possesses or can make available all necessary qualified personnel, licenses, facilities and expertise to perform or have performed the services required pursuant to the terms of this AGREEMENT;

NOW THEREFORE, in consideration of the promises, responsibilities and covenants herein, the STATE and the CONTRACTOR agree as follows:

I. Conditions of Agreement

- A. This AGREEMENT may consist of successive periods (PERIOD), as specified within the AGREEMENT or within a subsequent Modification Agreement(s) (Appendix X). Each additional or superseding PERIOD shall be on the forms specified by the particular State agency, and shall be incorporated into this AGREEMENT.
- B. Funding for the first PERIOD shall not exceed the funding amount specified on the face page hereof. Funding for each subsequent PERIOD, if any, shall not exceed the amount specified in the appropriate appendix for that PERIOD.
- C. This AGREEMENT incorporates the face pages attached and all of the marked appendices identified on the face page hereof.
- D. For each succeeding PERIOD of this AGREEMENT, the parties shall prepare new appendices, to the extent that any require modification, and a Modification Agreement (The attached Appendix X is the blank form to be used). Any terms of this AGREEMENT not modified shall remain in effect for each PERIOD of the AGREEMENT.

To modify the AGREEMENT within an existing PERIOD, the parties shall revise or complete the appropriate appendix form(s). Any change in the amount of consideration to be paid, or change in the term, is subject to the

approval of the Office of the State Comptroller. Any other modifications shall be processed in accordance with agency guidelines as stated in Appendix A1.

- E. The CONTRACTOR shall perform all services to the satisfaction of the STATE. The CONTRACTOR shall provide services and meet the program objectives summarized in the Program Workplan (Appendix D) in accordance with: provisions of the AGREEMENT; relevant laws, rules and regulations, administrative and fiscal guidelines; and where applicable, operating certificates for facilities or licenses for an activity or program.
- F. If the CONTRACTOR enters into subcontracts for the performance of work pursuant to this AGREEMENT, the CONTRACTOR shall take full responsibility for the acts and omissions of its subcontractors. Nothing in the subcontract shall impair the rights of the STATE under this AGREEMENT. No contractual relationship shall be deemed to exist between the subcontractor and the STATE.
- G. Appendix A (Standard Clauses as required by the Attorney General for all State contracts) takes precedence over all other parts of the AGREEMENT.

## II. Payment and Reporting

- A. The CONTRACTOR, to be eligible for payment, shall submit to the STATE's designated payment office (identified in Appendix C) any appropriate documentation as required by the Payment and Reporting Schedule (Appendix C) and by agency fiscal guidelines, in a manner acceptable to the STATE.
- B. The STATE shall make payments and any reconciliations in accordance with the Payment and Reporting Schedule (Appendix C). The STATE shall pay the CONTRACTOR, in consideration of contract services for a given PERIOD, a sum not to exceed the amount noted on the face page hereof or in the respective Appendix designating the payment amount for that given PERIOD. This sum shall not duplicate reimbursement from other sources for CONTRACTOR costs and services provided pursuant to this AGREEMENT.
- C. The CONTRACTOR shall meet the audit requirements specified by the STATE.

## III. Terminations

- A. This AGREEMENT may be terminated at any time upon mutual written consent of the STATE and the CONTRACTOR.

- B. The STATE may terminate the AGREEMENT immediately, upon written notice of termination to the CONTRACTOR, if the CONTRACTOR fails to comply with the terms and conditions of this AGREEMENT and/or with any laws, rules and regulations, policies or procedures affecting this AGREEMENT.
- C. The STATE may also terminate this AGREEMENT for any reason in accordance with provisions set forth in Appendix A-1.
- D. Written notice of termination, where required, shall be sent by personal messenger service or by certified mail, return receipt requested. The termination shall be effective in accordance with the terms of the notice.
- E. Upon receipt of notice of termination, the CONTRACTOR agrees to cancel, prior to the effective date of any prospective termination, as many outstanding obligations as possible, and agrees not to incur any new obligations after receipt of the notice without approval by the STATE.
- F. The STATE shall be responsible for payment on claims pursuant to services provided and costs incurred pursuant to terms of the AGREEMENT. In no event shall the STATE be liable for expenses and obligations arising from the program(s) in this AGREEMENT after the termination date.

#### IV. Indemnification

- A. The CONTRACTOR shall be solely responsible and answerable in damages for any and all accidents and/or injuries to persons (including death) or property arising out of or related to the services to be rendered by the CONTRACTOR or its subcontractors pursuant to this AGREEMENT. The CONTRACTOR shall indemnify and hold harmless the STATE and its officers and employees from claims, suits, actions, damages and costs of every nature arising out of the provision of services pursuant to this AGREEMENT.
- B. The CONTRACTOR is an independent contractor and may neither hold itself out nor claim to be an officer, employee or subdivision of the STATE nor make any claims, demand or application to or for any right based upon any different status.

#### V. Property

Any equipment, furniture, supplies or other property purchased pursuant to this AGREEMENT is deemed to be the property of the STATE except as may otherwise be governed by Federal or State laws, rules and regulations, or as stated in Appendix A-2.

VI. Safeguards for Services and Confidentiality

- A. Services performed pursuant to this AGREEMENT are secular in nature and shall be performed in a manner that does not discriminate on the basis of religious belief, or promote or discourage adherence to religion in general or particular religious beliefs.
- B. Funds provided pursuant to this AGREEMENT shall not be used for any partisan political activity, or for activities that may influence legislation or the election or defeat of any candidate for public office.
- C. Information relating to individuals who may receive services pursuant to this AGREEMENT shall be maintained and used only for the purposes intended under the contract and in conformity with applicable provisions of laws and regulations, or specified in Appendix A-1.

APPENDIX A-1  
(REV 10/08)

AGENCY SPECIFIC CLAUSES FOR ALL  
DEPARTMENT OF HEALTH CONTRACTS

1. If the CONTRACTOR is a charitable organization required to be registered with the New York State Attorney General pursuant to Article 7-A of the New York State Executive Law, the CONTRACTOR shall furnish to the STATE such proof of registration (a copy of Receipt form) at the time of the execution of this AGREEMENT. The annual report form 497 is not required. If the CONTRACTOR is a business corporation or not-for-profit corporation, the CONTRACTOR shall also furnish a copy of its Certificate of Incorporation, as filed with the New York Department of State, to the Department of Health at the time of the execution of this AGREEMENT.
2. The CONTRACTOR certifies that all revenue earned during the budget period as a result of services and related activities performed pursuant to this contract shall be used either to expand those program services funded by this AGREEMENT or to offset expenditures submitted to the STATE for reimbursement.
3. Administrative Rules and Audits:
  - a. If this contract is funded in whole or in part from federal funds, the CONTRACTOR shall comply with the following federal grant requirements regarding administration and allowable costs.
    - i. For a local or Indian tribal government, use the principles in the common rule, "Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments," and Office of Management and Budget (OMB) Circular A-87, "Cost Principles for State, Local and Indian Tribal Governments".
    - ii. For a nonprofit organization other than
      - ◆ an institution of higher education,
      - ◆ a hospital, or
      - ◆ an organization named in OMB Circular A-122, "Cost Principles for Non-profit Organizations", as not subject to that circular,use the principles in OMB Circular A-110, "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-profit Organizations," and OMB Circular A-122.
    - iii. For an Educational Institution, use the principles in OMB Circular A-110 and OMB Circular A-21, "Cost Principles for Educational Institutions".
    - iv. For a hospital, use the principles in OMB Circular A-110, Department of Health and Human Services, 45 CFR 74, Appendix E, "Principles for Determining Costs Applicable to Research and Development Under

Grants and Contracts with Hospitals" and, if not covered for audit purposes by OMB Circular A-133, "Audits of States Local Governments and Non-profit Organizations", then subject to program specific audit requirements following Government Auditing Standards for financial audits.

- b. If this contract is funded entirely from STATE funds, and if there are no specific administration and allowable costs requirements applicable, CONTRACTOR shall adhere to the applicable principles in "a" above.
- c. The CONTRACTOR shall comply with the following grant requirements regarding audits.
  - i. *If the contract is funded from federal funds, and the CONTRACTOR spends more than \$500,000 in federal funds in their fiscal year, an audit report must be submitted in accordance with OMB Circular A-133.*
  - ii. If this contract is funded from other than federal funds or if the contract is funded from a combination of STATE and federal funds but federal funds are less than \$500,000, and if the CONTRACTOR receives \$300,000 or more in total annual payments from the STATE, the CONTRACTOR shall submit to the STATE after the end of the CONTRACTOR's fiscal year an audit report. The audit report shall be submitted to the STATE within thirty days after its completion but no later than nine months after the end of the audit period. The audit report shall summarize the business and financial transactions of the CONTRACTOR. The report shall be prepared and certified by an independent accounting firm or other accounting entity, which is demonstrably independent of the administration of the program being audited. Audits performed of the CONTRACTOR's records shall be conducted in accordance with Government Auditing Standards issued by the Comptroller General of the United States covering financial audits. This audit requirement may be met through entity-wide audits, coincident with the CONTRACTOR's fiscal year, as described in OMB Circular A-133. Reports, disclosures, comments and opinions required under these publications should be so noted in the audit report.
- d. For audit reports due on or after April 1, 2003, that are not received by the dates due, the following steps shall be taken:
  - i. If the audit report is one or more days late, voucher payments shall be held until a compliant audit report is received.
  - ii. If the audit report is 91 or more days late, the STATE shall recover payments for all STATE funded contracts for periods for which compliant audit reports are not received.
  - iii. If the audit report is 180 days or more late, the STATE shall terminate all active contracts, prohibit renewal of those contracts and prohibit

the execution of future contracts until all outstanding compliant audit reports have been submitted.

4. The CONTRACTOR shall accept responsibility for compensating the STATE for any exceptions which are revealed on an audit and sustained after completion of the normal audit procedure.
5. FEDERAL CERTIFICATIONS: This section shall be applicable to this AGREEMENT only if any of the funds made available to the CONTRACTOR under this AGREEMENT are federal funds.

a. LOBBYING CERTIFICATION

- 1) If the CONTRACTOR is a tax-exempt organization under Section 501 (c)(4) of the Internal Revenue Code, the CONTRACTOR certifies that it will not engage in lobbying activities of any kind regardless of how funded.
- 2) The CONTRACTOR acknowledges that as a recipient of federal appropriated funds, it is subject to the limitations on the use of such funds to influence certain Federal contracting and financial transactions, as specified in Public Law 101-121, section 319, and codified in section 1352 of Title 31 of the United States Code. In accordance with P.L. 101-121, section 319, 31 U.S.C. 1352 and implementing regulations, the CONTRACTOR affirmatively acknowledges and represents that it is prohibited and shall refrain from using Federal funds received under this AGREEMENT for the purposes of lobbying; provided, however, that such prohibition does not apply in the case of a payment of reasonable compensation made to an officer or employee of the CONTRACTOR to the extent that the payment is for agency and legislative liaison activities not directly related to the awarding of any Federal contract, the making of any Federal grant or loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement. Nor does such prohibition prohibit any reasonable payment to a person in connection with, or any payment of reasonable compensation to an officer or employee of the CONTRACTOR if the payment is for professional or technical services rendered directly in the preparation, submission or negotiation of any bid, proposal, or application for a Federal contract, grant, loan, or cooperative agreement, or an extension, continuation, renewal, amendment, or modification thereof, or for meeting requirements imposed by or pursuant to law as a condition for receiving that Federal contract, grant, loan or cooperative agreement.
- 3) This section shall be applicable to this AGREEMENT only if federal funds

allotted exceed \$100,000.

- a) The CONTRACTOR certifies, to the best of his or her knowledge and belief, that:
- ◆ No federal appropriated funds have been paid or will be paid, by or on behalf of the CONTRACTOR, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal amendment or modification of any federal contract, grant, loan, or cooperative agreement.
  - ◆ If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the CONTRACTOR shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
- b) The CONTRACTOR shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
- c) The CONTRACTOR shall disclose specified information on any agreement with lobbyists whom the CONTRACTOR will pay with other Federal appropriated funds by completion and submission to the STATE of the Federal Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. This form may be obtained by contacting either the Office of Management and Budget Fax Information Line at (202) 395-9068 or the Bureau of Accounts Management at (518) 474-1208. Completed forms should be

submitted to the New York State Department of Health, Bureau of Accounts Management, Empire State Plaza, Corning Tower Building, Room 1315, Albany, 12237-0016.

- d) The CONTRACTOR shall file quarterly updates on the use of lobbyists if material changes occur, using the same standard disclosure form identified in (c) above to report such updated information.

4) The reporting requirements enumerated in subsection (3) of this paragraph shall not apply to the CONTRACTOR with respect to:

- a) Payments of reasonable compensation made to its regularly employed officers or employees;
- b) A request for or receipt of a contract (other than a contract referred to in clause (c) below), grant, cooperative agreement, subcontract (other than a subcontract referred to in clause (c) below), or subgrant that does not exceed \$100,000; and
- c) A request for or receipt of a loan, or a commitment providing for the United States to insure or guarantee a loan, that does not exceed \$150,000, including a contract or subcontract to carry out any purpose for which such a loan is made.

than

b. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE:

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or

leased

or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through State or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this AGREEMENT, the CONTRACTOR certifies that it will comply with

the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The CONTRACTOR agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

c. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

Regulations of the Department of Health and Human Services, located at Part 76 of Title 45 of the Code of Federal Regulations (CFR), implement Executive Orders 12549 and 12689 concerning debarment and suspension of participants in federal programs and activities. Executive Order 12549 provides that, to the extent permitted by law, Executive departments and agencies shall participate in a government-wide system for non-procurement debarment and suspension. Executive Order 12689 extends the debarment and suspension policy to procurement activities of the federal government. A person who is debarred or suspended by a federal agency is excluded from federal financial and non-financial assistance and benefits under federal programs and activities, both directly (primary covered transaction) and indirectly (lower tier covered transactions). Debarment or suspension by one federal agency has government-wide effect.

Pursuant to the above-cited regulations, the New York State Department of Health (as a participant in a primary covered transaction) may not knowingly do business with a person who is debarred, suspended, proposed for debarment, or subject to other government-wide exclusion (including any exclusion from Medicare and State health care program participation on or after August 25, 1995), and the Department of Health must require its prospective contractors, as prospective lower tier participants, to provide the certification in Appendix B to Part 76 of Title 45 CFR, as set forth below:

1) APPENDIX B TO 45 CFR PART 76-CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS

**Instructions for Certification**

- a) By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- b) The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered and erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this

transaction originated may pursue available remedies, including suspension and/or debarment.

- c) The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
- d) The terms *covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded*, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to  
which  
this proposal is submitted for assistance in obtaining a copy of those regulations.
- e) The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- f) The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions.
- g) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded From Federal Procurement and Non-procurement Programs.
- h) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- i) Except for transactions authorized under paragraph "e" of these  
instructions,

if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

*2) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions*

- a) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department agency.
  - b) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
6. The STATE, its employees, representatives and designees, shall have the right at any time during normal business hours to inspect the sites where services are performed and observe the services being performed by the CONTRACTOR. The CONTRACTOR shall render all assistance and cooperation to the STATE in making such inspections. The surveyors shall have the responsibility for determining contract compliance as well as the quality of service being rendered.
7. The CONTRACTOR will not discriminate in the terms, conditions and privileges of employment, against any employee, or against any applicant for employment because of race, creed, color, sex, national origin, age, disability, sexual orientation or marital status. The CONTRACTOR has an affirmative duty to take prompt, effective, investigative and remedial action where it has actual or constructive notice of discrimination in the terms, conditions or privileges of employment against (including harassment of) any of its employees by any of its other employees, including managerial personnel, based on any of the factors listed above.
8. The CONTRACTOR shall not discriminate on the basis of race, creed, color, sex, national origin, age, disability, sexual orientation or marital status against any person seeking services for which the CONTRACTOR may receive reimbursement or payment under this AGREEMENT.
9. The CONTRACTOR shall comply with all applicable federal, State and local civil rights and human rights laws with reference to equal employment opportunities and the provision of services.
10. The STATE may cancel this AGREEMENT at any time by giving the CONTRACTOR not

less than thirty (30) days written notice that on or after a date therein specified, this AGREEMENT shall be deemed terminated and cancelled.

11. Where the STATE does not provide notice to the NOT-FOR-PROFIT CONTRACTOR of its intent to not renew this contract by the date by which such notice is required by Section 179-t(1) of the State Finance Law, then this contract shall be deemed continued until the date that the agency provides the notice required by Section 179-t, and the expenses incurred during such extension shall be reimbursable under the terms of this contract.

## 12. Other Modifications

a. Modifications of this AGREEMENT as specified below may be made within an existing PERIOD by mutual written agreement of both parties:

- ◆ Appendix B - Budget line interchanges; Any proposed modification to the contract which results in a change of greater than 10 percent to any budget category, must be submitted to OSC for approval;
- ◆ Appendix C - Section 11, Progress and Final Reports;
- ◆ Appendix D - Program Workplan will require OSC approval.

b. To make any other modification of this AGREEMENT within an existing PERIOD, the parties shall revise or complete the appropriate appendix form(s), and a Modification Agreement (Appendix X is the blank form to be used), which shall be effective only upon approval by the Office of the State Comptroller.

13. Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for

Workers' Compensation, for which one of the following is incorporated into this contract as **Appendix E-1**:

- **CE-200** - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage is Not Required; OR
- **C-105.2** -- Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
- **SI-12** -- Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** -- Certificate of Participation in Workers' Compensation Group Self-Insurance

Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2**:

- **CE-200** - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State

Workers' Compensation And/Or Disability Benefits Insurance Coverage is Not Required; OR

- **DB-120.1** -- Certificate of Disability Benefits Insurance OR
- **DB-155** -- Certificate of Disability Benefits Self-Insurance

14. Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208). Contractor shall be liable for the costs associated with such breach if caused by Contractor's negligent or willful acts or omissions, or the negligent or willful acts or omissions of Contractor's agents, officers, employees or subcontractors.
15. All products supplied pursuant to this agreement shall meet local, state and federal regulations, guidelines and action levels for lead as they exist at the time of the State's acceptance of this contract.
16. Additional clauses as may be required under this AGREEMENT are annexed hereto as appendices and are made a part hereof if so indicated on the face page of this AGREEMENT.

APPENDIX B

BUDGET  
(sample format)

Organization \_\_\_\_\_

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

Budget Period: \_\_\_\_\_ Commencing on: \_\_\_\_\_

Ending on: \_\_\_\_\_

Personal Service

Number	Title	% Time Annual Salary	Total Amount Devoted to This Project	Budgeted From NYS
--------	-------	----------------------	--------------------------------------	-------------------

Total Salary \_\_\_\_\_  
Fringe Benefits (specify rate) \_\_\_\_\_  
TOTAL PERSONAL SERVICE: \_\_\_\_\_

Other Than Personal Service \_\_\_\_\_ Amount

Category  
Supplies  
Travel  
Telephone  
Postage  
Photocopy  
Other Contractual Services (specify)  
Equipment (Defray Cost of Defibrillator) \_\_\_\_\_

TOTAL OTHER THAN PERSONAL SERVICE \_\_\_\_\_

GRAND TOTAL \_\_\_\_\_

**Federal funds are being used to support this contract. Code of Federal Domestic Assistance (CFDA) numbers for these funds are: (required)**

## APPENDIX C

### PAYMENT AND REPORTING SCHEDULE

#### 1. Payment and Reporting Terms and Conditions

A. The STATE may, at its discretion, make an advance payment to the CONTRACTOR, during the initial or any subsequent PERIOD, in an amount to be determined by the STATE but not to exceed \_\_\_\_\_ percent of the maximum amount indicated in the budget as set forth in the most recently approved Appendix B. If this payment is to be made, it will be due thirty calendar days, excluding legal holidays, after the later of either:

- ❶ the first day of the contract term specified in the Initial Contract Period identified on the face page of the AGREEMENT or if renewed, in the PERIOD identified in the Appendix X, OR
- ❶ if this contract is wholly or partially supported by Federal funds, availability of the federal funds;

provided, however, that a STATE has not determined otherwise in a written notification to the CONTRACTOR suspending a Written Directive associated with this AGREEMENT, and that a proper voucher for such advance has been received in the STATE's designated payment office. If no advance payment is to be made, the initial payment under this AGREEMENT shall be due thirty calendar days, excluding legal holidays, after the later of either:

- ❶ the end of the first monthly/quarterly period of this AGREEMENT; or
- ❶ if this contract is wholly or partially supported by federal funds, availability of the federal funds:

provided, however, that the proper voucher for this payment has been received in the STATE's designated payment office.

B. No payment under this AGREEMENT, other than advances as authorized herein, will be made by the STATE to the CONTRACTOR unless proof of performance of required services or accomplishments is provided. If the CONTRACTOR fails to perform the services required under this AGREEMENT the STATE shall, in addition to any remedies available by law or equity, recoup payments made but not earned, by set-off against any other public funds owed to CONTRACTOR.

- C. Any optional advance payment(s) shall be applied by the STATE to future payments due to the CONTRACTOR for services provided during initial or subsequent PERIODS. Should funds for subsequent PERIODS not be appropriated or budgeted by the STATE for the purpose herein specified, the STATE shall, in accordance with Section 41 of the State Finance Law, have no liability under this AGREEMENT to the CONTRACTOR, and this AGREEMENT shall be considered terminated and cancelled.
- D. The CONTRACTOR will be entitled to receive payments for work, projects, and services rendered as detailed and described in the program workplan, Appendix D. All payments shall be in conformance with the rules and regulations of the Office of the State Comptroller.
- E. The CONTRACTOR will provide the STATE with the reports of progress or other specific work products pursuant to this AGREEMENT as described in this Appendix below. In addition, a final report must be submitted by the CONTRACTOR no later than \_\_\_\_ days after the end of this AGREEMENT. All required reports or other work products developed under this AGREEMENT must be completed as provided by the agreed upon work schedule in a manner satisfactory and acceptable to the STATE in order for the CONTRACTOR to be eligible for payment.
- F. The CONTRACTOR shall submit to the STATE monthly/quarterly voucher claims and reports of expenditures on such forms and in such detail as the STATE shall require. The CONTRACTOR shall submit vouchers to the State's designated payment office located in the \_\_\_\_\_.
- All vouchers submitted by the CONTRACTOR pursuant to this AGREEMENT shall be submitted to the STATE no later than \_\_\_\_\_ days after the end date of the period for which reimbursement is being claimed. In no event shall the amount received by the CONTRACTOR exceed the budget amount approved by the STATE, and, if actual expenditures by the CONTRACTOR are less than such sum, the amount payable by the STATE to the CONTRACTOR shall not exceed the amount of actual expenditures. All contract advances in excess of actual expenditures will be recouped by the STATE prior to the end of the applicable budget period.
- G. If the CONTRACTOR is eligible for an annual cost of living adjustment (COLA), enacted in New York State Law, that is associated with this grant AGREEMENT, payment of such COLA shall be made separate from payments under this AGREEMENT and shall not be applied toward or amend amounts payable under Appendix B of this AGREEMENT.

Before payment of a COLA can be made, the STATE shall notify the CONTRACTOR, in writing, of eligibility for any COLA. The CONTRACTOR shall be required to submit a written certification attesting that all COLA funding will be used to promote the recruitment and retention of staff or respond to other critical non-personal service costs during the State fiscal year for which the cost of living adjustment was allocated, or provide any other such certification as may be required in the enacted legislation authorizing the COLA.

II. Progress and Final Reports

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

Report Type:

A. Narrative/Qualitative Report  
\_\_\_\_\_ (Organization Name) will submit, on a quarterly basis, not later than \_\_\_\_\_ days from the end of the quarter, a report, in narrative form, summarizing the services rendered during the quarter. This report will detail how the \_\_\_\_\_ (Organization) \_\_\_\_\_ has progressed toward attaining the qualitative goals enumerated in the Program Workplan (Appendix D).

(Note: This report should address all goals and objectives of the project and include a discussion of problems encountered and steps taken to solve them.)

B. Statistical/Quantitative Report  
\_\_\_\_\_ (Organization Name) will submit, on a quarterly basis, not later than \_\_\_\_\_ days from the end of the quarter, a detailed report analyzing the quantitative aspects of the program plan, as appropriate (e.g., number of meals served, clients transported, patient/client encounters, procedures performed, training sessions conducted, etc.)

C. Expenditure Report  
\_\_\_\_\_ (Organization Name) \_\_\_\_\_ will submit, on a quarterly basis, not later than \_\_\_\_\_ days after the end date for which reimbursement is being claimed, a detailed expenditure report, by object of expense. This report will accompany the voucher submitted for such period.

D. Final Report

\_\_\_\_\_ (Organization Name) \_\_\_\_\_  
will submit a final report, as required by the contract, reporting on all aspects of the program, detailing how the use of grant funds were utilized in achieving the goals set forth in the program Workplan.

## APPENDIX D

### PROGRAM WORKPLAN (sample format)

A well written, concise workplan is required to ensure that the Department and the contractor are both clear about what the expectations under the contract are. When a contractor is selected through an RFP or receives continuing funding based on an application, the proposal submitted by the contractor may serve as the contract's work plan if the format is designed appropriately. The following are suggested elements of an RFP or application designed to ensure that the minimum necessary information is obtained. Program managers may require additional information if it is deemed necessary.

#### I. CORPORATE INFORMATION

Include the full corporate or business name of the organization as well as the address, federal employer identification number and the name and telephone number(s) of the person(s) responsible for the plan's development. An indication as to whether the contract is a not-for-profit or governmental organization should also be included. All not-for-profit organizations must include their New York State charity registration number; if the organization is exempt AN EXPLANATION OF THE EXEMPTION MUST BE ATTACHED.

#### II. SUMMARY STATEMENT

This section should include a narrative summary describing the project which will be funded by the contract. This overview should be concise and to the point. Further details can be included in the section which addresses specific deliverables.

#### III. PROGRAM GOALS

This section should include a listing, in an abbreviated format (i.e., bullets), of the goals to be accomplished under the contract. Project goals should be as quantifiable as possible, thereby providing a useful measure with which to judge the contractor's performance.

#### IV. SPECIFIC DELIVERABLES

A listing of specific services or work projects should be included. Deliverables should be broken down into discrete items which will be performed or delivered as a unit (i.e., a report, number of clients served, etc.) Whenever possible a specific date should be associated with each deliverable, thus making each expected completion date clear to both parties.

Language contained in Appendix C of the contract states that the contractor

is not eligible for payment “unless proof of performance of required services or accomplishments is provided.” The workplan as a whole should be structured around this concept to ensure that the Department does not pay for services that have not been rendered.

**Agency Code 12000  
APPENDIX X**

Contract Number: \_\_\_\_\_

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

Amendment Number X-\_\_\_\_\_

This is an AGREEMENT between THE STATE OF NEW YORK, acting by and through NYS Department of Health, having its principal office at Albany, New York, (hereinafter referred to as the STATE), and \_\_\_\_\_ (hereinafter referred to as the CONTRACTOR), for amendment of this contract.

This amendment makes the following changes to the contract (check all that apply):

- \_\_\_\_\_ Modifies the contract period at no additional cost
- \_\_\_\_\_ Modifies the contract period at additional cost
- \_\_\_\_\_ Modifies the budget or payment terms
- \_\_\_\_\_ Modifies the work plan or deliverables
- \_\_\_\_\_ Replaces appendix(es) \_\_\_\_\_ with the attached appendix(es) \_\_\_\_\_
- \_\_\_\_\_ Adds the attached appendix(es) \_\_\_\_\_
- \_\_\_\_\_ Other: (describe) \_\_\_\_\_

This amendment *is* / *is not* a contract renewal as allowed for in the existing contract.

All other provisions of said AGREEMENT shall remain in full force and effect.

Prior to this amendment, the contract value and period were:

\$ \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Value before amendment) (Initial start date)

This amendment provides the following addition (complete only items being modified):

\$ \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

:

This will result in new contract terms of:

\$ \_\_\_\_\_  
±  
(All years thus far combined)

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Initial start date) (Amendment end date)



**ATTORNEY GENERAL'S SIGNATURE**

By: \_\_\_\_\_

Date: \_\_\_\_\_

**STATE COMPTROLLER'S SIGNATURE**

By: \_\_\_\_\_

Date: \_\_\_\_\_

**Letter of Interest**  
SAMPLE

Susan Millstein  
NYS Department of Health  
Diabetes Prevention and Control Program  
150 Broadway, Suite 350  
Albany, NY 12204

Re: RFA # 0809170456  
Creating Healthy Places to Live, Work and Play

Dear \_\_\_\_\_:

This letter is to indicate our interest in the above Request for Applications (RFA) and to request:  
*(please check one)*

- that our organization be notified, via the e-mail address below, when any updates, official responses to questions, or amendments to the RFA are posted on the Department of Health website: <http://www.nyhealth.gov/funding/>.

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

- that our organization is unable or prefers not to use the Department of Health's website and requests the actual documents containing any updates, official responses to questions, or amendments to the RFA be mailed to the address below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sincerely,

### Application Cover Page

**Title of Project:** Creating Healthy Places in \_\_\_\_\_ County

**Name of Applicant Org:** \_\_\_\_\_

**Type of Organization:** \_\_\_\_\_

**County to be Served:** \_\_\_\_\_

**Selected Setting (s):**  Communities  Worksites (optional)

**Project Director's Name:** \_\_\_\_\_

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

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

**E-Mail (required):** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Individual Authorized to Sign the Contract Name:** \_\_\_\_\_

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

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

**E-Mail:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Total State Funds Requested:** \_\_\_\_\_

**NYS Charity Registration Number:** \_\_\_\_\_

**Federal IRS Tax Identification Number:** \_\_\_\_\_

## Vendor Responsibility Attestation

To comply with the Vendor Responsibility Requirements outlined in Section IV, Administrative Requirements, H. Vendor Responsibility Questionnaire, I hereby certify:

**Choose one:**

- An on-line Vendor Responsibility Questionnaire has been updated or created at OSC's website: <https://portal.osc.state.ny.us> within the last six months.
  
- A hard copy Vendor Responsibility Questionnaire is included with this application and is dated within the last six months.
  
- A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations, and Indian Nations.

Signature of Organization Official: \_\_\_\_\_

Print/type Name: \_\_\_\_\_

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

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

Date Signed: \_\_\_\_\_

## Checklist and Order for Application Submission

Applicants shall submit one (1) original, signed application and three (3) copies of the following items in the order listed below:

- Application Cover Page (See Attachment 3)
- Application Narrative, including:
  - Executive Summary
  - Statement of Need
  - Organization Capacity and Experience
  - Organizational chart that shows the location of the proposed initiative/project within the organization (At the end of the Organization Capacity and Experience section, not counted toward the page limit)
  - Program Plan (including Attachment 8 workplan tables)
  - Staffing Structure and Qualifications
  - Letters of Commitment from key partners appropriate to the scope of work - See Attachment 12 for a sample (At the end of the Staffing Structure and Qualifications section, not counted toward the page limit)
  - Resumes for Coordinator, Evaluator (if different from Coordinator) and any other hired staff, if applicable, and/or those providing orientation/supervision to the program (At the end of the Staffing Structure and Qualifications section, not counted toward the page limit)
  - Position description for the Coordinator if the individual is unknown (At the end of the Staffing Structure and Qualifications section, not counted toward the page limit)
  - Evaluation and Budget and Justification
  - No Tobacco Policy (Attachment 17) or Letter of Commitment
  - Comprehensive Healthy Foods Policy Status and Intent
- Vendor Responsibility Attestation
- Additional Optional Worksite Component Requirements

## Coordinator Position Description

### Required Qualifications:

- Bachelors degree and three years of experience in a like or similar position
- Background in public health, health planning, nutrition, social welfare, public policy, community planning or related field
- Commitment to public health and chronic disease prevention
- Experience working with selected setting (Communities, Worksites or Schools)
- Knowledge of and skills in:
  - Policy, environmental and systems change approaches
  - Obesity and type 2 diabetes prevention content
  - Cultural competency, disability awareness
  - Strategic planning, program development, coordination and management
  - Advocacy, public health policy and public relations
  - Community mobilization, outreach, organizing and planning in public health
  - Leadership, communication and writing
  - Strategic use of media including media advocacy and earned media
  - Fiscal management
  - Evaluation methods, including gathering and analyzing data
- Ability to motivate, inspire others and convey knowledge and enthusiasm to partners
- Ability to work with internal and external partners at multiple levels within organizations and across communities
- Organized and detail-oriented
- Access to transportation and ability to travel as needed within the county/borough
- Knowledge of the geography, demographics and unique needs of county/borough
- Excellent interpersonal and networking abilities
- Experience with Microsoft Word, Access, Excel and PowerPoint

### Responsibilities of Coordinator:

- Lead the project as a 100% FTE
- Schedule and coordinate all project-related meetings
- Manage the day to day operations of the project
- Assess membership and recruit new members as needed
- Motivate partners, stakeholders and community members
- Interface with community members, organizations and decision-makers at every level
- Build support for the project
- Lead workplan development process and manage implementation efforts
- Ensure achievement of all project deliverables
- Coordinate and complete evaluation and reporting requirements
- Develop and manage project budget including preparation and submission of quarterly vouchering and budget modifications (as needed)
- Facilitate all communications with NYS DOH
- Facilitate partnership meetings and conference calls
- Participate in quarterly conference calls beginning April 2010
- Attend CDC and/or NYSDOH meetings and trainings as requested and/or required

### Required and/or Preferred Qualifications for Optional Worksite Component:

- Experience defining, positioning, and linking wellness in worksites
- Experience with data collection and evaluation of wellness programs
- Excellent written and oral communication skills, specifically designing and implementing wellness promotion efforts
- Knowledge and skills to handle confidentiality and privacy issues in wellness programs

## **Policy, Systems and Environmental Change Definitions**

Policy Change – a written guideline, procedure, law, ordinance, regulation, or course of action, which has been approved by administrators or decision makers and guides or regulates the behavior of individuals and/or groups. Policies are implemented and enforced and result in institutional or individual behavior change.

Systems Change – a change in the way people and institutions are organized and behave. Systems change involves the adoption and formalization of new rules, procedures, interactions, infrastructures, or practices that lead to desired outcomes. This type of change modifies the way “business is done” and becomes the established norm or procedure. It can affect a specific population, occur community-wide, or occur in a single institution or multiple institutions.

Environmental Change – a physical change, improvement, upgrade, or enhancement that affects an individual’s propensity to engage in a behavior.

Often times, ‘changes’ can be classified into multiple categories. For example, a policy change may lead to a systems or environmental change. Changes do not have to fit into the distinct categories above – the definitions are simply to provide further clarification on the types of strategies that are relevant to this approach. If a particular strategy applies to multiple types of changes, it is usually a good indicator that the impact will be permanent and comprehensive.

*Adapted from Steps to a HealthierNY*

Creating Healthy Places in \_\_\_\_\_ County  
Lead Agency: \_\_\_\_\_

Setting:  Community       Worksite  
Time Period: mm/yy – mm/yy

### Workplan Format

<b>Strategy:</b>	
<b>Timeline (mm/yy – mm/yy)</b>	<b>Activities</b>

## Budget Instructions for Core Community Strategies

### General Instructions

- The budget and budget justification should cover the two year period from April 1, 2010 through March 31, 2012.
- All budget lines should be calculated as whole dollar amounts (i.e. 50% of \$32,115 salary = \$16,057.50 budget amount = \$16,058).
- All reported funds must be directly related to the proposed project and justified in detail regardless of source (including in-kind).
- Awarded funds may not be used to supplant existing funding sources.

### Format

- Prepare a budget for the total award for the first two years.
- Use the Budget Template (Attachment 10).
- For each item, list amounts for **Total Cost, Amount requested and in-Kind Contributions/Other Funds**
- A comprehensive justification for each line item should follow the budget.
- The budget format should consist of two sections: 1) personnel and 2) other than personal services (OTPS).

### Match Requirement

- An in-kind match of 15% of the subtotal of the amount requested from NYSDOH is required.
- If the applicant's proposed organizational structure includes partners, partners are expected to contribute to this match.
- Overhead costs may be used as matching funds in support of this project.

### Budget Justification

- Applicants should demonstrate how the proposed expenditures relate to the workplan.
- Provide justification and a breakdown for each item requested in the budget.
- Provide details (i.e., brief job description, description of how position or other line item contributes to program objectives and workplan) and demonstrate *all calculations* (i.e., telephone service must detail costs per line or staff person; postage must include how postage will be used, postage rate, approximate number of pieces to be mailed, etc.).

**Application Budget Format**

Project Name: Creating Healthy Places in \_\_\_\_\_ County

Community                       Worksite

Budget Period: mm/yy-mm/yy

LEAD AGENCY:

CATEGORY			REQUESTED AMOUNT	IN-KIND AMOUNT*	TOTAL AMOUNT
<b>PERSONNEL</b>	<b>% TIME ON THE PROJECT</b>	<b>ANNUAL SALARY at 1.0 FTE</b>			
Coordinator	100%				
Fringe @ 26%					
<b>A. PERSONNEL TOTAL</b>					
<b>OTHER THAN PERSONAL SERVICES (OTPS)</b>					
Travel					
Postage					
Office Supplies					
Printing & Copying					
Equipment					
<b>B. OTPS Total</b>					
<b>C. TOTAL BUDGET</b>					

\* Match calculation: In-kind total must be at least 15% of NYSDOH total (from line C)

**In-kind Contributions**

**Percentage**

# Guidelines for Healthy Meetings



## *Introduction*

The connection between food, physical activity and health are well documented. Offering healthy choices at meetings and other events can make it easier for people to eat healthy foods and be physically active. Making simple changes to foods, drinks and breaks offered at group and community events gives New Yorkers disease-fighting foods and an energy boost without worries about too many calories, too much unhealthy fat, or too much sedentary time. There are three parts to these guidelines – general guidelines, suggestions for menus and physical activities, and a sheet to provide to the vendor.

## *General Guidelines*

Healthy food certainly can taste good. Most food service professionals now have some familiarity with healthier food preparation options and are willing to accommodate requests for changes to their usual fare. You might want to ask for a sample ahead of time. Registration forms should provide space to indicate food allergies or dietary restrictions.

- ✓ Serve low-calorie and low-fat foods.
- ✓ Serve fruits and vegetables whenever possible.
- ✓ Serve small portions (e.g., cut bagels in halves or quarters, etc.).
- ✓ Serve milk (fat-free or 1%), 100% fruit or vegetable juice, water or iced tea (unsweetened) instead of soft drinks.
- ✓ Lunch and dinner don't have to include a heavy dessert – fresh fruit, a fruit crisp or cobbler, small cookies, etc. are fine options.
- ✓ Include a vegetarian option at all meals.
- ✓ Provide reduced-fat or low-fat milk for coffee rather than cream or half and half (evaporated skim milk also works well for coffee - make sure it's not sweetened condensed milk).
- ✓ Provide pitchers of water.

Providing participants with physical activity breaks at meetings and events will help them stay alert and focused. In addition to including physical activity breaks in the agenda, it's important to consider hotel location, facilities and accommodating people of abilities in any activities planned.

- ✓ Choose a location where participants can easily and safely take a walk. For overnight meetings, choose a place where participants can walk to dinner or evening entertainment. Provide participants with maps of the area showing good walking routes.
- ✓ Choose a hotel that has good, accessible fitness facilities, e.g., a fitness room and pool. Include information about these facilities in materials you send to participants.
- ✓ Consider a casual dress code for the meeting - this allows people to participate in physical activities more easily.
- ✓ Organize physical activity breaks that can be modified or adapted for people of all abilities, such as stretching exercises that can be performed in a seated position.

# Guidelines for Healthy Meetings

## Menu Suggestions

### Breakfast

- Fresh fruit (cut up and offered with low-fat yogurt dip)
- High-fiber cereals like bran flakes, low-fat granola or oatmeal
- Fruit toppings (raisins, dried fruit mix, fresh strawberries, bananas, blueberries, peaches) for hot and cold cereals
- Hard cooked eggs
- Vegetable omelets
- Low-fat yogurt
- Eggs made with egg substitute or without yolks
- Thinly sliced ham
- Bagels (cut in half) served with fruit spreads, jams, hummus, or low-fat cream cheese

### Light Refreshments

- Consider whether it is necessary to offer a morning and afternoon food break
- Fresh sliced fruit and vegetable tray – offered with low-fat dips
- Whole grain crackers or granola bars (5g fat or less per serving)
- An assortment of low-fat cheeses and whole grain crackers
- Baked Pita chips served with hummus
- Whole grain muffins (cut in half if not serving mini muffins) and whole grain breads
- Low-fat yogurt
- Pretzels, popcorn, baked chips, or trail mixes

### Lunch and Dinner

- Salad that includes a variety of mixed salad greens and served with low-fat dressing
- Whole grain breads and rolls
- Mustard and low-fat mayonnaise as condiments for sandwiches, or cranberry sauce if you're offering turkey
- Sandwiches presented in halves, so people can take a smaller portion
- Broth-based soups (using a vegetarian broth), or soups using evaporated skim milk instead of cream
- Pasta dishes (lasagna, pizza) with low-fat cheeses (part skim mozzarella, part skim ricotta) and extra vegetables or pasta with tomato or other vegetable-based sauces
- 4-ounce maximum portions of meat and plenty of low-fat, low-calorie side dishes
- Raw vegetables or pretzels instead of potato chips or french fries.
- Vegetables – steamed, fresh or cooked without butter or cream sauces.

## Physical Activity Suggestions

- Organize an early morning physical activity opportunity, e.g., a morning walk.
- If you are planning a walking activity, look for safe walkways with ample width and curb cuts so people who use mobility devices can participate.
- Encourage participants to take the stairs. Place signs near the elevators telling people where the stairs are.
- Encourage networking by suggesting people take a walk together and talk about their common interests.
- Schedule brief activity breaks in the morning and afternoon, e.g., walking in place, stretching, or resistance band use.

# Guidelines for Healthy Meetings

The following are general guidelines to use when planning meals for meetings and other events. It is important to provide delicious, healthy food choices to help people eat well. We hope that this information will help you work with us to provide healthy meals to our participants.

## General Guidelines

- ✓ Offer low-calorie and low fat foods and/or small portions (e.g. bagels cut in halves or quarters).
- ✓ Always offer vegetables, fruit and low-fat milk.
- ✓ Include a vegetarian option at all meals.
- ✓ Provide no more than a 4-ounce serving of meat.
- ✓ Provide pitchers of water.
- ✓ Provide at least some whole grain breads and cereals.
- ✓ If serving a dessert, provide fresh fruit, fruit crisps, small cookies, or small servings of sorbet.

## Menu Suggestions

### Breakfast

- Fresh fruit.
- Yogurt.
- High-fiber cereals like bran flakes, low-fat granola and oatmeal.
- Fruit toppings (raisins, dried fruit mix, fresh strawberries, bananas, blueberries, peaches) for hot and cold cereals.
- Hard cooked eggs.
- Vegetable omelets and eggs made with egg substitute or without yolks.
- Thinly sliced ham or Canadian bacon.
- Whole grain or part whole grain bagels (cut in half) served with fruit spreads, jams, or low-fat cream cheese.

### Light Refreshments

- Fresh sliced fruit and vegetable tray – offered with low-fat dips.
- Whole grain crackers or granola bars (5g fat or less per serving).
- An assortment of low-fat cheeses and whole grain crackers.
- Pita chips served with hummus.
- Whole grain muffins (cut in half if not serving mini muffins) and whole grain breads.
- Low-fat yogurt.
- Pretzels, popcorn, baked chips, and trail mixes.
- Bagels with low-fat cream cheese or jams - cut bagels in halves or quarters.
- Low-fat yogurt.

### Lunch and Dinner

- Raw vegetables with low-fat dip and fresh fruits.
- Salads with low-fat salad dressing on the side.
- Broth-based soups (using a vegetarian broth), or soups using evaporated skim milk instead of cream.
- Raw vegetable salads marinated in fat-free or low-fat Italian dressing.
- Sandwich platters - cut sandwiches in half so people can take smaller portions. Offer mustard and low-fat mayonnaise as condiments on the side. Use whole grain breads.
- Pasta dishes made with part skim mozzarella and part skim ricotta cheese (e.g. pizza, lasagna). Serve pasta with tomato or other vegetable-based sauces.
- Meat servings limited to a 4 ounce portion (fresh seafood, skinless poultry, lean beef – eye of round, London broil).
- Whole grain breads or rolls.
- Baked potatoes with low-fat or vegetable toppings on the side.
- Salads with dark green lettuces; spinach; beans and peas; grilled, lean meat and low-fat cheeses.
- Pasta, tofu and vegetable salads with fat-free or low-fat dressing.
- Desserts: frozen yogurt or sorbet, small cookies, small individually wrapped chocolates, fruit crisp.

**Letter of Commitment  
SAMPLE**

Month DD, YYYY

Project Director  
Not-for-profit agency  
Street address  
City, State, Zip Code

Dear Ms. Director:

I am pleased to write this letter on behalf of the ORGANIZATION to join you in your Creating Healthy Places in \_\_\_\_\_ County Project. The mission of ORGANIZATION is to \_\_\_\_\_.

The ORGANIZATION has a long history of collaboration with APPLICANT. Examples include\_\_\_\_\_. The ORGANIZATION is a natural partner for this project due to our extensive experience in\_\_\_\_\_. Examples include\_\_\_\_\_. Our leading strength is\_\_\_\_\_.

Through this collaboration, we look forward to continuing our partnership with the APPLICANT. Our role in the Creating Healthy Places partnership will be to\_\_\_\_\_. Specifically, the ORGANIZATION will collaborate with the APPLICANT on the following components of workplan:

The ORGANIZATION will contribute to meeting the required 15% state match per year for this project (check one):

Yes       No

We will contribute to this match by\_\_\_\_\_ (Describe monetary, in-kind or other contributions as appropriate).

Sincerely,

## **Nursing Mothers in the Workplace Act**

In 2007, the New York State *Nursing Mothers in the Workplace Act* (Section 206-c of the New York State Labor Law, Chapter 574 of the Laws of 2007) was signed into legislation. This legislation allows women the right to express milk at the workplace. Employers are required to provide reasonable break time (paid or unpaid) as well as make an effort to provide a location in close proximity to the work area where expression of milk can happen in privacy.

This legislation is applicable to all employers both public and private throughout New York State, regardless of size or nature of their business.

*Visit the New York State Department of Labor for the Nursing Mothers in the Workplace Act Guidelines at the following:*

<http://www.labor.state.ny.us/workerprotection/laborstandards/PDFs/guidelinesexpressionofbreastmilkFINAL.pdf>

## Healthy Kids, Healthy New York After-School Model Guidelines

### Nutrition

*These nutrition guidelines have been developed to be consistent with the Child and Adult Care Food Program (CACFP) and National School Lunch Program (NSLP) guidelines.*

1. Serve nutritious snacks that **include only**:
  - Low-fat or fat-free milk.
  - Vegetables and fruits (fresh, frozen or canned) with no added sugar, salt, or fat.
  - 100% vegetable or fruit juice (limited to 6 ounce portions and served a maximum of two times per week).
  - Vegetable protein items (nuts, beans, seeds) or low-fat animal protein items (meat, poultry, fish, cheese, and plain/flavored yogurt).
  - Whole grain crackers, breads, or cereals (first ingredient must be a whole grain such as whole wheat\*).
  - Single servings of prepackaged food items that meet the above standards.
2. Any food items served contain zero grams of trans fat.
3. Any foods and beverages sold, served or offered in addition to, or instead of, the reimbursable meal or snack (vending machines, party food, fundraising, etc.) also meet the standards listed.
4. Water is available at all times and easily accessible to children.
5. If the provider requires or allows parents to send in snacks, the snacks should meet the nutrition guidelines above.

\* Whole grains may include brown rice, bulgur (cracked wheat), whole-grain corn or whole corn meal, whole rye, wild rice, buckwheat, millet, sorghum, whole-grain barley, whole oats/oatmeal/rolled oats, whole wheat. Label terms such as 100% wheat, stone-ground or multi-grain do not guarantee the grain is whole. For more information see *Serve More Whole Grains for Healthier School Meals*.

### Key Recommendations for Nutrition

- Programs strive to provide opportunities for healthful eating.
- Food is appetizing and served in quantities that provide a balance of energy and nutrients.
- Food is available to all children in attendance.
- A variety of wholesome foods that are maintained at proper temperatures are served.
- Portion sizes are age-appropriate.
- While children with special health care/nutrition needs (e.g., food allergies, diabetes, celiac disease) should be served only foods and beverages consistent with their dietary needs, their snacks and meals should adhere as closely to the model nutrition guidelines as possible.
- Staff will consume the same snacks served to children, in the same quantities, in order to model healthful eating.
- Staff will provide nutrition education opportunities to participants or arrange for the provision of nutrition education to participants.
- USDA Federal reimbursement is available for Snacks and Suppers in after school programs (National School Lunch Program (NSLP) and Child and Adult Care Food Program (CACFP), respectively) in New York State. Participation in one of the reimbursable after-school nutrition programs (CACFP snack/supper or NSLP snack) is a model performance indicator.\*

\* Although the Healthy Kids, Healthy New York nutrition guidelines have been developed to be consistent with the CACFP and NSLP, following these guidelines does NOT necessarily mean that an after school care provider will be reimbursed for those food items. An after school provider must

participate in the CACFP and NSLP and meet all of the program requirements.

## **Healthy Kids, Healthy New York After-School Model Guidelines**

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For more information go to:

[www.fns.usda.gov/cnd/afterschool](http://www.fns.usda.gov/cnd/afterschool)

or

<http://www.health.state.ny.us/prevention/nutrition/cacfp/overview.htm>

or call 1-800-942-3858

[www.nysed.gov/cn/cnms.htm](http://www.nysed.gov/cn/cnms.htm)

or call 518-473-8781.

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### **Physical Activity**

1. Engage children in physical activities that are designed to recognize differences in age, physical and mental development, and skill level.
2. Schedule at least 30 minutes of moderate to vigorous physical activity during each 3-hour block. (At least half of that time should be scheduled outdoors.)
3. Provide an activity break after no more than 60 continuous minutes of sedentary activity.

### **Key Recommendations for Physical Activity**

- Programs will provide components that nurture lifelong healthy habits, character development, and enjoyment.
  - Build staff capacity by providing appropriate training for staff and volunteers that utilizes staff involvement, and builds on previous staff and program success.
  - Promote active participation of staff in physical activity, rather than observation on the sidelines.
  - Try games that do not involve elimination of players, but allow active participation for all, for the duration of play.
  - Programs should encourage staff and other leaders to model positive, healthy behavior.
- 

### **Screen Time**

1. Limit television or recreational screen time (e.g., videos, DVDs, computers, portable electronic devices) to no more than 2.5 hours (30 minutes per day) per 5-day week.\* Computer use for homework is exempted.
2. Ensure that television programming, videos, DVDs, or computer programs are age-appropriate, non-violent, and educational.\*\*
3. Use programs that actively engage child movement most frequently.
4. Avoid commercial advertising.
5. Separate snacking from television or computer use.
6. Offer alternative(s) to television or recreational screen time.

\* Children's total viewing time includes time they spend watching other children on the computer or other device (e.g., while waiting in line for their turn).

\*\* Use television and software rating systems to guide viewing and use selections.

Excerpted from the Healthy Kids, Healthy New York After-School Initiative Toolkit:

[http://www.nyhealth.gov/prevention/obesity/healthy\\_kids\\_healthy\\_ny/healthy\\_kids\\_healthy\\_ny\\_afterschool\\_toolkit.pdf](http://www.nyhealth.gov/prevention/obesity/healthy_kids_healthy_ny/healthy_kids_healthy_ny_afterschool_toolkit.pdf)

## **Television Viewing/Screen-Time Reduction Module**

### **Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC)**

The NAP SACC Television Viewing/Screen-time Reduction Module, developed by the New York State Department of Health, is designed to be implemented in conjunction with the Nutrition and Physical Activity Self-Assessment for Child Care intervention developed by the University of North Carolina.

The module is implemented using the standard NAP SACC implementation process:

- Self-assessment
- Goal Setting and Action Planning
- Workshop Delivery
- Targeted Technical Assistance
- Evaluation and Follow-up

The NAP SACC Television Viewing/Screen-time Reduction Module Toolkit includes the resources needed to implement the intervention.

- A self-assessment instrument to review and rate the child care center's television and video use, computer and video game use, staff behaviors, media education practices and media policy.
- An action plan outline
- A scripted one-hour workshop for child care staff on media use in child care, *Unplugged: Moving Beyond Screens*
- A Consultant's Technical Assistance Manual to support the promotion and implementation of best practices related to media use in child care.
- Informational materials for child care staff and parents

**Attachment 16**

## **Other Resources/References**

**Promising Strategies for Creating Healthy Eating and Active Living Environments,  
Healthy Eating Active Living Convergence Partnership**

<http://www.preventioninstitute.org/documents/promisingstrategies.pdf>

**Strategies for Enhancing the Built Environment to Support Healthy Eating and Active  
Living, Healthy Eating Active Living Convergence Partnership**

<http://www.preventioninstitute.org/documents/builtenvironment.pdf>

**The Steps Program in Action: Success Stories on Community Initiatives to Prevent  
Chronic Diseases, Centers for Disease Control and Prevention**

[http://www.cdc.gov/steps/success\\_stories/pdf/SuccessStories.pdf](http://www.cdc.gov/steps/success_stories/pdf/SuccessStories.pdf) .

**The Community Health Promotion Handbook: Action Guides to Improve Community  
Health**

<http://www.prevent.org/content/view/142/173/>

**Keeping America Healthy: A Catalog of Successful Programs**

[http://promisingpractices.fightchronicdisease.org/uploads/Best\\_Practice\\_Catalog.pdf](http://promisingpractices.fightchronicdisease.org/uploads/Best_Practice_Catalog.pdf)

**State Nutrition, Physical Activity and Obesity (NPAO) Program  
Technical Assistance Manual, Centers for Disease Control and Prevention**

[http://www.cdc.gov/obesity/downloads/TA\\_Manual\\_1\\_31\\_08.pdf](http://www.cdc.gov/obesity/downloads/TA_Manual_1_31_08.pdf)

**Guide to Community Preventive Services**

<http://www.thecommunityguide.org/>

**Centers for Disease Control and Prevention, Coordinated School Health Program**

<http://www.cdc.gov/HealthyYouth/CSHP/>

**National Center on Physical Activity and Disability**

<http://www.ncpad.org>

**Americans with Disabilities Act, Checklist for Barrier Removal**

<http://www.ada.gov/checkweb.htm>

**The Center for Universal Design, North Carolina State University**

[http://www.design.ncsu.edu/cud/about\\_ud/udprinciplestext.htm](http://www.design.ncsu.edu/cud/about_ud/udprinciplestext.htm)

**Planning an Accessible Garden: United Spinal Association**

<http://www.unitedspinal.org/publications/action/2007/08/14/planning-an-accessible-garden/>

**The Center for Universal Design, North Carolina State University**

[http://www.design.ncsu.edu/cud/about\\_ud/udprinciplestext.htm](http://www.design.ncsu.edu/cud/about_ud/udprinciplestext.htm)

**Visual Poster**

[http://www.design.ncsu.edu/cud/pubs\\_p/docs/poster.pdf](http://www.design.ncsu.edu/cud/pubs_p/docs/poster.pdf)

**How to Plan Events Everyone Can Attend**

<http://www.health.state.ny.us/nysdoh/promo/events.htm>

**OPTIONAL WORKSITE COMPONENT RESOURCES**

**Worksite Health Promotion**

<http://www.thecommunityguide.org/worksite/index.html>

<http://www.cdc.gov/nccdphp/dnpa/hwi/index.htm>

<http://www.prevent.org/content/view/133/>

**Heart Check Tool**

<http://www.health.state.ny.us/nysdoh/heart/healthy/heartcheck.pdf>

**Tobacco-Free Workplaces**

<http://www.cdc.gov/nccdphp/dnpa/hwi/toolkits/tobacco/index.htm>

**Health Risk Assessments**

[http://www.cdc.gov/nccdphp/dnpa/hwi/program\\_design/health\\_risk\\_appraisals.htm](http://www.cdc.gov/nccdphp/dnpa/hwi/program_design/health_risk_appraisals.htm)

**Business Case for Breastfeeding Toolkit**

<http://www.womenshealth.gov/breastfeeding/programs/business-case/index.cfm>

<http://www.labor.state.ny.us/workerprotection/laborstandards/PDFs/guidelinesexpressionofbreastmilkFINAL.pdf>

**Utilizing Incentives to Maximize Participation**

[http://www.welcoa.org/freeresources/pdf/aa\\_apr08\\_uitmp.pdf](http://www.welcoa.org/freeresources/pdf/aa_apr08_uitmp.pdf)

**A Purchaser's Guide to Clinical Preventive Services: Moving Science into Coverage**

<http://www.businessgrouphealth.org/benefitstopping/topics/purchasers/fullguide.pdf>

No Tobacco Status

The organization does not have any affiliation\* or contractual relationship with any tobacco company, its affiliates, its subsidiaries or its parent company. Subcontractors should meet the same requirements as the principal contract holder and be approved by DOH.

\* Affiliation:

- being employed by or contracted to any tobacco company, association or any other agents known by you to be acting for tobacco companies or associations;
- receiving honoraria, travel, conference or other financial support from any tobacco company, association or any other agents known by you to be acting for or in service of tobacco companies or associations;
- receiving direct or indirect financial support for research, education or other services from a tobacco company, association or any agent acting for or in service of such companies or associations, and;
- owning a patent or proprietary interest in a technology or process for the consumption of tobacco or other tobacco use related products or initiatives.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comprehensive Healthy Foods Policy Status and Intent

*Check the box that most accurately characterizes the applicant organization:*

- The organization provides or makes food available to staff or visitors and has or agrees to develop and implement a comprehensive healthy foods policy, including healthy meeting guidelines, within one year of the start date of this contract.

OR

- The organization does not provide or make available food to staff or visitors and will implement healthy meeting guidelines for meetings and events hosted or sponsored by the organization.

OR

- The organization has a combination of practices when providing or making food available to staff or visitors. The organization has or agrees to develop and implement a comprehensive healthy foods policy, including healthy meeting guidelines, within one year of the start date of this contract for food provided or made available to staff or visitors. The organization will implement healthy meeting guidelines for meetings and events hosted or sponsored by the organization.

In every instance, the organization will work with onsite or retained food vendors to adapt food offerings to be consistent with the healthy meeting guidelines and/or a comprehensive healthy foods policy over time.

- Healthy meeting guidelines are described in Attachment 11.
- A comprehensive healthy foods policy ensures that cafeteria meals, refreshments, and vending machines include healthy choices and limit or eliminate unhealthy choices.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_