

NEW YORK STATE DEPARTMENT OF HEALTH
Obesity Prevention in Pediatric Health Care Settings
RFA # 0907231100

REQUEST FOR APPLICATIONS

Pass/Fail Review

Applicant _____

Catchment Area _____

Reviewer _____ **Date** _____

Discontinue review if any of the areas below receive a “No” answer.

Criteria	Yes	No
Was the application received by the due date?	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant a Not-for-Profit organization, local government agency or Indian Tribe?	<input type="checkbox"/>	<input type="checkbox"/>
Is the application specific to one catchment area?	<input type="checkbox"/>	<input type="checkbox"/>
Does the application cover the entire catchment area to be served?	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant an established organization operating within the catchment area to be served?	<input type="checkbox"/>	<input type="checkbox"/>
Did the organization include a statement of its “no tobacco” status (Attachment 12) or Letter of Commitment?	<input type="checkbox"/>	<input type="checkbox"/>
Did the organization include a statement of its comprehensive healthy foods policy status or intent (Attachment 13)?	<input type="checkbox"/>	<input type="checkbox"/>