New York State Department of Health

Division of Chronic Disease and Injury Prevention

Tobacco Control Program, Obesity Prevention Program & Healthy Heart Program

Request for Applications

Comprehensive School Health Policies for Tobacco, Physical Activity and Nutrition

RFA 0908070330

KEY DATES

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Letter of Interest Due (optional):	November 2, 2009
Questions Due:	November 2, 20009
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DOH Contact Name & Address:	Pat Bubniak NYS Tobacco Control Program NYS Department of Health ESP Corning Tower, Rm. 710 Albany NY 12237-0675

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I. Introduction

The New York State Department of Health (DOH) Division of Chronic Disease and Injury Prevention (DCDIP) seeks applications to establish programs to prevent and reduce tobacco use, improve healthful eating, and increase opportunities for physical activity in New York State (NYS) schools through the implementation of sustainable school health policy and practice changes. School health policies are considered district-level Board of Education-approved policies and may include wellness policies, tobacco policies, alcohol, tobacco, and other drug (ATOD) policies, physical education plans, etc. This approach to chronic disease prevention emphasizes supportive environments and population-wide efforts that accelerate improvements in individual health behaviors and health outcomes. Funded initiatives must maximize the impact on the prevention of tobacco use, poor nutrition, and physical inactivity-related diseases by promoting the development and implementation of, and compliance with, policies that will create a healthier environment for the school community. These efforts will support the prevention and reduction of tobacco use, and increase healthful eating and physical activity opportunities through the implementation of sustainable policy, systems and environmental changes.

Total funding available for this initiative is $5.25 million for the initial term of 21 months, followed by $3 million annually for three years, based on availability of funding. The DCDIP anticipates a contract start date of July 1, 2010 and an end date of March 31, 2015. The contract will have an initial term of 21 months, followed by three one-year renewals, based on funding availability and contractor performance (see Section II *Who May Apply*). Under this Request for Applications (RFA), the DCDIP seeks to develop the following two components:

Component A: The DCDIP anticipates contracting with 21 local school health policy contractors. Funded contractors will be responsible for providing resources, guidance and technical assistance to schools and school districts in their respective catchment areas for the development and implementation of, and compliance with, school health policies. These policies will promote increased physical activity, consumption of healthy foods and beverages in recommended amounts, variety and form appropriate for age, sex, and physical activity level consistent with the 2005 Dietary Guidelines for Americans and tobacco-free environments and norms. The contractors should be competent in serving adults and children with disabilities. The top scoring applications from each of the 21 catchment areas are expected to be funded. Catchment areas are based on geographic size, number of school districts and current reach of DOH programs through recent school policy efforts of the Tobacco Control Program, Obesity Prevention Program, and/or Healthy Heart Program. Please see Section II., Who May Apply, for identified catchment areas and funding amounts.

Component B: The DCDIP anticipates contracting with one contractor who will be funded to work collaboratively with the 21 local school health policy contractors funded under Component A; providing coordinated and comprehensive statewide professional development opportunities to a select group of school districts across NYS. The school districts involved in the professional development will consist of one district from each catchment area of Component A. This professional development will further the school health policy work of the selected schools and establish a network of model schools across NYS. The Component B contractor must be

competent in serving adults and children with disabilities. The contractor is expected to be funded up to $125,000 annually to plan, convene and lead a multi-year leadership institute, comprised of schools and school districts working with each contractor in Component A. The leadership institute will be modeled on the American Cancer Society's National School Health Coordinator Leadership Institute, a project started in 1999 in partnership with the Centers for Disease Control and Prevention (CDC).

Applicants for both components A and B will implement strategies to assist schools with health policies that will lead to the following outcomes:

- Reduce or eliminate use of tobacco products.
- Increase physical activity through increased compliance with physical education regulations.
- Increase access to and consumption of healthful foods and reduce access to and consumption of foods with minimal nutritional value to achieve dietary intakes consistent with those recommended by the Dietary Guidelines for Americans.

Organizations may apply for both Component A and Component B. Organizations applying for Component B must also submit a separate application for Component A. Applicants must submit a separate application, work plan and budget for each component for which they are applying. Only those applicants awarded a contract for Component A will be eligible for the Component B award.

A. Background

Preventing and reducing tobacco use, increasing healthful eating, and increasing physical activity opportunities are the most important public health actions that can be taken to improve the health of New Yorkers. In the school setting, laws, regulations and policies are important tools that can be used to improve the health and safety of children and adolescents. In addition to schools serving as part of the larger community and school staff as role models for students, schools are also worksites for many employees. When schools provide a healthy environment for staff, health care costs can be cut and productivity among staff can increase. Education and public health leaders can use specific laws, regulations and policies to promote programs and strategies that foster an environment in which children and adolescents can thrive and learn.

Tobacco Use

Tobacco use and dependence is the leading preventable cause of morbidity and mortality in New York and in the United States. Cigarette use alone results in an estimated 438,000 deaths each year in the US, including 25,500 deaths in NYS. More than half a million New Yorkers currently suffer from serious diseases, caused or exacerbated by tobacco use. The list of illnesses caused by tobacco use is long and contains many of the most common causes of death, including heart disease and stroke, many forms of cancer, and lung and vascular diseases.

Youth are vulnerable to experimenting with tobacco and becoming smokers and the majority of people who become regular cigarette smokers begin during adolescence. As measured by the

2008 Youth Tobacco Survey, current use of cigarettes by NYS middle school students was 3.8% and by high school students was 14.6%. In addition, tobacco use on school grounds continues to be observed by students. In 2008, 64% of high school students saw other students smoking on school property in the past 30 days. In addition, 38% of high school and middle school students saw adults smoking on school property in the past 30 days.

Exposure to secondhand smoke is a significant cause of morbidity and mortality among children and adults, causing an estimated 53,000 deaths each year and hundreds of thousands of illnesses, including asthma, ear infections, and respiratory diseases. A growing body of evidence also suggests that environmental tobacco smoke has a negative impact on academic achievement among adolescents. As a safe environment for children and visitors and as a work place for adults, schools must protect students, staff and visitors from exposure to secondhand smoke.

Obesity

The prevalence of childhood obesity (Body Mass Index (BMI) at or above the 95th age and sex-specific percentile) has more than tripled over the last three decades, from 5-6% for 6 to 17-year-old children in the 1970s to 17-18% for 6 to 19-year-old children in 2003-2006. In New York City, an estimated 22 percent to 24 percent of children in kindergarten through fifth grade are obese (BMI>95th percentile). Overweight children are likely to become obese adults, and treatments for obesity are often not successful. Obesity is a risk factor for many diseases, including cardiovascular disease, diabetes mellitus, stroke, arthritis, breast cancer, and colon cancer. In addition, overweight adolescents are more likely than their non-overweight peers to develop the eating disorder bulimia nervosa, to have high blood pressure or high cholesterol levels, and to face psychological problems due to stigmatization.

A child's weight status can also affect academic performance. Obesity has been shown to be a stronger predictor of absenteeism than any other factor. One study revealed that obese children were absent two more school days than their normal-weight classmates. The emotional effects of obesity such as being teased, depression, and poor self-esteem can result in missed school days. These problems have been shown to significantly affect attendance and academic performance, particularly in girls.

A survey of third grade children in New York State (excluding New York City) showed the prevalence of childhood obesity (i.e., BMI at or above the 95th BMI percentile) exceeds that reported for 6- to 11-year-old children in the 2003-2004 National Health and Nutrition Examination Study (NHANES); 20.1% vs. 17.1%, respectively. Overweight and obesity were more prevalent among third-graders who were eligible to receive free school meals (42% overweight or obese) as compared to those who were not eligible to receive free or reduced cost meals (35% overweight or obese) and among those who were of Hispanic ethnicity (50% overweight or obese) as compared to those who were non-Hispanic whites (36% overweight or obese).

Diabetes

Type 2 diabetes, once thought of exclusively as an adult disease, is now affecting the children of New York State at an increasing rate. Overweight and obesity appear to be an important

predictor of type 2 diabetes in children, and recent studies indicate that type 2 diabetes accounts for an increasing proportion of new cases of childhood diabetes. Current CDC estimates are that one in three children born in the U.S. in 2000 will develop diabetes unless current eating and activity trends are reversed; for African American and Hispanic children, the odds are one in two.

Physical Activity

Among youth, increased duration and intensity of moderate-to-vigorous physical activity has been shown to reduce blood pressure, increase lean muscle tissue, increase bone density, and improve aerobic capacity and flexibility.

Several studies have found that students who are physically active are more likely to be motivated, attentive, and demonstrate academic success. The CDC reports that regular physical activity can influence learning by reducing anxiety and stress, and increasing self-esteem, mood, and concentration. Furthermore, strong evidence suggests that children who participate in daily physical education exhibit better school attendance, a more positive attitude to school, stronger academic achievement, increased concentration, improved math, reading, and writing test scores, and reduced disruptive behavior.

In New York State in 2007, only 38% of students in grades 9-12 met the recommended levels of 60 minutes or more of physical activity per day in five of the previous seven days as compared to 35.7% nationally. The percentage of 9^{th} -12^{th} grade students meeting recommended levels was lower among Non-Hispanic black (32%) and Hispanic students (34%) than among non-Hispanic white students (41%). Youth with disabilities are 4.5 times more likely to be physically inactive compared to non-disabled youth.

Eighty-seven percent of 9^{th} -12^{th} grade students in New York did not attend daily physical education compared to the national rate of 70%. In 2008, an audit by the New York State Comptroller's Office of school districts' compliance with physical education regulations was conducted. Of the 20 school districts audited, only one district was found to be in compliance with the regulations. The school districts typically did not provide physical education classes with the recommended frequency or class time of sufficient length to younger students in grades Kindergarten through 6.

The CDC and the National Association of Sport and Physical Education (NASPE) recommend that children and adolescents accumulate 60 minutes or more of age-appropriate moderate- or vigorous-intensity physical activity daily. The 2008 Physical Activity Guidelines for Americans also recommends that children and adolescents engage in vigorous-intensity physical activity for at least 3 days a week, and that muscle and bone-strengthening activity should be a part of the 60 minutes or more of physical activity on at least 3 days of the week. These guidelines also apply to persons with disabilities. For additional information about the Guidelines, refer to Attachment 17.

Nutrition

Epidemiologic studies in adults find that dietary patterns that are high in fruits, vegetables and low-fat dairy foods, and low in prepared foods, salt and saturated fat are associated with reduced

cardiovascular disease risk, including lower blood pressure levels, optimal lipid profile patterns and reduced prevalence of obesity. In adults, intervention studies with the DASH diet--a diet high in fruits and vegetables, high in plant protein from legumes and nuts, moderate in low-fat dairy products and low in animal protein, resulted in reductions in blood pressure, lipids, and weight.

In children, the association of diet with obesity is more variable, though a few longitudinal studies of children have shown that increased fruits and vegetables, whole grains, and low-fat dairy products, and/or reduced intakes of sweetened or high-fat foods are associated with reduced adiposity. A survey of third grade students in Upstate New York completed during the 2003-04 school year found that only 20% of third graders reported consuming 3 or more vegetables the previous school day and 30% reported eating no vegetables.

School meals can also play an important role in improving academic performance. A comprehensive review of the School Breakfast Program found that serving a nutritious breakfast to children who were not otherwise receiving breakfast showed an increase in attention span, heightened alertness, and improved reading, math, and other standardized test scores.

Intake of sweetened beverages and soda has increased over time, as has the prevalence of obesity among both children and adults. In New York State, 24% of students in grades 9-12 report consuming one or more cans or glasses of soda per day (YRBS, 2007). Numerous studies have found that an increase in sweetened beverage and/or soda consumption is associated with increased weight gain and obesity. Reducing consumption of sweetened beverages has been shown to reduce weight and slow weight gain. Increasing the price of sweetened beverages has the potential to reduce consumption of these beverages. Sweetened beverages such as soda are a discretionary item in the diet; they provide calories but no essential nutrients.

Summary

The financial and personal costs associated with tobacco use and obesity are also increasing, in part, because they lead to higher rates of many chronic diseases. Overweight and obesity-attributable medical expenditures in New York were $6 billion for the period 1998-2000. The total health care cost for New Yorkers with diabetes was over $12.8 billion in 2006. Smoking-attributable medical expenditures cost $8.17 billion annually for New York State. Those costs increase when you include health care expenditures caused by exposure to secondhand smoke, smoking-caused fires, spit tobacco use, or cigar and pipe smoking.

Fortunately, tobacco use can be prevented or reduced, and healthful eating and physical activity can be increased. The root causes of the obesity epidemic – poor nutrition and physical inactivity – can be addressed by lifestyle changes facilitated by supportive physical, social and community environments. Effective primary prevention of obesity and tobacco use includes improving nutrition, increasing physical activity, and reducing/eliminating tobacco use. These comprehensive efforts require establishing supportive and accessible environments in school communities that promote and sustain healthful nutrition, increased physical activity and avoid tobacco use and/or exposure.

For additional background information, refer to Attachment 18.

B. Description of Programs

The Tobacco Control Program (TCP), Obesity Prevention Program (OPP) and the Healthy Heart Program (HHP) in the DCDIP at the New York State DOH are working to prevent and reduce tobacco use, increase opportunities for physical activity, and improve healthful eating in New York State. The programs work with local, state and national partners and include funding from the Centers for Disease Control and Prevention and the state.

Tobacco Control Program
The NY TCP envisions all New Yorkers living in a tobacco-free society and works aggressively to reduce the morbidity and mortality and alleviate the social and economic burden caused by tobacco use in New York. This mission is achieved through statewide and community action to change community environments to support the tobacco-free norm and reduce the social acceptability of tobacco use; cessation interventions that promote cessation from tobacco use and increase access to and delivery of tobacco dependence treatment; health communications to decrease the social acceptability of tobacco use and educate community members and decision makers about the hazards and costs of tobacco use and the effective strategies to prevent and reduce tobacco use; surveillance and evaluation to monitor program progress and improve program quality; and statewide coordination to maximize efficient use of resources to accomplish program goals.

The TCP is part of the National Tobacco Control Program and implements tobacco control strategies consistent with the CDC's *Best Practices for Comprehensive Tobacco Control Programs*, the Surgeon General's report on *Reducing Tobacco Use: A Report of the Surgeon General;* The Task Force on Community Preventive Services' *Guide to Community Preventive Services: The Public Health Service Clinical Practice Guidelines; Tobacco Use Prevention and Control*; the National Cancer Institute's *Strategies to Control Tobacco Use in the United States: A blueprint for public health action in the 1990s* and *ASSIST: Shaping the Future of Tobacco Prevention and Control*. The state program was established in 2000 and built on an existing tobacco control infrastructure of state and community programs funded during the 1990s by the National Cancer Institute and the CDC.

For additional information about the TCP, refer to Attachment 18.

Obesity Prevention Program
The New York State DOH OPP strives to achieve the goals and objectives of *The New York State Strategic Plan for Overweight and Obesity Prevention*. The Plan serves as a blueprint to guide prevention efforts in both the public and private sectors, target settings and sectors for action, and promote 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 healthful 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 food consumption; and decrease television viewing. Over the past five 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

Healthy Heart Program
The New York State DOH HHP has conducted a comprehensive cardiovascular health promotion and disease prevention program for over twenty years. In collaboration with voluntary agencies, local health departments, associations of health professionals, business organizations, transportation experts, municipal planners, health care providers, and many others, the HHP continues to develop strategies and conduct activities that address heart disease, stroke, their risk factors and related conditions. The foundation of these strategies and activities is an environmental and policy approach to behavior change and the assurance of quality health care. The aims of the HHP are to make it easier for people of all ages and abilities to eat healthfully, be physically active and receive appropriate health care for risk factors for cardiovascular disease with the ultimate goal of decreasing death and disability due to cardiovascular disease. Efforts by the HHP to increase physical activity and improve eating habits will likely lead to a reduction in other diseases and conditions such as diabetes, some types of cancer, and obesity. See http://www.health.state.ny.us/nysdoh/heart/healthy/program.htm

II. Who May Apply

Eligible applicants for both Components A and B 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, primary care networks, academic institutions, Boards of Cooperative Educational Services (BOCES) agencies, Cornell Cooperative Extensions, community-based organizations, volunteer associations and professional associations. School districts or individual schools may apply, but must commit to working with all school districts in the catchment area, and to an equitable distribution of training and technical assistance resources.

Organizations may apply for both Component A and Component B. Organizations applying for Component B must also submit a separate application for Component A. Only those applicants awarded a contract for Component A will be eligible for the Component B award. Applicants should demonstrate 1) the financial and administrative capacity to manage a state contract and 2) the technical expertise to successfully implement the full range of activities. (See Project Deliverables for Components A and B.)

The applicant is 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 a subcontract.

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 a statement verifying the vendor's "no tobacco" status (Attachment 13). Applicants should have a written policy 1) prohibiting acceptance of tobacco company gifts, grants, contracts, financial support and in-kind support, and other relationship; and 2) establishing a 100% tobacco free facility including outdoor areas under control of the applicant. Applicants that do not have such a written policy must submit with the application a letter of commitment to develop such a policy within one year of receiving the award.

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 at which food and/or beverages are provided. Applicants should complete Attachment 14 stating that they have or will develop and implement such policies.

The table below indicates the catchment areas and estimated funding for which an applicant may apply (Component A). Only one contract will be awarded for each catchment area.

Catchment Area	**Estimated funding - 21 months**	**Estimated Annual Funding**		**Catchment Area**	**Estimated funding - 21 months**	**Estimated Annual Funding**
Niagara, Erie, Orleans, Genesee, Wyoming	$222,250	$127,000		Columbia, Greene, Albany, Rensselaer, Schenectady	$222,250	$127,000
Chautauqua, Cattaraugus, Allegany	$222,250	$127,000		Orange, Rockland, Ulster, Sullivan	$222,250	$127,000
Steuben, Schuyler, Livingston, Chemung, Yates	$222,250	$127,000		Dutchess, Putnam, Westchester	$267,750	$153,000
Monroe, Wayne, Ontario, Seneca	$222,250	$127,000		Suffolk	$267,750	$153,000
Tompkins, Tioga, Cortland, Broome, Chenango	$222,250	$127,000		Nassau	$267,750	$153,000
Oswego, Cayuga,	$222,250	$127,000		NYC – Staten	$267,750	$153,000

Catchment Area	Estimated funding - 21 months	Estimated Annual Funding		Catchment Area	Estimated funding - 21 months	Estimated Annual Funding
Onondaga				Island (Richmond)		
Madison, Oneida, Herkimer	$222,250	$127,000		NYC – Bronx (Bronx)	$267,750	$153,000
Jefferson, Lewis, St. Lawrence	$222,250	$127,000		NYC – Brooklyn (Kings)	$267,750	$153,000
Clinton, Franklin, Essex, Hamilton	$222,250	$127,000		NYC – Manhattan (New York)	$267,750	$153,000
Saratoga, Warren, Washington, Fulton, Montgomery	$222,250	$127,000		NYC – Queens (Queens)	$267,750	$153,000
Delaware, Otsego, Schoharie	$222,250	$127,000				

Applicants may apply for more than one catchment area, but must submit separate applications for each area. If available funding for this initiative is increased or reduced, funding will be distributed or reduced proportionally in the same manner as outlined in the table above.

III. Project Narrative/Work Plan Outcomes

A. Component A

Contractors will support the development and implementation of, and compliance with, comprehensive health policies with 5-6 school districts at a time in their catchment area, and will assist with successful implementation and compliance of comprehensive school health policies in 15 to 20 districts per catchment area over the full grant period. Across New York State, catchment areas differ in the number of school districts, the number of schools within each district, the administrative structure of the districts, the current level of comprehensive health policy implementation and compliance, and demographic and socio-economic factors that may affect implementation and compliance. Thus, an applicant may propose to work with more or fewer schools districts, but must provide an adequate justification.

When selecting and supporting schools, applicants will follow these guidelines:

- Work with all targeted school districts on implementing a comprehensive school health policy. The comprehensive policy must include tobacco policies, nutrition policies and policies to increase adherence to existing Physical Education Regulations as specified in the Component A Project Deliverables section of this RFA.
    - Tobacco policies must be implemented at the secondary school level;
    - Policies to increase adherence to the New York State Department of

Education Physical Education Regulations must be implemented at the elementary school level and may be implemented at secondary level; and
- Nutrition policies must be implemented at both the elementary level and secondary level.

- Work on policy development at the school district level and on implementation and compliance at the school building level.

- Prioritize working with high need schools where 50% or more of the students are eligible for free or reduced price school meals.

- Prioritize working with districts and school buildings that are not currently receiving funding and/or technical assistance for the implementation of comprehensive health policies from other programs and have not received such funding and/or technical assistance in the past two years (e.g., from Steps to a HealthierNY/Strategic Alliance for Health; Eat Well/Play Hard; AHA/Clinton Foundation Alliance for Healthier Generation). However, applicants are encouraged to continue working with schools that are currently engaged with the TCP, HHP and/or OPP and have not yet fully implemented comprehensive health policies. Applicants should identify current and/or recent funding and/or technical assistance received by any of their targeted schools and ensure that schools will not receive duplicative services or resources from the DOH and that all relevant programs/agencies will collaborate to avoid duplication of efforts.

- Include public schools, private schools, and BOCES (including Alternative School settings) when selecting target schools.

- Work with schools in each county in the catchment area over the full grant period.

- Assist in identifying and selecting the school districts to be included in the leadership institute (Component B)

- Engage in regular communication with the funded contractor for Component B.

1. Project Deliverables

a. Policy, Systems and Environmental Change (75% of effort)

Organizations funded as a result of this RFA will work with school districts and/or schools to develop and implement policy, systems and environmental changes that promote tobacco-free norms, promote consumption of healthy foods and beverages, comply with state physical education requirements, and expand opportunities to be physically active. Comprehensive school policies pertain to students as well as school employees and visitors. Schools are worksites and communities; these policy, systems

and environmental changes will positively impact the health of the students, staff, and community members.

Policy, systems and environmental change refers to the implementation of population-based strategies that will positively influence health behaviors and health outcomes. The Principles of Universal Design are important to consider when incorporating the environmental changes as outlined in this RFA. (See Attachment 7 for a more detailed description of policy, systems and environmental changes and Attachment 8 for the Principles of Universal Design).

Effective school policies and supporting changes in the school environment should be developed in collaboration with school administrators, students, parents, school staff, health professionals, school nurses and other health staff, school wellness councils, community members and school boards, individuals and students with disabilities, and members of racial/ethnic minority groups.

Comprehensive health policies will include the elements listed below in order to meet the NYS DOH minimum standards.

Tobacco policies will:

- Define tobacco to include all types of smoking and smokeless tobacco products;
- Prohibit students, staff, and visitors from using tobacco at any time on school premises, in school vehicles, and at school functions;
- Prohibit possession of tobacco by students in school buildings, on grounds and at school sponsored events;
- Prohibit tobacco advertising or the use of tobacco "gear" in school buildings and grounds, at school functions, and in school publications;
- Prohibit tobacco industry sponsorship and marketing;
- Require that all students receive instruction on avoiding tobacco use;
- Provide access and/or referrals to tobacco cessation programs for students and staff;
- Establish a procedure to handle violations of tobacco policies by staff and visitors;
- Provide appropriate signage on school grounds that are in compliance with NYS law, alerting the public that tobacco use is prohibited on school grounds, in buildings and in any school vehicle.

Physical Education policies will:

- Require completion of the school district Physical Education Plan for submission to the State Education Department.
- Establish an annual professional development program for Physical Education teachers.
- Align with the New York State Department of Education physical education requirements in grades K-12. http://www.emsc.nysed.gov/ciai/pe/peqa.

Nutrition policies will:

- Establish standards, including nutrient content and portion size, for all foods and beverages sold, served or offered individually (foods sold outside of federally reimbursable school meals, such as through vending machines, school stores, and cafeteria a la carte lines) before, during or after the regular school day; or supplied by schools during official transportation to and from school and school sponsored activities.
- Conform to all federal and state laws and regulations governing school meals, foods sold in competition with school meals, and requirements for school nutrition and wellness policies.
- Establish standards for fundraising that do not include food or limit foods sold for fundraising to those meeting nutrient and portion size standards established for the school.
- Prohibit the use of foods and beverages as reward or punishment.
- Limit the frequency of classroom celebrations that include food; and provide recommendations for non-food celebrations and healthy classroom celebrations consistent with established nutrition standards.
- Require that drinking water is available at no cost to all students throughout the school day.
- Specify that all milk offered at school, including federal School Meal Programs, is fat-free or low-fat plain or flavored milk or nutritionally equivalent non-dairy alternatives approved by USDA.
- Require that all students have at least 10 minutes to eat after sitting down for breakfast and 20 minutes after sitting down for lunch.
- Limit student exposure to food marketing and advertising from all sources including, but not limited to, logos and brand names on vending machines, give away items and school supplies, curricula, free samples or coupons, and in-school television, e.g., Channel One.
- Provide for student nutrition education that promotes healthy food choices and eating behaviors, presents the recommended dietary intake patterns consistent with the Dietary Guidelines for Americans and the concepts of balancing food intake with energy expenditure, and is well integrated with the overall curriculum.

In addition, schools are encouraged to include the following optional elements in their comprehensive health policies:

Tobacco

- Provide a rationale for tobacco policies;
- Provide Alternative to Suspension programs to help students who violate tobacco policies to move toward the goal of quitting tobacco use;
- Policies are communicated annually to students, staff, and visitors;
- Policies are reviewed annually and updated as needed; and
- Prohibit tobacco use by students, staff or visitors in line of sight with the school buildings.

Physical Activity

- Provide a rationale for physical activity policies;
- Provide brief (5- to 8- minute) bouts of physical activity before, during, or after sedentary classroom periods. When possible, have movement integrated into the academic content. (Teacher training will be needed);
- Provide at least one daily period of recess for a minimum of 20 minutes (not to replace the PE requirement, but an additional activity period of free play);
- Provide all students with opportunities to participate in intramural activities, including those with particular physical activity needs and who are at high-risk for sedentary lifestyle;
- Establish a Safe Routes to School program; and
- Ensure that physical activity cannot be taken away from students nor can excessive exercise be used as a form of punishment.

Nutrition

- Provide a rationale for nutrition policies.
- Include scheduling provisions to maximize participation in the School Lunch and Breakfast Programs including: recess before lunch at the elementary school level; and, breakfast service options that maximize opportunities to eat breakfast
- Increase the availability and consumption of fresh fruits and vegetables through one or more of the following: school district participation in the Farm to School Program, Department of Defense (DoD) Fresh Program and /or Fruit and Vegetable Snack Program, establish a school garden; or implement other promising strategies to increase consumption of fruits and vegetables.

Required Strategies

Applicants are required to implement the following four strategies in each targeted school within the catchment area, as described below.

Assessment of School Environment – District and Building Levels (Strategy 1)

Contractors are required to work with school districts and schools within the catchment area to complete the Centers for Disease Control and Prevention's School Health Index (SHI) Self-Assessment and Planning Guide (http://apps.nccd.cdc.gov/shi/default.aspx) or comparable assessment approved by the Department of Health. Module 1A of the SHI should be included in the assessment process as well. A copy of Module 1A (Safe Routes to School) and related websites can be found in Attachment 12.

Implementation of additional needs assessment and planning tools may be required, as schools work to develop, implement, and enforce the health policies. Results from these needs assessment tools should be incorporated into action plans for developing, implementing and enforcing comprehensive health policies.

Development of Policies – District Level (Strategy 2)

Each targeted school district will develop or enhance health policies that promote tobacco-free behaviors/environments, physical activity and healthful eating. Districts should be encouraged to follow a process for policy development which will contribute to the school's success for implementation and enforcement/compliance. All health policies should be prioritized to include the elements listed on pages 13-15.

When assisting schools with the development of school health policies, the following will be implemented:

- Obtain administrative commitment to develop, implement and enforce the policy(ies);
- Identify a lead person at the school district/building to work with the contractor;
- Work with the school district to establish a committee to review and develop a comprehensive policy;
- Assess existing school health policies;
- Involve staff, students, administrators, board members, parents, and members of the community including representation from persons with disabilities, and racial and ethnic minority groups in developing the policy;
- Utilize the results of the School Health Index and other needs assessment tools to inform decisions about revised policy and practices;
- Gather examples of comprehensive policies from other schools or districts;
- Develop an implementation timeline and identify activities; and
- Draft district-level policy(ies) for board of education approval and adoption.

Implementation of Policies – Building Level (Strategy 3)
Each targeted school will implement and communicate policies and supporting practices and procedures. When assisting schools with the implementation and communication of policies, the following should be considered:

- Inform students, staff, board members, and community members about the policy in advance of implementation;
- Clearly communicate the advantages of adhering to the policies and the consequences for violations;
- Emphasize positive and effective communication strategies that are clear and consistent; and
- Involve a diverse representation of the school community for the implementation process.

Compliance with Policies – Building Level (Strategy 4)
Each targeted school will ensure compliance of health policies. When assisting schools with compliance, the following should be considered:

- Identify compliance strategies for students, staff, and the public;
- Develop a system for handling complaints about violations of the policy;
- Emphasize the need for consistent enforcement within all segments of the school population;
- Decide who will be responsible for enforcing the policy;

- Use peer counseling and education, student service groups, and parent and community volunteers to assist with monitoring, enforcement, and education regarding the policies; and
- Review policies annually and update as needed.

As part of the assistance provided to schools, contractors will conduct at least one professional development session in their catchment area per year to advance school health policy work. Contractors will engage participating schools of the Component B Leadership Institute to assist with facilitation of these sessions.

b. Sustainability (10% of effort)

"Sustainability" refers to the thoughtful implementation of a set of strategic activities designed to maintain ongoing program services and ensure the institutionalization of implemented activities. These activities will increase local and state decision-maker awareness of tobacco use, healthful eating and physical activity strategies; improve recognition of the importance of tobacco control, healthful eating and physical activity strategies; demonstrate success in preventing and reducing tobacco use and increasing healthful eating and physical activity; and highlight the burden of tobacco use, poor nutrition and physical inactivity in the catchment area. The purpose of sustainability activities is to strengthen support for tobacco control, healthful eating and physical activity public health efforts, and to ensure that policy, systems and environmental changes have become the norm.

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

1. Conduct an inventory of people and programs in the school community that have relationships and/or connections with local and state decision-makers.
2. Recruit community members to health advocacy websites for grassroots education efforts.
3. Write letters to the editor and opinion pieces for local papers discussing tobacco control, healthful eating and physical activity issues.
4. Communicate monthly with elected leaders and decision-makers to keep them informed about tobacco control, nutrition and physical activity initiatives in the school districts.
5. Conduct one legislative office visit annually to educate legislators about activities in the school districts to prevent and reduce tobacco use, and increase healthful eating and physical activity.
6. Engage school district and building staff and students whose lives are improved by changes your organization is making to control tobacco use, improve healthful eating, and increase opportunities for physical activity.
7. Build relationships with news reporters and media personalities to disseminate tobacco control, healthful eating and physical activity messages and information.

As a result of these strategies, school district and building personnel and local and state decision-makers should be educated about the magnitude of tobacco use, poor nutrition

and physical inactivity, effective actions to address the burden of these behaviors, the unmet need for addressing these issues in counties across New York State, and the importance of maintaining the policy, systems, and environmental changes that have occurred as a result of activities funded under this RFA.

Organizations funded as a result of this RFA will also contribute to a collaborative community event to acknowledge and recognize partners, community members and leaders that have taken action to advance tobacco control, healthful eating and physical activity efforts in the catchment area. Efforts should be made to communicate and/or collaborate with other programs in the catchment area/community hosting similar recognition events. Planning and funding of recognition events will follow guidelines developed by the NYS TCP, OPP and HHP.

c. Evaluation (10% of effort)

Organizations funded by this RFA will evaluate their activities. Funded contractors will be expected to:

- Collect data and maintain records documenting the implementation of the four strategies (assessment, policy development and adoption, policy implementation, compliance with policies) used to facilitate and enforce policy change in targeted schools.
- Record the achievement of specific benchmarks and describe the status of their work with schools and districts in their catchment areas using a method deemed appropriate by the DOH. Partners will also report quarterly on sustainability activities. The reporting method has not yet been determined but may entail a web-based system.
- Complete assessments (using agreed upon methods and instruments) to document improvements in policies adopted in targeted districts.
- Conduct surveys of school staff and other relevant individuals to assess policy implementation within schools.
- Complete observational assessments (using agreed upon methods and instruments) as part of evaluation projects to measure the expected outcomes and impacts associated with enacted policies, including:
    - Decreased or eliminated use of tobacco products among students
    - Compliance with state education requirements with PE regulations
    - Increased physical activity through increased compliance with PE regulations or additional physical activity strategies
    - Compliance with adopted guidelines about the availability or portion sizes of beverages and/or competitive foods
    - Increased purchase and consumption of healthy foods and decreased purchase of foods with minimal nutritional value
- Share data from assessments, surveys and observational assessments with the NYSDOH completed as part of their funded work.

Staff from funded organizations can anticipate receiving guidance from NYS DOH evaluation specialists on the selection of data collection instruments; the design of

evaluation projects; and selection of methods through phone calls, email and face to face trainings. The Department's Institutional Review Board (IRB) must approve research and evaluation protocols involving human subjects. NYS DOH staff will assist contractors in submitting applications to the IRB to ensure approval of evaluation protocols, prior to commencing work with human subjects.

d. Media Campaign (5% of effort)

Organizations will use paid and earned media to capture the attention of school-based decision makers and provide education and motivation to improve attitudes and beliefs about comprehensive school health policies and the essential role school administrators and school board members have in ensuring a healthy school environment. Organizations funded as a result of this RFA will dedicate 5% of their budget to a statewide school health policy media campaign that targets school decision makers across the state through targeted media venues.

B. Component B

The contractor will plan, convene and lead a multi-year leadership institute that advances comprehensive school health policy work. The first nine months of the project should be dedicated to the planning process. The leadership institute will be conducted for the remaining four years, with evaluation efforts ongoing throughout the term of the contract. The leadership institute will serve 21 schools, one from each of the catchment areas of Component A**.** These schools should be represented by teams of two school leaders (one health professional and one administrator).

The overall goal of the leadership institute will be to facilitate activities that will strengthen the process as outlined in Policy, Systems and Environmental Change identified in the Project Deliverables section of Component A (p. 10).

The contractor will implement a leadership institute that results in:

1. A cohort of school health leaders with advanced skills that strengthen school health policy work through ongoing and comprehensive professional development.
2. A network of mentors (participants in the institute). Participating schools will be expected to transfer knowledge and skills gained through the leadership institute to other schools from their catchment area working with Component A contractors. Each of the participating schools will support the Component A contractors by providing a professional development opportunity for other schools in their catchment area one time per year.
3. Advocates for school health policy work that encourage action by other administrators and decision-makers in their catchment areas. Participating schools will be expected to communicate the advantages of comprehensive school health policies to engage additional schools.

When selecting and supporting schools, the Component B contractor will follow these

guidelines:

- Collaborate with the Component A contractors to identify, select and support the appropriate schools for participation.

- Incorporate the needs and issues identified by the Component A contractors into the planning of the leadership institute professional development sessions.

- Ensure that the eligible school districts are actively working with the Component A contractors.

- Include a diverse representation of schools from across NYS for participation in the leadership institute. When selecting and working with these schools, consider issues prevalent in low-income schools in urban areas of the State, and be able to tailor their guidance to the limited resources of low-income schools (e.g., not having a gym, fully functioning kitchen, or PE teacher). Guidance and technical assistance should be culturally relevant, and considerate of the geographic, racial, ethnic, cultural, and religious diversity and range of functional abilities of the NY State school population.

- Ensure inclusion of the needs of children with disabilities when serving as a clearinghouse of strategies and methods. These strategies and methods include, but are not limited to, adaptive physical education and recreation, nutrition strategies for specific disabling conditions, the provision of physical, communication and programmatic accommodations.

- Ensure that professional development sessions allow for fair distribution of travel to each regional area of New York State and be knowledgeable of the unique challenges, needs, and opportunities of these areas.

1. Project Deliverables

a. Statewide Policy, Systems and Environmental Change (80% of effort)

This professional development program (Leadership Institute) will develop the skills of school leaders to build organizational capacity to support healthier schools; effectively advocate for comprehensive school health policies; use assessment and evaluation strategies to identify policy status; lead and motivate others responsible for school health policy work; and manage and coordinate resources for implementing and complying with school health policies.

Contractors are required to implement the following three strategies to advance policy, systems and environmental change.

Strategy 1: Professional Development – Leadership Institute

- Communicate the advantages of participation in the institute to prospective schools.

- Conduct an application process for schools to participate in the leadership institute that includes input from Component A contractors.
- Obtain commitment from administrators and health professionals to participate in a multi-year professional development leadership institute, serve as local mentors within their catchment area, and conduct school health advocacy work.
- Implement semi-annual professional development leadership institute sessions using the essential structures as the framework. Essential structures help to form a foundation, provide direction and establish a system. The essential structures, modeled after the American Cancer Society's National School Health Coordinator Leadership Institute, are to have a designated school health coordinator; a representative district health council; building-level school health teams; data-driven programs based on needs assessment; and administrative support.
- Provide evidence-based professional development that advances school policy work and includes, but is not limited to: staff wellness, grant writing, building organizational capacity, evaluation, mentorship roles, and securing administrative support.
- Facilitate on-going communication (listserv, website, conference calls, etc) between the professional development sessions to foster continued progress at the schools. Funded Component A contractors will be included in these communications.

Strategy 2: Mentorship Development

- Provide evidence-based training to participating schools that will enhance their presentation, facilitation and leadership skills in order to effectively assist Component A contractors with local professional development.
- Assist with planning, development and/or implementation of professional development at the local level with the funded Component A contractors and the mentors.

Strategy 3: School Health Advocate Development

- Demonstrate ability to secure administrative commitment to advocate for school health policy work among school administrators and decision-makers.
- Provide opportunities to collaborate with traditional and non-traditional partners to enhance advocacy skills.
- Provide technical assistance to participating schools that supports their advocacy activities within their catchment areas.

b. Sustainability (10% of effort)

See pages 15 and 16 for a description of sustainability deliverables. The Component B contractor will tailor sustainability activities to include other state-level organizations as appropriate.

c. Evaluation (10% of effort)

The organization funded by this RFA for Component B will evaluate their activities. The funded contractor will:

- Review the current evidence on relevant best practices to ensure the guidance provided is based on the best available and most current scientific evidence.
- Use formative evaluation to gauge the baseline knowledge, skills and efficacy of prospective schools to use in tailoring the material covered during the leadership institute.
- Evaluate changes in knowledge associated with attending the leadership institute to ensure comprehension of key messages and skills.
- Develop and use methods for documenting and reporting ongoing mentoring and technical assistance provided to participating schools.
- Evaluate participating schools' implementation of key skills covered during the institute to use in providing technical assistance and describing the outcomes of the program.

C. Additional Requirements – Components A and B

1. Administrative Capacity and Responsibilities

- The contractor is responsible for implementing the project.
- The contractor is responsible for ensuring all program deliverables are met.
- The contractor will review and approve proposed annual work plans before submission to the NYS DOH.
- The contractor 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.

2. Staffing

The contractor will:

- Provide qualified staff in sufficient numbers to carry out the deliverables of this RFA. The contractor 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.
- Provide qualified staff to handle additional responsibilities including: managing the day-to-day-operations of the school policy program; interfacing with school administrators, other school leaders, community members, organizations and decision-makers at every level; and motivating school personnel in health policy and practice interventions.
- Staff should have knowledge and skills in: program development; professional development; coordination and management; fiscal management; cultural competency; advocacy; public relations; public health policy, including analysis,

- Notify NYS DOH if a vacancy occurs (resignation, maternity leave, medical leave, etc.), and ensure programmatic work is being completed.
- Provide a sufficient staffing pattern to manage the project and provide information to demonstrate that management staff is at a level within the agency to affect decision making.

3. **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; access to school district staff; 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.

4. **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 Planning Events that Everyone can Attend (see Attachment 12) at all meetings and trainings convened as part of the Comprehensive School Healthy Policies for Tobacco, Physical Activity and Nutrition project.

5. **Community Partners**
   Whenever possible, funded organizations should partner with other funded and unfunded partners within the area to effectively develop and implement school health policies. These partners may include TCP contractors, OPP contractors, HHP contractors, voluntary organizations such as the American Lung Association, American Heart Association, and the American Cancer Society, disability, racial and ethnic advocacy and service agencies, or other organizations as appropriate.

6. **Curriculum Materials**
   Contract funds may not be used to provide curriculum materials for use in schools, or to pay for instruction in schools. Contract funds may be used to provide training in tobacco, physical activity, physical education, and/or healthful eating topics for school personnel.

7. **Mini-grants and Other Resources**
   Funded organizations are encouraged to provide stipends and mini-grants to school personnel and schools committed to carrying out the process of developing, implementing and enforcing effective school health policies. Contract funds may be used for mini-grants and/or resources that promote population-based, sustainable practices.

Examples include but are not limited to signs, communication tools (including alternative formats), accessible, universally-designed physical activity equipment, simple facility/environmental modifications to improve access, professional development, substitute teacher reimbursement for policy-related meetings/trainings, food preparation equipment, supplies for physical education or physical activity programs.

8. **Tobacco Cessation**
As part of effective comprehensive school health policies, funded organizations will promote policies that include the provision of access and referrals to tobacco cessation programs for students and staff. Funded organizations may not use contract funds to provide cessation services to tobacco users either directly or through subcontracts or mini-grants. Funded organizations should collaborate with area Cessation Centers to provide cessation resources, and promote the availability of the New York State Smokers' Quitline (1-866-NY-QUITS.)

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the NYS Department of Health, Division of Chronic Disease and Injury Prevention. 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 or via e-mail to:

Rachel Iverson, Associate Director
Tobacco Control Program
New York State Department of Health
ESP Corning Tower, Rm. 710
Albany NY 12237-0675
TCP@health.state.ny.us

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 e-mail:

Pat Bubniak
Tobacco Control Program
New York State Department of Health
ESP Corning Tower, Rm. 710
Albany NY 12237-0675
TCP@health.state.ny.us

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 sheet of this RFA. Late applications will not be accepted.*

Patricia Bubniak
Tobacco Control Program
New York State Department of Health
ESP Corning Tower, Rm. 710
Albany NY 12237-0675
TCP@health.state.ny.us

Applicants shall submit one (1) original, signed application and five (5) 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: July 1, 2010 through March 31, 2015 (an initial term of 21 months, followed by three one-year renewals). Total funding available for this initiative is $5.25 million for the initial term of 21 months, followed by $3 million annually for three years, based on availability of funding.

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:

   Lynn Heffernan
   New York State Department of Health
   Division of Chronic Disease and Injury Prevention
   Fiscal Unit
   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 Work plan.

3. Invoices must be accompanied by back-up documentation for the following expenditures:

    - Equipment purchases greater than $500: copy of receipt or invoice with serial number.
    - Consultants: name, hours worked and rate of pay along with a copy of the invoice.
    - Miscellaneous expenditures: list of all expenditures in this category.

4. 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 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. Vendors opting to file a paper questionnaire can obtain the appropriate questionnaire from the VendRep website 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 - Work plan

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

Applicants shall submit one (1) original, signed application and five (5) copies.

A separate and complete application must be submitted for each component of the RFA for which you are applying. If an applicant is applying to serve Component A and Component B, a separate application must be submitted for each. If an applicant is applying to serve more than one catchment area for Component A, the applicant must submit separate applications for each.

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

A. Application Content – Component A

Section I. Executive Summary (up to 2 single-spaced pages) 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 the page limit.

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

1. By county, identify the catchment area in which the applicant will be working and describe key demographic characteristics of the population, and key physical and social characteristics of the geographic area pertaining to tobacco use, nutrition, and physical activity.
2. In chart form, list the school districts and schools within the catchment area. Include the status of their comprehensive health policies (tobacco, nutrition, and compliance with PE regulations) by designating whether each school has policies that are fully implemented, partially implemented, or not yet developed/implemented. List the status of the School Health Index for each school by designating whether each school has or has not completed the SHI within the last two years. This chart will not count toward the page limit.
3. List the 5-6 school districts the applicant will work with in the first 21 months to implement policy, systems and environmental changes (target schools). Explain how the applicant prioritized these school districts, including a description of other funding and/or technical assistance sources provided to the school districts within the last two years. It is up to the applicant to provide a reasonable and realistic rationale if proposing to work with fewer or more than the recommended 5-6 school districts at a time. Include a Memorandum of Understanding (MOU) (See Attachment 6) from each school outlining the scope of work that will be implemented. MOUs are not counted toward the page limit but should be included at the end of this section.
4. Explain how the project 1) proposes action in high-need schools; and 2) considers and

addresses the needs of individuals with disabilities when planning, implementing and promoting the proposed strategies.

5. Identify the current tobacco control, healthful eating and physical activity resources, services and efforts available to the target population and explain the gaps and barriers to these services for the target population.

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

1. Describe the mission and purpose of the agency and how the proposed project fits with the agency's mission. Describe experience in providing the types of activities described in Section III (Project Narrative/Work Plan Outcomes), including experience facilitating and/or conducting the School Health Index. Describe relevant experience and capacity of the agency to establish themselves as an expert on school health policy work. Include:
    a. Past successful efforts in developing, implementing and promoting 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 selected school settings. Describe experience working with schools or school districts, and addressing health issues.
    c. Experience working in underserved low-income areas, areas with a high percentage of racial/ethnic minority population, and with individuals with disabilities.
2. If some of the work is subcontracted to other organizations, describe how the agency will manage the work of subcontractors; i.e., specific deliverables of subcontractors and how the agency will ensure programmatic accountability.
3. 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.
4. Describe the agency's capability and resources to ensure timely start-up, implementation and oversight of the proposed project.

Section IV. Program Plan (up to 14 single-spaced pages) 30 points

A. Policy Systems and Environmental Change

1. Describe how school districts and/or individual schools will be engaged in the process of implementing comprehensive school health policies.
2. Describe in detail the training and technical assistance to be provided to assist schools in developing and implementing comprehensive school health policies.
3. Describe the methods to be used to engage school personnel, students, health professionals, community members, school boards, individuals with disabilities, and members of racial/ethnic minority groups.
4. Identify proposed community partners and resources, and describe the roles they will play in developing and implementing comprehensive school health policies.
5. Describe what compliance strategies they will recommend to school districts and schools including who will be engaged to ensure compliance.
6. Summarize the activities described in the proposed workplan (1 through 5 above) and

complete the work plan grid (Attachment 9). The work plan is included in the page count.

7. Applicants should describe how they will engage component B contractor and mentor schools for their catchment area.
8. The applicant may propose implementation of more than the minimum required strategies, if this is reasonable for the catchment area. If so, include a description of these strategies when completing the workplan.
9. 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 21 months to achieve, roll-out to additional schools in which the proposed strategies will be implemented, or the selection of additional strategies once the initial policy changes have been achieved.

B. Sustainability
   1. Describe how the required sustainability activities and the collaborative community event will be implemented. Utilize a narrative or bulleted format to outline planning tasks for the event and seven sustainability activities, with key dates as appropriate.

C. Media Campaign
   1. Describe how paid and earned media will be used to communicate the importance of comprehensive school health policies among school-based decision makers.
   2. Describe the plan for localizing the message for a statewide school health policy media campaign.

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

1. Describe the staffing pattern and rationale. At least 1.0 FTE is needed for the position of coordinator. Additional professional staff is recommended if necessary to meet the deliverables of the contract. Include a job description for the coordinator in an appendix. Explain where the position(s) will be located in the organization's hierarchy and the professional level and authority that will accompany the position. If distinct from the coordinator, include a description of specific staff responsible for program support and evaluation.
2. 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.
3. 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.
4. 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.
5. If known, include resumes for Coordinator, Evaluator (if different from Coordinator) and any other hired staff and/or those providing orientation/supervision to the program. Resumes should be included in an appendix and 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. The evaluation plan should identify adequate resources (staff, budget, time) for the data collection, processing and reporting requirements associated with meeting the deliverables. Descriptions of specific staff responsible for program evaluation should be included in Section V (Staffing Structure and Qualifications).

1. Describe a plan for evaluating changes in tobacco, physical activity and nutrition policy associated with your work in targeted schools and districts. Include information about the timing of planned assessments and, if applicable, descriptions of the measures you will use to demonstrate the adoption of new or expanded policies.
2. Describe a plan for evaluating the implementation of newly adopted policies within targeted schools, including staff use of effective practices, resources and tools. Include information about the type and timing of assessments you will use to determine the extent to which schools have implemented new or expanded policies.
3. Describe a plan for measuring environment (e.g., availability of healthy food options in vending, tobacco advertising) and behavior changes (e.g., attendance at physical education class, smoking, purchase of healthy food options) associated with the new and expanded tobacco, nutrition and physical activities policies enacted. Include information about the type and timing of assessments you plan to use.
4. Applicants should describe how they will use quarterly outcome data as feedback to their school districts to improve school health policy, systems and environmental changes.

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

1. Complete a budget using the attached instructions and format (Attachments 10 & 11). Applicants are required to submit a **21 month budget**, assuming a start date of July 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. Justification for each cost should be submitted in narrative form using the forms provided. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined. 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.
2. 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.
3. 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.).
4. 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.
5. 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.)

B. Application Content – Component B

Section I. Executive Summary (up to 2 single-spaced pages) 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 the page limit.

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

1. Describe the characteristics of the school communities proposed to be eligible for the Leadership Institute. Include the eligibility requirements of those school communities, such as demographic, academic, income and health status requirements.
2. Provide an overview of the level of comprehensive health policies and healthy environments provided by school districts in New York State. In broad terms identify the barriers and the scope of technical assistance and training that will be necessary to ensure a sustained healthy environment in the participating schools that is free of tobacco, and promotes physical activity and consumption of healthy foods and beverages.
3. Explain how the project 1) proposes action in high-need schools; and 2) considers and addresses the needs of individuals with disabilities when planning, implementing and promoting the proposed strategies.

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

1. Describe the mission and purpose of the agency and how the proposed project fits with the agency's mission. Describe experience in providing the types of activities described in section III (Project Narrative/Work Plan Outcomes), including experience facilitating and/or conducting the School Health Index. Describe relevant experience and capacity of the agency to establish themselves as an expert on school health policy work. 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 selected school settings. Describe experience working with schools or school districts, and addressing health issues.
    c. Experience working in underserved low-income areas, areas with a high percentage of racial/ethnic minority population, and with individuals with disabilities.
    d. A description of the agency's capacity to work at a statewide level. Include the agency's ability to engage local, state, and national experts as part of the technical assistance provided to schools.
    e. Experience providing short-term and/or ongoing professional development.

2. If some of the work is subcontracted to other organizations, describe how the agency will manage the work of subcontractors; i.e., specific deliverables of subcontractors and how the agency will ensure programmatic accountability.
3. 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.
4. Describe the agency's capability and resources to ensure timely start-up, implementation and oversight of the proposed project.

Section IV. Program Plan (up to 14 single-spaced pages) 30 points

Applicants should summarize the activities numbered below in a 21-month workplan to be developed and submitted with this section. The workplan is included in the page count.

A. Professional Development Capacity and Responsibilities-Leadership Institute
   1. Describe the plan to communicate to prospective schools about the advantages of participating in the institute. A description of the application process should be included. Describe how component A contractors will be engaged in the application and participant selection process. Include a description of the 9-month planning activities for the multi-year leadership institute.
   2. Describe how the semi-annual evidence-based professional development leadership institute sessions will be implemented. Include a description of how the sessions will be conducted across the state, involving component A contractors and engaging expert partners.
   3. Describe how ongoing communication with the leadership participants will be facilitated between the professional development sessions. Include a description of how component A contractors will be engaged in communication.
B. Mentorship Development
   1. Describe the evidence-based training and technical assistance that will be provided to participating schools to enhance their mentoring skills.
C. School Health Advocate Development
   1. Describe how administrative commitment to advocate for school health policy work among school administrators and decision-makers will be secured.
   2. Describe how opportunities for collaboration and technical assistance will be provided to participating schools to support their role as advocates and related activities.

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

1. Describe the staffing pattern and rationale. At least 1.0 FTE is needed for the position of coordinator. Additional professional staff is recommended if necessary to meet the deliverables of the contract. Include a job description for the coordinator in an appendix. Explain where the position(s) will be located in the organization's hierarchy and the professional level and authority that will accompany the position. If distinct from the coordinator, include a description of specific staff responsible for program support and evaluation.
2. 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.

3. 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.
4. 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.
5. If known, include resumes for Coordinator, Evaluator (if different from Coordinator) and any other hired staff and/or those providing orientation/supervision to the program. Resumes should be included in an appendix and 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 a plan for collecting information about prospective participating schools to use in tailoring the content of the material covered during the leadership institute.
2. Describe a plan for documenting and reporting the ongoing technical assistance and mentoring provided to participating schools.
3. Describe a plan for evaluating changes in knowledge associated with attending the leadership institute.
4. Describe a plan for tracking the implementation of skills covered during the leadership institute and use for using this information to provide technical assistance to participating schools.

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

1. Complete a budget using the attached instructions and format (Attachments 10 & 11). Applicants are required to submit a **21 month budget**, assuming a start date of July 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. Justification for each cost should be submitted in narrative form using the forms provided. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined. 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.
2. Contract funds may not be used to provide curriculum materials for use in schools, or to pay for instruction in schools.
3. Funded organizations may not use contract funds to provide cessation services to tobacco users either directly or through subcontracts or mini-grants.

4. 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.
5. 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.).
6. 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.
7. 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.)

C. Application Format

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

Applications should not exceed 29 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.

COMPONENT A - SECTIONS	Maximum Score	Page Limit
Executive Summary	**NA**	**2**
Statement of Need	**15**	**5**
Agency Capacity and Experience	**10**	**3**
Program Plan	**30**	**14**
Staffing Structure and Qualifications	**15**	**3**
Evaluation	**10**	**2**
Budget and Justification	**20**	**NA**

COMPONENT B - SECTIONS	Maximum Score	Page Limit
Executive Summary	**NA**	**2**
Statement of Need	**15**	**5**
Agency Capacity and Experience	**10**	**3**
Program Plan	**30**	**14**
Staffing Structure and Qualifications	**15**	**3**
Evaluation	**10**	**2**
Budget and Justification	**20**	**NA**

D. 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 and Injury Prevention, Tobacco Control Program, Obesity Prevention Program and Healthy Heart Program.

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.

2. The top scoring applications for each catchment area of Component A and the top scoring applicant for Component B are expected to be funded. A minimum score of 70 points is required to be considered for 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 other funded service providers

Following the award of grants from this RFA, applicants may request a debriefing from the New York State Department of Health Division of Chronic Disease and Injury Prevention 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, additional applicants will be awarded funding in the same manner as outlined in the award process described above.

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: Sample Memorandum of Understanding (MOU)
Attachment 7: Policy, Systems and Environmental Change Definitions
Attachment 8: Principles of Universal Design
Attachment 9: Workplan Format
Attachment 10: Budget Instructions
Attachment 11: Application Budget Format

Attachment 12: Module 1A (Safe Routes to School) School Health Index
Attachment 13 No Tobacco Status
Attachment 14 Comprehensive Healthy Food Policy
Attachment 15: Healthy Meeting Guidelines
Attachment 16: How to Plan Events Everyone Can Attend
Attachment 17: 2008 Physical Activity Guidelines for Americans
Attachment 18: Additional Background
Attachment 19: Other Resources/References

Standard Grant Contract with Appendices

GRANT CONTRACT (STANDARD)

STATE AGENCY (Name and Address):

_____

CONTRACTOR (Name and Address):

_____

FEDERAL TAX IDENTIFICATION NUMBER:

MUNICIPALITY NO. (if applicable):

CHARITIES REGISTRATION NUMBER:
__ __ - __ __ - __ __ or ( ) EXEMPT:
(If EXEMPT, indicate basis for exemption):

_____

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

_____

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

NYS COMPTROLLER'S NUMBER: _____

ORIGINATING AGENCY CODE:

_____

TYPE OF PROGRAM(S)

_____

INITIAL CONTRACT PERIOD

FROM:

TO:

FUNDING AMOUNT FOR INITIAL PERIOD:

_____

MULTI-YEAR TERM (if applicable):
FROM:
TO:

APPENDICES ATTACHED AND PART OF THIS AGREEMENT

__X__	APPENDIX A	Standard clauses as required by the Attorney General for all State contracts.
__X__	APPENDIX A-1	Agency-Specific Clauses (Rev 10/08)
__X__	APPENDIX B	Budget
__X__	APPENDIX C	Payment and Reporting Schedule
__X__	APPENDIX D	Program Workplan
__X__	APPENDIX X	Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods)

OTHER APPENDICES

__X__	APPENDIX A-2	Program-Specific Clauses
__X__	APPENDIX E-1	Proof of Workers' Compensation Coverage
__X__	APPENDIX E-2	Proof of Disability Insurance Coverage
_____	APPENDIX H	Federal Health Insurance Portability and Accountability Act Business Associate Agreement
__X__	APPENDIX A-3	Provider-Specific Clauses: Screening and Diagnostic Services Agreement

_____ APPENDIX ___ _____

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

_____	.	_____
	.	Contract No. _____
_____	.	_____
CONTRACTOR	.	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)
) SS:
County of _____)

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 convenants 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.

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 in RFA)

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 in RFA)

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:

$_____ From ___/____/____ to ____/____/____.
(All years thus far combined) (Initial start date) (Amendment end date)

Signature Page for:

Contract Number:__________ Contractor:_________________________

Amendment Number: X-_____

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of the dates appearing under their signatures.

CONTRACTOR SIGNATURE:

By:________________________________ Date: ______________________________
(signature)

Printed Name:_____________________________________

Title:____

STATE OF NEW YORK)
) SS:
County of ____________)

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)

STATE AGENCY SIGNATURE

"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."

By:________________________________ Date:______________________________
(signature)

Printed Name:_____________________________________

Title:____

ATTORNEY GENERAL'S SIGNATURE

By:________________________________ Date:______________________________

STATE COMPTROLLER'S SIGNATURE

By:_____ Date:_____

APPENDIX A-2
PROGRAM SPECIFIC CLAUSES

1. Any publishable or otherwise reproducible material developed under, or in the course of performing this AGREEMENT, dealing with any aspect of performance under this AGREEMENT, or of the results and accomplishments attained in such performance, shall be the sole and exclusive property of the STATE, and shall not be published or otherwise disseminated for profit by the CONTRACTOR or any other party unless prior written approval is secured from the STATE. The STATE authorizes the CONTRACTOR to disseminate materials developed under this AGREEMENT free of charge, or at cost, to other parties. The STATE shall have a perpetual royalty-free, non-exclusive and irrevocable right to reproduce, publish or otherwise use, and to authorize others to use, any such material for governmental purposes.

2. Any materials, articles, papers, etc., developed by the CONTRACTOR under or in the course of performing this AGREEMENT must contain the following acknowledgment: "Funded by a grant from the New York State Department of Health, Bureau of Chronic Disease Services."

3. No report, document or other data produced in whole or in part with the funds provided under this AGREEMENT may be copyrighted by the CONTRACTOR or any of its employees, nor shall any notice of copyright be registered by the CONTRACTOR or any of its employees in connection with any report, document or other data developed pursuant to this AGREEMENT.

4. The CONTRACTOR, its officers, employees, agents and subcontractors, shall treat all information which is obtained through performance of activities under this AGREEMENT as confidential information, and shall maintain and use such information only for the purposes intended, and only to the extent necessary to perform its obligations, under this AGREEMENT.

5. The STATE routinely releases data to the CONTRACTOR in aggregate from to assist in the administration and improvement of the program. Any secondary release by the CONTRACTOR, its officers, employees, agents and subcontractors, of aggregate or individual-level data for any other purposes, including research, requires prior approval from the STATE, and potentially the New York State Department of Health Human Subjects Review Board.

6. CONTRACTOR will provide to the STATE information regarding prospective Providers of Screening and Diagnostic Services (herein referred to as AProviders@) as required by the STATE. The STATE agrees to inform the CONTRACTOR in writing as to whether the prospective Providers are acceptable to the STATE, in a timely manner. The CONTRACTOR agrees to provide any information that may be required by the STATE to determine whether the Providers continue to satisfy the credentialing criteria established by the STATE. The CONTRACTOR agrees to solely use Providers that are acceptable to the STATE for services covered by the Cancer Services Program. If the CONTRACTOR is a licensed health care facility, nothing herein shall relieve CONTRACTOR of its legal responsibility for credentialing practitioners, including investigations prior to granting or renewing professional privileges consistent with Public Health Law section 2805-j and 2805-k.

7. CONTRACTOR shall notify Providers that the STATE requires that Providers maintain a current, unrestricted, valid license to practice their profession in the State of New York. CONTRACTOR shall also notify Providers of all of the requirements for participation in the Cancer Services Program.

8. CONTRACTOR agrees to directly provide screening and/or diagnostic services. If the CONTRACTOR is unable to directly provide services or, if the CONTRACTOR is a direct provider and supplements its provisions of services by agreements with other providers of screening and diagnostic services, the CONTRACTOR will establish a written agreement for the provision of services with all Providers determined by the STATE to be acceptable for participation in the Cancer Services Program. The written agreement shall at a minimum include all of the requirements of the STATE for Provider participation as set forth in Appendix A-3.

9. CONTRACTOR, if such CONTRACTOR is not a direct Provider of Screening and Diagnostic Services, is not responsible for determining the suitability of any potential Provider. Only the STATE may determine acceptability of any Provider for participation in the program hereunder.

10. CONTRACTOR agrees to cooperate fully with the STATE's quality assurance efforts by providing access to medical and/or financial records, including, when applicable, original mammograms, for purposes of inspection, auditing and copying. CONTRACTOR agrees to participate in discussions to explore reasons for unusual data patterns, and by facilitating remediation of providers' clinical and/or data reporting deficiencies in a timely manner. This paragraph shall survive termination of this AGREEMENT.

11) CONTRACTOR shall report to the STATE in a timely manner any complaints about the quality of care provided by a Provider. CONTRACTOR shall also notify all entities affiliated with the partnership of their duty to report complaints about a Provider.

12) Only the CONTRACTOR may submit voucher claims to the STATE for reimbursement of services performed under this AGREEMENT. Entities that are affiliated with the CONTRACTOR in the partnership, or entities that accept responsibility for and/or perform activities under this Agreement may not submit claims for reimbursement directly to the STATE. The CONTRACTOR is responsible for disbursing funds paid to it under this Agreement to the entities in its partnership pursuant to the agreement among the CONTRACTOR and the other entities participating in the partnership. CONTRACTOR is responsible for notifying entities affiliated with the CONTRACTOR in the partnerships and entities that accept responsibility and/or perform activities under this Agreement that no such entity may submit voucher/claims for reimbursement directly to the STATE.

13. CONTRACTOR shall establish subcontract agreements, regardless of monetary compensation, for required partnership roles, as defined in the Cancer Services Program Operations Manual, not directly fulfilled by the CONTRACTOR.

APPENDIX A-3
Screening and Diagnostic Services Agreement

Providers of screening and/or diagnostic services in the New York State Department of Health Cancer Services Program, hereafter called the PROGRAM, agree to:

1) Abide by the applicable clinical guidelines, eligibility criteria and case management sections of the PROGRAM Operations Manual.

2. Provide clients of the PROGRAM with the same quality of care as afforded to any other patients in their care.

3. Request reimbursement for clinical services ONLY for clients who meet the eligibility criteria as defined in the PROGRAM Operations Manual.

4. Treat the PROGRAM as the payor of last resort. All providers agree to first bill client's other insurance and/or third party payor for services provided through the PROGRAM Provider further agrees that it may only seek PROGRAM reimbursement from the State contractor for the partnership and may not submit claims for reimbursement directly to the State.

5. Accept reimbursement rates established by the PROGRAM as payment in full for all services that are covered by the PROGRAM. Providers agree not to charge clients for the difference between the PROGRAM reimbursement rate and the provider's usual fees. Under no circumstances shall providers, bill PROGRAM clients for services that are covered by the program.

6. Promptly refer PROGRAM clients for all needed and appropriate diagnostic and treatment services without consideration of their ability to pay. This assurance includes any and all necessary services NOT covered by the PROGRAM.

7 Obtain signed consent forms from all PROGRAM clients for the provision of clinical services and release of their medical information to the partnership and the New York State Department of Health for the purposes of case management, tracking and for reimbursement.

8. Submit accurate demographic, screening, diagnostic, treatment and any other data required by the State in a timely manner and in the format required by the State. The provider agrees that reimbursement for clinical services will not be provided by the State to the State contractor for the partnership for reimbursement to the provider until data have been submitted and accepted on the PROGRAM data system.

9. Maintain adequate medical, business, financial, personnel, and other records, which may be applicable to the program. PROGRAM providers shall make such records available to the New York State Department of Health and other authorized governmental agencies for inspection, auditing and copying at no charge. This paragraph shall survive termination of this AGREEMENT.

10. Assure that all licensed health care professionals at their facility are appropriately licensed to practice their profession in the State of New York, and maintain the appropriate credentials for the services that they are providing.

11. Immediately notify the PROGRAM (i) if Provider's or Practitioner's license to practice or certification to operate in any state, certification(s) to prescribe medication, if applicable, or staff privileges at any hospital, if applicable, are voluntarily surrendered, restricted temporarily or permanently, reclassified, suspended or revoked for any reason; and (ii) if Provider or Practitioner is indicted or convicted of a criminal offense, regardless of the nature of the offense, or if Provider or Practitioner becomes subject to any disciplinary action taken by a government program, hospital, managed care organization, or licensing authority, including but not limited to an active or stayed suspension or restriction of Provider's or Practitioner's license or certification.

12. Provide all information necessary to comply with the PROGRAM credentialing and recredentialing activities, and further to provide such information within a reasonable time period.

13. Provide access to medical records, including, when applicable, original mammograms, and/or any other information that may be required in the course of both quality assurance reviews and interventions to explore reasons for unusual data patterns, and make such records available for inspection, auditing and copying, and agree to undertake any proposed plans to remediate any clinical and/or data reporting deficiencies in a timely manner. This paragraph shall survive termination of this AGREEMENT.

14. The PROGRAM reserves the right to discontinue any services provider's participation in the PROGRAM for any reason.

1. ; and the School Staff Survey at baseline and 3 and 12 months after implementation of the new policy.

We, the undersigned, approve the proposed project as outlined in this Memorandum of Understanding.

Letter of Interest
SAMPLE

DOH Contact
DOH Address

Re: RFA #
RFA Title

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,

TITLE OF RFA

Cover Page

APPLYING FOR COMPONENT A ☐	**APPLYING FOR COMPONENT B** ☐
Name of Applicant *(Legal name as it would appear on a contract)*	
Mailing Address *(Street address, P.O. Box, City, State, ZIP Code)*	
Federal Employee Identification Number:	NYS Charities Registration Number:
Person authorized to act as the contact for this firm in matters regarding this application:	
Printed Name *(First, Last)*:	Title:
Telephone number:	Fax number:
( )	( )
E-mail:	
Person authorized to obligate this firm in matters regarding this application or the resulting contract:	
Printed Name *(First, Last)*:	Title:
Telephone number:	Fax number:
( )	( )
E-mail:	
(CORPORATIONS) Name/Title of person authorized by the Board of Directors to sign this application on behalf of the Board:	
Printed Name *(First, Last)*:	Title:
Signature of Applicant or Authorized Representative	Date:

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 Vender 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

(for applicant's use only; not required in application)

☐ Signed original, plus five (5) additional copies of the application (including appendices) are enclosed.

☐ Application is clearly labeled with name and number of RFA.

☐ Application Cover Page is completed and attached as the first page of each copy of the application.

☐ Statement of no tobacco status is included as page 2 of the application.

☐ Table of Contents is included as page 3 of the application.

☐ Memoranda of Understanding (MOUs).

☐ Letters of Commitment from key partners.

☐ Proof of financial stability in the form of audited financial statements, Dunn & Bradstreet Reports, etc.

☐ Evidence of NYS Department of State Registration.

☐ Proof of NYS Charities Registration (NYS Attorney General's Office).

☐ Copy of Certificate of Article of Incorporation, together with any and all amendments thereto; Partnership Agreement; or other relevant business organizational documents, as applicable.

SAMPLE

Comprehensive School Health Policies
Memorandum of Understanding

Between

[SCHOOL or SCHOOL DISTRICT NAME]

and

[SCHOOL POLICY CONTRACTOR AGENCY NAME]

Goal:

To create an environment in schools that supports and promotes tobacco-free behaviors, physical activity and healthful eating through the adoption and implementation of an effective comprehensive school health policy.

Objectives:

1. To increase the capacity of New York educational institutions to implement an effective comprehensive school health policy.
2. To establish a minimum standard policy in New York schools/districts where:
   a. Tobacco use is prevented and reduced
   b. Healthful eating is increased
   c. Physical activity is increased

Description of Project

The [SCHOOL POLICY PARTNER AGENCY NAME] will provide expertise, assistance, tools and resources to the [SCHOOL or SCHOOL DISTRICT NAME] to develop an effective comprehensive school health policy and implementation plan. The [SCHOOL or SCHOOL DISTRICT NAME] will assess current tobacco use, healthful eating, and physical activity opportunities at school utilizing an observational tool; assess current policy and identify strengths and gaps in policy; develop (or revise) an effective comprehensive school health policy; and develop an implementation plan which includes a plan for communication and enforcement of the policy. Effectiveness of the policy will be evaluated through observations and surveys.

Role of School Policy Coordinator

To act as a resource to the [SCHOOL or SCHOOL DISTRICT NAME], providing expertise in tobacco control and prevention, physical activity and nutrition best practices and assisting the [SCHOOL or SCHOOL DISTRICT NAME] in successfully developing and implementing an effective comprehensive school health policy.

Role of the Principal/Administrator

To provide support and commitment to the development and implementation of an effective comprehensive school health policy that includes the elements outlined in Objective #3.

[SCHOOL POLICY PARTNER AGENCY NAME] agrees to:

1. Build and maintain a relationship with [SCHOOL or SCHOOL DISTRICT NAME] to support the development and implementation of a comprehensive school health policy and related procedures.
2. Designate a School Policy Coordinator who will work closely with the School Liaison and act as a resource, providing assistance with the School Health Policy Committee; assessing tobacco use,

healthful eating, and physical activity occurring at school and current tobacco policy; drafting or revising a comprehensive school health policy and procedures; and developing an implementation plan.

3. Provide the school with tools, samples, and other resources to complete these activities.
4. Provide two data collection evaluation tools, the Observational Checklist and School Staff Survey. Working with the School Liaison and Principal, facilitate the implementation of these evaluation tools at baseline and after implementation of the policy. Provide summaries of evaluation data collected to [SCHOOL or SCHOOL DISTRICT NAME].

[SCHOOL or SCHOOL DISTRICT NAME] agrees to:

2. Build and maintain a relationship with [SCHOOL POLICY PARTNER AGENCY NAME] to support the development and implementation of a comprehensive school health policy and related procedures.
3. Designate a School Liaison who will act as a key contact with the School Policy Coordinator.
4. Assist the School Liaison in identifying an existing committee or developing an interim committee that will be responsible for completing the project.
5. Provide support to the School Liaison in facilitating the committee to complete the project.

Facilitate the collection of evaluation data through the implementation of the Observational Checklist at baseline and 3, 12, and 24 months after implementation of the new policy

Administrator Signature [SCHOOL POLICY PARTNER AGENCY NAME]	Date	Principal Signature [SCHOOL or SCHOOL DISTRICT NAME]	Date

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

Principles of Universal Design

Universal Design - is the creation or use of products, communications, and environments that are safe, intuitive, and easy to use without modification, by all people, regardless of age or ability. There are seven principles of Universal Design:

1. **Equitable Use**: The design is useful and marketable to people with diverse abilities.
2. **Flexibility in Use**: The design accommodates a wide range of individual preferences and abilities.
3. **Simple and Intuitive Use**: Use of the design is easy to understand, regardless of the user's experience, knowledge, language skills, or current concentration level.
4. **Perceptible Information**: The design communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities.
5. **Tolerance for Error**: The design minimizes hazards and the adverse consequences of accidental or unintended actions.
6. **Low Physical Effort**: The design can be used efficiently and comfortably and with a minimum of fatigue.
7. **Size and Space for Approach and Use**: Appropriate size and space is provided for approach, reach, manipulation, and use regardless of user's body size, posture, or mobility.

Source: The Center for Universal Design, North Carolina State University
http://www.design.ncsu.edu/cud/about_ud/udprinciplestext.htm
Visual Poster
http://www.design.ncsu.edu/cud/pubs_p/docs/poster.pdf

Additional resources:

1. Center for Inclusive Design and Environmental Access, SUNY Buffalo
   http://www.udeworld.com/

2. Institute for Human Centered Design [Adaptive Environments], Boston, MA
   http://www.adaptenv.org/index.php?option=Content&Itemid=3

Workplan Format

Name of Contractor: _____ **Contract Number:**_____
Funding Level: _____

New York State Department of Health
Comprehensive School Health (CSH) Policies for Tobacco, Physical Activity, and Nutrition
SCHOOL POLICY CONTRACTOR ACTION PLAN YEAR 1
July 1, 2010-March 31, 2012

Reminder:
All contractors will be expected to work with 5-6 school districts at a time.
Optional Activities section includes SAMPLE outcomes – you may choose to develop other optional activities

Program Goal 1: Promote opportunities for physical activity and healthful eating and prevent the initiation of tobacco use.
Objective 1A: Increase the number of educational institutions that effectively implement comprehensive health policies to improve healthful eating, increase opportunities for physical activity, and eliminate tobacco use and tobacco products from all facilities, property, vehicles and events.
SMART Outcome 1: By March 31, 2012, 5-6 schools selected for year 1 (year 1 = first 21 months) of the contract will have 1) a commitment from school administration to establish a healthy environment through policy change; 2) a team or committee to address the issue; 3) conducted a needs assessment (such as the School Health Index); 4) an implementation plan, including a timeline, 5) completed an on-site observation, 6) completed a baseline staff survey; 7) assessed existing tobacco-free policies, nutrition policies and Physical Education (P.E.) plans; and 8) reviewed and approved a comprehensive school health policy
SMART Outcome 2: By March 31, 2012, 25% of schools in the catchment area will have been directly contacted to initiate process of adopting a comprehensive school health policy for year 2 of the contract.

Strategies and Activities – Outcome #1	**Target Group** (list individual schools)	**Partners**	**Timeline**
STRATEGY: Advocating with organizational decision makers			
Administrative commitment			
Activities:			
1. Obtain School commitment			
2. Finalize MOU from selected schools			
3. Identify a key school contact			1st month after MOU

Strategies and Activities – Outcome #1	**Target Group** (list individual schools)	**Partners**	**Timeline**
			is finalized
Establish a school policy and procedures committee			
Activities:			
4. Assist the key contact to establish a team or committee comprised of parents, students, faculty, staff, to develop and implement CSH policies and procedures			2nd – 3rd month
5. Assist the team/committee in establishing a realistic project timeline			2nd – 3rd month
Policy Review and Development			
Activities:			
6. Assist the team in conducting the School Health Index or similar needs assessment tool.			
7. Review current school health policy and procedures document and compare to DOH standard			4th – 5th month
8. Provide samples of school health policies and procedures			
9. Provide team/committee with recommended components of effective policies and procedures			
10. Identify strengths, weaknesses and gaps of current policies and procedures			
11. Draft a comprehensive policy and related procedures document(s) including an effective date			7th-9th month
12. Obtain necessary reviews and approvals for the documents			
Implementation			
Activities:			
13. Assist the team/committee to develop plans and strategies to implement and enforce the policies and procedures			At least one month prior to policy approval
14. Assist the school in carrying out implementation and enforcement of the revised policy			1-6 months after policy approval

Strategies and Activities – Outcome #1	**Target Group** (list individual schools)	**Partners**	**Timeline**
STRATEGY: Communication of policy to school community			
Activities:			
1. Assist the team/committee to develop a plan and strategies to communicate the new policy and procedures throughout the school and community			At least one month prior to policy approval
2. Assist the school with an implementation kick off			

STRATEGY: Monitoring or assessment			
Activities:			
1. Provide guidance and direction to school team/committee to conduct baseline observational study through in-person assistance using DOH tool			2^{nd} – 4^{th} month
2. Provide guidance and direction to the team/committee to complete follow up observational studies and compare results with baseline			3^{rd}, 12^{th}, and 24^{th} month following policy implementation

STRATEGY: Staff survey			
Activities:			
1. Provide guidance and direction to school team/committee to conduct baseline staff survey using tool			2^{nd} – 4^{th} month
2. Provide guidance and direction to the team/committee to conduct faculty and staff surveys to evaluate the level of awareness and implementation of the new policy.			3rd and 12^{th} month following policy implementation

SMART Outcome 2: By March 31, 2012, 25% of schools in the catchment area will have been directly contacted to initiate adoption of CSH policies for year 2.			
Strategies and Activities – Outcome #2	**Target Group**	**Partners**	**Timeline**
STRATEGY: Advocating with organizational decision makers			
Activities:			
1. The School Policy Coordinator will contact other schools in the catchment area to begin the administrative commitment process.			Through out year

Program Goal 2: Build and maintain an effective CSH program infrastructure
Objective 2A: Strengthen regional infrastructure to promote coordination and collaboration among partners.
SMART Outcome 3: By March 31, 2012, (Your project name here) will have worked to support the activities and strengthen communication and collaboration with all partners in the area and region by attending area, regional and local community partnership meetings; enhancing project and staff development by attending training; and, contributing to the sustainability efforts in the area and region.

Strategies and Activities – Outcome #4	**Target Group**	**Partners**	**Timeline** (From date of contract execution)
STRATEGY: Infrastructure development			
Activities:			
1. Contribute to local recognition event(s) that includes schools that have made progress in establishing healthy environments through comprehensive policies.			
2. Attend Community Partnership meetings and participate in activities as appropriate			
3. Attend regional meetings			
4. Contribute to the sustainability efforts of the area, region and state			
5. Attend school policy meetings			
6. Attend training			

Optional Additional Activities

Program Goal:
Objective:
***SAMPLE* SMART Outcome 4:** By March 31, 2012, the School Policy Coordinator will collaborate with other partners to coordinate training, instruction or education regarding advertising, sponsorship and promotion to support social norm change in x number of target schools.
***SAMPLE* SMART Outcome 5:** By March 31, 2012, 25% of the schools that have implemented a CSH policy and procedures will expand their policy and procedures to increase the availability and consumption of fresh fruits and vegetables.

Strategies and Activities – Outcome #4	**Focus Area**	**Target Group**	**Partners**	**Timeline** (From date of contract execution)
STRATEGY:				
Activities:				

Strategies and Activities – Outcome #5	**Focus Area**	**Target Group**	**Partners**	**Timeline** (From date of contract execution)
STRATEGY:				
Activities:				

Budget Instructions: Comprehensive School Health Policy

General Instructions for Completing
Operating Budget and Funding Request

General Information
All expenses for your project must be in line item detail on the forms provided. NYS funded indirect costs may not exceed ten percent (10%) of your STATE grant and must be fully itemized (i.e., space, utilities, etc.) and justified.

BUDGET NARRATIVE/JUSTIFICATION FORMS

Form 1: Personnel Services
Form 2: Fringe Benefit Rate
Form 3: Non-personnel Services

Use Forms 1 and 3 to provide a justification/explanation for the expenses included in the Operating Budget and Funding Request. The justification must show all items of expense and the associated cost that comprise the amount requested for each budget category (i.e., if your total travel cost is $1,000, show how that amount was determined - conference, local travel, etc.), and if appropriate, an explanation of how these expenses relate to the goals and objectives of the project.

FORM 1: PERSONNEL SERVICES

Include a description for each position and the annual salary or rate per hour if non-salaried or if hourly, percentage of time spent on various duties where appropriate, on this form. Contracted or per diem staff is not to be included in personnel services; these expenses should be shown as a consultant or contractual services under non-personnel services.

FORM 2: FRINGE BENEFIT RATE

Specify the components (FICA, Health Insurance, Unemployment Insurance, etc.) And their percentages comprising the fringe benefit rate, then total the percentages to show the fringe benefit rate used in budget calculations. If different rates are used for different positions, submit a Form 2 for each rate and specify which positions are subject to which rate.

FORM 3: NON-PERSONNEL SERVICES

Any item of expense not applicable to the following categories must also be listed along with a justification of need.

Supplies and Materials
Provide a delineation of the items of expense and estimated cost of each along with justification of their need.

Travel

Provide a delineation of the items of expense and estimated cost (i.e., travel costs associated with conferences, including transportation, meals, lodging, registration fees) along with a justification of need. Costs should be based upon the agency's applicable travel reimbursement policy, but should not exceed the rates established by NYS
(see www.osc.state.ny.us/agencies/travel/reimbrate.htm)

Consultants/Per Diem/Contractual Services

Provide a justification of why each service listed is needed. Justification should include the name of the consultant/contractor, the specific services to be provided and the time frame for the delivery of services. The cost for each service should be fully justified.

Equipment

Delineate each piece of equipment and estimated cost along with a justification of need. Equipment costing less than $500 should be included in the Supplies and Materials category. Anticipated equipment purchases $500 and greater should be included in the equipment line.

BUDGET

TABLE A: SUMMARY BUDGET

This table should be completed last and will include the total lines only from Table A-1 (Personnel Services) and Table A-2 (Non-personnel Services) and the Grand Total. As a check, grand total NYS should match your state grant award and grand total third party should match the total revenue estimate. Total expense = NYS+ 3rd party + other source. Other Source may be in-kind, other grants, etc.

TABLE A-1: PERSONNEL SERVICES

Personnel, with the exception of consultants and per diems, contributing any part of their time to the project should be listed with the following items completely filled in (consultants/per diems should be shown as a non-personnel services expense on Table A-2):

Title: The title given should reflect either a position within your organization or on this project. More than one individual in a particular title may be listed together [e.g., Nurse Practitioner (2)].

Annual Salary: Regardless of the amount of time spent on this project, the total annual salary for each position should be given.

% FTE: The proportion of time spent on the project based on a full time equivalent (FTE) should be indicated. One FTE is based on the number of hours worked in one week by salaried employees (e.g., 40 hour work week). To obtain % FTE, divide the hours per week spent on the project by the

number of hours in a work week. For example, an individual working 10 hours per week on the project given a 40 hour work week = 10/40 = .25 (show in decimal form).

# of Months: Show the number of months out of 12 worked for each title. [If an employee works 10 months out of 12, then 10 months/12 months = .833. This ratio is part of the total expense calculation below.]

Total Expense: Total expense can be calculated using the following method: (Total Annual Salary) X ($FTE) X (# of months worked/12) = Total Expense.

Fringe Benefit Line: The total fringe amount should be shown: (sum of annual salaries total expense) X (fringe rate from Form 2 or the average fringe benefit rate if more than one rate is applicable).

TOTAL EXPENSE for salaries and fringe benefits must then be distributed between (1) NYS, (2) third party, (3) other source as deemed appropriate. You may use any combination of these three categories for each line item, as long as the total expense = NYS + third party + other source. This is also applicable to Table A-2 discussed below.

TABLE A-2: NONPERSONNEL SERVICES

All non-personnel services expenses should be listed regardless of whether or not funding for these expenses is requested from New York State. As with Table A-1, distribute total expense between NYS, third party, and other source (specify other source).

Application Budget Format

BUDGET NARRATIVE/JUSTIFICATION ATTACHMENT

FORM 1
PERSONNEL SERVICES

APPLICANT:_____

PERSONNEL SERVICES

TITLE	INCUMBENT	DESCRIPTION

Page ___ of ___

BUDGET NARRATIVE/JUSTIFICATION ATTACHMENT

FORM 2
FRINGE BENEFITS

APPLICANT:_____

FRINGE BENEFITS

COMPONENT	**RATE**
TOTAL FRINGE BENEFIT RATE	

Page ___ of ___

BUDGET NARRATIVE/JUSTIFICATION ATTACHMENT

FORM 3
NON-PERSONNEL SERVICES

APPLICANT:_____

NON-PERSONNEL SERVICES

ITEM	COST	DESCRIPTION

Page ___ of ___

OPERATING BUDGET & FUNDING REQUEST

TABLE A
SUMMARY BUDGET

Grant Period: _____

APPLICANT:_____

	Total Expenses This Contract	**Amount Requested From NYS**	**Other Source**	**Specify Other Source**
Personnel Service				
Subtotal Non-Personnel Service				
Grand Total				

OPERATING BUDGET & FUNDING REQUEST

TABLE A-1
PERSONNEL SERVICES

Grant Period: _____

APPLICANT:_____

Personnel Services	Budgeted Salary	Budgeted Full-Time Annualized Salary	# of months	% FTE Annual	Total Expenses	Amount Requested from NYS	Other Source	Specify Other Sources
Fringe Benefits __%								
Subtotal Personnel Services								

OPERATING BUDGET & FUNDING REQUEST

TABLE A-2
NONPERSONNEL SERVICES

Grant Period: _____

APPLICANT:_____

Non-Personnel Service	Total Expenses This Contract	Amount Requested From NYS	Other Source	Specify Other Source
GRAND TOTAL				

Module 1A (Safe Routes to School) School Health Index

School Health Index - Safe Routes to School Module
INFORMATION SHEET

What is Safe Routes to School?
Safe Routes to School (SR2S) is a growing movement to promote walking and bicycling to school and improve traffic safety through education, incentives, increased law enforcement and engineering measures. In August 2005, the U.S. federal government approved $612 million for SR2S programs, with funding to be apportioned to each state over a five-year period. The federal legislation requires that 10-30 percent of the funds be used for non-infrastructure activities such as education, encouragement and enforcement, while 70-90 percent must be spent on construction projects within two miles of a school. Municipalities in New York will be able to apply for funding beginning in early 2007 through an application process to be determined by the New York State Department of Transportation. Most SR2S projects depend on a combination of local, state and federal funding.

Why is it important to complete the Safe Routes to School module?
The Safe Routes to School module is designed to help schools assess how safe it is for their students to walk or bicycle to school and to begin thinking about steps needed to make the journey to school safer. This self-assessment may give schools a head start towards working with their municipalities to apply for SR2S money.

Why is this module separate from the School Health Index?
The Safe Routes to School module was developed by the New York State Department of Health in cooperation with school administrators, teachers, physical activity and transportation experts as well as staff members at the Centers for Disease Control (CDC). Although this module is currently in use only in New York State, the CDC may soon include this module in its national School Health Index.

How do I incorporate the Safe Routes to School module into the School Health Index?
The Safe Routes to School module should be answered following Module 1 (School Health and Safety Policies and Environment) of the School Health Index (SHI). Use the module as you would the other SHI modules to discuss the issues with your team. A Score Card for this module is in the same format as the other score cards. However, this module is not included in the Overall Score Card.

How do I start a Safe Routes to School program?
There are numerous examples of successful Safe Routes to School programs, including a model program in Marin County, California and in the Bronx. These programs and others willingly share their ideas and resources. Another excellent website to visit is the National Center for Safe Routes to School, a new clearinghouse of valuable information and resources, including a guide to get started. This and other helpful websites are listed in the following Resource Directory. This is not a comprehensive list, but will give you what you need to get started.

Resource Directory for Safe Routes to School

How-to Guides, Fact Sheets and other Helpful Information

National Center for Safe Routes to School
www.saferoutesinfo.org
- centralized source of information on successful SRTS programs, strategies and State specific information

Safe Routes to Schools National Partnership
www.bikesbelong.org
- quick start resource, PowerPoint presentation

International Walk to School Day Website
www.iwalktoschool.org

Federal Highway Administration
http://safety.fhwa.dot.gov/saferoutes/

National Highway Traffic Safety Administration
www.nhtsa.dot.gov
- useful toolkit

Dwight Cunningham, SRTS Coordinator for NYS
dcunningham@dot.stat.ny.us
- guidance on policies, project eligibility requirements in NY state

Model Programs

Marin County Safe Routes to Schools
www.saferoutestoschools.org

New York City Safe Routes to School Program
http://www.nyc.gov/html/dot/html/safety/saferoutes.html

Arlington MA Safe Routes to School Program
www.walkboston.org

Sustrans
www.sustrans.org

Transportation Alternatives in NYC
http://www.transalt.org/campaigns/reclaiming/saferoutes.html

Walking School Bus

Centers for Disease Control and Prevention (CDC) Kids Walk to School Web Site
www.cdc.gov/nccdphp/dnpa/kidswalk/

PED's Kids Walk to School
www.peds.org/Kids Walk/Kidswalk_index.htm

SCHOOL HEALTH INDEX – ELEMENTARY SCHOOL

Module 1A: Safe Routes to School

Discussion Questions

If you are a school that busses all children in because of distance, please still read and answer the following questions to the best of your ability.

1. Walk to school

Does your school/district allow students to walk to school (i.e., there are no rules prohibiting walking to school)?

3 = Yes, all students are allowed to walk to school.
2 = Yes, most students are allowed to walk to school.
1 = Yes, some students are allowed to walk to school.
0 = No student may walk to school.

2. Bike to school

Does your school/district allow students to bike to school (i.e., there are no rules prohibiting biking to school)?

3 = Yes, all students are allowed to bike to school.
2 = Yes, most students are allowed to bike to school.
1 = Yes, some students are allowed to bike to school.
0 = No student may bike to school.

3. Crossing guards

Where it is necessary for students to cross motor vehicle paths to walk or bike to school, are they assisted by crossing guards?

3 = Yes, crossing guards are at every such location in our school zone.
2 = Yes, crossing guards are at most locations in our school zone.
1 = Yes, crossing guards are at a few locations in our school zone.
0 = No, we do not have crossing guards available for our students within our school zone.

4. Curb cuts

Where it is necessary for students to cross roads to walk or bike to school, are there functional curb cuts at the end of each crossing?

3 = Yes, curb cuts are at every such location in our school zone.
2 = Yes, curb cuts are at most locations in our school zone.
1 = Yes, curb cuts are at some locations in our school zone.
0 = No, we do not have curb cuts available for our students within our school zone.

5. Crosswalks

Where it is necessary for students to cross roads to walk or bike to school, are there visibly marked crosswalks?

3 = Yes, crosswalks are at every such location in our school zone.
2 = Yes, crosswalks are at most locations in our school zone.
1 = Yes, crosswalks are at some locations in our school zone.
0 = No, we do not have crosswalks available for our students within our school zone.

6. Secure bicycle facilities

Does your school have secure facilities for bicycle parking or storage?

3 = Yes, we have a locked, covered storage unit.
2 = Yes, we have a locked uncovered unit.
1 = Yes, we have an unlocked unit.
0 = No, we do not have any secure facilities for bicycles.

7. Idling zone

Does your school have no idling zone/zones* for buses and cars?

** A no idling zone is an area near the school where buses/cars are not allowed to park with their motor running.*

3 = Yes, we have no idling zone/zones for BOTH buses and cars.
2 = Yes, we have no idling zone/zones for buses only.
1 = Yes, we have no idling zone/zones for cars only.
0 = No, we do not have no idling zone/zones.

8. Bicycle and pedestrian safety education

Does your school sponsor bicycle and pedestrian safety education programs*?

**Examples of such education programs include curriculum that teaches bicycle and pedestrian safety, bike rodeos, etc.*

3 = Yes, bicycle and pedestrian safety education is integrated into our curriculum, and we also sponsor additional activities throughout the year.
2 = Yes, we have bicycle and pedestrian safety programs or curriculum addressing these issues throughout the year.
1 = Yes, we have a bicycle and pedestrian safety event once a year.
0 = No, we do not sponsor bicycle and pedestrian safety education programs.

9. Encouragement programs

Do you have a program or an event* at your school to encourage students to walk or bike to school?

**Examples of such programs/events include Walk Our Children to School Day, Bike to School Day, and the Walking School Bus.*

3 = Yes, we have an ongoing program throughout the year in place that encourages walking/ biking and involves parents and community members.
2 =Yes, we have an ongoing program throughout the year in place that encourages walking/ biking that does not involve parents and community members.
1 = Yes, we hold a yearly event that encourages walking/biking.
0 = No, we do not have such a program or event.

10. Working with municipality

Have you worked to improve safe walking and biking conditions within and around your school zone (within 2 mile radius) and involved your local/regional government?

3 = We have done a thorough assessment of our school zone and are now in the process of implementing our action plan to improve biking and walking conditions with municipal/regional government support and guidance.
2 = We have completed a thorough evaluation of our school zone to assess current walking/biking conditions, and have completed an action plan to address issues that were found, but have not begun to implement our action plan.
1 = We have completed a thorough evaluation of our school zone to assess current walking/ biking conditions, but we have not developed an action plan.
0 = No, we have not completed an evaluation or action plan.

SCHOOL HEALTH INDEX – ELEMENTARY SCHOOL

MODULE 1A – Safe Routes to School

Score Card

(*photocopy before using*)

Instructions

1. Carefully read and discuss the Module 1 Discussion Questions which contains questions and scoring descriptions for each item listed on this Score Card.
2. Circle the most appropriate score for each item.
3. After all questions have been scored, calculate the overall Module Score.

		Fully in Place	Partially in Place	Under Development	Not in place
1	Walk to school	3	2	1	0
2	Bike to school	3	2	1	0
3	Crossing guards	3	2	1	0
4	Curb cuts	3	2	1	0
5	Crosswalks	3	2	1	0
6	Secure bicycle facilities	3	2	1	0
7	Bicycle and pedestrian safety education	3	2	1	0
8	Encouragement programs	3	2	1	0
9	Idling zone	3	2	1	0
10	Working with municipality	3	2	1	0

Column Totals: For each column, add up the numbers that are circled and enter the sum in this row.

(If you decide to skip any of these topic areas, make sure you adjust the denominator for the Module score (30) by subtracting 3 for each question eliminated)

Total Points: Add the four sums above and enter the total to the right.

Module Score = (Total Points/30) X 100 %

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

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 15.
- 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: _____

Healthy Meeting Guidelines

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 and bottles 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.**

Developed by the New York State Department of Health Center for Community Health

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.

Developed by the New York State Department of Health Center for Community Health

Vendor Information

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

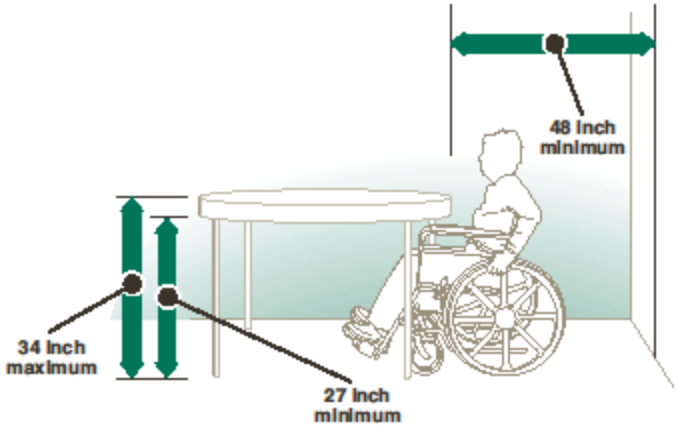
- Raw vegetables with low-fat dip and fresh fruits.
- Salads with low-fat salad dressing on the side.
- Broth-based soups (using a vegetarian broth), or soups using evaporated skim milk instead of cream.
- Raw vegetable salads marinated in fat-free or low-fat Italian dressing.
- Sandwich platters - cut 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.

Developed by the New York State Department of Health Center for Community Health

How to Plan Events Everyone Can Attend

This publication provides tips on planning meetings, conferences, health fairs and other events in which everyone can participate. Even when you may not know in advance whether any of your participants may need accommodations, you should be prepared to:

- Arrange meetings and events at accessible locations where people with disabilities can participate without assistance, or with minimal help.



- Conduct an on-site visit to evaluate the facility's restaurant, bedrooms, bathrooms,meeting rooms, signs (both Braille and tactile), as well as parking options. Even when a facility says it complies with the Americans with Disabilities Act (ADA), you need to check so that there are no last-minute surprises.

- Offer materials and presentations alternate formats, such as Braille, tapes, computer disk, closed caption, and large print. Inquire about preferred format in your registration material. Also inquire about the need for sign language interpreters.
- Make modifications to the physical environment, such as rearranging furniture.
- Create event-planning policies that support accessibility.

Why do public events need to be accessible?

It's the law. The 1990 Americans with Disabilities Act (ADA) and New York State public meeting laws protect the right of people with disabilities to participate in public events. The law stresses reasonable accomodations, as well as the provision of auxiliary aides and services. It's also simply good business practice, and can be inexpensive.

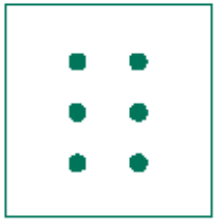
What are disabilities?

Disabilities are physical and mental impairments that limit at least one major life activity, such as walking or seeing. Disabilities present themselves in many forms. Some disabilities are visible; others, invisible. They may be permanent or temporary; developmental or physical; severe or mild; or any combination of impairments. A person can be young or old, be born with a disability, or acquire a disability as a result of an injury or chronic illness.

Approximately 20 percent of Americans have disabilities, and one in five Americans will develop a disabling condition in his or her lifetime.

Since you may not know who will attend your event, you must plan for everyone.

Who's responsible for the accessible meeting?



Braille

Accessibility

Telephone Typewriter (TTY)

Sign Language Interpretation

Facility staff are legally responsible for ensuring the site is in compliance with the ADA. But the event planner has a responsibility to schedule meetings and events only at sites or facilities that are accessible and barrier-free.

To ensure that you're using facilities with accessible environments, make an on-site visit and evaluate the physical environment. For this purpose, the U.S. Department of Justice publishes "Checklist for Readily Accessible Achievable Barrier Removal." For a free copy, call 1-800-949-4ADA, or download the text from www.usdoj.gov/crt/ada/checktxt.htm.

For information on accessibility, you can also call the New York State Commission on Quality of Care and Advocacy for Persons with Disabilities at 1-800-522-4369 (voice/TTY) or at www.cqcapd.state.ny.us.

How do I plan an accessible meeting?

Start by developing a policy that documents your group's positive attitude toward accessible events. For example, your policy should state that your organization will hold events only at facilities that have been determined to be accessible. Using a survey, such as the Justice Department's checklist, shows your agency's good faith effort to include everyone in your events.

What are the benefits of a written policy?

A policy:

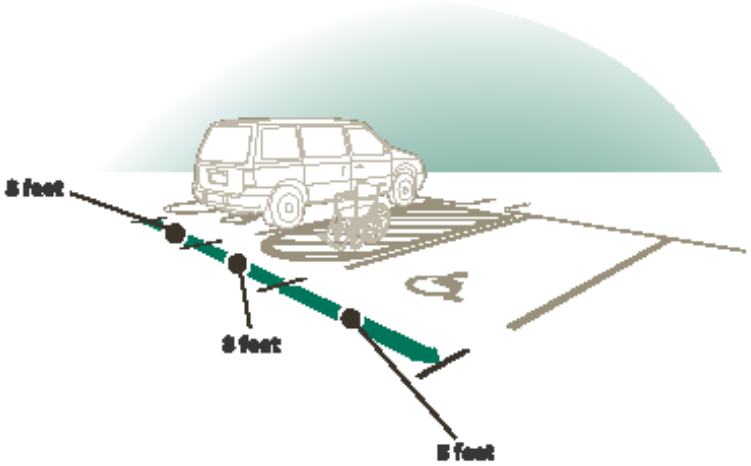
- Shows that your organization welcomes everyone.
- Sets directions for your organization planners.
- Helps your organization be prepared.

Sometimes, you may need to take action to meet an immediate need. For example, you are working with a facility that does not have Braille signs. The facility cannot acquire permanent Braille signs before your scheduled event. However, it does offer to place temporary Braille signs in the area of your meeting space and agrees to install permanent Braille signs before your next event. This accommodation will meet the immediate need and lays the ground work for the facility improving its accessibility.

What does "accessible accommodation" mean?

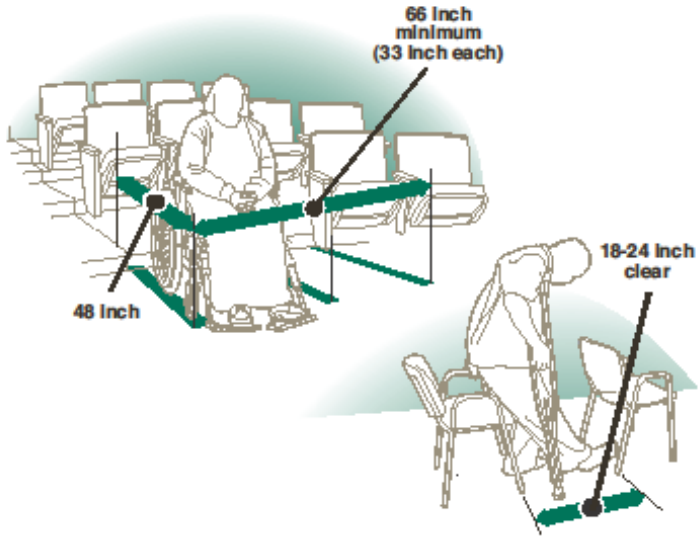
The following examples are from the "Checklist for Readily Achievable Barrier Removal" and the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) (www.resna.org).

- Choose facilities near accessible transit options. If the event is to be held over several days, evaluate the accessibility of local restaurants, movie theaters, and shopping malls that participants may want to visit.
- Plan for 30 percent more meeting space when 10 percent or more of the participants will use mobility aids.
- On the registration form, ask participants to indicate their need for accommodations.
- Always check out the facility. Use check lists provided in this booklet's resources, and enlist the help from a local Center for Independence. www.vesid.nysed.gov/lsn/ilc/locations.html



Look for accessible parking. Parking stripes should allow 8 feet for a car/van plus a 96 inch access aisle. The access aisle should be marked with a "No Parking" sign. The accessible spaces should be closest to the accessible entrance, and there should be signs indicating accessible parking. To ensure that only those in need of these parking spaces use them, there should also be an enforcement policy.

The facility should ensure that doors are a 32-inch minimum width to allow a wheelchair to pass. If not, the facility can widen doors or install offset (swing-clear) hinges. There should also be 18 inches of clear wall space on the pull side of the door, next to the handle. If not, the facility can relocate furniture or remove the obstruction, move the door or add a power-assisted or automatic door opener. Check for hazards that will cause people to trip, and have the facility fix them. Have the facility remove mats and patch holes in the pavement.



- Check seating options so people with disabilities are not limited to the back or front of the room. Most standard tables can comfortably accommodate wheelchairs.
- Ensure that both registration and conference materials are accessible.
- Ask about accommodation needs in your registration form.

Sample registration questions

I will need the following accommodations in order to participate:

☐ ASL Interpreter ☐ Braille
☐ Note taker ☐ Audio cassette
☐ Open captioning ☐ Wheelchair access
☐ Large print ☐ Assistive listening device
☐ Disk (format): _____
☐ Special diet: _____

_____

An assistant will be accompanying me. ☐ Yes ☐ No

- Make sure registration staff are aware of accessible places and materials for the conference.

Accessible Materials

To ease communication barriers, the presenter can:

- Put conference materials in binders for easy page turning.

- Create easy-to-read visual aids. Text should be displayed in large bold letters. Eight lines of text (18-point type with high contrast) are maximum for a slide or transparency.
- Talk clearly and slowly, spell out unusual names and words for a sign language interpreter, and use closed-captioned films and videos.
- Use microphones and face the audience when speaking to assist those who read lips or use assistive listening devices.
- Inquire about Computer-Assisted Realtime Translation (CART). A court reporter/stenocaptioner enters the speaker's words into a computer that displays them as text for the participant. The National Court Reporters Association at 1-800-272-6272 www.ncraonline.org maintains a list of certified realtime reporters.

A Final Note

Being prepared can help you handle the unexpected. Use this information to help avoid and rectify common problems. By working together with the facility's staff, as well as people who need accommodations, you can help ensure that people of all abilities will be able to participate in your event.

For more information on planning accessible meetings, specific dimensions and layouts, preparing alternate formats, sample letters and check lists, consult these sources:

"A Guide to Planning Accessible Meetings," by June Kailes and Darrell Jones, www.JIK.com/gpam.html

Removing Barriers: Planning meetings that are accessible to all participants. North Carolina Office on Disability and Health. www.fpg.unc.edu/~ncodh/removingbarriers

Accommodations Check List:

Parking and Pathways

- ☐ Are there accessible parking spaces near the accessible entrance? Are spaces clearly marked with the international symbol of accessibility? Are the spaces and access aisles 8 feet wide? Are the access aisles marked with "No Parking" signs?
- ☐ Is there an accessible route from parking/drop-off to the entrance? Is sidewalk a minimum of 36 inches wide at all points?

Entrance and Doors

- ☐ Does entrance door have opening of at least 32 inches of clear width?
- ☐ Do non-accessible entrances have signs giving directions to the accessible entrance? Is there an automatic door? Or, is pull force on door five pounds or less?

Public Areas

- ☐ Does registration area have a lowered counter?
- ☐ Is there a text telephone (TTY)?
- ☐ Are all accessible routes free of protruding objects?
- ☐ Are all elevator call buttons located at 42 inches or below? Is there raised letter and Braille signage on door jams designating each floor?

Public restrooms

- ☐ Are restrooms located along an accessible route of travel?
- ☐ Does signage at inaccessible rest rooms direct people to accessible restrooms?
- ☐ Does door to restroom provide a minimum of 32 inches of clear opening width?
- ☐ Does restroom have levered handles?
- ☐ Does stall have adequate manuerving space? (30 to 36 inches clearance front and side of toilet.) Is toilet seat 17 to 19 inches above floor? Are there appropriate grab bars?
- ☐ Does lavatory provide knee clearance of 29 inches? Are soap, towels and amenities located at or below 48 inches?

Meeting rooms

- ☐ Are meeting rooms on accessible route of travel?
- ☐ Do doors provide at least 32 inches clear width?
- ☐ Does stage have an accessible ramp?
- ☐ Is there an assistive listening system available?
- ☐ Does room have movable seating?

Emergency

- ☐ Are exits clearly identified and accessible?
- ☐ Do fire and emergency alarms have both audible and visual signals?

Other facility areas to check if needed for your conference or for participants free time

- ☐ Sleeping rooms
- ☐ Recreation rooms
- ☐ Restaurants
- ☐ Vending machines
- ☐ Retail stores and services

"People First" is a health and wellness series for people with disabilities, their families, friends and health care providers. It is provided by the Disability and Health Program.

Disability Access Symbols are courtesy of Graphic Artists Guild Foundation.
To download and use them free-of-charge, link to /www.gag.org/

State of New York
Department of Health

0956 10/08

2008 Physical Activity Guidelines for Americans

2008 Physical Activity Guidelines for Americans
At-A-Glance:
A Fact Sheet for Professionals

The Physical Activity Guidelines for Americans At-A-Glance: A Fact Sheet for Professionals is designed for busy professionals as a quick desk-side reference to the *2008 Physical Activity Guidelines for Americans* published by the U.S. Department of Health and Human Services.

These Guidelines are needed because of the importance of physical activity to the health of Americans, whose current inactivity puts them at unnecessary risk. The latest information shows that inactivity among American children, adolescents, and adults remains relatively high, and little progress has been made in increasing levels of physical activity among Americans.

Key Guidelines

Substantial health benefits are gained by doing physical activity according to the Guidelines presented below for different groups.

Children and Adolescents (aged 6–17)

- Children and adolescents should do 1 hour (60 minutes) or more of physical activity every day.
- Most of the 1 hour or more a day should be either moderate- or vigorous-intensity aerobic physical activity.
- As part of their daily physical activity, children and adolescents should do vigorous-intensity activity on at least 3 days per week. They also should do muscle-strengthening and bone-strengthening activity on at least 3 days per week.

Adults With Disabilities

Follow the adult guidelines. If this is not possible, these persons should be as physically active as their abilities allow. They should avoid inactivity.

Children and Adolescents With Disabilities

Work with the child's health care provider to identify the types and amounts of physical activity appropriate for them. When possible, these children should meet the guidelines for children and adolescents—or as much activity as their condition allows. Children and adolescents should avoid being inactive.

Pregnant and Postpartum Women

Healthy women who are not already doing vigorous-intensity physical activity should get at least 2 hours and 30 minutes (150 minutes) of moderate-intensity aerobic activity a week. Preferably, this activity should be spread throughout the week. Women who regularly engage in vigorous-intensity aerobic activity or high amounts of activity can continue their activity provided that their condition remains unchanged and they talk to their health care provider about their activity level throughout their pregnancy.

www.health.gov/paguidelines

2008 Physical Activity Guidelines for Americans

Be Active Your Way: A Fact Sheet for Adults

Finding out what kind and how much physical activity you need

How do I do it?
It's your choice. Pick an activity that's easy to fit into your life. Do at least 10 minutes of physical activity at a time. Choose **aerobic** activities that work for you. These make your heart beat faster and can make your heart, lungs, and blood vessels stronger and more fit. Also, do **strengthening** activities which make your muscles do more work than usual.

Why should I be physically active?
Physical activity can make you feel stronger and more alive. It is a fun way to be with your family or friends. It also helps you improve your health.

How many times a week should I be physically active?
It is up to you, but it is better to spread your activity throughout the week and to be active at least 3 days a week.

How do I build up more physical activity?
Do a little more each time. Once you feel comfortable, do it more often. Then you can trade activities at a moderate level for vigorous ones that take more effort. You can do moderate and vigorous activities in the same week.

How much physical activity do I need to do?

This chart tells you about the activities that are important for you to do. Do **both** aerobic activities and strengthening activities. Each offers important health benefits. And remember, some physical activity is better than none!

Aerobic Activities

If you choose activities at a **moderate** level, do at least **2 hours and 30 minutes** a week.	If you choose **vigorous** activities, do at least **1 hour and 15 minutes** a week.

- Slowly build up the amount of time you do physical activities. The more time you spend, the more health benefits you gain. Aim for twice the amount of activity in the box above.
- Do at least 10 minutes at a time.
- You can combine moderate and vigorous activities.

Muscle Strengthening Activities

Do these at least **2 days** a week.

- Include all the major muscle groups such as legs, hips, back, chest, stomach, shoulders, and arms.
- Exercises for each muscle group should be repeated 8 to 12 times per session.

Be Active, Healthy, and Happy!

Additional Background

Tobacco Control Program

The TCP seeks to promote cessation of tobacco use, reduce the social acceptability of tobacco use, prevent initiation of tobacco use, address disproportionately high rates of tobacco use by specific population groups, and eliminate exposure to secondhand smoke. The TCP uses a multi-pronged strategic approach to reduce tobacco use in the population and seeks to impact the population as a whole through statewide and community action, health communication, and cessation.

The TCP is supported by surveillance and evaluation activities to monitor program progress and impact, and by program administration to build and maintain an effective tobacco control infrastructure, provide technical assistance and guidance, and manage the effective and efficient investment of state tobacco control funding. The TCP strives to contribute to the science of tobacco control through surveillance and evaluation of program initiatives and dissemination of program findings.

The TCP is implemented through statewide and community programs directed and managed by staff at the NYSDOH. The TCP's strategic plan constitutes the Program's road map and is developed, updated and revised with input from national, state, and local partners. As a state program established in statute and as a member of the National Tobacco Control Program, the TCP receives and incorporates programmatic advice and guidance from the statutorily mandated Tobacco Use Prevention and Control Program Advisory Board and from the CDC's Office on Smoking and Health.

Obesity

Although overweight and obesity affect individuals of all ages and abilities, racial and ethnic groups and socioeconomic groups, these behaviors are disproportionately found in some of the most vulnerable populations in New York. Among elementary school children in New York State, lower family socioeconomic status (SES) was associated with being overweight, and the relationship was stronger for girls than boys. A higher prevalence of overweight among children in NYS compared to the national samples has been reported for elementary school students and for preschoolers living in low-income families who participate in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Low-income children and adults, African American and Hispanic residents, and those with disabilities are at higher risk of obesity 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%).

Low-income children and adults, African American and Hispanic residents, and those with disabilities are at higher risk of obesity 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%). Recent survey data showed that in the United States, persons with disabilities had higher rates of obesity (31.2%) compared to those without disabilities (19.6%). In New York, persons with disabilities were more likely to be obese

(36.6%) than those without disabilities (22.0%).

Recent survey data showed that in the United States, persons with disabilities had higher rates of obesity (31.2%) compared to those without disabilities (19.6%)[CDC,2006]. In New York, persons with disabilities were more likely to be obese (36.6%) than those without disabilities (22.0%). Nationally, there are more than 5.5 million children and adolescents with disabilities, these children comprise 12% of the school-age population. Studies have documented that children with disabilities have a greater risk of overweight and obesity when compared with their peers without disabilities. Data from the 2005 YRBS indicate greater prevalence of overweight among students with disabilities (16.7%) compared to their peers without disabilities (12.8%). In addition to increasing risk for chronic conditions such as cardiovascular disease and diabetes, obesity among children with disabilities can contribute to the development of secondary conditions related to the primary disability. Some of these secondary conditions include mobility limitations, extreme levels of deconditioning, fatigue, pain, pressure sores, depression and social isolation.

Television viewing has been identified cross-sectionally and prospectively as one of the strongest risk factors for childhood obesity.

Overweight and obesity are caused by a complex array of genetic, metabolic, behavioral, social and environmental factors. While genetic and metabolic factors have remained stable over the decades during which rates of obesity exploded, behavioral, social and environmental factors changed in revolutionary ways, including increased access to a wider variety of foods, especially foods low in nutrition and high in calories, fat and added sugar; increased marketing of low nutrition foods, especially to children; increased television viewing and time spent in front of computer and video screens; and reduced opportunities for physical activity as a result of community and building design, among other factors.

Physical Activity

In the U.S., only 35.7% of students in grades 9-12 met the recommended levels of 60 minutes or more of physical activity per day in five of the previous seven days in 2007. Data from the 2005 YRBS indicated that the proportion of students that engaged in sedentary activities (i.e., playing video/computer games- 3+ hours/ school day) was significantly higher in those with physical disabilities (26.6%) compared those without disabilities (20.4%).

The CDC's Guide to Community Preventive Services recommends enhancing school-based physical education to improve physical activity levels and physical fitness in students. Strategies include increasing activity levels during class in order to increase the amount of time students participate in moderate to vigorous-intensity physical activity. Furthermore, the National Association of Sport and Physical Education (NASPE) recommends that quality physical education programs are guided by a written, sequential curriculum based on the national and/or state standards for physical education.

Walking or bicycling to school has been suggested as an opportunity to increase daily physical activity in children. One study of British school children and a study of children in Nebraska conclude that walking to school was associated with greater physical activity after school and in

the evening. Another study found that after-school activity was significantly lower than normal when opportunities for activity during school hours were restricted. These data support the goal of promoting physical activity as part of the school day, including the commute to and from school, to produce a more active lifestyle overall.

In 2005, the federal government established funding for a Safe Routes to School program. Safe Routes to School (SR2S) is a growing movement to promote walking and bicycling to school and improve traffic safety through education, incentives, increased law enforcement and engineering measures. Its aim is to enable and encourage children to adopt a healthier and active lifestyle by making bicycling and walking a safer, accessible, and more appealing transportation alternative. The program also helps schools and other local agencies plan, develop and implement transportation projects that improve safety while reducing traffic, fuel consumption and air pollution in the vicinity of schools. Federal funding is made available to each state based upon its population of kindergarten through eighth grade students. The New York State Department of Transportation (NYSDOT) recently announced more than $27 million in funding for SRTS grants for 70 projects across the state. For a list of the schools receiving funding, please visit: www.nysdot.gov/news/press-releases/2008/2008-09-08

In adults, physical inactivity is a primary risk factor for coronary heart disease. The risk for coronary heart disease associated with physical inactivity is similar to that of cigarette smoking. The physical activity level of people with disabilities depends significantly on the degree of activity limitation. Recent survey data showed that among adult New Yorkers with limitations that required assistance, 51.9% reported no leisure time physical activity during the past month vs. 35.2% of those whose limitations required no assistance and 20.6% of those without disabilities [CDC, 2007]. Moreover, only 25.5% of those requiring assistance and 43.2% of those requiring no assistance reported getting recommended levels of moderate- or vigorous-intensity physical activity, compared to 51.6% of those with no disabilities [CDC, 2007].

Nutrition

Because up to half of students' daily calorie intakes can be consumed at school, the school food environment exerts a significant impact on the overall quality of children's diets. As child-focused institutions, schools should provide children with opportunities to eat more of the foods that are missing from their diets including fruits, vegetables, whole grains and low-fat dairy products, and reduce their exposure to unhealthy foods.

During the 2004-2005 school year, students' calorie intakes from competitive foods (foods sold outside the school lunch and breakfast programs) averaged 277 calories per day for all students with 177 of those calories coming from low-nutrient high calorie competitive foods. The proportion of total calories provided by competitive foods was significant, ranging from 11% of calories for elementary students to 15% of calories for high school students.

Nationally, 73% of elementary schools, 97% of middle schools and 100% of high schools offer competitive foods to students through a variety of outlets including vending machines, school stores, snack carts and a la carte choices in the school cafeteria. Between 1991 and 2005, the percentage of middle schools with vending machines increased from 42% to 82% and the percentage of high schools with vending machines increased from 76% to 97%. Dramatic

increases in childhood obesity were seen during this same period. School fund raising activities, frequent classroom celebrations and food provided as reward for performance are additional sources of calories, often unhealthy sources.

Associations have been identified between school food practices and obesity. Participation in the National School Lunch Program is not associated with increased Body Mass Index (BMI) or a higher incidence or overweight or obesity. Eating breakfast, whether School Breakfast or any breakfast, is associated with lower BMI. Several school food practices that increase access to and availability of competitive foods are associated with increased obesity risk. Limiting access to high-calorie low-nutrient foods at school and increasing the availability of nutrient-rich foods missing from the diets of children, such as fruits, vegetables, whole grains and low-fat dairy is a promising strategy to improve nutrition, reduce calorie intake and help prevent excess weight gain.

Other Resources/References

New York State Tobacco Control Program
http://www.nyhealth.gov/prevention/tobacco_control/

2008 Physical Activity Guidelines for Americans
http://www.health.gov/paguidelines/guidelines/default.aspx

National Association for Sport and Physical Education
http://www.aahperd.org/naspe/template.cfm

Preventing Childhood Obesity: A School Health Policy Guide
http://www.rwjf.org/childhoodobesity/product.jsp?id=42472

Centers for Disease Control and Prevention, Nutrition, Physical Activity and Obesity
http://www.cdc.gov/nccdphp/dnpao/index.html

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

People First: Communicating with and about Persons with Disabilities
http://www.nyhealth.gov/nysdoh/promo/people.htm

A Position Statement on Including Students with Disabilities in Physical Education
http://www.aahperd.org/aapar/pdf_files/pos_papers/inclusion_position.pdf

American Association on Health and Disabilities, Health Promotion Resource Center. Best Practices: Nutrition
http://www.aahd.us/page.php?pname=health/research/best_practices/nutrition