

**STATE OF ALASKA**  
Department of Health and Social Services  
Division of Public Health  
Section of Chronic Disease Prevention & Health Promotion



**REQUEST FOR GRANT PROPOSALS**  
Obesity Prevention and Control for K-12  
FOR FY 2014 thru 2017  
**Grants and Contracts Support Team**

IMPORTANT NOTICE: This RFP and all appendices are available for download from the State's *Online Public Notice* website located at: <http://aws.state.ak.us/OnlinePublicNotices/> Applicants are responsible for monitoring this website for any subsequent changes or amendments that may be issued regarding this solicitation.

**Chris Francis**  
**Grants Administrator**

## TABLE OF CONTENTS

<b>1. SECTION ONE GRANT PROGRAM INFORMATION .....</b>	<b>4</b>
1.01 INTRODUCTION AND PROGRAM DESCRIPTION .....	4
Why work with schools? .....	5
Federal regulations and this program.....	5
1.02 PROGRAM GOALS AND ANTICIPATED OUTCOMES.....	7
Overall Objectives Plan .....	8
Action Plan .....	8
Overall Objectives Narrative and Action Plan Narrative.....	8
1.03 PROGRAM SERVICES/ACTIVITIES .....	8
Overall Grant Cycle (FY 2014 - FY 2017) Activities .....	9
1. Support a School Wellness Team to assess current federally mandated school wellness policy development, adoption, implementation, and enforcement. ....	9
2. Improve the school nutrition and physical activity environment. ....	9
3. Monitor student health risk behaviors, weight status & district physical activity and nutrition environment. ....	9
4. Promote events, activities, and school success stories using local media. ....	9
5. Participate as a member of the state taskforce Alaskans Taking on Childhood Obesity (ATCO). ....	9
6. Meet grant administrative, personnel, and fiduciary requirements. ....	9
1.04 PROGRAM EVALUATION REQUIREMENTS AND REPORTING .....	9
Grant Reporting .....	9
Agreement to collaborate with OPCP evaluation team/contractors.....	10
1.05 TARGET POPULATION AND SERVICE AREA .....	10
1.06 PROGRAM FUNDING.....	11
<b>1) Required staffing</b> .....	12
<b>2) Required Travel</b> .....	12
3) Proposals with a Subcontractor.....	13
<b>2. SECTION TWO APPLICANT QUALIFICATIONS .....</b>	<b>13</b>
2.01 REQUIRED EXPERIENCE .....	13
2.02 PROGRAM STAFFING REQUIREMENTS .....	13
2.03 ADMINISTRATIVE, MANAGEMENT, AND FACILITY REQUIREMENTS .....	14
2.04 SUPPORT/COORDINATION OF SERVICES.....	14
<b>3. SECTION THREE GENERAL INSTRUCTIONS FOR PROPOSAL SUBMISSION.....</b>	<b>15</b>
3.01 ELIGIBILITY (WHO MAY APPLY) .....	15
3.02 MINIMUM RESPONSIVENESS.....	15
3.03 ACCEPTANCE OF TERMS .....	16
3.04 NUMBER OF COPIES, MAILING ADDRESS .....	16
3.05 PROPOSAL LENGTH AND FORMAT .....	17
3.06 INQUIRES AND PROTEST .....	17
3.07 SUMMARY OF PROCESSES AND DEADLINES.....	18
3.08 PROPOSAL COSTS.....	18
3.09 DURATION OF GRANT .....	18
3.10 PROPOSAL REVIEW.....	19
3.11 FINAL DECISION AUTHORITY .....	19
3.12 NOTIFICATION OF GRANT AWARD AND APPEALS.....	20
3.13 CANCELLATION OF THE RFP/TERMINATION OF AWARD.....	20
<b>4. SECTION FOUR SUBMISSION REQUIREMENTS/CRITERIA FOR PROPOSAL.....</b>	<b>21</b>
4.01 MINIMUM RESPONSIVENESS CRITERIA .....	21

4.02 TECHNICAL REQUIREMENTS ..... 22

4.03 PROGRAM GOALS, OUTCOMES, ACTIVITIES, EVALUATION, AND POPULATION ..... 22

4.04 PROPOSED BUDGET ..... 24

B. BUDGET INCLUDES 3 MINIMUM REQUIRED ITEMS PER DETAILS OF SECTION 1.06 PROGRAM FUNDING: 1) .75-1.0 FTE COORDINATOR STAFFING; 2) TWO REQUIRED ANCHORAGE BASED TRAININGS FOR 2-4 WELLNESS TEAM MEMBERS; AND 3) ATTENDANCE AT THE ATCO MEETING FOR 1 MEMBER. .... 24

4.05 QUALIFICATIONS, COMPLIANCE, EXPERIENCE, STAFFING, MANAGEMENT, AND FACILITIES..... 24

4.06 DEMONSTRATION OF SUPPORT AND SERVICE COORDINATION ..... 25

TOTAL: ..... 25

**5. SECTION FIVE APPENDICES..... 26**

5.01 A. DHSS GRANT APPLICATION FORM ..... 26

5.02 B. DHSS ASSURANCES FORM ..... 26

5.03 C. BUDGET DETAIL AND NARRATIVE FORM AND INSTRUCTIONS ..... 26

5.04 D. SINGLE AUDIT REQUIREMENTS (INFORMATION APPENDIX) ..... 26

5.05 M. DHSS REGIONAL MAP ..... 26

**6. SECTION SIX PROGRAM SPECIFIC ATTACHMENTS ..... 26**

6.01 1. K12 DESCRIPTIONS OF REQUIRED PROJECT ACTIVITIES AND INITIATIVES ..... 26

6.02 2. HUSSC CRITERIA CHART ..... 26

6.03 3. K12 EXAMPLE STRATEGIES CHART ..... 26

6.04 4. K12 OBESITY OVERALL OBJECTIVES PLAN ..... 26

6.05 5. K12 OBESITY ACTION PLAN ..... 26

6.06 6. K12 OBESITY QUARTERLY FEEDBACK REPORT ..... 26

## SECTION ONE GRANT PROGRAM INFORMATION

### 1.01 Introduction and Program Description

The Department of Health and Social Services (DHSS), Division of Public Health (DPH), is requesting proposals from eligible applicants to provide Obesity Prevention and Control for K-12 (K-12 OPC) services for the State of Alaska in FY 2014 thru 2017. Program services are authorized under 7 AAC 78 Grant Programs. Access State of Alaska statutes and regulations at <http://www.law.state.ak.us/doclibrary/doclib.html> or through the contact person listed in section 3.04.

#### Introduction

Obesity is the predominant public health threat of our lifetimes. If obesity rates aren't stabilized and reversed, the medical care costs associated with treating obesity-related chronic disease will threaten the government's ability to fund Medicare and Medicaid.

Obesity is expected to overtake tobacco as the leading cause of death.<sup>1</sup> It already surpasses tobacco in estimates of annual direct medical costs in Alaska (\$459 million<sup>2</sup> vs. \$325 million<sup>3</sup>). Alaska's obesity-related Medicaid costs will be \$684 million annually by 2030 if obesity rates continue to rise as predicted.<sup>4</sup> The responsibility for this dramatic change in our state's population is both personal and societal. Federal, state, and local governments have a vested interest in curbing the ever increasing medical care and productivity costs associated with the obesity epidemic and its many health consequences.

Obesity is a cause of diabetes, heart disease and other chronic ailments and affects physical performance, life expectancy, and quality of life.<sup>5</sup> Due to obesity, this generation of children is predicted to have a shorter lifespan than their parents.<sup>6</sup> Nationally, childhood obesity rates have tripled over the past four decades and today's youth are faced with chronic conditions previously not seen in children, including type 2 diabetes (formerly "adult onset diabetes") and hyperlipidemia (high cholesterol and triglycerides).<sup>7</sup>

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<sup>1</sup> Mokdad AH, Marks JS, Stroup DF, Gerberding, JL. Actual Causes of Death in the United States, 2000. *JAMA*. 2004;291:1238-1245.

<sup>2</sup> Trogdon JG, Finkelstein EA, Feagan CW, and Cohen JW. State-and Payer-Specific Estimates of Annual Medical Expenditures Attributable to Obesity. *Obesity*. 2012;20(1):214-220.

<sup>3</sup> Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *A Decade of Progress: Tobacco Prevention and Control in Alaska FY2010-2011*. Accessed on 3/6/13. Available at <http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/TobaccoARFY10.pdf>.

<sup>4</sup> Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *Alaska Obesity Facts Report. August 2012*. Accessed on 3/6/13. Available at <http://dhss.alaska.gov/dph/Chronic/Documents/Obesity/pubs/2012AlaskaObesityFacts.pdf>.

<sup>5</sup> US Department of Health and Human Services, *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*. Rockville, MD: Public Health Service, Office of the Surgeon General; 2001.

<sup>6</sup> Olshansky SJ, Passaro DJ, Hershow RD, et al. A potential decline in life expectancy in the United States in the 21<sup>st</sup> century. *NEJM*. 2005;352:1138-1145.

<sup>7</sup> Ogden CL, Carroll MD, Curtin LR, Lamb MM, Flegal KM. Prevalence of high body mass index in U.S. children and adolescents, 2007–2008. *JAMA* 2010;303:242–9.

The State of Alaska Obesity Prevention and Control Program (OPCP) is working to make regular physical activity, good nutrition, and healthy weight a part of every Alaskan's life. The Alaska OPCP prevents and controls obesity and related chronic diseases through evidence-based, public health strategies recommended by the Centers for Disease Control and Prevention (CDC).

### **Why work with schools?**

We know that obesity negatively affects academic performance<sup>8</sup> and that:

- 26% of Alaska high school students are overweight or obese<sup>4</sup>;
- 36% of students in the Anchorage and Kenai Peninsula School Districts are overweight or obese<sup>4</sup>;
- 21% of children ages 2-4 enrolled in the Women, Infants and Children (WIC) Program are obese<sup>4</sup>.

Next to families, the school has more influence on the lives of young people than any other social institution.<sup>9</sup> While it is understood that schools alone cannot be expected to address all student health issues, schools are in a unique position to reach nearly all the young people and their families in the state. Schools can improve the health and education of young people and prepare them to be healthy and productive adults. Schools can provide a focal point in which families, community organizations,<sup>7</sup> health care workers and youth themselves can focus on the well-being of young people.

Children and youth spend 6-7 hours a day at school. Health education is taught in schools to provide students with the information they need to make healthy choices. Quality physical education develops individuals who have the knowledge, skills and confidence to enjoy a lifetime of healthful physical activity. The foods students consume in school can contribute as much as 50% of a child's daily caloric intake on school days. Not only are students educated and fed at school, the school environment can also support the acquisition of lifelong healthy eating and physical activity behaviors.

### **Federal regulations and this program**

The federal government has made obesity prevention in the school setting a priority, mandating school districts to adopt and implement wellness policies. The Healthy, Hunger-Free Kids (HHFK) Act of 2010, Public law 111-296, reauthorized funding and requirements for the Richard B. Russell National School Lunch Act (NSLA) (42 U.S.C. 1758b), which includes the National School Lunch Program (NSLP), School Breakfast Program, and other child nutrition programs.

Section 204 of the HHFK Kids Act of 2010, *Local School Wellness Policy Implementation*, expands upon the previous wellness policy requirements from the Child Nutrition and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Reauthorization Act of 2004 (Public law 108-265). The United States Department of Agriculture (USDA) Food and Nutrition Services Program (FNS) issued Memo SP 42-2011 on July 8, 2011, that outlined the new requirements for local wellness policies. Each local educational agency (LEA) that participates in the National School Lunch Program or other child nutrition program authorized by the HHFK Act of 2010 or the Child Nutrition Act of 1966 (42 U.S.C.

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<sup>8</sup> Action for Healthy Kids. The Learning Connection: The Value of Improving Nutrition and Physical Activity in Our Schools. October 2004.

<sup>9</sup> Centers for Disease Control and Prevention. School Health Guidelines to Promote Healthy Eating and Physical Activity. *MMWR* 2011;60(No. RR-5).

1771 et seq.) is mandated by federal law to establish a local school wellness policy for all schools under its jurisdiction.

Local wellness policies are an important tool for parents and school districts to promote student wellness, prevent and reduce childhood obesity, and provide assurance that school meal nutrition guidelines meet the federal school meal standards. Section 204 of the HHFK Act of 2010 strengthens wellness policies by emphasizing ongoing implementation and assessment. This provision also supports a robust process at the community level, including the expansion of the team of collaborators participating in the wellness policy development to include more members from the community. This approach is intended to foster broad-based community support for the development and implementation of effective wellness policies.

Section 208 of the HHFK Kids Act of 2010, *Nutrition Standards for all Foods Sold in School*, requires that federally approved nutrition standards will apply to all foods sold outside the school meals program, on the school campus and at anytime during the school day. The proposed rule was published in the Federal Register February 8, 2013 and the final rule is anticipated by the fall of 2013. Nationally and locally, almost all districts will need to change the foods and beverages currently sold in vending machines, school stores, snack bars, and a la carte sales.

School wellness policies help shape the school environment to promote good nutrition and physical activity behaviors. Strong wellness policies use a comprehensive approach by implementing evidence-based strategies that address health across multiple focus areas. Strong wellness policies support students in making healthy choices.

All schools that participate in the USDA National School Lunch Program are currently required to address physical activity and nutrition through their wellness policies, but without staff time or funding, many districts have found it challenging to put those policies into practice. It is the intent of this grant program to assist school districts in complying with federal mandates of the HHFK Kids Act of 2010, and strengthen the implementation of their policies and programs.

### **Program Description**

The Alaska Obesity Prevention and Control Program is establishing a 4-year, K-12 Obesity Prevention School Grant Program available competitively to school districts to establish a school-based obesity prevention program to create, implement, communicate, and enforce strong school wellness policies that support high-quality physical education, increase daily student physical activity, and improve the school nutrition environment.

The K-12 Obesity Prevention School Grant Program will provide competitively selected school districts the resources to achieve the federal requirements of the USDA HHFK Act of 2010 SEC. 204 *Local School Wellness Policy Implementation* and assist in the communication and implementation of SEC. 208, *Nutrition Standards for all Foods Sold in School*.

Eligible applicants (see section 3.01 Eligibility) are Alaskan public school districts participating in the

USDA National School Lunch Program (NSLP). To participate in the K-12 Obesity Prevention grant program, targeted schools must also participate in the USDA National School Lunch Program. Applicants must apply for the district as a whole for the purposes of assessing policy and monitoring student health measures but may specify target schools within the district for implementation of specific activities.

### **1.02 Program Goals and Anticipated Outcomes**

The proposal must demonstrate a thorough understanding of the grant program goals and outcomes anticipated by the Department; and proposed projects must meet or exceed anticipated minimums described in this RFP.

The goal of the K-12 Obesity Prevention Grant is to improve the health of Alaska's students by creating, implementing, communicating and enforcing strong school wellness policies that support high-quality physical education, increase daily physical activity, and improve the school nutrition environment.

This grant program supports the Section of Chronic Disease Prevention and Health Promotion Strategic Plan Goal #1: **Reduce the prevalence of overweight and obesity among school-aged children by 5% by 2017.**

Depending on the scope of work proposed by an applicant, objectives that will measure performance to evaluate the success of this grant program over time will include:

#### **Short term objectives:**

1. Number of new policies or administrative regulations passed/strengthened that support high-quality physical education, increase daily physical activity, and improve the school nutrition environment.
2. Number of active school wellness teams, including community and parental engagement.

#### **Intermediate/long term objectives:**

School environment measures:

1. Improvement in WellSAT wellness policy assessment ratings between year 1 and year 4.
2. Increased student participation in the Healthy Futures Challenge in grantee districts or targeted schools between year 1 and year 4.
3. Achievement of Bronze level award or higher of the HealthierUS School Challenge at the school site or district level.

Student health measures (as indicated by local YRBS):

1. Percent of students who ate vegetables 3 or more times per day.
2. Percent of students who ate fruit or drank 100% fruit juices two or more times per day.
3. Percent of students who drank a can, bottle or glass of soda or pop at least one time per day.
4. Percent of students who attend PE classes on one or more days in an average week when they were in school.
5. Percent of students participating in 60 minutes of daily physical activity every day.
6. Percent of students who are overweight or obese.

### **Overall Objectives Plan**

Proposal must contain an Overall Objectives Plan, using the format provided in *Attachment 4. K12 Obesity Overall Objectives Plan*. The Overall Objectives Plan includes documentation of the long-term, intermediate, and short-term objectives, as well as the indicators, data sources, and baseline measures for each objective.

Applicants are expected to develop project objectives that are “S.M.A.R.T” (Specific, Measurable, Achievable, Relevant, and Time-Framed). A comprehensive Overall Objectives Plan will include at least one physical activity and one nutrition objective, and are encouraged to review the objectives stated above. This must be included as a numbered attachment to your proposal.

#### **Resources:**

Centers for Disease Control and Prevention: Writing SMART Objectives:

[http://www.cdc.gov/dhdsp/programs/nhdsp\\_program/evaluation\\_guides/smart\\_objectives.htm](http://www.cdc.gov/dhdsp/programs/nhdsp_program/evaluation_guides/smart_objectives.htm)

### **Action Plan**

Proposal must contain an SFY14 (July 1, 2014 – June 30, 2015) Action Plan, using the *Attachment 5. K12 Obesity Action Plan*. The Action Plan will include detailed information on the strategies that applicants will use to achieve their short term objectives. Grantees will be given the opportunity to adjust their action plans based on the results of the School Health Index and WellSAT assessment tools, input from the School Wellness Team and with technical assistance from obesity prevention program staff. This must be included as a numbered attachment to your proposal.

### **Overall Objectives Narrative and Action Plan Narrative**

Proposal must include a narrative that provides a broad description of the Overall Objectives Plan and a detailed Action Plan narrative focusing on the short term objectives for year 1.

The Action Plan narrative should describe how the Action Plan will be implemented, and demonstrate how activities support the grantee objectives. Please include any description of anticipated barriers to implementation and how they will be managed, as well as a description of how key stakeholders are engaged and informed about the Action Plan. When applicant is planning to formally coordinate with a community and/or regional groups, the Action Plan Narrative will reflect the roles of each agency.

The proposal must demonstrate a thorough understanding of the grant program goals and outcomes anticipated by the DHSS; and proposed projects must meet or exceed anticipated minimums described in this RFP and attachments.

Refer to *Attachment 1. Descriptions of Required Project Activities and Initiatives* for details on evidence-based strategies for establishing a successful school-based obesity prevention program.

### **1.03 Program Services/Activities**

Proposals must include a description of proposed activities that support the goals and outcomes to be employed in the project. Applicants agree to comply with all of the following program requirements and service standards.



### Overall Grant Cycle (FY 2014 - FY 2017) Activities

K-12 Obesity Prevention grants may be funded for up to 4 years under this RFP. Over the anticipated four-year grant cycle, **grantees will be required to implement the following six (6) activities and initiatives.**

**Important Note:** below is a simple list of the six required activities and initiatives. Detailed information and links to resources for each activity and initiative is found in *Attachment 1. Descriptions of Required Project Activities and Initiatives*. Applicants are required to utilize *Attachment 1*, while developing their grant proposal and proposed Overall Objective Plan and Action Plan, and will find the detail provided in *Attachment 1*, is necessary to development of a complete proposal.

1. Support a School Wellness Team to assess current federally mandated school wellness policy development, adoption, implementation, and enforcement.
2. Improve the school nutrition and physical activity environment.
3. Monitor student health risk behaviors, weight status & district physical activity and nutrition environment.
4. Promote events, activities, and school success stories using local media.
5. Participate as a member of the state taskforce Alaskans Taking on Childhood Obesity (ATCO).
6. Meet grant administrative, personnel, and fiduciary requirements.

#### 1.04 Program Evaluation Requirements and Reporting

The proposal must contain an evaluation plan with stated performance measures the applicant will use to evaluate the progress of the grant project toward achieving the program goals and desired outcomes.

#### Grant Reporting

Successful applicants will be required to evaluate and report quarterly. Required reporting for this grant will include:

- 1) DHSS Online Cumulative Fiscal Report in eGrants – (overall grant and match expenditures are reported quarterly by budget line item)
- 2) Action plan updates documenting progress toward their stated objectives utilizing the format provided by state OPCP staff (*Attachment 5. K12 Obesity Action Plan*)
- 3) Quarterly narrative reports highlighting overall successes and challenges in the quarter and any technical assistance needed (*Attachment 6. K12 Obesity quarterly feedback report*)
- 4) A year end report including progress made on Overall objectives (*Attachment 4. K12 Obesity Overall Objectives Plan*)

Quarters run three months beginning July 1st and quarterly reports are due thirty days after the quarter ends. Quarterly advances of grant funds will be based upon receipt and approval of these reports.

Quarters End:	Report Due:
Q1- September 30th	October 30th
Q2- December 31st	January 30th

Q3- March 31st  
Q4- June 30th

April 30th  
July 30th

Proposal should describe how the applicant has the administrative capability to meet reporting requirements described in this RFP. Proposal may include a description of any additional independent evaluation planned (not required) including any applicant proposed process and performance measures.

**Agreement to collaborate with OPCP evaluation team/contractors**

Grantees will agree to share data from their student height and weight collection, local YRBS, and any independent evaluation with the State of Alaska. Grantees are also expected to collaborate with OPCP evaluators on special projects of grant evaluation such as interviews, case studies, or success stories.

**1.05 Target Population and Service Area**

Proposals must clearly describe the population targeted by the project, including the area or communities that will be served. Proposals will be evaluated for compatibility with the intended target population identified in this document.

**Target Population:** The target population for this program and services requested in this RFP includes K-12 Alaska students. Applicants serving high risk populations, such as a large student population attending Title 1 schools, those with high free or reduced lunch participation rates, and/or, those that provide other local data indicating disparate risk for obesity will score higher in the proposal review.

**Service Areas and Communities:** School districts throughout the state of Alaska that participate in the USDA National School Lunch Program are eligible to apply (see section 3.01 Eligibility).

The OPCP seeks to fund school districts as grantees that will address wellness policies in their schools. Applicants must apply for the district as a whole for the purposes of assessing policy and monitoring student health measures but may specify targeted schools within the district for implementation of specific activities. The proposed project must 1) define the population that will be targeted and boundaries of the community(ies) or region to be served, 2) thoroughly describe the school district (including description of the geographic area, number of schools, number of grades, and enrollment by grade) and targeted schools, and 3) provide as much demographic information as possible (gender, ages, ethnicity) on the target group to be served by the project.

The proposal should describe health risk factors of the target population such as percent of overweight or obese students. School districts that have successfully conducted a local Youth Risk Behavior Survey in the past four years should provide data based on survey results. Local data is preferred, however if the applicant does not have local data, tribal, regional or state data may be cited.

The proposal should include a brief overview of the existing district wellness policies as well as any current K-12 obesity prevention efforts. Copies of wellness policies, official board policies, and relevant references in student/staff handbooks should be included as a numbered attachment to your proposal.

Known gaps in those programs or policies that could be addressed through this project should be identified and discussed. The proposal should include information on existing community and regional efforts addressing nutrition and physical activity promotion and obesity prevention.

Proposal must demonstrate familiarity with the demographic composition of Alaska, including knowledge of any Alaska-specific health equity issues related to the services being sought. Health equity is a value of the Section of Chronic Disease Prevention and Health Promotion and a goal of the State of Alaska Department of Health and Social Services. To achieve optimal health for Alaskans, the section both engages in and supports activities that promote health equity and respect for diversity.

Achieving health equity means addressing unjust health disparities through the modifiable social and economic conditions that policies can shape. These conditions include education, income, poverty, and housing, as well as access to safe places to play and be active and the availability of transportation, good schools, tobacco-free environments and nutritious food. Health equity is aligned with the acknowledgement and respect of diversity within a community.

To this end, grantees will incorporate this value into the work they do. Examples of how health equity could be addressed in this proposal include

- Successful grantees will develop a protocol for assuring that services reach the most vulnerable areas and/or population groups experiencing health disparities.
- Successful grantees will demonstrate how they will ensure all outreach materials being developed for the promotion of obesity prevention activities are tailored and appropriate for the populations being served, including draft review by representatives of the population(s) and a distribution plan that assures the intended population(s) receive the materials.

Resources:

- DHSS Alaska Center for Health Data and Statistics Informed Alaskans website link: <http://www.hss.state.ak.us/dph/infocenter/ia/default.htm>  
National Association of Chronic Disease Directors, Health Equity Council: <http://www.nacddarchive.org/nacdd-initiatves/health-equity>

### **1.06 Program Funding**

Funds available for this grant program are anticipated to total \$1,050,000 in state General Funds for each grant year (FY14 - FY17). The intent is to fund projects statewide. Funding levels may vary depending on the population of the community or region to be served. Awards are not anticipated to exceed \$150,000 annually per grantee.

There is no required match for this grant program. Applicants are encouraged however to include all non-required Additional Match/Project Support costs in their proposed budgets to give a clearer picture of the total cost of and investment in K-12 obesity prevention efforts in their district.

Please note: funds awarded through this grant program may not be used to meet Required Match in other state grant programs.

**Proposed Budget:** The proposal must contain both a detailed and narrative budget for the first fiscal year of the grant, including any required match, which is fully compliant with the limitations described in 7 AAC 78.160 (Costs), and that supports program staffing and service delivery requirements stated in this RFP. Appendix C - Budget Detail & Narrative Form and Instructions, provides applicants with a formatted Excel workbook and instructions for completing a project budget. More detailed instructions can be accessed in the DHSS Budget Guidelines available on line at <http://dhss.alaska.gov/fms/grants/Documents/DHSS%20Budget%20Guidelines.pdf>

If the proposed budget includes indirect costs, 7 AAC 78.160(p) requires a copy of the agency’s current federally approved Indirect Cost Rate Agreement. Agencies having current grant agreements with DHSS can review, in eGrants, the Indirect Cost Rate Agreement information on file. Agencies which do not have current grant agreements with the Department must provide a copy of the Indirect Cost Rate Agreement as an attachment to the proposal.

**1) Required staffing**

District must dedicate at least a **0.75 FTE position (one employee)** to provide a coordinated approach to establishing a school environment that supports healthy eating and physical activity. Skills for this position are mainly coordination and organization; it is not necessary for this position to be a certificated staff. A person with experience passing and implementing school policy is strongly suggested. Proposals requesting less than a 0.75 FTE are subject to approval on a case-by-case basis and must include strong justification explaining how the grant services will be met with support from other staff members on grant priorities. A 1.0 FTE coordinator is appropriate if funding levels allow. Proposals dedicating a 0.75-1.0 FTE position will score higher in the proposal review.

**2) Required Travel**

Proposals must budget for school wellness team members (a minimum of 2 persons and a maximum of 4 persons) to attend two required trainings in Anchorage.

- the 3-day fall School Health & Wellness Institute (SHWI)
- a 2.5 day spring Grantee Training

Grantees should also budget one extra day for lodging and per diem for one person to attend the annual ATCO general meeting planned in conjunction with one of the required trainings.

Proposed Travel must include total cost per trip and the following cost estimates breakout as applicable:

Cost Per Person

Roundtrip airfare to and from Anchorage	\$
Lodging (limited to government rate)	\$
Per diem (not to exceed state rate of \$60 per day for 3 days)	\$
Ground transportation	\$
Other, please describe	\$

Substitute Pay for School staff (Cost per day x 3 days)	\$
TOTAL	\$

### 3) Proposals with a Subcontractor

Applicants may subcontract in order to gain assistance with any or all of the program elements. In such cases, a Memorandum of Agreement (MOA) and resumes indicating subcontractor qualifications will be necessary. Subcontractor costs should be requested in the “Other” budget category. *Please note: whether or not subcontractors or other entities are utilized by a grantee, the grantee retains full responsibility for every level and aspect of its grant project.*

## SECTION TWO APPLICANT QUALIFICATIONS

### 2.01 Required Experience

Proposal evaluation will include consideration of the applicant’s history of compliance with grant requirements; and previous experience in providing the same or similar services. The history of compliance will include a summary of audits and successful resolution of any audit findings.

Provide a brief overview of prior experience providing same or similar services to the target population. If the applicant is not a current or prior year grantee of DHSS or this program, the proposal must include references and documentation of the successful delivery of same or similar services to the target population, and include a copy of their most recent audit.

Provide a brief history that demonstrates both sustainable fiscal and administrative capability and responsibility.

### 2.02 Program Staffing Requirements

Describe your organization’s staffing, including qualifications and number of staff required to achieve the proposed outcomes. The proposal must identify a project coordinator and the coordinator’s qualifications (See Section 1.06 Program Funding, 1) Required Staffing). As attachments to the proposal, applicants must provide job descriptions and resumes for the coordinator and other key staff funded through the grant program, and an org chart indicating position within the district. If coordinator is not yet hired, applicants may submit a plan for recruitment in lieu of a resume.

- a. All applicants should propose to employ a minimum of 0.75 FTE (one employee) project coordinator (exceptions with strong justifications may be approved on a case-by-case basis).
- b. If staffing plan splits time between multiple people, no less than 0.5 FTE must be indicated in coordinators job description directly supporting grant activities.
- c. If implementing the program at multiple school sites, all targeted schools should have at least one person designated as a liaison on their district wellness team.
- d. If subcontracting coordinator position out of the district, submit a clear MOA indicating the responsibilities of each agency. Proposal must demonstrate adequate oversight by district staff to ensure progress towards grant goals and objectives, reporting and sustainability.

- e. Applicants who hire a new project coordinator or staff without obesity prevention experience in Alaska must arrange for appropriate staff training and provide a training plan with the proposal to be coordinated with the State of Alaska OPCP. New coordinators must receive orientation training from state OPCP staff or appointed designee within a reasonable time frame.
- f. Staff associated with this project are encouraged to refrain from the use of or sponsorships associated with unhealthy foods, such as sugar sweetened beverages during work time, including food industry educational materials.

### **2.03 Administrative, Management, and Facility Requirements**

The proposal must support the applicant's ability to responsibly administer the grant, including a description of the resolution of any prior year audit exceptions.

The applicant will be required to demonstrate that the administrative infrastructure necessary to support the project exists within the agency or through collaborations that support efficiencies. Executive and administrative staff must be qualified, as indicated by their professional and educational experience detailed in the attached resume(s).

The applicant must attach a current organizational chart showing the relationship of this project to the other functions within the organization. Successful grant applicants will be required to submit additional agency information with submission of their signed grant agreement, if that information is not current and already on file with DHSS, Grants & Contracts Support Team.

The applicant must address potential safety concerns for both clients and staff in the management of services proposed in response to this RFP.

The applicant should describe how access is provided to clients and how that will enhance the success of the project.

All applicants for DHSS grants should have an emergency response and recovery plan for the safe evacuation of clients and staff, and that provides for other potential safety concerns. This plan is mandatory for grantees providing residential and/or critical care services (see Appendix B, DHSS Assurances).

### **2.04 Support/Coordination of Services**

Applicants must coordinate with partners necessary to succeed with their proposed project. The proposal includes a list of agencies, and identifies the relevant contact persons within those agencies, that will be providing resources necessary to the effective delivery of proposed services.

Proposals must include 3-5 letters of support or Memoranda of Agreement indicating strong commitment to the program's goals and activities, as appendices to the proposal (see also section 3.02 Minimum Responsiveness). These must include 1) the school superintendent and, 2) the school district food service director or other school official, as appropriate, designated to ensure that the district complies with USDA NSLP requirements indicating willingness to work toward at least the Bronze Level

Award of the HUSSC. The agreements must be current and specifically address the services to be provided in this program. If the proposed project does not serve all schools in a district, targeted schools must show support from each school administrator. A letter of support/agreement signed by multiple principals is acceptable.

Other suggested examples of demonstrated support include:

- letter of support or agreement with a local public health nursing or Tribal agency stating their interest in developing a partnership to explore the development of a system to collect, record, and transfer student height and weight measures for analysis if the applicant does not have a school nurse or electronic health records.
- other local organizations working in obesity prevention and control in the communities they propose to serve;
- indication of school board willingness to reassess wellness policy and revise as necessary during the four years of the grant program;
- letters from existing wellness team members;
- letters indicating parent and/or student engagement;
- MOA/MOU or contract with any subcontractor of \$5000 or greater in the proposed budget.

## **SECTION THREE GENERAL INSTRUCTIONS FOR PROPOSAL SUBMISSION**

### **3.01 Eligibility (Who May Apply)**

Eligible applicants are limited to Alaskan public school districts participating in the USDA National School Lunch Program (NSLP). The following districts that do not participate in the NSLP are not eligible to apply without providing documentation of participating in NSLP: Aleutian Region, Chugach, Denali, Pelican, Pribilof, and Tanana.

Applicants must be eligible to apply under 7 AAC 78.030 (Eligible Applicants). See Section 3.02 of this RFP for additional eligibility information specific to the program and this solicitation.

Applicants must also submit, or have on file with DHSS, a current governing board (School Board) member list with titles, contact information, and terms of office. The list must include emergency contact information outside the applicant agency for one or more responsible officers of the governing board.

Applicants who have a previous contract or grant to help write this current RFP will be precluded from submitting a proposal unless a written statement of refusal of the contract or grant funds is attached. Proposals submitted without this statement shall be deemed non-responsive.

### **3.02 Minimum Responsiveness**

To be considered responsive to this request for proposals, all proposals will be reviewed to determine if they meet the following minimum responsiveness requirements:

- a. The applicant must meet the eligibility requirement stated above in Section 3.01.

- b. Proposals must be received on or before the deadline stated in Section 3.07 at the address stated in Section 3.04.
- c. Proposal includes at least 3 letters of support or MOA/MOU including at minimum from: 1) the school district superintendent; 2) the Director of School Food Services or other school official, as appropriate, designated to ensure that the district complies with USDA NSLP requirements; and 3) another entity of the applicant's choosing (see Section 2.04 Support/Coordination of Services for other suggested sources of support/coordination).

If a proposal meets the above minimum criteria, it will be considered minimally responsive for purposes of evaluation under 7 AAC 78.090 (Review of Proposals). If it fails to meet any one of the criteria, it will be rejected. Once determined to be responsive, it will then be evaluated according to the criteria in Section 4 Submission Requirements and Criteria for Proposal Review.

### **3.03 Acceptance of Terms**

By submitting a proposal, an applicant accepts all terms and conditions of this Request for Proposals including all appendices and attachments and guidelines identified in this RFP; 7 AAC 78 and any other applicable statutes or regulations. Copies of these may be accessed through the contact person listed in Section 3.04 in this RFP.

If a grant is awarded, this RFP and the applicant's proposal become part of the grant agreement. The applicant will be bound by the provisions contained in their proposal, unless the Department agrees that specific parts of the proposal are not part of the agreement.

Proposals and other materials submitted in response to this RFP become the property of the State and may be returned only if the State allows. Proposals are public documents and may be inspected or copied by anyone after grants have been awarded.

### **3.04 Number of Copies, Mailing Address**

Submit one original and 5 copies of the proposal to the contact person at the address below. Only the proposal indicated as the original will be reviewed to determine if the proposal is responsive. The applicant is responsible for the format and content of the original and all copies. Proposals must be received at the address provided below, on or before the deadline stated. Proposals will not be accepted by fax or email, the fax number and email address below are provided solely for contact purposes.

It is the applicant's responsibility to verify delivery service with the courier of choice in order to get the proposal to the Grants and Contracts Juneau Office on or before the deadline stated in Section 3.07.

Information received after the proposal deadline could result in additional compliance conditions, adjustments to the amount of funding, or may delay the beginning date of the grant.



**MAILING ADDRESS:**

Chris Francis, Grants Administrator  
Department of Health & Social Services  
Grants & Contracts Support Team  
P.O. Box 110650  
Juneau, Alaska 99811-0650

**PHYSICAL ADDRESS:**

Chris Francis, Grants Administrator  
Department of Health & Social Services  
Grants & Contracts Support Team  
State Office Building, Suite 760  
333 Willoughby Avenue  
Juneau, Alaska

PHONE: (907) 465-1187

FAX: (907) 465-8678

EMAIL: [chris.francis@alaska.gov](mailto:chris.francis@alaska.gov)

Note: U.S. Post Office will **not** deliver to the physical address listed above.

Relay Alaska provides assisted communication services at the following numbers:  
from a TT Phone: 1 800 770-8973; from a Voice Phone: 1 800 770-8255

**3.05 Proposal Length and Format**

Proposals that exceed the required limits or that do not meet the required format, may be considered non-responsive. At minimum, each page shall have top, bottom, right and left margins of 1 inch. The font used must be no smaller than 12-point proportional type, or 10 characters to the inch (pitch) for fixed width type. All pages must be numbered and single-sided. Include a table of contents, which provides page references for each of the required proposal sections listed in Section 4, as well as for any appendices or attachments.

The applicant's narrative proposal, inclusive of responses in Section 4, Items (4.03) through (4.06), will not exceed 25 pages. This page length requirement excludes the RFP's appendices and attachments, as well as the applicant's appendices and attachments, including but not limited to, employee resumes, job descriptions, and cooperative agreements.

**3.06 Inquires and Protest**

Applicants should immediately review this Request for Proposals for defects and questionable or confusing content. Questions about the RFP that can be answered by directing the applicant to a specific section in the RFP may be answered verbally by the contact person in Section 3.04. Questions that cannot be answered by directing an applicant to a specific section of the RFP may be declared to be of a substantive nature. The applicant will be directed to state the question **in writing**. Questions of a substantive nature must be **received, in writing**, at the address listed in Section 3.04 **no less than ten days before the deadline for receipt of proposals, (see Summary of Processes & Deadlines, Section 3.07)**. This will allow issuance of any necessary amendments to all prospective applicants.

Any protests based on any omission or error in the content of the RFP will be disallowed if these faults have not been brought to the attention of the Contact Person in Section 3.04, **in writing, by deadline indicated below**.

Applicants are responsible for monitoring the State's *Online Public Notice* website located at: <http://aws.state.ak.us/OnlinePublicNotices/> for any subsequent clarifications or amendments that may be issued regarding this solicitation.

### 3.07 Summary of Processes and Deadlines

Request for Proposals (RFP) Issuance Date:	<b>March 19, 2013</b>
Preproposal Teleconference:	<b>11 am, April 2, 2013</b>
Call 800-315-6338, code 5428 to join the teleconference	
Deadline for written inquiries or protests of the RFP:	<b>April 19, 2013</b>
Deadline for receipt of proposals:	<b>4:00 p.m., April 30, 2013</b>
Proposal Evaluation Committee:	<b>To Be Determined</b>
Project Period Begins:	<b>July 1, 2013</b>

To be considered for funding, proposals must be received on or before 4:00 p.m. Alaska Prevailing Time, on the date indicated above at the Grants & Contracts Juneau Office. Both mailing and physical addresses are provided above in 3.04. **Proposals delivered by fax or email will not be accepted.**

**Information received after the proposal deadline will not be considered and may result in the proposal being declared non-responsive and will not be forwarded to PEC for evaluation.**

### 3.08 Proposal Costs

The Department of Health and Social Services will not be responsible for any expenses incurred by the applicant prior to the authorized grant performance period. All costs of responding to this RFP are the responsibility of the applicant.

### 3.09 Duration of Grant

This RFP is for a 4-year period, beginning FY 2014, July 1, 2013, through June 30, 2014. At the discretion of the Department of Health and Social Services, a project funded under this RFP may be considered for continued funding in subsequent program year(s), FY 2015 through FY 2017. The decision to continue funding for the subsequent year(s) of the 4 -year grant cycle is based on the following general conditions:

- a. the Department's judgment that there is a continued need for the grant project service;
- b. the grantee's satisfactory performance during the previous grant year;
- c. the availability of sufficient grant program funds, and whether continuation of the financing is consistent with public health and welfare; and
- d. the ability of the grantee and the Department to agree on any adjustments in payments or service.

Proposals submitted in response to this RFP must contain a detailed plan for services in the first year of the grant, and should include a brief outline of services planned in subsequent years. This includes a budget for year one of the grant only. Funding in the subsequent year(s) will require submission and approval of documents needed to update service plans, evaluation measures and budgets. Grantees will be notified by Grants and Contracts of specific submission requirements necessary to qualify for

consideration of continued funding.

### 3.10 Proposal Review

Following the deadline for receipt of proposals, DHSS staff will verify all submission requirements have been met. No amendments or corrections will be accepted after the deadline unless they are in response to a request from the contact person named in this RFP. Proposals will be reviewed as follows:

- a. Proposals will be evaluated in a manner that will **avoid disclosure of contents to competing offerors** before notice of award has been issued.
- b. DHSS staff will evaluate each grant proposal for minimum responsiveness and other technical requirements, and eliminate nonresponsive proposals from consideration by a PEC.
- c. Using the criteria set out in this RFP and 7 AAC 78.100 (Criteria for Review of Proposals), DHSS staff will evaluate each responsive proposal based on the contents of the proposal as well as relevant documentation and information regarding the applicant that is available to the Department. Recommendations regarding whether each proposal should be financed, and at what level, will include consideration of the following:
  1. a history of the applicant's compliance with grant requirements, to include records of program performance, on-site program reviews, and prior year audits;
  2. priorities in applicable State health and social services plans;
  3. requirements of applicable State and federal statutes; and
  4. municipal ordinances or regulations applicable to the grant program.
- d. If there are multiple responsive proposals for which there is insufficient money to fully fund, or supplementary expertise is deemed necessary to the review of proposed services, the Department may appoint a Proposal Evaluation Committee (PEC) as an additional advisory body. PEC members will initially evaluate proposals, independently of other committee members. Then as a committee, they will meet in a **closed session** (7 AAC 78.090 Review of Proposals) to further review proposals and develop recommendations. The PEC will include in their review, consideration of staff recommendations and discussion of each proposal's merits. Recommendations will include approval or disapproval for award, modifications to the proposed project, special compliance conditions, and ranking proposals in priority order.
- e. All advisory recommendations, including staff recommendations, and if applicable the recommendations of the Proposal Evaluation Committee, as well as all other review materials will be submitted for consideration by the Director of the Division, who will make recommendations to the Commissioner of the Department of Health and Social Services or the Commissioner's designee.

### 3.11 Final Decision Authority

Recommendations, including those from any PEC that may be held, **are advisory only**, the final decision whether to approve or disapprove grant award, the amount of each award, and whether to impose special conditions or modifications rests with the Commissioner or Commissioner's designee.

**PLEASE NOTE:** The final decision may include additional considerations, such as the lack of or duplication of services in certain locations, or alternative services that may be available; a critical need for services by vulnerable populations; and matters of health, life and safety. *The Department has the responsibility to ensure public monies are utilized in a manner that protects the interests of the people of the State and retains the right to make final awards that ensure responsible distribution of grant funds.*

### **3.12 Notification of Grant Award and Appeals**

Within fifteen (15) days after the decision regarding grant awards, the applicant will be notified of the final funding decision, and any conditions of award or modifications. Following any necessary negotiations for revisions to the proposed budget and scope of services, applicants will be issued a grant agreement. This formal agreement will contain specific performance and reporting requirements consistent with Department policy and procedure and 7 AAC 78 (Grant Programs).

Per 7 AAC 78.305 (Request for Appeal), an applicant may appeal a final grant award decision. Requests for hearing must be addressed to the Commissioner, and received in writing at the address below, within 15 days after the applicant receives notification of the decision. The request must contain the reasons for the appeal and must cite the law, regulation, or terms of the grant upon which the appeal is based.

#### **Send appeal to:**

William J. Streur, Commissioner  
Department of Health & Social Services  
P.O. Box 110601  
Juneau, Alaska 99811-0601

with a **copy** to the Grants Administrator named Section 3.04 above.

### **3.13 Cancellation of the RFP/Termination of Award**

Contingent upon funding appropriations and the Governor's approval, the Department may fund proposals from eligible applicants. The Department of Health and Social Services may withdraw this competitive Request for Proposals at any time and reserves the right to refrain from making an award when such action is deemed to be in the best interest of the State. Funds awarded for a grant as a result of this RFP may be withheld and the grant terminated by written notice from the grantor to the grantee at any time for violation by the grantee of any terms or conditions of the grant award, or when such action is deemed by the grantor to be in the best interest of the State.

**SECTION FOUR**  
**SUBMISSION REQUIREMENTS/CRITERIA FOR PROPOSAL**  
 SCORE SHEET FOR PROGRAM NAME

The following pages contain the criteria by which the proposal will be evaluated.

**IMPORTANT INSTRUCTION TO APPLICANTS:**

1. Enter the name of the applicant agency.
2. Check the type of entity eligibility under which application is being made in the boxes below.
3. Complete column B in sections 1-2 and column C in sections 3-6 in the tables on the following pages by entering the page number of the proposal where the requested information is addressed.
4. Please do not write in shaded areas, shaded areas are to be completed by DHSS reviewers.
5. Applicants MUST submit the completed Section 4 of the RFP with each copy of their proposal.

Enter Applicant Agency Name:			
Check Applicant Eligibility Type:	<input type="checkbox"/>	Nonprofit, or Subsidiary	<input type="checkbox"/>
		Alaska Native Entity (Tribe)	<input type="checkbox"/>
			<input type="checkbox"/>
			Government

<b>Columns</b>	<b>A</b>	<b>B</b>
[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN B]		
<b>4.01 Minimum Responsiveness Criteria</b>	Requirement Met?	Page Number
<b>Minimum Responsiveness Requirements – Proposals that fail to meet the minimum responsiveness requirements below will be eliminated from consideration per 7 AAC 78.090(b)(2).</b>		
a. Applicant is eligible per 7 AAC 78.030, and documentation is submitted with application, or is on file with G&CST as described in Section 3.01 of this RFP	Yes/No	
b. Proposal was received on or before the deadline specified in Section 3.07, at the address stated in Section 3.04.	Yes/No	
c. Applicant is an Alaskan public school districts participating in the USDA National School Lunch Program (NSLP). The following districts that do not participate in the NSLP are not eligible to apply without providing documentation of participating in NSLP: Aleutian Region, Chugach, Denali, Pelican, Pribilof, and Tanana.	Yes/No	
d. Proposal includes at least 3 letters of support or MOA/MOU including at minimum from: 1) the school district superintendent; 2) the Director of School Food Services or other school official, as appropriate, designated to ensure that the district complies with USDA NSLP requirements; and 3) another entity of the applicant’s choosing (see Section 2.04 Support/Coordination of Services for other suggested sources of support/coordination).	Yes/No	

[SHADED AREAS TO BE COMPLETED BY REVIEWER]		
Total Score _____	<input type="checkbox"/> Staff Reviewer	<input type="checkbox"/> PEC-Member

Reviewer's Name \_\_\_\_\_ Date \_\_\_\_\_  
 Summarize special conditions of award and any modifications needed to the proposed project.

Columns	A	B
[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN B]		
<b>4.02 Technical Requirements</b>	Requirement Met?	Page Number
<b>per 7 AAC 78.060, 78.090(b) and 78.100</b>		
a. Grant Application form - Appendix A, is complete, including the <b>other agency grant funding</b> information, and is signed and dated by a person authorized to enter into legal agreements on behalf of the applicant.	Yes/No	
b. The format and length of the proposal complies with the requirements of Section 3.05.	Yes/No	
c. DHSS Assurances form - Appendix B, is signed and dated by an authorized person.	Yes/No	
d. The applicant historically maintains required standards as demonstrated in quality assurance reviews, licensing or certification standards, etc.	Yes/No	
e. Financial Audits are current and prior year audit exceptions, if any, are resolved.	Yes/No	
f. The proposal contains current applicable organizational documents, or current documents are on file with DHSS/G&CST.	Yes/No	
Current School Board Member List with details as instructed in Section 3.01	Yes/No	
Federally approved Indirect Cost Rate Agreement, if applicable.	Yes/No	
Current resumes for the school district Executive and Administrative staff, key financial staff.	Yes/No	
Proposed facilities are safe and appropriate to the purpose of the program.	Yes/No	
[ADDITIONAL REVIEWER COMMENT]		

Columns	A	B	C
[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN C]			
<b>4.03 Program Goals, Outcomes, Activities, Evaluation, and Population</b>	Points Possible	Points Awarded	Page Number
<b>as described in Sections 1.01 through 1.05</b>			
a. Proposal demonstrates a thorough understanding of grant program goals and anticipated outcomes.	5		

b. Proposed outcomes on Overall Objectives Plan are achievable and compatible with program goals and planning documents.	10		
c. Action plan and narrative describes a solid approach to 1. Support a School Wellness Team to assess current federally mandated school wellness policy development, adoption, implementation, and enforcement (per Activities and Initiatives appendix)	15		
d. Action plan and narrative describes a solid approach to 2. Improve the school nutrition and physical activity environment (per Activities and Initiatives appendix)	15		
e. Action plan and narrative describes a solid approach to 3. Monitor student health risk behaviors, weight status and district physical activity and nutrition environment (per Activities and Initiatives appendix)	10		
f. Action plan and narrative describes a solid approach to 4. Promote events, activities, and school success stories using local media (per Activities and Initiatives appendix)	5		
g. Action plan and narrative describes a solid approach to 5. Participate as a member of the state taskforce Alaskans Taking on Childhood Obesity (ATCO) (per Activities and Initiatives appendix)	5		
h. Action plan and narrative describes a solid approach to 6. Meet administrative, personnel, and fiduciary requirements (per Activities and Initiatives appendix)	5		
i. Action Plan and Overall Objectives Plan timeline pieces are both reasonable and compliant with anticipated program timelines.	5		
j. Proposal describes current policies and programs (or lack of) related to obesity prevention in the district and identifies gaps in current policies or programs that will be filled by this project.	10		
k. Current wellness policy and other related official board policies, and relevant references in student/staff handbooks are included as attachments to the proposal	5		
l. The target population/service area is clearly defined and meets the intent of the RFP.	10		
m. Target population/service area description defines and identifies health disparities that exist within the scope of the project and offers a plan to address the identified health disparities.	10		
n. Section 4: Criteria for Proposal contains page numbers indicating location of review criteria in the proposal or attachments	5		
<b>Total:</b>	<b>115</b>		<b>NA</b>
[ADDITIONAL REVIEWER COMMENT]			

Columns	A	B	C
[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN C]			
<b>4.04 Proposed Budget</b>	Points Possible	Points Awarded	Page Number
<b>and project viability as described in Section 1.06 and 2.03</b>			
a. Budget detail and narrative are completed as instructed, are internally consistent, compliant with cost restrictions and support any necessary allocation of resources among target populations /service locations.	10		
b. Budget includes 3 minimum required items per details of section 1.06 Program Funding: 1) .75-1.0 FTE coordinator staffing; 2) two required Anchorage based trainings for 2-4 wellness team members; and 3) attendance at the ATCO meeting for 1 member.	10		
c. The proposal clearly demonstrates that the project is achievable with demonstrated resources. Funding sources for any additional match offered (not required) are evident on page 2 of Appendix A and in the funding source tables of the proposed budget.	10		
Total:	30		NA
[ADDITIONAL REVIEWER COMMENT]			

Columns	A	B	C
[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN C]			
<b>4.05 Qualifications, Compliance, Experience, Staffing, Management, and Facilities</b>	Points Possible	Points Awarded	Page Number
<b>as described in Sections 2.01 through 2.03</b>			
a. Proposal specifies hiring at least a .75FTE program coordinator in the budget or provides strong justification for less time.	10		
b. Key staff providing services are qualified and competent as demonstrated by professional credentials and resume(s). Recruitment plan in lieu of coordinator resume is adequate.	10		
c. Job descriptions for key personnel include the duties and qualifications necessary to support the intent of the RFP.	10		
d. The proposal demonstrates adequate administrative capacity to meet quarterly reporting and management needs.	5		
e. The proposal demonstrates adequate administrative capacity to conduct a local Youth Risk Behavior Survey.	5		
f. Org chart indicates clear lines of communication with district personnel to enhance success of the project.	5		
g. The proposal describes how the proposed location/facilities will provide access to the target population and enhance success of the project.	5		
h. The applicant's previous experience in successfully providing the same or similar services meets the requirements of the RFP, as demonstrated by history with DHSS or through documentation from other grantors/funders.	5		



i. The proposed staff orientation and training plan is adequate for program needs.	5		
<b>Total</b>	<b>60</b>		<b>NA</b>
[ADDITIONAL REVIEWER COMMENT]			

**Columns**                      **A**                      **B**                      **C**  
[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN C]

<b>4.06 Demonstration of Support and Service Coordination</b>	Points Possible	Points Awarded	Page Number
<b>as described in Section 2.04</b>			
a. The proposal provides tangible documentation of partnerships, both <b>current and specific</b> to the proposed services. Proposal includes letters of support from: --the school district superintendent re: participation in HUSSC, YRBS, and overall proposal --the school food service director or appropriate similar position re: participation in HUSSC --the principal(s) of any specifically targeted school --local public health nursing or Tribal agency IF district does not show capacity to measure student height/weights	<b>20</b>		
b. Proposal includes additional letters of support indicating partnerships necessary for project success	<b>10</b>		
c. The proposal identifies agencies, and names the relevant contact persons within those agencies, that will be providing resources necessary to the effective delivery of proposed services.	<b>5</b>		
<b>Total:</b>	<b>35</b>		<b>NA</b>
[ADDITIONAL REVIEWER COMMENT]			

**SECTION FIVE  
APPENDICES**

- 5.01 A. DHSS Grant Application Form**
- 5.02 B. DHSS Assurances Form**
- 5.03 C. Budget Detail and Narrative Form and Instructions**
- 5.04 D. Single Audit Requirements (information appendix)**
- 5.05 M. DHSS Regional Map**

**SECTION SIX  
Program Specific ATTACHMENTS**

- 6.01 1. K12 Descriptions of Required Project Activities and Initiatives**
- 6.02 2. HUSSC criteria chart**
- 6.03 3. K12 Example Strategies Chart**
- 6.04 4. K12 Obesity Overall Objectives Plan**
- 6.05 5. K12 Obesity Action Plan**
- 6.06 6. K12 Obesity quarterly feedback report**