

FORM 1

SAN JOAQUIN COUNTY
Public Health Services
Healthy Future

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| San Joaquin County <i>Network for a Healthy California Program</i> Application Cover Sheet | | |
| Agency Name: | | |
| Street Address: | | |
| City: | State: | Zip: |
| Telephone Number: | Fax Number: | |

| | |
|---|---|
| Network Service Area: (check only one for this application) | |
| <input type="checkbox"/> A. Program Evaluator <input type="checkbox"/> B. County Nutrition Action Plan Facilitator <input type="checkbox"/> C. County Forum Coordinator | |
| Amount Requested: | Funding Period: October 1, 2013 through September 30, 2014 |

| | | |
|----------------------------------|-------------|------|
| Primary Program Contact Name: | | |
| Title: | | |
| Street Address: | | |
| City: | State: | Zip: |
| Telephone Number: | Fax Number: | |
| Email: | | |

FORM 2

APPLICATION AUTHORIZATION

SIGNATURE PAGE

The undersigned, having carefully read and examined this RFQ, and being familiar with (1) all the conditions applicable to the work for which this application is submitted; (2) with availability of the required equipment, materials and labor hereby agrees to provide everything necessary to complete the work for which this application is submitted in accordance with the application documents for the amounts quoted herein and further agrees that if this proposal is accepted, within five (5) days after the contract is presented for acceptance, will execute, and mail a signed contract to the County of San Joaquin Purchasing Agent.

Signature of Authorized Agent

Date

Printed Name of Authorized Agent

NON-COLLUSION AFFIDAVIT

(Title 23 United States Code Section 112 and Public Contract Code Section 7106)

In accordance with Title 23, United States Code Section 112, and Public Contract Code 7106, the bidder declares that the proposal is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the proposal is genuine and not collusive or sham; that the Proposer has not directly or indirectly induced or solicited any other proposer to submit a false or sham proposal, and has not directly or indirectly colluded, conspired, connived, or agreed with any Proposer or anyone else to put in a sham proposal, or that anyone shall refrain from proposing; that the Proposer has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the proposal price of the Proposer or any other proposer, or to fix any overhead, profit or cost element of the proposal price, or of that of any other proposer, or to secure any advantage against the public body awarding the contract of anyone interested in the proposed contract; that all statements contained in the proposal are true; and further, that the Proposer has not, directly or indirectly, submitted their proposal price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay, any fee to any corporation, partnership, company, association, organization, proposal depository, or to any member or agent thereof to effectuate a collusive or sham proposal.

NOTE: The above Non-collusion Affidavit is part of the Proposal. Signing this Proposal on the signature portion thereof shall also constitute signature of this Non-collusion Affidavit.

Proposers are cautioned that making a false certification may subject the certifier to criminal prosecution.

Signature of Authorized Agent

Date

FORM 3

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| <p>San Joaquin County <i>Network for a Healthy California Program</i></p> <p><input type="checkbox"/> A. Program Evaluator <input type="checkbox"/> B. CNAP Facilitator <input type="checkbox"/> C. County Forum Coordinator</p> <p>Certification Checklist</p> |
|--|

By checking the boxes, I am confirming the Agency's ability and willingness to engage in the below listed practices throughout the duration of the grant:*

- Provide the services as described in the application for one year to begin October 1, 2013.
- The offer made in the application as a firm and binding offer for 120 days from the date the application is opened and recorded.
- All aspects of the scope of work, including costs, and confirms that the costs have been determined independently, without consultation with any other prospective Applicant for the purpose of restricting competition.
- All declarations in the Statement of Qualifications and attachments are true and complete to the best of the applicant's knowledge and that this shall constitute a warranty, the falsity of which shall entitle the County to pursue any remedy by law.
- All aspects of the RFQ and the Statement of Qualifications submitted shall be binding if the application is selected and a contract awarded.
- To provide the County with any other information that the County determines is necessary for an accurate determination of the Applicant's ability to perform activities as proposed.
- Comply with USDA Supplemental Nutrition Assistance Program Education (SNAP-Ed) Program regulations, SNAP-Ed Guidance or other issued guidelines, policies and assurances, and adapt any programmatic activities and practices accordingly, if awarded.
- Attach a list of Former County Officials (as defined in Attachment A,) affiliated with the organization/agency. Information should include employment and representative capacity and the dates these individuals began employment. If none, so state.

** Please provide additional detail on the following page for any exception(s) to the abilities and assurances, and how the Applicant plans to address them to ensure the spirit and expectations of the Scope of Work are fulfilled.*

Signature: _____ **Date:** _____

Print Full Name and Title: _____

FORM 4

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| <p>San Joaquin County <i>Network for a Healthy California Program</i></p> <p><input type="checkbox"/> A. Program Evaluator <input type="checkbox"/> B. CNAP Facilitator <input type="checkbox"/> C. County Forum Coordinator</p> <p>Contractor Information Form</p> |
|--|

Contractor Name:

Date Completed:

| | |
|---------------------------|---|
| Organization | This is the information that will appear on your contract (Standard Agreement). |
| | Federal Tax ID # or SSN: _____ |
| | Name: _____ |
| | Mailing Address: _____ _____ |
| | Street Address (If Different From Above): _____ _____ |
| | Phone: _____ Fax: _____ |
| | Website: _____ |
| Contract Signatory | The Contract Signatory has authority to sign a contract. |
| | Name: _____ |
| | Title: _____ |
| | <i>If address(es) are the same as the organization above, just check this box and go to Phone.</i> <input type="checkbox"/> |
| | Street Address (If Different From Above): _____ _____ |
| | Phone: _____ Fax: _____ |
| Email: _____ | |

| | |
|----------------------------|---|
| Project Coordinator | <p>The Project Coordinator is responsible for all of the day-to-day activities of project implementation and for seeing that all contractual requirements are met. This person will be in contact with SJC Network staff, will receive all programmatic, budgetary, and accounting mail for the project and will be responsible for the proper dissemination of program information.</p> |
| | <p>Name: _____</p> <p>Title: _____</p> <p><i>If address(es) are the same as the organization above, just check this box and go to Phone.</i> <input type="checkbox"/></p> <p>Street Address (If Different From Above): _____</p> <p>_____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> |
| Payment Receiver | <p>All payments are sent to this address.</p> |
| | <p>Name: _____</p> <p>Title: _____</p> <p><i>If address(es) are the same as the organization above, just check this box and go to Phone.</i> <input type="checkbox"/></p> <p>Street Address (If Different From Above): _____</p> <p>_____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> |
| Fiscal Reporter | <p>The Fiscal Reporter prepares invoices and is the primary contact for questions relating to these documents, as well as other fiscal documentation.</p> |
| | <p>Name: _____</p> <p>Title: _____</p> <p><i>If address(es) are the same as the organization above, just check this box and go to Phone.</i> <input type="checkbox"/></p> <p>Street Address (If Different From Above): _____</p> <p>_____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> |

| | |
|---------------------------------------|--|
| Fiscal Signatory | The <i>Fiscal Signatory</i> has signature authority for Invoices. |
| | Name: _____ |
| | Title: _____ |
| | <i>If address(es) are the same as the organization above, just check this box and go to Phone.</i> <input type="checkbox"/> |
| | Street Address (If Different From Above): _____ _____ |
| Phone: _____ Fax: _____ | |
| Email: _____ | |
| Insurance | San Joaquin County has insurance requirements for all independent contractors that need to be fulfilled before the contract is executed. (Refer to Section 7.0 General Requirements, section 13) |
| | Please indicate yes or no if the following insurances can be provided. Please explain responses if applicable. |
| | General Liability _____ |
| | Name San Joaquin County as an additional insured _____ _____ |
| | Automobile Liability _____ |
| | Workers Compensation Liability _____ |
| Professional Liability _____ | |

FORM 5A

Qualification Summary Narrative

Network Evaluator

Please describe the respondent's background and capacity to support the implementation of *Network* activities. On a separate page, utilize the questions as headings and provide responses. There is an 8-page maximum (not including attachment documents). (80 points total)

1. Professional Overview: Describe your academic, organizational, and/or professional history, number of years of related experience, and major areas of expertise. (10 points)
2. Professional Capacity: Describe your professional capacity for conducting concurrent evaluations. (5 points)
3. Professional Experience: Describe your overall approach in providing grant evaluation services for federal, state, and/or other grant proposals. (10 points)
4. Evaluation Approach: Describe how you will approach and perform the outlined evaluation services. (10 points)
5. Professional Experience: Describe your experience in project management skills, demonstrating the ability to meet tight deadlines for Scope of Work activities and deliverables. (10 points)
6. Evidence of Expertise: Describe an example of a project the respondent has conducted that was similar in scope or nature to the *Network for a Healthy California* Program (i.e., in the disciplines of public health services, nutrition, and/or physical activity). Please include the goal of the program, major evaluation questions, and methods used to address those questions. (10 points)
7. Evaluation Reporting: Describe your approach(es) in communicating evaluation findings to SJC *Network* staff, state funder, and the public. (5 points)
8. Roles and Responsibilities: Identify key personnel that will be assigned to the project and their specific roles and responsibilities. (5 points)
9. Evaluator Qualifications: Please include resume(s) of individual(s) who will be involved in the work, including their level of education, applicable certifications or degrees, and roles on similar projects. This is not included in the 8-page maximum. (5 points)
10. Reference Materials: Provide an example of an evaluation report you have produced. This is not included in the 8-page maximum. (5 points)
11. Evaluation References: Please provide three references that are very knowledgeable of the respondent's work (including a description of the working relationship and contact information). (5 points)

FORM 5B

Qualification Summary Narrative

***Network* County Nutrition Action Plan (CNAP) Facilitator**

Please describe the respondent's background and capacity to support the implementation of *Network* activities. On a separate page, utilize the questions as headings and provide responses. There is an 8-page maximum (not including attachment documents). (75 points total)

1. Professional Overview: Describe your academic, organizational, and/or professional history, number of years of related experience, and major areas of expertise. (10 points)
2. Professional Experience: Describe your experience engaging key stakeholders in developing a plan of action. (10 points)
3. Professional Experience: Describe your experience in facilitating large group meetings (e.g., coalitions, taskforces, etc.) and developing strategic plans. (10 points)
4. Grant Writing Experience: Describe your success in grant writing for federal, state, local and/or private funding. (10 points)
5. Project Approach: Provide a description of how the respondent will approach and perform the outlined activities included in the Scope of Work within the proposed timeline. (10 points)
6. Evidence of Expertise: Describe in detail an example of a project the respondent has conducted that was similar in scope or nature to the *Network for a Healthy California* Program (i.e., in the disciplines of public health services, nutrition, and/or physical activity). (10 points)
7. Project Reporting: Describe your approach(es) in communicating project outcomes and findings to SJC *Network* staff or state funder. (5 points)
8. Project Qualifications: Please include brief resumes of all individuals who will be involved in the work, including their roles on similar projects in the past. This is not included in the 8-page maximum. (5 points)
9. Project References: Please provide three references who are very knowledgeable of the respondent's work (including a description of the working relationship and contact information). This is not included in the 8-page maximum. (5 points)

FORM 5C

Qualification Summary Narrative

***Network* County Health Forum Coordinator**

Please describe the respondent's background and capacity to support the implementation of *Network* activities. On a separate page, utilize the questions as headings and provide responses. There is an 8-page maximum (not including attachment documents). (75 points total)

1. Professional Overview: Describe your academic, organizational, and/or professional history, number of years of related experience, and major areas of expertise. (10 points)
2. Professional Experience: Describe your experience engaging key project stakeholders (e.g., farmers, retailers, community-based organizations, schools, faith-based organizations, etc.) in related project activities. (10 points)
3. Professional Experience: Describe your experience in coordinating countywide events (e.g., conferences, symposiums, forums, etc.). (10 points)
4. Management Experience: Describe your ability to meet minimum qualifications and work within tight deadlines to complete Scope of Work activities. (10 points)
5. Project Approach: Provide a description of how the respondent will approach and perform the outlined activities included in the Scope of Work within the proposed timeline. (10 points)
6. Evidence of Expertise: Describe in detail an example of a project the respondent has conducted that was similar in scope or nature to the *Network* for a Healthy California Program (i.e., in the disciplines of public health services, nutrition, and/or physical activity). (10 points)
7. Project Reporting: Describe your approach(es) in communicating project outcomes and findings to SJC *Network* staff or state funder. (5 points)
8. Project Qualifications: Please include brief resumes of all individuals who will be involved in the work, including their roles on similar projects in the past. This is not included in the 8-page maximum. (5 points)
9. Project References: Please provide three references that are very knowledgeable of the respondent's work (including a description of the working relationship and contact information). This is not included in the 8-page maximum. (5 points)

FORM 6A

Program Evaluator Scope of Work

Subcontractor: _____
FFY 2013-2014

GOAL: The target population [Supplemental Nutrition Assistance Program-Education (SNAP-Ed)/Nutrition Education and Obesity Prevention (NEOP) participants and those eligible up to 185% Federal Poverty Level (FPL)] is empowered and enabled to select healthy foods and beverages and increase physical activity through nutrition education, social marketing and environmental supports.

Objective 1: Create an evaluation plan and annually modify the plan based on the previous year's evaluation results and compile a final report on two targeted nutrition education and obesity prevention interventions that include environmental support focusing on increasing access and consumption of healthy foods through formative, process, and outcome evaluations.

| Activities | Responsible Party | Deliverables | Timeframe |
|---|-------------------|--|-----------------|
| 1. Based on Plan developed in collaboration with <i>Network</i> Research and Evaluation consultant and Program Manager, determine, develop, and implement evaluation method appropriate to the stage of the intervention the organization has chosen to focus their work on for two (2) significant targeted interventions in the areas of increasing access to healthy fresh food. | | Annual evaluation plan An evaluation instrument (s) — structured interview, moderator's guide, survey, etc. | 10/1/13-9/30/14 |

| | | | |
|---|--|---|--|
| <p>2. Implement initial method for assessing status of each key intervention effort. The method may be key informant interview, focus group, observation, policy record, public opinion poll, knowledge survey, or other type of survey that will give you the baseline you need to move forward with change.</p> | | <p>Report of findings from initial baseline evaluation instrument; description of status of topic in the community; recommendations for direction of policy work on the topic</p> <p>Report of evaluation findings; status; recommendations</p> | <p>Report Annually: 3/1/2014-5/1/2014</p> |
| <p>3. Use evaluation results to update and modify targeted intervention Plans of Action.</p> | | <p>Policy Plans of Action for both interventions</p> | <p>Report Annually: 6/1/13-9/30/14</p> |
| <p>4. Report results of the year's two in-depth targeted intervention evaluation projects. A template will be provided by the Research and Evaluation Section.</p> | | <p>Interim report of findings from evaluation with description of changes, challenges, and plans regarding proceeding evaluation intervention steps.</p> | <p>Report Annually: 9/1/2014-9/30/2014</p> |

| | | | |
|--|--|--|----------------|
| <p>5. Based on Plan developed with <i>Network</i> Research and Evaluation consultant and Program Manager, determine, develop, and implement evaluation method appropriate to monitor implementation and evaluate outcome of work on the two targeted interventions. Develop evaluation questions to assess the reach, adoption, and fidelity of implementation of the intervention components and core elements (process measures), as well as the effect (outcome).</p> | | <p>Policy evaluation progress report</p> | <p>9/30/14</p> |
|--|--|--|----------------|

GOAL1: The target population [Supplemental Nutrition Assistance Program-Education (SNAP-Ed)/Nutrition Education and Obesity Prevention (NEOP) participants and those eligible up to 185% Federal Poverty Level (FPL)] is empowered and enabled to select healthy foods and beverages and increase physical activity through nutrition education, social marketing and environmental supports.

Objective 2: Annually, conduct and report on Impact Outcome Evaluation (IOE) to assess change in healthy food and beverage consumption and related factors such as perceived benefits of eating healthier foods and beverages, perceived control, self-efficacy, readiness to consume healthier foods and beverages, and perceived diet quality among a group of at least 100 adults or students.

| Activities | Responsible Party | Deliverables | Timeframe |
|---|--------------------------|--------------------------------|-----------------------------|
| <p>1. Contractor can apply this objective to work done to meet Baseline if it is reasonably expected that sufficient participants will be taking part to demonstrate statistically significant results (n = 100 or more). Identify population for Outcome/Impact Evaluation. Determine if project will include a control group (also n of near 100). Develop Impact Outcome Evaluation (IOE) plan with Research and Evaluation staff.</p> | | <p>Description of IOE Plan</p> | <p>10/1/2013-11/30/2013</p> |

| | | | |
|--|--|---------------------------------|----------------------------------|
| <p>2. Work with SJC <i>Network</i> staff to administer <i>Network</i> Food Behavior Checklist, Fruit and Vegetable Checklist, or Rethink Your Drink surveys for adults (depending on the intervention) or <i>Network</i> Youth (children to grade 8), or <i>Network</i> High School Survey or Rethink Your Drink survey (high school) to target audience at intervention sites, using identification numbers (not names) to protect participant privacy. Pre-tests are to be administered prior to intervention, and post-tests afterwards to measure change in consumption and related factors. If desired, work with Research and Evaluation staff to add validated measures for additional behavioral determinants.</p> | | Matched surveys | 10/1/2013-12/15/2013 |
| <p>3. Create a data file with pre-test and post-test survey data using <i>Network</i>-provided code sheets and, when possible, using <i>Network</i> provided data entry templates. The data file must contain a minimum of 100 matched pre- and post-tests. Complete data analysis.</p> | | Data file | 11/1/2013-7/2014 |
| <p>4. Each grant year, develop an evaluation plan in concert with the Program Manager and Research and Evaluation Section (RES) for the next grant year. Findings from current and prior evaluations will be used to refine nutrition education activities and increase rigor of the subsequent evaluation.</p> | | IOE Plan | Report Annually: 10/13-7/31/14 |
| <p>5. Submit a set of IOE report documents, using <i>Network</i> templates, by July 31st to the Program Manager and RES. This will include: a. IOE Final Report; b. Data file; c. IOE Plan for upcoming year. Interventions for children use separate RES designed IOE report and plan templates from those designed for adults. If conducting multiple evaluations, such as one of children and one of adults, a separate report and plan must be submitted for each evaluation.</p> | | IOE Report, data file, IOE Plan | Report Annually: 10/1/13-7/31/14 |

FORM 6B

CNAP Facilitator Scope of Work

Subcontractor: _____
FFY 2013-2014

GOAL 1: The target population [Supplemental Nutrition Assistance Program-Education (SNAP-Ed)/Nutrition Education and Obesity Prevention (NEOP) participants and those eligible up to 185% Federal Poverty Level (FPL)] is empowered and enabled to select healthy foods and beverages and increase physical activity through nutrition education, social marketing and environmental supports.

Objective: Annual, the County Nutrition Action Plan (CNAP) team will convene at least six times a year to implement the CNAP through coordinated participation, which includes Food and Nutrition Services (FNS) three funded and four unfunded partners, to develop a plan of action that increases consistent nutrition messaging and access across all programs.

| Activities | Responsible Party | Deliverables | Timeframe |
|--|-------------------|---|------------------------|
| <p>1. Contractor will meet with CalFresh county director or designee quarterly to coordinate an optimal plan of action providing nutrition education and other resources to CalFresh recipients and eligibles. Contractor will establish on-going communication throughout the year to maintain the relationship.</p> <ul style="list-style-type: none"> a. Develop or strengthen relationship with local social service CalFresh agencies to discuss food security, education and health issues b. Identify a series of joint activities to coordinate nutrition education and obesity prevention across the county c. Connect with at least one CalFresh outreach/community partner quarterly to collaborate and coordinate at least one outreach and nutrition education activity or event | | <p>Copies of agendas (kept on file), Record of participation</p> <p>List of joint activities</p> <p>Four events ATF</p> | <p>10/1/13-9/30/14</p> |

| Activities | Responsible Party | Deliverables | Timeframe |
|--|-------------------|--|-----------------|
| <p>2. Convene CNAP group at a minimum of six times per year to implement the plan of action. Coordinate USDA food program interventions and efforts to increase food security in the target population.</p> <ul style="list-style-type: none"> a. Include FNS funded and unfunded interested partners serving the target population in the areas of food programs, nutrition education and outreach such as SNAP, UC CalFresh Nutrition Education Program, Women Infants and Children Supplemental Nutrition Program (WIC), and Child Nutrition Programs (e.g. Summer meals, Child and Adult Care Food Program (CACFP), school breakfast and lunch programs) b. Coordinate nutrition education messages with CalFresh outreach efforts throughout the county for the various USDA food programs; CalFresh, WIC, and Child Nutrition Programs c. In funded Community Transformation Grant (CTG) counties include CTG partners to coordinate and complement efforts in designated counties (Not applicable) d. Identify existing resources and assets of organizations in counties promoting CNAP priorities | | List of collaborating members, Meeting agendas | 10/1/13-9/30/14 |
| <p>3. Apply public health approaches to identify, track, and promote existing policies in the county related to access to healthy foods and beverages and physical activity.</p> | | Summary of efforts template | 10/1/13-9/30/14 |

| Activities | Responsible Party | Deliverables | Timeframe |
|---|-------------------|---|-----------------|
| <p>4. Apply multi-level approaches to advance and market a minimum of one nutrition and obesity prevention intervention annually that relates to the County Nutrition Action Plan. Multi-level approaches shall benefit the recipients of the Food and Nutrition Services programs by providing access to healthy foods, beverages and/or physical activity. Submit a CNAP plan of action for review and approval to SJC <i>Network</i> staff. Strategies may include:</p> <ul style="list-style-type: none"> a. Increase access to farmer’s markets through location, Electronic Benefit Transfer (EBT) and WIC coupon acceptance to increase consumption of fresh fruits and vegetables b. Increase Farm to Fork efforts in qualified schools, work places and community organizations, etc. to increase access to fresh fruits and vegetables c. Improve access to FNS programs such as school breakfast, lunch and summer meals, CalFresh and WIC d. Promote access to physical activity facilities through joint use policies e. Promote access to healthy foods and beverages f. Establish gardens in eligible community sites such as schools or public housing | | Copy of the County Nutrition Action Plan | 10/1/13-9/30/14 |
| <p>5. Report the following results:</p> <ul style="list-style-type: none"> a. CNAP strategic plan b. Challenges and successes of implementing CNAP plan c. The upcoming direction of the counties coordination with CalFresh and other CNAP partners for the following fiscal year including roles, commitments, and timelines for plan of action | | Copy of the County Nutrition Action Plan, Other strategic reports | 10/1/13-9/30/14 |

| Activities | Responsible Party | Deliverables | Timeframe |
|--|-------------------|--|-----------------|
| <p>6. Maintain county collaborative and meet at the minimum six times per year. Collaborate and coordinate with the CNAP and provide train the trainer opportunities to promote the CNAP nutrition and obesity prevention intervention to additional funded and unfunded partners. (optional, only include in counties that have a single county collaborative)</p> | | | 10/1/13-9/30/14 |
| <p>7. Research and apply to relevant grant opportunities, as applicable.</p> | | Copy of grant submissions | 10/1/13-9/30/14 |
| <p>8. Work with SJC Network staff to develop partnerships and assist with the development of a Plan of Action with local retail owners, managers, and/or staff and work with retail owners, managers and staff on healthy retail strategies including: nutrition education, benefits to the neighborhood, economic benefits of accepting food-assistance programs, and healthy point of purchase strategies.</p> | | Partnership Agreements, Plans of Action document Partnership Agreements, Plans of Action document | 10/1/13-9/30/14 |
| <p>9. Assist with the promotion of healthy retail events during CNAP forum meetings.</p> | | Summary of promotional activities | 10/1/13-9/30/14 |

FORM 6C

County Health Forum Coordinator Scope of Work

Subcontractor: _____
FFY 2013-2014

GOAL 1: The target population [Supplemental Nutrition Assistance Program-Education (SNAP-Ed)/Nutrition Education and Obesity Prevention (NEOP) participants and those eligible up to 185% Federal Poverty Level (FPL)] is empowered and enabled to select healthy foods and beverages and increase physical activity through nutrition education, social marketing and environmental supports.

Objective: Collaborate with community groups and organizations to engage neighborhood members to identify at least two food and beverage strategies in two qualifying communities to increase access and consumption of healthy foods and beverages.

| Activities | Responsible Party | Deliverables | Timeframe |
|---|--------------------------|---|------------------|
| <p>1. Collaborate with SJC <i>Network</i> staff and the County Nutrition Action Plan (CNAP). Meet at least six times per year to discuss ways to improve the food and nutrition environment in the designated county. Examples of partners include:</p> <ul style="list-style-type: none"> a. Agriculture Commission b. Hunger Advocates c. Social Justice groups d. Residents e. Youth | | List of members, Summary of meeting results | 10/01/13-9/30/14 |

| Activities | Responsible Party | Deliverables | Timeframe |
|--|-------------------|--|-----------------------|
| <p>2. Host at least one county health forum to address primary prevention of diseases through healthier eating patterns and more physical activity. Recruit community leaders and members to participate in the forum from schools, after school programs, worksites, CalFresh and WIC offices, faith-based channels etc. Some strategies may include:</p> <ul style="list-style-type: none"> a. Identify health disparities in communities related to nutrition and physical activity barriers and propose solutions b. Increase awareness of existing food policies in qualifying neighborhoods c. Use CX³ assessment findings to promote the need for farmers markets to increase access to fresh fruits and vegetables, increased healthy food availability in corner stores, healthier options at local worksites, schools and churches and increased access to physical activity opportunities in qualifying neighborhoods | | Flyers, Agenda, Summary of meeting results | 10/01/2013-03/31/2014 |
| <p>3. Assist the SJC <i>Network</i> Community Engagement groups to market their selected nutrition and obesity prevention strategies during the county health forum.</p> | | Inclusion in promotion plan of action | 10/1/2013-9/30/14 |
| <p>4. Work with Program Evaluator to evaluate the county health forum (s).</p> | | Evaluation Survey, Summary of findings | 10/1/2013-9/30/14 |
| <p>5. Work in conjunction with SJC <i>Network</i> staff to develop partnerships with local farmers, farmers markets, wholesale distributors, and/or community supported agricultural programs to facilitate business connections to qualifying retailers, to highlight and support county health forum topics involving healthy retail strategies to actively engage in Farm to Fork efforts that promote seasonal produce items (e.g. to align with Harvest of the Month education elements).</p> | | Partnership Agreements | 10/1/13-9/30/14 |

| Activities | Responsible Party | Deliverables | Timeframe |
|---|--------------------------|--|------------------------|
| <p>6. Work in conjunction with SJC <i>Network</i> staff to assist with the coordination and promotion of stores highlighting healthy changes (e.g., assisting with securing donations for the event).</p> | | <p>Summary of promotional activities, if applicable</p> | <p>10/1/13-9/30/14</p> |
| <p>7. Provide technical assistance to qualifying retailers on approaches to increase availability and promotion of healthy food and beverage purchases as highlighted in the county health forum.</p> | | <p>Log of technical assistance activities, if applicable</p> | <p>10/1/13-9/30/14</p> |

FORM 7

| BUDGET COVER SHEET <input type="checkbox"/> A. Program Evaluator <input type="checkbox"/> B. CNAP Facilitator <input type="checkbox"/> C. County Forum Coordinator FFY 2013-14 October 1, 2013 - September 30, 2014 | |
|---|----|
| Organization: | |
| Budget Requested: | \$ |
| FFY 2013- 2014 | |
| A. Personnel Salaries: | \$ |
| B. Fringe Benefits: | \$ |
| C. Operating Expenses: | \$ |
| D. Equipment Expenses: | \$ |
| E. Travel & Per Diem: | \$ |
| F. Subcontractors: | \$ |
| G. Other Costs: | \$ |
| H. Indirect Costs: | \$ |
| | |
| Total: | \$ |

FORM 8

BUDGET JUSTIFICATION

NAME OF CONTRACTOR: _____

A. Program Evaluator B. CNAP Facilitator C. County Forum Coordinator

FFY 2013-14

October 1, 2013 – September 30, 2014

A. PERSONNEL SALARIES:

| Name and Position Title | | Annual Salary | Total FTE (as a decimal) | Percentage FTE Time for Administrative Duties | Percentage FTE Time for Direct Delivery | Total Dollars |
|-------------------------|---------------------------------|---------------|--------------------------|---|---|---------------|
| POSITIONS | | | | | | |
| 1. | Name: Click here to enter text. | | | | | |
| | Title: | | | | | |
| 2. | Name: | | | | | |
| | Title: | | | | | |
| 3. | Name: | | | | | |
| | Title: | | | | | |
| Subtotal: | | \$ | | % | % | \$ |

B. FRINGE BENEFITS:

| | |
|--|-----------|
| Includes payroll taxes and medical/dental benefits at _____% of salaries | |
| SUBTOTAL: | \$ |

C. OPERATING EXPENSES:

| | |
|------------------|-----------|
| | \$ |
| | \$ |
| | \$ |
| SUBTOTAL: | \$ |

D. EQUIPMENT EXPENSES:

| | |
|------------------|-----------|
| | \$ |
| | \$ |
| SUBTOTAL: | \$ |

E. TRAVEL & PER DIEM:

| | |
|----------------------|-----------|
| | \$ |
| | \$ |
| SUBTOTAL: | \$ |
| Total Dollars | |

F. SUBCONTRACTORS:

| | |
|------------------|-----------|
| | \$ |
| | \$ |
| SUBTOTAL: | \$ |

G. OTHER COSTS:

| | |
|------------------|-----------|
| | \$ |
| | \$ |
| | \$ |
| SUBTOTAL: | \$ |

| | |
|---|-----------|
| DIRECT COST SUBTOTAL: (A+B+C+D+E+F+G) | \$ |
|---|-----------|

H. INDIRECT COSTS:

| | |
|---|-----------|
| _____ % of Total Salaries or _____ % Total Direct Costs or _____ % of Modified Directs (provide what costs to be included) | \$ |
| TOTAL AWARD: (A+B+C+D+E+F+G+H) | \$ |

