



San Joaquin County <i>Network for a Healthy California</i> Program Faith-Based Project Letter of Intent to Submit DUE: Monday, April 29, 2013 by 2:00 p.m.

Send this form by Fax or Scan and Email to: Lourdes Piojo
 Fax: (209) 468-3393
 Email: lpiojo@sigov.org

To: **Lourdes Piojo**
Purchasing Assistant
Purchasing and Support Services
San Joaquin County

NAME:	
TITLE:	
AGENCY/ORGANIZATION:	
ADDRESS:	
TELEPHONE:	
FAX:	
EMAIL:	
PROPOSED FAITH-BASED LOCATION #1:	
PROPOSED FAITH-BASED LOCATION #2:	
PROPOSED FAITH-BASED LOCATION #3:	

This form serves as confirmation that our agency/organization intends to participate in the SJC *Network* funding opportunity. Our agency/organization tentatively proposes working with the included faith-based locations. Our agency/organization will prepare the appropriate application documents for this funding opportunity.

 Signature of Authorized Agency/Organization Representative

 Date

 Print Name

 Title



<p>San Joaquin County <i>Network for a Healthy California Program</i> Youth Engagement Project Letter of Intent to Submit</p>
<p>DUE: Monday, April 29, 2013 by 2:00 p.m.</p>

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San Joaquin County

NAME:	
TITLE:	
AGENCY/ORGANIZATION:	
ADDRESS:	
TELEPHONE:	
FAX:	
EMAIL:	
Proposed Youth Serving Location:	

This form serves as confirmation that our agency/organization intends to participate in the SJC *Network* funding opportunity. Our agency/organization tentatively proposes working with the included youth-serving location. Our agency/organization will prepare the appropriate application documents for this funding opportunity.

Signature of Authorized Agency/Organization Representative

Date

Print Name

Title

FORM 2
SAN JOAQUIN COUNTY
Public Health Services
Healthy Future

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:	

Service Project: <i>(check only one for this application)</i>	
<input type="checkbox"/> A. Faith-Based Project	<input type="checkbox"/> B. Youth Engagement Project
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 3

APPLICATION AUTHORIZATION

SIGNATURE PAGE

The undersigned, having carefully read and examined this RFA, 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 Applicant has not directly or indirectly induced or solicited any other Applicant to submit a false or sham proposal, and has not directly or indirectly colluded, conspired, connived, or agreed with any Applicant or anyone else to put in a sham proposal, or that anyone shall refrain from proposing; that the Applicant has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the proposal price of the Applicant or any other applicant, or to fix any overhead, profit or cost element of the proposal price, or of that of any other applicant, 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 Applicant 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 Application. Signing this Application on the signature portion thereof shall also constitute signature of this Non-collusion Affidavit.

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

Signature of Authorized Agent

Date

FORM 4

<p>San Joaquin County Network for a Healthy California Program <input type="checkbox"/> A. Faith-Based Project <input type="checkbox"/> B. Youth Engagement Project Certification Checklist</p>

By checking the boxes, I am confirming the Agency’s Ability and willingness to engage in the below listed business 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 application, 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 application 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 RFA and the application 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 C) 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 5

San Joaquin County
Network for a Healthy California Program
 A. Faith-Based Project **B. Youth Engagement Project**
Contractor Information Form

Organization	This is the information that will appear on your contract (Standard Agreement).
	Federal Tax ID #: _____
	Name: _____
	Mailing Address: _____ _____
	Street Address (If Different From Above): _____ _____
	Phone: _____ Fax: _____ Website: _____
Contract Signatory	The <i>Contract Signatory</i> 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	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.
	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: _____	
Payment Receiver	All payments are sent to this address.
	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: _____	
Fiscal Reporter	The Fiscal Reporter prepares Invoices and is the primary contact for questions relating to these documents, as well as other fiscal documentation.
	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: _____	

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	We will be able to provide the following proof of insurance before the contract is executed. We understand these are requirements set by San Joaquin County. (Refer to 7.0 General Requirements, section 13)
	<input type="checkbox"/> General Liability
	<input type="checkbox"/> Name San Joaquin County as an additional insured
	<input type="checkbox"/> Automobile Liability
	<input type="checkbox"/> Workers Compensation Liability

FORM 6

<p style="text-align: center;">Agency Background and Capacity Narrative</p>
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Please describe the agency'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 a 5-page maximum. (20 points total)

1. Provide a brief description of the agency. Include its mission/goals and a demonstrated organizational commitment to obesity prevention, nutrition, and/or physical activity issues. (4 points)
2. Describe the capacities of the staff (e.g., diversity, expertise, interdisciplinary work, etc.) who will be assigned to the grant to meet the needs of the *Network* Project. (4 points)
3. Provide a brief description of the agency's ability to initiate the *Network* Project on the start date (e.g., including a timeline of what is required for obtaining internal or external approvals in an expedient manner). (4 points)
4. Describe how the agency will building on existing expertise and/or community partnerships. (4 points)
5. Describe how the agency will ensure that it will spend its annual allocations within the timeline and avoid losing unspent funding for the *Network* project. (4 points)

FORM 7

Strategic Approach for Implementing the *Network* Project Narrative

Carefully review the proposed SOW for the selected service project on Forms 8A and 8B.

Please describe the Applicant's strategic approach for implementing the selected *Network* Project in the targeted location(s). On a separate page, utilize the questions as headings and provide responses. There is a 5-page maximum. (Faith-Based Project: 24 points total; Youth Engagement Project: 20 points total)

1. Provide a brief description of each of the *Network* Project intervention locations and why it was selected to participate. Include the Qualifying Census Tract reference in the description for each *Network* Project intervention location. (4 points)
2. How will the *Network* Project advance healthy change and meet the needs of the community related to nutrition, obesity, food security (i.e., developing local capacity and filling gaps, etc.)? (4 points)
3. How will the Applicant ensure the *Network* Project reaches SNAP-Ed-eligible community members? (4 points)
4. How will the Applicant engage and partner with target community? (4 points)
5. How will the Applicant build on existing community assets, infrastructure, and actions? (4 points)
6. (*For Faith-Based Project Applications only*) Inclusion of a letter of commitment attached from each Project location signed by a congregational leader. A letter of commitment indicates a commitment to act as a partner or collaborator to accomplish the project. (4 points)

FORM 8A

Network Faith-Based Project
Subcontractor 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: Engage three qualifying churches in predominantly African-American and/or Latino communities to implement the Body and Soul Program, and culturally relevant nutrition education and physical activity promotion to reach 150 participants and to influence organizational and systems changes in the church community.

Activities	Responsible Party	Deliverables	Timeframe
1. Recruit and assign qualified staff member to engage the faith-based community. This person should be culturally competent, possess cross-cultural skills, have awareness of cultural worldviews as well as cultural differences, understand attitudes and practices, and understand faith-based organization operations.		Documentation of recruitment efforts.	10/1/2013-9/30/2014
2. Assigned staff will attend all required State and Local Health Department (LHD) <i>Network</i> trainings on how to engage church leaders and implement and track the Body and Soul Program and complementary nutrition-education components. Trainings will include a minimum of two <i>Network</i> webinars providing updates and evidence based practices and showcasing successful faith-based interventions.		Summary of participation	10/1/2013-9/30/2014
3. Assigned staff will recruit qualifying church sites and engage church leadership to support the program. Include key members such as the pastor's spouse, cooking staff, and church groups to increase participation in the program.		List of leadership and key contacts list	10/1/2013-9/30/2014

Activities	Responsible Party	Deliverables	Timeframe
<p>4. Assigned staff will participate in a training using the Body and Soul program and Toolbox for Community Educators, Health Ministry Guide and other <i>Network</i> resources. SJC <i>Network</i> staff will provide technical assistance and support to churches.</p>		<p>Class sign in sheets, Activity Tracking Form</p>	<p>10/1/2013-9/30/2014</p>
<p>5. Assigned staff will work with SJC <i>Network</i> staff and State <i>Network</i> staff to provide technical support to church members. Assigned staff will conduct a walkability assessment and conduct assessment of foods prepared, provided, and sold at church events applying <i>Network</i>-provided tools. Assigned staff will work with SJC <i>Network</i> staff to apply assessment results to develop strategies for improving the quality of foods served at church-related functions and events, and increase physical activity opportunities. Strategies may include:</p> <ul style="list-style-type: none"> a. Implement and promote healthier fundraisers such as healthy food items, jog-a-thons, dance-a-thons, fruit stands, etc. b. Implement cooking classes referencing the African American Cookbook or Latino Flavors of My Kitchen Cookbook. c. Include nutrition education and physical activity in children's programs, youth meetings, Sunday-School classes, Vacation Bible School, etc. d. Actively engage in Farm to Fork initiatives to increase fruit and vegetable consumption, which may include hosting farmers markets on site or using local fresh ingredients in the church's food preparations. 		<p>Technical assistance log</p> <p>Assessment results</p> <p>Strategies and timeline</p>	<p>10/1/2013-9/30/2014</p>

Activities	Responsible Party	Deliverables	Timeframe
<p>6. Assigned staff will work with SJC <i>Network</i> staff to provide technical assistance to the site based on the results of the assessments (outlined in Activity 5). The site leadership will advance, implement, and promote healthy environmental changes at the church, such as:</p> <ul style="list-style-type: none"> a. Create an overarching healthy food and beverage policy for church celebrations and meetings. Ensure healthy foods and beverages are provided and limit choices high in fat, sugar, and sodium. b. Initiate a community garden at the church. c. Initiate on-going walking clubs for church members. Pursue and establish joint-use agreements with city-schools to create opportunities for increased community physical activity. d. Develop a healthy donation and distribution policy for churches operating food pantries or food closets. 		<p>Copies of implemented policies, pictures etc.</p>	<p>10/1/2013-9/30/2014</p>
<p>7. Assigned staff will recruit three Peer Educators in qualified communities from:</p> <ul style="list-style-type: none"> a. Participating faith-based organizations b. Local community-based organizations c. Local CalFresh offices d. Local community-based health centers e. Local early childcare sites f. Local school/afterschool sites 		<p>Documentation of recruitment efforts.</p>	<p>10/1/2013-9/30/2014</p>
<p>8. Peer Educators will participate in all required <i>Network</i> training related to Peer-to-Peer Education.</p>		<p>Agendas</p>	<p>10/1/2013-9/30/2014</p>
<p>9. Peer Educators and SJCPH <i>Network</i> staff will attend, in person, a one-to two-day training provided by the state <i>Network for a Healthy California</i> Program. The training will share different peer-to-peer models and best practices.</p> <p>*Note: Travel expenses must be included in proposed budget</p>		<p>Training Agenda</p>	<p>10/1/2013-9/30/2014</p>

Activities	Responsible Party	Deliverables	Timeframe
10. Peer Educators will promote and conduct at least 6 education series to reach a minimum of 40 unduplicated SNAP-Ed-eligible individuals.		Class sign in sheets, approved lesson plans	10/1/2013-9/30/2014
11. Peer Educators will work with <i>Network</i> staff to contact and invite local CalFresh outreach organizations to attend at least one education session in the series providing information on how to apply for the CalFresh program.		Participation Log	10/1/2013-9/30/2014

FORM 8B

Network Youth Engagement Project

Subcontractor 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: Conduct a youth engagement (YE) project engaging at least one SNAP-Ed-eligible youth team(s) to engage in leadership, critical thinking, problem-solving, community-based research, and to address an identified issue with consumption and access to healthy foods and beverages and physical activity opportunities in their environment and identify solutions applying public health approaches.

Activities	Responsible Party	Deliverables	Timeframe
1. Recruit youth-serving agency, community-based organization (CBO), parks and recreation group, or middle/high school or afterschool program to conduct the youth engagement project (target: agencies/schools that work with youth, ages 12-18).		Name of youth-serving agency or school recruited/ confirmed and contact person(s) confirmed (kept on file)	10/2013-12/2013
2. Recruit an Adult Ally at a youth-serving agency, CBO, parks and recreation department, or middle/high school or afterschool program qualifying site to work directly with youth team. The Adult Ally will participate in all <i>Network for a Healthy California (Network)</i> -sponsored webinars, conference calls, and in-person Youth Engagement trainings offered by the State <i>Network Youth Initiatives Consultant</i> .		Participant Log (on file)	10/2013-09/2014
3. Adult Ally recruits youth and forms team(s) with a minimum of six students. Collect parent-permission slips and photo releases from youth.		Youth roster and permission slips (kept on file)	10/2013-09/2014

Activities	Responsible Party	Deliverables	Timeframe
<p>4. With assistance from SJC <i>Network</i> staff, provide orientation to members of the youth team. Orientation to include basic nutrition education information, importance of physical activity (through integration into comprehensive nutrition education lessons), taste testing, overview of youth-led participatory action research, and overview of youth development principles.</p>		<p>Attendance sheets for meetings/ trainings with youth team (kept on file), orientation outline</p>	<p>10/2013-09/2014</p>
<p>5. Following orientation, Adult Ally will meet with the youth team, guiding them through the process of conducting youth-led projects. Additional technical assistance, training, and support to Adult Ally and youth teams on conducting youth-led nutrition will be provided as needed by the State <i>Network</i> Youth Initiatives Consultant. With the support/guidance of the Adult Ally, youth team will conduct the following youth-led nutrition education project process:</p> <ol style="list-style-type: none"> a. Select the issue(s) to research. b. Create research tools and conduct the research project around selected issue(s) (the tool can be a survey, photo voice or video voice project, interviews, etc.). c. Gather information/data via the research tool and analyze the data. Identify public health approaches to reach solutions. d. Prepare presentation/reports, presenting to leaders and key stakeholders, such as PTA, School Staff, District Staff, Community Agencies, etc., based on the information/data discovered by the research tool. e. Conduct presentations to those leaders/stakeholders to share the findings from their research, in order to bring about necessary changes/improvement. f. Document any changes in system or policy based on the project. g. Conduct nutrition education and awareness activities to peers, family members, and the qualifying community to advance solutions. 		<p>Attendance sheets from meetings (kept on file)</p>	<p>10/2013-09/2014</p>

Activities	Responsible Party	Deliverables	Timeframe
<p>6. Adult Ally and Youth Leaders will participate in annual statewide or regional youth forum/meetings offered by the State <i>Network</i>, which Youth Leaders from all Youth Engagement sites will attend to strengthen their skills in youth-led participatory action research, public speaking skills, etc., in relationship to nutrition education and obesity prevention.</p>		<p>Attendance sheet (on file)</p>	<p>10/2013- 09/2014</p>
<p>7. Adult Ally will use the youth-led nutrition education project to expand and form a sub-group of the County Nutrition Action Plan (CNAP) committee. This Youth CNAP Sub-committee will provide youth input and recommendations to improve the food and nutrition environment in the county. The youth group will invite other interested youth to participate and meet quarterly to discuss the progress and continuation of the youth-led nutrition education project.</p>		<p>List of members, summary of meeting results</p>	<p>10/2013- 09/2014</p>

FORM 9

<p style="text-align: center;">Project Evaluation Narrative</p>
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Please describe the agency's experience conducting program evaluation. On a separate page, utilize the headings provided below. There is a 2-page maximum. (16 points total)

1. Provide a brief description of the agency's experience with collecting client-level data as well as successfully administering survey instruments to members of a target population. (4 points)
2. Provide a brief description of the agency's experience and/or ability to maintain client confidentiality, including working with databases with unique client identifiers only (no names or other personal identifying information). (4 points)
3. Provide the name(s) and capabilities of all person(s) that will be responsible for the *Network* Project evaluation. (4 points)
4. Provide a brief description of how a survey instrument could be administered before or at the initiation of services, and then again to the same clients at the completion of services. (4 points)

FORM 10

San Joaquin County <i>Network for a Healthy California Program</i> <input type="checkbox"/> A. Faith-Based Project <input type="checkbox"/> B. Youth Engagement Project BUDGET COVER SHEET FFY 2014 October 1, 2013 - September 30, 2014	
Organization:	
Project Budget:	FFY 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 Budget:	

FORM 11

SUBCONTRACTOR BUDGET JUSTIFICATION
NAME OF SUBCONTRACTOR: _____

A. Faith-Based Project **B. Youth Engagement Project**
FFY 2013-14
October 1, 2013 – September 30, 2014

A. PERSONNEL SALARIES: *Sample Position Descriptions are found on Attachment

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:					
	Title:					
2.	Name:					
	Title:					
3.	Name:					
	Title:					
Subtotal		\$		%	%	\$

*Sample Position Descriptions are found in Budget and Budget Justification Instructions that follow this form.

Total Dollars

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: \$

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)

\$

SUBTOTAL: \$

TOTAL AWARD: % % % \$

