

RFA # 1405120447
Grants Gateway # DOH01-CHSCA-2014
Grants Gateway # DOH01-CHSCB-2014

New York State Department of Health

Division of Chronic Disease Prevention
Bureau of Community Chronic Disease Prevention

Division of Nutrition
Bureau of Nutrition Risk Reduction

Request for Applications

Creating Healthy Schools and Communities

Component A - Creating Healthy Schools and Communities

Component B - Obesity Prevention Center for Excellence

This is a procurement which encompasses 2 components.
In order to apply for either component, eligible applicants must submit separate applications for each Component via the New York State Grants Gateway.

KEY DATES

Release Date:	October 17, 2014
Letter of Intent Due:	November 5, 2014, by 4:00 p.m.
Applicant Conference Registration Deadline:	November 5, 2014 by 4:00 p.m.
Applicant Conference:	November 10, 2014 11:00 a.m.
Deadline to Submit Questions:	November 10, 2014 by 4:00 p.m.
RFA Updates, Questions and Answers Updates Posted (on or about):	November 25, 2014
Applications Due:	January 7, 2015 by 4:00 p.m.
DOH Contact Name & Address:	Amy Jesaitis, MPH, RD, PAPHS Bureau of Community Chronic Disease Prevention 150 Broadway, Suite 350, Albany, NY 12204 Email: preventingobesity@health.ny.gov

Table of Contents

I.	Introduction.....	3
II.	Who May Apply	5
III.	Project Narrative/Work Plan Outcomes.....	8
IV.	Administrative Requirements	18
	A. Issuing Agency.....	18
	B. Question and Answer Phase.....	18
	C. Letter of Interest/Intent (optional)	19
	D. Applicant Conference	20
	E. How to file an application.....	20
	F. Department of Health’s Reserved Rights	21
	G. Term of Contract.....	22
	H. Payment & Reporting Requirements of Grant Awardees.....	22
	I. Minority & Woman-Owned Business Enterprise Requirements.....	23
	J. Limits on Administrative Expenses and Executive Compensation	24
	K. Vendor Identification Number	24
	L. Vendor Responsibility Questionnaire	25
	M. Vendor Prequalification for Not-for-Profits	25
	N. General Specifications	27
V.	Completing the Application.....	27
	A. Application Format/Content	27
	B. Freedom of Information Law.....	37
	C. Review & Award Process	37
VI.	Attachments	38

I. Introduction

A. Description of the Program

The New York State Department of Health (Department), Division of Chronic Disease Prevention and Division of Nutrition, seek applications to prevent obesity in New York State (NYS). The aim of this request for applications (RFA) is to fund a coordinated, multi-sector effort to increase demand for and access to healthy food and opportunities for physical activity, to reduce the risk of obesity in high-need communities and school districts. Under this RFA, the Department seeks to fund two components: Component A - Creating Healthy Schools and Communities and Component B - Obesity Prevention Center of Excellence.

The anticipated total funding for the two components, pending availability of funds, is \$6,754,120 annually for 26 contracts (25 local, one statewide) over a five-year contract term. The anticipated contract start date is October 1, 2015 with an end date of September 30, 2020.

Component A - Creating Healthy Schools and Communities:

The Department anticipates contracting with 25 local-level agencies to implement sustainable policy, system, and environmental changes in selected high-need school districts and the communities where the students and their families live. Funded agencies will address access to healthy, affordable foods and opportunities for physical activity.

Contractors will collaborate with high-need school districts to:

1. Increase access to healthy, affordable foods (especially fruits and vegetables, low-sodium foods, and healthy beverages) and increase school districts' ability to meet federal Healthy, Hunger-Free Kids Act of 2010 (HHFKA) nutrition standards for vending, a la carte, school stores, and other foods sold outside the school meal programs.
(<http://www.gpo.gov/fdsys/pkg/FR-2013-06-28/pdf/2013-15249.pdf>)
2. Establish Comprehensive School Physical Activity Programs and implement and strengthen each of the five components: 1) quality physical education; 2) physical activity during school day; 3) physical activity before and after school; 4) staff involvement; and 5) family and community engagement.
3. Provide consistent, evidence-based standards for nutrition and physical activity to promote student wellness through the assessment, development, improvement, and implementation of the federally mandated Local School Wellness Policies.

Contractors will mobilize communities to:

1. Increase access to healthy, affordable foods (especially fruits and vegetables, low-sodium foods, and healthy beverages) through a variety of strategies, such as:
 - Educating community members and leaders about the benefits of zoning and/or licensing regulations which require that a percentage of foods sold by convenience stores and small retailers be healthy;
 - Developing and sustaining mobile produce sales;
 - Establishing cooperative buying groups; or
 - Creating or enhancing food hubs.
2. Increase adoption and use of food standards and procurement policies (including criteria for sodium, saturated and trans fats, healthy beverages, and fiber) by venues reaching

priority populations, including municipalities, community-based organizations, worksites, and/or hospitals.

3. Educate community members and leaders on the benefits of adopting and implementing Complete Streets policies, plans, and practices. For a definition of Complete Streets policies, refer to Attachment 1 – Creating Healthy Schools and Communities Background, page 5.

Component A contractors will participate in a collaborative learning community that will bring all contractors together to learn and share strategies and methods to implement local policy, system, and environmental changes. This learning collaborative will be facilitated by the Component B - Obesity Prevention Center of Excellence and will include participating in a mix of in-person and distance learning programs. Component A contractors also will participate in a statewide obesity prevention coalition (funded under a separate procurement) and develop and share model policies.

The anticipated total annual funding for Component A is \$6,250,000 with a maximum annual award of \$250,000 per contract. The three highest scoring applications in each of five regions will be funded for a total of up to 15 awards. Up to 10 additional awards will be made to the next highest scoring applications across all regions. (See Attachment 2 - School Districts and Catchment Areas Instructions, Maps and Table). A minimum score of 60 points out of a possible 100 is required to be considered for funding. In the event of a tie score, the determining factors for a grant award, in descending order of importance, will be:

- Applicant with the highest score in the Initiative Plan section
- Applicant with the highest score in the Capacity and Experience section

Five-year contracts will be established to cover the full funding period.

Component B - Obesity Prevention Center for Excellence:

The Department anticipates contracting with one statewide contractor to provide education, support, and performance monitoring to Component A contractors to address policy, systems and environmental changes around physical activity and healthy eating.

The Obesity Prevention Center for Excellence (OPCE) will be responsible for developing curricula and education interventions for Component A contractors. The OPCE will establish a statewide presence and conduct ongoing educational needs assessments with Component A contractors and partners working to prevent and reduce obesity. The funded applicant will deliver a cost-effective mix of in-person and distance learning programs and will develop and facilitate a collaborative learning community for Component A contractors. The funded applicant will be responsible for ensuring adequate access to policy, systems and environmental approaches expertise and training in all areas of the state. The OPCE will promote and evaluate all education activities. The OPCE will monitor contractors' use of strategies to prevent and reduce obesity through the development of a web-based performance monitoring system.

The anticipated annual funding for Component B is \$504,120. A minimum score of 70 points out of a possible 100 is required to be considered for funding. The highest scoring applicant will be funded. In the event of a tie score, the determining factors for a grant award, in descending order of importance, will be:

- Applicant with the highest score in the Initiative Plan section
- Applicant with the highest score in the Capacity and Experience section

A five-year contract will be established to cover the full funding period.

The coordinated effort of the two components will result in the following outcomes.

- Increased access to healthy affordable foods, including:
 - increased number of retail environments (e.g., convenience stores, gas stations, bodegas) selling healthy affordable foods;
 - increased number of community organizations, municipalities, and worksites that have adopted healthy food standards;
 - increased number of schools with healthy nutrition environments (e.g., healthy celebrations, all foods meeting United States Department of Agriculture (USDA) standards, healthy fundraising); and
 - decreased number of schools that allow marketing to children.

- Increased access to opportunities for physical activity, including:
 - increased access to places to walk, bicycle, and roll;
 - increased number of local policies that have language supportive of environmental changes that enhance walking, bicycling, and rolling; and
 - increased number of schools with Comprehensive School Physical Activity Program (CSPAP).

- Decreased overweight and obesity in adults and children in NYS.

Please see Attachment 2 for background information.

II. Who May Apply

Eligible applicants for this RFA by component are as follows:

Component A - Creating Healthy Schools and Communities

Minimum Eligibility: Eligible applicants include nonprofit organizations or municipal agencies in NYS including, but not limited to: local health departments, hospitals, health care systems, primary care networks, academic institutions, Boards of Cooperative Educational Services (BOCES) agencies, Cornell Cooperative Extension agencies, community-based organizations, volunteer associations and professional associations. Applicants should be organizations with an established presence in the catchment area to be served.

Preferred Eligibility: Preference will be given to applicants that demonstrate:

- strong collaboration, including subcontracts, with school districts and community partners;
- experience working with community and school leaders and decision-makers to achieve adoption of school and community policies supporting increased physical activity and healthy eating opportunities;
- experience working with low-income populations, diverse racial/ethnic groups, and persons with disabilities in the identified high-need communities; and
- staff with the training, skills, and experience consistent with the program strategies, and evaluation, fiscal, and management skills that address the needs of the program.

This RFA aims to address high-need school districts and the communities associated with them, therefore, the cities, towns and villages, and in New York City, neighborhoods (in NYC, school districts are associated with neighborhoods, not municipalities), where the student population lives. The Department has defined five regions (Western, Central, Capital Region, Metropolitan Area, and New York City) and identified the regions' high-need school districts and communities in Attachment 2. All the communities associated with the school district are defined as a catchment area. The specific communities are referred to as minor civil divisions on the table in Attachment 2.

The Department would like to have significant reach with this RFA. Since school districts and their catchment areas vary greatly in population density, agencies may apply for one of three categories to ensure a minimum population reached per initiative. Agencies must select school district(s) and their catchment area(s) within a region from the maps in Attachment 2 and meet the requirements for one of the categories below. Applicants in each category are eligible for a maximum award of \$250,000.

1. **Small Communities:** Applicants must identify and work with at least **three** high-need school districts and their catchment areas (the minor civil divisions within those school districts) **and** have a minimum combined total population reach of **20,000**.
2. **Medium Communities:** Applicants must identify and work with at least **two** high-need school districts and their catchment areas (the minor civil divisions within those school districts) **and** have a minimum combined total population reach of **45,000**.
3. **Large Communities:** Applicants must identify and work with at least **one** high-need school district and its catchment area (the minor civil divisions within the school district[s]) **and** have a minimum combined total population reach of **100,000**.

Applicants should only apply to work with school districts and catchment areas included on the maps. If applicants include other districts and catchment areas, that information will not be reviewed. Applicants must meet the criteria detailed above for Small, Medium or Large Communities. Applicants may submit multiple applications for different sets of school districts and their catchment areas (provided one of the above category requirements is met for each set). If an applicant receives multiple awards, the applicant will receive a separate contract for each, with work plans and budgets for the districts and catchment areas in that award. Any applicants receiving multiple awards will comply with all specifications of each individually, including separate and distinct staffing levels, deliverables, and other specifications required for this initiative.

The Department will only fund one applicant to work with each school district and its catchment area. **To encourage greater coverage of districts statewide, potential applicants are strongly encouraged to submit a letter of interest listing the school districts and catchment areas where they propose to work.** The identified districts and catchment areas will be included in the questions and answers posted on or around the date listed on the coversheet of the RFA posted for this funding opportunity. This will allow community and school partners to work together to ensure adequate coverage of districts and catchment areas.

Applicants should secure a memorandum of understanding (MOU) with each school district selected and include the MOU(s) in the application (see Attachment 3 - for an example). Applicants are strongly encouraged to work with one or more of the 15 school districts selected

for monitoring under a Cooperative Agreement the Department has with the Centers for Disease Control and Prevention: *State Public Health Action to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health*. Under this Cooperative Agreement the Department was required to select 15 high need school districts to monitor progress in nutrition and physical activity through School Health Profiles and the Youth Risk Behavior Survey. **Applicants selecting one or more of these school districts will be scored 10 additional points.** These school districts are:

School District	County	Region
Hudson	Columbia	Capital
Albany CSD	Albany	Capital
Adirondack	Oneida	Central
Syracuse	Onondaga	Central
Roosevelt UFSD	Nassau	Metropolitan Area
Brentwood	Suffolk	Metropolitan Area
Wyandanch	Suffolk	Metropolitan Area
Yonkers CSD	Westchester	Metropolitan Area
Newburgh City SD	Orange	Metropolitan Area
NYC School District 23	Kings	NYC
NYC School District 9	Bronx	NYC
Salamanca CSD	Cattaraugus	Western
Buffalo Public Schools	Erie	Western
Rochester City School District	Monroe	Western
Campbell-Savona Central	Steuben	Western

The Department reserves the right to modify the final catchment area and school districts of successful applicants to ensure sufficient program coverage and reach.

Component B – Obesity Prevention Center of Excellence

Minimum Eligibility: Eligible applicants include non-profit organizations that can work statewide, including but not limited to, voluntary organizations, academic institutions, professional associations, tribal organizations, and planning organizations.

Preferred Eligibility: Preference will be given to applicants that demonstrate:

- experience providing education on policy, systems and environmental changes to increase access to opportunities for physical activity and healthy foods;
- experience in conducting needs assessments for and evaluation of education efforts;
- experience facilitating the learning collaborative model on public health topics;
- staff/faculty with expertise in school wellness and community health; and
- experience monitoring implementation of education objectives.

Organizations may apply for both components A and B with separate applications; a single application for both components A & B **will be rejected**. While organizations may apply for both components, a contract will only be awarded for one of the components – if an applicant receives an award for Component B, the applicant will be ineligible to receive an award for Component A.

III. Project Narrative/Work Plan Outcomes

A. Component A – Creating Healthy Schools and Communities

Applicants are expected to implement sustainable policy, systems, and environmental changes that increase access to affordable healthy foods and opportunities for physical activity in selected high-need school districts and communities. The goal is to develop schools and their surrounding communities into places where it is easier to practice healthy behaviors.

To accomplish the expectations outlined below, applicants will need to engage and mobilize the schools and communities, engage decision makers and educate government policy makers on the need for and health impact of the work. Buy-in from multiple levels is critical to the success of policy, systems and environmental changes.

Expected Outcomes:

- Increased access to healthy affordable foods including:
 - increased number of schools with healthy nutrition environments;
 - increased number of schools with standards for competitive foods;
 - decreased number of schools that allow food marketing to children;
 - increased number of schools with comprehensive and strong Local Wellness Policies;
 - increased number of small, food retailers selling healthy and affordable foods;
 - increased number of food and beverage procurement policies in communities; and
 - increased number of community organizations, municipalities, and worksites that have adopted healthy food standards.

- Increased access to opportunities for physical activity including:
 - increased number of schools with Comprehensive School Physical Activity Programs (CSPAP);
 - increased access to places to walk, bicycle, and wheel; and
 - increased number of local policies that have language supportive of environmental changes that enhance walking, bicycling, and rolling.

Applicants are expected to leverage other community and school resources that will be needed to fully implement the initiative and sustain it beyond the five-year term.

Major Tasks

Applicants will be working in selected high-need school districts and the communities where the students and their families live. There are separate but complementary deliverables for the school and community work.

1. Deliverables for Schools

a. Nutrition

Increase access to healthy affordable foods (especially fruits and vegetables, low-sodium foods, and healthy beverages) and increase school districts' ability to meet the Healthy, Hunger-Free Kids Act (HHFKA) and nutrition standards for vending, a la carte, school stores, and other foods sold outside the school meal programs. Potential strategies include establishing regional food buying groups; providing assistance on healthy vending,

fundraising and classroom celebrations; and developing district regulations or policies prohibiting all forms of advertising and promotion of less nutritious foods and beverages on school property.

Resources for healthy school nutrition include:

- CDC - School Health Guidelines to Promote Healthy Eating and Physical Activity
<http://www.cdc.gov/healthyyouth/npao/strategies.htm>
- CSPI - Policy Options: Improve School Foods Outside of Meals
<https://www.cspinet.org/nutritionpolicy/ImproveSchoolFoods.html>
- USDA -- Healthier School Day - The School Day Just Got Healthier
<http://www.fns.usda.gov/healthierschoolday>

b. Physical Activity

Establish CSPAP. Applicants are encouraged to use the following resources:

http://www.cdc.gov/healthyyouth/physicalactivity/pdf/13_242620-

[A_CSPAP_SchoolPhysActivityPrograms_Final_508_12192013.pdf.](#)

<http://www.aahperd.org/letsmoveinschool/tools/upload/CSPAP-Policy-Continuum-2-10-12final.pdf>

- Quality physical education
- Physical activity during school
- Physical activity before and after school
- Staff involvement
- Family and community engagement

c. Local School Wellness Policies (LWP)

Provide consistent, evidence-based standards for nutrition and physical activity to promote student wellness through the assessment, development, improvement, and implementation of the federally mandated LWP.

Nutrition Performance Measures:

- Number of school districts that receive professional development and technical assistance on strategies to create a healthy school nutrition environment.
- Number of and demographics of students in school districts that receive professional development and technical assistance on strategies to create a healthy school nutrition environment.
- Number of regional cooperative buying groups established.
- Number of school districts that have adopted and implemented regulations or policies that establish standards for competitive foods available during the school day.
- Number of school districts that have adopted and implemented regulations or policies that prohibit all forms of advertising and promotion of less nutritious foods and beverages on property.

Physical Activity Performance Measures:

- Number of school districts that receive professional development and technical assistance to establish, implement, and evaluate CSPAP.
- Number of and demographics of students in school districts that receive professional development and technical assistance to establish, implement, and evaluate CSPAP.
- Number of schools within school districts that have established, implemented, and evaluated CSPAP.

Local School Wellness Policies (LWP) Performance Measures:

- Number of school districts that have improved, adopted, and implemented LWP.
- Number of and demographics of students in districts that have improved, adopted, and implemented LWP.
- Percent change in the comprehensiveness and strength of CSPAP-specific policies, as measured by the Wellness School Assessment Tool (WellSAT). <http://www.wellsat.org/>
- Percent change in the comprehensiveness and strength of policies that establish standards for competitive foods available during the school day, as measured by WellSAT.
- Number of districts that increase the comprehensiveness and strength of policies that prohibit all forms of advertising and promotion of less nutritious foods and beverages on property, as measured by WellSAT.

Required Process

An MOU to do the work must be secured from each school district selected and included with the application. Applicants are required to implement the following process to achieve the changes in the nutrition and physical activity and physical education environments in the selected districts. Some of the activities are at the district level and some are at the school building level.

1. Assess School District Readiness

Contractors are required to assess each school district's readiness to fully engage in the activities of the grant. Results will be used to assist with prioritizing work with each district and will provide baseline data which will inform longer-term evaluations. Undertaking the process of assessing, developing, adopting, implementing, and evaluating LWP is a significant, multi-year commitment by school district administration, board of education, teachers, and staff. It is essential that a school district possess the institutional and personnel capacity to engage in this work to establish strong, sustainable regulations, policies, and practices that will be integrated into the educational structure.

2. Assess Local School Wellness Policies - District and Building Levels

Contractors are required to conduct baseline and follow-up assessments of each school district's wellness policies using the WellSAT. Schools also must use an environmental assessment tool in each school building. Tools such as the Alliance for a Healthier Generation's Healthy Schools Program Inventory, the CDC's School Health Index or the Let's Move Active Schools Inventory may be used. Initial assessments are completed prior to revising policies and making changes in the school. Information from the assessments should be used to identify limitations and gaps in the current district wellness policies and practices and make the case for revising existing policy and practices. Follow-up WellSAT assessments are completed after the revised versions of the written documents are approved by the school board.

3. Develop School District Regulations or Policies – District Level

Each targeted school district will develop or enhance Board of Education (BOE) approved regulations and/or policies for nutrition and physical activity. Districts should be encouraged to follow a process for regulation or policy development that will contribute to the school's success for implementation.

The following steps are critical for assisting schools with the development of school health policies:

- Obtain administrative commitment to assess, develop, adopt, implement, and evaluate regulations or policies;
- Identify a lead person at the school district/building to work with the contractor;
- Work with the school district to establish a wellness committee, if one does not currently exist;
- Involve staff, students, administrators, board members, parents, and members of the community including representation from persons with disabilities, and racial and ethnic minority groups in regulation or policy process;
- Use the results of the WellSAT and environment assessment to inform decisions about revised regulations, policies, and practices;
- Develop an implementation and evaluation timeline and identify activities; and
- Draft district-level regulations or policies for BOE approval and adoption.

4. Implement School District Regulations or Policies – Building Level

Each targeted school will implement and communicate regulations, policies, and supporting practices and procedures. When assisting schools with the implementation and communication of regulations or policies, the following are important steps:

- Work with the wellness committee to develop an implementation work plan;
- Consider phasing in new components of the wellness policy over time;
- Communicate the policy and practice changes to the entire school community, including students, staff, board members, and parents in advance of implementation;
- Involve a diverse representation of the school community in the implementation process; and
- Measure policy implementation by conducting building-level assessments. Appropriate assessment tools will be identified by the Department.

2. Deliverables for Communities

Applicants will address the following three areas in each community associated with the school district(s), as outlined on the table in Attachment 2. They will also address other deliverables that will increase their capacity to complete work in both schools and communities.

a. Healthy Food Retail

Increase the availability of healthy drinks (e.g., non-caloric flavored waters and seltzers, water, 100% fruit or vegetable juice, low-fat and fat-free milk), fruits and vegetables, and low-sodium products in small food retail venues. Possible strategies include:

- Zoning and/or licensing regulations, requiring a percentage of shelf space or floor space dedicated to healthy affordable foods or specifying a number of healthy options in selected food categories.
- Development and sustainability of mobile produce vendors;
- Establishment of cooperative buying groups among small retailers; or
- Creation or enhancement of food hubs.

Small food retailers near schools should be prioritized. Efforts should begin with an assessment of foods and beverages currently sold at these venues. Appropriate assessment tools and procedures will be identified by the Department. Applicants should reach at least 10% of the population in each selected community with their strategies by the end of the grant.

Resources for healthy retail include:

- Healthy Food Retail: ChangeLab Solutions provides a collection of documents related to increasing access to healthy affordable foods in neighborhoods. Some address small food vendors.
<http://changelabsolutions.org/childhood-obesity/healthy-food-retail>
- Healthier Food Retail: Beginning the Assessment Process in Your State or Community- This guide provides steps and data sources for assessing the food retail environment.
<http://www.cdc.gov/obesity/downloads/hfrassessment.pdf>
- 5 Strategies to Create Small-Scale Healthy Food Retail- A brief summary of five strategies to increase healthy food in small food retail.
<http://www.communitycommons.org/2013/10/five-strategies-healthy-food-retail/>
- Food hubs - www.ngfn.org/resources/food-hubs

b. Food Standards

Establish standards for foods purchased and/or served by worksites, municipalities, hospitals, and community organizations. Standards can cover beverage vending machines, food vending machines, cafeteria/café meals, and meetings sponsored by worksites. Nutrition criteria can cover calories, saturated and trans fats, sodium, added sugar and fiber.

Work in food standards is sometimes more easily accomplished through stealth health – making the changes first and advertise the changes later, after they are accepted by the population. Making the changes slowly also helps, especially for sodium, to allow people’s taste preferences to adjust over time.

Potential partners include food vendors supplying the selected establishments, local food policy councils, and local farmers and food manufacturers. Applicants should establish food standards in at least 50 organizations, municipalities, hospitals or worksites reaching a significant number of priority populations by the end of the five years of the contract.

Resources for food standards include:

- NYS Department of Health Food and Beverage Standards Toolkits - Online toolkits for establishing healthy food standards in workplaces and hospitals. Each toolkit includes materials adapted from New York City’s Healthy Food Initiatives, new *Healthy Eating Research Recommendations for Healthier Beverages, and Under Pressure – Strategies for Sodium Reduction*.
- Healthy Workplace Food Toolkit - Includes cafeterias, beverage vending machines, food vending machines, and meetings and events.
http://www.health.ny.gov/diseases/cardiovascular/heart_disease/toolkits/workplace
- Healthy Hospital Food Toolkit - Includes cafeterias, beverage vending machines, food vending machines, and patient meals.
http://www.health.ny.gov/diseases/cardiovascular/heart_disease/toolkits/hospital
- NYS Association of County Health Officials-Cut Your Sugar website Provides information on healthy beverage vending, including case studies and model policy language. <http://www.cutyoursugar.org/making-beverage-machines-healthier>
- Center for Science in the Public Interest - Provides examples of national, state, and county-level policies that introduce nutritional standards into vending, concessions, and cafeterias.
<http://www.cspinet.org/nutritionpolicy/Examples-Food-Procurement-Policies.pdf>
- Healthy Eating Research Healthy Beverage Recommendations

Provides guidelines for healthy beverages for different age groups.

http://www.healthyeatingresearch.org/images/stories/commissioned_papers/her_beverage_recommmendations.pdf

c. Complete Streets

Applicants will facilitate the development of Complete Streets policies or inclusion of Complete Streets language in municipal comprehensive or transportation plans. Policy action and implementation will happen through increased demand and community will for Complete Streets. Once policies are passed or language is included, applicants will work with partners, including transportation and planning agencies, to ensure the policies or regulations are implemented when streets are being constructed, reconstructed, or maintained.

If a selected municipality has a Complete Streets policy or plan that includes Complete Streets language, efforts will be geared toward implementation of the policy. Roadway projects should be prioritized to facilitate linkages between destinations and in close proximity to schools.

Applicants should achieve Complete Streets policies or the inclusion of Complete Streets language into comprehensive or transportation plans in at least half (50%) of the selected communities by the end of the grant. In the selected communities where Complete Streets policies are adopted, applicants will work with partners to achieve street-level changes in a quarter (25%) of projects completed during the five-year grant period.

Resources for Complete Streets include:

- ChangeLab Solutions: Model Laws and Resolutions: Complete Streets - These policies call for increased public participation and accountability.
<http://changelabsolutions.org/publications/laws-resolutions-cs>
- National Complete Streets Coalition: Elements of a Comprehensive Complete Streets Policy - Provides 10 elements of a comprehensive Complete Streets policy.
<http://www.smartgrowthamerica.org/complete-streets/changing-policy/policy-elements/>
- Complete Streets in a Box - Shows the process of adopting Complete Streets policies and provides a toolkit. <http://www.smartgrowthamerica.org/complete-streets/changing-policy/policy-elements>

Nutrition Performance Measures:

- Number of small retail venues that sell affordable and healthier food options in underserved areas.
- Number of adults, youth, or families that access small retail venues offering healthier food options.
- Number of worksites or community settings that develop and adopt policies to implement food standards and procurement policies, including sodium (cafeterias, vending, snack bars).
- Number of adults and youth that access settings that have developed and/or adopted policies to implement food service guidelines, including sodium.

Physical Activity Performance Measures:

- Number of communities that develop and/or adopt a pedestrian or transportation master plan

or implement a Complete Streets policy.

d. Sustainability

“Sustainability” refers to the thoughtful implementation of a set of strategic activities designed to ensure the institutionalization of implemented policy, system, and environmental changes. These activities will increase school, community and state decision-maker awareness of and support for healthy eating and physical activity strategies; demonstrate success in increasing healthy eating and physical activity; and highlight the burden of poor nutrition, physical inactivity, and obesity in the catchment area.

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

- Write letters to the editor and opinion pieces for local papers discussing healthy eating, physical activity, and obesity prevention issues.
- Communicate monthly with elected leaders, decision-makers, and Boards of Education to keep them informed about nutrition and physical activity policy, system, and environmental change initiatives in NYS.
- Conduct at least one legislative office visit annually to educate legislators about school and community activities to increase healthy eating and physical activity.
- Compile success stories from school district and building staff and students whose lives are improved by changes made through this initiative to improve healthy eating and increase opportunities for physical activity.
- Compile success stories from community members whose lives are improved by changes made through this initiative to improve healthy eating and increase opportunities for physical activity.
- Build relationships with news reporters and media personalities to disseminate nutrition, physical activity, and obesity messages and information.

e. Evaluation of School District and Community Regulations or Policies

Organizations funded by this RFA will conduct both process and outcome evaluations. This will include regular reporting on the implementation of the strategies and activities fostering policy, system, and environmental changes. Funded contractors will be expected to complete one school and one community evaluation project annually to measure the impact of these strategies and activities. Evaluation projects will aim to document policy, system, and environmental changes associated with contractor activities and demonstrate that these changes made an impact contributing to the achievement of the outcomes of this initiative.

Contractors will need to report regularly on their activities and on their accomplishments. They will also be expected to document their accomplishments by providing copies of policies and plans adopted and implemented to the Department.

The Department’s Institutional Review Board (IRB) approves research and evaluation protocols that involve human subjects. Contractors will work with the Department evaluation specialists and the Component B contractor to develop and implement appropriate evaluation methodologies and to submit applications to the IRB, if necessary.

f. Participation in Collaborative Learning Community

Component A contractors will participate in a collaborative learning community that will bring all contractors together to learn and share strategies and methods to implement local policy, system, and environmental changes. This learning collaborative will be facilitated by the Component B Obesity Prevention Center of Excellence and will include participating in a mix of in-person and distance learning programs.

g. Organizational Infrastructure and Staffing

Two full-time coordinators should be hired; one will oversee the community efforts and the other will oversee the school efforts. Coordinators should have expertise in the sector for which they are responsible. Subcontracting one of these coordinator positions is acceptable for gaining expertise in one of the sectors, but one coordinator should be employed by the applicant organization.

Applicants may subcontract components of the scope of work; 30% of the budget must be retained. The applicant organization shall retain a larger percentage of the total budget than any individual subcontractor receives (e.g., if the applicant organization retains 40% of the total budget, no individual subcontractor may receive more than 39% of the total budget).

Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the Department. All subcontractors should be approved by the Department.

All funded applicants will be required to use the National Association of Nutrition and Activity's Healthy Meeting Guidelines (Attachment 4) for all meetings associated with this funding. A tool kit for using the guidelines can be found here: <http://cspinet.org/nutritionpolicy/Healthy-Meeting-Toolkit.pdf>.

B. Component B – Obesity Prevention Center for Excellence

The OPCE will be responsible for developing curricula and education interventions for the contractors funded under Component A. The OPCE will establish a statewide presence and conduct ongoing education needs assessments with Component A contractors and all local health departments working to prevent and reduce obesity. The funded applicant will deliver a cost effective mix of in-person and distance learning programs and will develop a learning collaborative for the Component A contractors. If an applicant applies for both Component A and Component B and is the winning applicant for Component B, they will be ineligible to receive an award for Component A.

A collaborative learning community is a learning system that brings together all initiative contractors to learn and share strategies and methods to implement local policy, system, and environmental changes. Activities to establish a vibrant learning community include, but are not limited to: convening expert faculty and subject matter experts to guide and inform policy system and environmental interventions; facilitating regular communication, discussion and feedback to and among contractors via in-person learning sessions, webinars, site visits, phone conferences, reports and assessments; coaching contractors in simultaneously executing multiple interventions related to healthy eating and physical activity; supporting local leaders in building strategic momentum and ensuring effective implementation of interventions; and, broadcasting results through earned media, case reports, success stories or published manuscripts.

The funded applicant will be responsible for ensuring adequate access to policy, system, and environmental approaches expertise and training in all areas of the state. The OPCE will promote and evaluate all education activities. As part of the education evaluation, the OPCE will monitor contractors' use of strategies taught in education sessions. The OPCE will coordinate all activities in concert with the Department. Educational topics will address increasing access to physical activity and healthy foods in communities and schools. Specific topics include, but are not limited to:

- Communities – healthy food retail; food standards and procurement policies; and implementation of Complete Streets policies and practices;
- Schools – the HHFKA; USDA All Foods Sold in Schools Standards; healthy classroom celebrations; regional cooperative buying groups; advertising and promotion policies; CSPAP; and LWP.

Expected Outcomes

- 1) Establish the infrastructure and staffing, including a Program Director, adequate faculty with demonstrated expertise and additional technical experts, commensurate with administering a statewide education initiative;
- 2) Conduct training needs assessment on an on-going basis and continually scan the environment for other related education activities and resources;
- 3) Develop education interventions consistent with the latest evidence-based policy, system and environmental strategies which address school and community physical activity and nutrition environments;
- 4) Deliver education interventions using a cost effective mix of traditional in-person training methods and the latest distance learning, tele-consulting, and digital health technologies to ensure services are convenient and accessible;
- 5) Evaluate education activities including process and outcome measures that examine the impact of activities on practice and community and school outcomes through development and monitoring of a web-based system;
- 6) Develop performance measures for major areas of activity, define priorities for improvement and implement improvement strategies based on data; and
- 7) Collaborate with statewide and regional professional organizations to sponsor and promote education opportunities.

Major Tasks

The applicant funded to serve as the OPCE will be prepared to implement education activities in accordance with the following program characteristics and outcomes which are consistent with the overall program goals and objectives of the initiative.

1. Organizational Infrastructure and Staffing

The funded OPCE will establish the needed staffing to administer a statewide education initiative addressing obesity prevention in communities and schools through policy, systems, and environmental approaches.

- Program Director: The Program Director should have experience coordinating educational programs, developing curricula and working with public health practitioners. Responsibilities include program outreach and publicity activities, coordination of program logistics, development of materials and curricula, implementation of program evaluation and collection and reporting of program data to the Department.
- Faculty Subject Area Experts: The funded applicant will be responsible for developing and maintaining an adequate panel of faculty/speakers with specific expertise in food

systems, Complete Streets, and school wellness related to nutrition and comprehensive physical activity programs. Responsibilities include providing subject specific expertise as needed, developing curriculum and conducting educational sessions on a per diem basis or as a current staff member of applicant's organization.

- Administrative, clerical support and information technology staff for the program as needed.

2. Needs Assessment

- The OPCE will conduct a training needs assessment to identify training topics, desired training formats, locations and other aspects of needed training. A needs assessment should be completed in the first three months of the program and be repeated on a periodic basis and at least annually thereafter. The needs assessment will assess contractors' knowledge, skills, and current practices.
- The OPCE will scan the environment for other related education activities and resources.

3. Curriculum Development

Curriculum development and education interventions will be consistent with the goals of this RFA and prepare contractors to:

- Improve the food retail environment to increase availability and accessibility of healthy affordable foods.
- Increase the adoption of healthy food procurement standards in municipalities, community-based organizations, and worksites.
- Facilitate the implementation of the state Complete Streets law and local Complete Streets policies.
- Work with schools to develop and implement CSPAP (http://www.cdc.gov/healthyyouth/physicalactivity/pdf/13_242620-A_CSPAP_SchoolPhysActivityPrograms_Final_508_1219201.pdf <http://www.aahperd.org/letsmoveinschool/tools/upload/CSPAP-Policy-Continuum-2-10-12final.pdf>)
- Work with schools to create healthy nutrition environments through implementing USDA's All Food Sold in Schools Standards, adopting healthy classroom celebrations and healthy fundraising practices.

4. Training Methodologies and Delivery

- The OPCE will deliver education interventions using a cost effective mix of traditional in-person training methods and the latest distance learning modalities such as teleconsulting, webinar, webcasting or other digital technologies to ensure services are convenient and accessible.
- In-person trainings might include statewide conferences, regional conferences or workshops held in a central location in each region and occur at least twice a year.
- The OPCE will be prepared to provide technical assistance to Component A contractors with varying levels of expertise in policy, system, and environmental approaches.
- The OPCE will play a role in support of the NYS Prevention Agenda 2013 – 2017, which is a blueprint for state and local community action to improve the health of New Yorkers. The funded applicant will be expected to reach out to state health improvement plan contact people in local health departments. http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/

5. Collaboration

- The OPCE will continually work with the Department to ensure coordination across the initiative and promote the most efficient use of resources.
- The Program Director will participate in an annual, in-person meeting in a location to be determined by the Department, as well as monthly phone meetings with the Department.
- The OPCE will collaborate with statewide and regional professional organizations to sponsor and promote education opportunities.

6. Quality Improvement

The OPCE shall develop performance measures for major areas of activity, define priorities for improvement, and implement improvement strategies based on data.

7. Evaluation and Reporting Requirements

- The OPCE will collaborate with the Department to evaluate activities. Evaluation activities will include the collection and analysis of process and outcome measures through a web-based system to examine the impact of Component A activities on community and school outcomes and the effectiveness of trainings.
- The OPCE will report on a core set of data elements to be determined by the Department that reflect the education activities on a quarterly basis.

Applicants may subcontract components of the scope of work; 30% of the budget must be retained. The program director must be employed by the applicant organization. The applicant organization shall retain a larger percentage of the total budget than any individual subcontractor receives (e.g., if the applicant organization retains 40% of the total budget, no individual subcontractor may receive more than 39% of the total budget). **Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the Department.** All subcontractors should be approved by the Department.

All funded applicants will be required to use the National Association of Nutrition and Activity's Healthy Meeting Guidelines (Attachment 4) for all meetings associated with this funding. A tool kit for using the guidelines can be found here: <http://cspinet.org/nutritionpolicy/Healthy-Meeting-Toolkit.pdf>.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the New York State Department of Health (Department) Divisions of Chronic Disease Prevention and Nutrition. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase

All substantive questions must be submitted in writing or via email to:

Amy Jesaitis, MPH, RD, PAPHS
 Bureau of Community Chronic Disease Prevention
 New York State Department of Health
 150 Broadway, Suite 350

Albany, NY 12204
preventingobesity@health.ny.gov

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date specified on the cover of this RFA.

Questions of a technical nature can be addressed in writing or via telephone by calling Amy Jesaitis at 518-474-6683. **Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

Some helpful links for questions of a technical nature are below. Questions regarding specific opportunities or applications should be directed to the DOH contact listed on the cover of this RFA.

- www.grantsreform.ny.gov/grantees
- Grants Reform Videos (includes a document vault tutorial and an application tutorial) on YouTube: <http://www.youtube.com/channel/UCYnWskVc7B3ajjOVfOHL6UA>
- Agate Technical Support Help Desk
Phone: 1-800-820-1890
Hours: Monday thru Friday 8am to 8pm
Email: helpdesk@agatesoftware.com
(Technical questions)
- Grants Team Email: Grantsreform@budget.ny.gov
(Application Completion, Policy, and Registration questions)
- www.grantsgateway.ny.gov

Prospective applicants should note that all clarifications and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

This RFA has been posted on the Department's public website at:

<http://www.health.ny.gov/funding/> and the NYS Grants Gateway website at:

https://www.grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx.

Questions and answers, as well as any updates and/or modifications, will also be posted on these websites. All such updates will be posted by the date identified on the cover of this RFA.

C. Letter of Intent (strongly encouraged)

Prospective applicants are **strongly encouraged** to submit a Letter of Intent using the form provided in this RFA (see Attachment 5), **especially if applying for Component A**. This letter will be used to assist in ensuring adequate coverage of high-need school districts for Component A. Potential applicants' selected districts and communities will be posted in the questions and answers. The Department will fund one contract to work in a given school

district and its catchment area. The Department encourages community and school partners to work together to ensure adequate coverage across NYS. For Component A, letters of intent for multiple applications should include separate tables for each set of districts and catchment areas.

Please do not submit additional information about the application with the form.

The Department will send updates to applicants that submit the letter of intent to receive notification when updates/modifications are posted; including responses to written questions. Letters of intent should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application. A copy should also be emailed to preventingobesity@health.ny.gov. Please ensure that the RFA number is noted in the subject line and are submitted by the date posted on the cover of the RFA.

Submission of a letter of intent is not a requirement or obligation upon the applicant to submit an application in response to this RFA. Applications may be submitted without first having submitted a letter of intent.

D. Applicant Conference

An Applicant Conference call will be held for this project.

This conference call will be held on the date and time posted on the cover sheet of this RFA. The Department requests that potential applicants register for this conference by emailing preventingobesity@health.ny.gov to ensure that adequate accommodations are made for the number of prospective attendees. Failure to attend the Applicant Conference will not preclude the submission of an application. Deadline for reservations is posted on the cover page of this RFA

E. How to file an application

Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFA. Tutorials (training videos) for use of the Grants Gateway are available at the following web address (and upon user log in): https://www.grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx .

To apply, log into the Grants Gateway and click on the View Opportunities button under View Available Opportunities. To get started, in the Search Criteria, enter the Grant Opportunity name listed above and select the Department of Health as the Funding Agency and hit the Search button. Click on the name of the Grant Opportunity from the search results grid and then click on the APPLY FOR GRANT OPPORTUNITY button located bottom left of the Main page of the Grant Opportunity.

In order to access the online application and other required documents such as the attachments, you MUST be registered and logged into the NYS Grants Gateway system in the user role of either a “Grantee” or a “Grantee Contract Signatory”.

For further information on how to apply, please access the Grantee Quick Start Guide under the Pre-Submission Upload Properties for this opportunity.

Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Reform website at the following web address: <http://grantsreform.ny.gov/Grantees> and select the “Grantee Quick Start Guide” from the menu. There is also a more detailed “Grantee User Guide” available on this page as well.

Late applications will not be accepted. **Applications will not be accepted via fax, e-mail, hard copy or hand delivery.**

F. Department of Health’s Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department’s sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state’s investigation of an applicant’s qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency’s request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.

15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an offerer's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state.

G. Term of Contract

Any contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller.

It is expected that contracts resulting from this RFA will have the following time period: October 1, 2015 – September 30, 2020. Continued funding throughout this five year period is contingent upon availability of funding and state budget appropriations. DOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

H. Payment & Reporting Requirements of Grant Awardees

1. The Department may, at its discretion, make an advance payment to not for profit grant contractors in an amount not to exceed 25 percent.
2. The grant contractor will be required to submit monthly invoices and required reports of expenditures through the Grants Gateway to the State's designated payment office:

Division of Chronic Disease Prevention Fiscal Unit
New York State Department of Health
Room 1042, Corning Tower
Empire State Plaza
Albany, NY 12237

Grant contractors must provide complete and accurate billing invoices in order to receive payment. Billing invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the Office of the State Comptroller (OSC). Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating

circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: epayments@osc.state.ny.us or by telephone at 855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any claims for reimbursement submitted under this contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

Payment of such claims for reimbursement by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be: contractor will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Workplan.

3. The grant contractor will be required to submit through the Grants Gateway the following periodic reports:
 - Monthly reports
 - End of year reports
 - Other reports as required by New York State Department of Health

All payment and reporting requirements will be detailed in Attachment D of the final NYS Master Grant Contract.

I. Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health ("DOH") recognizes its obligation to promote opportunities for maximum feasible participation of certified minority- and women-owned business enterprises and the employment of minority group members and women in the performance of DOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises ("MWBE") and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, the New York State Department of Health hereby establishes a goal of **0%** on any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing greater than \$25,000 under a contract awarded from this solicitation. The goal on the eligible portion of this contract will be 0% for Minority-Owned Business Enterprises (“MBE”) participation and 0% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found in the upper right hand side of the webpage under “Search for Certified Firms” and accessed by clicking on the link entitled “MWBE Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

This RFA does not establish minimum goals for participation of minority or women-owned business. Therefore, completion of the MWBE Utilization Plan is optional (Attachment 7). Funded applicants are encouraged to engage with firms found in the directory for the acquisition of required product(s) and/or service(s) associated with this grant.

In addition, successful awardees will be required to certify they have an acceptable Equal Employment Opportunity policy statement.

J. Limits on Administrative Expenses and Executive Compensation

On July 1, 2013, limitations on administrative expenses and executive compensation contained within Governor Cuomo’s Executive Order #38 and related regulations published by the Department (Part 1002 to 10 NYCRR – Limits on Administrative Expenses and Executive Compensation) went into effect. Applicants agree that all state funds dispersed under this procurement will, if applicable to them, be bound by the terms, conditions, obligations and regulations promulgated by the Department. To provide assistance with compliance regarding Executive Order #38 and the related regulations, please refer to the Executive Order #38 website at: <http://executiveorder38.ny.gov>.

K. Vendor Identification Number

Effective January 1, 2012, in order to do business with New York State, applicants must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller's Bureau of State Expenditures has created a centralized vendor repository called the New York State Vendor File. In the event of an award and in order to initiate a contract with the New York State Department of Health, vendors must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

If already enrolled in the Vendor File, please include the Vendor Identification number on

the application cover sheet. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at:

http://www.osc.state.ny.us/vendor_management/issues_guidance.htm.

Additional information concerning the New York State Vendor File can be obtained on-line at: http://www.osc.state.ny.us/vendor_management/index.htm, by contacting the SFS Help Desk at 855-233-8363 or by emailing at helpdesk@sfs.ny.gov.

L. Vendor Responsibility Questionnaire

The New York State Department of Health recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at http://www.osc.state.ny.us/vendrep/vendor_index.htm or go directly to the VendRep system online at <https://portal.osc.state.ny.us>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us.

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website at: http://www.osc.state.ny.us/vendrep/forms_vendor.htm or may contact the Office of the State Comptroller's Help Desk for a copy of the paper form.

When a subcontract equals or exceeds \$100,000, the subcontractor must submit a Vendor Responsibility Questionnaire.

Applicants should complete and submit the Vendor Responsibility Attestation (Attachment 6).

M. Vendor Prequalification for Not-for-Profits

All not-for-profit vendors subject to prequalification are required to prequalify prior to grant application and execution of contracts.

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which requires not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated. Information on these initiatives can be found on the [Grants Reform Website](#).

Applications received from not-for-profit applicants that have not Registered and are not Prequalified in the Grants Gateway on the application due date listed on the cover of this RFA cannot be evaluated. Such applications will be disqualified from further consideration.

Below is a summary of the steps that must be completed to meet registration and

prequalification requirements. The [Vendor Prequalification Manual](#) on the Grants Reform Website details the requirements and an [online tutorial](#) are available to walk users through the process.

1) Register for the Grants Gateway

- On the Grants Reform Website, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username, please email grantsreform@budget.ny.gov. If you do not know your Password, please click the [Forgot Password](#) link from the main log in page and follow the prompts.

2) Complete the Prequalification Application

- Log in to the [Grants Gateway](#). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.
- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Reform Team at grantsreform@budget.ny.gov.

3) Submit Your Prequalification Application

- After completing your Prequalification Application, click the *Submit Document Vault Link* located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

Vendors are strongly encouraged to begin the process as soon as possible in order to

participate in this opportunity.

N. General Specifications

1. By submitting the Application Cover Page (Attachment 8) each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractors will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the application.
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
5. Provisions Upon Default
 - a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.
 - b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
 - c. If, in the judgment of the Department, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgment of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

V. Completing the Application

A. Application Format

Please refer to the Quick Start Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Reform website at: www.grantsreform.ny.gov/Grantees.

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

Component A –Creating Health Schools and Communities Application Content and Grading	
Presubmission Upload - Application Cover Page	Attachment 8
1. Executive Summary	Not Scored
Provide a summary of the initiative proposal.	
2. Capacity and Experience	Maximum Score: 20 Points
<p>Describe the mission of the applicant organization and significant partner agencies and how the proposed school and community work fit with the organization’s mission. Please also address the following areas.</p> <p>A. School Expertise:</p> <p>1. Describe understanding of current education and health priorities in selected school districts, including, but not limited to:</p> <ul style="list-style-type: none"> • Race to the Top; • Common Core Learning Standards; • Annual Professional Performance Reviews; and • HHFKA. <p>2. Describe collaboration with school districts around essential operational elements, including, but not limited to:</p> <ul style="list-style-type: none"> • School communication systems and educational processes and practices; • Interaction within and between school committees; • Federal and state regulations and mandates; • Teacher union agreements/contracts; • The roles of administrators, principals, teachers, school boards, parent teacher associations, and school food services related to the regulation or policy process; and • Professional development requirements and plans for teachers and staff. <p>3. Describe experience and leadership on LWP assessment, development, adoption, implementation and evaluation, including:</p> <ul style="list-style-type: none"> • Experience communicating the connection between elements of LWP and student health and academic achievement to school administrators, principals and teachers. • Successful efforts assessing, developing, implementing, and evaluating regulations or policies in schools around nutrition and physical activity, including physical education 	

elements of LWP.

- Experience working with or through coalitions or partnerships in the school sector.
- Experience working in underserved, low-income areas, areas with a high percentage of racial/ethnic minority population, and with individuals with disabilities.

4.. Describe experience conducting program evaluation in schools to measure the impact of activities and strategies, including:

- Experience collaborating with external evaluation specialists to develop and implement evaluation methodologies.
- Experience collecting baseline and follow-up data.
- Experience analyzing data.
- Experience disseminating evaluation results.
- Experience utilizing evaluation results to inform current and future activities.

B. Community Expertise:

1. Describe experience conducting policy, systems and environmental changes in the community setting, including:

- Collaborations with community partners;
- Engaging organizational decision makers;
- Educating government decision makers;
- Mobilizing communities;
- Types of policies, systems or environmental changes made;
- Sectors where the work occurred;
- Outcomes;
- Number of people reached; and
- Work with low-income areas, racial/ethnic minority populations, and individuals with disabilities.

2. Describe experience working in food systems, including:

- Types of food vendors or links in the food chain, e.g., corner stores, food hubs, mobile marketing, cooperative buying, food procurement;
- Foods targeted for improvement, e.g., sugary drinks, high sodium foods, fruits and vegetables;
- Outcomes; and
- Number of people reached.

3. Describe experience working in food procurement, including:

- Venues worked in, e.g., hospitals, restaurants, community organizations, schools;
- Nutrients or foods addressed;
- Outcomes; and
- Number of people reached.

4. Describe experience working in Complete Streets, including:

- Number of policies or regulations enacted; and
- Successes in implementing policies or street-level changes.

5. Describe experience conducting community-level program evaluation to measure the impact of activities and strategies including:

- Experience collaborating with external evaluation specialists to develop and implement evaluation methodologies.

- Experience collecting baseline and follow-up data.
- Experience analyzing data.
- Experience disseminating evaluation results.
- Experience utilizing evaluation results to inform current and future activities.

3. Initiative Plan

Maximum Score: 40 Points

Please develop a work plan using the Grants Gateway that includes both the school and community objectives. Strategies should be complementary in their approach, e.g., if you are working on Complete Streets implementation around the school, those efforts should help Safe Routes to School efforts also happening at the school.

A. Identify schools and communities selected for the initiative. Maximum 10 points

MOUs for each school district applicant proposes to work should be included via upload to the Grants Gateway at the time of application.

Ten points will be awarded for selecting one or more of the 15 prioritized school districts (see II Who May Apply of the RFA). Please use the Schools and Communities Chart (Attachment 9) to list the school districts and communities application proposes to work with.

B. Schools:

Up to 13 points

Applicants are encouraged to use the following resource in writing this section: Speaking Education’s Language: A Guide for Public Health Professionals Working in the Education Sector.

http://c.ymcdn.com/sites/www.chronicdisease.org/resource/resmgr/school_health/nacdd_educationsector_guide_.pdf?hhSearchTerms=%22speaking+and+education's+and+language%22

1. Describe how school districts will be engaged in the process of assessing, developing, adopting, implementing, and evaluating LWP, and accomplishing the performance measures for nutrition and physical activity.
2. Describe how you will assess schools’ readiness.
3. Describe in detail the technical assistance and professional development to be provided to school district personnel for assessing, developing, adopting, implementing, and evaluating LWP, and accomplishing the performance measures for nutrition and physical activity.
4. Describe the methods to be used to engage school personnel, students, health professionals, community members, school boards, individuals with disabilities, and members of racial/ethnic minority groups.
5. Identify proposed community partners and resources, and describe the roles they will play in assessing, developing, adopting, implementing, and evaluating LWP.
6. Five-year SMART objectives are provided below. Please provide SMART objectives for the first year. Summarize the major activities to be completed under the one-year objectives.
 - By March 31, 2020, increase to 100% the number of schools that have healthy nutrition environments* in the selected district(s).
 - *defined as following the HHFKA of 2010 nutrition criteria for all food sold in schools, healthy classroom celebrations and healthy fundraising.
 - By March 31, 2020, increase to 100% the number of schools that do not allow

food marketing to children in the selected district(s).

- By March 31, 2020, increase to 100% the number of schools that have adopted and implemented comprehensive school physical activity programs in the selected district(s).
- By March 31, 2020, increase the WellSAT overall comprehensiveness score by 20 points, on average, in the selected school district(s).

7. Briefly describe your implementation plan for the remaining four years of the initiative. This should include phasing in of strategies that will take longer than one year to achieve, roll-out to additional schools in which the proposed strategies will be implemented, or the selection of additional strategies once the initial policy changes have been achieved.

C. Communities:

Up to 13 points

1. Identify proposed community partners from a variety of disciplines who will be engaged in each of the three areas of work: small food retail, food procurement and Complete Streets.
2. Identify existing grants in the communities addressing healthy eating and physical activity.
3. Describe your process for assessing existing work in the three areas.
4. Describe how you will select sites to engage for the food procurement and small food retail work.
5. Describe how you prioritize municipalities for Complete Streets work, or, if the policy exists, how you will prioritize projects for advocacy.
6. Five-year SMART objectives are provided below. Please provide SMART objectives for the first year. Summarize the major activities to be completed under the one-year objectives.
 - By March 31, 2020, increase access to healthy foods for at least 10% of the population in the selected communities.
 - By March 31, 2020, increase the adoption and use of food standards and procurement policies (including criteria for sodium, saturated and trans fats, healthy beverages, and fiber) in at least 50 municipalities, community-based organizations, worksites, and/or hospitals.
 - By March 31, 2020, increase to 50%, the number of selected communities that have passed Complete Streets policies or plans.
 - By March 31, 2020, increase to 25% the number of roadway projects that have followed Complete Streets practices.
7. Briefly describe your implementation plan for the remaining four years of the initiative. This should include recruitment of additional sites for food procurement and small food retail and moving to implementation of Complete Streets policies.

D. Sustainability:
points

Up to 4

Identify sustainability activities that the applicant will undertake to increase awareness of and support for the policy, systems and environmental changes, including types and time frames.

4. Staffing Patterns and Qualifications

Maximum Score: 20 Points

1. Describe the staffing pattern and rationale. At least 1.0 FTE is needed for each

coordinator (school and community). Additional professional staff is recommended if necessary to meet the deliverables of the contract. Include job descriptions for the coordinators in an attachment. Explain where the positions will be located in the organization's hierarchy and the professional level and authority that will accompany the position. If distinct from the coordinator, include a description of specific staff responsible for program support and evaluation.

2. Describe how initiative activities will be implemented within 30 days of award of the contract.

3. Describe how orientation and supervision of staff will be provided and by whom, including the credentials of the persons(s) who will be providing orientation and supervision to the program.

4. If a vacancy occurs in either coordinator position, please describe how that position would be covered within the organization until the coordinator returns or a new one is hired.

5. Describe the applicant's current administrative staffing pattern for activities such as payroll, bookkeeping, invoicing, and general tracking of administrative and fiscal controls. Describe the qualifications of key fiscal staff, including a description of the staff's experience (if any) with monitoring government grant funds.

6. If known, include resumes for coordinators, evaluator (if different from coordinator) and any other hired staff and/or those providing orientation/supervision to the program. Resumes should be included via upload in the Grants Gateway.

7. If some of the work is subcontracted to other organizations, describe how the organization will manage the work of subcontractors; i.e., specific deliverables of subcontractors and how the organization will ensure programmatic accountability.

8. Include an organizational chart as an upload in the Grants Gateway. The organizational chart should show the location of the proposed initiative within the organization.

9. Describe the organization's capability and resources to ensure timely start-up, implementation and oversight of the proposed initiative.

5. Budget with Justification

Maximum Score: 20 Points

Refer to Attachment 10 for general instructions

1. Complete the on-line budget template. Assume a twelve (12) month budget, with an October 1, 2015 start date. Budgets should total but not exceed \$250,000. All costs must relate directly to the provision of Creating Healthy Schools and Communities as well as be consistent with the scope of services, reasonable, and be cost-effective.
2. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined.

Please note: THIS FUNDING MAY ONLY BE USED TO EXPAND EXISTING ACTIVITIES OR CREATE NEW ACTIVITIES PURSUANT TO THIS RFA. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING STAFF ACTIVITIES.

3. Describe in the Budget Justification how staff and other than personal service items support the work plan. Provide as an attachment, job descriptions and resumes of key

personnel proposed to carry out the proposed activities.

4. Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH personnel to be inadequately justified relative to the proposed work plan, or not fundable under existing state guidance. The budget amount requested will be reduced to reflect the removal of the ineligible items.
5. Funding may be requested under the administrative cost line to support a portion of the agency's overall organizational structure to the extent that it allows a funded applicant to implement program activities. This includes funding for administrative and fiscal staff, space, supplies, telephone, and other expenses indirectly associated with program implementation and service delivery. **Administrative costs may not exceed 10% of the total direct costs**
6. If the budget includes subcontracts to partners, include a Statement of Scope of Work for each partner receiving the subcontract and a Letter of Collaboration. Letters of Collaboration should be specific to each proposed partnership in the application. It should describe in not more than two (2) double spaced pages:
 - Who the partnering organization(s) is/are;
 - Why the collaboration is a necessary component of the program;
 - What the partnering organization(s) proposes to do (i.e., what the partner will contribute);
 - When the collaborative activities will take place; and
 - How the collaboration will be assessed.

PLEASE NOTE: Applicants may subcontract components of the scope of work; 30% of the budget must be retained. The applicant organization shall retain a larger percentage of the total budget than any individual subcontractor receives (e.g., if the applicant organization retains 40% of the total budget, no individual subcontractor may receive more than 39% of the total budget).

Expenditures will not be allowed for the purchase of major pieces of depreciable equipment or for remodeling or modification of structure.

7. Attachments – Not Scored

Component B –Obesity Prevention Center of Excellence Application Content and Grading	
Pre-submission Upload - Application Cover Page	Attachment 8
1. Executive Summary	Not Scored
Summarize all components of the application.	

2. Capacity and Experience	Maximum Score: 25 Points
<ol style="list-style-type: none"> 1. Describe your organization, its mission, and the services it provides. 2. Describe how the Obesity Prevention Center of Excellence will be integrated into your organizational structure. 3. Describe your organization’s experience in providing the range of services described in this RFA, including the length of time these services have been provided including experience providing educational opportunities through a variety of means to diverse stakeholders, utilizing a learning collaborative, and development and implementation of a web-based performance monitoring system. 4. Describe your effectiveness and capacity to establish an Obesity Prevention Center of Excellence and provide the required assessment, education and evaluation. 	
3. Initiative Plan	Maximum Score: 35 Points
<p>Describe specific plans to develop, organize, and deliver each of the deliverables.</p> <p>A. Needs Assessment</p> <ol style="list-style-type: none"> 1. Describe specific plans to conduct a training needs assessment to identify training topics, desired training formats, locations and other aspects of needed training. 2. Describe specific plans to scan the environment for other related education activities and resources and communicate those to the Component A contractors and county health departments. <p>B. Curriculum Development</p> <ol style="list-style-type: none"> 1. Describe specific plans to develop curriculum and education interventions to be consistent with the goals of this RFA and prepare Component A contractors to conduct the community and school interventions. 2. Describe the applicant’s plan to implement curriculum development in a meaningful, time-phased manner. <p>C. Education Methodologies and Delivery</p> <ol style="list-style-type: none"> 1. Describe specific plans for delivering statewide and/or regional conferences held in a central location of each region of the state. Include the number of events to be delivered annually and their locations. 2. Describe specific plans for delivering education via distance education modalities, including, but not limited to: webinars, videotaping live presentations, conducting tele-consulting sessions, preparing narrated PowerPoint presentations for posting on applicant’s Web site. Include numbers of events to be delivered annually and the specific distance learning modality to be employed. 3. Describe specific plans to be prepared to assist contractors with varying levels of expertise in policy, systems and environmental approaches. 4. Describe specific plans to support the NYS Prevention Agenda 2013 – 2017. 5. Describe how the applicant will ensure access to infrastructure and other than personnel resources to implement a large scale statewide clinical education program, including the following: <ul style="list-style-type: none"> • Computers with internet access, access to an interactive webinar platform and software needed for curriculum design and development, • Equipment such as video cameras, microphones, etc. needed to conduct distance learning activities such as webinars or tele-health consultations, etc., • Comfortable appropriately equipped training space in all regions of the state. 	

D. Collaboration

1. Describe how the applicant will continually work with the Department to ensure coordination across the initiative and promote the most efficient use of resources.
2. Describe how the applicant will collaborate with statewide and regional professional organizations to sponsor and promote education opportunities.

E. Quality Improvement

1. Describe how the applicant will develop performance measures for major areas of activity, define priorities for improvement, and implement improvement strategies based on data.

F. Evaluation and Reporting Requirements

1. Describe how the applicant will collaborate with the Department to evaluate activities through examining process and outcome measures to assess the impact of activities on community and school outcomes and the effectiveness of the training.
2. Describe how the applicant will report on a core set of data elements, to be determined by the Department, that reflect activities on a quarterly basis.
3. Provide activities to achieve each program deliverable and milestones to indicate successful deliverable completion for the first year.
4. Describe a plan to ensure timely start-up and implementation of the proposed initiative. Include a time frame, responsible staff by position, and how progress towards completion of work plan deliverables will be tracked and monitored.

4. Staffing Patterns and Qualifications

Maximum Score: 20 Points

A.

- Describe the proposed staffing pattern to adequately meet the initiative deliverables. The proposed staffing pattern should demonstrate that staff and any consultants have the necessary experience and skills.
- Describe activities to recruit faculty with demonstrated expertise working on policy, systems and environmental approaches in physical activity and nutrition in the community and school settings.
- Describe activities to engage and recruit ethnically diverse faculty from beyond the applicant’s institution that are located throughout the state.
- Describe how the applicant will provide orientation and ongoing faculty development.

B.

- Provide a job description for each position, detailing staff qualifications for the position. If it is known who will fill the position, attach a resume for each staff person (program director, fiscal, technical experts, administrative support, etc.) in an attachment.
- Describe how initiative activities will be implemented within 30 days of award of the contract.
- Provide an organization chart, in an attachment, including how staff on this initiative fits into the entire organization.

5. Budget with Justification

Maximum Score: 20 Points

Refer to Attachment 10 for general instructions

A. Budget:

Complete the on-line budget template. Assume a twelve (12) month budget, with an October 1, 2015 start date. Budgets should total but not exceed \$504,120. All costs must relate directly to the provision of the Creating Healthy Schools and Communities RFA as well as be consistent with the scope of services, reasonable, and be cost-effective.

B. Justification:

A justification for each cost should be submitted in narrative form. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined.

Please note: THIS FUNDING MAY ONLY BE USED TO EXPAND EXISTING ACTIVITIES OR CREATE NEW ACTIVITIES PURSUANT TO THIS RFA. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING STAFF ACTIVITIES.

1. Describe in the Budget Justification how staff and other than personal service items support the work plan. Provide as an attachment, job descriptions and resumes of key personnel proposed to carry out the proposed activities.
2. Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH personnel to be inadequately justified relative to the proposed work plan, or not fundable under existing state guidance. The budget amount requested will be reduced to reflect the removal of the ineligible items.
3. Funding may be requested under the administrative cost line to support a portion of the agency's overall organizational structure to the extent that it allows a funded applicant to implement program activities. This includes funding for administrative and fiscal staff, space, supplies, telephone, and other expenses indirectly associated with program implementation and service delivery. Administrative costs may not exceed 10% of the total direct costs
4. If the budget includes subcontracts to partners, include a Statement of Scope of Work for each partner receiving the subcontract and a Letter of Collaboration. Letters of Collaboration should be specific to each proposed partnership in the application. It should describe in not more than two (2) double spaced pages:
 - Who the partnering organization(s) is/are;
 - Why the collaboration is a necessary component of the program;
 - What the partnering organization(s) proposes to do (i.e., what the partner will contribute);
 - When the collaborative activities will take place; and
 - How the collaboration will be assessed.

PLEASE NOTE: Applicants may subcontract components of the scope of work; 30% of the budget must be retained. The applicant organization shall retain a larger percentage of the

total budget than any individual subcontractor receives (e.g., if the applicant organization retains 40% of the total budget, no individual subcontractor may receive more than 39% of the total budget).

Expenditures will not be allowed for the purchase of major pieces of depreciable equipment or for remodeling or modification of structure.

6. Attachments – Not Scored

It is the applicant's responsibility to ensure that all materials to be included in the application have been properly prepared and submitted. Applications must be submitted via the Grants Gateway by the date and time posted on the cover of this RFA. The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

B. Freedom of Information Law

All applications may be disclosed or used by DOH to the extent permitted by law. DOH may disclose an application to any person for the purpose of assisting in evaluating the application or for any other lawful purpose. All applications will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the application that an applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the application.** If DOH agrees with the proprietary claim, the designated portion of the application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

C. Review & Award Process

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by the Department's Divisions of Chronic Disease Prevention and Nutrition.

The following will result in rejected applications:

- Not meeting school district and population criteria for the Small, Medium or Large categories for Component A.
-

Applications will be scored based on the points allotted above for each component.

In the event of a tie score, the determining factors for a grant award, in descending order of importance will be:

- Applicant with the highest score in the Initiative Plan section
- Applicant with the highest score in the Capacity and Experience section

For Component A: The three highest scoring applications in each of five regions will be

funded for a total of up to 15 awards. Up to 10 additional awards will be made to the next highest scoring applications across all regions. A minimum score of 60 points is required for funding. Applications will fall in one of three categories: 1) approved and funded, 2) approved but not funded due to resources, 3) not approved.

In the event that there are no successful applicants for a region or no applicant receives a score of at least 60 for that region, the Department reserves the right to re-procure for that region.

For Component B: A minimum score of 70 points out of a possible 100 is required to be considered for funding. In the event that no applicant receives a score of at least 70 points, the Department reserves the right to re-procure for that component.

If changes in funding amounts are necessary for this initiative or if additional funding becomes available, funding will be modified and awarded in the same manner as outlined in the award process described above.

Once an award has been made, applicants may request a debriefing of their application. Please note the debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other applications. Requests must be received no later than ten (10) business days from date of award or non-award announcement.

In the event unsuccessful applicants wish to protest the award resulting from this RFA, applicants should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at <http://www.osc.state.ny.us/agencies/guide/MyWebHelp>.

VI. Attachments

Please note that attachments can be accessed in the “Pre-Submission Uploads” section of an online application. In order to access the online application and other required documents such as the attachments, prospective applicants must be registered and logged into the NYS Grants Gateway in the user role of either a “Grantee” or a “Grantee Contract Signatory.”

- Attachment 1: RFA Background Information
- Attachment 2: School Districts and Catchment Area Instructions, Maps and Table
- Attachment 3: *Sample MOU for Schools
- Attachment 4: Healthy Meeting Guidelines
- Attachment 5: *Letter of Intent Format
- Attachment 6: *Vendor Responsibility Attestation
- Attachment 7: *Minority & Women-Owned Business Enterprise Requirement Forms
- Attachment 8: *Cover Page
- Attachment 9: *Schools and Communities Chart
- Attachment 10: Budget Instructions

*Pre-submission upload in the Grants Gateway. Informational only in the RFA.

Attachment 1

Creating Healthy Schools and Communities Background

Childhood and adult overweight and obesity have reached epidemic proportions in NYS and across the nation. In NYS, 24.5 percent of adults are obese and 36 percent are overweight.¹ Forty percent of New York City (NYC) public school students, aged 6-12 years, and 32 percent of students in the rest of the state are overweight or obese.^{2,3} In addition, 31.2% of New York children ages 2-4 years enrolled in the Special Supplemental Program for Women, Infants and Children (WIC) are overweight or obese.⁴ Obesity and overweight is the second leading cause of preventable death in the United States (US) and may soon overtake tobacco as the leading cause of death.⁵ By the year 2050, obesity is predicted to shorten life expectancy in the US by two to five years.⁶

Obesity is a significant risk factor for many chronic diseases and conditions, including type 2 diabetes, cardiovascular disease, asthma, cancer, high blood pressure, and high cholesterol. Increasingly, these conditions are being seen in children and adolescents.⁷ Chronic diseases are among the leading causes of death, disability and rising health care costs in NYS. They account for approximately 70 percent of all deaths in NYS and affect the quality of life for millions of New Yorkers, causing major limitations in activities of daily living for about one in 10 residents. The burden of chronic disease and related risk factors is highest among low-income adults, and among those living with a disability. Costs associated with chronic diseases and their major risk factors consume more than 75 percent of our nation's spending on health care.⁸

New York ranks second highest among states for medical expenditures attributable to obesity. In 2009, expenditures totaled \$11.1 billion; \$4 billion financed by Medicaid and \$2.7 billion financed by Medicare.⁹ Preventing and controlling obesity has the potential to save hundreds of millions of dollars annually. Failing to win the battle against obesity will mean premature death and disability for an increasingly large segment of NYS residents. Without strong action to reverse the obesity epidemic, for the first time in our history, children are predicted to have a shorter lifespan than their parents.¹⁰

Fortunately, overweight and obesity can be prevented. The root causes of obesity – poor nutrition and physical inactivity – can be addressed by lifestyle changes facilitated by supportive and accessible physical, social, community, and school environments.

In the last 20 years, the environment in which people live has changed significantly, making it more difficult to maintain healthy behaviors related to food and physical activity: (1) reduced opportunities for physical activity as a result of roadway, community and building design, among other factors; (2) increased access to a wider variety of foods that are low in nutrition and high in calories, fat, added sugar, and sodium; and (3) increased marketing of low nutrition foods, especially to children.

Most adults and children don't meet the Dietary Guidelines for Americans, 2010 recommendations. People consume added sugars, saturated fats, and sodium in excess and fruits, vegetables, and whole grains in insufficient amounts. Empty calories from added sugars and solid fats contribute 40% of daily calories for children and adolescents, aged 2-18 years. About half of these empty calories come from six sources: soda, fruit drinks, dairy desserts, grain desserts, pizza, and whole milk.¹¹ About one-third (33.9%) of children in NYS aged two to 17 years consume at least one regular soda or other sugary drink a day, including drinks like sugar-sweetened iced tea, sports drinks or fruit punch drinks.¹²

New Yorkers are also not meeting physical activity recommendations from the 2008 Physical Activity Guidelines for Americans. Just over half (51.5%) of NYS adults report meeting the physical activity guidelines by being moderately active for 150 minutes or vigorously active for 75 minutes per week.¹³ Youth data are similar, only 45.5% of NYS high school students are physically active for at least 60 minutes a day on five or more days a week.¹⁴ Physical activity levels among youth declines with age, so that younger children are more likely to meet the recommendations than are adolescents. Opportunities for daily physical activity have also declined for children and adolescents, as they have for adults, as a result of such factors as increased reliance on non-active transportation, automation of activities of daily living, and greater opportunities for sedentary behavior. There also exist substantial disparities in opportunities for physical activity across racial, ethnic, and socioeconomic lines.¹⁵

Muscle and bone-strengthening activities are also recommended two to three times per week for all age groups. About 30% of adults meet muscle strengthening recommendations and only 20% of adults meet both aerobic and muscle strengthening recommendations.¹⁶

The causes of obesity in the US and NYS are complex, occurring at social, economic, environmental and individual levels. Successful prevention efforts will require multiple strategies that promote and support healthy eating and active living and reach large numbers of children and adults. These strategies must be supported and implemented in a variety of sectors, including government agencies, communities, schools, child care, health care and worksites, to make the healthy choice the easy choice.

Schools

Healthy eating and physical activity are two behaviors that impact health across the lifespan. In children and adolescents, healthy eating and physical activity can reduce the risk for chronic health conditions such as obesity. Schools play an important role in children's health by adopting and implementing policies and regulations that support healthy eating and physical activity environments for students and staff. Children spend more time in school than in any other environment outside the home.¹⁷

Good nutrition and daily physical activity are essential for optimal physical, mental, and social health for children and adolescents. Healthier students exhibit better cognitive skills and attitudes and academic behaviors and achievements that directly impact student learning and college, career, and life readiness. Improving health and increasing academic achievement in students should be a collaborative process between health and education agencies.¹⁸

A review of the evidence about the relationship between adolescents' academic achievement and health behaviors found 96.6% of studies reported statistically significant inverse relationships between health-risk behaviors and academic achievement. Although these results are not evidence of cause and effect (poor grades cause health-risk behaviors or that health-risk behaviors cause poor grades), they do support strong positive associations between the six health-risk behaviors and poor academic achievement.¹⁹ These findings are consistent with the results from the 2009 Youth Risk Behavior Survey of the six health-risk behaviors and student grades which show that 56% of high school students who engaged in physical activity for at least 60 minutes per day on fewer than five days a week received As, compared to 76% of students who received Ds/Fs.²⁰ A study examining the relationship between a coordinated school health program and school achievement found that students in states with policies promoting students' health demonstrated higher academic scores and higher rates of high school completion. Students in states that have policies supporting regular participation in physical education (PE), appropriate nutritional practices, services to address student health needs (both physical and mental), and the prevention of harassment at school generally were found to have higher test scores and lower dropout rates than students in states that have not implemented such health promoting policies.²¹

This initiative will focus on underserved school districts, particularly low-income and minority communities by engaging school administrators, students, staff, parents, community members to change policies that support the creation of healthier school environments.

School Physical Activity

The 2008 Physical Activity Guidelines for Americans recommend that school-age children accumulate at least 60 minutes and up to several hours of physical activity per day while avoiding prolonged periods of inactivity.²² The Institute of Medicine recommends that schools provide at least half of that time during the school day.²³

This initiative will implement opportunities for students and staff to participate in physical activity through the implementation of a Comprehensive School Physical Activity Program (CSPAP). A CSPAP is a multi-component approach in which school districts provide many opportunities for students to engage in physical activity, become physically educated, and develop the knowledge, skills, and confidence to be physically active adults. A CSPAP also includes staff involvement and family and community engagement. A CSPAP must be well coordinated and have synergy across all components so that a variety of opportunities are available for students of all abilities, and messages and lessons about physical activity are consistent.

A CSPAP has five components:

1. **Quality Physical Education:** A quality PE program is at the core of a CSPAP. It serves to help students gain the knowledge and skills to become proficient movers and participants in a lifetime of physical activity.
2. **Physical Activity during School:** These are opportunities to participate in physical activity outside of PE class and are not to take the place of PE class. For elementary school students, active recess periods of at least 20 minutes a day are recommended for students' physical, social, emotional, and academic development. Middle and high school

students can spend free time during lunch or study hall participating in “drop-in” physical activity sessions. Classroom-based physical activity breaks, or physical activity breaks integrated into the academic content, are recommended for students in all grades.

3. **Physical Activity Before and After School:** These include intramural clubs or physical activity sessions such as walking sessions or fitness classes. Active transport to and from school such as walking and biking through Safe Routes to School programs is also strongly encouraged.
4. **Staff Involvement:** Schools should plan and implement activities, policies, and incentive programs for faculty and staff members to encourage participating in and modeling a healthy lifestyle that includes physical activity. When school leaders are personally committed to good health practices, they serve as positive role models and may show increased support for student participation in physical activity.
5. **Family and Community Engagement:** Activities and events that include families, before, during, or outside the school day, are encouraged. Examples include family fun/fitness nights, after school classes for families, and use of facilities for active family participation after school and on weekends. Parents should be provided with information on the importance of physical activity and with strategies to promote their children’s physical activity opportunities outside of school. This might include sharing information about physical activity and physical education on a regular basis through a variety of written, web-based, and event media outlets. Additional physical activity opportunities can be made available to students through school collaboration with community-based providers of physical activity.

School Nutrition

The school nutrition environment should support lessons learned in the classroom and allow for the development of healthy nutrition practices. The Healthy, Hunger-Free Kids Act (HHFKA) of 2010 makes significant improvements to school nutrition to provide children with more nutritious food options, inside and outside of the cafeteria. School breakfast and lunch changes have already gone into effect and final regulations for foods sold outside school meals are due out soon. Classroom celebrations and advertising and marketing are not covered in the new guidelines. Using food for fundraising is allowed with parameters set by the New York State Education Department.

This initiative will increase access to healthy affordable foods (especially fruits and vegetables, low-sodium foods, and healthy beverages) and increase school districts’ ability to meet HHFKA and nutrition standards for vending, a la carte, school stores, and other foods sold outside the school meal programs. Strategies include establishing regional food buying groups; providing assistance on healthy vending, fundraising and classroom celebrations; and developing district regulations or policies prohibiting all forms of advertising and promotion of less nutritious foods and beverages on school property.

This initiative will also work with school districts to assess, develop, strengthen, and implement the federally mandated Local School Wellness Policies (LWP). School districts that participate in the National School Lunch Program or other federal Child Nutrition programs are required by federal law to establish a LWP for all schools under their jurisdiction. These policies must address nutrition education, nutrition standards for foods

sold, and physical activity, and must include measures for evaluating the policy's effectiveness. Local wellness policies are important tools for parents and school districts in promoting student wellness, preventing and reducing childhood obesity, and providing assurance that school meals meet the minimum federal school meal standards. This initiative will use the Wellness School Assessment Tool (WellSAT) to assess the quality of school districts' wellness policies, and to provide guidance for making improvements.

Communities

Historically, obesity prevention efforts focused on changing individuals' behaviors and were not successful in making population shifts in obesity. Current efforts focus on creating healthy communities where the healthy option is the default option.

Building healthy communities requires commitment from diverse organizations and sectors such as education; health care; transportation and planning; food producers, processors, distributors, and vendors; public health; and residents. Whether the setting is urban, suburban or rural, people need access to safe, active transportation options (e.g., bicycling, walking, public transportation), and healthy, affordable foods.

The burden of obesity is greatest among low-income populations, communities of color and people with disabilities. Efforts should therefore focus on and actively engage these groups.

This initiative will conduct community assessments to provide guidance for making improvements, based on the assessment and needs of the community.

Community Physical Activity

Designing environments that facilitate active living is an effective method of addressing low levels of physical activity.²⁴ This initiative focuses on complete streets policies which require municipalities to consistently plan, design, and build roadways with all users in mind—including pedestrians, bicyclists, transit users, automobiles, trucks, public transportation vehicles, and people of all ages and abilities. When streets accommodate all users, there are higher rates of active transportation and lower risk of obesity.^{25,26,27} New York State has a Complete Streets law, but a recent study shows that local policies are important to ensure adequate implementation across all New York roads.²⁸

Community Nutrition

When healthy foods are available and accessible (right place, right price), people are more likely to buy them. This initiative focuses on establishing standards for foods purchased and/or served by worksites, municipalities, hospitals, and community organizations and increasing availability and affordability of healthy foods in small food retail environments.

Food Standards:

Municipalities, businesses, hospitals, and large-scale organizations that purchase, distribute, and/or serve food can establish specifications for the foods they purchase, procure, or contract for distribution. Implementing food procurement policies at institutions can prevent costly diseases and increase employee productivity.²⁹ If local governments and other organizations buying large quantities of food used nutrition standards for their food and

beverage procurements, over 1 million employees in New York State could be affected.³⁰ Using the purchasing power of municipal agencies and other organizations may also have the added benefit of increasing the demand for and availability of healthy affordable foods. It also models a healthier food environment to other employers and the general population.³¹ Institutional nutrition standards can relieve health disparities—institutions often serve vulnerable populations, such as low-income New Yorkers, older adults, and individuals with disabilities.³² Standards can cover beverage vending machines, food vending machines, cafeteria/café meals, and meetings sponsored by worksites. Nutrition criteria can cover calories, healthy beverages, saturated and trans fats, sodium, added sugar and fiber.

Healthy Food Retail:

Studies have found an association between access to healthy food and the prevalence of overweight and obesity.³³ When a community has limited access to nutritious foods, it tends to have an increased incidence of obesity and overweight. Poor food and beverage access is often found in low-income communities. Residents of these communities typically have limited access to larger grocery stores and easy access to small food retailers (e.g., convenience stores, corner stores or bodegas) where healthier items are in short supply and relatively more expensive than energy-dense foods.³⁴ Poor food access is found in both urban and rural areas.³⁵ In low-income, urban areas, the challenge to healthy eating is compounded by both the often higher price of nutritious food and the high prevalence of convenience stores and restaurants offering inexpensive food high in calories and fat and low in nutrition.³⁶ Policies that spur the retail environment to improve the accessibility of nutritious foods and beverages may help lower obesity and overweight.

This initiative will focus on increasing the availability of healthy drinks (e.g., non-caloric flavored waters and seltzers, water, 100% fruit or vegetable juice, low-fat and fat-free milk), fruits and vegetables, and low-sodium products in small food retail venues. Possible strategies include:

- Educating community members and leaders about the benefits of zoning and/or licensing regulations, requiring a percentage of shelf space or floor space dedicated to healthy affordable foods or specifying a number of healthy options in selected food categories.
- Development and sustainability of mobile produce vendors;
- Establishment of cooperative buying groups among small retailers; or
- Creation of, or work with existing, food hubs.

Zoning and Licensing Regulations

Zoning is used to regulate the use of land in a community. Zoning laws may govern both the physical nature of buildings (size, height, location on a lot) and the way buildings may be used in a particular area. Zoning laws often divide cities into different areas (residential, commercial, and industrial) and limit the kinds of uses (housing, shops, factories) that are allowed in each zone. Many communities are now adopting “mixed-use” zoning, which allows compatible uses like homes, stores, and offices in the same building or within walking distance of each other or “form-based” zoning, which allows a wider range of property uses but regulate the design of buildings.³⁷ Communities can support the amendment of zoning codes to offer an incentive (density bonus, reduced parking, etc.) to developers who include grocery stores and fresh food markets in new developments.

Licensing is commonly used to regulate business operations. A state, county, or city may require someone to have a license in order to engage in a certain profession or business.³⁸ For example, retailers who sell tobacco must be licensed. A license gives them the privilege to sell tobacco products, but they must comply with certain requirements. Licensing can be used to support increasing access to healthy affordable foods. Communities can support licensing that requires all food retailers to obtain a license and to stock produce and staple foods as a condition of their license. For example, the City of Minneapolis requires all stores with a grocery license to stock a certain amount of staple and perishable foods, including fresh fruits and vegetables.³⁹

Mobile Produce Vendors

Mobile food vending is the selling of food out of any portable vehicle, including trucks, carts, trailers, roadside kiosks, and stands.⁴⁰ In underserved neighborhoods unlikely to attract a large grocery store, mobile vending can be a source of healthy food options.

Cooperative Buying Groups

Cooperative purchasing allows a group of buyers to reduce costs and obtain better quality products by pooling their buying power to negotiate more favorable pricing on foods. Cooperatives—also known as group purchasing organizations, purchasing consortia, or food buying clubs—are set up to aggregate purchasing volume from many different organizations which allows individual entities to secure more competitive pricing on items.⁴¹ This allows the purchase of higher quality, healthy foods such as fruits and vegetables and low fat dairy and meats.

Food Hubs

Food hubs are centrally located facilities with a business management structure facilitating the aggregation, storage, processing, distribution, and/or marketing of locally/regionally produced food products.⁴² Hubs work to establish a place where local food producers can aggregate resources and share in costs, making food distribution cheaper, more efficient, and, often, more competitive in the commercial market. Many farmers don't have the quantity of products or resources to process, store, and deliver their products to sectors such as supermarkets, bodegas, municipalities, hospitals, universities and colleges, child care, and restaurant facilities where there is demand. Current hubs vary widely in services provided but services include items such as branding, processing, and storage for local farmers' products. Hubs allow farmers, especially small and medium size farmers, to join forces and have strength in numbers. Expanding the current hub structure could significantly increase demand for NYS farmers, create jobs, encourage economic development, and increase healthy food consumption which may reduce obesity rates and decrease health care costs.

¹ New York State Behavioral Risk Factor Surveillance System, 2011 *available at*

http://www.health.ny.gov/statistics/brfss/reports/docs/1304_overweight_and_obesity.pdf

² NYC FITNESSGRAM, 2009-10. *available at* <http://www.nyc.gov/html/doh/downloads/pdf/epi/databrief1.pdf>

³ New York State Student Weight Status Category Reporting System, 2010-12. *available at*

http://www.health.ny.gov/statistics/prevention/injury_prevention/information_for_action/docs/2013-10_ifa_report.pdf

-
- ⁴ NYS Pediatric Nutrition Surveillance System (PedNSS), 2011. *available at* <http://www.health.ny.gov/statistics/prevention/nutrition/pednss/2011/table6b.htm>
- ⁵ Jia H and Lubetkin EI. Trends in quality-adjusted life-years lost contributed by smoking and obesity. *Am J Prev Med* 2010;38(2):138-144.
- ⁶ Ludwig DS. Childhood obesity - The shape of things to come. *NEJM* 2007; 357:2325-2327.
- ⁷ NYS Department of Health Obesity Prevention Program website: *available at* <http://www.health.ny.gov/prevention/obesity/>
- ⁸ Anderson G. Chronic conditions: making the case for ongoing care. Baltimore, MD: John Hopkins University; 2004.
- ⁹ Trogon JF, Finkelstein EA, Geagan CW and Cohen JW. State-and payer-specific estimates of annual medical expenditures attributable to obesity. *Obesity* 2012;20(1):214-220.
- ¹⁰ Olshansky SJ, Passaro DJ, Hershow RC, et al. A potential decline in life expectancy in the United States in the 21st century. *NEJM* 2005; 352:1138-1145.
- ¹¹ Reedy J, Krebs-Smith SM. Dietary sources of energy, solid fats, and added sugars among children and adolescents in the United States. *Journal of the American Dietetic Association* 2010; 110: 1477-1484.
- ¹² Sugar-Sweetened Beverage Consumption New York State Children Aged 2-17 Years, 2009-2010 BRFSS Brief #1203 *available at* http://www.health.ny.gov/statistics/brfss/reports/docs/1203_brfss_sugar_sweetened_beverages.pdf
- ¹³ New York State Behavioral Risk Factor Surveillance System, 2011. Available at http://www.health.ny.gov/statistics/brfss/reports/docs/1309_brfss_physical_activity.pdf
- ¹⁴ Centers for Disease Control and Prevention. Youth Online: YRBS New York 2011. Physical Activity. *available at* <http://apps.nccd.cdc.gov/youthonline/App/Results.aspx?TT=G&OUT=0&SID=HS&QID=QQ&LID=NY&YID=2011&LID2=XX&YID2=2011&COL=&ROW1=&ROW2=&HT=QQ&LCT=&FS=1&FR=1&FG=1&FSL=&FRL=&FGL=&PV=&C1=NY2011&C2=XX2011&QP=G&DP=1&VA=CI&CS=N&SYID=&EYID=&SC=DEFAULT&S O=ASC&pf=1&TST=True>
- ¹⁵ Institute of Medicine. 2013. Educating the student body: Taking physical activity and physical education to school. Washington, DC: The National Academies Press.
- ¹⁶ New York State Behavioral Risk Factor Surveillance System, 2011. Available at http://www.health.ny.gov/statistics/brfss/reports/docs/1309_brfss_physical_activity.pdf
- ¹⁷ Story M, Nannery MS, Schwartz MB. Schools and obesity prevention: Creating school environments and policies to promote healthy eating and physical activity. *Milbank Quarterly*; 87(1):71-100.
- ¹⁸ Bradley BJ, Greene AC. Do Health and Education Agencies in the United States Share Responsibility for Academic Achievement and Health? A Review of 25 years of evidence about the relationship of adolescents' academic achievement and health behaviors. *Journal of Adolescent Health*. 2013, 52. 523-532.
- ¹⁹ Centers for Disease Control and Prevention. School Health Guidelines to Promote Healthy Eating and Physical Activity. *MMWR* 2011; 60 (No. RR-5).
- ²⁰ Centers for Disease Control and Prevention. Physical inactivity and unhealthy dietary behaviors and academic achievement. Available at: http://www.cdc.gov/healthyyouth/health_and_academics/pdf/physical_inactivity_unhealthy_weight.pdf
- ²¹ Vinciullo AF, Bradley BJ. *Correlational Study of the Relationship Between a Coordinated School Health Program and School Achievement: A Case for School Health*, *The Journal of School Nursing* 2009 25: 453
- ²² United States Department of Health and Human Services. 2008 Physical Activity Guidelines for Americans, *available at* <http://www.health.gov/paguidelines/guidelines/default.aspx><http://www.health.gov/paguidelines/guidelines/default.aspx>
- ²³ Koplan JP, Liverman CT, Kraak VI. *Preventing Childhood Obesity: Health in the Balance*. Washington, DC: National Academies Press, 2005.
- ²⁴ Kligerman, M., Sallis, J. F., Ryan, S., Frank, L. D., & Nader, P. R. (2007). Association of neighborhood design and recreation environment variables with physical activity and body mass index in adolescents. *American Journal of Health Promotion*, 21(4), 274-277.
- ²⁵ Robert Wood Johnson Foundation (2009). *Active Living Research: Building Evidence to Prevent Childhood Obesity and Support Active Communities*. Princeton, NJ.
- ²⁶ Frank, L. D., Andresen, M. A., & Schmid, T. L. (2004). Obesity relationships with community design, physical activity, and time spent in cars. *American Journal of Preventive Medicine*, 27(2), 87-96.

-
- ²⁷ Kligerman, M., Sallis, J. F., Ryan, S., Frank, L. D., & Nader, P. R. (2007). Association of neighborhood design and recreation environment variables with physical activity and body mass index in adolescents. *American Journal of Health Promotion*, 21(4), 274-277.
- ²⁸ New York Academy of Medicine (2013). *DASH-NY Complete Streets Policy Evaluation*. New York, NY.
- ²⁹ NYS Council on Food Policy (2013). *A Report and Recommendations by the Workgroup on Food Procurement Guidelines*. New York, NY.
- ³⁰ U.S. Census Bureau (2011). *2011 Public Employment and Payroll Data*. New York, NY.
- ³¹ Centers for Disease Control and Prevention (2011). *Improving the Food Environment Through Nutrition Standards: A Guide for Government Procurement*. Atlanta, GA: U.S. Department of Health and Human Services.
- ³² New York Academy of Medicine (2012). *Policy Brief: Healthy food Procurement Policy for New York State*. New York, NY.
- ³³ National Center for Chronic Disease Prevention and Health Promotion, Ctrs. for Disease Control and Prev., Obesity: Halting the Epidemic by Making Health Easier, At a Glance 2011, available at <http://www.cdc.gov/chronicdisease/resources/publications/AAG/obesity.htm>.
- ³⁴ Food Research and Action Center, Food Insecurity and Obesity: Understanding the Connections, 2 (2011), available at http://frac.org/pdf/frac_brief_understanding_the_connections.pdf.
- ³⁵ Elizabeth Whalen & Michael Seserman, *Looking for an Oasis in a Food Desert: Low Income New Yorkers Lack Access to Healthy Food*, at 4 (2011), available at <http://www.cancer.org/acs/groups/content/@eastern/documents/webcontent/acspc-031472.pdf>.
- ³⁶ Elizabeth Whalen & Michael Seserman, *Looking for an Oasis in a Food Desert: Low Income New Yorkers Lack Access to Healthy Food*, at 3 (2011), available at <http://www.cancer.org/acs/groups/content/@eastern/documents/webcontent/acspc-031472.pdf>.
- ³⁷ ChangeLab Solutions, available at <http://changelabsolutions.org/publications/licensing-zoning>
- ³⁸ ChangeLab Solutions, available at <http://changelabsolutions.org/publications/licensing-zoning>
- ³⁹ Minneapolis Department of Health and Family Support, Minneapolis Healthy Corner Store Program: Making Produce More Visible, Affordable and Attractive, at 4 (2012), available at <http://www.minneapolismn.gov/www/groups/public/@health/documents/webcontent/wcms1p-095276.pdf>.
- ⁴⁰ ChangeLab Solutions, available at <http://changelabsolutions.org/childhood-obesity/mobile-vending-produce-carts>
- ⁴¹ United States Department of Agriculture, available at: <http://www.rurdev.usda.gov/rbs/pub/cir64.pdf>
- ⁴² United States Department of Agriculture, Agriculture Marketing Services, available at <http://www.ams.usda.gov/AMSV1.0/ams.fetchTemplateData.do?template=TemplateA&navID=WholesaleandFarmersMarkets&leftNav=WholesaleandFarmersMarkets&page=FoodHubsandOtherMarketAccessStrategies&description=Food%20Hubs%20and%20other%20Aggregation%20Models> .

Attachment 2: School Districts and Catchment Areas Instructions, Maps and Table

Attachment 2 should be used to identify and select the school districts and catchment areas where your organizations propose to provide services. Utilization of Attachment 2 will also enable your organization to determine the reach of your proposal so your organization applies for the appropriate category (i.e., Small, Medium or Large communities).

Organizations may apply for one of three categories of districts and catchment areas:

1. **Small Communities:** Applicants must identify and work with at least three high-need school districts and their catchment areas (the minor civil divisions within those school districts) and have a minimum combined total population reach of 20,000.
2. **Medium Communities:** Applicants must identify and work with at least two high-need school districts and their catchment areas (the minor civil divisions within those school districts) and have a minimum combined total population reach of 45,000.
3. **Large Communities:** Applicants must identify and work with at least one high-need school district and its catchment areas (the minor civil divisions within the school district(s)) and have a minimum combined total population reach of 100,000.

Definition of terms used in the Healthy Schools and Communities – Attachment 1

DOH Region: The New York State Department of Health has divided the state into five regions: New York City Region, Metropolitan Area Region, Capital Region, Central Region, and Western Region.

Minor Civil Division: Or “MCD” is a term used by the U.S. Census Bureau to define the primary governmental entities within a county. In New York, MCDs are towns, villages, or municipalities.

Catchment: The population of Minor Civil Divisions located within the bounds of one or more high need school districts. Three categories of catchment areas will be defined by the number of high need school districts and population reach within the selected districts. Minimum requirements for small, medium and large communities can be found above. Small communities will require more districts but will have a smaller population reach over a larger geographical area. Large communities might identify only one district but with a large population reach in a densely populated area.

High-Need School District: For the 57 counties outside New York City and Richmond county (Staten Island), school district areas are defined as high need because they include a community where the minority population is greater than 40% OR the school district is above the statewide median (excluding New York City) for these five indicators: 1) % of the district population living in poverty; 2) % of the population over 18 years of age with less than a high school education; 3) % of student population eligible for free and reduced lunch; 4) % of children and youth (5-17years) who are living in poverty; and 5) % of the school district’s students who are obese. Within Bronx, Brooklyn, Queens and Manhattan, districts were defined as high need if the minority population is greater than 40% and the school district is above the New York City median in the % of the student population eligible for free and reduced lunch. High-need school district boundaries are highlighted in red on the maps. Applicants **MUST WORK** with one or more of these high-need school districts and cannot work with any school districts that are not highlighted.

CDC Priority School District: 15 of the high-need school districts have been identified for enhanced monitoring by the Centers for Disease Control and Prevention (CDC) School Health Profiles. Since there are more opportunities to measure the impact of the initiative in these 15 locations, applicants selecting one or more of these school districts will be scored 10 additional points. The priority school districts are designated in yellow on the maps, and are listed on page 15 of the RFA.

Suggested Steps for Identifying Proposed Districts and Catchment Areas

1. Use the *statewide map* to select the region (or regions) where you propose to work.
2. Use the *regional maps* to identify the high-need school districts where you propose to work.
3. Find the school districts and MCDs you have identified in the accompanying Table* and sum the total populations of the MCDs within each district (column 2 in the Table of Districts and MCDs).
4. Adjust your proposed school districts until you achieve a population reach that is appropriate to your organizational capacity and which meets the required school district and population minimums.

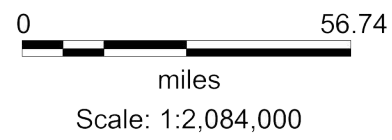
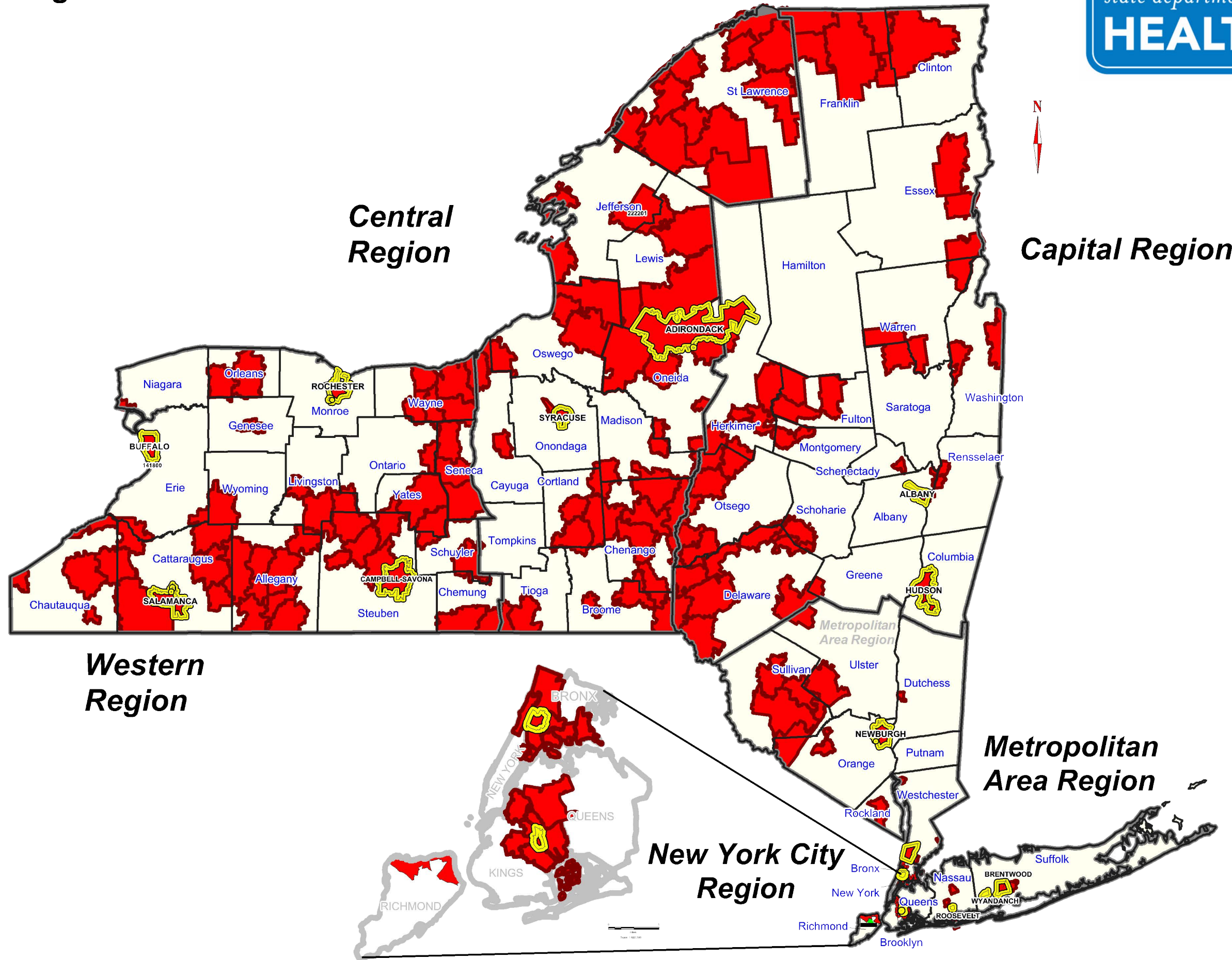
*The accompanying Table lists school districts highlighted on the maps in alphabetical order (column 1), with their associated MCDs (towns and villages) listed in alphabetical order underneath them.

Map 1: Creating Healthy Schools and Communities: Statewide View

State Regions and High-Need School Districts



- DOH REGION
- COUNTY
- HIGH-NEED SCHOOL DISTRICTS
- CDC PRIORITY SCHOOL DISTRICT



Map 2: Creating Healthy Schools and Communities New York City Region



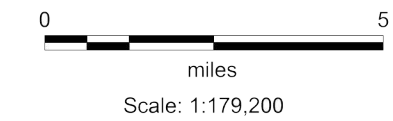
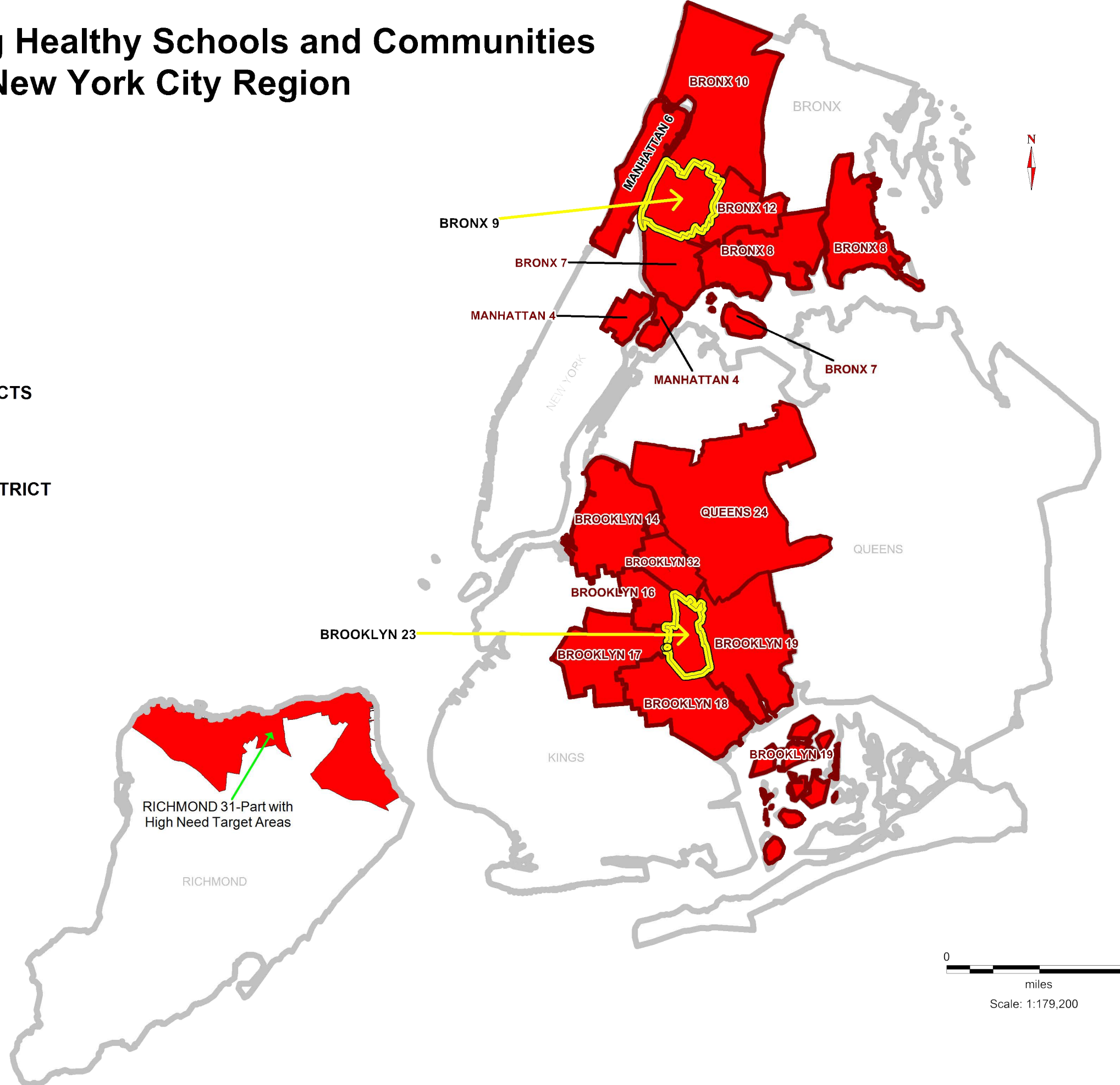
HIGH-NEED SCHOOL DISTRICTS



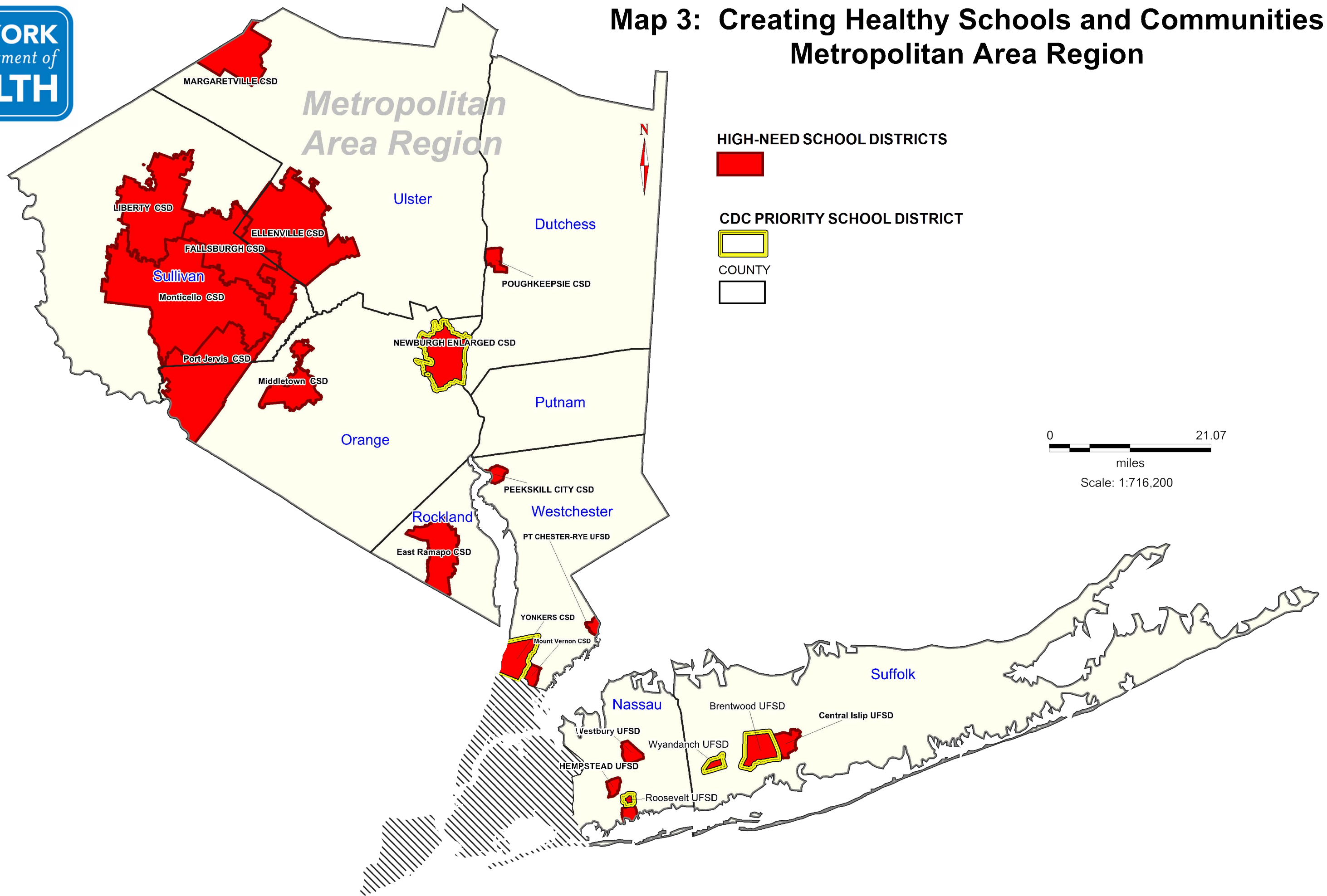
CDC PRIORITY SCHOOL DISTRICT



COUNTY



Map 3: Creating Healthy Schools and Communities Metropolitan Area Region



Map 4: Creating Healthy Schools and Communities Capital Region



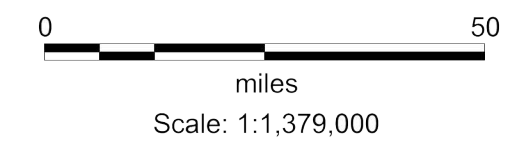
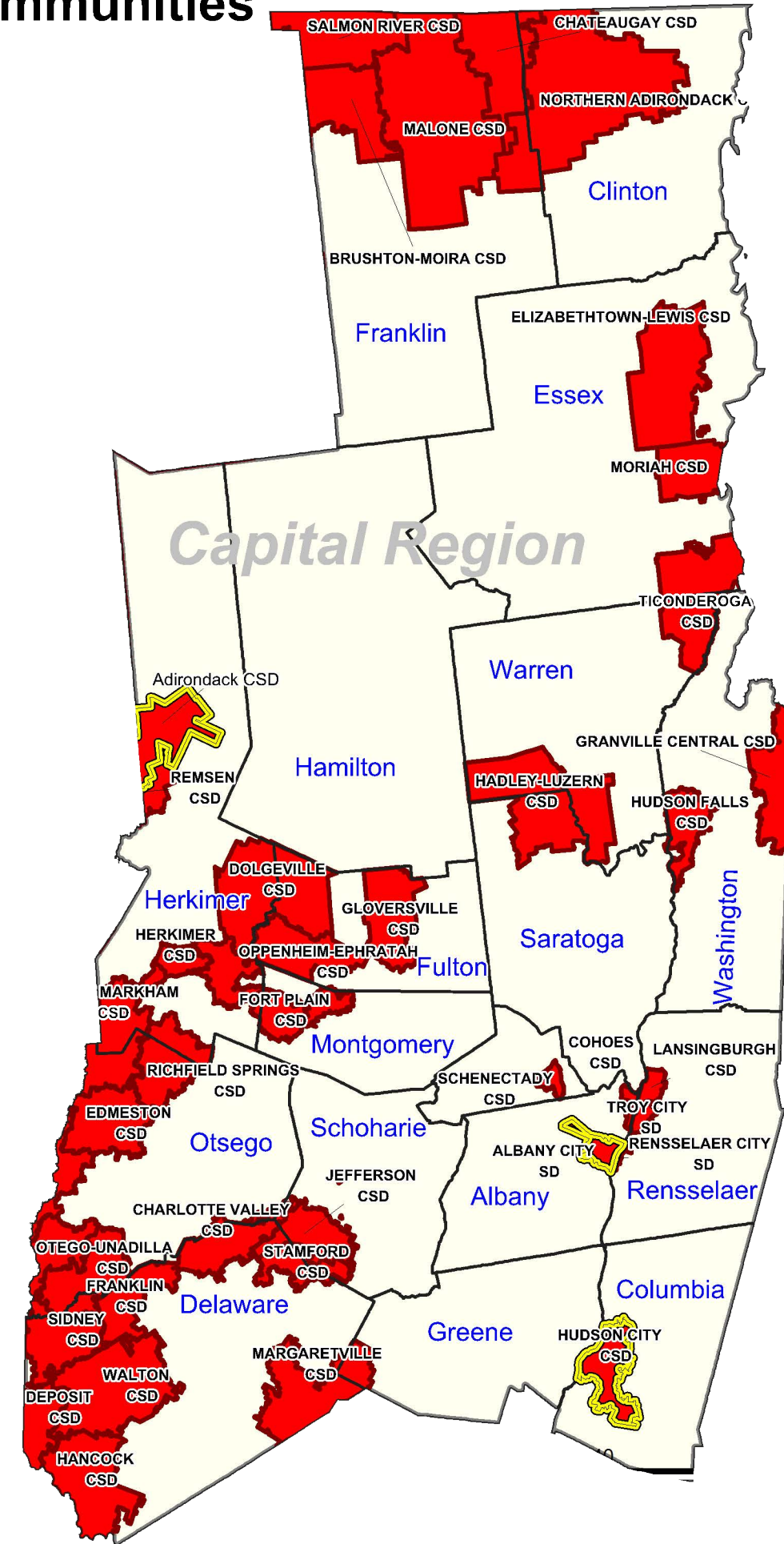
HIGH-NEED SCHOOL DISTRICTS



CDC PRIORITY SCHOOL DISTRICT



COUNTY



Map 5: Creating Healthy Schools and Communities Central Region



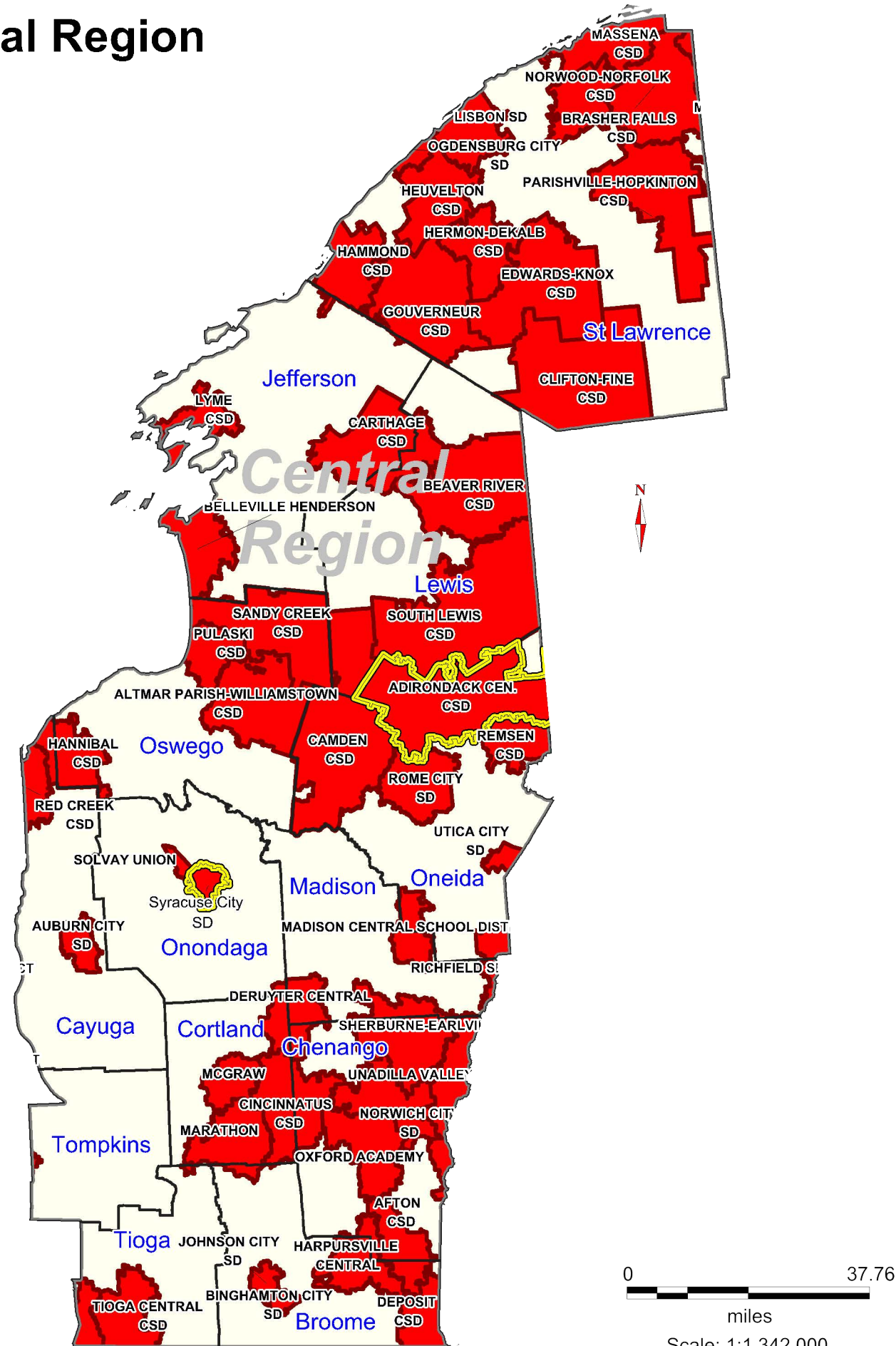
HIGH-NEED SCHOOL DISTRICTS



CDC PRIORITY SCHOOL DISTRICT



COUNTY





Map 6: Creating Healthy Schools and Communities Western Region

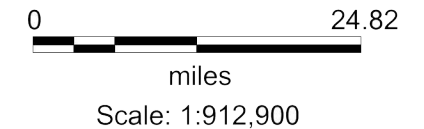
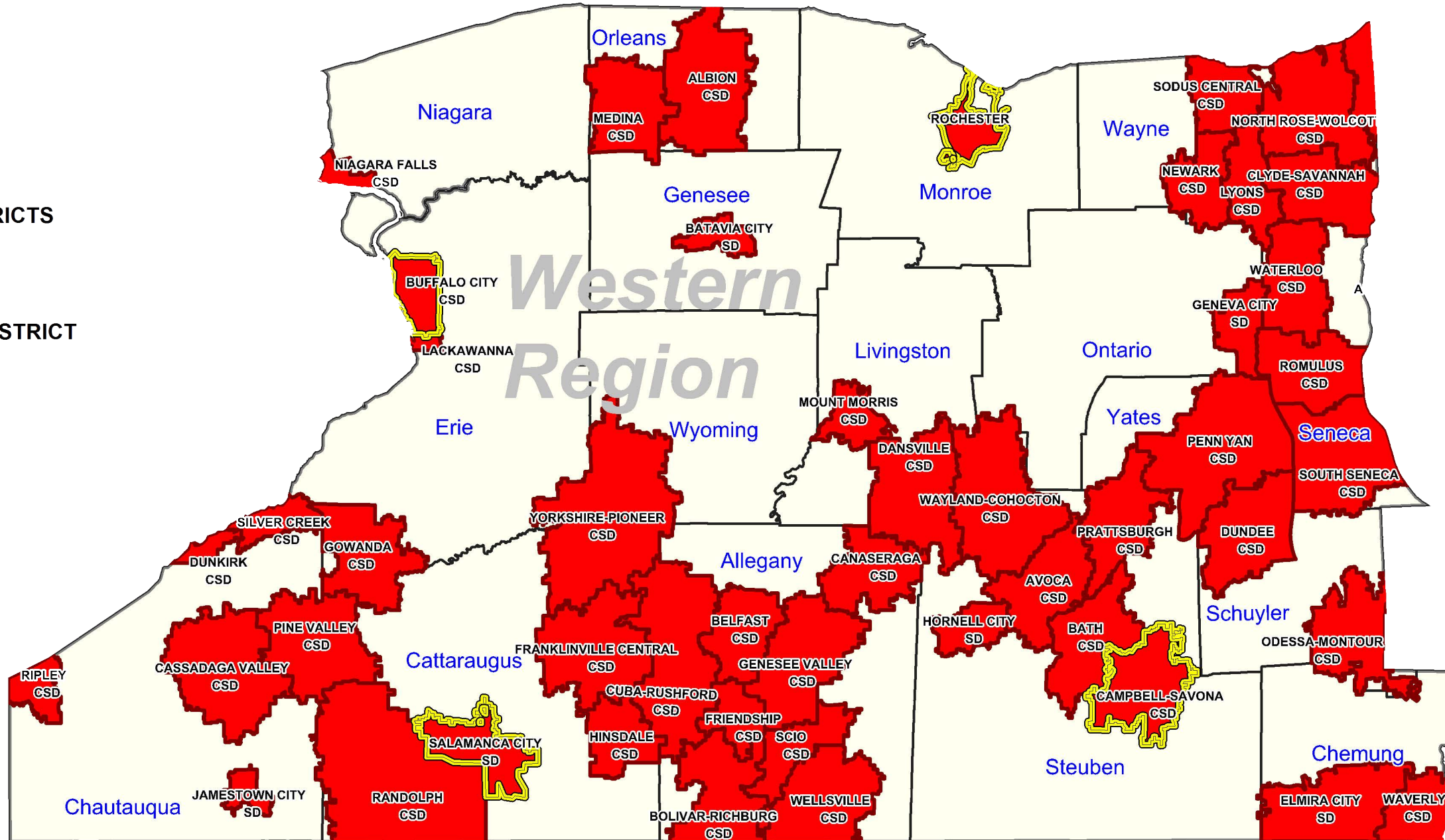
HIGH-NEED SCHOOL DISTRICTS



CDC PRIORITY SCHOOL DISTRICT



COUNTY



Yellow Highlight = CDC Priority School District

Minor Civil Division within School District	Total Pop.	Under 18	Over 18
ADIRONDACK [SED# : 410401060000]	8,522	1,893	6,629
Annsville	107	33	74
Ava	676	160	516
Boonville	4,520	965	3,555
Forestport	999	203	796
Lee	808	188	620
Lewis	854	220	634
Leyden	359	76	283
Western	199	48	151
AFTON [SED# : 080101040000]	3,937	895	3,042
Afton	2,471	545	1,926
Colesville	181	51	130
Coventry	1,064	248	816
Sanford	221	51	170
AKRON [SED# : 142101040000]	483	130	353
Tonawanda	483	130	353
ALBANY [SED# : 010100010000]	97,850	17,554	80,296
Albany	97,850	17,554	80,296
ALBION [SED# : 450101060000]	15,275	3,078	12,197
Albion	8,457	1,644	6,813
Barre	1,804	382	1,422
Carlton	1,655	359	1,296
Gaines	3,340	691	2,649
ALTMAR PARISH [SED# : 460102040000]	7,315	1,885	5,430
Albion	1,868	508	1,360
Amboy	1,239	307	932
Mexico	294	78	216
Orwell	283	60	223
Parish	2,383	578	1,805
Williamstown	1,248	354	894
GENESEE VALLEY [SED# : 020702040000]	3,961	913	3,048
Allen	181	56	125
Amity	2,172	484	1,688
Angelica	1,370	318	1,052
West Almond	238	55	183
AUBURN [SED# : 050100010000]	33,834	6,961	26,873
Auburn	27,678	5,786	21,892
Fleming	1,740	264	1,476
Owasco	3,171	653	2,518
Sennett	1,245	258	987
AVOCA [SED# : 570201040000]	3,517	840	2,677
Avoca	2,209	519	1,690
Fremont	157	30	127
Howard	729	163	566

Yellow Highlight = CDC Priority School District

Minor Civil Division within School District	Total Pop.	Under 18	Over 18
Wheeler	422	128	294
BATAVIA CITY [SED# : 180300010000]	19,091	3,957	15,134
Batavia	18,556	3,866	14,690
Stafford	535	91	444
BATH [SED# : 570302060000]	11,262	2,318	8,944
Bath	10,341	2,153	8,188
Cameron	223	44	179
Urbana	367	49	318
Wheeler	331	72	259
BEACON [SED# : 130200010000]	14,594	3,107	11,487
Beacon	14,594	3,107	11,487
BEAVER RIVER [SED# : 231301040000]	5,548	1,419	4,129
Croghan	2,724	701	2,023
New Bremen	2,628	674	1,954
Watson	196	44	152
BEDFORD [SED# : 660102060000]	10,872	2,369	8,503
Mount Kisco	10,872	2,369	8,503
BELFAST [SED# : 020801040000]	2,191	546	1,645
Belfast	1,555	401	1,154
Caneadea	636	145	491
BELLEVILLE-HENDERSON [SED# : 220909040000]	3,235	779	2,456
Adams	122	31	91
Ellisburg	1,860	490	1,370
Henderson	1,253	258	995
BINGHAMTON [SED# : 030200010000]	48,002	9,541	38,461
Binghamton	47,344	9,444	37,900
Dickinson	658	97	561
BLIND BROOK-RYE [SED# : 661905020000]	6,405	1,903	4,502
Rye	6,405	1,903	4,502
BOLIVAR-RICHBURG [SED# : 022902040000]	4,508	1,076	3,432
Bolivar	2,117	569	1,548
Clarksville	658	136	522
Genesee	815	171	644
Wirt	918	200	718
BRASHER FALLS [SED# : 510101040000]	5,884	1,524	4,360
Brasher	2,016	499	1,517
Hopkinton	216	54	162
Lawrence	1,602	453	1,149
Stockholm	2,050	518	1,532
BRENTWOOD [SED# : 580512030000]	87,193	23,424	63,769
Islip	87,193	23,424	63,769
BRIARCLIFF MANOR [SED# : 661402020000]	5,232	1,386	3,846
Ossining	5,232	1,386	3,846
BRONX 10 [SED# : 321000010000]	350,572	91,463	259,109
Bedford Park-Fordham Nort	54,415	15,475	38,940

Yellow Highlight = CDC Priority School District

Minor Civil Division within School District	Total Pop.	Under 18	Over 18
Belmont	27,378	7,386	19,992
Claremont-Bathgate	7,663	2,487	5,176
East Tremont	5,054	1,678	3,376
Fordham South	28,262	8,892	19,370
Kingsbridge Heights	32,496	8,712	23,784
Marble Hill-Inwood	8,573	2,038	6,535
Mount Hope	10,645	3,369	7,276
North Riverdale-Fieldston	27,832	4,531	23,301
Norwood	40,494	10,964	29,530
Spuyten Duyvil-Kingsbridg	30,051	5,461	24,590
University Heights-Morris	27,609	8,019	19,590
Van Cortlandt Village	50,100	12,451	37,649
BRONX 11 [SED# : 321100010000]	340,188	80,964	259,224
Allerton-Pelham Gardens	28,899	6,347	22,552
Bronxdale	35,542	8,766	26,776
Co-op City	43,752	8,195	35,557
Eastchester-Edenwald-Bayc	34,507	9,232	25,275
Mount Vernon	376	92	284
park-cemetery-etc-Bronx	1,885	458	1,427
Parkchester	18,900	4,320	14,580
Pelham Bay-Country Club-C	4,383	739	3,644
Pelham Parkway	30,073	6,337	23,736
Van Nest-Morris Park-West	29,171	7,524	21,647
West Farms-Bronx River	167	66	101
Westchester-Unionport	8,911	2,343	6,568
Williamsbridge-Olinville	61,321	16,783	44,538
Woodlawn-Wakefield	42,301	9,762	32,539
BRONX 12 [SED# : 321200010000]	145,537	42,470	103,067
Crotona Park East	20,277	6,128	14,149
East Tremont	38,218	12,168	26,050
Hunts Point	4,121	1,122	2,999
Longwood	7,393	2,314	5,079
Morrisania-Melrose	13,429	4,245	9,184
Parkchester	10,921	2,255	8,666
Soundview-Bruckner	16,334	4,607	11,727
West Farms-Bronx River	34,844	9,631	25,213
BRONX 7 [SED# : 320700010000]	105,495	31,026	74,469
East Concourse-Concourse	8,731	1,816	6,915
Melrose South-Mott Haven	36,873	11,412	25,461
Morrisania-Melrose	2,198	670	1,528
Mott Haven-Port Morris	52,413	15,846	36,567
West Concourse	5,280	1,282	3,998
BRONX 8 [SED# : 320800010000]	212,588	55,381	157,207
Hunts Point	23,083	7,058	16,025
Longwood	18,803	5,632	13,171

Yellow Highlight = CDC Priority School District

Minor Civil Division within School District	Total Pop.	Under 18	Over 18
Melrose South-Mott Haven	2,341	684	1,657
Morrisania-Melrose	10,957	3,535	7,422
Pelham Bay-Country Club-C	21,938	4,001	17,937
Schuylerville-Throgs Neck	44,167	9,523	34,644
Soundview-Bruckner	19,300	5,488	13,812
Soundview-Castle Hill-Cla	53,662	14,625	39,037
Westchester-Unionport	18,337	4,835	13,502
BRONX 9 [SED# : 320900010000]	227,719	68,486	159,233
Claremont-Bathgate	23,415	7,842	15,573
East Concourse-Concourse	53,553	15,861	37,692
Highbridge	37,727	11,325	26,402
Morrisania-Melrose	11,281	3,334	7,947
Mount Hope	41,162	11,955	29,207
University Heights-Morris	26,579	7,971	18,608
West Concourse	34,002	10,198	23,804
BROOKLYN 13 [SED# : 331300010000]	135,552	24,959	110,593
Bedford	39,046	8,653	30,393
Clinton Hill	28,991	4,191	24,800
Crown Heights North	3,916	908	3,008
DUMBO-Vinegar Hill-Downto	15,243	2,820	12,423
Fort Greene	24,490	4,423	20,067
Prospect Heights	18,247	2,770	15,477
Stuyvesant Heights	5,619	1,194	4,425
BROOKLYN 14 [SED# : 331400010000]	201,584	50,784	150,800
Bedford	27,715	11,894	15,821
Bushwick South	17,200	3,636	13,564
Clinton Hill	5,800	1,660	4,140
East Williamsburg	34,158	4,702	29,456
Greenpoint	34,719	3,803	30,916
North Side-South Side	45,774	8,907	36,867
Stuyvesant Heights	3,292	869	2,423
Williamsburg	32,926	15,313	17,613
BROOKLYN 15 [SED# : 331500010000]	114,981	26,363	88,618
DUMBO-Vinegar Hill-Downto	19,252	3,484	15,768
Fort Greene	1,589	210	1,379
Kensington-Ocean Parkway	12,277	2,663	9,614
Sunset Park East	48,485	12,638	35,847
Sunset Park West	33,378	7,368	26,010
BROOKLYN 16 [SED# : 331600010000]	83,261	21,501	61,760
Bedford	3,952	1,007	2,945
Crown Heights North	21,074	5,662	15,412
Ocean Hill	3,642	1,067	2,575
Stuyvesant Heights	54,593	13,765	40,828
BROOKLYN 17 [SED# : 331700010000]	240,815	56,040	184,775
Brownsville	4,350	1,243	3,107

Yellow Highlight = CDC Priority School District

Minor Civil Division within School District	Total Pop.	Under 18	Over 18
Crown Heights North	78,179	17,837	60,342
Crown Heights South	39,670	9,865	29,805
East Flatbush-Farragut	7,019	1,583	5,436
Erasmus	20,698	5,075	15,623
Flatbush	20,011	4,784	15,227
Ocean Hill	2,259	629	1,630
Prospect Heights	1,602	273	1,329
Prospect Lefferts Gardens	62,598	13,578	49,020
Rugby-Renssen Village	4,429	1,173	3,256
BROOKLYN 18 [SED# : 331800010000]	162,367	37,471	124,896
Brownsville	1,634	392	1,242
Canarsie	80,849	19,606	61,243
East Flatbush-Farragut	22,719	4,752	17,967
East New York	787	250	537
Erasmus	332	26	306
Flatlands	3,202	679	2,523
Prospect Lefferts Gardens	4,861	883	3,978
Rugby-Renssen Village	47,983	10,883	37,100
BROOKLYN 19 [SED# : 331900010000]	185,486	52,811	132,675
Brownsville	602	280	322
Canarsie	2,557	779	1,778
Cypress Hills-City Line	48,459	13,752	34,707
East New York	91,171	26,534	64,637
East New York (Pennsylvan	29,343	8,843	20,500
Starrett City	13,354	2,623	10,731
BROOKLYN 20 [SED# : 332000010000]	221,357	48,745	172,612
Bath Beach	29,931	6,058	23,873
Bensonhurst East	4,784	882	3,902
Bensonhurst West	75,682	15,641	60,041
Dyker Heights	42,419	8,822	33,597
Flatbush	1,712	647	1,065
Kensington-Ocean Parkway	22,311	6,136	16,175
Sunset Park East	23,855	5,600	18,255
Sunset Park West	20,663	4,959	15,704
BROOKLYN 21 [SED# : 332100010000]	133,549	28,107	105,442
Bensonhurst East	58,100	11,494	46,606
Bensonhurst West	13,139	2,619	10,520
Flatbush	909	231	678
Gravesend	29,436	5,925	23,511
Seagate-Coney Island	31,965	7,838	24,127
BROOKLYN 22 [SED# : 332200010000]	176,492	42,359	134,133
East Flatbush-Farragut	20,549	4,647	15,902
Erasmus	8,908	2,115	6,793
Flatbush	83,172	20,025	63,147
Flatlands	61,560	14,880	46,680

Yellow Highlight = CDC Priority School District

Minor Civil Division within School District	Total Pop.	Under 18	Over 18
Kensington-Ocean Parkway	2,303	692	1,611
BROOKLYN 23 [SED# : 332300010000]	81,469	24,138	57,331
Brownsville	51,714	15,759	35,955
Bushwick South	1,266	319	947
Ocean Hill	25,575	7,327	18,248
Rugby-Remsen Village	2,914	733	2,181
BROOKLYN 32 [SED# : 333200010000]	110,997	28,121	82,876
Bushwick North	57,134	14,256	42,878
Bushwick South	53,635	13,800	39,835
Ocean Hill	228	65	163
BRUSHTON-MOIRA [SED# : 161601040000]	4,796	1,216	3,580
Bangor	1,217	321	896
Brandon	392	95	297
Dickinson	253	67	186
Moira	2,934	733	2,201
BUFFALO [SED# : 140600010000]	261,398	61,604	199,794
Buffalo	261,264	61,567	199,697
Cheektowaga	134	37	97
CAMDEN [SED# : 410601040000]	13,254	3,192	10,062
Annsville	2,562	653	1,909
Camden	4,934	1,217	3,717
Florence	1,025	271	754
Osceola	226	38	188
Vienna	4,507	1,013	3,494
CAMPBELL-SAVONA [SED# : 570603040000]	5,517	1,339	4,178
Bath	1,919	489	1,430
Bradford	185	37	148
Campbell	2,277	539	1,738
Thurston	1,136	274	862
CANASERAGA [SED# : 021102040000]	1,551	345	1,206
Birdsall	162	25	137
Burns	1,116	269	847
Grove	273	51	222
CARTHAGE [SED# : 222201060000]	19,290	5,392	13,898
Champion	4,236	1,113	3,123
Croghan	363	78	285
Denmark	599	152	447
Diana	195	62	133
Le Ray	5,411	1,822	3,589
Rutland	2,055	513	1,542
Wilna	6,431	1,652	4,779
CASSADAGA VALLEY [SED# : 060401040000]	7,027	1,514	5,513
Arkwright	261	49	212
Charlotte	1,722	414	1,308
Ellery	253	58	195

Yellow Highlight = CDC Priority School District

Minor Civil Division within School District	Total Pop.	Under 18	Over 18
Ellington	170	49	121
Gerry	1,734	334	1,400
Pomfret	762	116	646
Stockton	2,125	494	1,631
CENTRAL ISLIP [SED# : 580513030000]	37,422	9,779	27,643
Islip	37,422	9,779	27,643
CHARLOTTE VALLEY [SED# : 120401040000]	2,808	622	2,186
Davenport	2,227	504	1,723
Kortright	179	44	135
Meredith	228	39	189
Summit	174	35	139
CHATEAUGAY [SED# : 160801040000]	3,532	786	2,746
Bellmont	622	125	497
Burke	584	158	426
Chateaugay	2,155	460	1,695
Clinton	171	43	128
CINCINNATUS [SED# : 110101040000]	3,662	951	2,711
Cincinnatus	1,048	269	779
Freetown	122	27	95
German	360	82	278
Pharsalia	138	32	106
Pitcher	585	147	438
Taylor	523	129	394
Willet	886	265	621
CLIFTON FINE [SED# : 510401040000]	2,250	449	1,801
Clifton	751	167	584
Fine	1,499	282	1,217
CLYDE-SAVANNAH [SED# : 650301040000]	5,416	1,401	4,015
Galen	3,935	1,024	2,911
Savannah	1,352	338	1,014
Tyre	129	39	90
COHOES [SED# : 010500010000]	16,154	3,222	12,932
Cohoes	16,154	3,222	12,932
CUBA-RUSHFORD [SED# : 022302040000]	6,040	1,358	4,682
Centerville	122	38	84
Clarksville	257	49	208
Cuba	3,159	692	2,467
Farmersville	351	91	260
Ischua	264	49	215
New Hudson	737	203	534
Rushford	1,150	236	914
DANSVILLE [SED# : 241001060000]	9,976	2,273	7,703
Conesus	174	38	136
Dansville	856	189	667
North Dansville	5,538	1,267	4,271

Yellow Highlight = CDC Priority School District

Minor Civil Division within School District	Total Pop.	Under 18	Over 18
Ossian	700	176	524
Sparta	1,541	359	1,182
West Sparta	1,167	244	923
DE RUYTER [SED# : 250301040000]	2,578	659	1,919
Cuyler	770	209	561
DeRuyter	1,585	393	1,192
Lincklaen	223	57	166
DEPOSIT [SED# : 031301040000]	3,903	925	2,978
Deposit	1,605	397	1,208
Sanford	2,113	467	1,646
Tompkins	185	61	124
DOLGEVILLE [SED# : 211003040000]	5,349	1,306	4,043
Manheim	2,631	634	1,997
Oppenheim	150	38	112
Salisbury	1,958	499	1,459
Stratford	610	135	475
DUNDEE [SED# : 680801040000]	6,517	1,885	4,632
Barrington	1,354	448	906
Milo	553	169	384
Reading	103	30	73
Starkey	3,573	1,001	2,572
Tyrone	934	237	697
DUNKIRK [SED# : 060800010000]	14,004	3,122	10,882
Dunkirk	13,763	3,069	10,694
Sheridan	241	53	188
EAST RAMAPO [SED# : 500402060000]	112,927	41,094	71,833
Clarkstown	11,060	2,430	8,630
Haverstraw	3,925	775	3,150
Ramapo	97,942	37,889	60,053
EDMESTON [SED# : 470501040000]	2,679	591	2,088
Burlington	1,123	223	900
Edmeston	1,556	368	1,188
EDWARDS-KNOX [SED# : 513102040000]	3,213	756	2,457
Edwards	1,156	268	888
Pierrepont	262	54	208
Russell	1,795	434	1,361
ELIZABETHTOWN-LEWIS [SED# : 150301040000]	2,516	464	2,052
Elizabethtown	1,158	184	974
Lewis	1,358	280	1,078
ELLENVILLE [SED# : 622002060000]	12,825	2,552	10,273
Mamakating	1,289	216	1,073
Wawarsing	11,536	2,336	9,200
ELMIRA CITY [SED# : 070600010000]	48,682	10,890	37,792
Ashland	1,686	354	1,332
Baldwin	641	142	499

Yellow Highlight = CDC Priority School District

Minor Civil Division within School District	Total Pop.	Under 18	Over 18
Big Flats	676	127	549
Chemung	220	47	173
Elmira	34,542	8,085	26,457
Southport	10,917	2,135	8,782
EVANS-BRANT [SED# : 141401060000]	524	162	362
Cattaraugus	524	162	362
FALLSBURG [SED# : 590501060000]	10,562	2,583	7,979
Fallsburg	10,406	2,550	7,856
Mamakating	156	33	123
FORT ANN [SED# : 640502040000]	5,716	703	5,013
Fort Ann	5,716	703	5,013
FORT PLAIN [SED# : 270701040000]	5,524	1,557	3,967
Danube	161	53	108
Minden	3,797	1,015	2,782
Palatine	1,566	489	1,077
FRANKLIN [SED# : 120701040000]	1,656	347	1,309
Franklin	1,779	370	1,409
FRANKLINVILLE [SED# : 041101040000]	4,377	1,034	3,343
Farmersville	596	126	470
Franklinville	2,983	739	2,244
Lyndon	588	122	466
Machias	210	47	163
FREEPORT [SED# : 280209030000]	39,967	9,339	30,628
Hempstead	39,967	9,339	30,628
FRIENDSHIP [SED# : 021601040000]	2,087	567	1,520
Friendship	1,969	538	1,431
Wirt	118	29	89
GENESEO [SED# : 240401040000]	1,358	289	1,069
Groveland	1,358	289	1,069
GENEVA CITY [SED# : 430700010000]	17,393	3,467	13,926
Geneva	16,548	3,295	13,253
Phelps	271	58	213
Seneca	574	114	460
GILBERTSVL-MT UPTON [SED# : 470202040000]	2,959	590	2,369
Butternuts	1,569	297	1,272
Guilford	1,159	237	922
Unadilla	231	56	175
GLEN COVE [SED# : 280100010000]	26,956	5,560	21,396
Glen Cove	26,956	5,560	21,396
GLOVERSVILLE [SED# : 170500010000]	19,106	4,514	14,592
Blecker	505	73	432
Gloversville	15,662	3,906	11,756
Johnstown	2,939	535	2,404
GOSHEN [SED# : 440601040000]	1,648	422	1,226
Wallkill	1,648	422	1,226

Yellow Highlight = CDC Priority School District

Minor Civil Division within School District	Total Pop.	Under 18	Over 18
GOUVERNEUR [SED# : 511101060000]	11,135	2,552	8,583
De Kalb	702	212	490
Fowler	2,194	527	1,667
Gouverneur	7,085	1,501	5,584
Hermon	133	45	88
Macomb	511	135	376
Rossie	510	132	378
GOWANDA [SED# : 042801060000]	11,532	2,129	9,403
Cattaraugus	1,623	515	1,108
Collins	5,422	628	4,794
Dayton	730	154	576
Perrysburg	1,480	318	1,162
Persia	2,277	514	1,763
GRANVILLE [SED# : 640701040000]	7,639	1,749	5,890
Granville	6,285	1,458	4,827
Hampton	716	173	543
Hebron	638	118	520
HADLEY-LUZERNE [SED# : 630801040000]	6,455	1,264	5,191
Day	666	115	551
Hadley	1,810	373	1,437
Lake Luzerne	3,280	653	2,627
Stony Creek	699	123	576
HAMMOND [SED# : 511201040000]	1,711	418	1,293
Hammond	1,186	295	891
Morristown	219	56	163
Rossie	306	67	239
HANCOCK [SED# : 120906040000]	2,617	596	2,021
Hancock	2,402	558	1,844
Tompkins	215	38	177
HANNIBAL [SED# : 460701040000]	8,203	2,110	6,093
Granby	1,735	425	1,310
Hannibal	4,854	1,322	3,532
Oswego	670	149	521
Sterling	944	214	730
HARPURSVILLE [SED# : 030501040000]	5,164	1,197	3,967
Afton	204	48	156
Colesville	4,348	1,013	3,335
Coventry	258	56	202
Fenton	354	80	274
HAYERSTRAW-STONY PT [SED# : 500201060000]	32,706	8,090	24,616
Haverstraw	32,706	8,090	24,616
HEMPSTEAD [SED# : 280201030000]	44,118	11,394	32,724
Hempstead	44,118	11,394	32,724
HENDRICK HUDSON [SED# : 660203060000]	1,428	332	1,096
Peekskill	1,428	332	1,096

Yellow Highlight = CDC Priority School District

Minor Civil Division within School District	Total Pop.	Under 18	Over 18
HERKIMER [SED# : 210601060000]	10,007	1,878	8,129
Herkimer	9,824	1,825	7,999
Little Falls	183	53	130
HERMON-DEKALB [SED# : 511301040000]	2,587	700	1,887
Canton	255	68	187
De Kalb	1,381	394	987
Hermon	951	238	713
HEUVELTON [SED# : 512404040000]	4,052	1,166	2,886
De Kalb	278	76	202
De Peyster	998	376	622
Lisbon	165	49	116
Macomb	132	49	83
Oswegatchie	2,479	616	1,863
HEWLETT WOODMERE [SED# : 280214030000]	79	30	49
Rosedale	79	30	49
HINSDALE [SED# : 041401040000]	2,961	675	2,286
Hinsdale	2,087	464	1,623
Humphrey	57	25	32
Ischua	387	106	281
Olean	430	80	350
HOLLAND PATENT [SED# : 412201060000]	996	234	762
Marcy	996	234	762
HORNELL [SED# : 571800010000]	10,776	2,617	8,159
Fremont	272	48	224
Hornell	8,563	2,165	6,398
Hornellsville	1,684	352	1,332
Howard	257	52	205
HUDSON [SED# : 101300010000]	16,039	3,135	12,904
Claverack	2,058	349	1,709
Ghent	393	41	352
Greenport	4,165	714	3,451
Hudson	6,713	1,508	5,205
Livingston	1,172	178	994
Stockport	1,038	256	782
Taghkanic	500	89	411
HUDSON FALLS [SED# : 641301060000]	15,317	3,357	11,960
Fort Ann	236	64	172
Fort Edward	2,665	518	2,147
Kingsbury	12,416	2,775	9,641
ILION [SED# : 210501060000]	9,385	2,246	7,139
Frankfort	635	117	518
German Flatts	8,750	2,129	6,621
JAMESTOWN [SED# : 061700010000]	32,304	7,855	24,449
Busti	552	95	457
Jamestown	31,146	7,656	23,490

Yellow Highlight = CDC Priority School District

Minor Civil Division within School District	Total Pop.	Under 18	Over 18
Kiantone	606	104	502
JEFFERSON [SED# : 540901040000]	1,637	363	1,274
Gilboa	180	31	149
Harpersfield	236	57	179
Jefferson	1,221	275	946
JOHNSON CITY [SED# : 031502060000]	20,176	3,909	16,267
Chenango	514	89	425
Dickinson	1,476	228	1,248
Maine	679	144	535
Union	17,507	3,448	14,059
LACKAWANA [SED# : 141800010000]	18,138	3,979	14,159
Lackawanna	18,138	3,979	14,159
LANSINGBURGH [SED# : 490601060000]	17,177	3,957	13,220
Brunswick	1,416	286	1,130
Schaghticoke	2,774	566	2,208
Troy	12,987	3,105	9,882
LIBERTY [SED# : 590901060000]	10,439	2,212	8,227
Bethel	953	163	790
Liberty	9,486	2,049	7,437
LISBON [SED# : 511602040000]	3,541	908	2,633
Lisbon	3,541	908	2,633
LITTLE FALLS [SED# : 210800050000]	7,357	1,672	5,685
Danube	640	139	501
Little Falls	6,118	1,377	4,741
Manheim	599	156	443
LYME [SED# : 221301040000]	2,275	469	1,806
Brownville	176	55	121
Lyme	2,099	414	1,685
LYONS [SED# : 650501040000]	6,816	1,476	5,340
Arcadia	351	49	302
Galen	355	109	246
Junius	98	27	71
Lyons	5,633	1,218	4,415
Phelps	116	25	91
Sodus	263	48	215
MADISON [SED# : 251101040000]	2,983	721	2,262
Augusta	1,043	256	787
Madison	1,940	465	1,475
MALONE [SED# : 161501060000]	19,783	3,569	16,214
Bangor	931	203	728
Bellmont	812	167	645
Brandon	185	40	145
Burke	881	246	635
Constable	1,566	370	1,196
Malone	14,545	2,337	12,208

Yellow Highlight = CDC Priority School District

Minor Civil Division within School District	Total Pop.	Under 18	Over 18
Westville	863	206	657
MANHATTAN 1 [SED# : 310100010000]	74,305	12,669	61,636
Chinatown	10,970	1,080	9,890
Lower East Side	63,335	11,589	51,746
MANHATTAN 2 [SED# : 310200010000]	101,547	11,779	89,768
Chinatown	36,874	5,423	31,451
Clinton	45,884	3,450	42,434
East Harlem South	9,167	1,290	7,877
Lower East Side	9,622	1,616	8,006
MANHATTAN 3 [SED# : 310300010000]	80,306	12,695	67,611
Central Harlem South	38,380	8,122	30,258
Morningside Heights	41,926	4,573	37,353
MANHATTAN 4 [SED# : 310400010000]	90,655	21,455	69,200
East Harlem North	41,920	10,474	31,446
East Harlem South	48,735	10,981	37,754
MANHATTAN 5 [SED# : 310500010000]	130,903	28,944	101,959
Central Harlem North-Polo	75,282	17,266	58,016
Central Harlem South	5,003	920	4,083
East Harlem North	16,097	3,698	12,399
Hamilton Heights	4,064	722	3,342
Manhattanville	16,454	3,920	12,534
Morningside Heights	14,003	2,418	11,585
MANHATTAN 6 [SED# : 310600010000]	240,809	47,384	193,425
Hamilton Heights	44,456	8,692	35,764
Manhattanville	6,496	1,401	5,095
Marble Hill-Inwood	38,283	7,968	30,315
Washington Heights North	67,136	12,957	54,179
Washington Heights South	84,438	16,366	68,072
MARATHON [SED# : 110901040000]	4,372	1,066	3,306
Freetown	563	139	424
Harford	306	79	227
Lapeer	767	205	562
Lisle	443	91	352
Marathon	1,967	458	1,509
Virgil	326	94	232
MARGARETVILLE [SED# : 121401040000]	3,845	681	3,164
Halcott	258	33	225
Hardenburgh	159	37	122
Middletown	3,428	611	2,817
MASSENA [SED# : 512001060000]	17,235	3,932	13,303
Brasher	341	100	241
Louisville	2,908	652	2,256
Massena	12,872	2,931	9,941
Norfolk	1,114	249	865
MCGRAW [SED# : 110304040000]	3,416	847	2,569

Yellow Highlight = CDC Priority School District

Minor Civil Division within School District	Total Pop.	Under 18	Over 18
Cortlandville	2,297	571	1,726
Solon	979	235	744
Virgil	140	41	99
MEDINA [SED# : 450801060000]	10,998	2,616	8,382
Ridgeway	5,718	1,403	4,315
Shelby	5,280	1,213	4,067
MIDDLETOWN [SED# : 441000010000]	40,923	10,464	30,459
Middletown	28,086	7,657	20,429
Wallkill	12,282	2,653	9,629
Wawayanda	555	154	401
MINISINK VALLEY [SED# : 441101040000]	8,012	1,626	6,386
Mount Hope	6,972	1,404	5,568
Wallkill	1,040	222	818
MONTICELLO [SED# : 591401060000]	21,849	5,274	16,575
Bethel	2,391	443	1,948
Forestburgh	634	99	535
Mamakating	3,580	772	2,808
Thompson	15,244	3,960	11,284
MORIAH [SED# : 150901040000]	4,762	1,054	3,708
Moriah	4,762	1,054	3,708
MOUNT MARKHAM [SED# : 212001040000]	7,034	1,698	5,336
Bridgewater	1,518	352	1,166
Brookfield	735	195	540
Columbia	412	104	308
Exeter	218	46	172
Litchfield	1,150	251	899
Plainfield	915	233	682
Winfield	2,086	517	1,569
MOUNT MORRIS [SED# : 240901040000]	3,897	805	3,092
Mount Morris	3,897	805	3,092
MOUNT VERNON [SED# : 660900010000]	66,883	15,307	51,576
Mount Vernon	66,883	15,307	51,576
NEW ROCHELLE [SED# : 661100010000]	77,014	17,496	59,518
New Rochelle	77,014	17,496	59,518
NEWARK [SED# : 650101060000]	14,959	3,302	11,657
Arcadia	13,469	3,029	10,440
Manchester	366	79	287
Palmyra	1,124	194	930
NEWBURGH [SED# : 441600010000]	65,660	16,972	48,688
New Windsor	16,691	3,653	13,038
Newburgh	48,969	13,319	35,650
NIAGARA FALLS [SED# : 400800010000]	50,264	11,066	39,198
Niagara	191	49	142
Niagara Falls	50,073	11,017	39,056
NORTH COLLINS [SED# : 142201040000]	160	31	129

Yellow Highlight = CDC Priority School District

Minor Civil Division within School District	Total Pop.	Under 18	Over 18
Collins	160	31	129
NORTH ROSE-WOLCOTT [SED# : 651501060000]	8,886	2,107	6,779
Butler	1,525	398	1,127
Huron	2,118	430	1,688
Rose	2,352	540	1,812
Savannah	311	90	221
Wolcott	2,580	649	1,931
NORTHERN ADIRONDACK [SED# : 090901040000]	6,416	1,306	5,110
Altona	2,724	549	2,175
Clinton	566	124	442
Dannemora	1,060	170	890
Ellenburg	1,706	379	1,327
Mooers	360	84	276
NORWICH CITY [SED# : 081200050000]	13,087	3,096	9,991
Norwich	10,361	2,460	7,901
Pharsalia	236	52	184
Plymouth	1,556	353	1,203
Preston	367	71	296
NORWOOD-NORFOLK [SED# : 512201040000]	6,643	1,523	5,120
Madrid	180	57	123
Norfolk	3,550	796	2,754
Potsdam	2,469	561	1,908
Stockholm	444	109	335
ODESSA-MONTOUR [SED# : 550101040000]	5,649	1,219	4,430
Catharine	1,762	391	1,371
Cayuta	418	105	313
Enfield	120	33	87
Hector	688	158	530
Montour	2,308	454	1,854
Veteran	353	78	275
OGDENSBURG [SED# : 512300010000]	11,562	2,484	9,078
Ogdensburg	10,298	2,275	8,023
Oswegatchie	1,264	209	1,055
OPPENHEIM-EPARATAH [SED# : 171001040000]	2,601	582	2,019
Ephratah	827	178	649
Oppenheim	1,774	404	1,370
OSSINING [SED# : 661401030000]	32,406	6,726	25,680
Ossining	32,406	6,726	25,680
OTEGO-UNADILLA [SED# : 471601040000]	6,743	1,493	5,250
Otego	3,107	705	2,402
Sidney	546	83	463
Unadilla	3,090	705	2,385
OXFORD [SED# : 081501040000]	5,350	1,156	4,194
McDonough	798	157	641
Norwich	148	38	110

Yellow Highlight = CDC Priority School District

Minor Civil Division within School District	Total Pop.	Under 18	Over 18
Oxford	3,544	775	2,769
Preston	677	158	519
Smithville	183	28	155
PARISHVILLE-HOPKI. [SED# : 512501040000]	2,864	666	2,198
Hopkinton	707	185	522
Parishville	2,057	455	1,602
Stockholm	100	26	74
PEEKSKILL [SED# : 661500010000]	22,140	4,956	17,184
Peekskill	22,140	4,956	17,184
PENN YAN [SED# : 680601060000]	15,196	3,391	11,805
Barrington	327	52	275
Benton	2,649	735	1,914
Jerusalem	4,348	667	3,681
Milo	6,453	1,591	4,862
Potter	137	39	98
Torrey	1,282	307	975
PINE BUSH [SED# : 440401060000]	11,397	2,982	8,415
Wallkill	11,397	2,982	8,415
PINE PLAINS [SED# : 131301040000]	864	182	682
Milan	864	182	682
PINE VALLEY [SED# : 060601040000]	4,380	1,357	3,023
Cherry Creek	1,052	280	772
Dayton	998	284	714
Ellington	310	110	200
Leon	1,253	489	764
Villanova	767	194	573
PORT CHESTER-RYE [SED# : 661904030000]	31,935	7,018	24,917
Rye	31,935	7,018	24,917
PORT JERVIS [SED# : 441800050000]	17,508	4,196	13,312
Deerpark	7,865	1,806	6,059
Forestburgh	185	40	145
Mamakating	630	118	512
Port Jervis	8,828	2,232	6,596
POUGHKEEPSIE [SED# : 131500010000]	32,737	7,268	25,469
Poughkeepsie	32,737	7,268	25,469
PRATTSBURG [SED# : 572301040000]	2,717	627	2,090
Italy	242	33	209
Prattsburgh	1,641	388	1,253
Pulteney	330	71	259
Wheeler	504	135	369
PULASKI [SED# : 461801040000]	5,939	1,477	4,462
Albion	205	57	148
Richland	5,478	1,358	4,120
Sandy Creek	256	62	194
QUEENS 24 [SED# : 342400010000]	369,246	81,146	288,100

Yellow Highlight = CDC Priority School District

Minor Civil Division within School District	Total Pop.	Under 18	Over 18
Corona	52,850	12,920	39,930
East Elmhurst	4,034	1,100	2,934
Elmhurst	88,427	17,909	70,518
Elmhurst-Maspeth	25,338	5,011	20,327
Hunters Point-Sunnyside-W	28,799	5,320	23,479
Jackson Heights	11,973	2,477	9,496
Maspeth	30,516	6,464	24,052
North Corona	45,205	11,474	33,731
Rego Park	546	112	434
Ridgewood	69,404	16,224	53,180
Woodhaven	1,960	312	1,648
Woodside	10,194	1,823	8,371
RANDOLPH [SED# : 043001040000]	6,344	2,031	4,313
Allegany	252	72	180
Coldspring	663	135	528
Conewango	1,792	775	1,017
Ellington	131	40	91
Napoli	776	279	497
Poland	128	36	92
Randolph	2,602	694	1,908
RED CREEK [SED# : 651503040000]	5,515	1,291	4,224
Butler	471	124	347
Sterling	2,059	468	1,591
Victory	1,112	264	848
Wolcott	1,873	435	1,438
RED HOOK [SED# : 131701060000]	1,131	271	860
Milan	1,131	271	860
REMSEN [SED# : 411701040000]	3,009	641	2,368
Adirondack	1,911	421	1,490
Russia	356	78	278
Steuben	580	117	463
Trenton	162	25	137
RENSELAER [SED# : 491200010000]	9,366	1,899	7,467
Rensselaer	9,366	1,899	7,467
RHINEBECK [SED# : 131801040000]	359	67	292
Milan	359	67	292
RICHFIELD SPRINGS [SED# : 472001040000]	4,070	886	3,184
Columbia	337	75	262
Exeter	713	141	572
Otsego	231	37	194
Richfield	2,245	502	1,743
Warren	544	131	413
RICHMOND 31 [SED# : 353100010000]	133,683	35,504	98,179
Grymes Hill-Clifton-Fox Hill	22,460	5,360	17,100
Mariner's Harbor-Arlington	31,467	9,046	22,421

Yellow Highlight = CDC Priority School District

Minor Civil Division within School District	Total Pop.	Under 18	Over 18
Port Richmond	20,191	5,343	14,848
Stapleton-Rosebank	26,453	6,691	19,762
West New Brighton-New Brighton	33,112	9,064	24,048
RIPLEY [SED# : 062401040000]	2,056	465	1,591
Ripley	2,056	465	1,591
ROCHESTER [SED# : 261600010000]	210,850	52,271	158,579
Greece	317	45	272
Rochester	210,533	52,226	158,307
ROME [SED# : 411800010000]	39,004	8,199	30,805
Annsville	343	86	257
Lee	5,600	1,239	4,361
Rome	32,001	6,656	25,345
Western	1,060	218	842
ROMULUS [SED# : 560603040000]	5,104	1,050	4,054
Fayette	800	194	606
Romulus	2,447	303	2,144
Varick	1,857	553	1,304
ROOSEVELT [SED# : 280208030000]	17,768	4,694	13,074
Hempstead	17,768	4,694	13,074
RYE NECK [SED# : 661901030000]	7,568	1,928	5,640
Rye	7,568	1,928	5,640
SALAMANCA [SED# : 043200050000]	7,641	1,879	5,762
Allegany	696	215	481
Great Valley	649	128	521
Salamanca	6,296	1,536	4,760
SALMON RIVER [SED# : 161201040000]	7,369	2,102	5,267
Bombay	1,355	415	940
Brasher	154	43	111
Fort Covington	1,676	415	1,261
St. Regis Mohawk	3,228	1,032	2,196
Westville	956	197	759
SANDY CREEK [SED# : 461901040000]	5,645	1,297	4,348
Boylston	532	132	400
Orwell	882	198	684
Redfield	548	117	431
Sandy Creek	3,683	850	2,833
SARANAC [SED# : 091402060000]	3,838	272	3,566
Dannemora	3,838	272	3,566
SCHENECTADY [SED# : 530600010000]	66,929	16,282	50,647
Rotterdam	794	159	635
Schenectady	66,135	16,123	50,012
SCIO [SED# : 022401040000]	2,278	556	1,722
Alma	259	73	186
Amity	136	27	109
Bolivar	72	25	47

Yellow Highlight = CDC Priority School District

Minor Civil Division within School District	Total Pop.	Under 18	Over 18
Scio	1,673	398	1,275
Ward	138	33	105
SHERBURNE-EARLVILLE [SED# : 082001040000]	8,572	1,979	6,593
Columbus	228	60	168
Hamilton	1,217	302	915
Lebanon	571	145	426
North Norwich	1,140	219	921
Plymouth	200	46	154
Sherburne	4,046	946	3,100
Smyrna	1,170	261	909
SIDNEY [SED# : 121601060000]	7,599	1,637	5,962
Guilford	258	50	208
Masonville	1,186	249	937
Sidney	5,146	1,159	3,987
Unadilla	1,009	179	830
SILVER CREEK [SED# : 061501040000]	6,122	1,354	4,768
Hanover	5,112	1,144	3,968
Sheridan	1,010	210	800
SODUS [SED# : 651201060000]	7,675	1,694	5,981
Sodus	7,675	1,694	5,981
SOLVAY [SED# : 420702030000]	10,125	2,076	8,049
Camillus	200	32	168
Geddes	9,925	2,044	7,881
SOUTH LEWIS [SED# : 231101040000]	6,811	1,597	5,214
Greig	1,187	244	943
Leyden	1,426	368	1,058
Lyonsdale	1,167	288	879
Martinsburg	596	134	462
Turin	685	153	532
Watson	238	43	195
West Turin	1,512	367	1,145
SOUTH SENECA [SED# : 560501040000]	7,118	1,506	5,612
Covert	1,388	311	1,077
Lodi	1,550	354	1,196
Ovid	2,311	518	1,793
Romulus	1,869	323	1,546
SOUTHAMPTON [SED# : 580906030000]	662	162	500
Shinnecock	662	162	500
SPRINGVILLE-GRIFFITH [SED# : 141101060000]	1,019	241	778
Collins	1,019	241	778
STAMFORD [SED# : 121701040000]	2,549	495	2,054
Gilboa	349	66	283
Harpersfield	1,153	217	936
Jefferson	179	37	142
Stamford	868	175	693

Yellow Highlight = CDC Priority School District

Minor Civil Division within School District	Total Pop.	Under 18	Over 18
SYRACUSE [SED# : 421800010000]	144,916	33,378	111,538
Syracuse	144,916	33,378	111,538
TICONDEROGA [SED# : 151501060000]	5,671	1,170	4,501
Hague	683	69	614
Ticonderoga	4,988	1,101	3,887
TIOGA [SED# : 600903040000]	5,597	1,416	4,181
Barton	1,003	289	714
Candor	153	49	104
Nichols	1,794	422	1,372
Tioga	2,647	656	1,991
TROY [SED# : 491700010000]	40,854	7,598	33,256
Brunswick	3,712	601	3,111
Troy	37,142	6,997	30,145
TUSCARORA IND.RES. [SED# :]	1,152	352	800
Tuscarora Nation	1,152	352	800
UNADILLA VALLEY [SED# : 081003040000]	5,599	1,263	4,336
Butternuts	171	34	137
Columbus	736	179	557
Edmeston	205	56	149
Morris	191	44	147
New Berlin	2,655	579	2,076
Norwich	650	169	481
Pittsfield	991	202	789
UTICA [SED# : 412300010000]	62,035	15,377	46,658
Utica	62,035	15,377	46,658
VALLEY-MONTGOMERY [SED# : 441301060000]	1,059	270	789
Wallkill	1,059	270	789
WALTON [SED# : 121901040000]	6,355	1,385	4,970
Hamden	319	66	253
Tompkins	845	184	661
Walton	5,510	1,201	4,309
WATERLOO [SED# : 561006060000]	12,062	2,708	9,354
Fayette	2,288	526	1,762
Junius	1,289	352	937
Seneca Falls	585	153	432
Tyre	310	70	240
Waterloo	7,590	1,607	5,983
WATERVLIET [SED# : 011200010000]	11,600	2,321	9,279
Colonie	1,346	192	1,154
Watervliet	10,254	2,129	8,125
WAVERLY [SED# : 600101060000]	10,009	2,350	7,659
Barton	7,682	1,796	5,886
Chemung	2,327	554	1,773
WAYLAND [SED# : 573002040000]	9,355	2,123	7,232
Canadice	271	55	216

Yellow Highlight = CDC Priority School District

Minor Civil Division within School District	Total Pop.	Under 18	Over 18
Cohocton	2,461	604	1,857
Dansville	228	40	188
Springwater	2,399	507	1,892
Wayland	3,996	917	3,079
WELLSVILLE [SED# : 022601060000]	9,149	1,997	7,152
Alma	568	127	441
Scio	160	29	131
Wellsville	7,260	1,603	5,657
Willing	1,161	238	923
WESTBURY [SED# : 280401030000]	26,275	6,259	20,016
North Hempstead	26,275	6,259	20,016
WHITE PLAINS [SED# : 662200010000]	56,853	11,471	45,382
White Plains	56,853	11,471	45,382
WHITESBORO [SED# : 412902060000]	7,841	934	6,907
Marcy	7,841	934	6,907
WILLIAM FLOYD [SED# : 580232030000]	310	77	233
Poospatuck	310	77	233
WYANDANCH [SED# : 580109020000]	11,678	3,475	8,203
Babylon	11,678	3,475	8,203
YONKERS [SED# : 662300010000]	195,958	44,695	151,263
Yonkers	195,958	44,695	151,263
YORKSHIRE-PIONEER [SED# : 043501060000]	15,769	3,657	12,112
Arcade	4,205	988	3,217
Eagle	324	87	237
Farmersville	143	35	108
Freedom	2,381	586	1,795
Java	1,440	327	1,113
Machias	1,993	484	1,509
Sardinia	1,444	271	1,173
Sheldon	144	32	112
Yorkshire	3,695	847	2,848
Grand Total* [BLUE & YELLOW SED# RECORDS]	7,662,332	1,815,234	5,847,098

National Alliance for Nutrition and Activity Meeting Guidance

Introduction

Creating a culture of health and wellness in meetings and conferences is an important way to help people eat well and be physically active, foster healthier work environments, and cultivate social norms around healthier choices and behaviors. Supporting healthy food and beverage choices, providing physical activity opportunities, requiring a tobacco-free environment, and promoting sustainability are the areas of focus for the National Alliance for Nutrition and Activity (NANA) meeting and conference guidance. A toolkit to support adoption of the guidance is available at: www.healthymeeting.org

General Recommendations

- Support healthier choices, provide leadership and role modeling, and help to create a social norm around healthier choices and behaviors.
- Offer nutritious food and beverage options.
 - Offer recommended servings of fruits, vegetables, and whole grains, especially for all-day meetings.
 - Place healthier foods and beverages in prominent positions, where they are most likely to be seen and more likely to be chosen.
 - Post calories in worksite cafeterias and at conferences and meetings when appropriate and/or possible.
- Provide reasonable portions of foods and beverages (i.e., avoid large portions).
- Consider not serving food at breaks that are not mealtimes; instead provide physical activity.
- Ensure healthier options are attractively presented, appealing, and taste good.
- Offer physical activity opportunities that are relevant to the audience and environment to help people achieve at least 30 minutes of physical activity each day.
- Provide a tobacco-free environment.
- Prioritize sustainable practices when possible, by minimizing waste, encouraging recycling, and sourcing products from sustainable producers.
- Evaluate efforts to hold healthy meetings and conferences and make adjustments over time to continue to improve the acceptability and healthfulness of choices.

Nutrition: Beverages

Standard Healthy Meeting

- Make water the default beverage.
- Do not offer full-calorie sugar-sweetened beverages. Serve 100% juice, 100% juice diluted with water, low-fat or non-fat milk, calcium and vitamin D-fortified soymilk, or beverages with 40 calories per container or less.
- Offer low-fat or non-fat milk with coffee and tea service in addition to or in place of half and half.

Superior Healthy Meeting

Includes all Standard Healthy Meeting recommendations, plus the following:

- Eliminate all sugar-sweetened beverages (including those with less than 40 calories per container that are allowed under the Standard Healthy Meeting).

Nutrition: Food

Standard Healthy Meeting

- Offer fruits and/or vegetables every time food is served.
- Offer reasonable portion sizes.
- In buffet lines or self-service, support sensible portions by offering reasonably-sized entrees and appropriately-sized serving utensils and plates.
- Use whole grains whenever possible (100% whole grain or whole grain as the first ingredient).
- Serve healthier condiments and dressings and offer them on the side.
- Look for and try to offer lower-sodium options.
- Make the majority of the meat options poultry, fish, shellfish, or lean (unprocessed) meat.
- Provide a vegetarian option.

Nutrition: Food (continued)

Standard Healthy Meeting (continued)

- For special occasions and dinner, cut desserts in half or serve small portions. For lunches, breaks, or regular meetings serve fruit as dessert.
- Do not place candy or candy bowls in the meeting space.
- Whenever possible, offer foods prepared in a healthy way (grilled, baked, poached, roasted, braised, or broiled). Avoid fried foods.

Superior Healthy Meeting

Includes all Standard Healthy Meeting recommendations, plus the following:

- All grains must be whole grain-rich (51% or more whole grains by weight or whole grain as the first ingredient).
- Serve only poultry, fish, shellfish, or on occasion lean (unprocessed) meat options; seek alternatives to processed and red meats.
- Replace all desserts and pastries with fruit or other healthful foods.
- Do not serve fried foods.
- If there is the capacity to do nutrient analyses or if the caterer can provide nutrient information, meals should meet the nutrition standards in Appendix A in the toolkit at: www.healthymeeting.org

Physical Activity

Standard Healthy Meeting

- Mention to attendees (through announcements or in written materials) that it is fine to move within the meeting space (standing, stretching); integrate exercise equipment if possible within the space (exercise balls in place of some chairs, raised tables for standing).
- When possible, allow for comfortable clothes/shoes to support physical activity during breaks.
- Periodically break up sitting time.
- For conferences or all-day meetings, support physical activity before, during, and after the work of the day.
- Provide adapted programming or alternative activities for those with physical disabilities.
- Identify someone to facilitate a short physical activity break(s).

Superior Healthy Meeting

Includes all Standard Healthy Meeting recommendations, plus the following:

- Try to choose meeting/conference locations where there are walkable destinations; provide walking/running maps.
- Only contract with hotels that have a fitness facility available at no cost to attendees. If the hotel does not have a fitness facility, contract with a local exercise facility.
- Provide exercise stations in the hall or within the meeting room.
- Implement walking meetings when possible.

Sustainability

Standard Healthy Meeting

- Reduce waste and packaging whenever possible.
- Consider appeal to meeting attendees, sustainability, and usefulness of conference giveaways.
- Have recycling bins available.
- Provide handouts on a flash drive or make them available online to reduce paper.

Superior Healthy Meeting

Includes all Standard Healthy Meeting recommendations, plus the following:

- Conduct a zero-waste meeting or conference.
- Use locally-sourced and sustainably-produced food and giveaways when possible.

Tobacco-Free

Standard Healthy Meeting

- Meetings should be held in smoke-free facilities.

Superior Healthy Meeting

Includes all Standard Healthy Meeting recommendations, plus the following:

- A tobacco-free environment is provided at all times.
- Choose to host your conference in a city with a comprehensive smoke-free policy that includes restaurants and bars.

Attachment 10

Instructions for Completion of Budget Forms

Complete all required budget pages.

Tab 1 - Summary Budget

- A. **Project Name** – Enter “Creating Healthy Schools and Communities”
- B. **Contractor SFS Payee Name** - Enter official contractor name listed on Statewide Financial System (SFS). If you do not have an SFS Contractor name, please enter the official name of agency.
- C. **Contract Period** – “From” is the Start date of the budget and “To” is the end date of the budget.
- D. The **GRANT FUNDS** column is automatically populated based on the information entered in the major budget categories on Tabs 2 through 5 of the excel spreadsheet. These categories include:
 - Salaries
 - Fringe Benefits
 - Contractual Services
 - Travel
 - Equipment
 - Space, Property & Utilities
 - Operating Expenses
 - Other

Tab 2- Salaries

Please include all positions for which you are requesting reimbursement on this page. If you wish to show in-kind positions, they may also be included on this page. *Please include a written justification on Tab 6.*

Position Title: For each position, indicate the title along with the incumbent’s name. If a position is vacant, please indicate “TBD” (to be determined).

Annualized Salary Per Position: For each position, indicate the total annual salary regardless of funding source.

Standard Work Week (Hours): For each position, indicate the number of hours worked per week regardless of funding source.

Percent of Effort Funded: For each position, indicate the percent effort devoted to the proposed program/project.

Number of Months Funded: For each position, indicate the number of months funded on the proposed project.

Total: This column automatically calculates the total funding requested from the AIDS Institute based on annualized salary, hours worked, percent effort and months funded for each position. If the amount requested for a position is less than what is automatically calculated, please manually enter the requested amount in the total column.

Tab 2 - Fringe Benefits

On the bottom of Tab 2, please fill in the requested information on fringe benefits based on your latest audited financial statements. Also, please indicate the amount and rate requested for fringe benefits in this proposed budget. If the rate requested in this proposal exceeds the rate in the financial statements, a brief justification must be attached. *Please include a written justification on Tab 6.*

Tab 3 – Contractual Services

Please indicate any services for which a subcontract or consultant will be used. Include an estimated cost for these services. *Please include a written justification on Tab 6.*

Tab 3 – Travel

Please indicate estimated travel costs for the contract period. *Please include a written justification on Tab 6.*

Tab 4 – Equipment and Space

Please indicate estimated equipment or space costs for the contract period. *Please include a written justification on Tab 6.*

Tab 5 – Operating Expenses / Other

Please indicate any operating expenses for the contract period. (*Operating expenses include supplies and miscellaneous costs*) *Please include a written justification on Tab 6.*

Please indicate the estimated Other costs requested for the contract period. (*Other costs include indirect costs which are limited to 10% of direct costs. The justification for indirect costs needs to include the requested rate. Please include a written justification on Tab 6.*)

Tab 6 - Narrative Budget Justification

Please provide a brief narrative justification in the **JUSTIFICATION** column in Tab 6 for each budgeted item. Requested amounts entered on Tabs 2 through 5 will automatically populate the **BUDGETED** column on Tab 6. The justification should describe the requested item, the rationale for requesting the item, and how the item will benefit the proposed program/project.

Those agencies selected for funding will be required to provide a more detailed budget as part of the contract process.