



Building a Healthy Boston

**Boston Public Health Commission
Request for Proposals (RFP)
CPPW Sugar-Sweetened Beverages Media and Policies
Release Date: April 25, 2011
Due Date: May 27, 2011**

I. Funding opportunity summary

The Boston Public Health Commission (BPHC) is seeking to contract with faith-based organizations in Boston to support efforts to address the high consumption of sugar-sweetened beverages (SSBs) that is contributing to the obesity epidemic impacting Boston residents, and in particular the Black and Latino community. Selected grantees will work to raise awareness of the health impact of SSBs through dissemination of SSB public health media campaign messages and provision of other educational opportunities. They will also work on organizational policies to reduce access to and promotion of SSBs within their organization to help create healthier environments for community residents. Training and needed materials will be provided by BPHC as well as opportunities to learn from other grantees.

This RFP is being funded by the American Recovery and Reinvestment Act (ARRA) via the Centers for Disease Control and Prevention (CDC). BPHC will distribute 4-8 minigrants in the amount of \$5,000 - \$15,000 per grantee for the grant period of June 6, 2011-March 18, 2012. Proposals are due by May 27, 2011.

A bidder's conference is being scheduled for April 28, 2011 (see below for more information). This bidder's conference is designed to answer questions about this RFP as well as provide any needed clarification and assistance to support your interest in applying for this grant.

II. Background and Justification

On March 19, 2010, Secretary of Health and Human Services Kathleen Sebelius announced that Boston and 43 other communities were successful applicants of CDC's ARRA (economic stimulus bill) funded federal grant, Communities Putting Prevention to Work (CPPW). BPHC was awarded \$6.4 million for community-based, chronic disease prevention work. This two-year grant from March 19, 2010 – March 18, 2012 is designed to implement aggressive, high impact policy, systems, and environmental change initiatives to prevent chronic disease in Boston, with a particular focus on addressing inequities in racial and ethnic health status, and having population wide impact. Interventions address nutrition and physical activity needs in Boston to impact obesity rates.

The Obesity Epidemic

Over the past 20 years, obesity levels have doubled in the United States, with 23% of adults in Boston being obese. The preventable risk factors of insufficient physical activity and poor nutrition are major contributors to the development and severity of many chronic diseases, including obesity, diabetes and heart disease, and account for about 17% of deaths in the US. There are substantial health disparities in obesity and resulting chronic disease that particularly affect communities of color. In Boston, 32% of Black and 30% of Latino residents are obese compared to White residents with 17% obesity rates.

Many factors contribute to the obesity epidemic. Individual choices, the amount of calories one consumes compared to the amount one burns through activity, contribute to whether a person gains or losses weight. However, research has shown that the environment we live in can also play a major role in whether we can easily make healthy choices. Among the many environmental factors affecting healthy lifestyles are: high numbers of fast food chains, unhealthy foods in corner stores, poor transportation systems to a grocery store or medical facility, high costs of fresh fruits and vegetables, work-related or other stress, unemployment, violence in the community that discourages activity in neighborhoods, poor preventive care, aggressive advertising of unhealthy foods and beverages, and streets designed mainly for car use.

“It is unreasonable to expect that people will change their behavior so easily when so many forces in the social, cultural, and physical environment conspire against such change.” – The Institute of Medicine

Role of Sugar-sweetened Beverages in the Obesity Epidemic

There is accumulating evidence of the particular role of sodas (non-diet) and other sugar-sweetened beverages (SSBs), such as fruit ades and sports drinks, in obesity and type 2 diabetes. SSBs are the largest source of added sugar in American diets, accounting for about 11% of total calories consumed, and typically have no nutrient content. Whereas once in our cultural history, drinking a can of soda was a ‘treat’ on special occasions, today, it is the norm to drink SSBs on a daily basis, with our meals, to satisfy thirst, and whenever our bodies crave something sweet.

SSBs may play a particular role in obesity beyond just their calorie contribution, for several reasons. First, “drinking calories” doesn’t seem to lead to the same sense of satiety that “eating calories” does, leading to excessive consumption. In addition, the high sugar content found in SSBs triggers two physiological responses which stimulate extra consumption, including an insulin response to high blood glucose levels that leads to increased hunger and a hormonal response that sends hunger signals to the brain. High consumption of SSBs is also associated with type 2 diabetes, elevated triglycerides, cardiovascular disease, dental caries, and several other conditions.

The beverage industry is massive and well funded. Specifically, the American Beverages Association spent \$18.9 million on lobbying in 2009, established “American’s Against Food Taxes” and funded Center for Consumer freedom to run ad campaigns against regulations and taxes; they’ve defeated beverage tax proposals in several states which attempted to reduce consumption of SSBs by increasing the price of these unhealthy products. Coca-Cola, PepsiCo and Dr Pepper Snapple group spent \$4 billion combined marketing their products globally, including strategies to target communities of color.

Approaches to Addressing the Obesity Epidemic

An integrated approach based on policy, systems, and environmental (PSE) change can have an impact on creating the healthier environments necessary to support change in healthy behaviors in communities. Approaches based on PSE change address the underlying factors that facilitate unhealthy behavior and help to change the context so that the healthy choice is the easy or default choice in our everyday lives.

Some examples of PSE changes that have made it easier for people to be healthier include: trans fat bans that mandate that healthier foods be served at restaurants, bike lanes that encourage and facilitate use of bikes as a mode of transportation to work and other destinations, incentives that improve the availability and affordability of healthy foods in corner stores and other food retailers, zoning laws that reduce density of fast food restaurants or that allow for urban agriculture, policies that mandate that physical education be offered at all schools, and implementation of organizational policies that disallow use of funds for purchasing unhealthy beverages for meetings and other community functions.

The Chronic Disease Prevention and Control Division of the BPHC is working on various initiatives that provide opportunities for residents to be more physically active and to consume healthier foods, with a particular focus on addressing the health inequities that exists in obesity rates. The BPHC has adopted a health equity framework that promotes policy and community-based strategies that address the social determinants of health to achieve health equity. Critical to the successful creation of policies and interventions to combat inequities in health is a comprehensive understanding of the role of social factors and racism in health inequity. Programs and policies that exist in silos, ignoring the social and cultural context of disease, are less effective in disease prevention and public health promotion. This is the framework that continues to lead the Commission’s health equity agenda in order to improve public health and in particular the chronic disease burden in Boston.

The CPPW Obesity Prevention project is implementing various initiatives including, gardening, community bicycling and bike share, subsidized memberships for fitness centers, physical education and activity at the Boston Public Schools, and more (see attached CPPW fact sheet). Because of the documented impact of SSBs on obesity and chronic disease, CPPW is also implementing a multi-level initiative to decrease SSB consumption. This initiative includes:

- 1) A hard-hitting, multi-prong media campaign that will increase awareness of the health impact of sugar-sweetened beverages (SSBs) and raise support for policy changes. BPHC will be launching a city-wide multi-media campaign in the summer 2011, with Black and Latino parents of young children as the target audience. Additionally, the CPPW Youth Media Council is developing a youth-directed campaign primarily using social media, outreach to youth groups and other nontraditional media.
- 2) Municipal and organizational policies that limit sugar-sweetened beverage availability and marketing. There are numerous policies that an organization can enact that can influence behavior of organizational staff, members, congregants, students, and visitors. CPPW is already working with City of Boston agencies, schools, hospitals and other health care organizations, and universities to develop and implement policies that limit access to unhealthy beverages and je; [to raise awareness of the health impact of SSBs, reduce consumption of SSB's, and stimulate consumption of water and other healthier beverages that don't negatively impact health as sugar-loaded beverages do. These include:
 - a. Boston Public Schools (BPS) does not allow soda or other SSBs in vending machines, and is eliminating their availability at fundraisers and other events.
 - b. Mayor Menino recently issued an executive order that will begin to phase out SSBs in City buildings, including vending machines, cafes, stores, and city-sponsored events.
 - c. The City is placing 'point of purchase' signage at all places that SSBs are sold that gives customers information about healthy and less healthy beverage options.
 - d. The President of Carney Hospital recently announced that SSBs will no longer be sold or provided on hospital grounds.
 - e. St. Elizabeth's Hospital has begun posting 'point of purchase' signage at its vending machines and cafeterias and is changing prices so that healthier beverages (and foods) are less expensive.

This mini-grant opportunity for faith-based organizations is being released so that this important sector can also participate in these types of initiatives that will help to impact obesity and the burden of chronic disease in Boston.

Working with the Faith-Based Community

The First Lady's Let's Move Campaign recognizes that "faith-based and neighborhood organizations have a unique and critical role to play in ending...obesity and addressing related issues". Faith-based organizations "are trusted leaders in the community, [making] them well-positioned to encourage people to take action". More importantly, "children learn many lessons about healthy living and well-being in faith- and community-based settings that set the foundation for their lifestyle as adults".

In Boston, there are over 400 faith-based organizations, the majority (or more than 70%) of which are located in the neighborhoods with the highest obesity rates, Dorchester, Roxbury, Mattapan, East Boston, and Hyde Park. Partnering with the religious organizations in these neighborhoods is key to not only addressing the burden of chronic disease but to also reduce the existing health inequities.

III. Program Elements and Scope of Work

As part of our efforts to create healthy communities, the Boston Public Health Commission seeks to partner with the Faith-Based Community to help create environments that support healthy behaviors. The Communities Putting Prevention to Work (CPPW) Obesity Prevention Project SSB minigrant opportunity

is being awarded for the implementation of strategies that will help to change social norms around drinking sugar-sweetened beverages (SSB's) and reduce consumption of the same.

The goals of the mini-grants are to:

- Raise awareness of the health impact of SSB consumption among Boston residents through
 - dissemination of SSB public health media campaign messages
 - provision of educational opportunities that help to raise awareness of the obesity epidemic and the health impacts of SSBs
- Build support for and make organizational policy change to reduce accessibility and promotion of SSBs

1. Form an SSB working group/committee:

Each grantee will be required to form a committee or team of at least 5 individuals (5-10 is recommended) who will lead the efforts of message dissemination, education and policy work. These individuals would become “lead advocates” or “champions” around this issue within the faith-based organization (FBO). They should be individuals who not only have the skills, but also the interest and passion for impacting the health of their community.

Ideally, this team should be comprised of members who have had experience with community organizing, facilitating workshops, educating community residents, public speaking, doing outreach, coordinating activities or other important skills that would help to implement proposed project activities. It would also be helpful to have individuals who have knowledge about chronic disease, nutrition, and related health topics. We encourage including both FBO leaders as well as other congregation members who are skilled and interested in participating. Most of the team/committee members *must* be residents of Boston. The identified “lead advocates” will receive training from BPHC on relevant health topics, facilitation skills, advocacy, media and other relevant topics. They will also be required to participate in monthly meetings with other grantee lead advocates for networking, sharing best-practices, training opportunities and receiving other support.

2. Implement activities in the following three areas:

A) SSB public health campaign message dissemination*

- A citywide SSB media campaign is scheduled to launch in the summer 2011 and is designed to raise awareness on the health impacts of SSBs. It will also start to shift social norms around the high consumption of SSBs to encourage consumption of healthier beverages.
- Media campaign materials will be provided by the BPHC to support dissemination of messaging. These may include brochures, posters, “give-aways”, and access to the campaign advertising (i.e. commercial spot/videos). Training on message dissemination will be provided by BPHC.
- Applicants are to propose innovative and creative strategies for disseminating these media materials/messages on an ongoing basis within their organization and in the community in a manner that will have the highest reach and impact and will begin to shift social norms on the consumption of SSBs. Going beyond just distributing brochures is key if the public health messages are to impact the targeted audience.
- Applicants must clearly detail the role of the lead advocates in message dissemination.
- Applicants must detail the type and frequency of activities, expected outcomes and reach, and other information to help assess the impact of these activities.
- Applicants must express obstacles and/or challenges they foresee in the implementing of these activities and ideas for overcoming these challenges. Applicants may also express potential support or training that if received, would help with implementation of proposed activities.

*Note: the majority of proposed activities must fall under this activity area compared to those proposed for area B.

B) Raise awareness of obesity epidemic and health impact of SSB consumption:

- Applicants are to propose creative strategies for raising awareness of the obesity epidemic, health impact of SSBs, and the role of the environment.
- Proposals must include strategies to not only engage congregation members but community members as well. Ability and strategies to engage diverse residents of Boston is important to detail in the proposal.
- The strategies should go beyond just distributing brochures and providing workshops (which can sometimes have limited participation). The strategies should creatively engage members throughout the grant period and in ways that will have greatest impact. Ideas may include but are not limited to: holding contests, posting banners on property, use of educational signs or prompts, organizing large events, use of technology (i.e. videos, photovoice), use of social media or other communications avenue, etc.
- The BPHC will provide PowerPoint presentations, handouts, and other educational materials that can be used for these activities, but applicants are encouraged to also include other materials needed for proposed strategies as part of their budget.
- Applicants must clearly detail the role of the lead advocates in message dissemination.
- Applicants must detail the type and frequency of activities, expected outcomes and reach, and other information to help assess the impact of these activities.
- Applicants must describe potential obstacles and/or challenges in implementing project activities and ideas for overcoming the same. Applicants may also express potential support or trainings that if received, would help with implementation of proposed activities.

C) Making organizational policy change

- Applicants must develop, adopt and implement organizational policies that will help to reduce the availability and promotion of SSBs on organization property/campuses in order to support healthier environments for members and community residents.
- Applicants are to describe areas within their organization where SSBs are currently being accessed by members and community residents, describe potential policies to decrease access to the same, and strategies for moving forward with policy changes and implementation of these policies.
- Potential policies/strategies can include but is not limited to: eliminating sugar-loaded beverages from any vending machines on premises, prohibiting the availability of SSBs at meetings, activities or other larger events, not using SSBs as fundraisers, and not serving SSBs through their food programs or cafeterias.
- The BPHC will provide applicants with a tool-kit, trainings and other technical assistance designed to help organizations make necessary policy changes. This will also include help on increasing access to water and other healthier beverages.
- Applicants must detail the type and frequency of activities around making organizational policy change, expected outcomes and reach, and other information to help assess the impact of these activities.
- Applicants must describe potential obstacles and/or challenges in implementing project activities and ideas for overcoming the same. Applicants may also express potential support or trainings that if received, would help with implementation of proposed activities.

3. Reaching out to other faith-based organizations:

- Applicants must reach out to and engage 3-5 other faith-based organizations to:
 - i. gain their support with disseminating campaign messages and/or raising awareness of health impact of SSBs, and

- ii. obtain their agreement on and provide coaching on making organizational policy change to reduce access to SSBs.
- Applicants must detail strategies for engaging other faith-based organizations, provide a description of the organizations (i.e. names, size, location) if already identified and the role of the lead advocates or other staff in this effort.
- Applicants must detail the type and frequency of activities, expected outcomes and reach, and other information to help assess the impact of these outreach activities.
- Applicants must describe potential obstacles and/or challenges in implementing project activities and ideas for overcoming the same. Applicants may also express potential support or trainings that if received, would help with implementation of proposed activities.

Roll out Timeline

Applicants must be able to meet the aggressive roll-out of this initiative, which should be reflected in the proposals' description and timeline of activities.

- June 6-17: meet with CPPW project team to finalize scope of work and budget, identify the committee of individuals within the organization who will lead efforts, other preliminary planning by organization.
- June 20th and 21st – grantee kickoff events. Although we may not utilize both days, please block these days for kickoff event, trainings, and other important activities.
- July-August: initial trainings provided by BPHC (dates will be determined with grantees); commencement of media message dissemination and educational opportunities by grantees.
- September 2011-February 2012: continued implementation of proposed work plan, participation in monthly meetings with BPHC and other grantees, and other relevant activities
- January-February 2012-organizational policies must be in place at your organization and potentially, other faith-based organizations.
- March 2012: close out activities

Other Contract Requirements

Successful applicants must agree to:

- Accommodate the aggressive roll out of grant
- Participate in provided trainings, networking meetings, and other CPPW related activities as applicable.
- Project staff and “lead advocates” to participate in media and advocacy opportunities as needed and appropriate.
- Work collaboratively with other community organizations that receive funding under this initiative as appropriate.
- Provide or facilitate access to space for trainings, meetings, and other related activities as well cover relevant meeting costs (i.e. refreshments).
- Help CPPW disseminate health information and resources within your organization that encourage congregation members to be more physically active and eat healthier, including but not limited to: gardening opportunities, availability of subsidized memberships to fitness centers and bike share and other opportunities to be more physically active, and community-wide events that promote walking, biking or other healthy behaviors.
- Able to meet grant reporting requirements (see reporting requirements below).
- Support CPPW evaluation efforts. Assistance will be provided. This may include collection of surveys to measure current knowledge, attitudes and beliefs about SSBs and other healthy behaviors pre and post implementation of activities.

Who May Apply

Applicants must be approved by the IRS as a 501(c)(3) not-for-profit organization or apply via a 501(c)(3) organization that will act as the fiscal manager for the funds. Applicants must be a faith-based organization located in and serving a high percentage of members/congregants of any of the following neighborhoods: Roxbury, Dorchester, Mattapan, East Boston, or Hyde Park.

Funding Availability and Time Frame

The Commission anticipates funding 4-8 organizations at a \$5,000 - \$15,000 contract level each. Final determination of funding level will be contingent on the application review and availability of funding. BPHC has full discretion to choose the precise funding amounts for each grantee. The amount of funding granted will depend on the proposed project activities. Grants awarded through this RFP will only guarantee funding for a single grant period.

Proposals are due by May 27, 2011 5:00 pm. There will be no exceptions to this deadline. Contract is expected to be awarded by June 6, 2011. The period of the contract will extend from approximately June 6, 2011 – March 18, 2012.

Reporting Requirements

Monthly progress reports must be submitted within 5 days after end of each of month. The monthly report format will be provided upon contract, and will include a summary of implemented activities and other accomplishments for the period. The first progress report will be due July 5, 2011 for the month of June, the second one on August 5, 2011 for the month of July and so on.

Because funding for this initiative is provided through American Recovery and Reinvestment Act (ARRA) dollars, all grantees must comply with the rules and conditions laid out within the Act. Please see attached ARRA addendum for your review. This must be signed as part of the CPPW contract. Each grantee must *also* submit quarterly ARRA reports to the BPHC within 5 days of the end of each quarter. The first one will be due by July 5, 2011 for the period of April – June 2011, the second one on October 5, 2011 for the July-September quarter, and so on. The ARRA report format will also be provided upon contract execution, and primarily comprises of number of jobs retained or created and total hours supported by ARRA funds during the quarter.

Fiscal Rules

Awardees will be required to enter into a standard BPHC contract. Invoices detailing expenses per the approved budget must be submitted monthly, within 15 days of the month's end. Invoices must represent actual monthly expenses. Expenses must be based on the approved budget. **Funds will be paid on a cost reimbursement basis, within 30 days of invoice submission.**

Grantees may receive up to two site visits regarding fiscal compliance and must be able to support invoices, demonstrate ARRA funds have been kept separate and used only to support ARRA activities. Programmatic site visits may also be conducted at the discretion of BPHC.

Process

Work will be conducted under the supervision of the Commission's CPPW Obesity Prevention Project Director and Coordinator. There will also be collaborative efforts with other Commission faith-based targeted initiatives being led by the Outreach Division of the Community Initiatives Bureau.

Proposal Requirements:

- I. Submit a narrative proposal that answers the following questions, in the order specified below.
 1. Organization overview and experience (1-2 pages): provide a description of your organization, history, mission statement, organization size, and current /past activities and services provided to the community that support health and well being. Describe the number

of members/congregants that participate in your weekly services, faith-based and other activities. Describe your organization's experience managing grants and implementing similar type of initiatives. Describe your organization's experience with community organizing, coalitions, advocacy, or demonstrated leadership and experience engaging large numbers of congregation and/or community members around public health or social issues. Include outcomes of past activities. Describe your organization's ability to manage the grant's reporting and invoicing requirements. In this section, provide any other relevant information that we should be aware of related to working with your organization and other special considerations.

2. Key staff (1 page or less): Describe the individuals/staff that will be leading project efforts, organizational affiliation and title, qualifications, knowledge/skills/experience relevant to the requirements of this project, and expected role in project. Also describe the individuals who will form part of the committee of "lead advocates" or "champions" around this issue, their roles in implementing project activities, and other information regarding their knowledge, skills and/or relevant experience. Describe a proposed process for selecting committee members within two weeks of grant award if individuals have not already been identified for the committee. Please affirm that most of the key staff and lead advocates are Boston residents.
3. Need (1 page or less): Describe identified health needs of your congregation members and/or community as related to obesity and other chronic diseases. Describe services needed by congregation members and how this need for services was assessed (i.e. surveys, anecdotes)
4. Approach to and scope of work with timeline and deliverables (3-5 pages): Describe an implementation plan for proposed strategies within the three areas described above.
 - a. Describe formation of the SSB committee of lead advocates and the composition of the members as described above.
 - b. Describe proposed strategies for disseminating campaign messages and for raising awareness of impact of SSBs throughout the grant period.
 - c. Describe opportunities within your organization to reduce access to and promotion of SSBs and your approach for making organizational policy changes.
 - d. Describe innovative/creative strategies for engaging congregation and community members throughout grant period in a manner that will have the greatest reach and impact. Describe how you will engage diverse community residents.
 - e. Describe strategies for engaging/influencing other faith-based organizations with similar work. What other organizations would you work with? What existing relationship structures would facilitate this process?

For each of these, include details of activities, timeline and outcomes of activities related to reach/impact (i.e. # of residents engaged, # of proposed activities). Timeline of key activities should end by February 28, 2012, with remaining days in March for "close out" activities. Describe any partnerships if applicable. Activities must be reasonable and able to be accomplished within the grant time period of June 6, 2011 – March 18, 2012.

Below is a sample timeline format you can include in your proposal after describing project strategies. You can list all project activities and put an “X” under each quarter that this activity will take place.

Project Activities	Apr-Jun 2011	Jul-Sept 2011	Oct-Dec 2011	Jan-Mar 2012
List detailed activity #1 here	x			
List detailed activity #2 here	x			
List detailed activity #3 and so on		x	x	

Please include affirmation to comply with major project elements as well as “other contract requirements” detailed above, especially meeting the aggressive timeline for project roll-out. State whether the proposed project is a new initiative or an expansion of existing initiatives. If the latter, state how the funds will be used to expand or enhance the existing initiative. Be as specific as possible

5. Budget and budget justification: (1-2 pages) provide an itemized budget with a justification for each proposed expense. Expenses must be relevant to proposed project activities and deliverables. Funding may be used for a variety of expenses, including salaries and fringe benefits (for coordinators and/or group leader), stipends for lead advocates (highly encouraged), local travel, trainings for staff, supplies, copying/printing, postage, educational materials, incentives, meeting and/or event costs (i.e. refreshments), and indirect costs. Expense justifications must be detailed. For example, if including salaries, give the hourly rate and approximate distribution of hours expected for each individual for project implementation. If including costs for meetings or events, detail the specific costs and quantity. Note: monthly meetings facilitated by BPHC staff will be held at grantee sites on an alternating basis. Hosting site will be responsible for covering any relevant meeting expenses as part of their proposed grant budget. Budget may include an allowance for indirect (administrative overhead) costs of up to 10% of direct costs (e.g., if direct costs are \$5000, may request additional \$500 for indirect costs). Please ensure that budget adds up correctly to the total project cost. Please note that the final budget may be subject to negotiation.

6. Other documents (not mandatory but may strengthen application):

- References, reference letters and/or letters of support

II. Please include a cover page as well as attach a completed organization contact sheet (see attached). An authorized signatory of the 501(c)(3) organization must sign the cover page.

III. Email, mail or hand-deliver proposals by 5:00 pm on May 27, 2011 to:

Daisy De La Rosa, Project Director
 CPPW Obesity Prevention/Chronic Disease Division
 Boston Public Health Commission
 1010 Massachusetts Ave., 2nd floor
 Boston, MA 02118

Hand-delivered applications must be submitted to the receptionist on the 2nd floor at 1010 Massachusetts Ave., who will provide a signed receipt. All applications including required documents must be received at the Boston Public Health Commission by 5:00 pm on May 27, 2011. There will be no exceptions to this deadline. The responsibility for submitting a response to this RFP to the Boston Public Health Commission on or before the stated date will be solely the responsibility of the applicant organization. The Commission will in no way be responsible for delays caused by the United States Mail service or caused by any other occurrence.

Proposal Evaluation and Notification

The Commission will evaluate proposals and notify applicants by notification date below. The following criteria will be used in the evaluation of proposals:

- **Organization Overview and Experience (20 points):** Organization's experience with similar work and capacity of applicant to implement proposed project activities successfully.
- **Key Staff (10 points):** Skilled and experienced staff able to lead efforts and implementing project workplan. Composition of individuals who will form the committee responsible for implementing project activities.
- **Need (5 points):** described assessed needs of community or congregation members.
- **Approach to and Scope of Work (40 points):** Clarity and relevance of project objectives and timeline to RFP goals. Inclusion of activities in the three major project areas (message dissemination, educational opportunities, and policy work). Ability of the proposed activities/strategies to reduce consumption of SSBs. Presentation of a clear implementation plan to meet stated objectives/activities within the funding time frame. Impact and reach of proposal strategies and activities. Applicant's affirmation to meeting other contract requirements.
- **Budget and Budget justification: (25 points)** A clear and accurate budget that outlines appropriate expenses relevant to project objectives, activities and timeline. Detailed justification for expenses.

Other Information

Questions about this RFP can be sent to Naida Faria, CPPW Project Coordinator, nfaria@bphc.org. Please note, that certain questions cannot be answered if it is believed to influence how proposals are written or if it will provide your organization with a greater advantage over other applicants. We highly recommend participating in the bidder's conference to ask questions and to learn more about this opportunity early in the application process.

Additionally, an optional grant-writing workshop will be held on May 5, 2011 to help applicants to write a strong proposal (see information below).

Summary of RFP Timeline

RFP Release:	April 25, 2011
Bidders Conference:	April 28, 2011, 6:00-7:30 pm (see information below)
Grant writing workshop:	May 5, 2011, 6:00-8:00 pm (see information below)
Proposal Due Date:	May 27, 2011, 5:00 pm
Award Notice:	June 6, 2011
Project period:	June 6, 2011 – March 18, 2012

Bidders Conference & Presentation (see call in information below if unable to attend*)

Thursday, April 28, 2011, 5:30-7:30 pm (dinner will be provided; please RSVP)

- Meet the BPHC/CPPW Team

- Learn about obesity and rationale for addressing SSBs
- Learn about the CPPW Obesity Prevention Project Initiatives and Goals
- Learn more and ask questions about the RFP

Workshop “*Writing Successful Grant Proposals*” (only for organizations submitting proposals)

Thursday, May 5, 2011, 5:30-8:00 pm (dinner will be provided; please RSVP)

- Overcoming the biggest challenges and common mistakes
- Strengthening proposal components
- Tips for successful submissions

Location for both activities: Boston Public Health Commission, 1010 Massachusetts Avenue, 2nd Floor Hayes Conference Room, Boston, MA 02118. To help us better prepare for this event, please RSVP to Melissa Lucien at 617-534-5690 or via email mlucien@bphc.org and indicate # of people participating.

*If you are unable to attend the bidder’s conference, you may call in to the meeting using the following call in information 617-608-2659 (46001 if from within BPHC), enter meeting ID # 2487. Please note: this call in number provides for only up to 10 callers, and we cannot guarantee that a spot will be available for you to participate via phone.

Attachment: CPPW SSB RFP / ARRA Addendum [FOR REVIEW PURPOSES ONLY]

BOSTON PUBLIC HEALTH COMMISSION

CONTRACT ADDENDUM – ADDITIONAL TERMS FOR AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 & FISCAL RULES

This addendum to the contract addresses additional requirements applicable to all contracts which are funded in whole or in part with funds provided by the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5 (“ARRA”). The addendum also mandates that the contractor comply with certain fiscal rules as outlined below. The Contractor/Subrecipient must comply with all requirements of ARRA as well as the requirements of Federal Grant Number _____, the terms of which are incorporated herein by reference. In the event there is any inconsistency between the grant requirements and this attachment, the grant requirements shall be controlling. The Contractor agrees and assures that by accepting ARRA funds through this contract, that it and any subcontractor will fully comply with the requirements herein and any requirements issued hereafter by the federal government or the Commonwealth of Massachusetts for compliance with ARRA or other federal and state laws. The Contractor shall also comply with all applicable OMB circulars or FAR guidelines.

I. GENERAL REQUIREMENTS UNDER ARRA

A. Reporting Requirements

Pursuant to Section 1512 OF ARRA, not later than 5 days after the end of each calendar quarter, starting with the quarter ending June 30, 2010 and reporting by July 5, 2010, the recipient must submit quarterly reports to BPHC that BPHC will post to federalreporting.gov, containing the following information:

- a. The contractor’s DUNS #, legal name and address;
- b. The contract number, date and grant period;
- c. The total amount of ARRA funds under this award;
- d. The amount of ARRA funds received under this award that were obligated and expended to projects or activities;
- e. The amount of unobligated award balances;
- f. A detailed list of all projects or activities for which ARRA funds under this award were obligated and expended, including
 - i. The name of the project or activity;
 - ii. A description of the project or activity;
 - iii. An evaluation of the completion status of the project or activity;
 - iv. An estimate of the number of jobs created and the number of jobs retained by the project or activity; and
- g. Detailed information on any sub-awards (sub-contracts or sub-grants) made by the grant recipient to include the data elements required to comply with the Federal Funding Accountability and Transparency Act of 2006 (Public Law 109-282).
- h. For any sub-award equal to or larger than \$25,000, the following information:
 - i. The name of the entity receiving the sub-award;
 - ii. The amount of the sub-award;
 - iii. The transaction type;
 - iv. The North American Industry Classification System code or Catalog of Federal Domestic Assistance (CFDA) number; Program source;
 - v. An award title descriptive of the purpose of each funding action;
 - vi. The location of the entity receiving the award;
 - vii. The primary location of performance under the award, including the city, State, congressional district, and country; and

A unique identifier of the entity receiving the award and of the parent entity of the recipient, should the entity be owned by another entity.

- i. All sub-awards less than \$25,000 or to individuals may be reported in the aggregate.
- j. Recipients must account for each ARRA award and sub-award (sub-grant and sub-contract) separately. Recipients will draw down ARRA funds on an award-specific basis. Pooling of ARRA award funds with other funds for drawdown or other purposes is not permitted.

B. Reporting Jobs Creation

Recipients of Recovery Act funding who are subject to Section 1512 reporting should report job-created data as prescribed in Section 5 of the Office of Management and Budget (OMB) guidance M-09-21, updated as of December 18, 2009. BPHC will not accept statistical sampling methods to estimate the number of jobs created and retained. All recipients must report a direct and comprehensive count of jobs, as specified by OMB guidance M-09-21. See Section 5.3 of the OMB guidance for more information on calculating jobs, including job estimation examples.

Definitions of jobs considered to be created or retained:

- a. A job created is a new position created and filled, or an existing unfilled position that is filled, that is funded by the Recovery Act;
- b. A job retained is an existing position that is now funded by the Recovery Act. Using the definitions above, recipients must estimate the total number of jobs that were funded in the quarter by the Recovery Act. A funded job is defined as one in which the wages or salaries are either paid for or will be reimbursed with Recovery Act funding.
- c. A job must be counted as either a job created or a job retained; it cannot be counted as both. Additionally, only compensated employment in the United States or outlying areas should be counted. See 74 FR 14824 for definitions. For full OMB guidance, please visit:
http://www.whitehouse.gov/omb/assets/memoranda_2010/m10-08.pdf

C. Segregation and Payment of Costs

Contractors must segregate the obligations and expenditures related to funding under ARRA. Financial and accounting systems should be revised as necessary to segregate, track and maintain these funds apart and separate from other revenue streams. No part of ARRA funds shall be commingled with any other funds or used for a purpose other than that of making payments for costs allowable for ARRA projects. ARRA funds can be used in conjunction with other funding as necessary to complete projects, but tracking and reporting must be separate to meet the reporting requirements of ARRA and guidance issued by the federal Office of Management and Budget.

D. Wage Rates

In accordance with ARRA §1606, the Contractor assures that it and its subcontractor(s) shall fully comply with said section in that, notwithstanding any other provision of law and in a manner consistent with other provisions of ARRA, all laborers and mechanics employed by vendors, contractors and subcontractors on projects funded directly by or assisted in whole or in part by and through the federal government, pursuant to ARRA, shall be paid wages at rates not less than those prevailing on projects of a similar character in the locality, as determined by the Secretary of Labor in accordance with subchapter IV of chapter 31 of title 40, United States Code (Davis-Bacon Act). It is understood that the Secretary of Labor has the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (64 Stat. 1267; 5 U.S.C. App.) and section 3145 of title 40, United States Code.

E. Registration Requirements

In accordance with ARRA, §1512(h), the Contractor and its subcontractor(s) shall register in the Central Contractor Registration (CCR) database at www.ccr.gov, and maintain current registration at all time during the pendency of the Contract. In order to register in CCR, a valid Dun and Bradstreet Data Universal

F. Buy American

In accordance with ARRA, §1605, the Contractor assures that it and its subcontractor(s) will not use ARRA funds for a project for the construction, alteration, maintenance, or repair of a public building or public work unless all of the iron, steel and manufactured goods used in the project are produced in the United States in a manner consistent with United States obligations under international agreements. The Contractor understands that this requirement may only be waived by the applicable federal agency in limited situations, as set out in ARRA, §1605.

In accordance with ARRA, §1553, the Contractor assures that it and its subcontractor(s) shall fully comply with said section, including, but not limited to, assuring that their employees will not be discharged, demoted, or otherwise discriminated against as a reprisal for disclosing, including a disclosure made in the ordinary course of an employee's duties, to the federal government or any representative thereof, the Commonwealth of Massachusetts, a person with supervisory authority over the employee (or such other person working for the employer who has the authority to investigate, discover, or terminate misconduct), a court or grand jury any information that the employee reasonably believes is evidence of: 1) gross mismanagement of a contract or grant relating to ARRA; 2) a gross waste of ARRA funds; 3) a substantial and specific danger to public health or safety related to the implementation or use of ARRA funds; 4) an abuse of authority related to the implementation or use of ARRA funds; or 5) a violation of law, rule, or regulation related to the Contract (including the competition for or negotiation of the Contract), awarded or issued relating to ARRA funds. In accordance with

ARRA, §1553(e), the Contractor assures that it and its subcontractor (s) shall post notice of the rights and remedies provided in ARRA, §1553

H. Prohibition on Use of ARRA Funds.

No ARRA funds may be used for any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool, or any other items prohibited by ARRA. Numbering System (DUNS) Number is required. See www.dnb.com.

G. Whistleblower Protection

I. Record Keeping and Access to Records

Contractor and subcontractor recipients of ARRA funds, must maintain records, books, files and other data as specified in a Contract and in such detail to support compliance with contract terms, attainment of performance success criteria or performance measurements and successful completion of all contract performance requirements to properly substantiate claims for payment and that identify adequately the use of ARRA funds, which must be maintained for seven (7) years beginning the day after the final payment of ARRA funds or after the resolution of any litigation, claim, negotiation, audit or other inquiry involving the Contract. Transparency requirements under state and federal law (including Section 902) require a contractor to provide access to all such records and data to the contracting Department, the Executive Office for Administration and Finance, the Offices of the Attorney General, State Auditor, Inspector General or any state or federal compliance officer or inspector general assigned to ARRA reviews. Access to such records, including on-site reviews, interviews of officers and employees, and reproduction of such records at a reasonable expense, shall be provided during the Contractor's regular business hours and upon reasonable prior notice. All contractors, whether deemed sub-recipients or vendors, must be prepared to provide any documents, records, data or other proof of performance, or related to their business activities that are paid for with ARRA funds.

J. Enforceability

In addition to all other remedies available to BPHC under applicable state and federal laws, in the event a Contractor or their subcontractors fail to comply with the contract terms, this addendum, including BPHC's fiscal rules as stated herein, or with applicable federal and state requirements governing the use

of ARRA funding, BPHC may withhold or suspend, in whole or in part, awards or recover from the Contractor any funds improperly paid to the Contractor following an audit by BPHC.

K. False Claims or Public Concerns

A Contractor shall promptly refer to its contracting Department any public concerns raised to the Contractor about the use of ARRA funds (Section 1514), or credible evidence that a principal, employee, agent, subcontractor or other person has committed a false claim (e.g., falsification of time sheets, reports or invoices) under the False Claims Act or has committed a criminal or civil violation pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving ARRA funds. The Contractor acknowledges that Section 1865 of ARRA, amends Section 257 of the Trade Act of 1974 increasing false claims penalties to allow imprisonment up to 2 years, or fines or both.

L. Lobbying Statement

Federal law prohibits award recipients and their subcontractors from using federal funds for lobbying Congress or a federal agency, or to influence legislation or appropriations pending before Congress or any State or local legislature or governing body. Any activity designed to influence action in regard to a particular piece of pending legislation, as well as indirect grass roots lobbying efforts by award recipients that are directed at inducing members of the public to contact their elected representatives at the federal, state or local levels to urge support of, opposition to, pending legislative proposals is prohibited. The remainder of Note 16 of the Notice of Award regarding lobbying is incorporated herein by reference.

M. Vendors

This section shall apply to all vendors that are compensated with ARRA funds. A Vendor is defined as a dealer, distributor, merchant or other seller providing goods or services that are required for the conduct of a Federal program. Prime recipients or sub-recipients may purchase goods or services needed to carry out the project or program from vendors. Vendors are not awarded funds by the same means as sub-recipients and are not subject to the terms and conditions of the Federal financial assistance award. As outlined above, vendor payments will be reported with the vendor DUNS number OR the vendor name and the zip code of the vendor headquarters. In addition to any other requirements, sub-awards made to vendors from ARRA funds are subject to Buy-American requirements for construction material Section 1605 requiring that ARRA projects for the construction, alteration, maintenance, or repair of a public building or public work use American iron, steel, and manufactured goods in the project unless one of the specified exemptions applies, in a manner consistent with U.S. obligations under international agreements. Further Section 1606 of the Recovery Act requires compliance with the Davis-Bacon Act of 1931 that all laborers and mechanics employed by contractors and subcontractors on projects funded directly by or assisted in whole or in part with ARRA funds shall be paid wages at rates not less than those prevailing on projects of a character similar in the locality as determined by the Secretary of Labor in accordance with subchapter IV of chapter 31 of title 40, United States Code. These requirements pass through to vendors and their sub-contractors, if any, who may have previously been exempt from compliance.

N. No Texting While Driving

AR 29: Compliance with E013513, "Federal leadership on Reducing Text Messaging while Driving," October 1, 2009

Recipients and sub recipients of CDC grant funds are prohibited both from texting while driving a Government owned vehicle and/or using Government furnished electronic equipment while driving any vehicle. Texting means reading from or entering data into any handheld or other electronic device, including SMS texting, e-mailing, instant messaging, obtaining navigational information, or engaging in any other form of electronic data retrieval or electronic data communication. Driving means operating a motor vehicle on an active roadway with the motor running, including while temporarily stationary due to traffic, a traffic light, stop sign or otherwise. Driving does not include operating a motor vehicle with or without the motor running when one has pulled over to the side of, or off, an active roadway and has halted in a location where one can safely remain stationary. Grant recipients and sub recipients are responsible for ensuring their employees are aware of this prohibition and adhere to this prohibition.

II. FISCAL RULES

1. Invoices must be submitted monthly, within 15 days of the month’s end. Invoices must represent actual monthly expenses. Expenses should be allowable, allocable and reasonable. No short term loans, prepayments or future expenses are permitted under federal reimbursement guidelines. If no contracted activities occurred in a given month, a zero dollar (\$0.00) invoice should be submitted. Invoices must reflect actual costs incurred and show expenditure against the approved contracted budget. The final invoice must be submitted within 30 days of the end of the grant. Invoices must be sent to: Odessa Ortiz, Project Director – CPPW Tobacco Grant, Boston Public Health Commission, 1010 Massachusetts Ave, Boston, MA, 02118
2. A contractor’s indirect is capped at 20% (of modified total direct costs) or federally approved rate, whichever is lower. Verification of this rate is subject to audit. The fringe rate must be at the agency’s internal audited fringe rate and/or supported by a federally approved rate letter.
3. Invoices will be paid within 30 days of receipt. Any pending checks are held if complete quarterly or monthly reports are not received when due and/or if fiscal documentation is incomplete. Subrecipients will be informed in writing when this is the case.
4. Subrecipients will receive two site visits regarding fiscal compliance and must be able to support invoices, demonstrate ARRA funds have been kept separate and used only to support ARRA activities. Programmatic visits may also be required at the discretion of BPHC.
5. Changes to the scope of work require a contract amendment. A change to the scope of work is defined as:
 - change the objectives, aims, or purposes identified in the approved application
 - transfer of substantive programmatic work to a third party through a subaward, contract or any other means, if the authority for such activities is not included in the approved application
 - Budget revisions that cause a project to change substantially from what was approved
 - Significant rebudgeting (transferring among direct cost budget categories in excess of 25% of the total approved budget or \$250,000 whichever is less), whether or not the particular expenditures require prior approval.
 - Minor rebudgeting (transferring among direct cost budget categories below 25% of the total approved budget or \$250,000 whichever is less) may be agreed in writing with the BPHC project director without a contract amendment.
6. Contract expenses will be reviewed every quarter. If expenses are falling short of contracted amounts, the sub-recipient will be informed in writing and asked to identify a plan to ensure that the project goes forward as identified in the contract scope and fully expend the contracted resources. BPHC has the right to reduce any contract that is chronically under-billing through a contract amendment.

The Contractor hereby acknowledges that it has read the contract and this addendum and agrees to and accepts all of their provisions in full:

Contractor: _____
By: _____
Title: _____
Dated: _____

**THIS ARRA ADDENDUM IS
FOR REVIEW PURPOSES
ONLY; DO NOT SUBMIT WITH
APPLICATION.**



Communities Putting Prevention to Work Boston Obesity Prevention



Fact Sheet

Overview

Communities Putting Prevention to Work (CPPW) is a two-year initiative to address obesity through aggressive, high impact nutrition and physical activity interventions designed to lead to policies, systems, and environmental changes in the City of Boston.

Boston is one of 50 total communities receiving CPPW funding from the federal Center for Disease Control & Prevention (CDC). The CPPW Obesity Prevention initiative is led by the Boston Public Health Commission

CPPW coordinates with two community coalitions - Strategic Alliance for Health and the Boston Collaborative for Food & Fitness- and a high level leadership team led by Mayor Thomas M. Menino, representing various community sectors, including as health care and schools.

Program Components

1) Sugar-Sweetened Beverages Campaign

Goal: Reduce consumption of sugar-sweetened beverages (SSBs) through:

- An aggressive media campaign utilizing counter advertising and youth-driven social marketing
- Supporting organizational policy change that limits access to SSBs in schools, community-based organizations, city departments, universities, health care settings, and other settings



2) Active Living & Transit Initiative

Goal: Increase opportunities for biking and walking through:

- A bike-share program that will allow residents to rent bikes at various stations throughout the city
- Youth and family bicycling activities and events, including trainings, youth workshops, and distribution of low-cost bikes and helmets
- Implementing “complete streets” plans that will help make streets safe and welcoming for bicycling and walking



3) “Grow Your Own” Initiative

Goal: Increase access to fruits and vegetables through:

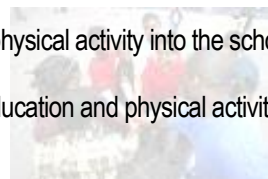
- Backyard and community gardening opportunities in Roxbury, Dorchester, and Mattapan, including renovations to existing gardens and a 10,000 square foot greenhouse
- Addressing land-use policy change to facilitate urban agriculture
- Training and support to families, including neighborhood-based food production and distribution



4) Boston Public Schools Interventions

Goal: Increase physical activity and physical education through:

- Training current physical education teachers to implement a standardized curriculum that increases the quality and quantity of physical education time
- Training teachers and school staff to incorporate more physical activity into the school day, including classroom time
- Strengthening current school policies around physical education and physical activity
- Instituting fitness testing for students in grades 4-9



5) Physical Activity Referral Line

Goal: Increase community access to physical activity opportunities

- a. Partner with health centers to create a system of provider referrals for physical activity
- b. Distribute subsidized memberships fitness facilities to low income residents
- c. Improve online physical activity resource database that can be accessed by providers and residents

Anticipated Impact

The CPPW program is designed to have citywide impact, including through media strategies, policy change, access to physical activity, and organizational changes. All initiatives aim to eliminate racial, ethnic and socioeconomic health disparities and promote health equity through community, policy, and systems change.

Obesity in Boston Public

- In 2008, 32% of Blacks & 30% of Latinos reported being obese, compared to only 17% of Whites.
- Among high school students, 19% are overweight and 15% are obese.
- Racial and ethnic disparities continue to persist, even among youth. Black and Latino students have higher obesity rates compared to White students.
- In 2006, 44% of adults and 70% of Boston Public high school students in Boston did not engage in regular physical activity.
- In 2006, only 26% of Boston adults and 11% of Boston Public high school students reported consuming the recommended daily servings of fruits and vegetables.
- Environmental factors unsafe streets, easy access to SSB's and junk food everywhere, and rising costs of fruits and vegetables compared to costs of carbonated drinks and sweets, make the unhealthy choice the easier choice; powerful media messages/advertising contribute to the "norm".

Source: *Health of Boston, 2008 Boston Public Health Commission Research and Evaluation Office*

About Us

The mission of the Boston Public Health Commission is to protect, promote, and preserve the health and well-being of Boston residents, particularly those most vulnerable.

The Chronic Disease Prevention and Control Division takes a lead role in the Commission's initiatives to reduce the overall burden of chronic disease and address disparities in outcomes, treatment, and related services. We focus on improving the public health system across the continuum of preventing, screening, and controlling chronic disease.

For More Information

For more information, please call the Chronic Disease Prevention & Control Division at 617-534-5690 or visit us at www.bphc.org/chronicdisease.

Revised: 4/15/2011

**CPPW SSB Media & Policy Grant Application
Contact Sheet**

Name of Organization: _____
Address: _____ Zip Code: _____

Contact for Program Information:

Name: _____ Position: _____
Phone: _____ Email: _____ Fax: _____

Contact for Fiscal and Contract Information:

Name: _____ Position: _____
Phone: _____ Email: _____ Fax: _____

Other Contact (Please Specify): _____

Name: _____ Position: _____
Phone: _____ Email: _____ Fax: _____

Signature: _____ Date: _____

Print Name: _____