REQUEST FOR PROPOSAL

THE BOSTON PUBLIC HEALTH COMMISSION
Chronic Disease Prevention and Control Division:

Respond to US Centers for Disease Control and Prevention
Sodium Reduction in Communities
Funding Opportunity Announcement (FOA)
CDC-RFA-DP16-1607

February 08, 2016
Respond to the US Centers for Disease Control and Prevention
Sodium Reduction in Communities
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Boston Public Health Commission (BPHC) Chronic Disease Prevention and Control Division is seeking ONE qualified evaluator (individual, organization, or business) to be our evaluation partner and contractor for an application we will submit to the US Centers for Disease Control and Prevention (CDC) on March 15, 2016. Our application will propose a Boston Sodium Reduction Initiative that will work over 5 years in multiple Boston organizations that offer food service to reduce the amount of sodium in prepared and packaged foods that they serve or sell.

Scope of Work for the selected evaluator:

- Collaborate with BPHC between March 2 – March 14 to develop and submit a strong evaluation plan for the CDC application (approximately 8 hours, not funded).
- With BPHC staffs input, finalize and submit a 5-year evaluation plan to the CDC within 6 months after the anticipated grant start date of September 30, 2016. The evaluation plan must address the key evaluation questions, outcomes, and indicators in the Evaluation Plan Requirements section below and describe how these data will be collected and analyzed.
- Lead the evaluation plan implementation across participating organizational sites over the 5-year grant period. This will include developing indicators, data collection tools, sampling strategy, analysis plan, and training plan for collaborating organizations; directing, conducting, and monitoring data collection; analysis and interpretation of data; writing evaluation reports and manuscripts; presenting findings to stakeholders and other interested parties; and related evaluation responsibilities.
- Collaborate with the CDC on its cross-site national outcome evaluation, including coordinating local data collection as requested by the CDC.
- Lead regular evaluation team meetings for planning and coordination, inclusive of BPHC staff and selected other partners.
- Attend out-of-state grantee meetings if required by the CDC. (Travel costs would be paid by BPHC.)

Evaluator proposals are due to BPHC on Friday February 26, 2016 at 4:00 p.m. Late proposals will not be accepted. Provision of contract is contingent upon BPHC receiving CDC funding award in September 2016.

Background and Overview

Boston Public Health Commission (BPHC) Chronic Disease Prevention and Control Division is seeking ONE qualified evaluator (individual, organization, or business) to be our evaluation partner and contractor for an application for a Boston Sodium Reduction Initiative that we will submit to the US Centers for Disease Control and Prevention (CDC) on March 15, 2016. The application will be submitted in response to the CDC’s Sodium Reduction in Communities funding opportunity announcement (FOA), CDC-RFA-DP16-1607. More information about this initiative and access to the full FOA is available at http://www.cdc.gov/salt/foa.htm.

The selected evaluator will assist BPHC in preparation of the evaluation section of the CDC application, will be named as the contracted evaluator in the application, and will lead the evaluation, contingent on receipt of the funding award by BPHC.
The purpose of the CDC Sodium Reduction in Communities program is to reduce sodium intake to limits recommended by the current Dietary Guidelines for Americans [http://health.gov/dietaryguidelines](http://health.gov/dietaryguidelines). Applicants are required to identify two sectors ("venues" in the FOA) in which people are consuming prepared food. Within each sector, multiple entities may be selected.

While BPHC is still in the process of a final decision on two sectors, there is a high likelihood that hospitals and schools will be chosen. These or other possible sectors (e.g., worksites) serve or sell food to their focus population with some combination of prepared meals, cafeterias and vending. Within each sector, we expect there will be multiple entities (organizations) with which we will partner. We aim to submit an application that includes entities serving cumulatively at least 200,000 people per day.

**Expected grant outcomes are:**

1. Short run outcomes (1-2 years):
   a. Increased implementation of food service guidelines/standards that include sodium
   b. Increased integration of procurement practices to reduce sodium content in purchased items
   c. Increased implementation of food preparation practices to reduce sodium content of meals and/or menu items
   d. Increased implementation of environmental strategies/behavioral economics approaches

2. Intermediate outcomes (2-3 years):
   a. Increased availability of lower sodium food products
   b. Increased purchase or selection of lower sodium food products/ingredients by either consumers or large food service operators

3. Long-term outcome (4-5 years):
   a. Reduced sodium intake to within the Dietary Guidelines for Americans recommended maximum

**Possible strategies and activities include:**

1. Implement food service guidelines/nutrition standards that include sodium.
2. Implement procurement practices.
3. Implement meal and/or menu modifications.
4. Implement environmental strategies/behavioral economics approaches. This is defined as altering features of physical or social environments to change behavior to promote purchase and/or selection of lower sodium foods.

BPHC is currently identifying our specific outcomes, strategies and activities by sector as part of the application planning process. These will be shared with the selected evaluator prior to the application being submitted, as discussed below in Proposal Timeline.
Respond to the US Centers for Disease Control and Prevention  
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Funding Opportunity Announcement (FOA)  
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Grant Period and Funding Available

The grant period is 5 years, projected to run from September 30, 2016 through September 29, 2021. CDC intends to fund 5 – 10 applications, with an individual grantee award amount of $300,000 - $500,000 per year. BPHC expects to hear by mid-September whether we receive a funding award.

The evaluation contract budget will be $60,000 - $80,000 per year for the five-year period, dependent on the actual award amount and CDC recommendations regarding work plan and evaluation plan modifications. Final negotiation and contract execution with the selected evaluator would occur immediately upon notification of an award. Evaluator must be prepared to dedicate proposed staff and other resources to the project effective September 30, 2016.

Evaluation Plan Requirements

The CDC-required evaluation questions are:
1. How and to what extent have sodium reduction interventions been implemented in specific venues and entities?
2. How and to what extent has the food environment changed since the implementation of sodium reduction interventions, specifically addressing availability of lower sodium food products?
3. To what extent have lower sodium food products been purchased or selected by either consumers or large food service providers?
4. What promising and innovative sodium reduction strategies have been found effective that could be replicated by similar communities?

The FOA states the CDC’s intent to centrally conduct a cross-site national outcome evaluation. The BPHC contracted evaluator will be required to collaborate with this effort as requested by the CDC to coordinate local data collection.

The Boston-specific evaluation plan must address short-, intermediate-, and long-term performance measures within the 5-year grant period. Below is the CDC-defined list of outcomes and corresponding performance measures. Our application will be required to address at least one bold-type performance measure for each outcome area chosen. As part of our application planning, BPHC is in the process of determining how many and which outcome areas and performance measures we will select. The FOA also states that applicants must work with the CDC to include additional measures as relevant.

Short-term outcomes (1-2 years)

1. Increased implementation of food service guidelines/standards that include sodium
   a. % and # of entities implementing comprehensive nutrition standards and practices, including sodium reduction standards and practices
   b. % and # of people exposed to implemented food service guidelines
Respond to the US Centers for Disease Control and Prevention
Sodium Reduction in Communities
Funding Opportunity Announcement (FOA)
CDC-RFA-DP16-1607

2. Increased integration of procurement practices to reduce sodium content in purchased items
   a. % and # of products/ingredients replaced with a lower sodium alternative
   b. % and # of meals/menu items affected by ingredient or product modification/substitution to reduce sodium content
   c. % and # of sites using standardized purchasing lists

3. Increased implementation of food preparation practices to reduce sodium content of meals and/or menu items
   a. % and # menu items affected by recipe modification to reduce sodium content including but not limited to the following strategies:
      i. Decreasing or eliminating added salt to salt containing ingredients in a recipe
      ii. Replacing an ingredient with a lower sodium alternative in a recipe
      iii. Portion size modification
   b. % and # of foodservice entities implementing standardized recipes to measure accurate sodium content of foods
   c. % and # of entities that have eliminated the use of ‘free salting’ or adding salt at the end of meal preparation by foodservice staff

4. Increased implementation of environmental strategies/behavioral economics approaches
   a. % and # of entities providing environmental choice architecture and placement strategies
   b. % and # of people exposed to environmental choice architecture and placement interventions for lower sodium foods
   c. % and # of entities applying sodium reduction price interventions (includes offering lower sodium foods at a price equal to or less than higher sodium food options)
   d. % and # of people exposed to sodium reduction price interventions (includes offering lower sodium foods at a price equal to or less than higher sodium food options)
   e. % and # of entities applying nutrition education interventions that include sodium (includes information about sodium content, traffic light labeling, health claims and warnings at the point of choice or point of purchase)
   f. % and # of people exposed to nutrition education interventions that include sodium
   g. % and # entities applying prompting interventions for lower sodium food (includes visual prompts such as strategic menu descriptions and featured foods as well as auditory prompt from food service staff)
   h. % and # people exposed to prompting interventions for lower sodium foods

Intermediate-term outcomes (2-3 years)

1. Increased availability of lower sodium food products
   a. Average sodium content of foods or meals by food category
   b. % and # of lower sodium foods or meals available by entity
   c. % and # of entities participating in sodium reduction interventions
   d. % and # of people with access to environments with healthy food options, including lower sodium foods


Respond to the US Centers for Disease Control and Prevention
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CDC-RFA-DP16-1607

2. Increased purchase or selection of lower sodium food products/ingredients by either consumers or large food service operators
   a. Average sodium content of products per purchase/selection by food category
   b. % and # of lower sodium foods purchased/selected by food category
   c. % and # of people purchasing/selecting lower sodium foods
   d. % and # of people who use sodium nutrient information to inform their food

**Long-Term Outcomes (4-5 years)**

1. Reduced sodium intake to within the *Dietary Guidelines for Americans* recommended maximum
   a. Average daily sodium intake (for specific venue)
   b. % and # of people who have reduced average daily sodium intake (for specific venue)

**Evaluator Eligibility Requirements:**
Evaluator applicants may be research or academic institutions, consulting firms, businesses, other organization types, or individuals that meet the following requirements.

1. Substantial track record in conducting and documenting high-quality outcome evaluations of organizational change efforts that address chronic disease risk factors. Additional preference for publication of results in peer-reviewed journals.

2. Nutrition expertise, particularly in nutritional analysis of foods.

3. Experience in and the capacity to provide primary direction and oversight to evaluation process for a complex intervention over 5 years.

4. Experience in and commitment to conducting evaluations in real-world operational settings on a team basis with community partners that includes assisting in capacity-building at community level to assure quality evaluation results.

5. Experience in designing and managing evaluation protocols of this scope and scale, particularly with working with federally-funded projects.

6. Able to meet reporting and invoicing requirements as required by BPHC and CDC.

7. Can meet the aggressive timeline requirements for FOA response, including meetings and deadlines detailed in Proposal Timeline below.
Proposal Timeline and Submission Requirements

The timeline for this RFP is based on the final Boston Sodium Reduction Initiative grant application due date to the CDC on Tuesday, March 15, 2016. While the BPHC grant writer will write the CDC application, we require active participation by the selected evaluator in order to formulate the strongest possible evaluation section of the application.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>Monday, February 8 –</td>
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<tr>
<td>Tuesday, February 16,</td>
<td>Interested applicants may submit questions via email to Maura Ackerman</td>
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<td>5:00 pm</td>
<td>at <a href="mailto:mackerman@bphc.org">mackerman@bphc.org</a>. Responses will be provided via email within 2</td>
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<td>business days. Questions received after the deadline will not receive</td>
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<td>a response.</td>
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<td>Tuesday, February 16,</td>
<td>Conference call for interested applicants. Conference line is 617-534-</td>
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<td>2:00 pm</td>
<td>3011. Questions received to date via email will also be shared,</td>
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<td>along with responses.</td>
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<td>Wednesday, February 17</td>
<td>All questions and responses received via email or during conference</td>
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<td>call will be posted at <a href="http://www.bphc.org/rfp">http://www.bphc.org/rfp</a>.</td>
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<td>Friday, February 26</td>
<td>Proposal from evaluator applicants received by BPHC. There are no</td>
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<td>4:00 pm</td>
<td>exceptions to this deadline.</td>
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<td>Proposals may be sent via postal mail, hand-delivered or sent by</td>
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<td>email. If by email, send with ‘return receipt requested’ enabled.</td>
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<td>Send to: Maura Ackerman, Project Manager</td>
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<td>Chronic Disease Prevention and Control Division</td>
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<td>Boston Public Health Commission</td>
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<td>1010 Massachusetts Ave.</td>
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<td>2nd floor</td>
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<td>Boston, MA 02118</td>
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<td><a href="mailto:mackerman@bphc.org">mackerman@bphc.org</a></td>
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<td>Wednesday, March 2</td>
<td>BPHC will notify applicants of its decision</td>
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<td>Friday, March 4 and</td>
<td>Selected evaluator must be available to meet with BPHC staff and</td>
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<td>Tuesday, March 8</td>
<td>grant writer for up to four hours (across the two days) to discuss</td>
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<td>key aspects of the grant application</td>
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<td>Friday March 4 – Friday March 11</td>
<td>Selected evaluator must be available to respond to questions by email/phone to assist BPHC grant writer in preparing application</td>
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<td>Friday, March 11, 2:00 pm</td>
<td>BPHC will email a draft CDC application for evaluator review</td>
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<td>Saturday, March 12, 5:00 pm</td>
<td>Evaluator comments on draft application due</td>
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<td>Monday, March 14</td>
<td>Evaluator available by email/phone for additional questions</td>
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<tr>
<td>Tuesday, March 15</td>
<td>BPHC submits application to CDC</td>
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</table>
BPHC Fiscal Rules

Upon receipt of CDC funding and final contract negotiation, the selected contractor will be required to complete the standard BPHC contract package, which will include any CDC-specific subcontractor requirements.

Payment will be cost-reimbursement, based on monthly invoicing that includes back-up documentation of expenses.

Proposal Questions:

Answer the questions below in a Word document not to exceed seven (7) pages, 12-point font, single-spaced.

1. Applicant name and address. If applicable, also include applicant website, Facebook and Twitter addresses.
2. Contact information. Name, title, mailing address, email address, and phone number of contact person for this proposal. If this is not the same individual who will be the main point of contact for working with BPHC to submit CDC application, please supply the contact information for that individual also.
3. Attest that you can comply with the timeline requirements above to collaborate with BPHC on the CDC application, including that key representative(s) will be available to meet with BPHC staff and grant writer for up to four hours on March 4 and March 8 to discuss key aspects of the grant application. State who will participate and specific availability on these days.
4. Give brief background and context on yourself (if individual applicant) and/or the applicant organization, including years in business. If organization or business, describe the organization mission and where in organizational structure this project will be located.
5. Name key individuals who will work on the evaluation project, including identifying the project lead. Include titles, respective roles, and how long they have been affiliated with the applicant. If additional key individuals will be hired, describe the need and role they will fill.
6. Describe relevant qualifications for this project that address the eligibility requirements and scope of work above. Be specific about how the qualifications of the named individuals contribute to eligibility and required work.
7. Describe your experience with and/or approach to working collaboratively with community partners in evaluation of real-world settings.
8. Describe your general approach to developing an evaluation plan within the FOA context.
9. Describe challenges or concerns that you foresee in this evaluation project, given its goals, scope and available budget. How would you expect to work with BPHC and partners to address these challenges? What questions do you have for BPHC about these challenges or concerns?
10. Attest that you will complete standard BPHC contract package, including documents required as part of a federal grant, as part of required contract procedures (this would be in September, upon BPHC receipt of CDC funds).
11. Attest that you will comply with CDC and BPHC reporting requirements and financial procedures.
Respond to the US Centers for Disease Control and Prevention
Sodium Reduction in Communities
Funding Opportunity Announcement (FOA)
CDC-RFA-DP16-1607

Appendices: Provide the following documents that are not part of the 7-page limit.

1. Using the format in the enclosed Sample Budget Template, provide a tentative budget proposal for year one, not to exceed $80,000, to include in the grant budget application. Include names, hours or days of effort, and hourly or daily rates for staff; indirect rate (if applicable, with justification of percentage); and other expected incidental expenses.

   Based on discussion with the selected evaluator about the evaluation plan requirements for the application, there may be re-alignment of the budget lines by mutual agreement.

2. Provide curricula vitae (CVs) for all proposed members of the evaluation team including experience, publication & presentations relevant to this evaluation project. It is permissible to abridge CVs to a maximum of 5 pages per individual.

3. Provide a sample of at least one evaluation product, such as a publication or report, authored by the evaluation project lead or other key team member. It is recommended that the sample product(s) be relevant to this proposed project.
Respond to the US Centers for Disease Control and Prevention
Sodium Reduction in Communities
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SAMPLE BUDGET TEMPLATE

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Budget Justification</th>
<th>Amount Requested</th>
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<tbody>
<tr>
<td>Salaries and Wages</td>
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<td>Fringe Benefits</td>
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<td>Consultant Costs</td>
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<td>Supplies</td>
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<td>Other – please specify</td>
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<tr>
<td>Direct costs</td>
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<td>Indirect cost (maximum 20% of direct)</td>
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**TOTAL BUDGET**

Sum of direct and indirect costs up to $80,000 maximum

Note: The organization may include expenses to cover general indirect costs up to 20% of total direct costs, or the approved administrative overhead, whichever is lower.