



DEPARTMENT OF HEALTH

Request for Proposals

Coordinated Healthy Activity, Motivation & Prevention Programs

(CHAMPPS)

Policy, systems and environmental change initiatives for healthy
communities

Fiscal Year 2010

Project Period October 15, 2009 to October 14, 2010

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CHAMPPS Applicant Checklist

This list is provided to assist applicants in submitting a complete and viable application.

NOTE: The Vermont Department of Health reserves the right reject late or incomplete applications. Your application is incomplete and ineligible for review and funding if it is missing any of the following required elements.

REQUIRED ELEMENTS:

Applicant Information Sheet

Narrative: Limit 5 pages, single spaced, 12-point Times New Roman font, 1 inch margins

- Community Description
- Prevention Framework
- Organizational Capacity
- Partnerships
- Sustainability Plan

Required Attachments:

- Work plan (one for each objective)
- Budget
- Joint Letter of Commitment
- Memorandum of Understanding between applicant and fiscal agent, if applicable
- Staff Resumes

Submission Requirements

- 1 original and 6 copies of the narrative

TIMELINE:

June 18, 2009	Release of RFP by Vermont Department of Health (VDH)
August 13	Deadline for receipt of completed application to VDH office by close of business at 4:30 p.m. or postmarked August 13
August 30	Review process completed
September 15	Notification of awards
October 15, 2009	FY 2010 grant award period begins

Applicant Information Sheet

****NOTE:** This information sheet must be included as the cover sheet of the application submitted. Be sure to complete this form in its entirety.

Applicant Organization: _____
 Contact Person: _____
 Title: _____
 Mailing Address: _____
 Town: _____ State: _____ Zipcode: _____
 Telephone: _____ Fax #: _____ Email: _____

Fiscal Agent (Organization Name): _____
 FY Starts: _____ FY Ends: _____
 Financial Contact Person: _____
 Contact Person: _____
 Title: _____
 Mailing Address: _____
 Town: _____ State: _____ Zipcode: _____
 Telephone: _____ Fax #: _____ Email: _____
 Federal Tax ID Number: _____
 Total Amount Requested: _____

What funds from other sources have been received or are under consideration for this project?
Note: priority is given to applications that show support from other sources.

Funds received (source, amount, date)	Funds under consideration (source, amount, application date)
Total received:	Total considering:

List the towns to be served by this funding and the approximate population of each town.

Town(s)	Population

Town(s)	Population

Specifications

PURPOSE & BACKGROUND

The Appropriations Act of 2006 (Act 215) established the Coordinated Healthy Activity, Motivation and Prevention Programs (CHAMPPS) initiative to distribute competitive, substantial multi-year grants to communities beginning July 1, 2007. These grants are to be used to fund “comprehensive community health and wellness projects” that are designed to “promote healthy behavior and disease prevention across the community and across the lifespan of individual Vermonters”.

The Department of Health intends to fund coalitions to enhance communities’ abilities to develop and implement community action plans for policy, systems and environmental change strategies to help prevent or manage risk factors for chronic disease.

Activities must be directed towards one or more of the following focus areas:

1. Reducing tobacco use and exposure
2. Preventing alcohol and drug abuse
3. Promoting physical activity and healthy eating
4. Improving access to quality preventive health care services

All applicants must include activities to promote health equity and methods to engage lower income populations.

The applicant must focus on a geographic area smaller than the entire state of Vermont to be considered.

AVAILABLE FUNDS

Grantees may apply for up to \$50,000. Approximately 8 awards will be given contingent on available state funding.

ELIGIBILITY

Applicants must be Vermont-based organizations and include:

- Municipalities
- Public and private not-for-profit organizations
- Coalitions and partnerships
- Community development and planning organizations

Organizations must:

- Demonstrate leadership in community mobilization
- Have been operational or meeting for at least 6 months prior to June 1, 2009

Applicants must have a federal tax ID number, or must identify a fiscal agent meeting the eligibility criteria above. A Memorandum of Understanding (MOU) with the fiscal agent must be included as part of this application.

GRANT LIMIT AND USE OF FUNDS

The grant period is 12 months starting October 15, 2009 through October 14, 2010.

Contingent upon future funding and grantee's performance meeting deliverables, grants will be issued to organizations for two consecutive years. Deliverables include implementation of activities in the work plan, timely submission of reports, attending required meetings and creating an updated work plan and budget for year two. Grantees will be expected to demonstrate increasing in-kind and other funding support during year two. All awards are subject to annual state budget allocation for the CHAMPPS grant program.

Grant funds **may** be used for the following:

- Project staff salaries
- Consultant fees
- Operating expenses
- Direct project expenses

Grant funds **may not** be used for the following activities:

- Capital expenditures
- To pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Legislature, an officer or employee of Legislature, an employee of member of Legislature in connection with the awarding of a Federal or State contract, continuation, renewal, amendment, or modification of any Federal or State contract, loan or cooperative agreement
- Direct service or individual based programs

TECHNICAL ASSISTANCE

Individuals with questions regarding the CHAMPPS community grants or the grant application process should **e-mail** questions to:

Susan Coburn MPH, RD
Nutrition and Physical Activity Chief
Vermont Department of Health
802-951-5151
FAX 802-651-1634
scoburn@vdh.state.vt.us
108 Cherry Street, PO BOX 79
Burlington, VT 05402

SUBMISSION AND DEADLINE

- Applications must meet all of the guidelines on the Application Checklist
- Include one unstapled single sided original and six stapled double sided copies
- Applications must be received by close of business (4:30 p.m.) on August 15, 2009 or postmarked August 15, 2009.
- Mail or deliver applications to:

CHAMPPS Grant Application
Vermont Department of Health
P.O. Box 70
Burlington, VT 05402
Attn: Susan Coburn
Physical address:
101 Cherry Street (Burlington Town Center)
5th Floor
CHAMPPS Request for Proposals
Fiscal Year 2010

GUIDELINES

Applications That Do Not Meet **All** Of The Following Guidelines Will **Not** Be Reviewed And Will Be Returned To The Applicant:

- The Applicant Information Sheet must be submitted as the first page of the application.
- The narrative section must not exceed 5 single-spaced pages, with one-inch margins and 12-point Times New Roman font.
- Supplemental attachments that are short and relevant to the narrative may be included, but may not be reviewed and will not be scored. Information critical to the proposal should be contained in the narrative and required attachments; not in the supplemental attachments.
- Pages must be numbered and attachments clearly labeled.
- One unstapled single-sided original and six securely stapled double-sided copies of the entire proposal must be submitted.
- Applications must be received at the Department of Health by August 13, 2009. No faxed or electronic copies will be accepted.
- Applications postmarked after the deadline will not be accepted for review and will be returned to the applicant.

GRANT REVIEW AND AWARD PROCESS

Grant awards will be dispersed to eligible organizations based on a careful review and scoring.

Proposals will be reviewed by a grant committee comprised of representatives from various state departments and community organizations, and designated Vermont Department of Health (VDH) staff. The VDH has developed a three-stage review process for all applications. This will include:

A. Compliance Review

VDH reserves the right to refuse to review incomplete or late applications.

B. Technical Review

Each application will be reviewed and scored as described in the table below. The score will serve as one component of the final decision making process

Category	Points
Program Narrative	
A. Community Description	5
B. Prevention Framework	
Health Equity	10
Overview of Prevention Framework	15
Activities	
C. Organizational Capacity	5
D. Partnerships	10
E. Sustainability	5
Required Attachments	
1. Work Plan	
Work Plan Goals Objectives and Activities	40
Evaluation	10
2. Budget and Budget Narrative	n/a
3. Memorandum of Understanding	n/a
4. Joint Letter of Commitment	n/a
5. Staff Resumes	n/a
Total	100

C. Final Review

The grant committee will make final recommendations for funding to the Commissioner of Health.

VDH reserves the right to reject any application that does not comply with eligibility requirements. It also reserves the right to reject all applications after they have been reviewed, to negotiate awards after the application process and to accept applications deemed most favorable to the interest of the State of Vermont and the goals of the CHAMPPS initiative. See Appendix A for the scoring sheet.

All applicants will be notified on September 15, 2009, of the decision to fund or not fund their application. Applicants may receive conditional approval, in which case certain changes or clarifications must be made to their proposal before funding will be granted.

REPORTING AND TRAINING REQUIREMENTS

A. Required training/meetings

Grantees must attend a minimum of two trainings/networking events and three conference calls arranged by VDH and as outlined in the grant agreement.

B. Technology Requirements

Grantees are required to have e-mail and internet access.

C. Reporting Timeline and Requirements

Grantees are required to submit two (2) reports during the grant period that include the following components: Narrative Report, Fiscal Report, and Work Plan Status Report. The report template will be provided to grantees following the notice of grant award. The schedule for submission of reports is:

Report Due	Reporting Period
April 30, 2010	October 15, 2009 – March 30, 2010
November 15, 2010	April 1 – October 14, 2010

Application Instructions

NARRATIVE

A. Community Description (5 Points)

1. Provide a brief description of the geographic area to be served by the proposed activities—name, geographic boundaries, and relevant demographic information. Geographic areas must be smaller than the entire state of Vermont to be considered.
2. Describe why your community is applying for CHAMPPS funding. Demonstrate why you are ready to develop and/or implement policy systems and environmental change strategies to prevent chronic disease.

B. Prevention Framework

Include a description of activities for each step of the prevention framework.

Health Equity (10 Points) In each step of the prevention framework describe how you will enhance health equity and the methods you will use to engage lower income populations.

Health equity is achieved when all have the opportunity to attain their full health potential, regardless of their social position or other socially determined circumstances (See Appendix E for resources).

Overview of Prevention Framework Activities (15 Points) Include a description of activities for each step of the prevention framework (Appendix D). In the narrative provide an overview of what you have done or plan to do. Include specific details of year one activities in the year one work plan. You may choose to address one or more steps of the prevention framework in the year one work plan.

Note—you must complete assessment, capacity building and planning steps before implementing a community plan for chronic disease prevention.

1. **Assessment**—Describe community needs assessment activities conducted to identify the target audience, health focus area and priorities for chronic disease prevention. Assessment activities should outline steps to bring together community members, members of the target audience and community partners to gather their input, identify resources and gaps, and develop a greater understanding of the needs of the target audience and identify priorities for prevention. If you have not completed a community assessment, provide a brief overview of how you plan to engage a broad range of stakeholders and community members in an assessment.

Be sure to connect with your local Department of Health office to identify any assessments that have been completed in your community.

2. **Capacity Building**—Describe steps used to engage partners to assess community readiness and mobilize around the issue. If you have not completed capacity building provide a brief overview of how you plan to build the capacity and readiness of the community to address the needs identified through your community assessment.

3. **Planning**—Describe how you used quantitative and qualitative data to identify the priorities from your assessment that are addressed in your community plan. Describe the steps that you took and the stakeholders involved in developing your community plan. If you have not completed community planning provide a brief overview of how you plan to use your community assessment findings to identify priorities and develop a community plan. State how you will engage stakeholders mobilized during the capacity building phase.
4. **Implementation**—Do not include implementation activities unless you can demonstrate that your community has fully completed assessment and planning. Attach a copy of the implementation plan that your coalition developed.
 - a. Implementation activities must be evidence based or based on best and promising practices, as outlined by VDH chronic disease prevention programs (Appendix E Focus Area 1-4).
 - b. Interventions must include a system approach with emphasis on the community, policies and systems levels of the prevention model.
 - c. Interventions may be implemented in a variety of settings to reach an identified target audience. If communities identify youth as a target audience they need to include activities that also reach parents and caregivers.
 - d. Communities must address one or more of the focus areas:
 - Reducing tobacco use and exposure,
 - Preventing alcohol and drug abuse
 - Promoting physical activity and healthy eating and
 - Improving access to quality preventive health care services

Note—you must complete assessment, capacity building and planning steps before implementing a community plan for chronic disease prevention. Work plans that include implementation activities without assessment and planning will not be scored.

C. Organizational Capacity (5 points)

1. Description of Organization

Briefly describe your coalition or organization's history, mission, current services, and give an example of your leadership role in community mobilization around an issue. Eligible applicants must demonstrate leadership in the community and have been in operation for at least 6 months prior June 1, 2009.

- a. Describe funding you already receive for chronic disease prevention activities or other activities relevant to this application.

2. Management and Staffing

- a. Include a list of the staff and each job description funded under this application.
- b. Identify who will supervise staff and how evaluation will be completed for each employee. Include resumes for current staff as an attachment.

3. Training

- a. List the individual(s) who will attend required Vermont Department of Health trainings (2-3 trainings during the grant period with dates to be determined).
- b. How will the organization increase the knowledge, attitudes, behavior and skills of members and partners and establish linkages with a variety of community organizations outside the circle of your organization?

D. Partnerships (10 Points)

1. Describe any existing partnerships with community members and organizations working on improving the health of your community. List coalition members and the organizations and groups they represent. Identify how these partnerships will be drawn upon to meet the needs of the community. Also describe how further relationships with additional organizations will be developed. Include the role of each partner in your annual work plan. See Appendix C for potential organizations/entities for collaboration.
2. Explain how you will collaborate and integrate with existing community based health programs and/or projects, coalitions, businesses, and other community organizations in your area.
3. Higher points will be given to work plans that demonstrate community partnerships, delegating responsibilities among the people and organizations involved. Any organization or individual who is included in the work plan as a responsible party should agree to and sign the Joint Letter of Commitment (attachment 4). Required signatures include the Vermont Department of Health District Director. In addition, the Agency of Human Services Field Director is required to sign the Joint Letter of Commitment agreeing to its applicability for the community and target audience, and inclusion of the relevant community partners.

E. Sustainability (5 Points)

Include a plan for sustainability that outlines how the community will continue CHAMPPS efforts in future years.

REQUIRED ATTACHMENTS

Required attachments will not be counted towards the 5 page limit for the narrative, but will be a significant part of the scoring.

A. Attachment 1: Work Plan

Work Plan Goals, Objectives, Activities (40 points) This funding opportunity is for the development and/or implementation of a community plan to prevent or manage risk factors for chronic disease through policy, systems and environmental change strategies to address one or more of the following activities:

1. Reducing tobacco use and exposure
2. Preventing alcohol and drug abuse
3. Promoting physical activity and healthy eating and
4. Improving access to quality preventive health care services

The work plan should outline year one activities that will be undertaken to address the appropriate levels of the prevention framework depending on your community's capacity and readiness. It must include who is responsible for each activity and how you will measure progress toward achieving objectives.

You may include one or more steps from the prevention framework in your plan. You must complete assessment, planning and capacity building before moving into implementation. Work plans that include implementation of policy, environmental and systems change activities will not

be accepted without demonstration of a completed community assessment, capacity building, and planning process.

The work plan will not be counted towards the 5 page narrative but will be a **significant part of the scoring** as it provides details about the year one activities.

1. Using the format in Attachment 1 describe briefly the SMART objectives (Appendix B), major activities, and timetable you have set to implement the prevention framework. The activities included in the work plan must be clear and appropriate. The objectives and activities must address the overall goal of developing and/or implementing a community plan to implement policy, systems and environmental change strategies to help prevent or manage risk factors for chronic disease.
2. The objectives must address specific activities, the individual responsible for each activity, the target audience in regards to population and geographic area reached the timeline for the activity, and measures for success. Objectives must be measurable and assure that the work can be completed in year one.
3. Partnerships—higher points will be given to work plans that demonstrate community partnerships, delegating responsibilities among the people and organizations involved. Any organization or individual who is included in the work plan as a responsible party should agree to and sign the Joint Letter of Commitment (attachment 4). Required signatures include the Vermont Department of Health District Director. In addition, the Agency of Human Services Field Director is required to sign the Joint Letter of Commitment agreeing to its applicability for the community and target audience, and inclusion of the relevant community partners.

Evaluation (10 points) Describe the evaluation methods including process, outcome and impact measures. Identify who will be doing the evaluation and what data will be gathered.

B. Attachment 2: Budget and Budget Narrative

1. Use the format in Attachment 2 for the budget and budget narrative. The budget and narrative does not count towards the 5 page limit.
2. Provide a justification for each budget item.

C. Attachment 3: Joint Letter of Commitment

The joint letter of commitment is a single letter signed by all involved parties, which outlines the roles and responsibilities of each member or organization involved in the community coalition who is actively participating in grant activities.

A specific point value is not assigned to the Joint Letter of Commitment, though higher points will be given under the work plan for organizations/coalitions that demonstrate community partnerships, delegating responsibilities among the people and organizations involved. Any organization or individual who is included in the work plan as a responsible party should agree to and sign the Joint Letter of Commitment. Required signatures include the Vermont Department of Health District Director. In addition, the Agency of Human Services Field Director is required to sign the Joint Letter of Commitment agreeing to the applicability of the activities outlined in the work plan for the community and target audience, and inclusion of the relevant community partners.

D. Attachment 4: Memorandum of Understanding (MOU) (if applicable)

A MOU between applicant and fiscal agent is required if you will be using another entity as your fiscal agent. The MOU must define the roles and responsibilities of each party regarding grant management. At a minimum, it should identify the process by which funds can be accessed, who can access them, who makes final decisions on how funds are spent, what role the fiscal agent plays with respect to hiring and supervision of staff, reporting.

Attachment 1 Work Plan Template

Guidance for Community Prevention Work Plans

Integrated Approach to Prevention

Diverse coalitions and community groups have goals and objectives that contribute to overall chronic disease prevention at the primary and secondary level. CHAMPPS provides an opportunity to bring together these goals and objectives in a manner that will facilitate collaboration and coordination.

About Goals, Objectives, and Activities

Goals: Goals are a broad sweeping statement of what you would like to accomplish. They can comprise lofty ideas or the best case scenario.

Objectives: Objectives are the means by which you will reach your goal or goals. Unlike goals that can be lofty ideas, objectives should be down to earth and achievable. They set benchmarks to measure success. An objective uses verbs and includes specific conditions (how well or how many) that describe to what degree the program has met the desired outcome. An acronym that is commonly used is SMART: specific, measurable, achievable, realistic, and time sensitive.

Activities: Activities are the things you do to reach your objectives. Questions to be asked when planning activities are: What can we do to reach objective "A"? Who can do it? When can it be done? How will we know if the activity worked? As we carry out the activity, what do we have to record or keep track of so we can report our results? It is possible that certain activities might help reach more than one objective; it is also likely that for any one objective, there might be several activities needed to reach it.

Capacity: Your goals and objectives should be achievable given the personnel and time available in your office. Make sure to limit your plan to activities within your community's resources.

Evaluation

Process Measure: Measure the level of activity examples may include the number of classes held, people in attendance or reached by an event, number of people tested, screened or immunized, documents written, etc.

Outcome Measure: Measure progress toward an intended target such as changes in behaviors, morbidity, mortality, or hospitalization. Examples of outcome measure include the percent of people who eat the recommended servings of fruits and vegetables, the percent of people who smoke or who have a disease like diabetes, and the average cost of hospitalizations in a year.

Please see the format on the next page, which has been simplified to two goals and two objectives under each goal. Your plan may have one or more goals and any number of objectives under each goal. You also may have any number of activities under each objective.

Community Prevention Work Plan

Goal 1:

G1 Objective 1:

G1 O1 Narrative Description: [Include a brief description of the initiative and evaluation strategy highlighting the content area: physical activity, nutrition, tobacco use, substance abuse, and or access to preventive health care; and the primary place of impact/delivery: community, workplace, school, health care and/or faith community. Describe the partnership and the primary audience(s) involved.]

Activity	Responsible Party(ies)	Start/End Dates

Evaluation	Responsible Party(ies)	Start/End Dates
[Evaluation activity]		
[Summary of evaluation approach]		

G1 Objective 2:

G1 O2 Narrative Description: [Include a brief description of the initiative and evaluation strategy highlighting the content area: physical activity, nutrition, tobacco use, substance abuse, and or access to preventive health care; and the primary place of impact/delivery: community, workplace, school, health care and/or faith community. Describe the partnership and the primary audience(s) involved.]

Activity	Responsible Party(ies)	Start/End Dates

Evaluation	Responsible Party(ies)	Start/End Dates
[Evaluation activity]		
[Summary of evaluation approach]		

Goal 2:

G2 Objective 1:

G1 O1 Narrative Description: [Include a brief description of the initiative and evaluation strategy highlighting the content area: physical activity, nutrition, tobacco use, substance abuse, and or access to preventive health care; and the primary place of impact/delivery: community, workplace, school, health care and/or faith community. Describe the partnership and the primary audience(s) involved.]

Activity	Responsible Party(ies)	Date

Evaluation	Responsible Party(ies)	Date
[Evaluation activity]		
[Summary of evaluation approach]		

G2 Objective 2:

G1 O2 Narrative Description: [Include a brief description of the initiative and evaluation strategy highlighting the content area: physical activity, nutrition, tobacco use, substance abuse, and or access to preventive health care; and the primary place of impact/delivery: community, workplace, school, health care and/or faith community. Describe the partnership and the primary audience(s) involved.]

Activity	Responsible Party(ies)	Date

Evaluation	Responsible Party(ies)	Date
[Evaluation activity]		
[Summary of evaluation approach]		

Attachment 2 CHAMPPS Budget Form

Fiscal Year 2010

Applicant Name:					
	FTEs	CHAMPPS Funding	Other Funding	In Kind	TOTAL
PERSONNEL					
Program Staff (list position titles)					
Total Payroll					
Benefits					
Consultants					
Other					
Total Personnel					
OPERATING					
Advertising/Marketing					
Professional Liability Insurance					
Telephone					
Travel					
Postage					
Materials					
Training Education					
Building					
Insurance					
Rent/Mortgage Payments					
Repair & Maintenance					
Utilities					
Total Operating					
INDIRECT/ADMINISTRATIVE					
Supplies					
Postage					
Printing/Duplicating					
Telephone					
Equipment					
Total Indirect/Administrative					
GRAND TOTAL					

Budget Narrative Format

For each line item in the budget form provide a brief narrative description of how it will be used to support the proposed project.

PERSONNEL	(insert total amount)
A. Program Staff (for each person provide a brief description of the scope of work to be accomplished and the percent of full-time equivalent dedicated to the project).	
1. Title Description	
2. Title Description	
B. Benefits Brief description of the benefits offered by your organization	
C. Consultants Itemize consultants by project, provide a description of the scope of work of the consultant and the number of hours required.	
D. Other	
OPERATING	(insert total amount)

A. Advertising/Marketing
Itemize advertising and marketing expense, providing a brief description of the advertising or marketing strategy.

Professional Liability Insurance

B. Telephone

C. Travel
Itemize travel expenses by project. Mileage reimbursement should be calculated at the current state rate.

D. Postage
Itemize projects requiring postage and describe the project.

E. Materials
Itemize materials, providing a brief description of the how the materials will be used to accomplish the goals of the project.

F. Training Education
Provide a description of training needs and expenses.

Building	(insert total amount)
-----------------	------------------------------

G. Insurance

H. Rent/Mortgage Payments

I. Repair & Maintenance

J. Utilities

INDIRECT/ADMINISTRATIVE	(insert total amount)
--------------------------------	------------------------------

K. Supplies

L. Postage

M. Printing/Duplicating

N. Telephone

O. Equipment

Attachment 3 Joint Letter of Commitment

Partner Organization: _____
Contact Person: _____
Title: _____
Mailing Address: _____
Town: _____ State: _____ Zipcode: _____
Telephone: _____ Fax #: _____ Email: _____

Brief description of the work and support provided by the organization for the proposed project.

Partner Organization: _____
Contact Person: _____
Title: _____
Mailing Address: _____
Town: _____ State: _____ Zipcode: _____
Telephone: _____ Fax #: _____ Email: _____

Brief description of the work and support provided by the organization for the proposed project.

Partner Organization: _____
Contact Person: _____
Title: _____
Mailing Address: _____
Town: _____ State: _____ Zipcode: _____
Telephone: _____ Fax #: _____ Email: _____

Brief description of the work and support provided by the organization for the proposed project.

Partner Organization: _____
Contact Person: _____
Title: _____
Mailing Address: _____
Town: _____ State: _____ Zipcode: _____
Telephone: _____ Fax #: _____ Email: _____

Brief description of the work and support provided by the organization for the proposed project.

Statement of Commitment

Signatures

,

,

,

,

, VDH District Director

I agree to the applicability of the activities outlined in the work plan for the community and target audience, and inclusion of the relevant community partners.

, AHS Field Director

I agree to the applicability of the activities outlined in the work plan for the community and target audience, and inclusion of the relevant community partners.

Appendix A CHAMPPS Score Sheet for FY 2010 Grants

Applicant Information

Name of Applicant Organization: _____

Amount Requested \$ _____

Criteria	Total Possible Points	Applicant Score
A. Community Description	5	
1. Description of the geographic area to be served	2.5	
2. Description of why your community is applying for CHAMPPS funding	2.5	
B. Prevention Framework Steps	25	
1. In each stage of the prevention framework describe how you will enhance health equity and the methods you will use to engage lower income populations.	10	
<p>2. Assessment—Describe community needs assessment activities conducted to identify the target audience, health focus area and priorities for chronic disease prevention. If you have not completed a community assessment, provide a brief overview of how you plan to engage a broad range of stakeholders and community members in an assessment.</p> <p>Capacity Building—Describe steps used to engage partners to assess community readiness and mobilize around the issue. If you have not completed capacity building provide a brief overview of how you plan to build the capacity and readiness of the community to address the needs identified through your community assessment.</p> <p>Planning—Describe how you used quantitative and qualitative data to identify the priorities from your assessment that are addressed in your community plan. Describe the steps that you took and the stakeholders involved in developing your community plan. If you have not completed community planning provide a brief overview of how you plan to use your community assessment findings to identify priorities and develop a community plan. State how you will engage stakeholders mobilized during the capacity building phase.</p>	15	

Criteria	Total Possible Points	Applicant Score
<p>Implementation—activities must be evidence based or based on best and promising practices Interventions must include a system approach with emphasis on the community, policies and systems levels of the prevention model. Interventions may be implemented in a variety of settings to reach an identified target audience. If communities identify youth as a target audience they need to include activities that also reach parents and caregivers. Work plans that include implementation activities without assessment and planning will not be scored.</p>		
5		
C. Organizational Capacity		
<p>1. Description of Organization—coalition or organization’s history, mission, current services, and example of the leadership role in community mobilization around an issue. Other funding received.</p>	2.5	
<p>2. Management and Staffing</p>	1.5	
<p>3. Training</p>	1	
10		
D. Partnerships		
<p>1. Existing partnerships with community members and organizations working on improving the health of your community. List coalition members and the group they represent. Identify how these partnerships will be drawn upon to meet the needs of the community. Also describe how further relationships with additional organizations will be developed.</p>	5	
<p>2. Explain how you will collaborate and integrate with existing community based health programs and/or projects, coalitions, businesses, and other community organizations in your area.</p>	5	
5		
E. Sustainability		
<p>1. Efforts to continue and maintain efforts in future years.</p>	5	

Criteria	Total Possible Points	Applicant Score
F. Work plan	40	
1. Describe the SMART objectives, major activities, and timetable set to implement the prevention framework. The activities included in the work plan must be clear and appropriate. The objectives and activities must address the overall goal of developing and/or implementing a community plan to implement policy, systems and environmental change strategies to help prevent or manage risk factors for chronic disease.	20	
2. The objectives must address specific activities, the individual responsible for each activity, the target audience in regards to population and geographic area reached the timeline for the activity, and measures for success. Objectives must be measureable and assure that the work can be completed in year one.	20	
G. Evaluation	10	
1. Describe the evaluation methods including process, outcome and impact measures. Identify who will be doing the evaluation and what data will be gathered.	10	
TOTAL SCORE:	100	

What are the strengths of this proposal?

What are the weaknesses of this proposal?

Appendix B Tips on Writing Objectives

Additional Work plan Guidelines

Goal(s) are the outcomes you desire because of your activities. Projected outcomes of your activities form the basis of objectives. The operant verb in your objectives should indicate *measure* (e.g., increase, decrease, etc.) rather than activity (e.g., to offer, develop, etc.). The objectives articulate the outcome of the project that will move the community toward realizing the stated goal.

Objectives must be SMART:

- **Specific** - Identify a specific target population to be addressed; state the behavior, attitude, condition, or knowledge to be changed.
- **Measurable** - Use "increase", "decrease", or other measurable language; identify specific data sources to be used to measure change.
- **Achievable** – The objective must be attainable.
- **Realistic** – The level of change reflected in the objective is possible given your resources
- **Time Limited** - include an end date by when change will occur.

Activities should describe:

- how you plan to reach your goal(s) and objectives
- the timeline for completion
- who will be responsible for implementing the strategies/programs

Appendix C Potential Organizations/Entities for Collaboration

Vermont Department of Health District Office Directors—the local Department of Health District Director can assist with data and information from other planning initiatives that may assist you with your application. Collaboration with your local VDH office is required and must be described in your proposal narrative.

Agency of Human Services Field Directors

The local AHS Field Director can help you assess the viability of proposed activities. He/she may be able to offer you data and information that may assist you with your application.

Health-related organizations: Lung Association, American Cancer Society, American Heart Association, Blue Cross/Blue Shield

Health Care – health care providers, hospital wellness departments, clinics for the uninsured, Blueprint-participating hospitals

Social/Human Services organizations (public and private)

Community Action Agencies, Department of Children and Families, Economic Services, Office of Vermont Health Access (Medicaid), Department of Employment and Training, United Way, Vermont 211, Area Agencies on Aging

Mental Health - local mental health agencies and providers

Community Collaboratives and Coalitions - tobacco coalitions, alcohol and drug coalitions, maternal and child health coalitions, other coalitions and community-wide groups

Colleges/Universities - faculty, staff, students

Media – newspapers, community papers, radio, TV

Law Enforcement - local & state police, school resource officers

Faith Community - formal or informal religious or spiritual leaders

Business - area businesses/corporations, Workforce Investment Boards

Volunteer Groups – parent groups, civic groups, grassroots groups, service organizations, advocacy groups, Girl Scouts, Boy Scouts, individual volunteers

Recreation - local recreation departments, teen centers, Boys & Girls Clubs, fitness centers, sports leagues outdoor groups, senior centers

Food system – Agriculture, grocers, food co-ops, restaurants, trade organizations

School - school nurse, principal, health teacher, school board member, Student Assistance Program Counselor, Safe & Drug Free School Coordinator

Municipal leaders – town clerks, town planners, select board members, transportation/public works

Government – federal, state and local elected officials

Appendix D Prevention Framework & Prevention Model

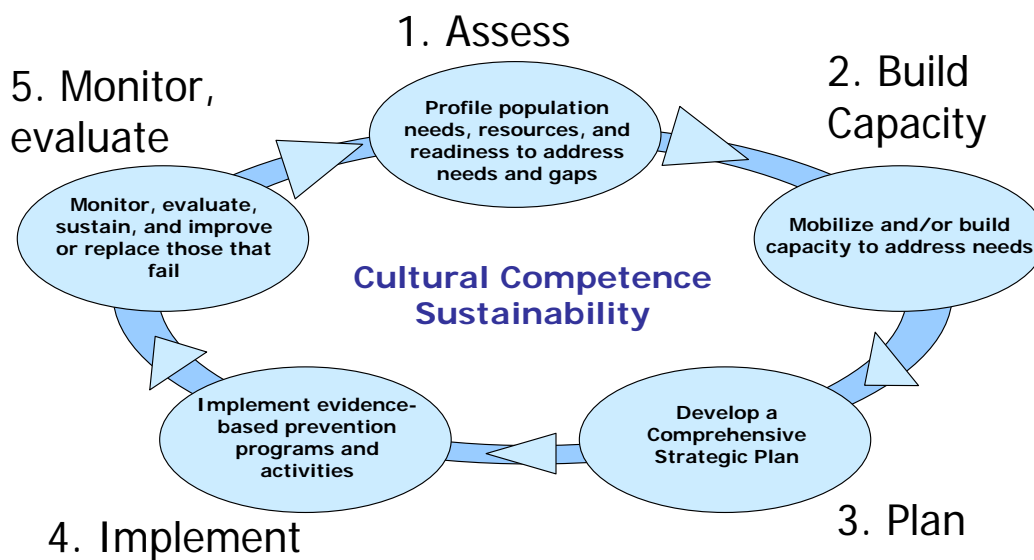
Overview

Developing and implementing effective community based programs requires the use of the following:

- The Strategic Prevention Framework
- Vermont's Prevention Model, and
- Evidence based and/or practice based strategies

The Strategic Prevention Framework offers a step by step process for assessing, developing, implementing and evaluating community based prevention programs. This is an evidence-based process for community development.

Prevention Framework



Step 1: Community Assessment: An assessment must be completed prior to starting programs or activities. A comprehensive community assessment includes gathering qualitative and quantitative data to identify priorities, assets and gaps, developing a greater understanding of the target audience and identifying priorities for prevention.

Step 2: Capacity building: Programs need to engage a wide variety of partners and include them in all stages of planning and implementation to ensure success.

Step 3: Planning: Based on the community assessment findings, communities will work with partners to: prioritize findings, write goals and measurable objectives for written community action plans that addresses one or more of the focus areas and address the upper levels of the prevention model.

Communities who apply for step 4 implementation activities must demonstrate successful completion of the steps 1-3.

Step 4: Implementation: Implement prevention programs using and building on best practice and evidence based guidelines as recommended by the Vermont Department of Health chronic disease prevention programs

Applicants must demonstrate completion of a community plan to apply for funds to implement policy, systems and environmental change strategies for chronic disease prevention activities. Successful plans should include:

Partnerships: Outline the partnerships that exist including a diverse representation of community partners such as organization leaders, public and private sector representatives, members of the community, and representatives of the target population. Indicate how partners will be engaged in planning and implementing of activities.

Focus Area Actions: Implementation of policy, system and environmental change strategies to address one or more of the focus areas. Strategies outlined in the action plan must be tied to the community assessment findings.

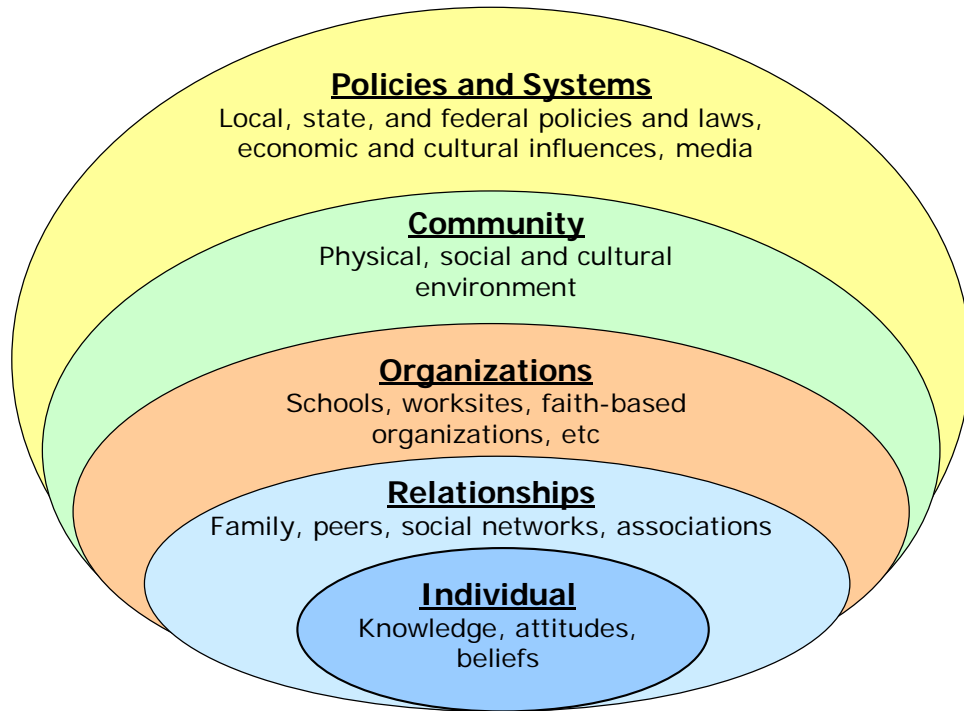
Integration: Strategies are integrated into existing programs that focus on chronic disease, prevention, education and service delivery. Include methods to identify model program and best practices and integrate efforts. Experienced partnerships will be asked to mentor other communities as they develop plans.

Sustainability: How will the community continue CHAMPPS efforts in future years?

Step 5: Evaluation: Conduct an evaluation of the assessment, capacity building planning process. Implementation plans should include evaluation measures.

Vermont's Prevention model describes the multiple levels for potential intervention. Comprehensive prevention programs, to be most effective for the long term, and to reach the largest number of people, should address multiple levels of the model. Proposals for CHAMPPS funding must address one or more of the policy, systems and community environment levels.

Vermont Prevention Model



Adapted from: McElroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. Health Education Quarterly 15:351-377, 1988.

Development of a successful community plan for policy, systems and environmental change strategies requires completion of the step by step process outlined in the prevention framework.

Successful applications must outline activities planned or already undertaken to address each step in the process.

Implementation activities must be directed towards policy, systems and environmental changes to address one or more of the focus areas.

In addition,

- Communities must include methods to enhance health equity and include methods to engage lower income populations in interventions and planning,
- Sustainability and cultural competency must be considered throughout the entire community process.

Appendix E

Health Equity Resources

Health equity is achieved when everyone has the opportunity to attain full health potential, regardless of their social position or other socially determined circumstances.

CDC guide “Promoting Health Equity A Resource to Help Communities Address Social Determinants of Health.” <http://www.cdc.gov/nccdphp/dach/chaps/>

Searchable database of health equity and community health resources
http://apps.nccd.cdc.gov/dach_chaps/Default/index.aspx

National Association of City and County Health Officials NACCHO
Health Equity and Social Justice
<http://www.naccho.org/topics/justice/>

Focus Areas 1: Reducing tobacco use and exposure

Introduction:

The goals of the Vermont Tobacco Control Program are to:

1. Reduce the prevalence of smoking among Vermont adults from a rate of 22% in 2000 to a rate of 11% in 2010 by linking people who want to quit with the resources to do so.
2. Reduce the prevalence of smoking among Vermont youth from a rate of 31% in 1999 (not measured in 2000) to a rate of 15% in 2010
3. Reduce the exposure of all Vermonters to secondhand smoke

To mirror these goals, the Department of Health organizes three statewide “common theme” campaigns throughout the year, with a campaign focusing on each of the three tobacco control goals.

The strategies for reaching these goals are based on *Best Practices for Comprehensive Tobacco Control Programs* developed by the Centers for Disease Control and Prevention (CDC).

Tobacco Control Funding Specifications:

Applicants must carry out activities that address one or more of the following Tobacco Control Program community objectives:

1. During FY 2010, the organization will increase the number of local policies in their community that prohibit smoking at workplaces, around building entrances, in parks and in other outdoor public spaces.
2. During November and December 2009, the organization will carry out sustained local adult cessation common theme campaign activities for three or more consecutive weeks.*
3. During March and April 2010, the organization will carry out sustained local youth prevention common theme campaign activities for three or more consecutive weeks.*
4. Cessation objective developed by applicant, focusing on promoting the utilization of Vermont's cessation resources (the Vermont Quit Network, www.vtquitnetwork.org).

**Community events/activities will be held in conjunction with mass media (TV, newspapers and/or radio). Grantees are expected to design and conduct local events/activities that reinforce the message or “common theme” being delivered throughout the statewide program.*

Grant funds may not be used for the following activities:

- Media creation (TV/radio) or purchasing of TV/radio spots
- Delivering cessation services, although grantees addressing cessation objectives are required to conduct activities to promote the utilization the Vermont Quit Network
- School-based curriculum or policies
- Student Assistance Programs (SAPs)

Focus Areas 2: Preventing alcohol and drug abuse

Based on a comprehensive review of Vermont's substance-related problems, the following priorities were identified for Vermont's Strategic Prevention Framework:

1. Reduce underage drinking
2. Reduce high-risk drinking among persons under the age of 25
3. Reduce marijuana use among persons under the age of 25

Applicants selecting focus area 2, preventing alcohol and drug abuse, must address at least one of the above priorities on their plan. Grantees will select an environmental strategy which decrease risk factors and increase protective factors most associated with the priority, based on the grantee's community assessment.

Risk and Protective Factors

Risk Factor—Conditions for a group, individual, or defined geographic area that increase the likelihood of a substance use/abuse problem occurring (*Achieving Outcomes*, 12/01). These have been shown to have the highest correlation to substance abuse:

- Alcohol and other drugs are readily available
- Community laws and norms are favorable toward drug use
- Family member has a history of alcohol and other drug abuse
- Parents use drugs, involve youth in their use, or tolerate use by youth
- Family member has a history of alcohol and other drug abuse
- Parents use drugs, involve youth in their use, or tolerate use by youth
- Young person thinks most friends use
- Young person thinks alcohol and other drug use is "cool"
- Person begins using at a young age

Protective Factors—Conditions that build resilience to substance abuse and can serve to buffer the negative effects of risks and are also referred to as assets (*Achieving Outcomes*, 12/01) are:

- Strong bonds exist between youth and adults
- Youth gain the skills necessary for becoming a mature adult
- There are opportunities for youth to have meaningful involvement in the community
- Such involvement is recognized
- Healthy beliefs and clear standards are communicated and modeled

What is an Environmental Strategy?

Environmental strategies are focused on changing aspects of the environment that contribute to the use of alcohol and other drugs. Specifically, environmental strategies aim to decrease the social and health consequences of substance abuse by limiting access to substances and changing social norms that are accepting and permissive of substance abuse. They can change public laws, policies and practices to create environments that decrease the probability of substance abuse. Environmental strategies involve longer term, potentially permanent changes that have a broad reach (e.g. policies and laws that affect all members of society). As a public health model, environmental strategies impact large numbers of people thereby affecting population level outcomes.

Additional Requirement

CHAMPPS grantees selected to address focus area 2 will be expected to work cooperatively with other alcohol and drug prevention grantees in their region.

Focus Areas 3: Promoting physical activity and healthy eating

Community obesity prevention projects are required to develop programs following the Fit and Healthy Vermonter Guidelines.

The steps for developing community programs, based on the Strategic Prevention Framework, are described below. Technical assistance will be provided at each step by FHV program staff.

Step 1: Community Assessment: An assessment must be completed using the Fit and Healthy Vermonter Community Assessment Toolkit. In addition to data it is essential to identify priorities assets and gaps in a defined community area, develop a greater understanding of the needs of the target audience and to identify priorities for prevention.

Step 2: Capacity building: To ensure success, programs need to engage a wide variety of community partners and include them in all stages of program planning and implementation.

Step 3: Planning: Based on the community assessment findings, communities will work with partners to: prioritize findings, write goals and measurable objectives for a written nutrition and physical activity implementation and evaluation plan to address policy, systems and environmental change.

Step 4: Implementation: Implement prevention programs using, and building on, best practice and evidence based guidelines as recommended by the Fit and Healthy Vermonter program.

Step 5: Evaluation: Conduct an evaluation of the assessment, capacity building and planning process.

Programs Must

- Be based on the results of a comprehensive assessment of the target population and community; and a planning process based on the assessment results.
- Have clearly stated goals and objectives that are linked to the Fit and Healthy Vermonter state plan for obesity prevention.
- Use VDH approved, existing theory-based promising practices or programs.
- Include physical activity and nutrition strategies that address CDC best practice strategies: reduce television time, increase fruit and vegetable consumption, increase physical activity, reduce sugar sweetened beverages, portion control, and increase breastfeeding.
- Be designed to reach the priority target audience of parents and families with young children.
- Clearly define intervention and evaluation methods and strategies.
- Include a communications approach using current health department messages including Eat for Health and Get Moving Vermont for adult audiences and Move More, Eat More Colors and Turn it Off! for youth.

- Be designed to be sustainable, i.e. long term plan for funding, committed partners who are willing to continue activities, or methods to integrate activities into the community.
- Include policy, systems and environmental change strategies as described below:

a. Social Support Strategies

Social support strategies change behavior through building, strengthening or maintaining social networks that provide supportive relationships for increasing and sustaining healthy behaviors (buddy systems, contracting with partners, walking clubs).

In order to reach a broad, community based audience it is recommended that grantees use one of the following programs that incorporate social support strategies.

Get Moving – Identify and work with a specific target population - offer events, promotion, resources (e.g. Tracking and Tips Sheets), and support to encourage individuals to set, achieve and maintain physical activity goals.

- Use Get Moving Vermont materials <http://healthvermont.gov/family/move/index.aspx>. that can be edited to be “Get Moving ____” (your town, community, worksite, etc)
- Set up natural groups or partners to encourage, support and/or be active together.

Peer Support in Physical Activity – Identify, train and support “Peer Leaders” from your target population who recruit and work with “participants” (their peers) to set, achieve and maintain physical activity goals. Training and materials are available by Fit and Healthy Vermonters staff.

b. Environmental Strategies

Environmental strategies create or enhance access to places for people to be physically active, such as reduced entrance fees to places to be active or school facilities available for public use. They require an assessment of the community’s physical environment in terms of accessibility for physical activity, particularly for the target population.

Environmental approaches must include outreach activities to raise public awareness about their existence and encourage their use.

c. Policy Strategies

Strategies that effect regulations or legislation in order to create or enhance access to places for people to be physically active are policy approaches, such as implementing “healthy eating” workplace or school polices or legislation requiring building and maintenance of bike lanes or sidewalks with new construction projects. *Policy approaches must include outreach activities to raise public awareness about their existence and encourage their use.*

III. Programs may *not* include:

- Development of new messages or slogans.
- One time or short term (less than 2 months) community based events or programs unless they are promotional events tied to longer term programs.
- Individual or group focused weight loss programs.
- Development of new physical activity or nutrition program curriculums.

Focus Areas 4: Improving access to quality preventive health care services

Health equity is achieved when all have the opportunity to attain their full health potential, regardless of their social position or other socially determined circumstances. Populations with disproportionate burden of chronic diseases/conditions tend to experience disparities in access to and use of preventive and health care services.

Populations of special focus might include:

- A) Racial and ethnic minorities,
- B) Low-income persons,
- C) The medically underserved,
- D) Persons with disabilities,
- E) Others with special needs.

Access to quality prevention and health care services may be impacted by factors including: health insurance status, establishment of primary care providers or medical homes, financial resources, availability of health care providers and services, cultural competency of health care system and providers, and barriers to obtaining care such as transportation, time of available appointments or services, and duration of appointments or services.

Under access to quality preventive services CHAMPPS strives to develop comprehensive organizational, community, and policy and systems level changes that improve access to prevention and preventive health care services.

Successful grantees must:

- a. Demonstrate innovation and/or be based on best practices where available (identify the source of best practice information such as “Promoting Health Equity: A Resource to Health Communities Address Social Determinants of Health”).
- b. Derive from data and community assessment. It will be imperative that each community demonstrate how the intervention plan was developed utilizing the data from the VDH district office community profile, community assessments, and health statistics. Identify additional knowledge gaps and continue to gather data to fill them.
- c. Partner with the Vermont Department of Health District Office, Blueprint hospital and local health care system.
- d. Outline strategies that integrate community based prevention efforts with the clinical practice.
- e. Involve community and clinical partners; identifying a health care provider champion.
- f. Include a clear plan and methods for evaluation.
- g. Interventions must utilize a comprehensive system approach; no stand alone individual classes, services or one time interventions.
- h. Enhance health equity and engage lower income populations.
- i. Assures the accessibility of existing prevention, self-management, and primary care resources. Special efforts should be taken to ensure focus on populations with disproportionate burden of chronic diseases/conditions.
- j. Assures quality of prevention or health care services.