



APPLICANT GRANT SUMMARY

Grant Cycle July 1, 2014 – June 30, 2017

EXPECTED TIMELINE – *all dates are subject to change if required*

RFP Release	Early January, 2014
Bidder's Conference	Late January, 2014
Bidder's Question Deadline	Mid-February, 2014
Due Date	Late February, 2014
Notifications of Awards	Mid-April, 2014

BACKGROUND AND PURPOSE

The Vermont Department of Health (VDH) will be releasing an open competitive Request for Proposals (RFP) to support implementation of community-based chronic disease prevention strategies related to alcohol and drug abuse, nutrition and physical activity, and tobacco use prevention for a three-year period. Applicants will also have the option to apply for funding for the Healthy Retailer program.

The 2010 Vermont Department of Health's Strategic Plan, http://healthvermont.gov/admin/strategic/strategic_plan.aspx is informed by several national discussions including the Healthy Vermonters 2020 goals, the promotion of chronic disease integration by the Centers for Disease Control & Prevention and the National Association of Chronic Disease Directors, the National Prevention Strategy, and the opportunities to promote healthy communities as part of the federal Patient Protection and Affordable Care Act.

Specifically, the 2010 VDH Strategic Plan goal promotes "effective and integrated public health programs and communities with the capacity to respond to public health needs." The RFP will also emphasize the importance of healthy community design as a cross-cutting framework for prevention work in all three program areas.

RFP INFORMATION

Primary funding for this RFP comes from the State of Vermont, Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMSHA), and the tobacco Master Settlement Agreement. All funding sources promote implementation of evidence- and practice-based approaches in systems and environmental change to achieve broad reaching, highly impactful, and sustainable change. Systems and environmental change have a proven track record of providing effective, long-term outcomes and are directly related to a change in social norms.

This is a three-year funding opportunity. The programmatic guidance for nutrition and physical activity and tobacco programming in the FY2015-2017 RFP are based on the FY2013 RFP (attached and publicly available at http://healthvermont.gov/local/grants/documents/combined_community_prevention_grants_RFP_2012.pdf). The programmatic guidance for the FY 15-17 ADAP funded grants remains the

implementation of evidence-based strategies, but the list of strategies is not the same as in the attached FY2013RFP.

The framework for this RFP is:

Applicants must select at least two program areas to work on from the list below. The funding amounts below are for the first grant year; future funding is contingent on fund availability and grantee performance.

1. Alcohol and Drug Abuse – up to \$65,000 available per award
2. Nutrition and Physical Activity – up to \$40,000 available per award
3. Tobacco – up to \$45,000 available per award

In addition to the selection of at least two areas above, applicants may participate in the Healthy Retailers Project and can request up to \$10,000 for this work.

The Healthy Vermonter 2020 goals relevant to this RFP are:

1. Reduce past month prevalence of alcohol and marijuana use among 12 to 17 year olds and binge drinking among Vermonters under 25.
2. Reduce tobacco use prevalence and secondhand smoke exposure for all Vermonters.
3. Reduce the proportion of Vermonters who are overweight or obese.
4. Increase the proportion of people who eat at least five servings of fruits and vegetables per day and who meet the recommended guidelines for daily physical activity.

Applicants must also address reducing health disparities as identified in the 2010 Health Disparities of Vermonters and Healthy Vermonter Program Goals located at: <http://www.healthvermont.gov/research/healthdisparities.aspx>.

Performance Measures

The RFP will include performance measure language for each program area.

Applicants are expected to contact their regional VDH District Office for guidance and technical assistance *prior* to the release of the RFP. Applicants are encouraged to contact the local VDH District Directors early in the process to ensure appropriate time for any support or guidance required: http://www.healthvermont.gov/local/district/district_office.aspx#find.

As a reminder, District Office staff *will not* be able to provide technical assistance other than responding to data requests after the release of the RFP. After the RFP release, all non-data request questions must be directed to VDH Central Office staff to ensure an equitable competitive grants process.

Once grants are awarded, the local District Office in each area will be the main contact for successfully funded grantees by providing the following support:

- Review work plans and progress reports as part of the VDH grant monitoring process.
- Provide technical assistance, consultation, and guidance to grantees to support grant deliverables and reporting.
- Participate in regular meetings and conference calls with grantees to ensure that the grant is being implemented effectively and required activities are being conducted.

- Attend meetings for the organization or partnership's board or advisory group. District Office staff may also serve as a non-voting member.
- Facilitate community linkages that will enhance and support grant outcomes.

ELIGIBILITY

Eligible applicants are Vermont public and private not for profit (501c3) organizations. Applicants must have a federal tax ID number or identify a fiscal agent with a federal tax ID number. Note: the fiscal agent is the applicant and responsible for complying with all the grant requirements.

Scoring criteria will be included in the RFP, and applicants should write their proposal based on the specific requirements as requested in the RFP.

GLOSSARY OF TERMS

Coalition-An entity comprised of several diverse organizations or constituencies that have agreed to work together to achieve a common goal.

Collaboration- Collaboration results when people work together and share resources to achieve a common goal. It is a well-defined relationship entered into two or more organizations to achieve common goals. It includes a jointly developed structure and shared responsibility, authority, accountability, resources, and rewards.

Community Capacity: A coalition or communities ability to identify, mobilize, and address social and public health problems. This includes citizen participation and leadership, skills, resources, social and organization networks, sense of community, community power, and an understanding of the community's history.

Health Disparities: Difference in health outcomes and their determinants between segments of the population, as denied by social, demographic, environmental, and geographic attributes.

Health Equity: the concept that everyone should have a fairly opportunity to attain their full health potential

Health Inequities: A subset of health inequalities that are modifiable, associated with social disadvantage, and considered ethically unfair.

Low Socioeconomic (SES) Status: Low SES populations are defined by the Division of Health Promotion and Disease Prevention as having a high school education or less and living at less than 250% of the Federal Poverty Level (FPL).