



**ELON**  
UNIVERSITY

# Request for Proposals

RFP # 372 A -- "A Decent Proposal"

---

## Prevention and/or Remission of Obesity in a Target Population

---

**FUNDING AGENCY:** Elon University Human Services Studies Department

**ISSUE DATE:** October 20, 2011

**DEADLINE DATE:** November 15, 2011 (5pm EST)

**FUNDING PERIOD:** June 1, 2012 through May 31, 2013

**INQUIRIES and DELIVERY INFORMATION:**

Direct all inquiries concerning this RFP to:

Kathy Colville

kcolville@elon.edu

**Applications will be received until 10:30 am on November 15, 2011.**

Electronic copies of the RFP are available by request.

Send all applications directly to the funding agency address as indicated below:

**Electronic Mailing Address:**

kcolville@elon.edu

**Street/ Hand Delivery Address:**

Alamance 215

Elon Campus

Elon, NC

**IMPORTANT NOTE:** Indicate author name on the front of each proposal envelope or package, along with the honor code statement. All applications must be printed double-sided, in 11-point font with 1-inch margins, stapled.

## **Section 1: Needs Statement**

*You may use no more than three pages for this section.*

A. Describe the geographic service area (census tract(s), zip code(s), precincts(s), town, city, or county) of the project. Include information about the population(s), race/ethnicity, education, language, social data, poverty rates, etc. and any other factors that may impact your activities (e.g., urban/rural, transportation, industry and economic conditions, recent events, etc.), how the population will be affected by the project, any relevant data that relate to the different needs of sub-groups of the population.

B. Describe the specific target population to be served by the project. Include specific information about, race/ethnicity, health status indicators, relevant risk behaviors, health service system infrastructure located within the geographic service area, etc. Description should include both narrative and relevant statistical data, such as rates, ratios, etc.

C. Describe the need for your proposed activities/services for the target population in your area of focus: relevant data, limitations of the data, social or cultural norms that may support the proposed project, and anything else that may indicate a need for this project.

D. Describe the strengths in your community that may be helpful to you as you develop your program (e.g., other services, strong collaborations, community leaders, current activities, successful project and/or health outcomes,

E. Describe the barriers in your community that may have to be addressed as you develop and implement the proposed project. How do you plan to address these barriers?

## **Section 2: Program Plan**

*You may use no more than five pages for this section.*

A. Provide a summary of the proposed project.

B. State the Project Goals and Objectives for Fiscal Years 2011-2012 and 2012 -2013 (two page limit).

For each Goal, state one or more objectives and the timeline for accomplishing each objective. Make sure each objective is specific to the condition(s) selected and relevant for the needs of the target population.

- Example of an objective: By June 29, 2012 (*time bound*) 95% of youth participants in the obesity-prevention workshop will schedule a visit with a health care provider for a screening and risk assessment. (*specific & relevant*)

C. Please indicate the behavioral and/or health outcome measures that will determine the extent to which the project is meeting the goals and objectives identified above.

- Example of a behavioral outcome measure: 75% of participants in the enhanced physical education classes increased their knowledge of the importance of limiting television viewing.
- Example of a behavioral outcome measure: Consumption of fruit and vegetables increased by 30% among youth participants in the obesity prevention program when compared to the previous year.

- Example of a health outcome measure: 50% of overweight clients who participated in nutrition classes maintained or decreased weight levels for six months.

D. Describe the evidence- based, best practices, or promising practices strategy that will be implemented in the proposed project.

E. Prepare a realistic **timeline** of the entire program plan which includes all activities required to accomplish the key objectives of the project. This timeline will serve as the basis for monitoring progress and adjusting activities as necessary. *The timeline should contain information on the proposed start and completion dates of the key objectives and activities. The timeline should cover February 1, 2012 until May 31, 2013.*

### **Section 3: Budget**

Complete a proposed annual budget for the project period June 1, 2012 - May 31, 2013 (12 months) using the form provided.

Provide a separate budget narrative that clearly justifies each item listed in the budget and clearly links it to planned activities of the program. The budget narrative must include calculations used to arrive at the requested line item amount. A sample budget narrative is provided.

**Project Budget**

**LINE ITEM BUDGET  
BUDGET PERIOD: June 1, 2012 - May 31, 2013**

<b>Applicant's Name:</b>	
<b>I. PERSONNEL SERVICES</b>	
Salary/Wages	
Social Security	
Medical /Health Insurance	
Retirement	
<b>Subtotal Personnel Services</b>	
<b>II. OPERATING EXPENSES</b>	
Food Service Agreement	
Speakers Fee	
Interpreter Services	
Rental/Leased Space	
Utilities	
Ground Transportation (Travel)	
Lodging	
Meals	
Internet Services Provider Charges	
Telephone Service	
Cellular Phone Service	
Postage, Freight, Delivery	
Printing, Binding, and Duplication	
General Office Supplies	
Educational Supplies	
Participant Support Costs ( Incentives)	
Computer Equipment	
<b>Subtotal Operating Expenses</b>	
<b>III. CONTRACTED SERVICES</b>	
Subcontractor's name/title:	
Describe: (Ex: Bookkeeping, professional services, etc.)	
<b>Subtotal Contracted Services</b>	
<b>Subtotal Personnel Services</b>	
<b>Subtotal Operating Expenses</b>	
<b>Subtotal Contracted Services</b>	
<b>Total Budget</b>	
<b>Total Overhead Cost (not to exceed 8%)</b>	
<b>Fiscal Year 2012 – 2013 Grant Total Budgeted Expenditures</b>	

Calculating Overhead Costs: If a grantee has an indirect cost letter specifying an approved indirect cost rate, then the overhead amount shall be calculated utilizing the approved rate unless the approved rate

exceeds 8%. In the event the approved indirect rate exceeds 8%, an indirect rate of 8% will be utilized to calculate the overhead amount. The approved indirect cost letter shall be submitted with attachments. In lieu of an approved indirect cost rate, each proposal shall include a breakdown of overhead costs in the line item budget and budget narrative for each fiscal year. The ceiling not to be exceeded for overhead in this situation is also 8%.

**Budget Narrative Requirements**

**Budget narratives shall show calculations for all budget line items and shall clearly justify/explain the need for these items. Budget costs shall be in accordance with State rates, reasonable and justifiable. Budget must support the scope of work activities and objectives.**

**Personnel**

Salary and fringe for program staff should be calculated in the budget section of the application. Provide a justification, personnel/staff names (if known), position title, description of any positions that will be funded with grant funds and annual salary, prorated salary and FTE. Include specifics such as \$\_\_\_ x months = \_\_\_.

**Supplies**

You need provide only a reasonable dollar amount for general office supplies like pens, paper, etc. Provide justification for supply items other than general office supplies. Show cost calculation of cost.

**Travel**

Identify titles of staff whose travel is supposed, briefly explain the purpose of the travel and how it relates to the action plan, and provide an estimate of mileage and per diem costs showing how those expenses were calculated. (Note: travel must be computed at rates up to the current State regulations.)

Mileage should be based on rates located on the North Carolina Office of State Budget and Management’s (OSBM) web page under the “Memorandums” link. Mileage rates fluctuate with the price of fuel, thus the OSBM will release a memorandum entitled “IRS Mileage Rate Change” when there is a change in this rate.

For other travel related expenses, please refer to the OSBM’s North Carolina Budget Manual, pages 130 – 140. This manual can be found at the following address:

[http://www.osbm.state.nc.us/files/pdf\\_files/2007BudgetManual.pdf](http://www.osbm.state.nc.us/files/pdf_files/2007BudgetManual.pdf). Current rates for travel and lodging may be found in the chart below. However, it is recommended that the applicant visit the North Carolina Budget Manual to verify rates prior to submission of the application.

Current rates for travel and lodging:

Meals	In-State	Out of State
Breakfast	\$8.00	\$8.00
Lunch	\$10.45	\$10.45
Dinner	\$17.90	\$20.30
<b>Total</b>	<b>\$36.35</b>	<b>\$38.75</b>
<b>Lodging (Maximum)</b>	\$63.90	\$75.60
<b>Total</b>	100.25	114.35
<b>Mileage</b>	\$ up to .55 5 per mile	

**NARRATIVE SAMPLE BUDGET**

<b>I. PERSONNEL</b>	
<b>Project Director (Jane Smith)</b>	\$ 9,000.00
Provides project oversight, supervision, administration, management, public relations, partnership development record-keeping, data collection, analysis, management and reporting. Duties also include providing obesity education, outreach and informational and referral services. Project Director will also be responsible for project quality improvement activities.	
Annual Full Time Salary Rate: \$ 60,000.00 Number of month's salary budgeted to project: 12 Salary budgeted to project: \$ 9,000.00 Full Time Equivalent: .15	
<b>Community Educator (Ashley Drew)</b>	\$ 14,400.00
The Community Educator is accountable for implementing project duties per request of the Project Director, implementing peer education activities, and coordinating program implementation. Specific responsibilities include developing and facilitating obesity education programs, conduct education, outreach and information and referral sessions and performs other related duties. Also will work with the Project Director to develop and implement public information and media activities and quality improvement activities.	
Annual Full Time Salary Rate: \$ 28,800.00 Number of months of salary budgeted to project: 12 Salary Budgeted to the project: \$14,400.00 Full Time Equivalent (FTE): .50 Fringe Benefits FICA: .0765 x 23,400.00 = \$ 1,790.10 Unemployment Insurance: .0372 x \$ 23,400.00 = \$ 870.48	
<b>Total Personnel</b>	<b>\$ 23,400.00</b>
<b>II. OPERATING EXPENSES</b>	
<b>Food Service</b> Local vendors will be used to provide meals for 25 participants per meeting at 6 community meetings, events, training sessions at \$10.10 per meal. Estimated at 150 participants x \$ 10.10/meal = \$ 1,515.00	\$ 1,515.00
<b>Speaker Fees</b> Professionals and others with expertise in obesity prevention will be speakers at periodic training, continuing education and other project related activities.	\$ 1,000.00

\$50/hr x 20 speaker hours = \$1,000.00	
<b>Rental/Leased Space</b> 150 sq. ft. / FTE x \$ 17.25/sq/ft x 1.0 Total FTE x .1.0 yr	\$ 2,588.00
<b>Meeting/Conference Space Rental</b> Conference Room and Breakout room space rental for project education and Outreach activities throughout the service area. Meeting space will have to be rented on an event-by-event basis to assure that adequate space is available for meetings and forums. Estimated at \$ 80.00 per month for 12 months = \$ 960.00	\$ 960.00
<b>Travel</b> Project staff will use private vehicles for project related travel (e.g. education, outreach, training, and other project activities). Estimated @ 190 miles/month @ \$ 55.5/mile x 12 months= \$ 1,265.40	\$ 1,265.00
<b>Lodging</b> Lodging cost for project staff and selected community volunteers to attend out of town meetings, conferences, trainings, etc. Estimated at 2 rooms x \$ 63.90/room x 2 nights x 1 trip = \$ 255.60	\$ 256.00
<b>Meals</b> Project staff will also attend conferences, meetings and other events to receive continuing education and to develop networking opportunities. Estimated at 4 days x 2 staff x \$ 36.35/day = \$ 290.80 over the project period	\$ 291.00
<b>Telephone Service</b> Telephone Services will be provided by local telephone services provider to conduct business. Estimated at \$ 799.80 over the project period.	\$ 800.00
<b>Cellular Phone Service</b> For project related communications. Estimated at \$ 50.00 per month x 12 months x 1FTE	\$600.00
<b>Postage, Freight, Delivery</b> Postage to support monthly mailings to community members and program participants. Estimated at \$ 470.00 during the project period	\$ 470.00
<b>Printing, Binding, Duplicating</b> Printing, binding and duplication for correspondence, documents, flyers, reference materials, etc. for use in workshops, educational, training sessions, etc. Estimated at \$ 525.00 during the project period	\$ 525.00

<p><b>General Office Supplies</b>  General office supplies such as paper, toner for printers, staples, paper clips, and binders.  Estimated at \$ 35.00 per month x 12 months</p>	\$ 420.00
<p><b>Educational Supplies</b>  Culturally appropriate brochures, pamphlets and other assorted educational videos, books, and other resource materials for use in education and outreach activities to be purchased from nationally recognized prevention organizations.  <i>Brochures &amp; Pamphlets:</i> Estimated at 3,000 brochures/pamphlets x \$ .20 per brochure/pamphlet = \$ 600.00  <i>Posters:</i> Estimated at 50 posters x \$ 5.00/poster = \$ 250.00  <i>Videos/DVDs:</i> Estimated at 25 videos/DVDs x \$10.00/video/DVD = \$ 250.00</p>	\$ 1,100.00
<b>Total Operating Expenses</b>	<b>\$ 11,790.00</b>
<p>III. CONTRACTED SERVICES</p>	
<p><b>Community Agency (Health Prevention Agency)</b>  Promote project education, outreach, and information and referral services throughout the community as assigned. Distribute educational and promotional materials as appropriate. Determine insurance eligibility status for Medicaid/Medicare. Follow up with participants and prospective participants in order to assure attendance/participation in project activities, and visits to clinic for treatment and health care services as needed.</p>	\$ 40,000.00
<p><b>Community Health Clinic</b>  Provide obesity management, clinical preventive and related primary health care services. Collaborate with partners and stakeholders to coordinate referral, education and outreach activities. Provide enhanced delivery of health care services through medical home. Obtain data on clinical services for patients referred to clinic.</p>	\$ 40,000.00
<p><b>Hospital</b>  Provide annual data on inpatient visits, ED visits and other health services data by race/ethnicity, income, location.</p>	\$7,010.00
<p><b>Local Health Department</b>  Provide health educational materials, conduct screenings and outreach, offer clinical health care services, provide community nurse that can be available for program activities and to serve as liaison to community agencies</p>	\$25,000.00
<b>Total Contracted Services</b>	<b>\$112,010.00</b>



<b>Subtotal Personnel Services</b>	<b>\$23,400.00</b>
<b>Subtotal Operating Expenses</b>	<b>\$11,790.00</b>
<b>Subtotal Contracted Services</b>	<b>\$112,010.00</b>
<b>Total Budget</b>	<b>\$147,200.00</b>
<b>Total Overhead Cost (not to exceed 8%)</b>	<b>\$11,776.00</b>
<b>Total Budget for Project Period FY 2012-2013</b>	<b>\$158,976.00</b>

Timeline for Completing this RFA

DATE	In-Class Activities	"Due" This Day
Thursday, October 20	Formation of coaching groups Brainstorm Topics and Target Populations Review of Data Sources	Nothing
Tuesday, October 25	Key Informant Interview(s) Planning	<ul style="list-style-type: none"> <li>• Statistical profile of target population (Needs Statement A, B and C)</li> <li>• Identify individual(s) for key informant interview(s)</li> </ul>
Thursday, October 27	Writing SMART Objectives	Needs Statement D and E
Tuesday, November 1	Timeline	Program Plan B and C
Thursday, November 3	Lit Review of Interventions	Program Plan E
Tuesday, November 8	Writing a Budget	Program Plan D
Thursday, November 10	Final Questions	Budget
Tuesday, November 15	Watch a movie (Food, Inc.)	Completed Proposal

