**Agency Application**

**Approximately 4 (max 5) pages without supporting documentation**

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| **Contact Information** | | | | | |
| **Agency Name** | | | | | |
| **Street Address** | | | | | |
| **City/State/Territory/Zip** | | | | | |
| **Official Health Agency Contact** | | | | | |
| **Local Project Team Lead Contact** (local health agency-designated project contact for all matters pertaining to the project):  Name  Email  Phone | | | | | |
| **Contact List for Project Team:** The project team should include relevant staff members from the state or local health agency as well as additional organizations/partners the applicant considers to be critical to actively engage in decision-making regarding childhood obesity prevention initiatives (see examples on page 5, Section IVd). If the health agency team is proposing to model potential interventions that other sectors would be responsible for implementing, the participation of a representative from that sector is required as part of the project team. The project team should be comprised of 1) a project lead who can manage communications, timelines and organization locally and with the CHOICES team, 2) a team member with training in public health epidemiology or similar training background, 3) a team member with content knowledge and/or expertise in the implementation of obesity prevention initiatives, 4) a team member with strong knowledge/background in policy communication; and 5) if intervention area(s) of interest to the team would be led in actual implementation by other agencies, a representative of that agency should be included as part of the team | | | | | |
| Category | Name | Title | Organization | Email | Phone |
| Health agency principal/lead official |  |  |  |  |  |
| Senior Deputy |  |  |  |  |  |
| Health Agency Project Lead(s) |  |  |  |  |  |
| Health Agency Epidemiologist(s) |  |  |  |  |  |
| Other Health Agency Staff |  |  |  |  |  |
| Other Local Agency/ies |  |  |  |  |  |
| Other Local Agency/ies |  |  |  |  |  |
| Other Local Agency/ies |  |  |  |  |  |
| **CHOICES Learning Collaborative Session Dates** | | | | | |
| A successful application requires agreement to the following learning sessions. Please take note of who is required to attend. Exceptions need to be in writing to the CHOICES team. Please check for the following for availability of relevant health agency team members :  Learning Session 1: (all team members, including lead health official and/or senior deputy) Virtual Kickoff – Dec 5, 2018 1:00-4:00 pm EST  Learning Session 2: (project lead, epidemiologist/relevant staff) In-person Cambridge, MA- Jan 23rd and 24th 2019  Learning Session 3: (all team members, including lead health official and/or senior deputy)- Local stakeholder convening/site visit- April 2019  Learning Session 4: (all team members)- Virtual communications introduction- May 15 2019 3:00-4:00 pm EST  Learning Session 5: (all team members, including lead health official and/or senior deputy)- Local stakeholder convening/site visit- June/July 2019  Learning Session 6: (all team members): Virtual Mid-Term Meeting 1- Sept 4 2019, 1:00-4:00 pm EST  Learning Session 7: (all team members, including lead health official and/or senior deputy): Virtual Mid-Term Meeting 2- Oct 2 2019 1:00-4:00 EST  Learning Session 8: (project lead, epidemiologist/relevant staff): In-person Cambridge, MA Nov 13th and 14th 2019 | | | | | |
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| **Site Visits:** The CHOICES team will collaborate with your local agency to conduct two on-site learning sessions to engage stakeholders. The first will be early in the process (in April) as a way to gain input and feedback and finalize interventions for analysis. The second will be in June or July 2019 and will be an opportunity to review preliminary data and discuss communication plans. The site visits are developed in partnership with the agency and include **a 4 hour stakeholder engagement meeting** with community partners per visit to listen and learn. This may be structured depending upon the needs of the specific local organization. It is also recommended that the project team host a one hour meeting in advance of all local site visit meetings with the lead health official, visiting CHOICES team members and project team leads. Please check the dates which would be available for your team (including the lead at your health agency) for a local site visit, selecting at least three options in April 2019 and at least three options in June/July 2019:  Site Visit 1: April 2019  April 2, 2019  April 3, 2019  April 9, 2019  April 10, 2019  April 11, 2019  April 23, 2019  April 24, 2019  April 25, 2019  Site Visit 2: June/July 2019  June 25, 2019  June 26, 2019  June 26, 2019  July 9, 2019  July 10, 2019  July 11, 2019 | | | | | |
| **Proposed Scope of Project** | | | | | |
| What particular aspect of childhood obesity prevention efforts is of most interest to your organization and partners? You may focus on a setting (e.g. school-based interventions), an age group (e.g. interventions focus on adolescents), a topic area (e.g. nutrition policies/regulations for child care providers) and/or a sector (e.g. transportation-related interventions). You might consider the following when selecting a preliminary focus:   * Interest about assessing the cost effectiveness of the childhood obesity prevention efforts your organization is currently invested in/implementing * Interest in assessing the cost effectiveness of strategies your organization is exploring implementing | | | | | |
| **In determining the response of the applicant, the following criteria will be considered:**  **Proposed Approach - 20 points**  **Agreement of attendance of lead Health Officer and key stakeholders to Learning Sessions/Meetings - 10 points**  **Multi-sector partnerships and letters of support - 20 points**  **Prior Experience - 10 points**  **Organizational Capacity - 20 points**  **Implementation and Communications - 20 points**  **Proposed Approach (20 Points): Please describe your proposed approach and include the following:**   * Demonstrated understanding of the risk factors for childhood obesity and multi-sector/multi-level approaches for preventing obesity * How you view this project to be supportive of your organization’s process or outcomes in the area of obesity prevention   **Multi-sector Partnerships and Letters of Support (20 Points): Please describe partnerships that will be necessary for working in your proposed area of interest and include:**   * A discussion of your partners and their potential roles and responsibilities in the project * Partners that represent a multi-disciplinary cross-section of entities and issues within your community * Describe how you plan to disseminate learnings from your project across your state/city/county * Applicants should include letters of support that clearly state the entities’ support, recognition of role on the project and willingness to undertake the project in collaboration with the applicant   **Prior Experience (10 Points): Please describe your prior experience and performance and include:**   * Experience with childhood or adult obesity prevention initiatives * Previous experience in priority setting, particularly with other partners * Past experience with undertaking projects with partners from other entities   **Organizational Capacity (20 Points): Please describe your organizational capacity for this work and include:**   * Ability to identify 1) a project lead, 2) a team member with training in public health epidemiology or similar training background, 3) a team member with content knowledge and/or expertise in the implementation of obesity prevention initiatives, 4) a team member with strong knowledge/background in policy communication; and 5) if intervention area(s) of interest to the team would be led in actual implementation by other agencies, a representative of that agency should be included as part of the team * Resumes/CVs for each of the team members identified above * The stated commitment of the local health agency’s leadership team * The ability of the applicant to represent the project well in interactions with local health agency staff and other governmental, private sector and not-profit stakeholders * A description of potential or relevant data to which you have access (such as surveillance of BMI and/or behaviors related to obesity, childhood-obesity prevention intervention implementation data)   **Proposed Budget:**   * Budget supports activities delineated in project narrative portion of the application * Budget should support the modeling collaboration, not implementation of initiatives * Totals can be reasonably understood from the information provided * Overall cost is reasonable, allowable and within the stated budget * Please note that no part of the funds may be used to carry on propaganda or otherwise attempt to influence legislation (within the meaning of Section 4945 (d)(1) of the Internal Revenue Code).   \*There is a separate travel stipend for up to 4 team members per team for the Boston meetings, so applicants do not need to include this in their budget. | | | | | |
| **Implementation and Communications Plan (20 Points)** | | | | | |
| The CHOICES team are providing this opportunity as a means to increase capacity in state, city and county health agencies to use cost effectiveness methods in prioritizing childhood obesity prevention initiatives. We intend for the cost-effectiveness approach, methods, data and results to be shared with health agency leadership and as relevant other decision makers, including partners at other government agencies, decision makers such as elected officials and leaders in other partner organizations to be able to provide research and data to enable informed decision making around childhood obesity. Please describe how you envision your organization using the results of this project to inform decision making and priority setting in your community, as well as the available mechanisms for implementing prioritized initiatives and channels for communicating cost effectiveness results. | | | | | |
| **Budget Justification** | | | | | |
| Contract funds may be used to support costs associated with participation in this modeling project, including personnel, supplies, time for agency and/or partners to analyze and/or gather existing data, meeting expenses and local travel and production of materials to communicate project findings. **Please note that no part of the funds may be used to carry on propaganda or otherwise attempt to influence legislation (within the meaning of Section 4945 (d)(1) of the Internal Revenue Code).**  **Budget Request** (use each line-item as applicable to your project; please provide a narrative description for how the funds will be used to support your agency’s participation in the CHOICES Learning Collaborative Partnership)  Personnel:  Supplies:  Data Analysis/Organizing Costs:  Meeting Expenses (e.g., space rental, food/beverages for meeting, parking for participants):  Local Travel (e.g., for local site visit meetings, meetings with local partners to discuss project):  In-Kind Contributions (please specify):  Communications (e.g., production of products to communicate findings of models):  Subcontracts (e.g., to local partners who may provide data for the project or use staff time to collaborate on detailing implementation resources and activities for modeling and/or communicating results):  Other:  **Budget request grant total** (not to exceed $50,000): | | | | | |
| **Application Checklist** | | | | | |
| Please ensure the following items have been completed before submitting your application:  Responses have been provided for all application questions  Detailed project budget and narrative justification is included  Letter of support from the agency’s principal/lead health official with agreement on attendance at required learning sessions  Letters of support from other relevant organizations with agreement to participate in project, including participation in local site visits and at least 3 technical assistance calls if that collaborating agency would have overall responsibilities for implementation of one or more of the potential interventions being considered by the team  Overall project leader has been identified, including name and contact information  Initial local team members have been identified, including name and contact information; resumes/CVs for each core team member are included | | | | | |