



National WIC Association

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September 15, 2014

Dear Local WIC Agencies,

We are excited to share that the National WIC Association (NWA), in partnership with the American College of Obstetricians and Gynecologists (ACOG) has applied for CDC funding for local WIC agencies to play a leadership role in developing community-based solutions to reduce chronic disease burden. The project is expected to begin in October/November 2014. NWA would like to be prepared to move forward quickly in the event of an award. Therefore, we are soliciting applications from local WIC agencies to participate and will make selections within the next month when the award announcement is anticipated.

NWA believes that local WIC agencies in coordination with their state WIC agency are in a great position to play a leadership role in chronic disease prevention through policy, systems, and environmental (PSE) strategies. PSE strategies include but are not limited to:

- Increase policies and practices to support breastfeeding (e.g., health care, workplaces, childcare settings);
- Increase availability of local farmers' fruits and vegetables via farmer distribution agreements with nonprofit and for-profit organizations (e.g., work sites, hospitals, schools, other community settings) ;
- Increase availability of healthy foods in communities, including working with community partners to incentivize new grocery store development, expanding farmers markets, community and school gardens, small store initiatives, mobile vending carts, and restaurant initiatives;
- Promote purchase of fruits, vegetables, and other healthy foods through food assistance program incentives such as accepting EBT payments at Farmers' Markets and providing "Health Bucks" coupons to EBT users who purchase fruits and vegetables;
- Increase availability and affordability of healthy foods and beverages in institutional settings, workplaces, prisons, senior centers, childcare settings, and government facilities;
- Increase access to chronic disease preventive services and self-management programs (e.g., tobacco cessation support groups) in worksites and community settings ;
- Increase number of referrals to community-based resources and services for risk reduction and disease management (e.g., hypertension, diabetes, and obesity);
- Increase number and training of multi-disciplinary teams (i.e., physicians, pharmacists, community health workers); including core competency training for community health workers, cultural competence training for health care providers;
- Establish health IT systems to:

Theresa Landau, MS, RD, CDN New York Chair	Janet Jackson Charles, MSW Washington Chair-Elect	Jacqueline Marlette-Boras, MHS, RD Maryland Chair Emeritus	Diana Hoek, MS, RD, LDN Massachusetts Secretary	Stan Bien, MPA Michigan Treasurer	Rev. Douglas A. Greenaway Washington, DC President & CEO
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- Collect data on populations bearing a disproportionate burden of chronic disease
- Provide feedback on quality of care across health care providers and health care organizations.

NWA also believes that additional community exposure and integration can help with client recruitment and retention as well as promote a positive WIC image to the general public. The community work that results from this project would also lay a foundation for agencies that are interested in exploring the expansion of nutrition and breastfeeding services to non-WIC clients through non-WIC funding streams.


If chosen for an award, NWA, over the course of the next 3 years, will be expected to fund and provide technical assistance to two cohorts of eighteen local WIC agencies for 2 years each in 11 target states to develop community coalitions, perform community needs assessments, and create 15-month community action plans of PSE strategies that target one or both of the following chronic disease risk factors: 1. poor nutrition, and 2. lack of access to chronic disease prevention, risk reduction, and management opportunities.

You are in one of the “target states” that were chosen based on state directors’ expressed interest in support of the project and strong ACOG networks. Details of the grant opportunity and application information are attached.

NWA will be notified of the award by September 30th and will, in turn, notify agencies of their selection status by October 13th. We look forward to your participation. Meanwhile, if you have any questions, please feel free to contact Martelle Esposito at mesposito@nwica.org / 202.232.5492x107.

Sincerely,


Theresa Landau, MS, RD, CDN
Chair, Board of Directors


Rev. Douglas A. Greenaway
President & CEO

Martelle Esposito, MS, MPH
Project Director

Additional Project Information and Timeline

- If selected, CDC will provide grant funding to NWA between September 30, 2014 and September 30, 2017, pending availability of funds each year.
- Local agencies will apply to NWA for funding for their project, and selected agencies will receive and manage the funds for a 2-year project period.
- Eighteen agencies will be selected to begin the project in October/November 2014.
- Eighteen additional agencies will be selected to begin the project in October/November 2015 through another call for applications next year.
- NWA will provide training and technical assistance throughout the project.
- In partnership with NWA, ACOG and CDC, each local agency sub-recipient will spend 6-8 months developing a coalition, performing or enhancing a community needs assessment, and developing a 15-month community action plan with community partners included in the coalition.
- Each community coalition will be steered by a 3-person leadership team that will consist of a newly-hired project coordinator or other WIC agency staff, an OB-GYN or other provider partner, and a WIC client or other patient advocate.
- Each community coalition will focus efforts on implementing the community action plan over the course of the following 15 months and report evaluation measures, with the entire project lasting approximately 2 years.
- NWA will work with an Evaluation partner, who will also provide technical assistance support to the participating agencies.
- All three members of the leadership team are expected to attend an initial kick-off meeting in Atlanta in early December, 2014 at an NWA conference to present final findings, and a final end-of-project meeting in the 3rd year of the overall project. Travel funding will be provided.
- NWA will provide funding for each agency to support 1.1 FTEs along with 20% fringe benefits and 15 % for other project related expenses.
- State directors from all 11 target states have expressed support for their local agencies to engage in this project
- All agencies in all 11 target states that apply will be considered. We hope that agencies from the following target areas identified by your state directors as high need will consider participating:
 - 1) Georgia—Waycross and Albany;
 - 2) Illinois—Vermilion, Cass, Marion, St. Clair and the Southern 7 counties;
 - 3) Iowa—Southern part of state;
 - 4) Kansas—Sedgwick and Wyandotte counties;
 - 5) Louisiana—high poverty areas statewide, particularly in the north;
 - 6) Maryland—Baltimore City;
 - 7) Michigan—Detroit;
 - 8) New Jersey—Newark;
 - 9) Texas—high poverty areas statewide;
 - 10) Virginia—Southwest part of the state, Richmond and Tidewater area;

- 11) Oklahoma—Oklahoma City and Tulsa; plus an additional
- 12) Indian Tribal Organizations from any of the geographic states listed.
- Agency applicants must meet the following criteria to be considered for funding:
 - Agency is located in a target state;
 - Agency completes and submits an online application (see link below) and a separate itemized budget for the first year in Microsoft Word for salaries, fringe benefits, and expenses in the CDC budget format (See corresponding document also attached);
 - Agency describes its role in the community, demonstrating evidence of having a community network/partnerships (noted in online application);
 - Agency states willingness to serve as the convening member of a local multi-sector coalition that will conduct the community needs assessment and develop and implement a CAP (noted in online application);
 - Agency submits a letter of recommendation from its state director. (If needed, a model letter will be provided by NWA.)
- Priorities for selection are as follows:
 - At least one local agency from each state with preferences given to defined target areas;
 - At least one Indian Tribal Organization agency per year;
 - At-large agencies from target areas in target states;
 - Other agencies in target states located in high poverty, high racial/ethnic minority areas serving populations with high chronic disease prevalence;
- Agencies that meet the minimum criteria will be selected to participate in the order of the priority system outlined above.

How to apply:

If your agency would like to participate in the project during the first cohort that will begin in October/November 2014, please complete the following **by COB Friday, September 26th**:

- 1) **Complete this brief online application form.**
- 2) **Submit an itemized budget, using Microsoft Word and the formal CDC format (see corresponding document attached) to mesposito@nwica.org.**
 - Please note that if selected, NWA will provide funding for 1.1 FTEs based on a Washington, DC annual salary of \$60,000 and using the CNN Cost of Living Calculator <http://money.cnn.com/calculator/pf/cost-of-living/> to determine an equivalent salary in your area. You can choose how you want to break up the 1.1 FTEs. For example, hire a new full-time project coordinator with 100% and a supervisor with 10% funding.
 - NWA will also provide approximately an additional 20% of the salaries for benefits and an additional 15% of the salaries for other expenses for the 1.1 FTEs.
 - **Using the CDC format, be sure to include salaries, an itemized list of fringe benefits for each person, and an itemized list of supplies and other expenses.**
 - Travel budgets do not need to be included as NWA will discuss this with each agency separately.

- Budgets that run significantly over the suggested estimates will not be considered unless there are special circumstances. If necessary, please contact Martelle Esposito, mesposito@nwica.org for assistance.

Webinar:

NWA will host a **webinar on Tuesday, September 23rd at 3:30 p.m. – 4:30 p.m. Eastern**, during which the grant opportunity information, submission requirements and any relevant questions will be discussed before the **final applications due date of Friday, September 26th**. Please **register here** for the webinar.

Budget Preparation Guidelines

Procurement and Grants Office (PGO)

Preparing a budget can be one of the most confusing aspects of applying for a CDC grant or cooperative agreement. This document provides guidance for the preparation of a budget request and examples to help with the process. Adherence to this guidance will facilitate timely review and approval of a budget request.

Salaries and Wages

For each requested position, provide the following information: 1) name of staff member occupying the position, if available; 2) annual salary; 3) percentage of time budgeted for this program; 4) total months of salary budgeted; and 5) total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.

Sample Budget

Position Title and Name	Annual Salary	Time	Months	Amount Requested
Project Coordinator Susan Taylor	\$45,000	100%	12 months	\$45,000
Finance Administrator John Johnson	\$28,500	50%	12 months	\$14,250
Outreach Supervisor (Vacant*)	\$27,000	100%	12 months	\$27,000
Total Personnel				\$86,250

Sample Justification

The format may vary, but the description of responsibilities should be directly related to specific program objectives.

Job Description: Project Coordinator – (Susan Taylor)

This position directs the overall operation of the project including overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of service and training, collects, tabulates and interprets required data, program evaluation and staff performance evaluation. This individual is the responsible authority for ensuring reports and documentation are submitted to CDC. This position relates to all program objectives.

Fringe Benefits

Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed.



Equipment

Equipment is defined as tangible, non-expendable personal property (including exempt property) that has a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. . However, in circumstances where your organization has a lower threshold, you may work with your CDC Grants Management Officer to establish a threshold that is consistent with your organization's policy.

All budget requests should individually list each item requested, and provide the following information: 1) number needed; 2) unit cost of each item; and 3) total amount requested. Also, provide a justification for the use of each item and relate it to specific program objectives. Maintenance or rental fees for equipment should be shown in the *Other* category.

Sample Budget

Item Requested	Number Needed	Unit Cost	Amount Requested
Computer Workstation	2 ea.	\$5,500	\$11,000
Computer	1 ea.	\$6,000	\$6,000
Total Equipment			\$17,000

Sample Justification

The computer workstations will be used by the principal investigator and statistician to collect required data, perform data analysis, and generate reports. These computers will also support the daily operation of the project, routine correspondence, research, and electronic communication.

Supplies

Individually list each item requested, and provide the following information: 1) specify the type of item, as appropriate; 2) number needed; 3) unit cost of each item; and 4) total amount requested. If appropriate, General office supplies may be shown by an estimated amount per month times the number of months in the budget category. Also, provide a justification for the use of each item and relate it to specific program objectives.

Sample Budget

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
Computer Workstation	(Specify type)	3 ea.	\$2,500	\$7,500
Word Processing Supplies	(Specify type)	1 ea.	\$400	\$400
Educational Pamphlets	N/A	3,000 copies	\$1	\$3,000
General Office Supplies	Pens, pencils, paper	12 months	\$20/month per person for 10 people	\$2,400
Total Supplies				\$19,900

Sample Justification

Office supplies will be used by staff members to carry out daily activities of the program. The education pamphlets and videos will be purchased from Vendor X and used to illustrate and promote safe and healthy activities. Word Processing Software will be used to document program activities, process progress reports, etc.

Travel

Dollars requested in the Travel category should be for **recipient staff travel only**. Travel for consultants should be shown in the Consultant category. Travel for other participants (e.g., advisory committees, review panel, etc.) should be itemized as specified below and placed on the *Other* category.

For In-State Travel, provide a narrative justification describing the travel staff members will perform. List where travel will be undertaken, number of trips planned, who will be making the trips, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem, as well as the number of nights and estimated cost of lodging. Include the cost of ground transportation, when applicable.

For Out-of-State Travel, provide a narrative justification including the same information requested above. Include CDC meetings, conferences, and workshops, if required by CDC. Itemize Out-of-State Travel in the format described above for In-State Travel.

Sample Travel Budget

Travel (In-State and Out-of-State)

Total \$ _____

Sample In-State Travel Budget

Travel (In-State): Total \$ _____

Number of Trips	Number of People	Cost of Airfare	Number of Total Miles	Cost per Mile	Amount Requested
1	2	N/A	500 mi.	\$0.27	\$270
25	1	N/A	300 mi.	\$027	\$2,025
Total					\$2,295

Per Diem or Lodging	Number of People	Number of Units	Unit Cost	Amount Requested
<i>Per Diem</i>	2	2 days	\$37/day	\$148
<i>Lodging</i>	2	1 night	\$67/night	\$134
Total				\$282

Sample In-State Travel Justification

The Project Coordinator and the Outreach Supervisor will travel to (location) to attend AIDS conference. The Project Coordinator will make an estimated 25 trips to local outreach sites to monitor program implementation.

Sample Out-of-State Travel Budget

Travel (Out of-State): Total \$ _____

Number of Trips	Number of People	Cost of Airfare	Number of Total Miles	Cost per Mile	Amount Requested
1	1	\$500	N/A	N/A	\$500

Per Diem or Lodging	Number of People	Number of Units	Unit Cost	Amount Requested
Per Diem	1	3 days	\$45/day	\$135
Lodging	1	1 night	\$88/night	\$88

Ground Transportation?	Number of People	Amount Requested
Yes	1	\$50

Sample Out-of-State Travel Justification

The Project Coordinator will travel to CDC, in Atlanta, GA to attend the CDC conference.

Other

This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.

Sample Budget

Item Requested	Number of Months	Estimated Cost per Month	Number of Staff	Amount Requested
Telephone		\$		\$
Postage		\$		\$
Equipment Rental		\$	N/A	\$
Internet Provider Service		\$	N/A	\$
Total Other				\$

Item Requested	Number Needed	Unit Cost	Amount Requested
Printing	___ documents	\$	\$

Sample Justification

For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, annual reports, materials for media campaign).

Contractual Costs

Cooperative Agreement recipients must obtain written approval from CDC prior to establishing a third-party contract to perform program activities. Approval by CDC to utilize funds and initiate program activities through the services of a contractor requires the submission of the following information for each contract to CDC:

1. **Name of Contractor:** Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.
2. **Method of Selection:** State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.
3. **Period of Performance:** Specify the beginning and ending dates of the contract.
4. **Scope of Work:** Describe the specific services/tasks to be performed by the contractor and relate them to the accomplishment of program objectives. Deliverables should be clearly defined.
5. **Method of Accountability:** Describe how the progress and performance of the contractor will be monitored during and on close of the contract period. Identify who will be responsible for supervising the contract.
6. **Itemized Budget and Justification:** Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

If the information described above is not known at the time the application is submitted, the information may be submitted later as a revision to the budget. Copies of the actual contracts should not be sent to CDC, unless specifically requested. In the body of the budget request, a summary should be provided of the proposed contracts and amounts for each.

Direct Costs

Show the direct costs by listing the totals of each category, including salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, other, and contractual costs. Provide the total direct costs within the budget.

Indirect Costs

To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the cognizant federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application.

If the applicant organization does not have an approved indirect cost rate agreement, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs

Local Agency Application for Community-Based Solutions to Reduce Chronic Disease Project

1. Please provide the following information.

Name:

Company:

Address:

Address 2:

City/Town:

State:

ZIP:

Country:

Email Address:

Phone Number:

* 2. Local Agency Name:

* 3. Local Agency Address:

* 4. Local Agency State:

* 5. Local Agency Fax Number:

* 6. Which type of business management structure is your parent agency?

Non-profit

Hospital

FQHC

County or city health department

Other, please specify

Other (please specify)

[Empty text box]

***7. How long do contracts for a new grant take to process and approve at your agency?**

1 week

2 weeks

3 weeks

4 weeks

5 weeks

6 weeks+

Other (please specify)

[Empty text box]

***8. Is your local agency located in one of these specific areas? If yes, mark which area. If no, please mark "no."**

No

Waycross or Albany, Georgia

Vermilion, Cass, Marion, St. Clair or one of the Southern 7 counties in Illinois

Southern part of Iowa

Sedgwick or Wyandotte counties in Kansas;

High poverty areas in Louisiana

Baltimore City, Maryland

Detroit, Michigan

Newark, New Jersey

High poverty areas in Texas

Richmond, Tidewater area, or Southwest part of Virginia

Oklahoma City or Tulsa, Oklahoma

An Indian Tribal Organization

*** 9. How many WIC clinics/sites does your agency have?**

10. Please list each clinic's/site's name, address, current participation, and clinic capacity (if available) in the space provided below. If you have too many clinics/sites to name here, please submit a separate document with this information to Martelle Esposito at mesposito@nwica.org

*** 11. Where will your project be targeted?**

Agency-wide

At one or more clinics/sites in a specific community or group of communities, please specify location(s) below

Locations:

*** 12. In 500 words or less, describe your WIC Program's role within your community, including your parent agency and any coordination you may have with other programs. Also briefly describe your partnerships, including relationships between WIC staff and participants and retailers as well as other community organizations.**

13. Please list any community public health initiatives or events that your WIC agency participates in. (For example, are you engaged in helping a hospital become baby-friendly? Do you participate in your local health fair or breastfeeding week /nutrition week activities? Do you talk to local employers about keeping a breastfeeding-friendly office/worksite?)

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Check out our [sample surveys](#) and create your own now!