

REQUEST FOR PROPOSALS

Fit for Kansas Kids: *Calling Communities to Action*



Children's health is a vital factor in not only individual but also societal well-being. Child obesity threatens the health of children world-wide, including here in Kansas. Approximately 30% of Kansas children are considered overweight, and nearly 31% of low-income children in Kansas ages 2 to 5 years are overweight or obese. Early intervention addressing the factors influencing child overweight is believed to be most effective in supporting lifelong health.

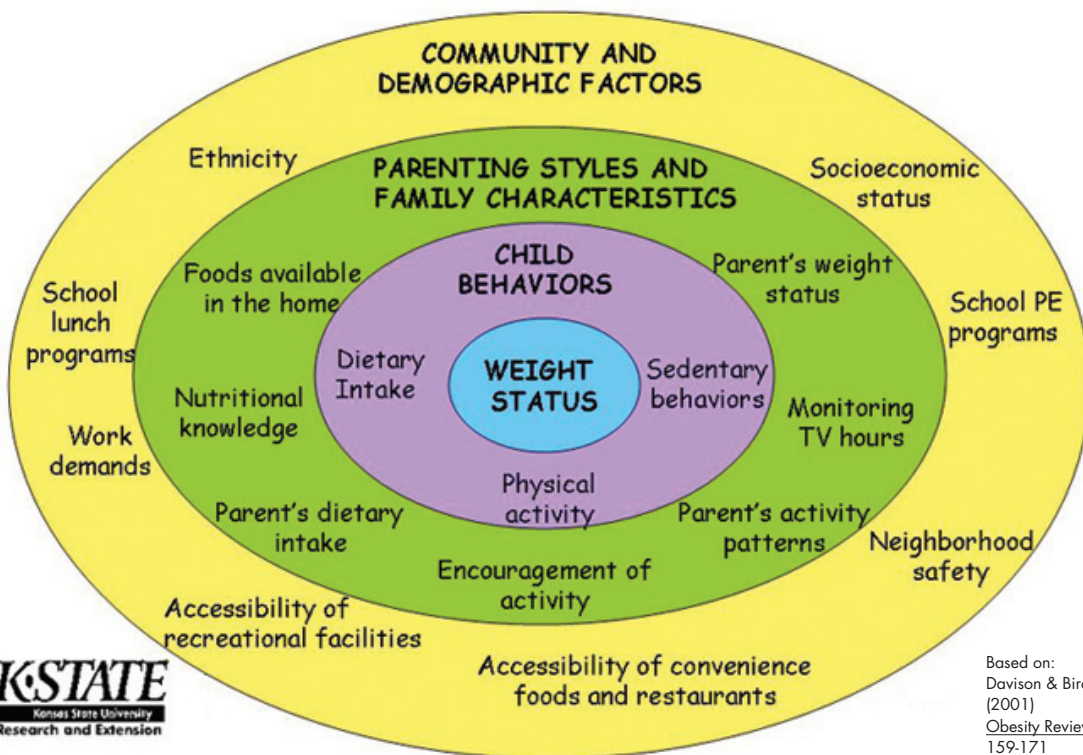
There is increasing recognition that complex problems such as physical inactivity, unhealthy eating and obesity are influenced by a myriad of factors within individuals and their surroundings. Consequently, researchers and professionals in public health and related fields frequently adopt social ecological frameworks to guide their health promotion efforts (see Figure 1).

Social ecological models have a number of core principles, including the ideas that multiple levels of factors should be targeted (e.g., individual, family, institutional/organizational, community/environment, policy) and that behavior change is best invoked and supported when multiple disciplines collaborate (e.g., public health, planning, parks and recreation, education, faith-based organizations, etc.).

Because of the need for a multi-tiered solution to the child obesity problem in Kansas, this RFP seeks proposals for coordinated nutrition and physical activity/fitness strategies targeting early childhood that intervene with childhood overweight before it occurs.

Indeed, the “pound of cure” for childhood obesity may be discovered in an “ounce” of feasible, innovative early prevention.

ECOLOGICAL MODEL OF CHILDHOOD OVERWEIGHT



FIT FOR KANSAS KIDS: CALLING COMMUNITIES TO ACTION

GOAL: To develop community resources, practices and policies supporting young children and their families in increased physical activity and healthy nutrition

ELIGIBLE GRANTEES: Existing collaborations in Kansas which are working on community health issues, desire to address the targets of this Request for Proposals and have a 501(c)(3) public charity or governmental entity to serve as fiscal agent.

AVAILABLE FUNDS: A minimum of \$500,000 is available for award through this process. The maximum individual grant award will be \$100,000; smaller requests are encouraged.

PERIOD OF WORK: The project can start as early as January 1, 2011 or as late as April 1, 2011. The period between grant award and formal start-up can be a period of final implementation planning or start-up activities. The project can extend for a period of up to two years from date of start.

EXPECTATIONS OF PROJECT WORK:

- Target beneficiaries – young children (prenatal – age 6) and their families.
- Creation or enhancement of community resources, practices and/or policies to support increased physical activity and/or healthy nutrition. It is hoped that each project will address both physical activity and healthy nutrition; however, communities which already have significant responses to one may focus on the other and are encouraged to show how the efforts will be mutually reinforcing. Regardless, the effort should use strategies targeting more than one area of community development – resources, practices, and policies.

- Theory of change can be stated – why will the proposed activities increase physical activity and improve nutrition for young children and at what scale. Is there evidence to support this? If no evidence, strong logic will be expected (true innovation is not prohibited).

- Work extends beyond a single agency or locale and encompasses a range of approaches (resources, practices and policies) and delivers a sufficient dosage to create a community culture supportive of behavioral and attitudinal changes for long-lasting improvements for young children and their families.

- Reasonable evaluation of results (see comments below in *Expectations for the Relationship of Grantees and the Health Ministry Fund*).

EXAMPLES OF “FIT” FOR THIS RFP

- Outdoor play areas for young children are added to three existing community recreational areas with implementation of enhanced utilization activities involving child care providers and parents (guideline on capital use is no more than 50% of grant funds).

- A comprehensive set of activities and policies are implemented to connect young children with local foods (farmers’ market experiences, farm visitations, child care center gardens, purchasing cooperative developed for local WIC program, and gleaning programs engaging young children and their child care providers).

- Analysis of existing zoning policies will be completed and advocacy for improvements to permit more walking and greater access to outdoor recreational facilities is a likely result.

- Integration in health care, child care, workplaces, and other community settings of evidence-

based policies and practices for improved physical activity and nutrition of young children, such as limiting television and computer use; encouraging outdoor play, breast feeding, and specific good nutrition practices*; and providing incentives and tools for families to implement changes.

The strongest proposals will have a few activities connecting logically with and re-enforcing each other, creating the opportunity for the targeted group to have multiple pathways for meaningful change. It is expected that proposals will be based on a comprehensive plan.

* This is construed broadly to include increased intake of fruits and vegetables, reduced consumption of sugar and nutritionally empty calories, use of low-fat dairy products, reduced “fast food”, etc.

EXAMPLES WHICH DON’T “FIT”:

- A community develops a single accessible playground which will serve all ages of children
- Three agencies will implement better meals using funds to purchase more fruits and vegetables.
- Cooking classes are offered or educational materials are distributed without a clear connection to a more comprehensive approach.

Weak proposals may err in one of two common ways:

1. a very singular approach which does not address the difficult issues of behavior and attitudinal change in a comprehensive enough manner; or
2. a wide range of activities which reach many different people in the targeted group in limited and disconnected ways. Either approach does not provide sufficient exposure to create individual or community level change.

RESTRICTIONS ON USES OF FUNDS:

- In most cases, a project will spend no more than 50% of grant funds on capital items (facility improvements or equipment).
- Indirect expenses are limited to 10% of the grant award.
- Lobbying expenses are limited to 5% of grant funds. No grant funds may be used for any political activity.

DESIRED FEATURES OF GRANT APPLICATIONS:

• Demonstration of significant community interest and support in the work, such as:

1. Commitment of in-kind resources,
2. Commitment of cash resources,
3. Prior efforts in the same or similar line of work, or
4. Preparation of community for work (trained personnel, planning, available advocates, etc)

• Likelihood of impact lasting beyond the grant period

The hope is that work funded through this RFP is more than a time-limited project. The project should make semi-permanent changes in policies and practices and create community resources which have an extended life beyond a one or two-year time frame. This concept is broader than "sustainability" which may assume continuation of all funded activities, which is not usually reasonable to expect. However, projects should be designed to have some important benefits which continue after the funded work is completed.

EXPECTATIONS FOR THE RELATIONSHIP OF GRANTEES & THE HEALTH MINISTRY FUND

- Grantees are expected to participate in a learning community of all projects funded through this RFP. Each project will designate a project director and at least one co-learner to participate in telephone or Webinar conference calls and potentially two face-to-face meetings

of the entire group of grantees. These will not occur more frequently than quarterly.

- Written reporting will be limited to a single final narrative covering the entire grant period and financial reports on six-month intervals.
- Evaluation measures will be proposed by the applicant in the proposal. Evaluation activities for selected proposals will be revised with the help of designated physical activity and nutrition consultants as part of the final grant documentation process. Although evaluation expenses can be budgeted, it is expected that outside grant consultants will not be required due to the availability of consultants separately provided by the Health Ministry Fund
- Expenses of attendance at learning community functions and the evaluation consultations are not part of the grant award and will be separately funded by the Health Ministry Fund.

KEY DEFINITIONS:

Community: A community can encompass a neighborhood, a city, a county, or a small region (parts of more than one county). It generally means a place which a significant number of people have identity with and a commitment to work in. It does not mean a large region defined by an outside group (north central Kansas, for example) or the entire state. The key to the existence of a community for purposes of this RFP will be the presence of a group of people who see the defined area as its place of work and the likelihood that the level of resources available from the Health Ministry Fund and dedicated by the community could affect that area in a material way.

Collaboration: This RFP requires the pre-existence of the community structure and does not consider arrangements formed solely in response to the RFP. There is no

defined membership requirement for eligible collaborations. The expectation is that the collaboration has shown through its prior achievements that it contains persons in the community with influence to get work done at the community level. Evidence of participation of diverse persons – gender, age, race/ethnicity – is desired to demonstrate that the coalition is reflective of the community. Broadening an existing coalition to engage early childhood groups and to add diversity is acceptable and encouraged.

IMPORTANT DATES

Application

Due September 30, 2010

Site Visits*

September 30 – November 10

Health Fund Decision

November 15, 2010

Funding Available

Starting as early as January 1, 2011

* Health Ministry Fund staff and/or consultants may conduct a site visit as part of the review of your proposal.

In the event that all grant funds are not awarded in this process, a second deadline and approval schedule will be implemented.

MORE INFORMATION/ APPLICATION

Health Ministry Fund staff are available to discuss your proposal. See Contact Information on back page for details. Additionally, the Health Ministry Fund will provide answers on its web site to questions with general applicability raised by interested parties, see Frequently Asked Questions: Fit for Kansas Kids RFP.

Applications will be submitted electronically using a format provided by the Health Ministry Fund. Instructions for the application and its submission can be found at www.healthfund.org.

CONTACT INFORMATION

For more information about this Request for Proposals, please contact:

Virginia Elliott, Vice President for Programs
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or

Kim Moore, President
(kmoore@healthfund.org)

WEBCAST/TELECONFERENCE

A webcast/teleconference is offered to review *Fit for Kansas Kids* guidelines and ask questions. Please go online at the Health Fund web site (www.healthfund.org) to register for one of three scheduled conferences:

- June 30 at 10:00 a.m.
- June 30 at 1:00 p.m.
- July 16 at 1:30 p.m.

Additional conferences may be scheduled if needed. Those who pre-register for a webcast/teleconference will receive registration confirmation and, several days before the conference, information for participation.



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The United Methodist Health Ministry Fund was endowed by the Kansas West Conference of the United Methodist Church in 1986.

With the mission of
*healthy Kansans through cooperative
and strategic philanthropy
guided by Christian principles,*
the Health Ministry Fund awards grants totaling approximately \$2,500,000 each year.