



**Solicitation Information  
6 Sept 05**

**RFP #B05554**

TITLE: Comprehensive Nutrition and Physical Activity Initiative

Submission Deadline: **28 Sept 05 @ 10:45 AM**

**PRE-BID/ PROPOSAL CONFERENCE: No**

Questions concerning this solicitation may be e-mailed to the Division of Purchases at [questions@purchasing.state.ri.us](mailto:questions@purchasing.state.ri.us) no later than 16 Sept 05 @ **at 12:00 Noon** (Eastern). Please reference the RFP # on all correspondence. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

**SURETY REQUIRED: No**

**BOND REQUIRED: No**

**Jerome D. Moynihan, C.P.M., CPPO  
Administrator of Purchasing Systems**

**Vendors must register on-line at the State Purchasing Website at  
[www.purchasing.state.ri.us](http://www.purchasing.state.ri.us).**

**NOTE TO VENDORS:**

**Offers received without the entire completed three-page RIVP Generated Bidder Certification Form attached may result in disqualification.**

**THIS PAGE IS NOT A BIDDER CERTIFICATION FORM**

## **SECTION 1: INTRODUCTION**

The Rhode Island Department of Health (HEALTH), Division of Disease Prevention and Control and Initiatives for a Healthy Weight Program (IHW) is soliciting proposals from community-based public or non-profit organizations or partnerships to assist IHW in the planning and implementation of evidence-based obesity prevention interventions in the targeted area of Central Falls, Rhode Island, as described below. Funding for this project is available through a Cooperative Agreement with the Centers for Disease Control and Prevention (CDC) and is contingent upon contract award. The initial project period is expected to begin approximately November 1, 2005 and continue through June 30, 2006. Based on agency performance and availability of funds the project may be renewed for two additional 12-month periods at the exclusive option of the state. A total of \$20,000 is available to fund one selected project, as described elsewhere herein, and in accordance with the terms of this Request and the State's General Conditions of Purchase, which are available on the internet at [www.purchasing.ri.gov](http://www.purchasing.ri.gov). As funds become available to fund this project, HEALTH may increase the contract award up to 25% of the original budget.

This is a Request for Proposals, not a Invitation for Bid: responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Office of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

### **INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:**

- Potential offerors are advised to review all sections of this Request carefully, and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
- Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this Request will be rejected as being non-responsive.
- All costs associated with developing or submitting a proposal in response to this Request, or to provide oral or written clarification of its content shall be borne by the offeror. The State assumes no responsibility for these costs.
- Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
- All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
- Proposals misdirected to other State locations or which are otherwise not present in the Office of Purchases at the time of opening for any cause will be determined to be late and will

not be considered. The official time clock is located in the reception area of the Division of Purchases, Department of Administration, One Capitol Hill, Providence, RI.

- It is intended that an award pursuant to this Request will be made to a prime contractor, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered, but subcontracts are permitted, provided that their use is clearly indicated in the offeror's proposal, and the subcontractor(s) proposed to be used are identified in the proposal.
- In accordance with Title 7, Chapter 1.1 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the state until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401 222-3040). *This is a requirement only for the successful vendor (s).*
- Bidders are advised that all materials submitted to the State of Rhode Island for consideration in response to this Request for Proposals will be considered to be public records, as defined in Title 38 Chapter 2 of the Rhode Island General Laws, without exception, and will be released for inspection immediately upon request, once an award has been made.
- The State of Rhode Island has a goal of 10 percent participation by minority Business Enterprises in all State procurements. For further information, visit the web site at [www.mbe.ri.gov](http://www.mbe.ri.gov). To speak with an MBE officer, please call 401-222-6253.

**NOTICE:**

THERE MAY BE ADDITIONAL ADDENDA TO THIS RFP AT ANY TIME BEFORE THE OPENING DATE AND TIME.

THE DIVISION OF PURCHASES WILL **NOT** BE NOTIFYING BY MAIL OF ANY SUCH ADDENDA.

**IT IS THE VENDOR'S RESPONSIBILITY TO CHECK AND DOWNLOAD ANY AND ALL ADDENDA.**

AN ADDENDUM TO AN RFP IS LISTED AS THE BID NUMBER WITH AN "A" AND THE NUMBER OF THE ADDENDUM FOLLOWING. FOR EXAMPLE, 3025A1 INDICATES ADDENDUM #1 HAS BEEN ISSUED FOR BID # 3025. 3025A2 INDICATES ADDENDUM #2 HAS BEEN ISSUED.

YOU MUST CLICK ON ALL OF THESE LISTINGS TO GET THE COMPLETE PACKAGE.

**SECTION 2: BACKGROUND AND PURPOSE**

## **Burden of Obesity and Overweight**

### **National Data**

During the past 20 years, obesity among adults has risen significantly in the United States. The latest data from the National Center for Health Statistics show that 30 percent of U.S. adults 20 years of age and older - over 60 million people - are obese. This increase is not limited to adults. The percentage of young people who are overweight has more than tripled since 1980. Among children and teens aged 6-19 years, 16 percent (over 9 million young people) are considered overweight.

These increasing rates raise concern because of their implications for Americans' health. Being overweight or obese increases the risk of many diseases and health conditions, including the following:

- Hypertension
- Dyslipidemia (for example, high total cholesterol or high levels of triglycerides)
- Type 2 diabetes
- Coronary heart disease
- Stroke
- Gallbladder disease

### **Disparities in Overweight and Obesity**

The 1999-2002 findings show more adult women are obese (33 percent) than men (28 percent), with the problem greatest among non-Hispanic black women (49 percent) compared with Mexican-American women (38 percent) and non-Hispanic white women (31 percent). There was very little difference in obesity levels among men based on race/ethnicity.

The 1999-2002 data on children show:

- Non-Hispanic black (21 percent) and Mexican-American adolescents (23 percent) ages 12-19 were more likely to be overweight than non-Hispanic white adolescents (14 percent).
- Mexican-American children ages 6-11 were more likely to be overweight (22 percent) than non-Hispanic black children (20 percent) and non-Hispanic white children (14 percent).
- In addition to the 16 percent of children and teens ages 6 to 19 who were overweight in 1999-2002, another 15 percent were considered at risk of becoming overweight (a BMI-for-age between the 85th and 95th percentiles).

### **Rhode Island Data**

- 18% of Rhode Islanders are obese and another 39% are overweight (CDC BRFSS, 2003).
- 18% of non-Hispanic white and non-Hispanic black adults and 21% of Hispanic adults in Rhode Island are obese (CDC BRFSS, 2003).
- The obesity rate for Rhode Island adults rose by 66% from 1990 to 2003 (CDC BRFSS, 1990, 2003).
- 38% of Rhode Island children & youth, ages 6-17, are overweight or at risk for overweight (RI HIS, 2001).

- 44% of Rhode Island preschoolers in the WIC program, ages 2-5, are overweight or at risk for overweight (RI WIC Program Data, 2004)
- In Central Falls, 50% of WIC preschoolers are either overweight or obese (RI WIC Program Data 2004)
- Rhode Island Hispanics have experienced the sharpest relative increase in overweight and obesity, from 48% in 1991-1994 to 61% in 1998-2000.

### **Socioecological Approach**

To be most effective in the long run, public health programs should focus on health promotion as well as disease prevention. For example, by promoting breastfeeding to pregnant women and new mothers and supporting their efforts to breastfeed, public health organizations can help children develop healthy eating habits during infancy. Because appropriate physical activity levels and healthy eating behaviors should be instilled in childhood and maintained throughout life, prevention efforts that target older children and schools are equally important, as are interventions for adults who are inactive or have poor dietary habits even though they have not yet developed chronic diseases. All interventions should be appropriate to the target audience, and different strategies may be required to reach different segments of the population. Interventions may address individuals, institutions, communities, policies, or the environment and can be effectively implemented in various settings, such as schools, work sites, health care facilities, and places of worship. Whatever population segment is targeted by an intervention, its members are also influenced by a social network consisting of family members, friends, colleagues, and acquaintances. Interventions have the best chance of succeeding if they are directed at all elements of this network simultaneously.

Increasingly, health promotion professionals are recognizing the dynamic interplay between individuals and their environments. Although lifestyle choices are ultimately personal decisions, they are made within a complex mix of social and environmental influences that can make healthier choices either more or less accessible, affordable, comfortable, and safe.

Research has shown that behavior change is more likely to endure when a person's environment is simultaneously changed in a manner that supports the behavioral change. Therefore, interventions should address not only the intentions and skills of individuals, but also their social and physical environments, including the social networks and organizations that affect them.

Socioecological Model



## Essential Strategies

*Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity* (www.astphnd.org) is a document designed to help state and local health advocates create comprehensive nutrition, physical activity, and obesity control programs [28]. These guidelines provide recommendations in seven major areas: 1) leadership, planning/management, and coordination; 2) environmental, systems, and policy change; 3) mass communications; 4) community programs and community development; 5) programs for children and adolescents; 6) health care delivery; and 7) surveillance, epidemiology, and research. To make the best use of scarce resources for prevention, public health agencies attempting to prevent chronic disease should use strategies that focus on highly prevalent risk factors that are modifiable through behavior change. Following are four behavior change strategies that meet this criterion. Each strategy can target one or more *Healthy People 2010* objectives.

- 1. Promote increases in physical activity.**  
Physical activity provides numerous health benefits and should be promoted to all subgroups of the population.
- 2. Promote breastfeeding.**  
Breastfed children have less risk for acute diseases of infancy and early childhood and a reduced risk of developing childhood obesity [8].
- 3. Increase fruit and vegetable consumption.**  
Higher consumption of fruits and vegetables is associated with lower incidence of several chronic diseases, including cardiovascular disease and some cancers [4].
- 4. Reduce television-viewing time.**  
A reduction in the length of time that children and adolescents watch television may reduce the risk for obesity among young people.

The Initiative for a Healthy Weight Program (IHW) has identified Central Falls as a selected population for targeted, multicomponent, evidence-based nutrition and physical activity interventions. This RFP is seeking a lead agency in Central Falls to assist IHW in the development, implementation and evaluation of these interventions. Evidence-based, multicomponent nutrition and physical activity interventions will be developed with assistance from academic research partners and input from the community.

The long-term objectives of these interventions are to decrease prevalence rates of obesity and overweight in Central Falls and to reduce health disparities in overweight and obesity. The intermediate objectives are to improve nutrition, increase physical activity, decrease screen time and increase breastfeeding rates and duration. Interventions will be implemented through four main channels: schools, worksites, health care system and the community. Strategies that will be employed to achieve these objectives may include any and/or all of the following: policies, advocacy, education, training, programs, media campaigns and resources. By increasing access, knowledge, attitudes and skills, and environmental supports for nutrition, physical activity and breastfeeding, the desired behavior changes (increased physical activity, improved nutrition, decreased screen time, and increased breastfeeding rates and duration) will follow, ultimately resulting in a decrease in the prevalence of overweight and obesity in the population.

## **Contract Terms and Amount**

A total of \$20,000 is available during Year One from IHW to fund one agency in Central Falls, Rhode Island. Depending upon additional funds being allocated to support this project, the annual amount of the contract could increase up to 25% to support specific implementation activities in Years Two and Three. The initial project period is expected to begin approximately November 1, 2005 and continue through June 30, 2006. The project may be renewed for up to two additional 12-month periods at the exclusive option of the HEALTH, based upon agency(s) performance and the availability of funding. Proposals will be evaluated based on the relative merits of the proposal, in addition to an appropriate and realistic budget.

## **SECTION 3: SCOPE OF WORK**

### **Year One:**

In Year One, the lead agency will be responsible for identifying and convening a community coalition to work with IHW and academic research partners in the development, and possibly implementation, of evidence-based interventions to increase physical activity, improve nutrition, reduce screen time and increase breastfeeding rates and duration in Central Falls.

The community coalition should include leaders and interested representatives from each of the following groups: town leaders, planners, school administrators, teachers, coaches, students, parents, health care providers, faith-based organizations, community agencies, business owners, food vendors, restaurant owners, community support groups, police department, recreation department, sports clubs/leagues, interested citizens.

### **Phase 1: Formation of Community Coalition, Community Needs Assessment and Selection of Evidence- Based Interventions**

The lead agency will be responsible for the following activities:

- a. Recruiting coalition members from each of the groups specified above.
- b. Taking minutes at meetings and forwarding minutes to IHW in a timely fashion.
- c. Convening and staffing the community coalition.
- d. Facilitating any additional formative research, data collection that may be needed.
- e. Completing a community assessment with regard to nutrition, physical activity, screen time and breastfeeding using tools provided by IHW and academic research partners
- f. Creating a map of the community identifying community resources and/or deficits with regard to the targeted behaviors.
- g. Assisting the coalition in developing a community action plan for increased physical activity and improved nutrition in Central Falls.
- h. Coordinating community coalition review of proposed evidence-based interventions.
- i. Providing translation services to the team, as needed.

### **Year Two and Ongoing:**

In Year Two, the lead agency will assist IHW and academic partners in implementation of selected evidence-based interventions in Central Falls.

## **Phase 2: Implementation of Evidence-Based Interventions**

The lead agency will be responsible for the following activities:

- a. Promoting selected interventions to relevant community leaders, groups, and organizations.
- b. Assisting IHW and academic research partners in the collection and compilation of necessary baseline data.
- c. Assisting IHW in the implementation of evidence-based interventions which could include any and/or all of the following activities: advocacy for policy/environmental/system changes; working with media to promote desired activities and educate public; educating leaders, students, health care providers, community members, business owners; implementing best practices in relevant organizations; supporting or implementing targeted programs in the community; providing training and technical assistance as needed.

## **Phase 3: Evaluation of Evidence-Based Interventions**

The lead agency will be responsible for assisting IHW and academic partners in collection and compilation of evaluation data for those interventions implemented in Central Falls. Details regarding evaluation methodology and requirements will follow.

### **Target Population**

The target population for the Comprehensive Nutrition and Physical Activity Initiative is defined as those groups that experience disproportionately high levels of illnesses, death, and health effects. These groups may be found in some racial/ethnic groups or other factors such as age, gender, sexual orientation, income (low socioeconomic status), religion and special populations (i.e., youth, pregnant women, veterans, blue collar workers, college students, rural communities populations with disabilities etc.). Define the geographic area served; in this case, Central Falls, and the demographics of the racial/ethnic and other identified groups served. Please indicate how you will deliver culturally and linguistically appropriate services to racial and ethnic minority populations. OMB Directive 15 identifies racial and ethnic minority populations as: African Americans, Native Americans, Latinos/Hispanics and Asian Americans. If these groups are not identified as a target population for service delivery by your program, please provide a paragraph explaining the reasons why these populations are not an appropriate target group for your program.

### **Reporting Requirements**

Successful applicants will be required to submit monthly activity reports and invoices by the tenth of the following month. A final project reports including a description of program activities and results, if any, of policy and media interventions will be due within 30 days of the completion of the project utilizing IHW reporting forms and protocols.

## **SECTION 4: ELIGIBILITY CRITERIA**

Eligible applicants must be community-based public or non-profit agencies serving Central Falls, Rhode Island who are in good standing with the federal government. Applicants must be able to

demonstrate the stability of their organization, as well as effective management and administrative performance. Specific eligibility criteria follow:

- Evidence of organizational structure, resources and management, and fiscal capabilities sufficient to implement the proposed programs and provide project accountability.
- Technical (computer and electronic communication) capacity. The organization needs the staff capacity to enter data into a database and to submit that data electronically via-e-mail. Project staff must have e-mail capability.
- Appropriate staff with documented credentials and experience to implement the program. The applicant will be expected to examine what job skills the selected programs require and ensure that staffs has the necessary skills.
- Ability to reach the population. Evidence of experience of the applicant with the population (e.g. prior projects) and that the CBO has a culturally competent staff to serve this population.
- Evidence that applicant has the capacity to mount a comprehensive nutrition and physical activity initiative. HEALTH does support and encourage collaboration with other community organizations. Please provide a description of collaborative organizations or groups, past working relationships, and how the composition collaborations formed under this RFP will facilitate the development of a comprehensive initiative. Describe how such development will be possible.
- Written agreement to participate in all trainings required by the Rhode Island Department of Health, including possible overnight opportunities. Training events may be held throughout the project period.
- Written agreement to participate in all aspects of the evaluation as specified by the Rhode Island Department of Health.

## **SECTION 5: PROPOSAL SUBMISSION:**

Questions concerning this solicitation may be e-mailed to the Division of Purchases at [questions@purchasing.state.ri.us](mailto:questions@purchasing.state.ri.us) no later than the date and time listed on the cover page of this solicitation. Please reference the RFP # on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. For computer technical assistance, call the helpdesk at (401) 222-2142, ext: 134.

Offerors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties will be permitted.**

Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Proposals received after this date and time will not be considered.

Proposals must include the following:

1. A completed and signed three-page RIVIP Bidder Certification Cover Form, available at [www.purchasing.state.ri.us](http://www.purchasing.state.ri.us)
2. A separate, signed and sealed, Cost Proposal reflecting the hourly rate, or other fee structure, proposed to complete all of the requirements of this project, including completion of the Cost

Proposal Summary form, enclosed, and

3. A *separate* Technical Proposal describing the background, qualifications, and experience with and for similar programs, as well as the workplan or approach proposed for this requirement.
4. **Two copies** of the offeror's complete response to this solicitation is requested in an **electronic format**: CDROM or disk, in Microsoft Office or PDF file formats. The electronic files should be identical to the original hard copy submission. In any variance between the hard copy and the electronic file, the original hard copy takes precedence

The Technical Proposal is limited to a maximum of 12 double-spaced pages and must include the following sections:

- **Executive Summary**

The Executive Summary is intended to highlight the contents of the Technical Proposal and to provide State evaluators with a broad understanding of the offeror's technical approach and ability.

- **Offeror's Organization and Staffing**

This section shall include identification of all staff and/or subcontractors proposed as members of the project team, and the duties, responsibilities, and concentration of effort which apply to each (as well as resumes, curricula vitae, or statements of prior experience and qualification). A full time staff must be hired whose sole responsibility will be the management and coordination of this program. HEALTH reserves the right to be involved in the interview and final selection process.

- **Workplan/Approach Proposed**

This section shall describe the offeror's understanding of the State's requirement, including the result(s)intended and desired, the approach and/or methodology to be employed, and a workplan for accomplishing the results proposed. The description of approach shall discuss and justify the methods to be taken for each task, and the technical issues that will or may be confronted at each stage on the project. The workplan description shall include a detailed proposed project schedule (by task and subtask), a list of tasks, activities, and/or milestones that will be employed to administer the project, the assignment of staff members and concentration of effort for each, and the deliverables attributable for each.

Specifically, the work plan should include the following:

- Goals, objectives, activities and time lines. List measurable goals and objectives of your proposal using the Scope of Work discussed in this documentation as a guide. Clearly demonstrate when and how each task in the work plan will be carried out and methods to assure participation from the targeted communities.

- **Previous Experience and Background**

This section shall include the following information:

- A comprehensive listing of similar projects undertaken and/or similar clients served, including a brief description of the projects,
- A description of the business background of the offeror (and all subcontractors proposed), including a description of their financial position, and
- The offeror's status as a Minority Business Enterprise (MBE), certified by the Rhode Island Department of Economic Development, and or a subcontracting plan which addresses the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information, call the MBE Officer at (401) 222-6253.

**In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in electronic format. Microsoft Word / Excel OR PDR format is preferable. Only one electronic copy is requested.**

The proposal must be typed, in English, and should not exceed 12 pages (excluding budget and appendices). Proposals, an original plus 5 copies) should be mailed or hand-delivered in a sealed envelope marked "RFP # B05554: **Comprehensive Nutrition & Physical Activity Initiative** " to:

RI Dept. of Administration  
Division of Purchases, 2<sup>nd</sup> floor  
One Capitol Hill  
Providence, RI 02908-5855

**NOTE:**

Proposals received after the due date and time listed on the cover page will not be considered. Proposals misdirected to other State locations or those not present in the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals emailed or faxed to the Division of Purchases will not be considered. The official time clock is located in the reception area of the Division of Purchases.

**SECTION 6: EVALUATION AND SELECTION**

The State will commission a Technical Review Sub-Committee that will evaluate and score all technical and cost proposals, using the following criteria. Respondents achieving a score of less than 60 points for technical merits will not be considered. Proposals that do not include all of the requirements listed in the RFP will not be considered.

0-20 points	<p>1. <b>Previous Experience and Background</b>  Applicant has demonstrated prior experience in the tasks described. Evaluators will strongly consider proposals demonstrating successful collaborative efforts with community agencies providing similar tasks.</p>
0-20 points	<p>2. <b>Offeror’s Organization/Staffing/Experience/Background</b>  Applicant has presented key project staff that demonstrate the experience and qualifications to perform the tasks delineated and demonstrate the capacity to bring key project staff on board. Applicants that do not demonstrate sufficient experience and qualifications to perform the tasks will have points deducted. Resumes or Curricula Vitae are included with the proposal.</p>
0-30 points	<p>3. <b>Work Plan/Approach Proposed (goals/objectives/time lime)</b>  Applicant has presented a plan of action that is clear and detailed, and meets the needs of the target population and geographic area. Evaluators will score bidders highly who demonstrate an understanding of the tasks and present an effective work plan for accomplishing them. Points will be deducted for bidders that do not demonstrate a clear and adequate understanding of the tasks or effective methods of accomplishing them.</p>
0-10 points	<p>4. <b>Evaluation</b>  Applicant has clearly committed to conducting a comprehensive evaluation of the program as required by HEALTH and has demonstrated experience in program evaluation.</p>
0-20 points	<p>5. <b>Budget/Cost Proposal Justification.</b>  Applicant has submitted a budget and budget narrative, which reflect appropriate expenses to accomplish the project goals, and is cost-effective.</p>
TOTAL SCORE	

The State reserves the right to award on the basis of cost alone, to accept or reject any or any or all proposals, and to act in its best interest. Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further. The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

Representatives of HEALTH will form a Technical Review Sub-Committee to make recommendations on proposals based on the evaluation criteria. All reviewers shall use this form to score each proposal. The Technical Review Sub-Committee will present written findings, including the results of all evaluations, to the State's Architect/Engineer and Consultant Services Selection Committee, which may recommend three finalists to the Director of the Department of Administration, who will make the final selection for this requirement.

### **PROGRAM BUDGET (YEAR 1)**

1. Project Budget (Year 1)- submit a budget for a **12 month period**.
2. Budget Narrative: detailed description of each budget outline entry.

This component consists of two parts--a financial budget summary, which lists allowable expenses and a budget narrative, which is a description of each budget line item entry. The budget narrative must list the personnel and percentage of time each staff member will devote to the project, including the hourly rate of pay. The initial budget period will be based on a 12-month funding cycle, which will be sufficient to accomplish the project goals. The contract award will be prorated monthly in accordance with the actual start date of the contract.

Applicants will be scored according to the overall soundness of the proposed budget and accompanying budget narrative, including the extent to which costs reflect direct services vs. administrative costs.

**BUDGET**  
**12 MONTH PERIOD**

<u>Expense Category</u>	<u>Amount Requested</u>
1. Personnel List Title of Position & FTE (% of time on the project)	
2. Fringe Benefits	
3. Consultants (List Title of Positions)	
4. Travel (local)*	
5. Travel (out-of-state)	
6. Printing/Copying	
7. Supplies	
8. Resource Materials	
9. Telephone	
10. Postage	
11. Subcontracts (specify)**	
12. Other (describe)	
TOTAL:	

\*Maximum allowable reimbursement for in-state travel is 0.405/mile.

\*\*No more than 25% of total grant request can be used to subcontract with any for-profit entity.  
This line should not be used for payments to individuals.

## **BUDGET NARRATIVE**

Please provide a detailed description and justification of each cost associated with this project by line item in your budget.