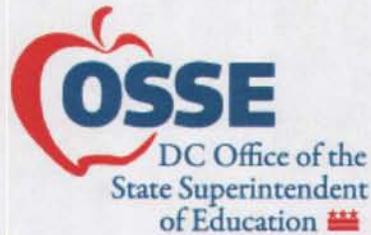


REQUEST FOR APPLICATION (RFA)

District of Columbia
Office of the State Superintendent of Education
Department of Nutrition Services



FY 2008 Team Nutrition Training Mini-Grant



The Office of the State Superintendent of Education (OSSE) invites the submission of applications to Child and Adult Care Food Program (CACFP) participating providers of child day care centers and child home care service providers

Announcement Date: August 29, 2008

RFA Release Date: August 29, 2008

Application Submission Deadline: September 30, 2008 at 4:00 p.m.

LATE OR INCOMPLETE APPLICATIONS WILL NOT BE FORWARDED TO THE REVIEW PANEL

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability

The USDA is an equal opportunity provider and employer. This project has been funded at least in part with Federal funds from the U.S. Department of Agriculture. The contents of this publication do not necessarily reflect the view or policies of the U.S. Department of Agriculture, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

Checklist for Applications FY 2008 Team Nutrition Training Mini-Grant

- The application is printed on 8 1/2 by 11-inch paper, printed on one side, double-spaced (including bullet items), using 12-point type with a minimum of one inch margins, and does not exceed ten (10) pages. **The OSSE will not forward applications to the review panel that do not conform to these specifications.**
- The application format conforms to the "Application Format" listed in Section VII. Beginning on page 13 of the RFA. **The review panel will not review applications that do not conform to the application format.**
- The applicant organization/entity has responded to all sections of the Request for Application and contains all the information and Attachments requested.
 - The Application Summary section is complete
 - The Project Description section is complete
 - The Budget Narrative section is complete
 - **Attachment A** Application Profile is attached and complete
 - **Attachment B** Certifications are attached and complete
 - **Attachment C** Assurances are attached and complete
 - **Attachment D** W-9 form
 - **Attachment E** Original Receipt is attached and complete
 - **Attachment F** Budget is attached and complete
 - **Attachment G** Intent to Apply is received by OSEE no later than **September 19, 2008 by 4:00 p.m.**

The appropriate appendices, including evidence to show that the non-profit organization has the expertise, experience, resources, and management procedures sufficient to implement the proposed project, can provide project accountability, and other supporting documentation are enclosed.

- The applicant is submitting the required six (6) sets of the application, one (1) original and five (5) copies. The Office of the State Superintendent of Education (OSSE) recommends that one (1) electronic version be saved on a disk (cd, flash, etc.) with the one original application. **The OSSE will not forward the application to the review panel if the applicant fails to submit the required number of applications.**
- The applicant is submitting a completed W-9.
- The application is submitted to the OSSE no later than 4:00 p.m. on the deadline date of September 30, 2008.

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**Office of the State Superintendent of Education
Department of Nutrition Services**

Request for Applications RFA

FY 2008 Team Nutrition Training Mini-Grant

SECTION I GENERAL INFORMATION

Introduction

The Team Nutrition Training Mini-Grant is the District's opportunity to strengthen local efforts that are intended to improve the early childhood environment by providing nutritious meals and education on healthy eating patterns. Participation in routine physical activity is an additional focus with children 2-5 years of age with the OSSE. The national priority to reduce the impact of childhood obesity among American youth has posed a multi-factorial challenge for children 6-18 years of age. The Center's for Disease Control, Youth Behavior and Risk Factor Surveillance System Survey reported in 2003, that 17% of females and over 16% of males in the District's public schools are at risk of becoming overweight. Overweight status lies at 12% for females and nearly 16% for males and continues to increase. It is hypothesized, that to change eating and physical activity behaviors as early as the pre-school years will support school efforts to reduce overweight or obesity during the elementary, and secondary years.

Eligibility

The Office of the State Superintendent of Education (OSSE) is interested in awarding funding during fiscal year 2009 to provide nutrition education for participants of the Child and Adult Care Food Program (CACFP). (Note: *Day care child development center providers and family home care providers only*). Mini-grants up to \$5,000.00 each will be awarded to CACFP qualifying agencies that provide comprehensive nutrition education and physical activity programs that focus on the 2005 Dietary Guidelines for Americans and U.S. Department of Agriculture's (USDA's) MyPyramid for Kids.

Grant applicants will need to meet the following criteria:

- Be a licensed independent and sponsored child care center and family day care home
- Participate in the District of Columbia's Child and Adult Care Food Program (CACFP) for at least one full year
- Offer reimbursable meals to children at the applying facility
- Enroll in Team Nutrition (Enrollment form can be completed at <http://teamnutrition.usda.gov/team.html>, then faxed to 703-305-2549)
- Never been declared "seriously deficient" in CACFP

Source of Grant Funding

Team Nutrition training grants are funded by the United States Department of Agriculture's (USDA's), Food and Nutrition Service (FNS). The goal of *Team Nutrition* is to improve children's lifelong eating and physical activity habits through nutrition education based on the principles of the 2005 Dietary Guidelines for Americans and USDA's *MyPyramid*. Team Nutrition training grants for healthy school meals have been identified in USDA's national strategic plan for training and technical assistance as one of the anchor delivery systems for supporting the implementation of USDA's nutrition requirements and the 2005 Dietary Guidelines for Americans in school meals (www.fns.usda.gov, 2008).

Mini-grants have been funded as a part of the 2007 Team Nutrition Training Grant for the District of Columbia by the United States Department of Agriculture's (USDA's), Food and Nutrition Service (FNS) (www.fns.usda.gov, 2008).

Award Period

All services provided with funds from this grant must be done so no later than June 30, 2009 and invoices must be received no later than July 15, 2009. Mini-grant funds may only be charged for costs incurred after the date the grant was awarded. There are no reimbursable costs for this mini-grant.

Grant Award

Grant award payments will be made at the discretion of the Office of the State Superintendent of Education in accordance with the approved grant application, performance objectives, and accompanying bona fide estimate for the program or service. A final accounting for the entire project shall be submitted to the Office of the State Superintendent of Education no later than 45 days after the expenditure of grant funds.

Applications may apply for a grant **not to exceed \$5,000.00**.

Hours of RFA Pick Up

Pick up of this request for application is available between August 29, 2008-September 30, 2008, Monday thru Friday from 9:00 a.m. – 4:00 p.m. EST.

Contact Person

For further information, please contact:

Dawanna James-Holly, Ph.D.

Public Health Nutritionist

Team Nutrition Project Director, Department of Nutrition Services

DC Office of the State Superintendent of Education

51 N Street NE, 7th Floor

Washington, DC 20002

SECTION II SUBMISSION OF APPLICATIONS

Application Identification

A total of (6) sets of the application , one (1) original and five (5) copies must be submitted by hand delivery or by mail postmarked no later than September 30, 2008 by 4:00 p.m. If choosing to mail your application to the OSSE, it is recommended that you use a mail delivery service that guarantees delivery and allows you to track delivery to OSSE. **OSSE will NOT accept faxed, telegraphed or e-mailed applications.**

Mail/Courier/Messenger Delivery

Applications that are mailed or delivered by Messenger/Courier services must be sent in sufficient time to be received by the 4:00 p.m. deadline, on September 30, 2008, at the above location.

Application Submission Date and Time

Applications are due no later than 4:00 p.m. on September 30, 2008. All applications will be recorded upon receipt. An original and (5) copies of the application must be delivered to the following location:

Office of the State Superintendent of Education
Nutrition Services
51 N Street NE, 7th Floor
Washington, DC 20002
Attention: Dr. Dawanna James-Holly

SECTION III PROGRAM AND ADMINISTRATIVE REQUIREMENTS

Use of Funds

Applicants shall only use funds for Child and Adult Care Food Program facilities that deliver messages of healthy eating and physical activity. Applicants shall develop a request of application (RFA) that does *not* include the following budget items except where specified in italics:

- Purchase of meals for anyone including staff, children or parents (*food resources that are allowed in an RFA include taste test activity/demonstration activity ingredients only that are a part of a nutrition education activity*);
- Foodservice operation equipment, such as salad bar equipment, refrigerators, food processors, etc. (*Child care facility training equipment can be included if it is small mobile kitchen equipment to be used for child care facility preparation demonstration or hands on food experiences that does not exceed \$500.00*);
- Physical activity equipment including playground equipment, exercise or sports equipment, sports lessons or physical activity services;
- Physical activity equipment used to subsidize a physical activity program, pedometers or award pins for physical activity and a small non-consumable supply. (*Consumable supplies that are allowed in an RFA include jump ropes, hoola hoops, posters, pamphlets, and audio visuals*);
- Medical equipment or health services related to health assessments for clinical data on nutritional status such as body mass index, blood pressure, cholesterol or glucose analyses;
- Staff development and/or the center substitute pay for center additional staff (*Substitute hired and paid for a teacher, child care administrator, or child care foodservice representative to attend training, participate in planning sessions or other avenues for staff development in nutrition education is allowed in an RFA. Records must include: who attended the session, how long it lasted, and the purpose of the session*);
- Gardening supplies may not be purchased for bulk soils such as topsoil, irrigation supplies, fencing or any type of large equipment such as a tiller or greenhouse.

SECTION IV GENERAL PROVISIONS

Insurance

The applicant, when requested, must be able to show proof of all insurance coverage required by law. All applicants that receive awards under this RFA must show proof of insurance acceptable to the OSSE prior to receiving funds.

Audits

At any time or times before final payment and (3) years thereafter, the District and /or USDA or the comptroller general, may audit at anytime the applicant's expenditure statements and source documentation.

The applicant cannot at any time prior to the application process nor during the awarding period be in violation of any previous grant obligations from the United States federal agency.

Nondiscrimination in the Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1964 (Public law 88-352), as amended, no person shall, on the grounds of race, color, national origin, age, sex, or disability be denied the benefits of, or be subjected to discrimination under, any program activity receiving FY 2009 Team Nutrition Training Mini Grant funds.

W-9

The applicant is submitting a completed W-9.

SECTION V PROGRAM SCOPE

The District of Columbia's Office of the State Superintendent of Education announces that \$60,000.00 in grant funds are available to fund applicants whose programs are designed to support healthy eating and physical activity that do not exceed \$5,000.00 each. The applied programs scope of services **must** address one or more of the Team Nutrition behavior oriented strategies such as:

- **Training and Technical Assistance**-Participate in training and technical assistance that is specific for CACFP child care foodservice professionals to prepare and serve nutritious meals that appeal to pre-school children and meet the recommendations of the 2005 Dietary Guidelines for Americans;
- **Nutrition Education**-Provide nutrition curriculum and education in child care settings through multiple channels that promotes positive nutrition messages and encourage pre-school children to make healthy food and physical activity choices as a part of a healthy lifestyle; and
- **School and Community Support**-Build child care setting and community support for creating environments that is conducive to healthy eating and physical activity.

Application programs **must** include the promotion of Team Nutrition Messages which are:

- Eat a variety of foods;
- Eat more fruits and vegetables and whole grains;
- Eat lower fat foods more often;
- Get your calcium-rich foods; and
- Be physically active

Applicant Responsibilities

Eligible Child and Adult Care Food Program (CACFP) organization and family day care homes applying for funding must address how they will accomplish the following:

- A. The applicant is responsible for demonstrating the capacity to address at least (1) of the above mentioned team nutrition behavior oriented strategies.
- B. The applicant is responsible for developing an operational plan to address the program activities that include an educational food demonstration for the children at the applying child care facility.
- C. The applicant is responsible for describing additional resources that will ensure project objectives and goals are maintained (e.g. from child care facility or other resources) to ensure program success.

SECTION VI REVIEW OF APPLICATIONS

Review Panel

The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique related experiences. The review panel will review, and rank each applicant's application, and when the review panel has completed its review, the panel shall make recommendations for awards based on the scoring process. The Office of the State Superintendent of Education shall make the final funding determinations.

EVALUATION CRITERIA

Applicant's submissions will be objectively reviewed against the following specific scoring criteria for a total of 100 points listed below.

Criterion A

Project Description (30 pts)

The applicant provides a project plan that details the following:

- Statement of program need (5 pts);
- Description of the population to be served (5 pts);
- Specific program services and measurable objectives (see and complete the Work Plan Attachment I) (10 pts);
- Programming that focuses on one (1) of the three (3) team nutrition behavior oriented goals (**see program scope**) (10 pts);

Criterion B

Parental Project Activity (30 pts)

The support of healthy parental food choices for children in early childhood is demonstrated by the following:

- Six (6) to eight (8) healthy meal recipes (at least 1 per month) for child care foodservice professionals is demonstrated as an activity only in detail for children and their parents who receive meals at the child care facility throughout the grant funding period. The activity cannot feed parents and children for a meal. (Assistance of a food demonstration by a pre-school teacher is allowed for this type of activity but the person must be designated in the applicant's RFA, see Criterion D);

Criterion C

Collaboration (10 pts)

An established collaboration between a designated team nutrition enrolled chef or local registered dietitian/licensed nutritionist described as follows:

- The applicant must describe one food demonstration or educational component to be taught for children and parents at the applying child care facility during the grant funding period. The applicant may designate a local registered dietitian or licensed nutritionist. The applicant may designate a non-listed District of Columbia restaurant chef into their application. The chef must be enrolled as a team nutrition chef and provide a healthy meal recipe by signing up online at <http://healthymeals.nal.usda.gov/chefs.html> or fill out a short form found at the Food and Nutrition Information Center, USDA National Agricultural Library 10301 Baltimore Avenue, Beltsville, Maryland 20705-2351 01-C.

DISTRICT OF COLUMBIA

Chef Jeffrey Buben

Vidalias
1990 M Street N.W.
Washington, DC 20036
Phone: 202-223-8571
Fax: 202-223-8572
E-mail:jbuben@vidaliadc.com

Chef Joachim H. Buchner, CMC, President

5414 Chevy Chase Parkway, NW
Washington, DC 20015
Phone: 301-913-9159
Fax: 202-244-9530

Chef Roberto Donna

Galileo
1110 21st Street NW
Washington, DC 20036
Phone: 202-293-7191
Fax: 202-331-9364

Chef Bob Kinkead

Kinkeads
2000 Pennsylvania Avenue, NW
Washington, DC 20006
Phone: 202-296-7700
Fax: 202-296-7688

Chef Damian Martineau, CEC, CFBE

601 E Street NW
Washington,, DC 20049
Phone: 202-434-6404
Fax: 202-434-6454

Chef Davide Megna

Arugula
5534 Connecticut Ave, NW
Washington,, DC 20015
Phone: 202-244-1555
Fax: 202-237-8961

Chef Tom Meyer
Clydes
3236 M Street, N.W.
Washington, DC 20007
Phone: 202-333-9180
Fax: 202-625-7429

Chef Brad Nelson, Director of Culinary Development
Marriot Drive Dept. 51.932.30
Washington, DC 20058
Phone: 301-380-4646
Fax: 301-380-5790

Chef Nora Pouillon
Restaurant Nora
2132 Florida Ave, NW
Washington, DC 20008
Phone: 202-462-5143
Fax: 202-234-6232

Chef Matilda Robinson
Allegro Restaurant at the Carlton
3322 Sherman Avenue, N.W., Suite 2
Washington, DC 20007
Phone: 202-638-2626, ext.6608 or ext. 6685
Fax: 202-879-2050

Chef Jim Swenson
National Press Club
529 14th Street, N.W
Washington, DC 20045
Phone: 202-662-7514
Fax: 202-662-7512

Criterion D

Qualifications and Experience

(10 pts)

The Office of the State Superintendent of Education will also assess the depth of experience of the applicant team and staff.

- Knowledge and experience based on submitted resume's that demonstrate the applying staff's experience and ability to provide foodservice professional cooking demonstrations and/or those with early childhood education experience will be assessed by the Office of the State Superintendent of Education.

Criterion E

Reasonableness of Budget

(20 pts)

Applicants shall make every effort in their application to utilize cost-effective means in the implementation and management of their program budget.

The budget must not jeopardize the quality of services provided for the population to be served. A short budget narrative for each itemized line item should contain a

justification. In addition, the budget narrative must also clearly explain how the applicant arrived at the budget figures.

Decision on Awards

The final decision on awards rests solely with the Office of the State Superintendent of Education based on those who receive the highest score from the evaluation criteria. After reviewing the applications and tallying total scores for each applicant, The Office of the State Superintendent of Education shall decide which applicants will be awarded the grant.

SECTION VII APPLICATION FORMAT

Applicant Format

Applicants are required to follow the format below and each application must contain the following information:

- Applicant Profile (**Not counted in page total, See Attachment A**)
- Application Summary
- Organizational Capacity
- Qualifications of Key Personnel
- Project Description
- Budget Narrative
- Original Receipt (**Not counted in page total, See Attachment E**)
- Budget Form (**Not counted in page total, See Attachment F**)
- Intent to Apply (**Not counted in page total, See Attachment G**)
- Collaboration Commitment (**Not counted in page total, See Attachment H**)
- Work Plan (**Not counted in page total, See Attachment I**)
- Appendices (e.g., evidence to show the child care facility is in good standing with Nutrition Services, CACFP, resumes, organization chart, position descriptions) (**Not counted in page total**)

Applicants should feel free to submit fewer pages than recommended. However, the maximum number of pages for the total application **cannot exceed fifteen (15) double-spaced pages, on one side, (including bullet items) on 8½ by 11-inch paper.** Margins must be no less than one inch and a font size of 12-point is required (Times New Roman or Courier type recommended). Pages must be numbered. **The review panel will not review applications that do not conform to these requirements.**

Description of Application Sections

The purpose and content of each section is described below. Applicants should include all information needed to adequately describe their objectives and plans for services. It is important that applications reflect continuity among the goals and objectives, program design, work plan of activities, and that the budget demonstrates the level of effort required for the proposed services.

Applicant Profile

Each application must include an Applicant Profile, which identifies the applicant, type of organization, mission and the amount of grant funds requested. See Attachment A.

Application Summary

This section of the application should be brief and provide an overview of the application. The application summary should highlight the major aspects of the objectives that are discussed in depth in other sections of the application.

Organizational Capacity

This section of the application should describe the applicant's experience in Early Childhood Education development, implementation, and sustainability.

Qualifications of Key Personnel

This section of the application should identify the individuals with primary responsibility for project implementation and oversight and detail their knowledge of Early Childhood Education Programs.

Project Description

This section of the application should contain the project description that justifies and describes the project to be implemented. The project description should include the following:

- 1) Statement of Program Need (5 points);
- 2) Description of the Population(s) to be served (5 points);

- 3) Specific program services and measurable objectives (see and complete the Work Plan Attachment I and insert here) (10 pts);
- 4) Programming that focuses on one (1) of the three (3) team nutrition behavior oriented goals (**see program scope**) (10 pts);

Program Budget and Budget Narrative

Standard budget forms are provided in Attachment E. The budget for this application shall contain detailed, itemized cost information that shows personnel and other direct and indirect costs. The detailed budget narrative shall contain a justification for each category listed in the budget. The narrative should clearly state how the applicant arrived at the budget figures.

Certifications and Assurances

Applicants shall provide the information requested in Attachments B and C and return them with the application.

Monitoring and Reporting

The OSSE will monitor grant recipients through site visits and reviews of project reports. The specific schedules for site visits and submission of reports will be included in the Grant Agreements. The Grant Agreement will also provide descriptions of the required program and financial reports.

Appendices

This section shall be used to provide technical material, supporting documentation and endorsements. Such items include:

- Evidence to show that the organization is in good standing with the Nutrition Services, CACFP and the ability to do business in the District of Columbia;
- W-9 (see attachment D);
- Proposed organizational chart for the project;
- Organizational budget (as opposed to project budget);
- Resumes of key personnel; and
- Planned job descriptions.

SECTION VIII	LIST OF ATTACHMENTS
Attachment A	Applicant Profile
Attachment B	Certifications
Attachment C	Assurances
Attachment D	W-9
Attachment E	Original Receipt
Attachment F	Budget
Attachment G	Intent to Apply

Attachment H
Attachment I

Collaboration Commitment Form
Work Plan

ATTACHMENT A

**Applicant Profile/Cover Page
Office of the State Superintendent of Education
FY 2008 Team Nutrition Training Mini-Grant**

Applicant Organization: _____

Applicant Tax ID #: _____

Name of Project: _____

Contact Person Name: _____

Contact Person Title : _____

Office Address: _____

Phone: _____

Fax: _____

Cell Phone: _____

Email Address: _____

Total Funds Requested: _____

Project Description: _____

ATTACHMENT B

CERTIFICATIONS

GOVERNMENT OF THE DISTRICT OF COLUMBIA

**Office of the Chief Financial Officer
Certifications Regarding
Lobbying; Debarment, Suspension and Other Responsibility
Matters; and Drug-Free Workplace Requirements**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code. And implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

- (a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form – III, "Disclosure of Lobbying Activities," in accordance with its instructions;

I, the undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly. Title V Block Grant Program RFA#CHA071108

**2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS
(DIRECT RECIPIENT)**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510—

ATTACHMENT B (cont.)

A. The applicant certifies that it and its principals:

- (1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- (2) Have not within a seven-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- (4) Have not within a seven-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

2. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F. for grantees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620—
The applicant certifies that it will or will continue to provide a drug-free workplace by:

- (1) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (2) Establishing an on-going drug-free awareness program to inform employees about—
 - (a) The dangers of drug abuse in the workplace;
 - (b) The applicant's policy of maintaining a drug-free workplace;
 - (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (3) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (1);
- (4) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—
 - (a) Abide by the terms of the statement; and

ATTACHMENT B (cont'd)

- (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - (5) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to: Office of the Senior Deputy Director for Health Promotion, 825 North Capitol St., NW, Room 3115, Washington, DC 20002. Notice shall include the identification number(s) of each effected grant;
 - (6) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted—
 - (a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - (7) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (1), (c), (d), (e), and (f).
- B. The applicant may insert in the space provided below the sites for the performance of work done in connection with the specific grant: Place of Performance (Street address, city, county, state, zip code)

4. DRUG-FREE WORKPLACE (GRANTEES WHO ARE INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, subpart F, for grantees as defined at 28 CFR Part 67; Sections 67.615 and 67.620—

- A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;
- B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:
Office of the State Superintendent of Education, 441 4th Street NW, Suite 350 North, Washington, DC 20001; and
- C. Immediately be terminated from the Team Nutrition Mini-Grant.

ATTACHMENT B (cont'd)

As the duly authorized representative of the applications,
I hereby certify that the applicant will comply with the above certifications.

Grantee Name

Grantee Address

Application Number and/or Project Name

Grantee IRS/Vendor Number

Typed Name and Title of Authorized Representative

Signature

Date

ATTACHMENT C

ASSURANCES

The applicant hereby assures and certifies compliance with the following as well as record keeping consistent with U.S. GAAP accounting rules and are audited annually by an external accounting firm::

Also, the applicant assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are compliant with all District statutes, codes and regulations.

Signature

Date

ATTACHMENT D

Form W-9 (Rev. January 2002) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.
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Print or type See Specific Instructions on page 2.	Name			
	Business name, if different from above			
	Check appropriate box: <input type="checkbox"/> Individual Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶		<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)		
	City, state, and ZIP code			
	List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number 	or	Employer identification number
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments after December 31, 2001 (29% after December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

- You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

ATTACHMENT E

**Original Receipt
FY 2008 Team Nutrition Training Mini-Grant
RFA**

The Office of the State Superintendent of Education is in receipt of application from:

Contact Name: _____

Applicant Organization: _____

Address: _____

Address (City, State, Zip): _____

Phone: _____

Fax: _____

Email Address: _____

Name of Project: _____

Amount Requested: _____

OSSE USE ONLY:

Received on this date _____ / _____ / _____

Received at this time:

Received by:

_____ Applications with original submitted

**LATE APPLICATIONS WILL NOT BE CONSIDERED FOR AN AWARD
DUE DATE: September 30, 2008**

ATTACHMENT F

BUDGET
Team Nutrition Training Mini-Grant RFA

A.	Personnel	\$ _____
B.	Fringe Benefits	\$ _____
C.	Travel	\$ _____
D.	Consultants/Contracts	\$ _____
E.	Supplies	\$ _____
F.	Equipment	\$ _____
G.	Training	\$ _____
H.	Operating Expenses	\$ _____
I.	Other Expenses	\$ _____
J.	Indirect Costs	\$ _____
	PROJECT TOTAL	\$ _____

ATTACH LINE ITEM BUDGET NARRATIVE

Example Budget Narrative:

Equipment

1 Food demonstration table at \$500.00 each. The food demonstration table will be used for activity that will be conducted by the team nutrition chef from Clyde's Restaurant. The table consists of one large demonstration mirror and 4 electric range burners.

ATTACHMENT G

Official Intent to Apply Notification

TO: Dawanna James-Holly, Ph.D.
Team Nutrition Project Director, Public Health Nutritionist
Department of Nutrition Services
Office of the State Superintendent of Education
51 N Street NE
7th Floor
Washington, DC 20002
Telephone: (202) 741-5307
FAX: (202) 724-7656
E-mail: Dawanna.james-holly@dc.gov

RE: Please accept this notification that the following *eligible* organization intends to apply for consideration of funding under the Team Nutrition Training Mini-Grant RFA.

Applicant Organization Name

Applicant Organization Address

Applicant Contact Person

Telephone

Fax

Collaborating Organization(s)

Authorized Representative Name and Title

Signature

Date

Application Submission Deadline: September 30, 2008

ATTACHMENT H

Collaboration Commitment Form

Please include on this form information about the activities and/or services that will be provided by the collaborating team nutrition enrolled chef or a registered dietitian/licensed nutritionist.

Collaborating Organization(s):

Partner Name

Partner Name

Partner Address

Partner Address

Telephone/Fax Numbers

Briefly describe the collaboration (use additional blank sheets if needed):

Please type the name of the designated chef or a registered dietitian/licensed nutritionist in this space. The location of the designated party and a short sentence or two on the activity that is to be conducted by the responsible party is to be described in this space.

The signatures below indicate that these organizations have collaborated on the development of the application and agree to continue the partnership throughout the implementation of the project as described in this application submission.

Typed Name and Title of Authorized Partner

Signature

Date

ATTACHMENT I

WORK PLAN

NAME OF ORGANIZATION:	SUBMISSION DATE:
ADDRESS:	PROJECT MANAGER:
	TELEPHONE:
BUDGET AMOUNT:	EMAIL:
MEASURABLE OBJECTIVES/ACTIVITIES	
OBJECTIVE: <i>Example Objective:</i> Pre-school children and their parent/s will try one new food during the food demonstration activity by the team nutrition chef.	
ACTIVITIES: <i>Example Activity:</i> One fruit salad medley recipe will be demonstrated by Chef Brad Nelson. The fruit salad medley will be taste tested by each child and parent during the lesson activity.	
OBJECTIVE:	
ACTIVITIES:	
OBJECTIVE:	
ACTIVITIES:	

Please make copies if necessary.