

Request for Applications (RFA)

**Office of the State Superintendent of Education (OSSE)
Division of Wellness and Nutrition Services (WNS)**

**I Am Healthy, I Am Happy Outreach Program:
CACFP Sponsorship of Limited English Proficient
Licensed Family Day Care Home Providers**

Announcement Date: October 3, 2011

RFA Release Date: October 18, 2011

Pre-Application Question Period: ends October 31, 2011

Application Submission Deadline: November 22, 2011

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

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Checklist for Applications
FY 2012 Outreach Application for CACFP Sponsorship of
Underserved and Limited English Proficient Family Day Care
Home Providers

- The application is printed on 8½ by 11-inch paper, printed on one side, double-spaced (including bulleted items), using 12-point type with a minimum of 1” margins, and does not exceed three (3) pages of narrative plus pages. All pages must be numbered.
- The applicant has submitted the required five (5) sets of the application; submit one (1) original and four (4) full copies with all attachments of the completed application signed by the Authorized Official.
- The applicant has answered all components of the RFA and included all documentation listed under the “Required Attachments to Application” section of the RFA.

Contact Information

CACFP FDCH Sponsor Panel
Ms. Suzanne Henley, Sr. CACFP Specialist
Office of the State Superintendent of Education
Wellness and Nutrition Services Department
810 1st Street, N.E., 4th Floor
Washington, DC 20002
202-654-6119

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Section I

GENERAL INFORMATION

Introduction

The Office of the State Superintendent of Education (OSSE), Division of Wellness and Nutrition Services (the “District”) is soliciting applications to implement the I Am Healthy, I Am Happy Outreach Program. The purpose of this program is to secure a non-profit contractor to act as a Child and Adult Care Food Program (CACFP) sponsoring organization for Limited English Proficiency (LEP), particularly Spanish-speaking, licensed family day care home providers. As a sponsor to licensed family day care providers, the contractor assumes entire fiscal, legal and managerial responsibilities for the administration of the CACFP, a federal child nutrition program.

The CACFP is a federal child nutrition program that provides a monthly financial subsidy, training and technical assistance, nutrition education and food safety information to licensed child and adult care facilities and sponsored day care homes serving nutritious meals and snacks to children and adults. The meals must meet federal guidelines. Eligible family day care home providers must participate in the CACFP through the authority of a nonprofit organization. The nonprofit organization serves as a sponsoring agency for the home(s) and signs an Agreement with OSSE to manage the CACFP.

Background

Presently, none of the current CACFP family day care home sponsors have the capacity to serve family day care home providers with Limited English Proficiency in the District of Columbia. Therefore, there are numerous family day care homes that are not participating in the District of Columbia’s CACFP. There are two access barriers for the targeted Spanish-speaking community: (1) the lack of Spanish-language CACFP recruitment materials and program management forms and (2) the lack of Spanish-speaking family day care sponsor staff in the District of Columbia.

In 2010, OSSE was awarded the United States Department of Agriculture “Child and Adult Care Food Program Child Care Wellness Grant”. OSSE will use these funds to implement the I Am Healthy, I Am Happy Program. USDA Food and Nutrition Services established the CACFP Wellness Grant for all states to compete for funding specifically to support child care and family daycare homes. The grant is specific to those projects which will increase the health and nutrition of children in child care settings. The District of Columbia was one of 14 states that was awarded funding for this first-time grant opportunity and will continue to offer wellness resources to child care programs over the next 3 years.

Intended Population

The intended population for the I Am Healthy, I Am Happy Outreach program is LEP, particularly Spanish-speaking, licensed family day care home providers operating in the District of Columbia. Applicants should describe in their application how their organization would identify, recruit, enroll and train this population to operate in and comply with the CACFP.

Section II: Award Information

Award Period

The grant award will be announced in the fall of 2011 and will end May 2013.

Available Funding for Award

The total amount available for this award period is a one-time payment of \$67,500.

Funding Restrictions

Funds may be used to support activities described in the program requirements of this RFA and/or included in the applicant's submission as part of their program plan. Funding may be used to cover the costs of personnel, outreach materials, translation of documents, training and to support the promotion of nutrition and physical activity. Funds under this RFA cannot be used for the following purposes:

- Purchasing reimbursable meal components;
- Commissioning program studies and/or evaluations of the CACFP;
- Purchasing equipment; USDA regulations at 7 CFR 3016.3 and Office of Management and Budget Circular A-122 define equipment as articles of nonexpendable, tangible personal property with a useful life of more than one year and a per unit acquisition cost of \$5,000 (or lesser amount as the State agency uses when reporting equipment as assets in its financial statements).

Contact Person

For further information, please contact:
Suzanne Henley, Sr. CACFP Specialist
Office of the State Superintendent of Education
Wellness and Nutrition Services Department
810 1st Street, N.E., 4th Floor
Washington, DC 20002
202.654.6119

Pre-Application Question Period

To ensure an equal opportunity for all applications, the OSSE requests that all applicants submit questions regarding the RFA electronically to suzanne.henley@dc.gov by October 31, 2011 at 5 p.m. Questions submitted after this deadline date will not receive responses. Please label the subject line as I Am Healthy, I Am Happy Outreach RFA Questions. Answers to submitted questions will be made available through email on November 10, 2011 at 5 p.m.

Section III: Eligibility Information

Eligibility

The OSSE will accept applications from non-profit entities having 501(c) (3) status with the Internal Revenue Service (IRS). All applicants must submit evidence of being a legally authorized entity (501 (c)(3) determination letter) and any correspondence or other communication received from the IRS within the three years prior to submission of the application that relates to the applicant's tax status.

Cost Sharing or Matching

Cost-sharing or matching of this award is not required.

Applicants must make application to the CACFP State Agency for CACFP start-up funds or, if already participating as a sponsor of family day care homes, make application for CACFP expansion funds.

Audits

At any time or times before final payment and (3) years thereafter, the District and/or the Federal Government, may audit 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 a United States federal agency.

Section IV: Submission Information

The Request for Applications (RFA) will be released on Tuesday, October 18, 2011 and the deadline for submission is Tuesday, November 22, 2011 (**Eastern Time**). All applications will be recorded upon receipt. The RFA will be available on the OSSE's website, www.osse.dc.gov, and/or by contacting the CACFP unit at suzanne.henley@dc.gov or 202-645-6119.

Submission Requirements

All applicants are required to submit one (1) original and four (4) full copies with all attachments of the completed application signed by the Authorized Official. The completed application must be single-sided, double-spaced, formatted to 8 ½" x 11" pages with 1" or larger margins on top, bottom, and both sides, and a font size of not less than 12 point. All pages must be numbered. Application will not be considered for funding if the application fails to submit the required number of copies. Emailed or faxed application will not be accepted.

Mail or hand-deliver the application to:

Office of the State Superintendent of Education
Division of Wellness and Nutrition Services
Child and Adult Care Food Program
ATTN: Suzanne Henley
810 First Street NE, 4th Floor
Washington, DC 20002

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 Tuesday, November 22, 2011 at the above location. Applications are due no later than 4:00 p.m. on Tuesday, November 22, 2011. All applications will be recorded upon receipt. Late submissions will not be accepted. Extensions will not be granted.

Section V: Program Requirements, Application Forms, and Content

General Program Requirements

The purpose of the I Am Healthy, I Am Happy Outreach program is to provide Limited English Proficient licensed child care providers, particularly Spanish speakers, operating in the District of Columbia with meaningful access to the CACFP.

The expected outcomes of the I Am Healthy, I Am Happy Outreach Program are:

- One new CACFP sponsor of family day care homes to enroll in the District's CACFP program.
- At least 20 family day care providers will be enrolled and maintain active participation in the CACFP by the end of the grant period (May 2013).

Grantees will be required to complete the following activities under the I Am Healthy, I Am Happy Outreach Program.

- Apply and be approved to participate in the CACFP as a family day care home sponsoring organization, if the organization is not currently participating.
- Be in good operational standing as a sponsor of the CACFP.
- Annually renew (with updates) the CACFP Application with the State Agency (SA).
- Make application to the CACFP SA for start-up funds or, if already participating as a sponsor of family day care homes, make application for expansion funds.
- Outreach to and recruit licensed Limited English Proficiency, particularly Spanish-speaking, family day care providers to participate in the CACFP.
- If not already on staff, hire a bi-lingual staff member to work directly with the underserved family day care home population.
- Develop culturally- and linguistically-appropriate CACFP training for sites, and find or develop best practice materials that can be adapted to the District of Columbia's Federal CACFP and to the child care licensing regulations. These materials must also be available to the State Agency's CACFP unit. The State Agency will work with the sponsor in this endeavor.
- Provide adequate supervisory and operational personnel for CACFP management. Federal regulations mandate that there must be at least one full-time employee for each 50 to 150 family day care providers.
- Conduct pre-approval visits before a provider makes application and participates in the CACFP.
- Conduct home visit reviews to each provider at least three times a year. No more than six months may elapse between visits. Two of the visits must be unannounced and conducted during meal time services.
- Establish procedures to collect and maintain all CACFP records.
- Provide and document the required regulatory trainings for the organization's staff that will monitor the family day care providers.
- Provide and document the annual training that is provided to the family day care providers.

- Operate the CACFP in accordance with the administrative and financial responsibilities outlined in Part 7 Code of Federal Regulations (CFR) 226.

Application Forms

All applicants are required to complete and submit the Standard Forms in Attachments (A-C)

- Applicant Profile Form (Attachment A)
- Certifications signed by an Authorized Official (Attachment B)
- Assurances (Attachment C)

Letter from Authorized Official

All applicants must attach a transmittal letter signed by the Authorized Official that includes the Request for Application number and I Am Healthy, I Am Happy Outreach Program as the priority area to which the application is responding.

Table of Contents

Provide a table of contents that includes all applicable items listed in the RFA. Table of contents must include the page numbers of all applicable items.

CACFP Sponsors of Homes Application (if applicable)

All applying organizations that are not currently participating in the CACFP must complete and submit the CACFP Sponsors of Homes application and required supporting documents along with their grant applications. Organizations not currently participating in CACFP must contact Suzanne Henley at suzanne.henley@dc.gov or 202-654-6119 to request the CACFP Sponsors of Homes Application.

Request for CACFP Start-up or Expansion Funds

Provide a request for CACFP start-up funds or expansion funds, whichever is applicable. New organization will apply for start-up funds. Existing organizations will apply for expansion funds. This request should include the specific amount of funding the organization would like to receive along with a justification.

Outreach and Recruitment Plan

Provide a maximum of 1 ½ typed pages detailing the organization's strategy to reach and recruit licensed Limited English Proficient family day care home providers and to enroll them in the CACFP.

Training, Retention and Compliance Plan

Provide a maximum of 1 ½ typed pages detailing the organization's plan to train, provide technical assistance and support the participation and compliance of the licensed Limited English Proficient family day care home providers. This plan should include plans to hire a qualified bi-lingual staff member, if this person is not on staff at the time of application. The plan should also include organization's strategy to incorporate the promotion of nutrition and physical fitness into its training plans.

Budget Narrative and Justification

The budget narrative must thoroughly describe how the proposed categorical costs are derived. Discuss the necessity and reasonableness of the proposed costs. For in-kind contributions, the source of the contribution and how the valuation of the contribution was determined must also be described. All applications must outline proposed costs that support all project activities in the Budget Narrative/Justification (Attachment F).

The application must include the allowable activities that will take place during the funding period and outline the estimated costs that will be used specifically in support of the program. Any fees as program income must be used toward the goals and objectives of the project.

Required Attachments to the Application

The following should be submitted with your application and are not counted towards the application's overall page limitation:

- Application Cover Page
- Resume/Job Description of bilingual staff member
- A transmittal letter signed by the Authorized Official
- Standard Application Forms (Attachments A-C)
- Budget Narrative/Justification (Attachment F)
- Evidence of being a legally-authorized entity (501(c)(3) determination letter) or any other correspondence/communication received from the IRS within three years before submission of the application that relates to the applicant's tax status.
- An organizational chart

Section VI: Application Review Information

Application Review and Scoring

All applications that are complete and that meet the application criteria will be reviewed and scored by a review panel. All applications for this RFA will be objectively reviewed and scored against the following application areas and key criteria:

CACFP Sponsors of Homes Application	35
Request for CACFP Start-up/Expansion Funds	10
Outreach and Recruitment Plan	25
Training, Retention and Compliance Plan	25

Scoring and recommendations of the review panel are advisory only. The final decision to fund programs rests solely with the OSSE. After reviewing the recommendations of the review panel, information gathered during the internal review, and any other information gathered during the internal review, and any other information considered relevant, the OSSE shall decide which applicants to fund.

Review Process

The OSSE may use either internal peer reviewers, external peer reviewers or a combination of both to review the applications under this RFA. An external peer reviewer is an expert in the

field of the subject matter. Applications will be screened initially to determine whether the applicant meets all eligibility requirements. Only applications submitted by eligible applicants that meet all other requirements (such as timeliness and proper format) will be evaluated, scored, and rated by a peer review panel. Peer reviewers' rating and any resulting recommendations are advisory only. In addition to peer review ratings, considerations may include, but are not limited to, underserved populations, strategic priorities and past performance.

Section VII: Award Administration

Decision and Notifications of Awards

The OSSE follows the competitive bid process for all grant funds in accordance with federal and District competitive regulations. The OSSE will notify all applicants of the final award decision no later than December 16, 2011. Applicants who receive funding will receive written notices that will include the grant amount, award agreement that will outline the award terms and conditions and any supplemental information required.

Monitoring

The grant recipient will submit quarterly progress and activity reports to its CACFP program specialist to illustrate use of funds and progression towards goal attainment.

The grant recipient's effectiveness will also be determined based on the following data:

- The number of family day care homes reached
- The number of family day care homes enrolled
- The number of family day care homes that submit claims
- The amount of nutrition education that happens at homes
- The amount of physical activity that happens at homes
- The number of family day care homes that are enrolled at the end of the grant period

Corrective Action and Termination of Funding

In the event that programmatic, financial, or documentation conditions of the grant are not being met in a thorough and timely fashion, progressive actions will be taken, at the discretion of the OSSE, up to and including termination of funding. A project which is prematurely terminated will be subject to the same requirements regarding audit, recordkeeping, and submission of reports as a project which runs for the duration of the project period.

Nondiscrimination in the Delivery of Services

In accordance with the 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, disability, be denied the benefits of, or be subjected to discrimination under, any program activity receiving CACFP funds.

Confidentiality

Except as otherwise provided by federal law, no recipient of OSSE funds shall use or reveal any research or statistical information furnished under OSSE by any person, and identifiable to any specific private person, for any purpose other than the purpose for which such information was obtained in accordance with the OSSE program funded. Such information, and any copy of such information shall be immune from legal process and shall not, with the consent of the person

furnishing such information, be admitted an evidence or used for any purpose in any action, suit, or judicial, legislative, or administrative proceeding.

Section VIII: Pass-through Entity Contact(s)

Applicants must include the full name and contact information of the person to be contacted on matters involving this application:

- Full Name
- Title
- Organizational Affiliation
- Telephone Number
- Fax Number
- Email

ATTACHMENT A

**Applicant Profile/Cover Page for the Outreach Application
for the CACFP Sponsorship of Underserved and Limited English
Proficient Family Day Care Home Providers**

Sponsor Name: _____

Name of Project: _____

Contact Person Name: _____

Contact Person Title _____

Office Address: _____

Phone: _____

Fax: _____

Cell Phone: _____

Email Address: _____

Total Funds Requested: _____

Project Summary: _____

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 7 CFR Part 3017, “Government-wide Debarment and Suspension (Non-procurement) and 7 CFR Part 3021, Government-wide Requirements for Drug-Free Workplace (Grants).” The certifications shall be treated as a material representation of fact.

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

As required by Executive Order 12549, Debarment and Suspension, and implemented at 7 CFR Part 3017, for prospective participants in primary covered transactions, as defined at 7 CFR Part 3017—

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.

ATTACHMENT B (Continued)

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

As required by the Drug Free Workplace Act of 1988, and implemented at 7 CFR Part 3021, Subpart F for recipients, as defined at 7 CFR Part 3021 Section 3021.660 and .3021.200—

The applicant certifies that it will or will continue to provide a drug-free workplace by:

1. Making a good faith effort, on a continuing basis, to maintain a drug-free workplace. You must agree to do so as a condition for receiving any award covered by this part.
 - (1) Publish a drug-free workplace statement and establish a drug-free awareness program for your employees (see §§ 3021.205 through 3021.220); and
 - (2) Take actions concerning employees who are convicted of violating drug statutes in the workplace (see § 3021.225).
2. Identify all known workplaces under your Federal awards (see § 3021.230). You must publish a statement that (a) Tells your employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in your workplace; (b) Specifies the actions that you will take against employees for violating that prohibition; and (c) Lets each employee know that, as a condition of employment under any award, he or she: (1) Will abide by the terms of the statement; and (2) Must notify you in writing if he or she is convicted for a violation of a criminal drug statute occurring in the workplace and must do so no more than five calendar days after the conviction.
3. You must require that a copy of the statement described in § 3021.205 be given to each employee who will be engaged in the performance of any Federal award.
4. You must establish an ongoing drug-free awareness program to inform employees about (a) The dangers of drug abuse in the workplace; (b) Your policy of maintaining a drug-free workplace; (c) Any available drug counseling, rehabilitation, and employee assistance programs; and (d) The penalties that you may impose upon them for drug abuse violations occurring in the workplace. If you are new recipient that does not already have a policy statement as described in § 3021.205 and an ongoing awareness program as described in § 3021.215 follow the provisions outlines in § 3021.220.
5. There are two actions you must take if an employee is convicted of a drug violation in the workplace: (a) First, you must notify Federal agencies if an employee who is engaged in the performance of an award informs you about a conviction, as required by § 3021.205(c)(2), or you otherwise learn of the conviction. Your notification to the Federal agencies must: (1) Be in writing; (2) Include the employee's position title; (3) Include the identification number(s) of each affected award; (4) Be sent within ten calendar days after you learn of the conviction; and (5) Be sent to every Federal agency on whose award the convicted employee was working. It must be sent to every awarding official or his or her official designee, unless the Federal agency has specified a central point for the receipt of the notices. (b) Second, within 30 calendar days of learning about an employee's conviction, you must either: (1) Take appropriate personnel action against the employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended; or (2) Require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for these purposes by a Federal, State or local health, law enforcement, or other appropriate agency.
6. You must identify all known workplaces under each Department of Agriculture award. A failure to do so is a violation of your drug-free workplace requirements. You may identify the workplaces: (1) To the Department of Agriculture official that is making the award, either at the time of application or upon award; or (2) In documents that you keep on file in your offices during the performance of the award, in which case you must make the information available for

ATTACHMENT B (Continued)

inspection upon request by Department of Agriculture officials or their designated representatives. (b) Your workplace identification for an award must include the actual address of buildings (or parts of buildings) or other sites where work under the award takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios). (c) If you identified workplaces to the Department of Agriculture awarding official at the time of application or award, as described in paragraph (a)(1) of this section, and any workplace that you identified changes during the performance of the award, you must inform the Department of Agriculture awarding official.

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

As required by the Drug Free Workplace Act of 1988, and implemented at 7 CFR Part 3021, Subpart F for individuals, as defined at 7 CFR Part 3021 Section 3021.655 and .3021.300—

The applicant certifies that it will or will continue to provide a drug-free workplace by:

Not engaging in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity related to the award; and (b) If you are convicted of a criminal drug offense resulting from a violation occurring during the conduct of any award activity, you will report the conviction: (1) In writing. (2) Within 10 calendar days of the conviction. (3) To the Department of Agriculture awarding official or other designee for each award that you currently have, unless § 3021.301 or the award document designates a central point for the receipt of the notices. When notice is made to a central point, it must include the identification number(s) of each affected award.

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. Generally Accepted Accounting Principles (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 Pub. L. 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	<h2 style="margin: 0;">Request for Taxpayer Identification Number and Certification</h2>	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.)
	City, state, and ZIP code Requester's name and address (optional) 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

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
-----------	--------------------------	------

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

Official Intent to Apply Notification

TO: Ms. Suzanne Henley, Sr. CACFP Specialist
Office of the State Superintendent of Education
810 1st Street, N.E.—4th Floor
Washington, D.C. 20002
Telephone: 202. 654-6119
Fax: 202.724.7656
E-mail: Suzanne.Henley@dc.gov

RE: Please accept this notification that the following *eligible* organization intends to apply for consideration of funding under the CACFP Wellness 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: November 22, 2011

ATTACHMENT F

BUDGET
I Am Healthy, I Am Happy Outreach Program

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