

**Minnesota Department of Health**  
**Statewide Health Improvement  
Program**



**Implementation Documents Packet  
for  
Phase 1 Grantees**

**[www.health.state.mn.us/healthreform/ship](http://www.health.state.mn.us/healthreform/ship)**

**August 2009**

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## Table of Contents

	<u>Page</u>
<b>I. Instructions for Preparing Implementation Documents</b> .....	1
<b>II. Instructions for Submitting Implementation Documents</b> .....	1
<b>III. Questions about the Implementation Documents Requirements</b> .....	2
A. Community Leadership Team and Local Partners.....	3
B. Interventions.....	3
C. Staffing .....	8
D. Budget.....	8
E. Evaluation.....	10
<b>Implementation Documents</b> .....	13
Implementation Documents Cover Sheet	
Community Leadership Team Form	
Community Leadership Team Commitment Statement Guidance	
Local Partnership Form	
Intervention Selection Form for Community Health Boards	
Intervention Selection Form for Tribal Governments	
Intervention Worksheet	
Staffing Narrative	
Implementation Budget Form	
Implementation Budget Narrative	
Evaluation Form	

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## **I. Instructions for Preparing Implementation Documents**

Phase 1 grantees should use the Statewide Health Improvement Program (SHIP) Request for Proposals (RFP) dated February 9, 2009 and the SHIP Guides to Implementing and Evaluating Interventions to inform their preparation of their implementation documents. The RFP and the Guides are available on the SHIP website at [www.health.state.mn.us/healthreform/ship/index.html](http://www.health.state.mn.us/healthreform/ship/index.html).

It is recommended that grantees carefully review the following sections of the RFP before preparing their implementation documents:

- Funding Requirements, on page 10
- Applicant Responsibilities/After the Grants are Awarded/Phase 2 and Multi-Grantee Intervention grants, on page 15
- Appendix E. SHIP Menu of Interventions

Detailed instructions for completing all required implementation documents are included in the “Implementation Documents” section of this packet.

Grantees are reminded that SHIP interventions must be taken from the Menu of Interventions for CHBs or Tribal Governments (see Appendix E of the RFP). Grantees are required to select at least one intervention in each of the four settings (schools, community, worksites, and health care). Of the selected interventions, at least one must address tobacco and at least one must address obesity (physical activity or nutrition); interventions that address healthy weight and healthy behavior meet the requirement for both tobacco and obesity.

## **II. Instructions for Submitting Implementation Documents**

This Implementation Documents packet and all of the required forms are available on the SHIP website at [www.health.state.mn.us/healthreform/ship/index.html](http://www.health.state.mn.us/healthreform/ship/index.html). The required documents can also be obtained by e-mailing [health.SHIP@state.mn.us](mailto:health.SHIP@state.mn.us); include “Implementation Documents” in the subject line.

Grantees should read this packet carefully and be sure to include all of the required information. Grantees should submit all of the documents listed below, and should not provide any materials that are not requested.

Grantees should submit one unbound signed original and two bound copies of the implementation documents. Implementation forms must be completed using word processing software. Narrative documents must be double-spaced, printed on one side, with one-inch margins, and no longer than the page limit specified in the narrative instructions. However, tables used within a narrative document, as well as the budget narrative, may be single-spaced. The font size on forms and narratives should be 12 point.

Implementation documents must be received by MDH before 4:30 p.m. on:

- CHBs – the date specified in II.B.2 of the grantee’s Grant Project Agreement
- Tribal Governments – the date specified in I.B.2 of the grantee’s Grant Agreement

or have a legible postmark from the United States Postal Service or a legible pick-up or drop-off time from a private carrier with a date and time that precedes 4:30 p.m. on the specified date. Implementation documents sent by fax or e-mail will not be accepted.

Failure to submit all of the required implementation documents by the specified date may, at MDH’s discretion, result in a delayed implementation date for the grantee.

Implementation documents should be sent to:

Delivery Address

Attention: SHIP Program  
MDH/CHP  
Suite 220  
85 East Seventh Place  
St. Paul, MN 55101

Mailing Address

Attention: SHIP Program  
MDH/CHP  
P.O. Box 64882  
St. Paul, MN 55164-0882

Grantees must submit the implementation documents listed below in the order specified. All documents not marked with an asterisk (\*) must be submitted as a combined document that covers all CHBs, tribal governments, and/or counties participating in the grant as if they were one entity.

- Implementation Documents Cover Sheet
- Community Leadership Team Form (revised and updated)
- Community Leadership Team Commitment Statements from at least 75 percent of team members (grantees must resubmit statements that were included in the original grant application)
- Local Partnership Form\* (revised and updated, if applicable)
- Intervention Selection Form for Community Health Boards or Tribal Governments
- Intervention Worksheets (one for each selected intervention)
- Staffing Narrative
- Implementation Budget Form
- Implementation Budget Narrative
- Evaluation Form

\* If steering committees are created to guide SHIP activities at the local level, the grantee may submit a Local Partnership Form for each such steering committee.

### **III. Frequently Asked Questions about the Implementation Documents**

The responses to a number of the SHIP Frequently Asked Questions submitted about Phase 2 during the application period may be helpful to Phase 1 grantees as they develop their implementation documents. Some of the questions and responses are included here for

grantee convenience; they have been edited slightly to give specific guidance to Phase 1 grantees. The entire FAQ document can be found on the SHIP website at <http://www.health.state.mn.us/healthreform/ship/faq.html>. Other questions may be submitted to the SHIP staff at [health.SHIP@state.mn.us](mailto:health.SHIP@state.mn.us) or by calling 651/201-5416 (Allison Faricy's desk).

#### A. Community Leadership Team and Local Partners

**Q: If the existing Public Health Advisory Committee serves as the SHIP Community Leadership Team (assuming the PHAC has representatives from all required sectors and issues), are commitment statements still needed from at least 75% of the members?**

A: Yes, grantees are required to submit statements of commitment from 75% of their Community Leadership Team members.

**Q: Who should the commitment statements be addressed to? Our director or someone at MDH?**

A: Preferably, they would be addressed to the agency director, but it could be someone else at the grantee's agency. Do not have them sent to MDH under separate cover.

**Q: If there are both a regional leadership team and county leadership teams, should commitment statements be provided from each team?**

A: If a regional leadership team is acting as the SHIP community leadership team, the grantee only needs commitment statements from this team.

**Q: How are decisions made about which entities to work with?**

A: This decision will be made by the CHB or Tribal Government.

**Q: Will all school districts receive funds?**

A: This decision will be made by the CHB or Tribal Government.

**Q: How will it be determined which school districts get funded and which do not?**

A: This decision will be made by the CHB or Tribal Government.

**Q: How will this be made clear for the school district?**

A: Each CHB or Tribal Government is responsible for communicating with the school districts in their jurisdictions.

#### B. Interventions

**Q: Please clarify the second part of the second question of Section 4 of the Intervention Worksheet. "If applicable, describe how interventions at each of these sites address at-risk or high-risk populations." The RFP glossary states:**

*At-risk/high-risk populations are groups of individuals that experience negative disparities in the social determinants of health, quality of life, and/or health outcomes. Examples include disparities related to race, ethnicity, economic status, age, sex, disability, and geographic location.*

**This is a very broad definition. Should this broad definition be applied to all the interventions or is the grantee expected to conduct research to know more**

**specifically who the at-risk/high-risk populations are for each of the interventions? It does not seem like a question that lends itself to a brief narrative.**

A: The definition of “at-risk/high-risk” broad was purposefully left broad so that grantees could decide which populations this term describes. The grantee could determine which populations are at-risk/high-risk for obesity and tobacco use by conducting extensive research, but the grantee could also provide other evidence about which populations are most at risk for chronic diseases through previous public health efforts and experiences. The grantee should be able to effectively answer the question in a brief narrative!

**Q: It is not clear how many interventions are required per sector. Is a tobacco and an obesity intervention required in each of the 4 sectors?**

A: SHIP grantees must implement interventions in each of the four settings (schools, communities, worksites, and healthcare). Of these interventions, at least one must address tobacco and one must address obesity. So, if the grantee choose a tobacco intervention in a worksite, the grantee could choose only obesity interventions in the community, schools, and healthcare settings. In addition, the Healthy Weight/Healthy Behavior category in the Menu of Intervention covers both tobacco and obesity. So, if the grantee chose an intervention from HWHB in schools, the grantee could choose either risk factor to address in communities, worksites, and health care.

**Q: Do both obesity and tobacco have to be addressed both years?**

A: No. Obesity and tobacco must both be addressed by the end of the two-year grant period.

**Q: Do all four sectors have to be addressed both years??**

A: No. All four sectors must be addressed by the end of the two-year grant period.

**Q: Do the interventions have to be done county-wide in each community in a county or multi-county? For example, if the grantee has 4 large size communities – would the grantee have to do two interventions in the four settings in each of those communities in the county? What are the geographic parameters for the SHIP interventions?**

A: The geographic parameters of SHIP are defined by the two types of grant recipients, who are CHBs and Tribal Governments. If the grantee applied for the Single Workplan Incentive, the intervention must occur in at least one site in each partner’s jurisdiction. For example, an intervention would need to occur in at least one site in each county in a multi-county CHB, or in each tribal government’s jurisdiction in a multi-tribe grant.

**Q: In the Guides to Implementing and Evaluation SHIP Interventions, are the action steps suggested or required?**

A: The action steps listed in the Guides are suggested, but they are tied to the evaluation measures. Any grantee who omits action steps must still complete all evaluation measures.

**Q: How should action steps be written when each community/county is at a different stage? Do the action steps need to identify specifically which community will be doing which action? Or should action steps be written for the community that needs the most action and just indicate with the community name the point at which the other communities will be starting? For example, three communities are working with farmers markets. Two communities have markets and the other does not. The first two communities are going to work on promotion and access for minority populations and transportation issues. The other community must start with**

**changing zoning to allow a farmers market to be established. Or should there be a separate action plan for each community?**

A: In the Intervention Worksheet Action Plan, the grantee can identify the activities that various communities or counties will complete to implement the intervention. In the Action Plan, please note that different communities, counties, or sites are working on different Action Steps. For a good example of how to do this, please refer to the Sample Intervention Worksheet that is posted on the SHIP website.

**Q: Health fairs are a popular event in communities and may be suggested as a way to promote an intervention. Is there any evidence that these events are effective, or conversely, ineffective? Are there any circumstances under which MDH would approve SHIP funds to be used for health fairs?**

A: SHIP funds will not be approved for health fairs. SHIP interventions focus on policy, systems, and environmental change and only programs that can be used to promote an intervention will be approved. Health fairs have not been shown to be effective for producing long-term behavioral change.

**Q: The Healthy Weight, Healthy Behavior interventions are not clear.**

A: Review Appendix E, page E-9 of the RFP. This category includes Healthy Weight interventions, which incorporate physical activity and nutrition, as well as Healthy Behavior interventions, which incorporate physical activity, nutrition and tobacco. This category was created because the evidence shows that a comprehensive approach is more effective.

**Q: There are 3 HWHB interventions for healthcare that seem very similar. Please clarify the difference between these interventions.**

A: They are all interrelated, but focus on different areas. The action steps for each intervention in the guides illustrate clear differences in the interventions.

**Q: Do all partners in the grant have to choose the same interventions?**

A: Yes, but they can be implemented in different ways across counties/CHBs/tribes.

**Q: If the grantee is working on an intervention, and there are different components by county/CHB/tribe, what should be put in the workplan?**

A: The grantee should provide some details about the different components by county/CHB/tribe.

**Q: Regarding intervention #C-N-C1: Does “long-term care facilities” include foster care homes for adults with developmental disabilities? Does it include group residential settings for individuals with severe and persistent mental illnesses?**

A: Yes, those settings would be appropriate sites for this intervention.

**Q: Regarding intervention #C-T-W1: Does this include clients who are served onsite in worksites – or only the staff who work there?**

A: The worksite setting includes staff, clients, and visitors to the worksite.

**Q: Appendix B of the RFP: health systems were not mentioned in the list of health care settings. Are they included, or should work occur at a different level, e.g., clinics, hospitals?**

A: In Appendix B, health care setting is defined as “any provider of health services or health information.” This would include health care systems such as health insurance organizations.

**Q: For Intervention #C-PA-S1, would increasing physical activity during the school day be an appropriate intervention?**

A: Yes.

**Q: Some of the interventions are quite complex and require intensive efforts, e.g., #C-HWHB-W1 and #C-HWHB-H2. Regarding large counties with thousands of worksites and many healthcare settings: please give some guidance on how much reach the grantee is expected to achieve.**

A: Working on some of the interventions requires substantial resources, commitment, and time. The grantee should consider its capacity and readiness to implement interventions before selecting the interventions and write its intervention Action Plans to reflect the scope, reach, and pace the grantee believes is reasonable.

**Q: For intervention C-N-C1, are all the components – A, B,C and D – required?**

A: The overarching purpose of this intervention is to improve access to nutritious foods. The grantee can choose to do one or more of the lettered segments.

**Q: For the employee wellness intervention that would provide health assessment and follow-up, is there a recommended health assessment? What types of tests, etc. would be required for it to be "a health assessment"? Does it matter who does the assessment? Is there an "action plan template" or when the directions say action plan - does that mean #6 in the intervention worksheets?**

A: A health assessment is a series of questions about an individual’s health, such as foods eaten, personal and family medical history, how much exercise, etc. There are many great survey tools available, often from a health plan such as HealthPartners, BlueCross Blue Shield and Medica. If a business provides health insurance, a place to start is with them. An important component of a health assessment to consider is what kind of follow-up information it provides. A health assessment will tell individuals where they are; individualized follow-up can tell them how to move forward from where they are on a healthier path. That follow-up, be it a Web page that comes up right after individuals complete their survey to health coaching programs by phone or on-line, add a great deal of value to the worksite wellness health assessment offering. The Healthy Minnesota Worksite Toolkit (it’s listed under toolkits for this intervention in the Implementation Guides) can provide the grantee with more information; especially see pages 9, 11-13, and 17.

**Q: Tobacco interventions could focus on a city. Is the grantee expected to work county-wide?**

A: Yes, the goal is to address entire counties, CHBs, and/or tribes. However, some of the grantee’s work may focus in on specific communities, schools, worksites, and health care providers.

**Q: What is the relationship of Tobacco Free Communities with SHIP? How do they work together/affect each other?**

A: SHIP grantees that are currently TFC grantees may use SHIP funding to expand or intensify interventions from the SHIP menu for which they already receive TFC funds.

**Q: Who are tobacco front groups?**

A: Tobacco industry front groups are organizations or groups that receive funding directly or indirectly from the tobacco companies (and/or affiliates) or tobacco distributors to influence policymakers about legislation/policy on its behalf or to shape public opinion. This includes industry programs that support youth prevention or merchant education activities that are not evidence-based, such as: We Card, Jays Against Youth Smoking (funded by the Brown & Williamson Tobacco Company), and "Right Decisions Right Now" (funded by R.J. Reynolds Company). Other industry-funded programs include "Keep America Beautiful," which focuses on cigarette litter and litter clean-up in communities across the United States.

For more information regarding front groups, visit the links below. Note that many groups do not overtly identify themselves as "tobacco industry front groups".

- Source Watch: [http://www.sourcewatch.org/index.php?title=Front\\_groups](http://www.sourcewatch.org/index.php?title=Front_groups)
- Americans for Nonsmokers' Rights: <http://no-smoke.org/document.php?id=272>
- Americans for Nonsmokers' Rights: <http://no-smoke.org/document.php?id=241>
- A Wisconsin fact sheet "Are You Helping the Tobacco Industry?" lists some specific "education" programs and other outreach sponsored by the tobacco industry: <http://dpi.wi.gov/sspw/pdf/tobindustry.pdf>

**Q: Aren't all school grounds and vehicles already tobacco-free, based on the Freedom to Breathe Act?**

A: According to Tracking Tobacco Laws: A Minnesota Digest, "neither state nor federal law covers outdoor school grounds. Some municipalities, school districts, and school administrators, however, have extended the tobacco prohibition to school grounds. For example, the city of Maple Grove prohibits the use or possession of tobacco on public school property, which it defines as including any building, athletic field, parking lot, or motor vehicle used or owned by, or in connection with, a school district." (See page 27 on Schools in the Tracking Tobacco Laws: A Minnesota Digest, at <http://tobaccolawcenter.org/http://tobaccolawcenter.org/documents/tracking-final-pdf.pdf>)

Making school grounds and vehicles tobacco-free is not based on Freedom to Breathe (FTB), rather the authority comes from Statute 144.4165 that preceded FTB.

*144.4165 TOBACCO PRODUCTS PROHIBITED IN PUBLIC SCHOOLS. No person shall at any time smoke, chew, or otherwise ingest tobacco or a tobacco product in a public school, as defined in section 120A.05, subdivisions 9, 11, and 13. This prohibition extends to all facilities, whether owned, rented, or leased, and all vehicles that a school district owns, leases, rents, contracts for, or controls. Nothing in this section shall prohibit the lighting of tobacco by an adult as a part of a traditional Indian spiritual or cultural ceremony. For purposes of this section, an Indian is a person who is a member of an Indian tribe as defined in section 260.755 subdivision 12.*

**C. Staffing**

**Q: Is there a requirement on how many people need to be staffed? One for each sector?**

A: Except for the requirement for a full-time staff person to serve as the SHIP Coordinator (see page 10 of the RFP), grantees will need to determine how they will staff their SHIP initiatives. It is strongly recommended that an FTE is not split among multiple staff and

that there should be specific staff designated for SHIP work. Within the Guides, there are recommendations on specific skills and staffing needs for SHIP work.

**Q: Is there a required FTE?**

A: There must be one full-time SHIP coordinator for implementation. The total number of FTEs will depend upon the amount of funds received and the planned intervention activities.

**Q: Does the reference to a job share mean for a SHIP Coordinator?**

A: Yes, the job-share reference is for the full-time SHIP Coordinator.

**Q: Can a multi-CHB or multi-tribe grantee share a SHIP coordinator and/or divide the full-time FTE across them?**

A: The grantee's SHIP coordinator may be a job share across counties, but not across CHBs or tribes.

**Q: Where does the grantee outline the personnel for the non-lead CHB/tribe: under personnel/salaries or under contractors?**

A: It depends. Will the non-lead CHB/tribal staff be paid by the lead agency (=salaries) or through an interagency agreement with the non-lead agency (=contract)? As long as SHIP staff can see what the proposed staffing is and how the agencies and staff are going to work together, the line item it's put on doesn't really matter.

**Q: For the staffing narrative, should resumes or CV's be included?**

A: No, please do not include resumes or CVs. Resumes or CVs will be considered extraneous material and will be discarded.

#### D. Budget

**Q: Can SHIP funds be used to pay for existing programs that partners may be interested in utilizing SHIP dollars for, if the program accommodates the strategy for the outcome?**

A: No, not if the SHIP funds would be used to voluntarily replace other funds that are currently being used to reduce tobacco use and exposure or prevent obesity. That's called supplantation and it's prohibited by the SHIP statute. However, if the SHIP funds would be used to expand or modify current activities, it would be okay.

**Q: Are mini-grants an allowable use of funds?**

A: Yes, mini-grants to community organizations, schools, agencies, and so forth are an acceptable use of SHIP funds, if they are directly related to implementation of one or more SHIP interventions and the grantee provides adequate oversight.

**Q: Can SHIP funds be used to supplement resources for schools that they would lose by creating a policy to not accept materials from tobacco industry?**

A: Yes, if they use the funds for activities that are directly related to implementation of one or more SHIP interventions.

**Q: Can SHIP funds be used in the maintenance of an existing intervention/policy?**

A: Yes, as long as the SHIP funds do not replace existing funds.

**Q: Could SHIP funds be used to pay for a contracted grant writer or fund raiser?**

A: Yes.

**Q: Can SHIP funds be used to provide funding for outside staff/liaisons in some of the sectors such as in the school setting?**

A: Yes, if the staff's work is directly related to implementation of one or more SHIP interventions.

**Q: What percent of SHIP funds can be used on programming?**

A: Grantees will have to show that the chosen programming will lead to policies, systems and environmental change. See more specific restrictions around programs on page 15 of the SHIP RFP.

**Q: Can grantees use funds to pay for Community Health Workers' time for a new program run through an FQHC or other health care provider that does not reimburse such a service?**

A: Grantees may provide grants to health care providers to cover costs to initiate programs - including staff time. A sustainable source of funding must be sought for ongoing programming. Please see page 15 of the RFP for more detailed information about program funding restrictions.

**Q: What category would meeting refreshments go into - "Supplies and Expenses" or "Other"?**

A Either would be fine, just explain how it supports the grantee's SHIP work.

**Q: What category would paying for substitute teachers fall into? This would be for teachers to attend meetings during the school day. Could this be done as a stipend, and if so, what line item would it go under?**

A: A stipend would work, or the grantee could do a mini-contract with the school district. Either way, it should go under contractual services.

**Q: On the budget page, can the 10% required match dollars be placed in any of the categories or must there be match in all the categories? For example, can all the match be in salaries or does the match need to be in salaries, contractual services, travel, supplies, other, and admin?**

A: Match can be in one or more categories. All in salaries is fine.

**Q: Regarding community gardens, would the following kinds of expenses be allowed with SHIP funding: building materials (wood for raised beds, short fences, dirt), plant materials (annuals, perennials, fruit trees), and boxes or other containers to grow vegetables that could be used for multiple seasons?**

A: SHIP funds could be used for this list of expenses. SHIP funds can't be used for a capital improvement project, but if these are all critical expenses of initiating the garden, then they are ok.

**Q: In the budget narrative, is there a minimum level of detail expected for documentation of match line items? For instance, for partners that commit staff resources as match, must each match position be detailed in terms of salary, FTEs provided, and benefits, and a brief narrative provided on what the duties of the particular staff person would be, similar to the information that's required for salaries supported by the SHIP funds?**

A: The minimum information required is the source of the match and whether it's cash or in-kind. The grantee may choose to provide more information; however, be mindful of the page limitation.

**Q: Does the implementation budget narrative have to be double-spaced like the other narratives?**

A: No, it can be single-spaced or in table format, but it must meet the page limit requirements indicated in the instructions.

**Q: Where in the budget should the per diem (like for CLT members coming to meetings) be listed?**

A: Either under “Contractual” or “Other.”

**Q: During implementation, community involvement is required. Are there guidelines for sub-granting or is it up to the grantee?**

A: Each grantee will be responsible for sub-granting/contracting based on the interventions chosen from the Menu of Interventions. More information is available in the Guides to Implementing & Evaluating SHIP Interventions.

#### E. Evaluation

**Q: Steps uses BRFSS. Will this be the same for SHIP? Will grantees be required to pay for something similar?**

A: BRFSS will be used as one of the tools for SHIP state-level surveillance. Grantees are required to use 10% of their funding for evaluation purposes, but none of those funds will go towards data collection through the BRFSS.

**Q: What are some examples of short-term measures that can be given to communities? How will progress be shown in such a short period?**

A: Each community is required to choose activities from the Menu of Interventions. Each intervention includes associated evaluation measures, which are outlined in the Guides to Implementing and Evaluating Interventions.

**Q: How can target populations be better assessed?**

A: The Community Leadership Team will help provide direction on how to assess at-risk/high-risk populations. Including representatives from organizations that serve at-risk/high-risk populations in the Community Leadership Team will be useful in assessing the needs of these populations.

**Q: What are some of the big milestones that will be measured across policy, systems, and environmental change efforts?**

A: See the Guides to Implementing and Evaluating Interventions.

**Q: What types of changes does MDH expect to see in two years (e.g., behavioral or health status)?**

A: See the Guides to Implementing and Evaluating Interventions.

**Q: Who (state vs. local) is expected to evaluate health care costs, level of obesity (especially in children) and other chronic condition outcomes?**

A: MDH is responsible for surveillance of health outcomes, individuals' health behaviors, and health care costs.

**Q: What outcome measures/indicators are being suggested for the menu of interventions in the SHIP RFP?**

A: Each intervention includes key outcome measures that are recommended for evaluation of that intervention. See the Guides to Implementing and Evaluating Interventions.

**Q: Will grantees be required to gather data regarding community member's behaviors (e.g., participation in regular, moderate physical activity, fruit and vegetable consumption, etc.)? If not, will the state be providing this information to grantees, perhaps pulling out relevant BRFSS data?**

A: Grantees are required to evaluate each intervention. The measurement of individual health behaviors is encouraged as part of the evaluation of each intervention and guidelines on how to do this are provided in the Guides to Implementing and Evaluating Interventions. In addition, the state will use relevant data from a variety of sources, including the BRFSS, to assess individual health behaviors around obesity and tobacco.

**Q: What kind of technical assistance will MDH be providing for the evaluation so the evaluation process can begin on day 1?**

A: Grantees will be required to submit an Evaluation Plan that outlines their evaluation of each intervention eight weeks after receiving implementation funding. The Evaluation Plan will be written and implemented in conversation with MDH and SHIP staff.

**Q: Are there any recommended evaluators?**

A: The SHIP Guides to Implementing and Evaluating Interventions include information about how to choose an external evaluator for SHIP activities, including links to lists of evaluators in Minnesota and nationwide.

**Q: How will grantees demonstrate changes/outcomes directly related to SHIP efforts in situations where interventions are funded through multiple sources (eg. Blue Cross Blue Shield, Clearway, etc.)? An example would be active living work originally funded through RWJF or BCBS that is expanded (both in scale and scope) because of SHIP funds.**

A: Grantees are encouraged to use multiple sources of funding to support their work on SHIP implementation whenever possible, in part because multiple sources of funding help with sustainability and enhance the opportunity for grantees to expand their work. Grantees should make note of their multiple sources of funding, as well as the funding period and the amount of funding, in their reports. Through their evaluation efforts, grantees should be able to demonstrate that SHIP funding, together with other sources of funding and other resources, was vital in the implementation of SHIP interventions.

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# Implementation Documents

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**Minnesota  
Statewide Health Improvement Program**

<b>Implementation Documents Cover Sheet</b>	
<b>Lead Agency's Name</b>	
<b>Contact Person's Name</b>	
Title	
Phone	
Fax	
E-mail address	

I certify that the information contained in these documents is true and accurate to the best of my knowledge, and that I submit these documents on behalf of the lead agency.	
<b>Signature</b>	
<b>Title</b>	
<b>Date</b>	

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## Community Leadership Team Form

<b>1. Community Leadership Team members</b>				
<b>Team Member Name</b>	<b>Organization</b>	<b>Title or Position</b>	<b>Area(s) of Expertise</b>	<b>Proposed or Confirmed?</b>

<b>2. Community Leadership Team role</b>
<b>Describe how the Community Leadership Team will provide guidance for the applicant's SHIP activities. Describe the specific functions of the Community Leadership Team. <i>(brief narrative)</i></b>
<b>Indicate who will convene the Community Leadership Team, who will be responsible for its essential functions, and how often it will meet. <i>(brief narrative)</i></b>
<b>Explain how the Community Leadership Team will ensure that linkages will be maintained with existing activities and interventions with similar focus. <i>(brief narrative)</i></b>

<b>3. Community Leadership Team processes</b>
<b>Describe the process(es) the Community Leadership Team will use to make decisions about SHIP activities. <i>(brief narrative)</i></b>
<b>Describe how the critical discussions and decisions of the Community Leadership Team will be documented. <i>(brief narrative)</i></b>

<b>4. Community Leadership Team engagement and accountability</b>
<b>Describe the methods that will be used to keep Community Leadership Team members informed, engaged, and accountable in their roles on the Community Leadership Team. <i>(brief narrative)</i></b>

# Community Leadership Team Form

## Instructions

*The Community Leadership Team Form provides information about the membership, structure, and activities of the Community Leadership Team.*

Revise and update the Community Leadership Team Form that was submitted with the original application. Use 12-point font. When completed, the form should not exceed three pages.

### 1. Community Leadership Team members

List all anticipated members of the Community Leadership Team and provide the indicated information about each team member. In the last column, type “proposed” if the team member has not yet fully committed to participating on the Community Leadership Team or “confirmed” if the team member has fully committed to participating on the Community Leadership Team.

Additional rows for additional team members can be added to the table by clicking in the last column in the last row of the table and hitting the tab key. It is recommended that the Community Leadership Team have no more than 15 members, in order to ensure clear group purpose, active participation by all team members, and effective and efficient decision-making.

### 2. Community Leadership Team Role

Describe the role of the Community Leadership Team in the planning, assessment, implementation, and evaluation of the proposed SHIP activities.

### 3. Community Leadership Team processes

Describe the processes that the Community Leadership Team will employ in making decisions about SHIP activities. Describe methods for reaching group consensus, making decisions if group consensus is not reached, and/or voting.

### 4. Community Leadership Team engagement and accountability

Describe the methods that will be used to keep Community Leadership Team members engaged and accountable in their roles on the Community Leadership Team. Describe how the Community Leadership Team will solve problems related to recruitment, engagement, and retention of members.

All grantees are required to have one Community Leadership Team that guides SHIP activities for the entire grants. Therefore, only one Community Leadership Team Form can be submitted. Grantees may also submit Local Partnership Forms if steering committees are created to guide SHIP activities at the county, CHB, or tribal level.

## Community Leadership Team Commitment Statement

### Guidance

*The Community Leadership Team Commitment Statements provide evidence that members of the Community Leadership Team are committed to participating in and supporting the applicant's proposed SHIP activities.*

Grantees must submit Commitment Statements from at least 75 percent of the members listed on the Community Leadership Team Form. (Grantees must resubmit statements that were included in the original grant application.)

Members of the Community Leadership Team should provide a Commitment Statement that details how the team member will fully and actively participate in the Community Leadership Team. The Commitment Statement should be signed and on the organization's letterhead, whenever possible, and should address the following topics and any other information that would be helpful in ascertaining the team member's commitment to the grantee's Community Leadership Team.

- Organization name, name of team member, position of team member, contact information for team member
- Brief description of the organization, including information about the populations served and potential linkages to SHIP activities
- Evidence of the organization's participation in prior successful collaborations
- Plans for how the team member will champion the implementation of the relevant interventions in his or her organization
- Plans for how the team member will proactively and routinely share information with stakeholders, partners, and other interested parties about the work and focus of the applicant's SHIP activities
- Commitment to specific functions, responsibilities, and resources

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## Local Partnership Form

### 1. Local partnership members

Team Member Name	Organization	Title or Position	Area(s) of Expertise	Proposed or Confirmed?

### 2. Local partnership role

Describe how the local partnership will provide guidance for the county's SHIP activities. Describe the specific functions of the local partnership. *(brief narrative)*

Indicate who will convene the local partnership, who will be responsible for its essential functions, and how often it will meet. *(brief narrative)*

Explain how the local partnership will ensure that linkages will be maintained with existing activities and interventions with similar focus. *(brief narrative)*

Explain how the local partnership will relate to and coordinate with the CHB's Community Leadership Team. *(brief narrative)*

### 3. Designate the county, CHB, or tribe for which the local partnership will be guiding SHIP activities.

## Local Partnership Form

### Instructions

*The Local Partnership Form provides information about steering committees created by grantees to guide SHIP activities at the local level, under the direction of the Community Leadership Team.*

Grantees that are creating steering committees at the county, CHB, or tribal level must complete a Local Partnership Form for each such steering committee.

Enter a concise but fully responsive narrative in the boxes below items that indicate “brief narrative;” these boxes will expand to fit the entry. Use 12-point font.

When completed, the form should not exceed two pages.

1. Local partnership members

List all anticipated members of the local partnership and provide the indicated information about each member. Additional rows for additional team members can be added to the table by clicking in the last column in the last row of the table and hitting the tab key.

2. Local partnership role

Describe the role of the local partnership in the planning, assessment, implementation, and evaluation of the county’s SHIP activities. Explain the local partnership’s relationship to the CHB’s Community Leadership Team.

3. County, CHB, or Tribe

Name the county, CHB, or tribe for which the local partnership is being convened.

## Intervention Selection Form for Community Health Boards

<b>School Setting</b>	<b>Tobacco Interventions</b>		<b>Obesity Interventions</b>	
		C-T-S1		C-PA-S1
		C-T-S2		C-PA-S2
		C-T-S3		C-N-S1
		C-T-S4		C-N-S2
		C-T-S5		

<b>Community Setting</b>	<b>Tobacco Interventions</b>		<b>Obesity Interventions</b>	
		C-T-C1 <i>Grantees that have more than one CHB only</i>		C-PA-C1
		C-T-C2		C-PA-C2
		C-T-C3		C-PA-C3 <i>low impact</i>
		C-T-C4		C-N-C1
		C-T-C5 <i>low impact</i>		C-N-C2

<b>Worksite Setting</b>	<b>Tobacco Interventions</b>		<b>Obesity Interventions</b>	
		C-T-W1		C-PA-W1
		C-T-W2		C-PA-W2 <i>low impact</i>
		C-T-W3		C-N-W1
				C-N-W2
			C-HWHB-W1	

<b>Health Care Setting</b>	<b>Tobacco Interventions</b>		<b>Obesity Interventions</b>	
		C-T-H1		C-N-H1
		C-T-H2		
			C-HWHB-H1	
			C-HWHB-H2	
			C-HWHB-H3	

## Intervention Selection Form for Community Health Boards

### Instructions

*The Intervention Selection Form indicates which interventions the grantee has selected to implement.*

Complete titles of each intervention can be found in the Menu of Interventions for Community Health Boards in Appendix E of the SHIP Request for Proposals. Additional information about each intervention can be found in the CHB *Guide to Implementing and Evaluating Interventions* available on the SHIP website ([www.health.state.mn.us/healthreform/ship/index.html](http://www.health.state.mn.us/healthreform/ship/index.html)).

To determine which interventions to select, grantees are encouraged to:

- Engage the community and partners in the planning process. See Appendix D of the RFP for more information on community engagement.
- Assess the community assets, needs, capacity and interests in relation to the interventions listed in the appropriate Menu of Interventions, by considering what local groups are already doing in the areas of tobacco and obesity, what activities key leaders support in tobacco and obesity, and what the community supports in tobacco and obesity prevention. Data that might be collected includes: community surveys on knowledge, attitudes, beliefs and behaviors; national, state or local data on individual health behavior; key informant interviews; focus groups; assessments of existing policies and practices; the availability of current resources; and current activities related to the interventions.
- Determine which interventions from the appropriate Menu of Interventions would best address community needs or enhance existing activities and select those interventions for implementation.

Grantees are required to select at least one intervention in each of the four settings (schools, community, worksites, and health care). Of the selected interventions, at least one must address tobacco and at least one must address obesity (physical activity or nutrition); interventions that address healthy weight and healthy behavior meet the requirement for both tobacco and obesity.

Grantees selecting interventions identified as low impact are required to select at least one additional intervention in the same risk factor and setting.

Complete the form by typing an X next to each selected intervention.

## Intervention Selection Form for Tribal Governments

<b>School Setting</b>	<b>Tobacco Interventions</b>		<b>Obesity Interventions</b>	
		T-T-S1		T-PA-S1
		T-T-S2		T-PA-S2
		T-T-S3		T-N-S1
		T-T-S4		T-N-S2
		T-T-S5		

<b>Community Setting</b>	<b>Tobacco Interventions</b>		<b>Obesity Interventions</b>	
		T-T-C1 <i>Grantees that have more than one tribe only</i>		T-PA-C1
		T-T-C2		T-PA-C2
		T-T-C3		T-N-C1
		T-T-C4		T-N-C2
		T-T-C5		T-N-C3
	T-T-C6 <i>low impact</i>			

<b>Worksite Setting</b>	<b>Tobacco Interventions</b>		<b>Obesity Interventions</b>	
		T-T-W1		T-PA-W1
		T-T-W2		T-N-W1
		T-T-W3		T-N-W2
		T-T-W4		
			T-HWHB-W1	

<b>Health Care Setting</b>	<b>Tobacco Interventions</b>		<b>Obesity Interventions</b>	
		T-T-H1		T-N-H1
		T-T-H2		
				T-HWHB-H1
				T-HWHB-H2
			T-HWHB-H3	

## Intervention Selection Form for Tribal Governments

### Instructions

*The Intervention Selection Form indicates which interventions the grantee has selected to implement.*

Complete titles of each intervention can be found in the Menu of Interventions for Tribal Governments in Appendix E of the SHIP Request for Proposals. Additional information about each intervention can be found in the *Tribal Guide to Implementing and Evaluating Interventions* available on the SHIP website ([www.health.state.mn.us/healthreform/ship/index.html](http://www.health.state.mn.us/healthreform/ship/index.html)).

To determine which interventions to select, grantees are encouraged to:

- Engage the community and partners in the planning process. See Appendix D of the RFP for more information on community engagement.
- Assess the community assets, needs, capacity and interests in relation to the interventions listed in the appropriate Menu of Interventions, by considering what local groups are already doing in the areas of tobacco and obesity, what activities key leaders support in tobacco and obesity, and what the community supports in tobacco and obesity prevention. Data that might be collected includes: community surveys on knowledge, attitudes, beliefs and behaviors; national, state or local data on individual health behavior; key informant interviews; focus groups; assessments of existing policies and practices; the availability of current resources; and current activities related to the interventions.
- Determine which interventions from the appropriate Menu of Interventions would best address community needs or enhance existing activities and select those interventions for implementation.

Grantees are required to select at least one intervention in each of the four settings (schools, community, worksites, and health care). Of the selected interventions, at least one must address tobacco and at least one must address obesity (physical activity or nutrition); interventions that address healthy weight and healthy behavior meet the requirement for both tobacco and obesity.

Grantees selecting interventions identified as low impact are required to select at least one additional intervention in the same risk factor and setting.

Complete the form by typing an X next to each selected intervention.

## Intervention Worksheet

### 1. Intervention identification

Intervention code:	
Intervention name:	

### 2. Intervention selection

<b>General reason the intervention was selected:</b> <i>(check all that apply)</i>	<input type="checkbox"/>	Demonstrated need
	<input type="checkbox"/>	Community interest/readiness
	<input type="checkbox"/>	Already involved in similar activities
	<input type="checkbox"/>	Already have partners involved in similar activities
	<input type="checkbox"/>	Matches applicant's capacity
	<input type="checkbox"/>	Other ( <i>specify</i> )
<b>Explain why this intervention was selected. (<i>brief narrative</i>)</b>		
<b>Explain how the Community Leadership Team provided input on the selection of this intervention. (<i>brief narrative</i>)</b>		
<b>Describe the public support for this intervention, including support from partner organizations, elected officials, and the community at large. (<i>brief narrative</i>)</b>		
<b>Describe any data used to support the selection of this intervention. Discuss how the data were used to inform the selection of this intervention. (<i>brief narrative</i>)</b>		

### 3. Population(s) to be served

<b>Indicate the population(s) that will be served by the intervention. (<i>check all that apply</i>)</b>			
	<b>All residents</b>		
	Less than 18 years old	Need:	
	18–64 years old	Need:	
	65+ years old	Need:	
	African/African-American	Need:	
	Caucasian	Need:	
	Latino/Hispanic	Need:	
	Native/American Indian	Need:	
	Southeast Asian/Pacific Islander	Need:	
	Disabled	Need:	
	Low income	Need:	

**3. Population(s) to be served**

	Other ( <i>specify</i> )	Need:	
--	--------------------------	-------	--

Describe how the population(s) to be served by the intervention will provide input on the implementation of the intervention. (*brief narrative*)

--

**4. Intervention implementation**

Describe the action steps and any related activities, if any, that have already been completed to plan or implement this intervention. (*brief narrative*)

--

Describe the specific sites in which the intervention will be implemented. If applicable, describe how interventions at each of these sites address at-risk or high-risk populations. (*brief narrative*)

--

If there already are existing efforts related to this intervention, describe how this intervention will complement and not duplicate existing efforts. (*brief narrative*)

--

Describe how the Community Leadership Team will provide input on the implementation of this intervention. (*brief narrative*)

--

**5. Technical assistance**

Indicate the general type of technical assistance that may be needed related to this intervention. (*check all that apply*)

	None		Information on effective strategies
	Communication strategies		Materials in different languages
	Community engagement strategies		Media/public education materials
	Cross-cultural education materials		Templates/models/policies
	Current/timely data		Training
	Developing an agenda		Working with elected officials
	Framing community health issues		Writing a plan
	Other ( <i>specify</i> )		

Describe the specific technical assistance needs. (*brief narrative*)

--

<b>6. Action plan</b>			
<b>What Key Action Step and related activities will be done?</b>	<b>Who will do the Key Action Step and related activities?</b>	<b>When will the Key Action Step and related activities be completed?</b>	<b>How will the completion of the Key Action Step be measured?</b>

# Intervention Worksheet

## Instructions

*The Intervention Worksheet documents the activities that will be taken to implement each SHIP intervention.*

Complete one Intervention Worksheet for each intervention selected for implementation, as indicated on the Intervention Selection Form for CHBs or tribal governments.

Refer to the Guides to Implementing and Evaluating Interventions available on the SHIP website ([www.health.state.mn.us/healthreform/ship/index.html](http://www.health.state.mn.us/healthreform/ship/index.html)) for more information about the intervention and the key action steps.

Type an X in the appropriate boxes next to lists that indicate “check all that apply.” Enter a concise but fully responsive narrative in the boxes below items that indicate “brief narrative;” these boxes will expand to fit the entry. Use 12-point font.

When completed, each worksheet should not exceed 10 pages.

### 1. Intervention identification

Enter the exact intervention code from the appropriate SHIP Menu of Interventions in Appendix E of the SHIP Request for Proposals. Enter a short descriptive title for the intervention.

### 2. Intervention selection

Clearly describe and justify the selection of this intervention.

Describe public opinion and public support for the selected intervention. Describe any data collected that provide evidence about the level of public support for implementation of this intervention. Useful types of data include: summary findings from a community readiness survey; community group newsletters advocating activities relevant to the intervention; letters from elected or tribal officials supporting activities relevant to the intervention; description of activities from partner organizations that support the intervention; and media accounts of activities related to the intervention.

Describe any data collected that contributes to the selection of this intervention. Useful types of data include: surveys on knowledge, attitudes, beliefs, and behaviors; national, state, or local data on individual health behaviors; key informant interviews; focus groups; assessments of existing policies and practices; the availability of current resources; and current activities related to the intervention.

3. Population(s) to be served

Describe the extent to which the population(s) to be served by the intervention is at-risk/high-risk for tobacco use/exposure and/or obesity, as well as how the population to be served will provide input on the implementation of the intervention.

4. Intervention implementation

Review the action steps associated with the selected intervention in the *Guide to Implementing and Evaluating Interventions*. Provide the indicated information about implementing the intervention.

5. Technical assistance

Provide information regarding the technical assistance that will be needed from MDH to implement the intervention.

6. Action plan

Include key action steps from the *Guide to Implementing and Evaluating Interventions*. Be as specific as possible. Additional rows for additional key action steps can be added to the table by clicking in the last column in the last row of the table and hitting the tab key.

In the first column of the action plan, list each key action step and other related activities related to the key action step. Explain what will be done.

In the second column, indicate who will do the steps and activities. This may be the grantee's staff, contractors, Community Leadership Team members, partners, groups, or others.

In the third column, specify the anticipated completion date(s) for the steps and activities.

In the fourth column, indicate the measure or documentation that will be used to indicate that the key action step has been completed. Include key evaluation measures listed for the intervention in the *Guide* where appropriate. Measures or documentation may include, but are not limited to: minutes from a critical meeting; reported findings from a community assessment; a final action plan document; and reported findings from surveys about the implementation of an intervention.

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## Staffing Narrative

*The Staffing Narrative provides information about the staff that will work on SHIP activities.*

Include a narrative that addresses the following topics in no more than three double-spaced pages.

1. Describe the qualifications of existing staff who will be working on SHIP activities. For each staff person, include the following elements:
  - role in working on SHIP activities
  - educational background and previous experiences with SHIP-related activities
  - amount of time that will be spent on SHIP activities (i.e., the full-time equivalent)
  
2. Describe the plans to recruit and hire additional staff for this grant, including a timeline for hiring the new staff. For each position, include the following elements:
  - role in working on SHIP activities
  - the preferred qualifications for education and previous experience with SHIP-related activities
  - amount of time that will be spent on SHIP activities (i.e., the full-time equivalent)
  
3. Indicate the full-time position that will serve as the SHIP coordinator. If the position is a job-share position, describe the duties of each person in the job-share position and explain how they will communicate and coordinate with each other.

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### Implementation Budget Form

<b>Budget Contact Person's Name</b>	
Phone	
E-mail address	

#### Budget for Fiscal Year 2010 Implementation

<b>Start Date:</b>		<b>End Date:</b>	<b>June 30, 2010</b>
<b>Line Item</b>	<b>Awarded Funding</b>	<b>Anticipated Match</b>	<b>Evaluation Expenses</b>
Salary and Fringe Benefits			
Contractual Services			
Travel			
Supplies and Expenses			
Other			
Administrative Costs			
<b>Total</b>			

#### Budget for Fiscal Year 2011 (July 1, 2010 – June 30, 2011)

<b>Line Item</b>	<b>Awarded Funding</b>	<b>Anticipated Match</b>	<b>Evaluation Expenses</b>
Salary and Fringe Benefits			
Contractual Services			
Travel			
Supplies and Expenses			
Other			
Administrative Costs			
<b>Total</b>			

<i>(check)</i>	The grantee certifies that SHIP funds will be used to develop new activities, expand or modify current activities that work to reduce obesity and tobacco use, and/or replace discontinued funds from the state, the federal government, or another third party previously used to reduce obesity and tobacco use. The grantee will not voluntarily opt to use SHIP funds to replace federal, state, local, or tribal funding they currently use to reduce tobacco use and exposure or prevent obesity.
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# Implementation Budget Form

## Instructions

*The Implementation Budget Form summarizes the funding requested by the grantee.*

The funding amounts entered on the Implementation Budget Form should match the funding amounts included in the Implementation Budget Narrative.

### **Budget Contact Person**

Enter the indicated information about the budget contact person.

### **Budget for Fiscal Year 2010**

Enter the start date for implementation. This date should be the same as the implementation date specified in:

- CHBs – II.C. of the grantee’s Grant Project Agreement
- Tribal Governments – I.C. of the grantee’s Grant Agreement.

For each line item, enter the awarded funding, the anticipated match, and the evaluation expenses. In the “Awarded Funding” column, include the amount of funding specified for implementation in the first year in:

- CHBs – III.A.1. of the grantee’s Grant Project Agreement
- Tribal Governments – II.A.1. of the grantee’s Grant Agreement

as well as any community assessment and planning funds the grantee plans to use for implementation.

The total anticipated match must be at least ten percent of the total requested funding; some line items may be more than ten percent and some may be less. The total evaluation expenses must be at least ten percent of the total requested funding; some line items may be more than ten percent and some may be less.

### **Budget for Fiscal Year 2011**

For each line item, enter the awarded funding, the anticipated match, and the evaluation expenses. In the “Awarded Funding” column, include the amount of funding specified for implementation in the second year in:

- CHBs – III.A.1. of the grantee’s Grant Project Agreement
- Tribal Governments – II.A.1. of the grantee’s Grant Agreement.

The total anticipated match must be at least ten percent of the total requested funding; some line items may be more than ten percent and some may be less. The total evaluation expenses must at be least ten percent of the total requested funding; some line items may be more than ten percent and some may be less.

### **Supplantation Certification**

Type an X in the box to indicate the grantee’s acceptance of the statutory prohibition on the use of SHIP funds to supplant existing funds.

## Implementation Budget Narrative

*The Implementation Narrative describes the funding requested by the grantee.*

Include a narrative that explains each budget line item for both fiscal years. The budget must be consistent with the proposed activities, and the budget narrative must justify the proposed expenditures. All costs included in the budget must be directly related to the SHIP grant. At least ten percent of the requested funding must be used for evaluation-related activities. The total of the anticipated match must be at least ten percent of the requested funding. Provide the following information, in no more than ten pages. The narrative may be single-spaced or in table format.

### Salary and Fringe Benefits

For each proposed staff person, indicate: the position title and name of the staff person, if known; the full-time equivalent (see definition below) to be charged to the SHIP grant; the actual or expected rate of pay; and the total amount including fringe benefits expected to be paid for the staff person during the assessment and planning period.

Expenses for staff persons working directly on the SHIP grant should be included on this line item and the staff included in this section of the budget narrative should be the same as the staff included in the Implementation Staffing Narrative. Expenses for other staff, such as supervisors and bookkeepers, should be included on the Administrative Costs line item.

“Full-time equivalent” (or FTE) is defined as the percentage of time a person will work. To calculate the FTE, divide the hours the person will work by the standard number of work hours, which is 40 hours per week, 174 hours per month, or 2,080 hours per year. For example, a person who works 20 hours per week is a 0.5 FTE (20 divided by 40 equals 0.5).

For salary and fringe benefits that will be provided as part of the required match, indicate the source of the match and whether the match is a cash match or an in-kind match.

Briefly describe the evaluation-related activities to be performed by staff persons included on this line item.

### Contractual Services

For each proposed contract, indicate: the scope of work, including tasks and deliverables, that the contractor will provide; the time period for the contract; the total amount expected to be paid to the contractor during the assessment and planning period; the name of the staff person who will supervise or manage the contract; the name of the contractor, if known; and the method to be used to select the contractor, such as bids, requests for proposals, or sole-source.

SHIP funds can be used for small contracts, such as facilitators, speakers, or trainers, as well as for large contracts. Prior approval must be obtained from MDH for all contracts.

For contractual services that will be provided as part of the required match, indicate the source of the match and whether the match is a cash match or an in-kind match.

Briefly describe the evaluation-related activities to be performed through contractual services included on this line item.

### **Travel**

Include the costs of local travel, as well as the cost for at least one staff person to attend SHIP trainings or workshops. For budgeting purposes, plan for three one-day meetings in the metro area in each fiscal year, including one meeting each year for an evaluation-related topic. Indicate the expected travel costs, including mileage, hotels, and meals.

For travel costs that will be provided as part of the required match, indicate the source of the match and whether the match is a cash match or an in-kind match.

Briefly describe the costs for travel related to evaluation included on this line item.

### **Supplies and Expenses**

Indicate the expected costs for general operating expenses, such as office supplies, postage, photocopying, printing, telephone equipment and services, internet connection costs, teleconferences, videoconferences, meeting space rental, and equipment purchases or rental.

SHIP funds may not be used to purchase any individual piece of equipment that costs more than \$5,000.

For supplies and expenses that will be provided as part of the required match, indicate the source of the match and whether the match is a cash match or an in-kind match.

Briefly describe the costs for supplies and expenses related to evaluation included on this line item.

### **Other**

Describe any other expected SHIP-related costs. SHIP funds may not be used for alcohol, gifts for staff, staff meals (except during approved travel), or parties. Lobbying costs must comply with the lobbying guidelines on page 14 of the SHIP Request for Proposals.

For other costs that will be provided as part of the required match, indicate the source of the match and whether the match is a cash match or an in-kind match.

Briefly describe the other costs related to evaluation included on this line item.

### **Administrative Costs**

Administrative costs (sometimes called indirect costs) are costs that represent the cost of doing business that are not easily identified with a particular grant, contract, project, program, function, or activity, but are necessary for the overall operation of the organization and the conduct of the activities it performs. Examples of such expenses include accounting, human resources, general administration, rent, and costs to operate and maintain facilities. Salaries for supervisory staff are also usually considered an administrative cost.

Administrative costs can be calculated in one of three ways:

- based on a federally-negotiated indirect cost rate;
- through a formally adopted agency-wide cost allocation plan; or
- through an informal plan for allocation to specific funding sources.

Indicate how the expected administrative costs were calculated. Administrative costs cannot be more than 15 percent of the total proposed budget.

For administrative costs that will be provided as part of the required match, indicate the source of the match and whether the match is a cash match or an in-kind match.

Briefly describe the administrative costs related to evaluation included on this line item.

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## Evaluation Form

1. The grantee agrees to submit an Evaluation Plan eight weeks after the implementation start date. The grantee agrees to work with MDH staff to revise and finalize the Evaluation Plan. The Evaluation Plan will include details about how each selected intervention will be evaluated.
2. The grantee agrees to submit each of the following elements for SHIP evaluation:
  - The Policy, Systems, and Environmental Change Performance Measures in the Planning and Performance Measurement Reporting System annually (CHBs) or a similar reporting form annually that will be provided by MDH (tribal governments).
  - Quarterly progress reports on SHIP activities.
  - Mid-year and annual evaluation reports.
3. The grantee agrees to conduct SHIP Evaluation in one or more of the following ways. *(Check all that apply.)*

	The grantee intends to contract with an external organization to assist with evaluation of SHIP interventions.
	The grantee intends to utilize internal staff to coordinate and implement evaluation of SHIP interventions.
	The grantee intends to pool resources with other SHIP grantees to coordinate and implement evaluation of SHIP interventions. If this option is checked, specify the other SHIP grantees with whom resources will be pooled:

4. The grantee agrees to designate a single individual internal to the Lead Agency that will:
  - a. Act as the primary contact person for SHIP evaluation.
  - b. Take responsibility for coordinating all evaluation activities.
  - c. Field and act on technical assistance requests.
  - d. Work together with MDH to generate and carry out the evaluation plan.

The grantee will notify MDH immediately of any changes with regard to the designated contact person for the SHIP evaluation.

<b>Name of Evaluation Contact Person</b>	
Title	
Address	
E-mail Address	
Phone	

## Evaluation Form

### Instructions

*The Evaluation Form documents the applicant's willingness to comply with SHIP evaluation requirements.*

Surveillance of individual health behaviors, monitoring of grantee activities, and evaluation of selected interventions are key components of SHIP. Upon receiving implementation funding, grantees will be provided with greater detail about how to conduct evaluation and specific evaluation requirements. In general, MDH will conduct surveillance of individual health behaviors through analysis of statewide data, and grantees will monitor and evaluate activities related to the implementation of SHIP interventions. More information about SHIP evaluation is provided in the CHB and Tribal *Guides to Implementing and Evaluating Interventions*.

Complete the form by:

- Typing an X in the box next to the appropriate evaluation methods in item 3 and listing any other CHBs or tribal governments with whom evaluation will be coordinated.
- Typing the name of the evaluation contact person and the person's contact information in the table in item 4.

