



Rhode Island Department of Health
Three Capitol Hill
Providence, RI 02908-5094
www.health.ri.gov

Memo

To: Mini Grant Applicant
From: Lauren Conkey, Food Systems Specialist
Date: April 10, 2018
Re: **Piloting the Sale of Healthful Food Items in Community Venues**

The Rhode Island Department of Health (RIDOH) is offering mini-grants to Rhode Island organizations to pilot the sale of healthful meals, snacks, and beverages in community venues such as concession stands and vending machines. Eligible applicants are community-based organizations that can adopt nutrition guidelines, identify new food items, sell and promote these new items, and evaluate the success of the pilot program.

The grantee is required to follow RIDOH's Nutrition Guidelines for Snacks and Meals (or work with RIDOH to identify and adopt other appropriate standards). During the course of the pilot period, the grantee will offer a minimum of 25% - 30% of items that meet the guidelines for sale in their community venue. This amount includes both foods and beverages. Additional funding will be made available to organizations that agree to eliminate the sale of soda and other sugary beverages (some exceptions may be made) during the pilot project.

Funds from this award can be used for the purchasing of food items, promotional materials, securing of sales data, evaluation, and any staff time related to the pilot project. **Funds must be spent by 6/29/2018.** However, RIDOH will provide ongoing TA and support to organizations beyond that date as needed.

Please submit an application and an agency W-9 by **May 2, 2018 at 4:00pm** via email to Lauren Conkey Lauren.Conkey@health.ri.gov. W-9 forms are required at time of submission to ensure the timely processing of grant awards. W-9 forms must be signed and dated within the past six months.

Please review and/or complete the following:

- Scope of Work
- Mini-grant Application Form
- W-9

Awards may be contingent upon the approval of funding. Agencies will be notified of grant acceptance within 1 week of the application deadline. Mini-grant activities must be completed by June 29, 2018. The program invoices must be submitted no later than 30 days after the project end date.

We look forward to hearing from you regarding this opportunity.



Rhode Island Department of Health
Community Venue Nutrition Guidelines Mini Grants

Scope of Work

Purpose:

The purpose of this mini grant opportunity is to expand access to healthful meal and snack options in community venues, such as concession stands. These community locations, which traditionally sell snacks and beverages with little to no nutritional value, present a great opportunity to increase access to healthier options. It is important to create support for healthy lifestyles so both youth and adults have access to choices when eating away from their homes.

Furthermore, there is an increased demand for access to more nutritious choices across Rhode Island. According to a recent American Heart Association poll, 88% of voters in Central Falls and Pawtucket support policies that increase the number of healthy food and beverages made available through concession stands, among other public venues. Changes to concession stand menus have the potential to make a real impact, as many games occur during mealtimes and families are often at the field on a regular basis. Furthermore, studies have shown that healthier items can be profitable. A pilot study that examined the impact of replacing unhealthy items with healthy ones found that sales of healthier items increased game after game, suggesting growing demand for healthier foods as customer awareness increased. The demand for water and other unsweetened beverages is also quickly increasing. By the end of this decade, sales of bottled water are expected to surpass those of carbonated soft drinks, according to the Beverage Marketing Corporation.

However, recognizing that many groups rely on profits from food sales to support infrastructure, and that introducing new items can pose a risk to that profit, Rhode Island Department of Health (RIDOH) seeks to provide seed funding to ease the burden of this transition. Funds from this mini grant opportunity will be used to pilot the sale of Healthy Concession/Vending Items for one season during Spring/Summer 2018.

Grantee Requirements:

Sale of Healthy Food Items:

- The grantee will work with RIDOH Physical Activity and Nutrition Program (PAN) to pilot the sale of healthy foods and beverages in concession stands, vending machines, and other public venues serving the community.
- Grantee will follow RIDOH's Nutrition Guidelines for Snacks and Meals (see Appendix A) when identifying potential healthful items

- At minimum, 25% – 30% of the items offered for sale should meet the requirements outlined in RIDOH’s Nutrition Guidelines for Snacks and Meals. This includes both foods and beverages.
- Additional funding will be available for groups that agree to eliminate the sale of soda and other sugary beverages (some exceptions may be made) during the pilot project.

Promotion of New Food Items:

- The grantee will distinguish those food and beverage items that align with RIDOH’s Nutrition Guidelines for Snacks and Meals with an easily identifiable symbol on menus, etc.
- The grantee may use RIDOH’s green yes symbol to designate these items, or can design their own logo.
- The grantee will conduct a minimum of one promotion with the new items to inform customers, including, but not limited to:
 - Taste-testing
 - Reduced pricing of new items
 - Buy one, get one deal with new items
 - Banners, signs, and other advertisements throughout venue

Evaluation:

- The grantee will agree to track sales throughout the project period and share sales data with RIDOH.
- The grantee will implement a customer survey once at the beginning of the project period and once at the end to measure customer awareness, attitudes, purchasing behavior, and feedback on the new items.

Funds can be used for the purchasing of food items, promotional materials, securing of sales data, evaluation, and any staff time related to the pilot project. **Funds must be spent by 6/29/2018.** However, RIDOH will provide ongoing TA and support to organizations beyond that date as needed.



Division of Community Health & Equity
Community Venue Nutrition Guidelines
2018 Mini-Grant Application Form

Instructions: Please read through each of the following section prompts and complete either in the given template or in another document.

SECTION I: AGENCY CAPACITY (15 points)

Briefly describe your organization and your organization's experience in providing services and food to the community, including any seasonal and/or sports programming. Describe the population that your agency typically serves (age, community, etc.). Does your organization have any previous experience implementing health and wellness programs for the community? Does your organization currently track sales data?

SECTION II: SCOPE OF WORK & SUSTAINABILITY (20 points)

Provide a summary of the proposed project and project goals. Discuss why this pilot is important to your organization and how it fits with your mission. Provide an overview of how you will sustain the project and/or related activities after funding ceases.

SECTION III: PERSONNEL (10 points)

Describe who will work on the project and their experience working in this area.

SECTION IV: Work Plan (30 points)

Map out your plan below for identifying and introducing new food items in the community venue. Please list steps and timeline for implementation. All new items must be introduced by June 29, 2018. Include how you will promote the new items to the communities you serve.

SECTION V: Sugar-Sweetened Beverages (optional)

- Our organization is interested in developing a plan to eliminate sugar-sweetened beverages during the Spring/Summer 2018.

If yes, please briefly describe your plan to do so (What drinks will you eliminate? Will you have any exceptions? What will you replace these drinks with?)

SECTION VI: BUDGET NARRATIVE (25 points)

Please briefly describe your proposed budget expenses for this project. The maximum allowable budget for this project is \$2,000. However, organizations who agree to eliminate sugar-sweetened beverages during the pilot project will be eligible for up to \$2,500. **All funds must be expended by 6/29/2018***.

Mini-Grant Budget Template	
Community Venues Nutrition Guidelines Pilot Program	
BUDGET Period May 1, 2018 through June 30, 2018	
Organization:	Amount
EXPENSE CATEGORY	
1. Personnel	
*Please list all personnel who will work on this project, including estimated number of hours and/or percentage of time, and hourly rate	
Total Personnel:	
2. Food Procurement	
Total Food Procurement:	
3. Supplies	
*Funds can be used to purchase and/or print marketing and evaluation materials	
**Any staff time related to promotion and data collection should be listed in Personnel above	
Total Supplies:	
TOTAL AMOUNT REQUESTED:	

*Although funds need to be expended by 6/29/2018, RIDOH will provide ongoing TA and support to organizations beyond that date, as needed.

Return via email, fax, or in person no later than May 1, 2018 to:

Lauren Conkey, MPH
 Physical Activity and Nutrition Program
 Rhode Island Department of Health, Room 408
 Telephone: 401-222-7622
 Fax: 401-222-6189
 Email: Lauren.Conkey@health.ri.gov

APPENDIX A: Nutrition Guidelines



The Rhode Island Department of Health Endorses the American Heart Association's **Nutrition Guidelines for Snacks and Meals**

CATEGORY	SNACK	MEAL
Calories	≤ 200 cal per label serving	≤ 700 cal
Sodium	≤ 240mg, preferably ≤140mg	≤ 800mg, preferably ≤ 525mg
Saturated Fat	≤ 1g	≤ 5g
Trans Fat	0g, no partially hydrogenated oils	≤ .5g, no partially hydrogenated oils
Fruits & Vegetables	Include fresh fruit/vegetable with every meal	At least 2 servings (1-1.5 cups)
Whole Grains	Serve only whole grain products	Serve only whole grain products
Added Sugars	No candy, no added sugars in beverages	No candy, no added sugars in beverages



**STATE OF RHODE ISLAND
FORM W-9 PAYER'S REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION**



THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

Employer ID No. (EIN)

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

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

NAME

ADDRESS

CITY, STATE AND ZIP CODE

PAYMENT REMITTANCE ADDRESS, IF DIFFERENT FROM THE ADDRESS ABOVE

ADDRESS

CITY, STATE AND ZIP CODE

CERTIFICATION: Under penalties of perjury, I certify that:

- (1) 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
- (2) I am not subject to backup withholding because either: (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.
- (3) I am a U.S. citizen or other U.S. person (as defined by the IRS).

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.

Please sign here and provide title, date and telephone number:

SIGNATURE _____ **TITLE** _____ **DATE** _____ **TEL NO** _____
Original Signature Required (Digital Signature Not Acceptable)

BUSINESS DESIGNATION:

Please Check One: Individual Corporation Trust/Estate Government/Nonprofit Corporation
 Partnership Medical Services Corporation Legal Services Corporation
 LLC Tax Classification: Single Member (Individual) Partnership Corporation

TIPS:

NAME: Be sure to enter your full and correct legal name as shown on your income tax return for the SSN or EIN provided.

ADDRESS, CITY, STATE AND ZIP CODE: If you operate a business at more than one location, adhere to the following:

- 1) Same EIN with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different EIN for each different location -- submit a completed W-9 form for each EIN and location. (One year-end tax information return will be reported for each EIN and remittance address.)

Mail Completed Form To:
Supplier Coordinator
Purchasing Department
One Capitol Hill, 2nd Floor
Providence RI 02908

Or Email To: doa.pursuppliercoordinator@purchasing.ri.gov

For State Use Only:

IRS _____ RI SOS _____ FED _____ Other _____

RI Supplier # _____ Approved _____

Date Entered _____ Entered By _____