



**Rhode Island Department of Health**  
Three Capitol Hill  
Providence, RI 02908-5094  
[www.health.ri.gov](http://www.health.ri.gov)

## Memo

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**To:** Mini Grant Application  
**From:** Jasmine Franco, Chronic Disease Self-Management Education Program Manager  
**Date:** February 6, 2020  
**Re:** **Expanding Walk with Ease Program**

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The Rhode Island Department of Health (RIDOH) is offering mini-grants to Rhode Island organizations to expand the Walk with Ease (WWE) program. Eligible applicants are organizations that demonstrate capacity to host one WWE program.

Up to nine mini-grants will be offered in amounts up to \$1,700. The Walk with Ease Program may be self-directed or group led. For group led programs, the grantee is required to recruit one staff member to complete an online instructor training program, while the self-directed program does not require any staff training. Mini grant funding will be used for purchasing books, training one staff member, and staff time for marketing, recruitment, and data collection. The grantee will utilize the newly trained staff to host a minimum of one workshop by June 30, 2020.

Please submit an application and an agency W-9 by **March 6, 2020 at 4:00pm** via email to Jasmine Franco at: [Jasmine.Franco@health.ri.gov](mailto:Jasmine.Franco@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:

- Mini-grant Application
- Mini-grant Technical Review Scoring Sheet
- [W-9](#)

Agencies will be notified of grant acceptance within one week of the application deadline. Mini-grant activities must be completed by June 30, 2020. 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 (RIDOH)  
Chronic Disease Self-Management Education Program  
Expanding Walk with Ease (WWE) Program  
Scope of Work**

The purpose of this mini grant opportunity is to expand access to the evidence-based Walk with Ease (WWE) Program in Rhode Island.

**Program Description:**

The WWE program has been proven to help people with arthritis and other chronic conditions to reduce pain, increase balance, strength, walking pace, and improve overall health for adults 18 years of age or older. Participants walk for 30 minutes, 3 times per week, in a group-led or self-directed walking program. Each awarded grantee must use grant funds to supply each participant with a Walk with Ease resource book.

Grantees will select to host one WWE as a group-led program (online training needed) or one self-directed WWE program (no online training needed) and provide an appropriate application and budget to support either program. A minimum of one workshop must be completed by June 30, 2020. The RIDOH CDSME Program Manager and the CDSME Program Coordinator will meet with all grantees to aid in WWE program planning and implementation.

**Group-led Leaders vs. Self-directed Champions**

<b>Option 1: Group-Led WWE Program</b>	<b>Option 2: Self-Directed WWE Program</b>
Online training 3-4 hours—cost - \$89.00 via AFAA	No training required—no training cost
1 staff member designated as Leader	1 staff member designated as Champion
Meets and walks with participants for 30 minutes, 3 times per week, 6-weeks. Leader tracks progress.	Participants walk independently for 30 minutes, 3 times per week, 6-weeks. Champion tracks progress. Champion not required to walk with participants.
Must lead one group by June 30, 2020	Must track one group by June 30, 2020

**Group-Led Instructor**—staff member will complete the Walk with Ease (WWE) Program online training offered by the Athletics and Fitness Association of America (AFAA).

- Online certification training for group-led facilitation is 3-4 hour (Cost \$89.00)  
<https://www.afa.com/courses/arthritis-foundation-walk-with-ease>
- Training will provide all the necessary resources and education necessary for leaders to host a WWE group-led program for 30 minutes, 3 times per week, for 6-weeks following the training.

**Self-Directed Programs**—do not require an online trained instructor. In this case, the grantee will designate a *champion* within the organization who will recruit participants and track participant progress for 30 minutes, 3 times per week, for 6-weeks.

- Progress can be tracked using the walking tracker in each participant's resource book and an excel spreadsheet.

**Budget**—funds are to be spent on the following:

- Online Walk with Ease Instructor Training (\$89) (for group-led only)
- Participant Walk with Ease resource books (\$4.95 each to be ordered through the Arthritis Foundation)
- Staff time for marketing/recruitment/data collection

### **Marketing - Outreach – Recruitment**

- The grantee is required to develop a strategy to expand the Walk with Ease Program hosted at their site.
  - This may include posting flyers in surrounding communities.
- All outreach strategies must be approved by the CDSME Program Manager at the Rhode Island Department of Health (RIDOH) before planned and conducted.
- WWE programs are to be planned with the CDSME Program Manager and CDSME Program Coordinator at RIDOH.

\* It is not required to develop marketing materials. Posters and flyers can be provided by RIDOH.

\* Funds cannot be used for the purchase of food, beverages, or incentives.

\*Participant books must be ordered through the Arthritis Foundation. The CDSME Program Manager and CDSME Program Coordinator will provide technical assistance to ordering books once granted.

\*Funding can be used for marketing, recruitment, and data collection. Fund cannot be used for staff time related to time allocated for participant walking activities.

### **References:**

<https://www.arthritis.org/living-with-arthritis/tools-resources/walk-with-ease/about.php>



**Division of Community Health & Equity  
Chronic Disease Self-Management Education Program  
2020 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 (10 points)**

Briefly describe your organization and your organization's experience in providing services, support, and engagement with the adults in RI communities. Describe your organization's previous experience with health and wellness programs focused on addressing improved quality of life and achieving health equity.

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

Provide a summary of the proposed project and project goals. Discuss plans on how the project and/or related activities will be sustained after funding ceases. If you have previously received funding from the RI Arthritis Program or Chronic Disease Self-Management Education Program to carry out this or a similar program, please describe your success in achieving the outlined aims and goals. What were other sources of funding (if any)?

**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 increasing awareness and engaging participants in the Walk with Ease (WWE) Program. Identify how you will embed the program into your organizations daily activities. Include how you will promote the program and recruit participants. Your workplan should include where the walks will be held, the anticipated dates of your first 6-week program, as well as any other steps that will be taken to ensure participation in the WWE Program.

**SECTION V: BUDGET NARRATIVE (25 points)**

Please briefly describe your proposed budget expenses for this project. The maximum allowable budget for this project is \$1,700 Note: Due to federal budget restrictions, mini-grant funds may not be used for the purchase of food, beverages, or incentives.

<b>Mini-Grant Budget Template (20 points)</b>	
<b>Chronic Disease Self-Management Education Program – Walk with Ease (WWE)</b>	
BUDGET Period March 6, 2020 through June 30, 2020	
Organization:	<b>Amount</b>
<b>I. GRANT FUNDS: EXPENSE CATEGORY</b>	
<b>1. Staff Training (for Walk with Ease Group-Led Only):</b>	
*The WWE online instructor training costs \$89 per person	
<b>Total Staff Training:</b>	
<b>2. Materials:</b>	
*Books should be ordered through the Arthritis Foundation at a cost of \$4.95 each plus shipping. Spanish books are available for a cost of \$11.95 each plus shipping.	
<b>Total for Materials:</b>	
<b>3. Marketing Materials/Recruitment/Data Collection</b>	
<b>Total Marketing Materials,/Recruitment/Data Collection:</b>	
*Funds can be used for marketing/recruitment materials and/or staff time for promoting the workshops, recruiting participants, and data collection. **Funds cannot be used for the purchase of food, beverages, or incentives. ***Funds cannot be used for staff time directly allocated to participant walking time activities.	
<b>TOTAL AMOUNT REQUESTED (may not exceed \$1,500)</b>	

**Return via email, fax, or in person no later than March 1, 2020 to:**  
 Jasmine Franco, Chronic Disease Self-Management Education (CDSME) Program Manager  
 Rhode Island Department of Health, Room 409  
 Telephone: 401-222-4520  
 Fax: 401-222-4415  
 Email: [Jasmine.Franco@health.ri.gov](mailto:Jasmine.Franco@health.ri.gov)



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)**

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**Employer ID No. (EIN)**

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**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](mailto:doa.pursuppliercoordinator@purchasing.ri.gov)

For State Use Only:	
IRS ___ RI SOS ___ FED ___ Other _____	
RI Supplier # _____ Approved _____	
Date Entered _____ Entered By _____	



**Rhode Island Department of Health**  
**Chronic Disease Self-Management Education Program 2020 Mini-Grant**  
**Technical Review Scoring Sheet**

Agency Name: \_\_\_\_\_

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Criterion 1: Agency Capacity</b>	<b>Maximum Points</b>	<b>Score</b>
The applicant demonstrates that it is qualified and experienced in working with adults in Rhode Island.	5	
The applicant demonstrates previous experience conducting health and wellness programs.	5	

Criterion 1 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Criterion 2: Scope of Work &amp; Sustainability</b>	<b>Maximum Points</b>	<b>Score</b>
The applicant identifies clear goals to carry out scope of work.	5	
The applicant demonstrates capacity to Walk with Ease into daily activities.	10	
The applicant provides a realistic plan for sustaining activities beyond this funding period.	5	

Criterion 2 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Criterion 3: Personnel</b>	<b>Maximum Points</b>	<b>Score</b>
The applicant has internal staff to be trained and carry Walk with Ease.	10	

Criterion 3 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Criterion 4: Work Plan</b>	<b>Maximum Points</b>	<b>Score</b>
Work Plan is realistic and appropriate for scope of project.	20	
The applicant provides a realistic timeline of project activities.	10	

Criterion 4 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Criterion 5: Budget</b>	<b>Maximum Points</b>	<b>Score</b>
The applicant presented a cost-effective budget that reflects appropriate expenses to accomplish project goals.	10	
The applicant budgeted for staff appropriately according to provided instructions.	5	
The applicant budgeted for materials appropriately according to provided instructions.	5	
The applicant budgeted for marketing, recruitment, and data collection appropriately according to provided instructions.	5	

Criterion 5 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Reviewers Recommendation Summary**

**Total Score:** \_\_\_\_\_ (not to exceed 95 points)

Has the required minimum score of 80 been met? \_\_\_\_\_ Yes\* \_\_\_\_\_ No

\*Additionally, mini-grant application must meet minimum requirements in the Scope of Work section.

Reviewer's Recommendation: \_\_\_\_\_ Recommended \_\_\_\_\_ Not Recommended

**Criteria Scoring**

<b>Criterion</b>	<b>Maximum Score</b>	<b>Reviewer's Score</b>
1. Agency Capacity	10	
2: Scope of Work & Sustainability	20	
3. Personnel	10	
4. Work Plan	30	
5. Budget	25	
<b>Total</b>	<b>95</b>	