

**DIVISION OF PUBLIC HEALTH
DPH CONTRACT 24177
AMENDMENT 2**

The Department of Health Services, on behalf of the Division of Public Health and Lincoln County Health Department agree to amend their original Consolidated Contract for the program titled Chronic Disease Prevention (155671) as follows:

REVISION: SECTION 5. SERVICES

Additional projects to be completed as detailed in attached Exhibit(s).

REVISION: SECTION 34.A.1 CONTRACT PERIOD

Insert: "The contract period for Profile 155671 is limited to January 1, 2014 through June 29, 2014. No expenses incurred after June 29, 2014 will be reimbursed. The contract period for all other Profile IDs is January 1, 2014 through December 31, 2014."

REVISION: SECTION 34.A.2 FINAL REPORT DATES

Insert: "The due date of the final fiscal report for Profile 155671 shall be sixty (60) days after the Grant Agreement Period ending date. Expenses incurred during the Grant Agreement period on Profile 155671, but reported later than sixty (60) days after the period ending date, will not be recognized, allowed or reimbursed under the terms of this Grant Agreement."

Adjustment will be made to the Community Aids Reporting System (CARS) based on the information in the table below.

Agency #	Agency Type	Profile #	Current Contract Level	Contract Change Amount	New Contract Level	Contract Period
35	430	155671	\$0	\$0	\$8250	1/1/14-6/29/14

All other terms and conditions of the original agreement remain unchanged.

GRANTEE's Authorized Representative

Date

Name:

Title:

GRANTOR's Authorized Representative

Date

Donna J. Moore
Operation Director, acting for
Administrator / Deputy Administrator, Division of Public Health
Department of Health Services

Department of Health Services
Chronic Disease Prevention Program
Grant/Contract Deliverables and Expectations
Exhibit 1

Name of Organization: Healthy People Lincoln County

Contacts		Organization	Contract Administrator	Program Contact
	Name	Shelley Hersil	Mary Pesik	Kelli Stader
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Background

The Wisconsin Department of Health Services was awarded a 5-year cooperative agreement from the Centers for Disease Control and Prevention (CDC). This grant supports state health department efforts to promote health and prevent and control chronic diseases and their risk factors. The funding supports the implementation of evidence and practice-based interventions to improve nutrition and physical activity, to reduce obesity, prevent and control diabetes, and heart disease and stroke with a focus on high blood pressure. Specific strategies will be implemented across and within three areas (or domains): environmental approaches that promote health; health system interventions; and, community-clinical linkages. Funded states must implement interventions to reach large segments of the population in the state (e.g., through school districts, early care and education (ECEs), worksites, and state and local governmental agencies), in partnership with a variety of organizations and inclusive of high-risk populations, such as minorities, LGBT and people with disabilities.

The long-term outcomes of this program are:

- Improved prevention and control of hypertension.
- Improved prevention and control of diabetes.
- Improved prevention and control of overweight and obesity.

The short-term outcomes of this program are:

- Increased state, community, worksite, school, and ECE environments that promote and reinforce healthful behaviors and practices across the life span related to diabetes, cardiovascular health, physical activity, obesity and breastfeeding.
- Improved quality, effective delivery and use of clinical and other preventive services to address prevention and management of hypertension and diabetes.
- Increased community clinical linkages to support prevention, self-management and control of diabetes, hypertension and obesity.

Scope of Work Summary

Coalitions funded in 2012-13 for the CHANGE project are eligible to participate in another project in 2013-14. Grantees will select a specific focus area for an initiative, complete an assessment for that area, and begin implementation steps. The specific focus areas to choose from are:

- Healthy food access in cornerstores, convenience stores, drug stores with food options
- Healthy food access through farmers' markets
- Active Community Environments (ACEs) - Increase community physical activity opportunities

Period of Performance: January 1, 2014 – June 29, 2014

Deliverables and Milestones (key activities that show progress toward the deliverable)	Timeline
<ul style="list-style-type: none"> • Participate in introductory webinar outlining project and focus areas • Agree to accept grant funds and select one or more focus areas • Complete budget justification • Engage local partners • Complete initial (pre) topical assessment (tool to be provided) 	December 2013/January 2014
<ul style="list-style-type: none"> • Work with DHS staff to select specific strategies to implement in chosen focus areas based on assessment • Develop action plan in consultation with DHS staff outlining activities to be completed for chosen focus areas 	January/February 2014
<ul style="list-style-type: none"> • Work with local partners to implement focus area strategies and activities in the action plan • Continue coalition-building activities identified in CHANGE project action plan (from previous project period) • Regularly communicate with DHS staff to provide updates, to share needs, and to receive technical assistance • Participate in mid-project teleconference/webinar with other funded coalitions 	February – June 2014
<ul style="list-style-type: none"> • Complete end-of-project (post) topical assessment • Participate in project wrap-up teleconference/webinar 	June 2014
<ul style="list-style-type: none"> • Conduct at least one media outreach activity (e.g., letter to the editor, op-ed, press/media event, press release, media interview) • Conduct at least one key decision-maker education activity (e.g., community forum, face-to-face meeting, board meeting) • Complete final project report, including information on new coalition partners, improved coalition infrastructure, intervention results, and sustainability plans 	By June 29, 2014

Available Resources and Assistance
<p>The Chronic Disease Prevention Unit will provide the following resources to grantees:</p> <ul style="list-style-type: none"> • Assessment tools • Resource materials for each focus area • Individual technical assistance • Networking opportunities with other coalitions
<p>High-Level Farmers’ Market Strategies</p> <ul style="list-style-type: none"> • Expand existing farmers’ market or develop plans for new market (goal to reach underserved populations) • Establish FoodShare EBT program at farmers’ market • Develop marketing/outreach strategies to increase market attendance, including FoodShare participants • Develop evaluation plan for market vendors/customers regarding market use or EBT program • Develop market incentive program for FoodShare participants

Budget Category	Budget Amount
Salary & Fringe Justification: limited-term grant coordinator will be hired	\$7,150
Contractual	\$0

Travel Justification: Travel for data collection, meetings, programs and training. Most travel will occur in the City of Merrill and City of Tomahawk.	\$250
Program Materials Justification: An incentive program will be developed as well as possible food demonstrations on how to use fresh produce.	\$750
Supplies Justification: Postage for meeting announcements and materials, postage for any promotion materials.	\$100
Other	\$0
Indirect	\$0
Total Costs	\$8,250

Reporting Requirements	Due Date
Progress Monitoring – a survey template will be provided to monitor progress toward deliverables; In-Kind or Cost Share from non-Federal sources; and Reach (e.g., number of sites, number of people reached)	Mid-project and final project reports
Cost and Reimbursement System (CARS) Report – submit electronically http://www.dhs.wisconsin.gov/bfs/CARS	Monthly; Final report within 60 days of the end of the contract
Evaluation Data <ul style="list-style-type: none"> • Pre-assessment • Post-assessment • Reach 	January 2014 Within 60 days of the end of the project
Changes to the budget, scope of work or deliverables should be discussed with contract administrator prior to making changes	As needed

Recommended Actions to Support Overall Project
Adopt and follow meeting and gathering guidelines related to healthy food, support of breastfeeding and physical activity (Program will develop)
Utilize the Culturally and Linguistically Appropriate Services (CLAS) Standards Link to CLAS http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15

Allowable Costs and Activities
Grant recipients will be required to comply with the Department of Health Services Allowable Cost Policy Manual: http://dhs.wisconsin.gov/grants/Administration/AllowableCost/ACPM.htm
Staff time to coordinate and implement the project
Meeting expenses related to the project (meeting room, AV equipment, travel, speakers, etc.)
Public health evaluation
Office supplies, postage, copying, etc. related to the project
Consultant and contract services needed to implement the project

Unallowable Costs and Activities
Direct or indirect lobbying activities – see attached AR-12 for specific details
Clinical care such as health screening, patient care, personal health services, medications, patient rehabilitation and other costs associated with treatment and direct care
Costs or activities not directly related to the overall project description and scope of work
Research
Construction
Capital expenditures and capital equipment. Capital equipment costs are defined as all costs associated

with the acquisition of assets having a value in excess of \$5,000, and a useful life in excess of one year.

Projects outside of Wisconsin