

PHYSICAL ACTIVITY PROMOTION

PreventionMinnesota

Request for Proposals # 599

Active Living Minnesota

Date due: Postmarked March 14, 2008



**BlueCross BlueShield
of Minnesota**
An Independent licensee of the Blue Cross and Blue Shield Association

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PreventionMinnesota

Prevention Minnesota is Blue Cross and Blue Shield of Minnesota's (Blue Cross') unprecedented, long-term commitment to tackle preventable heart disease and cancer by addressing their root causes—tobacco use, physical inactivity, and unhealthy eating.

Prevention Minnesota employs science-based strategies to tackle the leading preventable causes of death and disability in Minnesota and to control health care costs through prevention.

The overarching goals of Prevention Minnesota are to decrease significantly the prevalence of tobacco use and other risk factors for heart disease and preventable cancers.

We aim to accomplish these goals by reducing smoking, reducing exposure to secondhand smoke, increasing physical activity, and increasing healthy eating.

- Smoking causes heart disease, cancer, and other serious illnesses and is linked to more than 5,600 deaths statewide each year.
- Physical inactivity and unhealthy eating combined contribute to obesity, cancer, cardiovascular disease, and diabetes. Together, they are the second leading cause of preventable death and disease in the country.
- In 2001, more than 23,000 Minnesotans were diagnosed with cancer, and nearly 9,000 Minnesotans died from cancer-related causes.
- All of these diseases have a huge economic toll as well. A 2005 study commissioned by Blue Cross documented that smoking now costs Minnesota \$1.98 billion in health care expenses each year. And, a 2007 study conducted by Blue Cross and researchers from Johns Hopkins University shows that \$215.7 million is spent each year in Minnesota to treat diseases caused by secondhand smoke exposure.
- The Minnesota Department of Health estimated that \$495 million was spent in 2000 to treat diseases and conditions caused by physical inactivity.

To achieve these outcomes, Blue Cross, through its Center for Prevention, employs a comprehensive, science-based approach that includes clinical strategies, community strategies, outreach to communities experiencing health inequities, public awareness campaigns, and health behavior change services for individuals. Prevention Minnesota seeks to improve the health of all Minnesotans. To learn more, please visit www.bluecrossmn.com/preventionminnesota.

I. RFP OVERVIEW

Purpose

Blue Cross and Blue Shield of Minnesota (Blue Cross) invites sealed proposals from qualified Applicants who intend to lead interdisciplinary partnerships to encourage active living among residents in their communities.

Important Dates

December 15, 2007	RFP available on www.bluecrossmn.com/preventionminnesota
February 5, 2008	Applicant conference via webinar 1:30 – 3:00 p.m. (RSVP required.)
February 14, 2008	Deadline for Letter of Intent form
March 14, 2008	Postmark deadline for full proposal
April 9, 2008 – April 30, 2008	Site visits with finalists (required partners must attend)
Mid-May 2008	Notification of awards

Contact Information

Blue Cross expects to award up to eight comprehensive contracts to Applicants in 2008. Each community contract will be for one year, with the intention of renewing the contract for up to four additional years pending annual negotiations with Blue Cross staff.

Final award amount and budget will be negotiated. The work will be conducted in stages. (For more information on stages of work, see “Scope of Work” in Section II of this RFP.) As shown in the chart below, during the preparation phase, the maximum award will be \$75,000 per year; in the implementation stages, the maximum award will be up to \$125,000 per year.

Stage	Time Period	Maximum Funding Amount
I: Preparation and Planning	Up to 12 months	\$75,000/yr
II: Early Implementation	To be negotiated	\$125,000/yr
III: Advanced Implementation	To be negotiated	\$125,000/yr

II. RFP DETAILS

Purpose

Blue Cross and Blue Shield of Minnesota (Blue Cross) invites sealed proposals from qualified Applicants who intend to lead interdisciplinary partnerships to encourage active living in their communities. Together, selected Applicants and their partners will utilize “best practice” approaches that increase access and reduce barriers to routine physical activity.

Through the Active Living Minnesota Request for Proposals (RFP), Blue Cross seeks to fund selected communities throughout the state to plan for and implement a comprehensive approach to support active living, with a focus on environmental and policy change efforts. This RFP is not about developing or providing direct program services; rather, the emphasis is on changing the policy environment and the built environment in Minnesota counties, municipalities, and neighborhoods. Blue Cross expects that these awards will increase organizational and community capacity, readiness, and advocacy for environments that help make physical activity a routine part of daily life.

Selected Applicants and their partners will utilize proven approaches that increase access and reduce barriers to routine physical activity. Selected Applicants will pursue an integrated approach, with an emphasis on local policy and environmental change efforts (i.e., land use, zoning, street standards, general plans, etc.). In addition, Applicants should also consider the social and cultural environment when developing their proposals and implementing their initiatives. The social environment has varying effects on an individual’s inclination or ability to engage in physical activity. Addressing the social environment with programs that help foster behavior change, such as walking clubs, neighborhood watch initiatives, or buddy systems, can help to promote physical activity; however, such activities will not be a primary focus of this funding. Above all, programs should help build public understanding, public support, and demand for local environmental and policy changes.

Partnerships must be led by a nonprofit organization or government entity, and must include at least one representative from each of the following sectors: a) the health care, public health, or the medical community; b) a governmental entity (for example, a county board of commissioners or a community’s public works department); and c) at least one organization representing other relevant disciplines or interest groups. While communities are encouraged to invite additional partners from other sectors, it is not expected and may not be desirable to form a very large partnership. The most competitive Applicants will demonstrate that their partners are committed, experienced, relevant, and have the expertise and influence to ensure a successful outcome. We will not fund projects that are statewide in scope.

Background

The Active Living Minnesota RFP provides a comprehensive framework for Blue Cross' efforts to increase physical activity levels among Minnesotans. This program recognizes the need for an integrated approach to encouraging active living, with tailoring of interventions to meet needs in specific communities. Blue Cross believes—and research confirms—that such an approach is necessary in order to realize sustainable behavior changes on a population-wide basis.

The Active Living Minnesota RFP builds upon Blue Cross' previous funding opportunities in Active Community Planning, Active Living Assessment & Engagement, and Communities on the Move. Any community that meets the requirements of this funding program is encouraged to submit a proposal. Organizations that have received funding under these or any other Blue Cross initiatives are eligible to receive funding under the Active Living Minnesota RFP if they meet the requirements of this program.

The Need

Despite all that is known about the health benefits of physical activity, too few Americans meet the levels of physical activity recommended by experts. The Centers for Disease Control and Prevention (CDC) recommend that adults engage in 30 minutes of moderately intense physical activity on five or more days per week. Yet according to the CDC, only 51 percent of Minnesota adults met this standard in 2005.

The combination of physical inactivity and unhealthy eating is second only to tobacco use in its contribution to serious health problems. Millions of Americans put themselves at greater risk of chronic illness and even premature death because they are not sufficiently active. The foundation of this initiative to improve the health of Minnesotans is described in the Blue Cross publication, *Healthy Communities: Design for Active Living* (Appendix A). The overarching goal of Blue Cross' Prevention Minnesota initiative is to reduce preventable heart disease and cancer throughout Minnesota.

It is very common for community leaders and citizens to think first of parks and recreation amenities as their primary resource for encouraging physical activity. Many Minnesota communities provide trails and other infrastructures to help people access and enjoy their natural surroundings by foot, bike, or boat; others maintain public facilities that give citizens affordable opportunities to participate in individual fitness activities and team sports. Indeed, facilities such as these are important resources to have in place to promote recreational physical activity. But another often overlooked opportunity to increase physical activity in communities involves ensuring that citizens can easily walk or bike to accomplish everyday activities like running an errand, visiting a friend, or going to work or school.

The term “active living” denotes a way of life that incorporates physical activity into daily routines. Active living is possible in environments that allow residents to easily build physical activity into their daily lives, not just for recreational purposes but also for utilitarian purposes such as errands, trips to the grocery store, and commuting to work. Communities can influence the choices their residents make concerning physical activity in several ways, including land use policies, transportation systems, and the availability of walking paths and greenways. A growing body of research concludes that cities and towns can have a positive impact on the rates of residents’ physical activity through careful planning of municipal infrastructure and policies that support active living.

Automobile-oriented community design has contributed to a decrease in routine physical activity such as walking and bicycling among community residents. Barriers to what used to be “everyday exercise” include long travel distances; missing or inadequate sidewalks; lack of access to paths and parks; lack of useful and appealing destinations; and neighborhoods that are unsafe due to traffic or crime concerns.

A Broad Framework for Encouraging Active Living

In this Request for Proposals, Blue Cross seeks to support Applicants that are pursuing a comprehensive approach to promoting active living based on the 5P Community Action Model developed by Active Living by Design (www.activelivingbydesign.org):

- **Preparation** is essential to success. It is important to foster and develop interdisciplinary partnerships that include representatives from fields such as public health, city planning, transportation, and parks and recreation. Together, a partnership must assess existing policies and environmental conditions, engage stakeholders, develop a strategic action plan, and identify additional resources.
- **Promotion** of active living messages occurs through multiple channels, such as traditional mass media, listservs, and newsletters. Messages should highlight the importance of active living in a variety of built, natural, and social environments.
- **Programs** are necessary to heighten the demand and create social support for physical activity in the community. Some programs may help raise awareness of active living issues, while other programs will mobilize the public to advocate for policy change.
- **Policy Influence** ensures that key decisions affecting environments and infrastructure are conducive to active living. Legislators and other policy makers play a key role in determining community design and transportation options.

- **Physical Projects** such as parks, trails, bikeways, and sidewalks are a necessary component of an integrated approach to increasing routine physical activity.

Working independently, no single organization could successfully implement the comprehensive approach outlined in the 5P Model. An interdisciplinary partnership can eliminate the design and policy barriers that reduce opportunities for active living.

Technical Assistance

Selected Applicants will have access to technical assistance to guide their work. The model of technical assistance will focus on building capacity and expertise around active living in communities. This capacity-building approach will include trainings, the provision of resources, and direct technical assistance. Trainings and resources will focus on both content (e.g., primers on active living principles, workshops on specific topics such as walkability) and skill-building in areas such as communications, advocacy, and sustainability. Direct technical assistance will include personal visits and regular contact with a Blue Cross staff person, who will 1) engage with community groups on planning assistance, strategy, and goal setting, and 2) provide access to technical experts for individualized training relevant to specific community needs, coaching, and mentoring.

Blue Cross staff will work to meet the technical assistance needs of each selected Applicant to the best of its ability and within reasonable limits. Selected Applicants will also participate in opportunities for peer-to-peer networking and learning and will be expected to share insights with other Minnesota communities. Blue Cross will regularly convene Selected Applicants as part of a learning network to discuss strategies, tactics, and best practices.

Blue Cross expects to award up to eight comprehensive contracts to Applicants in 2008. Blue Cross anticipates that a smaller number of additional contracts are expected to be awarded in future funding rounds in both 2009 and 2010. All awards are subject to contract negotiation between the lead organization and Blue Cross.

Final award amount and budget will be negotiated based on many factors, including the size of the community being served. Each community contract will be for one year, with the intention of renewing the contract for up to four additional years pending annual negotiations with Blue Cross staff. The work will be conducted in stages. (For more information on stages of work, see “Scope of Work.”) During the preparation phase, the maximum award will be \$75,000. Once the Preparation stage is completed, communities with a compelling action plan for implementation will have an opportunity to respond to additional criteria that would justify additional funding (up to \$50,000) on top of their original award.

Number of Contracts

Award Amount

Stage	Time Period	Maximum Funding Amount
I: Preparation and Planning	Up to 12 months	\$75,000/yr
II: Early Implementation	To be negotiated	\$125,000/yr
III: Advanced Implementation	To be negotiated	\$125,000/yr

Selected Applicants will be expected to provide at least a .5 FTE staff person to manage the project. While it is advantageous to have Director-level staff provide leadership to the project, it is critical to assign a staff person to manage day-to-day details of the project.

Selected Applicants are permitted to share resources with partners. In fact, stronger partnerships often result when resources and workloads are shared among organizations constituting the partnership.

Deadline

The Intent to Apply form should be postmarked or emailed no later than February 14, 2008. (This form is available at www.bluecrossmn.com/preventionminnesota.)

Complete proposals must be postmarked by Friday, March 14, 2008. The Timeline section in this RFP outlines the proposal review schedule.

Scope of Work

Blue Cross has identified distinct stages of activity in which Selected Applicants will engage. Blue Cross will fund Applicants at all stages of readiness.

Project Start-up (initial 3 months). All Selected Applicants will meet with Blue Cross staff and relevant technical assistance providers to clarify the proposed scope of work, roles, and deliverables. This will allow each Selected Applicant to fine tune its work plan. In addition to initiating relationship-building within individual communities, all Selected Applicants will be required to attend an orientation session during this period.

Stage I: Preparation and Planning (up to 12 months). For many Selected Applicants, Stage I will be an appropriate starting point to build a foundation for success. With the support of technical assistance, each Selected Applicant will build an effective community partnership, solidify a community vision of active living, identify short-, medium-, and long-term goals and benchmarks for active living, and develop an action plan that details a comprehensive approach to their initiatives. Essential activities for this stage may include:

- Recruit additional disciplines/areas of expertise to join the partnership
 - Health (e.g., public health department, medical professionals, hospital, wellness center)

- Planning (e.g., city/regional/rural planning authority, smart growth or land use experts)
 - Transportation/public works
 - Parks and recreation
 - Local government
 - School officials
 - Business leaders
 - Faith community
 - Local media
 - Developers
 - Law enforcement
 - Housing/real estate
- Engage a facilitator to assist in guiding the planning process
 - Conduct a thorough assessment of the existing policies and environmental conditions present in the community. Such an assessment will be tailored to each community's needs, but may include:
 - Review of existing policies and environments
 - Walkability and bikability audits
 - Inventory of public recreation facilities (e.g., parks, trails, indoor facilities)
 - Data analysis of pedestrian/bicycle accidents to reveal potentially unsafe intersections, sidewalk or bike lane insufficiencies, etc.
 - GIS/map-based surveys
 - Engage community stakeholders to create a vision for active living in their community. Activities that support this process may include:
 - Surveying community members to assess their interests, needs, and barriers related to physical activity
 - Conducting focus groups or key informant interviews
 - Develop an action plan to guide implementation efforts that includes the Applicant's short-, mid-, and long-term goals for increasing active living, benchmarks for measuring progress toward goals, and strategies to address the 5Ps. The plan should also identify accountabilities, timelines, and begin to identify additional resources necessary to implement the plan.
 - Carefully determine the overall technical assistance needs for the initiative in Stage II. (Selected Applicants will have the opportunity, assuming contract renewal, to identify additional technical assistance needs in subsequent years of the contract.)

Blue Cross will review and approve the proposed action plan before additional financial resources are made available.

Stage II: Early Implementation. With a solid foundation in place, partnerships can engage in core features of a comprehensive active living approach, such as policy development, promotions, programs, and planning for physical projects. Again, technical assistance will be available to assist partnerships as they engage in this work. Each partnership may engage in a variety of activities that meet the needs of their community, including but not limited to:

Promotions

- A publicly available inventory of physical activity facilities and opportunities within the community
- Widely distributed communications materials highlighting the importance of active living (e.g., web site, branding initiative/logo, newsletters, brochures)
- Ongoing community-sponsored events that specifically highlight active living, particularly focusing on opportunities to engage in routine physical activity
- Collaboration with print or electronic media to place special interest stories that highlight the benefits of physical activity
- Advocacy efforts directed at local decision makers to support community policies or initiatives that would increase opportunities for active living among citizens

Programs

- Encourage partners and community venues such as churches, day care providers, local parks, hospitals/health care facilities, employers, and recreation centers to encourage active living. Encouragement could include helping to organize or facilitate programs, donating space, promoting participation, etc.
- Safe Routes to School or Safe Routes for Seniors programs
- Active Commute to Work programs
- Encourage partners to ensure such programs are accessible to all members of the community

Policy

- Efforts to mobilize the public to advocate for policy change
- Efforts to make walking, biking, and other physical activities a priority in local public policies
- Develop or revise a comprehensive land use/master plan
- Efforts to include annual budget allocations for infrastructure items to support physical activity (e.g., parks and recreation, sidewalks, marked bicycle lanes, shared trails/paths/greenways)

- Adopt and implement a “Complete Streets” policy, directing transportation engineers and planners to design and maintain roadways with all users (e.g., pedestrians, bicyclist, motorists, and transit users) in mind

Planning for Physical Projects

- Prepare vested stakeholder groups for changes to the built environment and other capacity building activities
- Develop master pedestrian or bicycle plans
- Identify financial sources or mechanisms to pay for physical projects

Stage III: Advanced Implementation. Physical improvements, such as parks, trails, bikeways, and sidewalks, are important and tangible components in promoting routine physical activity. Partnerships that enter this stage will have developed community buy-in and support—including financial support—for specific physical improvements to their community. Such improvements may include:

- Enhance and increase the supply of pedestrian and bicycle infrastructure (designated routes that connect with each other)
- Implement changes that make walking and biking safer and more inviting, such as:
 - Street calming measures (e.g., road narrowing, central islands, roundabouts)
 - Pedestrian scale lighting along sidewalks and/or trails
 - Crosswalks
 - Walk/Don't Walk Signs

Communities asserting their readiness to enter into Advanced Implementation will have a sophisticated understanding of the integration of all 5Ps. They will have detailed plans for the application of a comprehensive approach on a particular project and will be able to demonstrate successful execution of a comprehensive approach in previous work.

Blue Cross encourages proposals from Applicants at all levels of readiness. It is expected that Applicants will begin this process at different stages. Applicants should be explicit about the history in their community relevant to addressing these issues and should propose a desired starting phase for their work. For example, it would be appropriate for many Applicants to begin at Stage I. However, a partnership that has already invested heavily in community readiness activities may propose beginning the contract work at Stage II. That partnership would need to provide documentation of community readiness in its application. In this scenario, applicants are advised that Blue Cross will work with Selected Applicants to determine whether any additional community readiness activities need to be undertaken prior to beginning implementation.

Eligible Applicants

Each Applicant must complete a Physical Activity Self-Assessment (see Attachment E) as part of its proposal. The process of completing this tool may be helpful to Applicants that are unsure of which phase is the most appropriate starting point for their situation. It may also help communities identify appropriate interventions based on current assets and needs. The Self-Assessment will not be scored by reviewers. Rather, it will provide reviewers with a picture of where your partnership is in the implementation process so that a final pool of Applicants with a broad array of experiences can be selected.

Eligible lead Applicants include: a) nonprofit organizations with 501(c)(3), 501(c)(4), or 501(c)(6) classification by the Internal Revenue Service, b) units of local government (i.e., a city, county, or grouping of cities or counties), and c) for-profit entities.

Applicants must apply as an interdisciplinary partnership representing a group of at least three organizations. The partnership must include at least one representative from health care, public health, or the medical community and one representative that is a governmental entity, such as the office of an elected official, or a municipal planning department. Finally, the partnership must include at least one additional organization or governmental entity representing another relevant discipline, such as city planning, transportation, public works, architecture, landscape architecture, urban design, real estate development, parks and recreation, housing, public safety, chamber of commerce, or education. Partnerships may include private for-profit entities as well. Involvement of the business sector can be taken as evidence of broader engagement in the community.

Any organization that fits the eligibility criteria is welcome to apply, including organizations with current or past funding from Blue Cross.

Applicant Qualifications

Proposals are being solicited from partnerships that have a demonstrated commitment to increasing physical activity within their communities and, more specifically, the principles of active living. The Applicant's capacity to develop and work within an interdisciplinary partnership adhering to the specifications described above is a crucial component of the RFP selection process. The most competitive Applicants will demonstrate the ability to influence and implement policy and changes to the built environment. Further, competitive Applicants will have recruited organizations for their partnership that have a clear interest in promoting physical activity and a stake in working together to create more physically active communities. The most competitive Applicants will demonstrate their willingness to share contract funds and distribute accountability among key partners in support of the achievement of initiative goals.

As stated above, Blue Cross seeks to fund communities at all stages of readiness. Communities with longstanding, active partnerships will not be given preference over communities with newly emerging partnerships that demonstrate

Proposal Writing Support/ Applicant Conference

collaboration and enthusiasm. Blue Cross understands that each community has unique needs, a particular built environment, and an individual policy history. Thus, we expect that the specific partners convened and plans proposed by each community may be very different from one another.

Blue Cross is explicitly seeking to fund a diverse group of communities that are geographically distributed across the state and that vary in terms of composition (e.g., urban, suburban, rural, county collaborative, city collaborative, individual cities or counties, etc.), size, demographics, and type of lead agency.

Blue Cross is hosting an Applicant Conference Webinar as an opportunity for prospective Applicants to learn more about the Active Living Minnesota RFP and the application process. This event is optional, but an RSVP is required.

Applicant Conference Webinar*

Tuesday, February 5, 2008

1:30 – 3:00 p.m.

To participate in the Applicant Conference Webinar, please RSVP by Friday, February 1 to Valerie Schoepf at (651) 662-2844 or valerie_schoepf@bluecrossmn.com. Log-in and/or call-in directions will then be provided once you have indicated your interest in participating in the webinar.

*Applicants can participate in this meeting strictly by phone or by both phone and web. We recommend participating by both phone and web if possible in order to access enhanced options. In the teleconference/webinar, prospective Applicants will learn more about this RFP and the application process. We will also respond to questions from prospective participants at that time.

Answers to questions from the webinar will be posted at www.bluecrossmn.com/preventionminnesota as part of the “Questions and Answers” page. Select the Community Funding tab from the Prevention Minnesota home page.

Additional questions regarding the application process may be directed to 1-800-760-0052 or may be emailed to prevention_funding@bluecrossmn.com. A “Questions and Answer” page for this RFP at www.bluecrossmn.com/preventionminnesota will be updated regularly with answers to specific questions posed by potential Applicants.

Proposal Review Process

Proposals will be evaluated on the basis of the written Application Form, staff qualifications, supporting materials, and the completion of the Physical Activity Self-Assessment. The most significant portion of the proposal is the Application Form, found in Appendix F. This form allows the Applicant to present its qualifications and plans for effectively completing the contract with Blue Cross.

**Small Businesses,
Small Disadvantaged
Businesses, Women
Owned Businesses**

Proposals will be reviewed and scored by a panel of external advisors and Blue Cross staff. Final scores may be weighted to accommodate the desire to fund a diverse range of applicants at various stages of readiness. In addition, Blue Cross may conduct on-site or phone interviews with finalists. Please include three dates between April 9 and April 30, 2008 when the Applicant and partnership members could be available to meet. Final decisions on funding will be made by Blue Cross' Center for Prevention staff.

Blue Cross is committed to the development of Small Business, Small Disadvantaged Business, and Women Owned Business (SB, SDB, and WOB) suppliers, as defined below, and encourages such entities to apply. If subcontracting is necessary, the contractor will make every effort to use SB/SDB/WOB suppliers in the performance of this contract.

Small Business

A small business is defined as one, including its affiliates, that is independently owned and operated for profit, is not dominant in its field of operation, and is not an affiliate or subsidiary of a business dominant in its field of operation. A small business concern must be qualified as a small business under the criteria and size standards in Federal Regulation 13 CFR Part 121.

Small Disadvantaged Business

A small disadvantaged business is defined as a business concern that is at least fifty-one percent (51%) owned by one or more individuals who are both socially and economically disadvantaged.

Women-Owned Business

A women-owned business is defined as a continuing, independent, for-profit business which performs a commercially useful function, and is at least fifty-one percent (51%) owned and controlled by one or more women; or in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned and controlled by one or more women and whose management and daily business operations are under the control of one or more women.

**Evaluation and
Reporting Requirements**

Blue Cross will negotiate contracts with Selected Applicants that will delineate the reporting schedule and requirements for the contract period, including but not limited to making sufficient progress and achieving milestones. Applicants will be required to participate in an evaluation process developed and conducted by Blue Cross or an evaluation consultant. Selected Applicants will need to consider how to build evaluation of specific projects into their overall plans.

Contract Administration

Timeline

Funding will be contingent upon Blue Cross' satisfaction that the Selected Applicant has the capacity to properly administer the contract. The Selected Applicant will be required to show evidence that it has such capacity. This evidence may include documentation of the Applicant's systems, procedures, and qualifications of personnel.

An Intent to Apply form (available at www.bluecrossmn.com/preventionminnesota) should be postmarked or emailed by February 14, 2008.

Blue Cross will accept proposals postmarked no later than March 14th, 2008. All complete proposals postmarked by that date will be reviewed. Blue Cross will conduct site visits with selected finalists between April 9 and April 30, 2008. The final selection date is targeted for the first week in May. The contracting and negotiation process will follow notification of Selected Applicants.

III. HOW TO APPLY

Application Instructions

Each Applicant must submit an [original plus 10 copies](#) of the entire application. Please indicate which copy is the original.

The proposal must be submitted in the format described below. Incomplete proposals or those using other formats may be rejected.

Conditional proposals will not be accepted.

All proposals must be signed by an individual authorized to extend a formal proposal. Proposals that are not signed may be rejected.

Any information considered to be proprietary by the Applicant must be placed in a sealed separate envelope and marked “Proprietary Information.” To the extent that Blue Cross concurs, this information will not be considered public information. Please note: Pricing information cannot be considered proprietary.

Blue Cross reserves the right to reject any or all proposals or any part thereof, or to accept any proposal or any part thereof, or to withhold the award and to waive or decline irregularities in any proposal when it determines that it is in its best interest to do so. Blue Cross also reserves the right to hold all proposals for a period of 60 days after the opening date and the right to accept a proposal not withdrawn before the scheduled proposal opening date. Finally, Blue Cross reserves the right to conduct discussions with Applicants, to accept revisions of proposals, and to negotiate price changes. Blue Cross will not disclose any information derived from proposals submitted or from discussions with other Applicants.

Submission of a proposal in response to this RFP signifies that the Applicant agrees that all funding decisions are final.

Applicant Content and Format

Application Content and Format:

- Applications should be unstapled and unbound. Individual copies may be separated by a binder clip or rubber band. Please do not use divider tabs to separate sections of the proposal.
- The name of the organization should appear on every page of the proposal narrative.
- Page numbers should appear on all pages of the narrative and cost proposal.
- All text should be produced in a 10-point font or larger.
- Application Form must be double-spaced.
- Applications should include the required information described below in items A–N in the order specified.

If the Applicant fails to provide any of the following information, with the exception of the mandatory proposal certification letter, Blue Cross may, at its sole option, ask the Applicant to provide the missing information or evaluate the proposal without the missing information.

- A. **Mandatory application cover sheet.** Please see Appendix B for all information required for an application cover sheet. This cover sheet should appear at the top of each copy of the full proposal. You can also download a Microsoft Word template of this cover sheet from www.bluecrossmn.com/preventionminnesota.
- B. **Mandatory application checklist.** Please see Appendix C for Application Checklist. A completed checklist should be included in all copies of the proposal. You can also download a Microsoft Word template of this letter from www.bluecrossmn.com/preventionminnesota.
- C. **Mandatory proposal certification letter.** Please see Appendix D for a sample form letter.
- D. **Mandatory Physical Activity Self Assessment Tool.** Please see Appendix E for this form, which must be completed as part of your application. The Self-Assessment will not be scored; it is intended to assist Blue Cross in ensuring Selected Applicants represent a variety of stages of readiness. You can also download a Microsoft Word version of this form from www.bluecrossmn.com/preventionminnesota.
- E. **Proposal Application Form.** (Total of 90 points) Please see Appendix F. The most significant element of the proposal, the Proposal Application Form must not exceed 10 double-spaced pages.
- F. **Cost Proposal.** (10 points) A detailed proposed budget for the first six months of work must be included and must be accompanied by a budget narrative. The appropriateness of the budget to the proposal narrative will be carefully reviewed. The budget should clearly reflect the resources needed to support project staff as well as anticipated travel and other costs reflected in the Applicant's plans to accomplish the work. Please see Part IV of this RFP, "Cost Proposal Instructions."
- G. **Dates for site visit.** Provide three dates that representatives from the partnership and your organization will be available for site visits between the dates of April 9 through April 30, 2008. Please include if this availability is all day, morning, or afternoon.
- H. **Action Plan.** (*Required only for Applicants proposing starting at Stage II or III.*) Applicants proposing to begin the contract at the early or advanced implementation stage of work should provide an action plan that outlines their implementation plans for the next six months. Plans should be no longer than three pages and should include goals, strategies, specific projects, and identify the responsible parties for each action item. See Appendix

G for a template. You can also download a Microsoft Word template of a sample action plan from www.bluecrossmn.com/preventionminnesota.

- I. **Letters of Commitment.** Provide letters of commitment from organizations that have agreed to partner in this effort. Letters must be signed by organization leaders and should describe in detail the organization's commitment to this project and the specific ways it has agreed to become involved in the effort.
- J. **Staff Qualifications.** "Staff" may be employees, partners, or subcontractors. Detailed resumes of key personnel, including relevant qualifications and experience, must be included as part of the application.
- K. **Mandatory disclosure of tobacco-related work.** In keeping with the intent of Blue Cross' prevention efforts, any organization (or individual) that applies to contract with Blue Cross to conduct work for its Center for Prevention must disclose any current or recent programmatic or contractual relationship with the tobacco industry or its affiliates.

All Applicants for this contract must provide a signed letter of disclosure addressing whether or not they have worked on any tobacco-related projects. This includes the primary Applicant and all subcontractors and partners. Please see Appendix H for a template providing guidance on what the disclosure letter must include. You can also download a Microsoft Word template of this letter from www.bluecrossmn.com/preventionminnesota. Staff will review all disclosures on a case-by-case basis and, depending on the nature of the tobacco-related work disclosed, could choose not to select your organization for a contract.

- L. **Description of the expected extent** of Small Business, Small Disadvantaged Business, and Women Owned Business participation in this contract.
- M. **Articles of Organization.** A copy of the lead organization's Articles of Organization can be obtained through the office of the Minnesota Secretary of State. Please include one copy attached to the original proposal; additional copies are not necessary.
- N. **Requirements for nonprofit organizations.** Please include one copy of the following documents attached to the original proposal; additional copies are not necessary.
 - Tax determination letter
 - Board of directors list, including affiliations and titles
 - Board by-laws and/or policies
 - Most recent audited financial statements. If your organization does not have audited financial statements, please supply unaudited financial statements.

Submission Instructions

- Most recent IRS form 990 report
- Brief description of your organization's financial management systems, including the type of software used and any additional financial policies and procedures your organization has in place. (Limit to one paragraph.)

If an Applicant's annual report includes any of the above information, it may be submitted in place of those separate documents.

Please use the U.S. Postal Service to submit your proposal. Proposal must be postmarked by March 14, 2008. No telephone, telegraphic, emailed, or facsimile proposals will be considered. We cannot accept hand-delivered proposals.

Address proposals to:

RFP # 599

Attention: Jacob Bland

Corporate Purchasing, M110

Blue Cross and Blue Shield of Minnesota

P.O. Box 64560

St. Paul, MN 55164-9758

IV. COST PROPOSAL INSTRUCTIONS

Introduction

A cost proposal for the first six months of work is required as part of the application.

The appropriateness of the budget to the proposal narrative and proposed staffing structure will be carefully reviewed. The Cost Proposal should clearly reflect the resources needed to support project staff, as well as anticipated travel and other costs that are reflected in the Applicant's plans to accomplish the work. The budget form is included in Appendix I. It can be recreated in a spreadsheet or downloaded from www.bluecrossmn.com/preventionminnesota.

Cost Assumptions

Applicants are asked to describe in detail their assumptions for cost estimates. Please note: Blue Cross will conduct discussions with Selected Applicants to negotiate the final contract amount based on parameters agreed upon by both parties.

Contract Administration

Funding will be contingent upon Blue Cross' satisfaction that Selected Applicants have the capacity to properly administer the contract. Selected Applicants will be required to show evidence that they have such capacity. This evidence may include documentation of the Applicants' systems, procedures, and qualifications of personnel.

Cost Proposal Instructions

The Cost Proposal comprises two items:

- Detailed budget form (see example, Appendix I)
- Budget narrative briefly describing rationale, need for, and use of funds for each line item in each budget category below

Specific instructions for suggested categories are listed below.

NOTE: ALL COSTS SHOULD BE ROUNDED TO THE NEAREST DOLLAR.

Salaries

List the staff positions that will be dedicated to the contract. Please be specific and include staff person's name, if available, and percent of time spent on the project.

Contractual Services

List any subcontractors or consultants that are included in the Cost Proposal. Include the name of the organizations or individuals, if available, and the specific service they will be providing.

Equipment and Software

Only very limited capital purchases are allowable under the Blue Cross contract, and only for equipment to be used specifically and exclusively in relation to the work plan provided. Include a list of equipment and purpose.

Ineligible Costs

Travel

List the estimated travel expenses for the project. These expenses should include hotel, meals, and mileage. Describe the method used for calculating travel costs (e.g., number of trips, purpose, etc.).

Other Expenses

List separately the estimated office expenses, printing, and other costs directly attributable to this project.

Indirect Costs

For nonprofit applicants only: Indirect costs are those costs that are intended to cover contract-related costs that are not easily identifiable but are necessary to conduct the work. The indirect costs are the types of expenses the organization would incur whether or not it was awarded the contract. These include such expenses as utilities, rent, insurance, executive director's salary, and other overhead expenses. Please identify the items included in the indirect or administrative cost rate. Applicants may charge up to 15% of direct costs to the award as indirect costs. Applicants may not, however, automatically use the 15% as their indirect cost rate. Upon request from Blue Cross, an Applicant must be able to show how its indirect rate was determined.

Funds may not be used for major capital purchases, to pay off debt, or for other non-project-related expenses.

V. LIST OF APPENDICES

- A. Healthy Communities: Design for Active Living
- B. Application cover sheet
- C. Application checklist
- D. Proposal certification letter
- E. Physical Activity Self Assessment Tool
- F. Proposal application form
- G. Action plan template
- H. Disclosure of tobacco-related work template
- I. Budget template

Physical inactivity is responsible for at least 200,000 deaths annually from chronic illnesses such as heart disease, stroke, and diabetes.³ Physical inactivity is second only to smoking in the number of deaths attributable to a lifestyle factor.

Sedentary Trends

The trend is clear: Today, we Americans work in less physically demanding jobs, use our free time for more sedentary activities (e.g., watching television), and increasingly live in communities that make it difficult to incorporate physical activity into our daily lives.¹

Despite all that is known about the health benefits of physical activity, few Americans meet the levels of physical activity recommended by experts. The Centers for Disease Control and Prevention (CDC) recommend that adults engage in 30 minutes of moderately intense physical activity on five or more days per week. Yet according to the CDC only 51 percent of Minnesota adults met this standard in 2005.²

Grave Health Consequences

Physical inactivity is second only to tobacco use in its contribution to serious health problems. Millions of Americans put themselves at greater risk of chronic illness and even premature death because they are not physically active:

- Physical inactivity is responsible for at least 200,000 deaths annually from chronic illnesses such as heart disease, stroke, and diabetes.³ Physical inactivity is second only to smoking in the number of deaths attributable to a lifestyle factor.
- Adults who are not physically active are nearly twice as likely as those who are active to suffer from heart disease.⁴
- More than one third of deaths from heart disease can be attributed to physical inactivity.⁵
- Research has shown that many cases of heart disease, hypertension, type 2 diabetes, colon cancer, stroke, osteoporosis, depression and anxiety, breast cancer, and falls among the elderly can be attributed to inactive lifestyles.⁶

1. Transportation Research Board, Institute of Medicine of the National Academies. *Does the Built Environment Influence Physical Activity? Examining the Evidence—Special Report 282*. Washington, D.C.: TRB; 2005:5.

2. Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. *Prevalence Data: Minnesota—2005 Physical Activity*. Department of Health and Human Services. Available at: <http://apps.nccd.cdc.gov/brfss>. Accessed December 13, 2007.

3. U.S. Department of Health and Human Services. *Physical Activity and Health: A Report of the Surgeon General*. Atlanta, Ga.: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion; 1996.

4. Powell KE, Thompson PD, Caspersen CJ, et al. Physical activity and the incidence of coronary heart disease. *Ann Rev Public Health*. 1987;8: 253-287.

5. Ainsworth BE, Macera CA. Physical Inactivity. In: Brownson RC, Remington PL, Davis JR, eds. *Chronic Disease Epidemiology and Control*. 2nd ed. Washington, D.C.: American Public Health Association; 1998:191-213.

6. Minnesota Department of Health. *Minnesota Department of Health Fact Sheet: Health Care Costs of Physical Inactivity in Minnesota*. Minnesota: MDH, Family Health Division; 2002.

Active living is a way of life that integrates physical activity into daily routines.

The financial impact of physical inactivity is substantial as well. The Minnesota Department of Health has estimated that \$495 million was spent in 2000 to treat diseases and conditions that could be avoided if all Minnesotans were physically active.⁶

The Active Living Movement

Until recently, public health programs aiming to increase physical activity have largely focused on changing behavior on an individual level. Such efforts have done little to improve Americans' physical activity levels over the past two decades. This lack of success leads researchers to believe that, to be successful, strategies must go beyond promoting traditional exercise and fitness programs.

A particularly promising approach cited by public health experts is to create active living environments that enable people to seamlessly integrate physical activity into their everyday lives.⁷ This principle is the crux of the active living movement. Active living is a way of life that integrates physical activity into daily routines. The goal is to accumulate at least 30 minutes of activity each day. Individuals can achieve this by walking or bicycling for transportation, exercise, or pleasure; playing in the park; working in the yard; taking the stairs; and/or using recreational facilities.⁸

The Relationship between Community Design and Physical Activity

A growing body of evidence supports the existence of an association between a community's "built environment" and its physical activity levels.¹ Many experts believe that the dramatic environmental changes in communities throughout the nation over the past several decades have contributed to low levels of physical activity. Simply put, conventional development patterns of the past few decades have decreased opportunities for physical activity as part of our daily lives.

Consider these trends and their implications:

- **LAND USE AND ZONING DECISIONS IMPACT PHYSICAL ACTIVITY**

The trend: Increasing dependence on cars for transportation. Between 1982 and 1997, urban land density in the United States dropped by more than 20 percent.⁹ This decline in density, known as sprawling, requires greater reliance on cars for travel. Increasingly, common destinations such as schools, worksites, and shopping areas are located far from housing.

7. Killingsworth RE and Lamming J. Development and Public Health: Could Our Development Patterns Be Affecting Our Personal Health? *Urban Land*. July 2001. 12–17.

8. More information at: <http://www.activelivingbydesign.org>.

9. Fulton W, Pendall R, Nguyen M, et al. Who Sprawls Most? How Growth Patterns Differ Across the U.S. In: *The Brookings Institution Survey Series*. Washington, D.C.: The Brookings Institution Center on Urban and Metropolitan Policy; 2001:5.

What Does an Active Living Community Look Like?

An active living community provides opportunities for people of all ages and abilities to engage in routine daily physical activity. Government leadership in such a community embraces diverse policies and programs that support active living, such as:

- Bicycle- and pedestrian-oriented design
- Mixed-use development
- Ample recreational facilities
- Extensive and well-maintained sidewalks and bicycle routes
- Interconnected streets
- Locating schools in walkable neighborhoods
- Funding and promoting active living programs⁸

The active living planning connection: Land use and zoning decisions can encourage walking. A land use pattern that offers short distances to interesting destinations encourages walking, removes barriers to activity, and makes healthy levels of physical activity more attainable for everyone. Higher-density, mixed-use zoning is associated with higher rates of walking and bicycling.¹⁰

■ TRANSPORTATION INVESTMENTS AND POLICIES ARE CRITICAL

The trend: Increasing dependence on cars for transportation. In 1995, the Federal Highway Administration found that travel by private vehicle accounted for almost 90 percent of all trips, while walking—a mere 5 percent of all trips—ranked as the second most common transportation mode.¹¹

The municipal planning connection: The manner in which a community invests in transportation infrastructure can have major consequences for opportunities for physical activity. Transportation investments and related land use patterns determine the proximity of destinations and dictate whether pedestrian and bicycle connections are possible.¹² Communities can encourage walking and biking through facility improvements, traffic calming, design changes, and other policies.¹³

■ ACCESSIBLE AND CONVENIENT RECREATION FACILITIES

The Trend: Growing interest nationally in creating greenways, urban trails, and neighborhood parks. A greenway system can link people to destinations of interest and recreation and encourage walking or biking as a mode of transportation.¹⁴

The active living planning connection: Creating accessible and convenient recreation facilities is a promising strategy for increasing physical activity. Research shows that neighborhood characteristics including sidewalks and

10. Saelens BE, Sallis JF, Frank LD. Environmental Correlates of Walking and Cycling: Findings from the Transportation and Urban Design and Planning Literatures. *Ann Behavioral Med.* 2003;25:80-91. *LEA Journals.* LEA E-Abstract. Available at: <http://www.leaonline.com>. Accessed December 6, 2005.

11. Federal Highway Administration. *National Personal Transportation Survey: Our Nation's Travel, 1995 NPTS Early Results Report.* Available at: http://npts.ornl.gov/npts/1995/Doc/NPTS_Booklet.pdf.

12. Frank LD. Economic determinants of urban form: resulting trade-offs between active and sedentary forms of travel. *Am J Preventive Med.* 2004;27:146-153. National Center for Biotechnology Information: National Library of Medicine and National Institutes of Health. PubMed E-Abstract. Available at: <http://www.pubmed.gov>. Accessed December 6, 2005.

13. Active Living by Design: Active Transportation. *How to Do Active Transportation: Communities.* Accessed at http://www.activetransportation.org/how_communities.htm. Accessed December 1, 2005.

14. Active Living by Design. Parks, Trails, and Greenways. North Carolina: Robert Wood Johnson Foundation.

Research shows that neighborhood characteristics including sidewalks and enjoyable scenery are positively associated with physical activity.¹⁵

enjoyable scenery are positively associated with physical activity.¹⁵ A recent survey found that 55 percent of people would like to walk rather than drive more throughout the day either for exercise or to get to specific places.¹⁶

Community Design that Incorporates and Promotes Active Living

Municipal planning and development provide opportunities to institute policies and practices that support active living over the long term. While change will not happen overnight, it is increasingly clear that cities and towns can increase physical activity levels through decisions on matters such as physical infrastructure, land use and zoning, transportation policies, and the creation of walking trails and greenways.

The International City/County Management Association has issued the following recommendations to communities that want to address active living as they plan future policy and infrastructure.

1. Recognize the importance of local government leadership.
2. Inform citizens about active living and encourage them to expect success.
3. Question traditional assumptions about roles.
4. Partner with schools.
5. Communicate needs and barriers to decision-makers at other levels of government.
6. Look for opportunities to retrofit existing buildings and routes to allow for more physical activity options.
7. Address land use regulations that inadvertently prohibit active community environments.
8. Take advantage of existing resources, such as sample policies, programs, and case studies.¹⁷

Active Living Offers Other Benefits to the Community and Society

The benefits of integrating the principles of active living into planning and policy decisions extend beyond health benefits. Many features of environments that promote active living also have other societal, environmental, and economic advantages. Consider, for instance, the benefits of environments designed to promote walking and biking:

15. Brownson RC, Baker EA, Housemann, RA, et al. Environmental and Policy Determinants of Physical Activity in the United States. *Am J Pub Health*. 2001;91:12. National Center for Biotechnology Information: National Library of Medicine and National Institutes of Health. PubMed E-Abstract. Available at: <http://www.pubmed.gov>. Accessed December 6, 2005.

16. Belden, Russonello and Stewart: Research and Communications. Americans' Attitudes Toward Walking and Creating Better Walking Communities. Washington, D.C.: BRS; 2002.

17. International City/County Management Association. Active Living Approaches by Local Government. Available at: <http://www.icma.org/activeliving>. Accessed December 1, 2005.

- Walkable environments support economic vitality in the form of tourism, retail sales, business investment, and increased property values.¹⁸
- Communities that promote walking and biking as an alternative to short trips by car help reduce air pollution. As much as 60 percent of the pollution created by automobile emissions happens in the first few minutes of operation, before pollution control devices can work effectively.¹⁹
- Walkable communities increase access to a wide range of economic, social, political, and cultural opportunities for large segments of the population that would otherwise be isolated.

Conclusion: Municipal Planning Is an Essential Component of Promoting Health and Reducing Physical Inactivity

While the research is still emerging to determine the precise steps communities can take to help promote physical activity among their residents, it is clear that greater connections between public health and municipal planning efforts are critical. Physical infrastructure projects, transportation initiatives, and other policies can, and must, play a key role in a comprehensive initiative to promote active living.

A great deal of work on the subject of cultivating active living environments has been done by Active Living by Design, a national program of The Robert Wood Johnson Foundation and a part of the UNC School of Public Health in Chapel Hill, North Carolina. They have developed a community action model to illustrate the path from interest in active living to long-term health and lifestyle changes embedded into the community. This logic model begins with mobilizing a community's assets in support of active living and calls for implementing a set of five core strategies: preparation, promotion, programs, policy influence, and physical projects. The model then maps out how these actions can lead to short-term and intermediate changes that can in turn help to bring about sustainable long-term active living outcomes for a community.²⁰

Through Prevention Minnesota, Blue Cross will support community efforts to integrate active living principles and policies as part of a comprehensive effort to improve the health of Minnesotans.

18. Local Government Commission Center for Livable Communities. *Focus on Livable Communities: The Economic Benefits of Walkable Communities*. Sacramento, California: LGC, n.d. Available at: http://www.lgc.org/freepub/PDF/Land_Use/focus/walk_to_money.pdf. Accessed February 27, 2006.

19. Pedestrian and Bicycle Information Center. *Benefits of Walking: Environmental Benefits*. Available at: <http://www.walkinginfo.org/pp/benefits/enviroben/index.htm>. Accessed November 29, 2005.

20. For more information, please see: <http://www.activelivingbydesign.org/index.php?id=293>.

Appendix B Application Cover Sheet

Applicants may re-create this form or use the electronic version available online at www.bluecrossmn.com/preventionminnesota



Date of application: _____ RFP#: _____ RFP Title: _____

Organization Information

Name of organization _____ Legal name, if different _____

Address _____ City, State, ZIP _____ Employer Identification Number (EIN) _____

Phone _____ Fax _____ Website _____

Name of Executive Director or President _____ Title _____ Phone _____ Email _____

Name of contact person regarding this application _____ Title _____ Phone _____ Email _____

Address (if different from the Executive Director's) _____ City, State, ZIP _____

Name of finance contact _____ Title _____ Phone _____ Email _____

Is your organization an IRS 501(c)(3), 501(c)(4), or 501(c)(6) not-for-profit? Yes No

If yes, state which IRS 501 designation applies to your organization: _____

If no, is your organization a for-profit entity or public agency/unit of government? Yes No

If no, check with Blue Cross for details on using fiscal agents, and list name and address of fiscal agent:

Name _____ Fiscal agent's EIN number _____

Address _____ City, State, ZIP _____

Name of contact person regarding this application _____ Title _____ Phone _____ Email _____

Proposal Information

Please give a 2-3 sentence summary of request:

Population served: _____ Geographic area served: _____

Project dates (if applicable): _____ Fiscal year end: _____

Budget

Dollar amount requested: _____ Total annual organizational budget: _____

Cash match (if any): _____ Time period of above amount: _____

Value of in-kind contributions (if any): _____

Total project budget: _____

Authorization

By signing this form, I acknowledge that all funding decisions made by Blue Cross' review process are final.

Name and title of Executive Director, President, or Board Chair: _____



Signature: _____

Appendix C Application Checklist

In order to be considered complete, all applications must include original plus 10 copies of each of the following:

- Mandatory proposal cover sheet
- Mandatory proposal checklist
- Mandatory proposal certification letter
- Mandatory Physical Activity Self Assessment Tool
- Proposal application form
- Cost Proposal (budget form and budget narrative)
- Proposed dates for site visits
- Action plan (if applicable)
- Letters of Commitment
- Staff qualifications
- Mandatory Disclosure of tobacco-related work
- Description of Small Business, Small Disadvantaged Business, or Women Owned business participation (if applicable)

In addition, please include one copy of the below documents attached to the original proposal:

- Articles of Organization
- Requirements for nonprofit organizations (if applicable)

Refer to Section III of this RFP for detailed application requirements and instructions.

Appendix D Proposal Certification Form Letter

Applicants may re-create this form or use the electronic version available online at www.bluecrossmn.com/preventionminnesota

(date)

Purchasing Department
Blue Cross Blue Shield Minnesota
3535 Blue Cross Rd.
Eagan, MN 55122

The undersigned certifies that to the best of his/her knowledge: (check one)

___ There is no officer or employee of Blue Cross Blue Shield Minnesota (Blue Cross) who has, or whose relative has, a substantial interest in any contract award subsequent to this proposal/bid.

___ The names of any and all public officers or employees of Blue Cross who have, or whose relative has, a substantial interest in any contract award subsequent to this proposal/bid are identified by name as part of this submittal.

The undersigned further certifies that their firm (check one) ___ IS or ___ IS NOT currently debarred, suspended, or proposed for debarment by any federal entity. The undersigned agrees to notify Blue Cross of any change in this status, should one occur, until such time as an award has been made under this procurement action.

The undersigned also certifies that their firm (including any employee or contractor of firm) has not offered or provided (and will not offer or provide) any gifts, gratuities, or other considerations to any Blue Cross employee for purposes of inducing Blue Cross to accept its proposal.

In compliance with Request for Proposals No. 599 for Active Living Minnesota and after carefully reviewing all the terms, conditions, and requirements contained therein, the undersigned agrees to furnish such goods/services in accordance with the specifications/scope of work.

(firm) (phone no.)

(address) (fax. no.)

(by) (fed. id no.)

(title) (signature)

Appendix E Physical Activity Community Self-Assessment Tool

Applicants may re-create this form or use the electronic version available online at www.bluecrossmn.com/preventionminnesota

Introduction

The Physical Activity Community Self-Assessment tool¹ is designed to help Minnesota communities assess the level at which they are using the “5P” strategies for encouraging active living (i.e., preparation, promotions, programs, policy, and physical projects) in the community, schools, and workplaces.

The Community Self-Assessment is intended to provide greater insight into the Applicant’s community activities to encourage active living. It is also designed as an instructional tool to help Applicants identify potential goals and tactics in the future.

As stated in the Request for Proposals, Blue Cross intends to fund a mix of communities at various stages of readiness—from communities just beginning to lay the groundwork for an integrated approach to communities with strong multidisciplinary partnerships that are pursuing programs and policies in support of physical activity. As such, the Self-Assessment will not be scored; Applicants will **not** be awarded points on the basis of their responses.

Instructions

Please do not unlock or change the Self-Assessment form in any way. Carefully read each question and check all applicable boxes. In some cases, a limited text box is provided where applicants can provide brief “other” information.

All answers must reflect what takes place within the community. It is understood that many of the 5P strategies within municipalities may fall under the county umbrella (e.g., school district, health department, extension agency), and it is acceptable to include these examples in your responses.

The Self-Assessment is comprehensive, and the topics will cover a wide range of disciplines and agencies/organizations. For this reason, **a collaborative effort is highly encouraged** to complete this form, given the broad amount of community information covered. The **Resources** page at the end of this document provides ideas for the people and departments that will be important collaborators in the process.

Before completing the Self-Assessment, please review the Resources page at the end of this document. If you still have questions about how to complete the form, please leave a message at 1.800.760.0052 or email us at prevention_funding@bluecrossmn.com. Answers to questions will be posted at www.bluecrossmn.com/preventionminnesota as part of the “Questions and Answers” page. Select the Community Funding tab from the Prevention Minnesota home page.

1. The Community Self-Assessment is adapted with permission from the Fit Community Self Assessment developed by Active Living by Design, www.activelivingbydesign.com.

Physical Activity Community Self-Assessment Tool

SECTION 1: PHYSICAL ACTIVITY IN THE COMMUNITY

STRATEGIES	
A. Preparation	<p>Is there a partnership, coalition or advisory board that addresses access to physical activity in the community? Such a partnership may be led by a municipal or county department, coalition, nonprofit organization, etc.</p> <p><input type="checkbox"/> YES If yes, read and respond to A1-A3, and check all of A4-A11 that apply:</p> <p><input type="checkbox"/> NO If no, skip to Promotions</p>
	<p>A1 Name of partnership/group:</p>
	<p>A2 Main focus of partnership/group (i.e., what is their mission?):</p>
	<p>A3 Provide the chairperson's name and contact information (in case clarification is needed):</p>
	<p>A4 Which disciplines/areas of expertise are represented in the partnership? Check all that apply (In order to check a box, at least one person from that discipline must regularly attend meetings):</p> <p><input type="checkbox"/> Health (e.g., public health department, medical profession, hospital, wellness center, etc.)</p> <p><input type="checkbox"/> Planning (e.g., city, regional, or rural planning authority, smart growth or land use experts, etc.)</p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Parks and recreation</p> <p><input type="checkbox"/> Local government</p> <p><input type="checkbox"/> School officials</p> <p><input type="checkbox"/> Business leaders</p> <p><input type="checkbox"/> Faith community</p> <p><input type="checkbox"/> Local media</p> <p><input type="checkbox"/> Developers</p> <p><input type="checkbox"/> Law enforcement</p> <p><input type="checkbox"/> Housing or real estate</p> <p><input type="checkbox"/> Community-based organization</p> <p><input type="checkbox"/> Other: describe briefly</p>
	<p>A5 Which priority populations are represented on the partnership? Check all that apply:</p> <p><input type="checkbox"/> American Indian</p> <p><input type="checkbox"/> African/African American</p> <p><input type="checkbox"/> Gay/Lesbian/Bisexual/Transgender</p> <p><input type="checkbox"/> Latino</p> <p><input type="checkbox"/> Asian American</p> <p><input type="checkbox"/> Other: describe briefly</p>
	<p>A6 <input type="checkbox"/> The group has some form of official recognition (e.g., 501(c)(3) status, recognized part of local government)</p>
	<p>A7 <input type="checkbox"/> The group has at least four meetings per year, each attended by a quorum of members</p>
<p>A8 <input type="checkbox"/> The group has established subcommittees to accomplish specific tasks and goals</p>	

Physical Activity Community Self-Assessment Tool

STRATEGIES		
A. Preparation (cont.)	A9	<input type="checkbox"/> Within the past 18 months (since June 2006), the group has attempted to generate additional resources (e.g., submitted a written grant proposal to foundations, state government, or other donors)
	A10	In what ways does the partnership collaborate with local government? Check all that apply: <input type="checkbox"/> Partnership serves as an advisory board to local government on health/physical activity issues <input type="checkbox"/> A dedicated government staff person coordinates with the partnership <input type="checkbox"/> A dedicated partnership member coordinates and maintains relationship with local government <input type="checkbox"/> Local government makes an annual budget allocation to the group <input type="checkbox"/> One or more members of local government serve as active partners
	A11	In the last 18 months (since June 2006), have any groups in the community conducted any of the following community assessments related to physical activity? Check all that apply: <input type="checkbox"/> Walkability audit <input type="checkbox"/> Bikability audit <input type="checkbox"/> Inventory of public recreational facilities (e.g., parks, trails, indoor facilities, etc.) <input type="checkbox"/> Data analysis of pedestrian/bicycle accidents to reveal potentially unsafe intersections, sidewalk or bike lane insufficiencies, etc. <input type="checkbox"/> GIS/map-based surveys <input type="checkbox"/> Review of existing policies and environments <input type="checkbox"/> Survey of community members' interests/needs/barriers/assets related to physical activity <input type="checkbox"/> Focus groups to explore community members' interests/needs/barriers/assets related to physical activity <input type="checkbox"/> Other: describe briefly
B. Promotions	In the past 12 months (since December 2006), have there been any of the following community-wide promotions or communications efforts? Read items B1–B6, and check all that apply:	
	B1	<input type="checkbox"/> A publicly available inventory of physical activity facilities and opportunities within the community
	B2	<input type="checkbox"/> Widely distributed promotional materials that educate the public on the means for/benefits of physical activity (e.g., web site, newsletters, brochures, a branding initiative or logo)
	B3	<input type="checkbox"/> Ongoing community-sponsored event(s) that specifically highlight physical activity, such as fun walks/runs/bike rides, or promote the use of playgrounds, parks, trails, etc.
	B4	<input type="checkbox"/> Collaboration with print or electronic media to place special interest stories that highlight the benefits of physical activity
	B5	<input type="checkbox"/> Advocacy efforts directed at local decision makers to support community policies or initiatives that would increase opportunities for physical activity
	B6	<input type="checkbox"/> Other: describe briefly

Physical Activity Community Self-Assessment Tool

STRATEGIES	
C. Programs	<p>PART I. In the past 12 months, have ongoing physical activity programs been supported in the community (e.g., walking, biking, or other physical activity clubs; recreation leagues supported by parks and recreation department or by private companies; trail use programs; other structured opportunities for regular physical activity)?</p> <p><input type="checkbox"/> YES If yes, answer Question C1 below. Then answer all questions in Parts II and III (Items C2–C15)</p> <p><input type="checkbox"/> NO If no, skip to Policy</p>
C1	<p>Check all that apply, only if they are offered at free or low cost:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Walking clubs <input type="checkbox"/> Biking clubs <input type="checkbox"/> Running clubs <input type="checkbox"/> Physical activity classes <input type="checkbox"/> Sports leagues for youth <input type="checkbox"/> Sports leagues for adults <input type="checkbox"/> Sports leagues for seniors <input type="checkbox"/> Exercise programs for youth <input type="checkbox"/> Exercise programs for adults <input type="checkbox"/> Exercise programs for seniors <input type="checkbox"/> Culturally-tailored exercise programs <input type="checkbox"/> Trail use programs <input type="checkbox"/> Other: Describe briefly
<p>PART II. Which community venues support physical activity programs (e.g., by organizing/ facilitating programs, donating space, promoting participation among constituencies, etc.)? Read C2–C13, and check all that apply:</p>	
C2	<input type="checkbox"/> Churches/faith-based community centers
C3	<input type="checkbox"/> Daycares
C4	<input type="checkbox"/> Local parks
C5	<input type="checkbox"/> Universities or Community Colleges
C6	<input type="checkbox"/> Community Education
C7	<input type="checkbox"/> Hospitals or health care facilities
C8	<input type="checkbox"/> Physician offices
C9	<input type="checkbox"/> Recreation centers
C10	<input type="checkbox"/> Senior centers
C11	<input type="checkbox"/> Community nutrition sites
C12	<input type="checkbox"/> Health Department or community health center
C13	<input type="checkbox"/> Other: describe briefly

Physical Activity Community Self-Assessment Tool

STRATEGIES	
C. Programs (cont.)	PART III. How accessible are physical activity programs in the community? Read C13–C16, and check all that apply:
	C13 <input type="checkbox"/> One or more programs make provisions for low-income families to gain access
	C14 <input type="checkbox"/> One or more programs make provisions for children, seniors, and/or people with disabilities to gain access
	C15 <input type="checkbox"/> One or more programs make provisions for culturally diverse communities to gain access
	C16 <input type="checkbox"/> Other: describe briefly
D. Policy	To what extent do local public policies make walking, bicycling, and other physical activities a priority? Read items D1–D12, and check all that apply:
	PART I. Does the local government have a comprehensive land use plan/master plan in place? <input type="checkbox"/> YES If yes, answer Question D1 below. Then answer all questions in Parts II and III (Items D2–D12) <input type="checkbox"/> NO If no, skip Question D1. Do answer Parts II and III (items D2–D12)
	D1 What elements of the comprehensive land use plan are addressed AND being implemented? Check all that apply: <input type="checkbox"/> Creating and maintaining a comprehensive network of safe walking routes <input type="checkbox"/> Creating and maintaining a comprehensive network of safe biking routes <input type="checkbox"/> Protecting open spaces and natural resources <input type="checkbox"/> Supporting mixed use (mixing residential and commercial land in the same area) <input type="checkbox"/> Creating attractive downtown areas or town centers <input type="checkbox"/> Providing recreational facilities for people of all ages and abilities <input type="checkbox"/> Creating and maintaining a network of parks <input type="checkbox"/> Creating greenways between parks, open spaces, and outdoor recreation areas <input type="checkbox"/> Improving access to public transportation <input type="checkbox"/> Ensuring that parks, shared use paths/trails, and open spaces are accessible to most residents, especially those living in affordable housing <input type="checkbox"/> A budget, cost estimate, or Capital Improvement Plan (CIP) is specifically connected to objectives in the comprehensive plan <input type="checkbox"/> A timetable for ongoing implementation and review
	D2 Does the community have any other planning documents in place? Check all that apply: <input type="checkbox"/> Regional Transportation Plan <input type="checkbox"/> Non-motorized Transportation Plan (may also be called a Pedestrian Master Plan and/or a Bicycle Master Plan)
	PART II. To what extent do specific local public policies make walking, bicycling, and other physical activities a priority? (NOTE: policies may be part of a comprehensive plan) Read D3–D8, and check all that apply:
	D3 <input type="checkbox"/> Promote mixed land use through regulation or other incentives
	D4 <input type="checkbox"/> Protect designated open space and/or natural areas from being developed through regulation or incentives

Physical Activity Community Self-Assessment Tool

STRATEGIES			
D. Policy (cont.)	D5	<input type="checkbox"/> Local governing body has a staff person specifically responsible for bicycle and pedestrian transportation options	
	D6	<input type="checkbox"/> Street design guidelines are in place and are implemented with new and re-development projects	
	D7	<input type="checkbox"/> Special area plans and/or overlay districts are in place that make walking, bicycling, and other physical activities a priority	
	D8	<input type="checkbox"/> Other policies: describe briefly	
	PART III. Funding Policy – Does the local government make annual budget allocations towards any of the following infrastructural items to support physical activity? (NOTE: Allocated funding may come from existing municipal funds, new funds through bond measures or taxes, or any other means. Funding policies may be part of a comprehensive plan.) Read D9–D13, and check all that apply :		
	D9	<input type="checkbox"/> Parks and recreation - % of total local government budget:	
	D10	<input type="checkbox"/> Sidewalks - % of total local government budget:	
	D11	<input type="checkbox"/> Marked bicycle lanes - % of total local government budget:	
	D12	<input type="checkbox"/> Shared trails/paths/greenways - % of total local government budget:	
	D13	<input type="checkbox"/> Other: describe briefly - % of total local government budget:	
	E. Physical Projects	To what extent are walking and bicycling valued modes of transportation in the community? Read and respond to items E1–E8; check all of E9–E16 that apply .	
		PART I. Relative supply of pedestrian and bicycle infrastructure. Respond to all questions, E1–E5	
		E1	How many miles of municipal owned roads exist in the community (county or municipality)?
E2		How many miles of all types of roads exist in the community (county or municipality)?	
E3		How many miles of sidewalks exist in the community? (Count both sides of the road)	
E4		How many miles of distinctly marked bicycle lanes exist in the community?	
E5		When major roads (like arterials or collectors) are newly constructed or resurfaced in your community, how often are bicycle accommodations provided in the roadway, such as striping of bike lanes or paving of wide curb lanes/shoulders? <input type="checkbox"/> Always (more than 75% of the time) <input type="checkbox"/> Often (50-75% of the time) <input type="checkbox"/> Sometimes (less than 50% of the time) <input type="checkbox"/> Never	

Physical Activity Community Self-Assessment Tool

STRATEGIES		
E. Physical Projects (cont.)	E6	How many miles of trails/shared-use paths exist in the community?
	E7	How many public parks are located within the boundaries of the community?
	E8	How many acres of public parks are located within the community?
	PART II. What measures is the community taking to make walking and bicycling more inviting? Read E9–E16, and check all that apply:	
	E9	<input type="checkbox"/> Use of street traffic calming measures (e.g., road narrowing, central islands, roundabouts, etc.)
	E10	<input type="checkbox"/> Enhanced law enforcement patrol in school zones
	E11	<input type="checkbox"/> Pedestrian-scale lighting along most sidewalks or trails
	E12	<input type="checkbox"/> Crosswalks at most intersections
	E13	<input type="checkbox"/> Walk/Don't Walk signals at most intersections
	E14	<input type="checkbox"/> Park or multi-use recreational facilities are located within ¼ mile of all dwelling units (e.g., a public recreation center that offers three or more distinct physical activity opportunities)
	E15	<input type="checkbox"/> Have publicly accessible walking routes/paths been designated or marked (with signage) in the community? (e.g., historic downtown routes; walking areas at local church or school grounds, local park facilities, or other community areas; indoor community facilities)
	E16	<input type="checkbox"/> Other: describe briefly

Physical Activity Community Self-Assessment Tool

SECTION 2: PHYSICAL ACTIVITY IN SCHOOLS

The questions in this section apply to the schools primarily attended by community residents. In other words, not all schools have to be located within the town/city limits (e.g., a county high school may be the only one that serves municipal residents).

DATA	
	<p>School Data within the Community</p> <p>Number of Schools/Number of Students</p> <p>Elementary: /</p> <p>Middle School: /</p> <p>High School: /</p> <p>Indicate here if private schools are included: YES ___ NO ___</p> <p>Source/Date: /</p>
STRATEGIES	
A. Preparation	<p>PART I. Does the school district have an active Local School Health Advisory Council or other committee that addresses physical activity in schools?</p> <p><input type="checkbox"/> YES If yes, answer the questions directly below, then go to Part II.</p> <p><input type="checkbox"/> NO If no, skip to Part II, below.</p> <p>If YES, answer the following questions: Provide the chairperson’s name and contact information (in case clarification is needed):</p> <p><input type="checkbox"/> The group includes broad representation (e.g., administrators, teachers, students, parents, community members)</p> <p><input type="checkbox"/> The group collaborates with local government and/or other community groups addressing physical activity</p> <hr/> <p>PART II. Have most schools assessed the extent to which children can walk or bike safely to school (e.g., conducted a walkability audit, established a “walk zone” using a ½ - 1 mile radius)?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
B. Promotions	<p>PART I. In the past 12 months, have most schools in the community promoted walking and bicycling to school (e.g., via special events, signs/promotional materials, memos sent home to parents, class/loudspeaker announcements)?</p> <p><input type="checkbox"/> YES If yes, answer Part II</p> <p><input type="checkbox"/> NO If no, skip to Programs</p> <hr/> <p>PART II. In the past 12 months, have there been any special events that helped to encourage physical activity in schools (e.g. fun runs, obstacle courses, special tournaments, etc.)?</p> <p><input type="checkbox"/> YES If yes, answer the items directly below, then go to C. Programs</p> <p><input type="checkbox"/> NO If no, skip to C. Programs</p>

Physical Activity Community Self-Assessment Tool

STRATEGIES	
C. Programs	Do most schools in the community make ongoing physical activity programs available for all? Read items C1–C7, and check each box only if the item applies to a majority of schools:
	C1 <input type="checkbox"/> Athletic programs outside of physical education classes are provided (e.g., intramural, interscholastic, after-school programs)
	C2 <input type="checkbox"/> Physical activity is incorporated into non-physical education lesson plans
	C3 <input type="checkbox"/> A physical education program led by a credentialed PE specialist is in place
	C4 <input type="checkbox"/> Safe Routes to School or Walk to School Day is in place (in the majority of elementary schools)
	C5 <input type="checkbox"/> Walking School Bus programs are in place (in the majority of elementary schools)
	C6 <input type="checkbox"/> Faculty and staff have access to structured, ongoing programs allowing them to engage in moderate to vigorous physical activity (in the majority of schools)
	C7 <input type="checkbox"/> Other: describe briefly
D. Policy	PART I. Do most schools in the community have policies that address physical activity in the following ways? Read items D1–D5, and check each box only if the item applies to a majority of schools:
	D1 <input type="checkbox"/> Health education curriculum teaches the health-related benefits of physical activity
	D2 <input type="checkbox"/> Students are required to participate in daily physical activity in non-physical education classes instructed by the classroom teacher or designee
	D3 <input type="checkbox"/> Students are required to participate in at least 150 minutes of PE per week with a credentialed PE teacher
	D4 <input type="checkbox"/> School facilities are open outside of school hours for physical activity (for students, staff, and residents)
	D5 <input type="checkbox"/> Other: describe briefly
	PART II. Is an existing municipal or county plan being implemented to increase opportunities for children to walk and bike to school? Read items D5–D7, and check all that apply :
	D6 <input type="checkbox"/> Regulations are in place that require sidewalks and/or bike lanes for all new developments (e.g., housing, schools, commercial)
	D7 <input type="checkbox"/> Walking and biking infrastructure are required to be in place for new school sites
	D8 <input type="checkbox"/> Other: describe briefly

Physical Activity Community Self-Assessment Tool

STRATEGIES	
E. Physical Projects	Is the transportation infrastructure around most schools in the community sufficient and safe for students to walk and bike? Read E1–E7, and check all that apply :
	E1 <input type="checkbox"/> School walk zones extend for at least 1.5 miles around the majority of schools
	E2 <input type="checkbox"/> Sidewalks and/or bike path connections extend at least ½ mile away from the majority of schools
	E3 <input type="checkbox"/> Crosswalks in the majority of school zones are clearly marked
	E4 <input type="checkbox"/> Crossing guards are stationed at the majority of intersections within school walk zones (½ - 1 mile radius)
	E5 <input type="checkbox"/> Bike racks or other means of safe bicycle storage are available for students who bike to school
	E6 <input type="checkbox"/> Other traffic calming measures are applied. List:
	E7 <input type="checkbox"/> Other: describe briefly

Physical Activity Community Self-Assessment Tool

SECTION 3: PHYSICAL ACTIVITY IN WORKPLACES

The questions in this section refer to the three employers identified in the Data section, below.

DATA	
	<p>Workforce Distribution – Identify the three largest employment sectors that <i>serve</i> (not necessarily located <i>in</i> your community) and provide the percentage of total employed in each:</p> <p>Sector 1: Percentage of total employed: %</p> <p>Sector 2: Percentage of total employed: %</p> <p>Sector 3: Percentage of total employed: %</p> <p>Source/Date: /</p> <p>Workforce Leaders - In the self assessment, you will answer questions about a small sample of employers <i>in</i> your community. List the contact information for: a) the largest private employer for the community (can be combination of public and private); b) a small employer for the community – of your choice (300 or fewer employees); and c) the largest public employer for the community (must be 100% public).</p> <p>Largest Private Employer name*: *Note: can be a combination of public and private</p> <p>Sector:</p> <p>Address:</p> <p>City, State, ZIP:</p> <p>Phone (business/day): - -</p> <p>Fax (business/day): - -</p> <p>Number of employees:</p> <p>Small Private Employer name*: *Note: must be 300 or fewer employees</p> <p>Sector:</p> <p>Address:</p> <p>City, State, ZIP:</p> <p>Phone (business/day): - -</p> <p>Fax (business/day): - -</p> <p>Number of employees:</p> <p>Largest Public Employer name*: *Note: Must be 100% public</p> <p>Address:</p> <p>City, State, ZIP:</p> <p>Phone (business/day): - -</p> <p>Fax (business/day): - -</p> <p>Number of employees:</p> <p>Source/Date: /</p>

Physical Activity Community Self-Assessment Tool

STRATEGIES	
A. Preparation	<p>To what extent are workplaces providing support and leadership for increasing opportunities for physical activity? Answer all questions in Parts I–IV:</p>
	<p>PART I. Is there a community-wide coalition or group of business leaders that are working together to address opportunities for physical activity in workplaces? (e.g., through the local Chamber of Commerce)</p> <p><input type="checkbox"/> YES If yes, provide the chairperson’s name and contact information (in case clarification is needed):</p> <p><input type="checkbox"/> NO</p> <p>If yes, is the group actively working with local government to increase opportunities for alternative transportation to and from workplaces? (e.g., local government helps to facilitate access to greenways, commuter benefits programs, etc.)</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
	<p>PART II. IF any workplaces are conducting “pilot projects,” are any of them disseminating the project to other workplaces in the community?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> Not applicable (no pilot programs being conducted)</p>
	<p>PART III. Have any employers committed to supporting community-wide physical activity opportunities through monetary or in-kind contributions? (e.g., donations for building physical activity friendly facilities; sponsoring sports/recreation teams, staff time for community-wide coalition meetings, etc.)</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
	<p>PART IV. Which employers (from your sample) are providing support and leadership to increase physical activity opportunities in their workplaces? Answer A1 and A2 below.</p>
A1	<p>A committee or group has been established to increase worksite opportunities and support for physical activity:</p> <p><input type="checkbox"/> Large private employer</p> <p><input type="checkbox"/> Small private employer</p> <p><input type="checkbox"/> Public employer</p>
A2	<p>A worksite assessment has been conducted to determine what opportunities and barriers currently help or hinder physical activity in the workplace (especially those focused on policy and the physical environment):</p> <p><input type="checkbox"/> Large private employer</p> <p><input type="checkbox"/> Small private employer</p> <p><input type="checkbox"/> Public employer</p>

Physical Activity Community Self-Assessment Tool

STRATEGIES	
B. Promotions	Which employers (from your sample) use the following communications/promotions strategies to encourage physical activity among employees: Read items B1-B2 and check all that apply :
	B1 Promote and publicize an official “Bike to Work” for one week or day or of the year? Check only those that apply: <input type="checkbox"/> Large private employer <input type="checkbox"/> Small private employer <input type="checkbox"/> Public employer
	B2 Use routine communication to promote physical activity (e.g., memos to employees, newsletters, signage, meetings, email announcements)? Check only those that apply: <input type="checkbox"/> Large private employer <input type="checkbox"/> Small private employer <input type="checkbox"/> Public employer
C. Programs	Which employers (from your sample) promote physical activity through structured, ongoing programs (e.g., on-site exercise classes, on- or off-site physical fitness programs, walking/running clubs, sports teams)? Check only those that apply:
	C1 <input type="checkbox"/> Large private employer <input type="checkbox"/> Small private employer <input type="checkbox"/> Public employer
D. Policy	Which employers (from your sample) have the following policies that encourage physical activity? Read items D1–D7 and check all that apply :
	D1 Employer is actively working with local government to increase opportunities for alternative transportation to and from workplaces (e.g., asking for local government help to facilitate access to greenways, commuter benefits programs, etc.) <input type="checkbox"/> Large private employer <input type="checkbox"/> Small private employer <input type="checkbox"/> Public employer
	D2 Flexible work hours <input type="checkbox"/> Large private employer <input type="checkbox"/> Small private employer <input type="checkbox"/> Public employer
	D3 Flexible break times <input type="checkbox"/> Large private employer <input type="checkbox"/> Small private employer <input type="checkbox"/> Public employer
	D4 Incentives for walking, bicycling, or taking public transportation to work (e.g., bus vouchers, guaranteed ride home, gym discounts) <input type="checkbox"/> Large private employer <input type="checkbox"/> Small private employer <input type="checkbox"/> Public employer

Physical Activity Community Self-Assessment Tool

STRATEGIES		
D. Policy (cont.)	D5	Rewards for employees who demonstrate a certain level of physical activity (e.g., reduced health insurance co-pays, extra vacation time, prizes) <input type="checkbox"/> Large private employer <input type="checkbox"/> Small private employer <input type="checkbox"/> Public employer
	D6	Paid work time for physical activity <input type="checkbox"/> Large private employer <input type="checkbox"/> Small private employer <input type="checkbox"/> Public employer
	D7	<input type="checkbox"/> Other: describe briefly
E. Physical Projects	Which employers (from your sample) provide the following facilities that promote physical activity? Read items E1–E6, and check all that apply :	
	E1	Shower(s) <input type="checkbox"/> Large private employer <input type="checkbox"/> Small private employer <input type="checkbox"/> Public employer
	E2	Locker rooms or changing room(s) <input type="checkbox"/> Large private employer <input type="checkbox"/> Small private employer <input type="checkbox"/> Public employer
	E3	Bicycle rack(s) <input type="checkbox"/> Large private employer <input type="checkbox"/> Small private employer <input type="checkbox"/> Public employer
	E4	Fitness center(s) <input type="checkbox"/> Large private employer <input type="checkbox"/> Small private employer <input type="checkbox"/> Public employer
	E5	Safe area outside to walk or exercise (e.g., trails or sidewalks) <input type="checkbox"/> Large private employer <input type="checkbox"/> Small private employer <input type="checkbox"/> Public employer

RESOURCES FOR THE COMMUNITY SELF-ASSESSMENT

Helpful hints for gathering assessment information:

- Visit your local **Town Hall** or your **County Government Center** for information on municipal advisory boards, coalitions, and/or partnerships. Here you can also find information on preparation, promotions, programs, policies, and physical projects within the community, especially by contacting the following local departments:
 - A. **Parks and Recreation Department**
 - B. **Planning/Transportation Department**
 - C. **Town Manager's or County Manager's office**
- Contact your County's **Health Department**.
- Talk to your local **YMCA** (www.ymca.net – search by zip code) and/or other youth leagues.
- Visit your local **Chamber of Commerce** in person or online to inquire about the four largest employers in the area. The Chamber may also know about physical activity initiatives within the community and four largest workplaces.

Appendix F Proposal Application Form

Applicants may re-create this form or use the electronic version available online at www.bluecrossmn.com/preventionminnesota. Ten page maximum.

Please refer to the information in Section III of this RFP when completing this form.

RFP Name: Active Living Minnesota

RFP #: 599

Date of application: _____ Organization name: _____

Section One: Evidence of commitment to plan for and implement a comprehensive approach to encouraging active living and capacity to conduct major efforts. (35 points)

1. Briefly describe the lead organization's past leadership, accomplishments, and collaborative efforts related to physical activity. Explain why it is well-suited to lead an interdisciplinary partnership that focuses on encouraging active living.
2. Identify the elected official who is a champion or sponsor for the proposed initiative. Discuss how this leader has communicated or shown support for changes to the policy or physical environment that would create activity-friendly communities. Describe the anticipated role this individual will play in this initiative.
3. List all organizations and members belonging to the partnership. Briefly describe their experience and commitment to creating activity-friendly communities.
4. Describe the history and accomplishments of your partnership (including when it was formed) and the motivation for these entities to work together on planning for and implementing a comprehensive approach to active living
5. Describe why your partnership is the appropriate entity to pursue this work. Address your ability to properly represent the best interests of the community, including past involvement in community engagement.

Section Two: Understanding of the community, its assets, and challenges (20 points)

6. Describe your community (e.g., geographic boundaries, population and demographics, health statistics, etc).
7. Describe the three most important assets in your community for encouraging physical activity and active lifestyles.
8. Describe the three most significant barriers or challenging circumstances your community faces in encouraging physical activity and active lifestyles.

Section Three: Description of Community Readiness (35 points)

Note: Complete the Physical Activity Self Assessment before finalizing this section.

9. Identify which stage you feel is most appropriate as a starting point for your community. Provide a convincing rationale for your choice.
10. Describe your partnership's short-term goals over the next six months.
11. If you propose to begin this contract at the early or advanced implementation stage, provide an overview of your plans for implementation. Please also note the required submission of an action plan, as described in Section III of the RFP. Applicants that propose beginning at the preparation and planning stage do not need to answer this question.
12. Describe how your partnership, its process, and/or anticipated outcomes could serve as a model for other Minnesota communities.

Appendix G Action Plan Template

Applicants may re-create this form or use the electronic version available online at www.bluecrossmn.com/preventionminnesota

ACTIVE LIVING MINNESOTA – IMPLEMENTATION ACTION PLAN

Only Applicants who are proposing to start in Stage II or Stage III need to complete this action plan. This document will help us assess your readiness and priorities for implementation.

Please provide details about your plans for the first six months of Implementation (for communities proposing to begin work at Stage II or Stage III). Planned activities should reflect a comprehensive approach. The action plan can assume that each selected community will go through a three-month start-up process to fully develop the action plan. Please keep this action plan to a maximum of three pages.

VISION:

GOAL(S):

STRATEGIES	ACTIVITIES	TIMELINE	ACCOUNTABLE ORGANIZATION/ INDIVIDUAL	TRACKING MEASURE
STRATEGY 1:				
STRATEGY 2:				
STRATEGY 3:				
STRATEGY 4:				

Please feel free to attach additional information, if needed.

Appendix H Disclosure of Tobacco-Related Work Form Letter

Applicants may re-create this form or use the electronic version available online at www.bluecrossmn.com/preventionminnesota

(date)

Purchasing Department
 Blue Cross and Blue Shield of Minnesota
 3535 Blue Cross Rd.
 Eagan, MN 55122

I. Disclosure of Tobacco-Related Work: Please check one of the two statements below and, if prompted, attach supporting information.

- Our organization has *not* had any direct contractual relationships with the tobacco industry in the past 3 years, and our organization has not worked on any tobacco-related projects in the past 5 years.** (No supporting information required.)
- Our organization *has* had direct contractual relationships with the tobacco industry in the past 3 years, and/or our organization *has* worked on tobacco-related projects in the past 5 years.** Please provide the following information in an attachment:
 1. Any direct contractual relationship between your organization and a tobacco company within the past 3 years. (*This includes companies involved in the production of tobacco as well as the manufacture of cigarettes, cigars, pipe tobacco, chewing tobacco, smokeless tobacco, loose tobacco, snuff and raw, processed, or reconstituted leaf tobacco.*)
 2. Any involvement by your organization in tobacco-related projects within the past 5 years. Please attach a very brief description of each project in the below format.

Tobacco-related projects to disclose could include (but are not limited to) the following activities listed below:

- Policy campaigns related to tobacco use, secondhand smoke exposure, or the price of tobacco
- Media campaigns or tobacco counter-marketing campaigns
- Tobacco-related research, surveillance, or evaluation
- Community programs that provide education related to tobacco use, secondhand smoke exposure, or the price of tobacco
- Youth programs to promote tobacco prevention or reduce access to tobacco
- Cessation services such as health system interventions and referrals or counseling services

Name/description of project	Our organization's role in project	Depts/divisions within our organization that carried out this work	Funder(s) of the project	Timeframe in which we were involved in project

II. Agreements Regarding Future Tobacco Interests: The below statement must be checked in order for us to accept your proposal.

- If awarded the Blue Cross and Blue Cross Blue Shield of Minnesota (Blue Cross) contract, we agree to the following terms. (For larger applicant organizations such as universities or companies with distinct divisions, these terms apply only to the departments or divisions of your organization that will carry out the work for this contract.)
 - We will not pursue or accept a contract with a tobacco company for the duration of the contract with Blue Cross, and
 - We will make every reasonable effort to ensure that any subcontractors we utilize on our project have not been involved in projects funded directly or indirectly by the tobacco industry, or any projects that would be considered counter to the Center for Prevention's tobacco-control efforts.

(organization) (phone no.)

(address) (fax no.)

(by) (fed. id no.)

(title) (signature)

Appendix I Sample Budget Form

Applicants may re-create this form or use the electronic version available online at www.bluecrossmn.com/preventionminnesota

Active Living Minnesota—RFP #599 Budget Form

Name of Organization _____
Budget Period _____

Budget Categories		Amount Requested	Other Funding		Total by Line Item	Total by Category
			In-kind	Cash		
Salaries						
Name	Position	Base Salary	% Base Salary on Project			
			%	\$	\$	\$
			%	\$	\$	\$
Total Salaries						\$
Fringe Benefits						
		\$		\$		\$
Contractual Services						
Name of consultant						
Total Contractual Services		\$		\$		\$
Travel						
Destination	Lodging	Mileage	Per diem & other			
				\$	\$	\$
Total Travel						\$
Equipment and Software						
Name of equipment or software						
Total Equipment		\$		\$		\$
Other						
Office expenses (supplies, telephone, photocopying, postage)				\$		\$
Printing				\$		\$
Meeting expenses				\$		\$
Other				\$		\$
Total Other						\$
Indirect Costs						
List costs included in indirect budget (rent, utilities, admin. salaries)						
Total		\$		\$		\$

PreventionMinnesota

