



Memorandum

14-073

TO: WIC Regional Directors
WIC Local Agency Directors

FROM: Linda Brumble, Unit Manager
Nutrition Education/Clinic Services Unit
Nutrition Services Section

DATE: June 6, 2014

SUBJECT: FY 2015 Obesity Prevention Mini-Grant Applications

Applications are being accepted for the Obesity Prevention Mini-Grant (OPMG) for FY 2015. Local agencies (LA) may request OPMG funding for up to \$20,000 per agency. To apply for the funds, please complete and send the attached application as an attachment to angela.gil@dshs.state.tx.us. Applications must be received by **close of business, Wednesday, June 25, 2014**.

A separate application must be completed for each project to be funded by the OPMG (for example, a community garden, cooking demonstration, or health fair). The application has a fixed deadline. Local agencies will be notified of approval. The funding must be spent by September 30, 2015.

Funding awarded to each agency will be based on:

- The objectives, activities, evaluation component, and timeline for the project.
- The likelihood that the funds requested will be spent by September 30, 2015.
- The amount of funds available for OPMG projects.

Local agencies that are awarded OPMG funds are required to:

- Write an article for *WIC News* when requested.
- Submit mid-year and end-of-year reports including budget status and results.
- Participate in quarterly web conferences.

Resources:

To help you plan your project and complete the application, we have attached a sample budget worksheet. For additional tools, resources for evaluating and planning projects or for examples of what other agencies have done in the past, please visit:

<http://www.dshs.state.tx.us/wichd/nut/obesity.shtm>

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If you have questions or require additional information, please contact Angela Gil, Nutrition Education Consultant, Nutrition Education/Clinic Services Unit, at (512) 341-4590 or email at angela.gil@dshs.state.tx.us.

FY 2015 Obesity Prevention Mini Grant (OPMG) Application

Instructions: Fill out the application completely. Please fill out a separate application for each OPMG project. Email the application and any attachments to angela.gil@dshs.state.tx.us by close of business on June 25, 2014. Thank you!

LA Number and Name:
OPMG Coordinator:
OPMG Contact email:
OPMG Phone number:
LA Director Name:

1. IS THIS A NEW PROJECT OR REPEAT PROJECT?

NEW

REPEAT

2. WHAT IS THE TITLE OF THIS PROJECT?

3. WHAT ACTIVITIES ARE USED FOR THIS PROJECT?

Cooking Demonstration
 Group Classes
 Gardening
 Physical Activity

Supermarket Tours
 Health Fairs/Carnival
 Breastfeeding Activity
 Other, please specify:

4. WHAT IS THE ANTICIPATED START DATE FOR THIS PROJECT?

5. WHAT IS THE OVERALL GOAL OF THIS PROJECT?

6. WHAT ARE THE OUTCOME OBJECTIVES FOR THIS PROJECT? PLEASE BE CONCISE

7. HOW WILL THIS PROJECT BE EVALUATED TO DETERMINE IF THE OBJECTIVES WERE MET? GIVE EXAMPLES OF QUESTIONS THAT WILL BE ASKED OR SUBMIT A SAMPLE EVALUATION FORM SUCH AS A PRE/POST SURVEY.

8. WHAT KIND OF DATA WILL BE COLLECTED? CHECK ALL THAT APPLY

- | | |
|--|--|
| <input type="checkbox"/> Quantitative data (age, weight, height, Multiple choice, or yes/no questions) | <input type="checkbox"/> Client self-report |
| <input type="checkbox"/> Qualitative data (surveys with fill in the blanks, tell us what you liked, tell us what you learned type questions) | <input type="checkbox"/> Staff self-report |
| <input type="checkbox"/> BMI from Charts | <input type="checkbox"/> Foxfire reports |
| <input type="checkbox"/> Pre-tests/Pre-surveys | <input type="checkbox"/> Interviews |
| <input type="checkbox"/> Post-tests/Post-surveys | <input type="checkbox"/> Long term follow-up |
| <input type="checkbox"/> Other, please specify: | |

9. WHO IS THE TARGET AUDIENCE FOR THIS PROJECT? CHECK ALL THAT APPLY.

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> WIC Staff | <input type="checkbox"/> Parents of WIC kids |
| <input type="checkbox"/> WIC Families | <input type="checkbox"/> WIC Eligible public |
| <input type="checkbox"/> Kids on WIC | <input type="checkbox"/> Other, please specify: |

10. HOW WILL PARTICIPANTS BE RECRUITED FOR THIS PROJECT?

11. HOW MANY SESSIONS AND/OR CONTACTS PER PARTICIPANT ARE ANTICIPATED (I.E. HOW LONG IS THE PROGRAM)?

12. HOW WILL PARTICIPANTS BE MOTIVATED TO STAY INVOLVED IN THE PROGRAM?

13. DESCRIBE THIS PROJECT, CLASS, AND/OR ACTIVITY. ATTACH CLASS LESSONS, OUTLINES, ETC IF NEEDED. IF THIS IS A REPEAT PROJECT, ALSO DESCRIBE CHANGES MADE TO IMPROVE THE PROJECT.

14. WILL NUTRITION EDUCATION CREDIT BE GIVEN TO PARTICIPANTS ATTENDING THIS OPMG ACTIVITY? IF SO, WILL A NUTRITION EDUCATION CODE BE NEEDED OR DOES ONE EXIST FOR THIS OPMG? PLEASE LIST NE CODE IF ONE EXISTS.

15. WILL THERE BE A COLLABORATION WITH ANOTHER AGENCY (E.G. AGRILIFE EXTENSION, MASTER GARDENERS, ETC)?

- Yes. Which agency:
- No. Skip to question 17

A. What does the collaboration involve (e.g. nutrition education classes, community gardens, surveys, distribution of pamphlets, etc)?

B. Does the collaborating agency collect identifiable information from the WIC participants (e.g. names, address, phone numbers, etc.) if so, which?

16. PROVIDE A DETAILED BUDGET OF THIS PROJECT. INCLUDE ANTICIPATED COSTS OF THE SUPPLIES AND EQUIPMENT NEEDED TO PURCHASE, TYPE AND COST PER INDIVIDUAL ITEMS (SUCH AS INCENTIVES, MATERIALS), NUMBER AND COST OF STAFF, TRAVEL, ETC. INCLUDE THE TOTAL COST FOR THIS PROJECT. ATTACH A SEPARATE DOCUMENT IF NEEDED. NOTE: THE MAX PRICE FOR INCENTIVES IS \$10 PER ITEM.