



Food and  
Nutrition  
Service

Park Office  
Center

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Alexandria  
VA 22302

September 9, 2016

Shameyrae Miller

Georgia WIC Deputy Director of Program Integrity and Strategy

Georgia Department of Public Health

2 Peachtree Street, 15th Floor

Atlanta, GA 30303

Dear Ms. Miller:

Congratulations! We are pleased to inform you that the USDA Food and Nutrition Service (FNS) has approved the Georgia Department of Public Health's application for the FY 2016 WIC Special Project Grant.

Attached please find the FNS-529 Grant/Cooperative Agreement form which provides funding for the above-referenced project, as detailed below:

Funding Amount: \$430,124  
Award Start Date: 09/30/2016  
Award End Date: 09/30/2019

In addition, attached is a copy of the FNS Grant Terms and Conditions for this award. These Terms and Conditions will remain in full force and effect throughout the agreement period. Please note the following, as detailed in the Terms and Conditions:

- All expenditures paid for with funds provided under this award must be incurred within the period authorized above, and be in accordance with the tasks, project deliverables, and guidelines outlined in the Grant Terms and Conditions
- Only actual costs for work completed, rather than the estimates described in your grant application, may be charged to the award.
- If you establish sub-awards to carry out any of the work on your project, it is important that subgrantees also abide by these award terms. It is your responsibility to monitor the work and expenditures of your subgrantees.

Please have the appropriate authorizing official sign (IN **BLUE** INK) a copy of the FNS-529 and return to FNS, no later than **September 16, 2016**. To expedite the funding process, you may return the signed form via email with an attached PDF provided the scan is done in color.

Please forward your signed document via email to: Anna Arrowsmith ([anna.arrowsmith@fns.usda.gov](mailto:anna.arrowsmith@fns.usda.gov)).

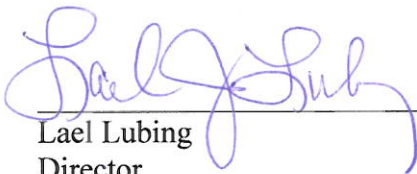
Lastly, included is the ASAP.gov Information Request form. This form is necessary to begin the enrollment process in the online payment system, ASAP.gov, to set up the Letter of Credit by which your grant funds will be made available to you. Use only if you do not have an account established with FNS. For additional information on ASAP.gov please visit: <http://www.fms.treas.gov/index1.html>.

Once we have received your signed FNS-529 form, we will sign and return one copy of the fully executed agreement to you. Please note that your fully executed FNS-529 agreement, signed by both FNS and your agency, serves as the official grant agreement and should be maintained in your files.

If you have any questions, please contact the Grants Officer, Anna Arrowsmith, at (703) 305-2998, or via e-mail at [anna.arrowsmith@fns.usda.gov](mailto:anna.arrowsmith@fns.usda.gov).


Once again, congratulations on your grant award. We look forward to working with you and your staff on your FNS grant.

Sincerely,



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Lael Lubing  
Director  
Grants and Fiscal Policy Division



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Sarah Widor  
Director  
Supplemental Food Programs Division

June 13, 2016

Leslie Byrd, Grants Officer  
United States Department of Agriculture  
Food and Nutrition Service  
Grants & Fiscal Policy Division  
3101 Park Center Dr.  
Alexandria, VA 22301-1500

Dear Ms. Byrd:

On behalf of Georgia Department of Public Health (DPH), I am pleased to provide this grant application in response to The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS)'s funding opportunity FY2016 WIC Special Project Grants. Through *WIC Head Start- A Recipe for a Healthy Life*, Georgia WIC proposes an innovative program designed to reclaim child participants between the ages of 1 and 5 within the State of Georgia. The scope of work of this program will utilize Quality Improvement methods designed to increase caseload within targeted health districts in Georgia through an innovative partnership with Georgia Head Start. As such, Georgia WIC staff will partner with Georgia Head Start in the targeted health districts of Macon, Columbus, and Gainesville to increase screening and enrollment rates for eligible children. As a pilot project, *WIC Head Start- A Recipe for a Healthy Life* is intended to serve as a model that can be replicated both across the State of Georgia and in fellow states across the Nation.

We look forward to the opportunity to work with USDA FNS in implementing this innovative project as we work to increase the Georgia WIC participation through meaningful and targeted outreach.

Sincerely,



Shameyrae Miller, Principal Investigator  
Georgia Department of Public Health  
*Deputy Director, Program Integrity and Strategy WIC Program*



## Title Page

**Title:** WIC Head Start- A Recipe for a Healthy Life  
**Applicant:** Georgia Department of Public Health  
**Address:** 2 Peachtree Street, 15<sup>th</sup> Floor Atlanta, GA 30303  
**Website:** [dph.ga.gov](http://dph.ga.gov)

**Project Summary:** Georgia Department of Public Health seeks funding to implement a pilot project to increase WIC enrollment within targeted Health Districts across the state. Through WIC Head Start - A Recipe for a Healthy Life, the Georgia Department of Public Health’s WIC program seeks to reclaim child participants between the ages of 1 and 5 within the State of Georgia. This goal will be achieved through Quality Improvement methods designed to increase caseload. In achieving this goal, Georgia WIC staff will partner with Georgia Head Start in the targeted Health Districts of Macon, Columbus, and Gainesville to increase screening and enrollment rates for eligible children.

### Single Point of Contact

Name: Shameyrae Miller  
Title: Georgia WIC Deputy Director of Program Integrity and Strategy.  
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## II. Abstract

Georgia's **WIC Head Start - A Recipe for a Healthy Life** responds fully to requirements set forth under the FY2016 WIC Special Project Grants (Full).

(1) **Focus Area:** Under this Funding Opportunity Announcement (FOA), USDA FNS defines the 2016 project focus area as Retention of Children Participating in WIC. Nationally, for the past few years, retention of children has been identified as a challenge in the WIC program. As noted by USDA, it is important to the WIC mission to keep qualified children between 1 to 5 years, who are still developmentally vulnerable to nutrition-related problems that have been proven to be mitigated by WIC participation on the program, enrolled and participating in the WIC program. USDA notes the following reasons as existing barriers for enrollment and services serving as reasons for decline in participation: 1) family time constraints leading to missed or no show appointments; 2) lack of transportation to WIC appointments; 3) social stigma associated with WIC participation; 4) inability to access services outside of normal clinic hours; 5) child care related problems; 6) confusion about eligibility after an infant turns one year old; 7) perceived long wait times; and 8) staff turnover. WIC Head Start - A Recipe for a Healthy Life seeks to combat the rapid decline in participation of Georgia's Women, Infants, and Children (WIC) program. It specifically addresses the retention of children one to five years of age. This will be accomplished by targeting children in local Head Start and Early Head Start programs within three targeted Health Districts in Georgia. Responding directly to USDA's cited reasons for decline in participation, WIC Head Start - A Recipe for a Healthy Life will work with parents and families in Head Start facilities to enroll children into the WIC program. By enrolling children at the Head Start facility, Georgia WIC will address many of the reasons cited for declining enrollment including perceived long wait times, confusion about eligibility after an infant turns one year old, lack of transportation to WIC appointments, and inability to access services outside of normal clinic hours.

(2) **Description of Intervention:** WIC Head Start - A Recipe for a Healthy Life will collaborate with Georgia Head Start within three targeted Health Districts of Gainesville, Macon and Columbus. WIC personnel in each health district will partner with Head Start centers within their respective districts to implement the scope of work defined herein.

(3) **Goals and Objectives: The Goal of WIC Head Start - A Recipe for a Healthy Life is to** Increase enrollment and participation outcomes among eligible child participants between the ages of 1 and 5 by the end of the grant period. Identified objectives are as follows:

Objective 1: To develop a formal system of collaboration between WIC and Head Start in the Columbus, Gainesville, and Macon-Bibb County District Head Start Centers in an effort to enroll and or reclaim eligible 1 to 5-year-old Head Start enrollees by September 30<sup>th</sup>, 2017.

Objective 2: To Increase the number of children enrolled in pilot Head Start centers who receive supplemental nutrition benefits over the existing 2015 baseline.

#### **(4) Project Environment**

WIC Head Start - A Recipe for a Healthy Life will be implemented within three targeted Health Districts (Macon, Gainesville, and Columbus) within the State of Georgia. Within these health districts, Georgia WIC state personnel will collaborate with local Head Start agencies to increase enrollment and participation numbers among Head Start enrolled children at Head Start facilities within each of these three health districts. In addition, Georgia WIC staff will collaborate with local WIC clinics in each of these districts to ensure that the program is fully implemented in an impactful and meaningful manner. A description of the relevant characteristics of implementation sites is listed below:

In total, there are 5528 children enrolled in Head Start, with 66 Head Start centers within the three Health Districts of Gainesville, Macon, and Columbus. In the target Health Districts of Gainesville, Macon and Columbus, Head Start enrollment reflects the following statistics:

- In Gainesville, there are 1,327 children enrolled in Head Start with 22 Head Start centers serving these children throughout the health district.
- In Macon-Bibb, there are 2,217 children enrolled in Head Start with 23 Head Start centers serving these children throughout the health district.
- In Columbus, there are 1,684 children enrolled in Head Start with 23 Head Start centers serving these children throughout the health district.

#### **(5) Project Evaluation**

WIC Head Start - A Recipe for a Healthy Life includes the development of a comprehensive evaluation plan developed to determine success in meeting aggressive goals for increasing WIC participation rates in children between the ages of 2 and 4 within three targeted Health Districts in Georgia. The proposed evaluation plan is thorough, feasible, and appropriate to documenting the accomplishment of the projects goals, objectives, and outcomes. It employs multi-source, multi-method qualitative and quantitative tools assessing the program's effectiveness in meeting all outcome goals and ensures continuous quality improvement using accepted mixed-method data analytic approaches. Proposed research questions are as follows:

- Were at least 2% of Head Start children reclaimed as a result of the pilot project?
- Were parents of children enrolled at the pilot sites open to receiving on site WIC certification services and food benefit issuance?
- Do parents feel the onsite WIC services are a good alternative to visiting WIC clinics for services?
- Was the pilot project implemented consistently across all pilot districts?
- Does Head Start staff feel the pilot project was a success and complement services offered to parents?
- Are there any unintended consequences to implementing the pilot project?
- What are some challenges to implanting the pilot project across sites?

## **(6) Key Personnel**

Georgia WIC certifies that appropriate staffing will be utilized in order to effectively administer, manage, evaluate, monitor and report on project outcomes. As such, key personnel include the following individuals: Shameyrae Miller, *Principal Investigator*, Angela Damon, *WIC Deputy Director of Program Operations and Nutrition*. Sonia Jackson, *WIC Manager of Program Review and Delivery Team*. Sandra Roberts, *WIC Outreach and Communications Liaison*, and Julie Gazmararian, PhD, MPH (Emory University). Staff will also be provided at the health district level in form of Competent Professional Authorities, Clerical Staff, and Nutrition Services Directors.

### III. Project Design and Implementation

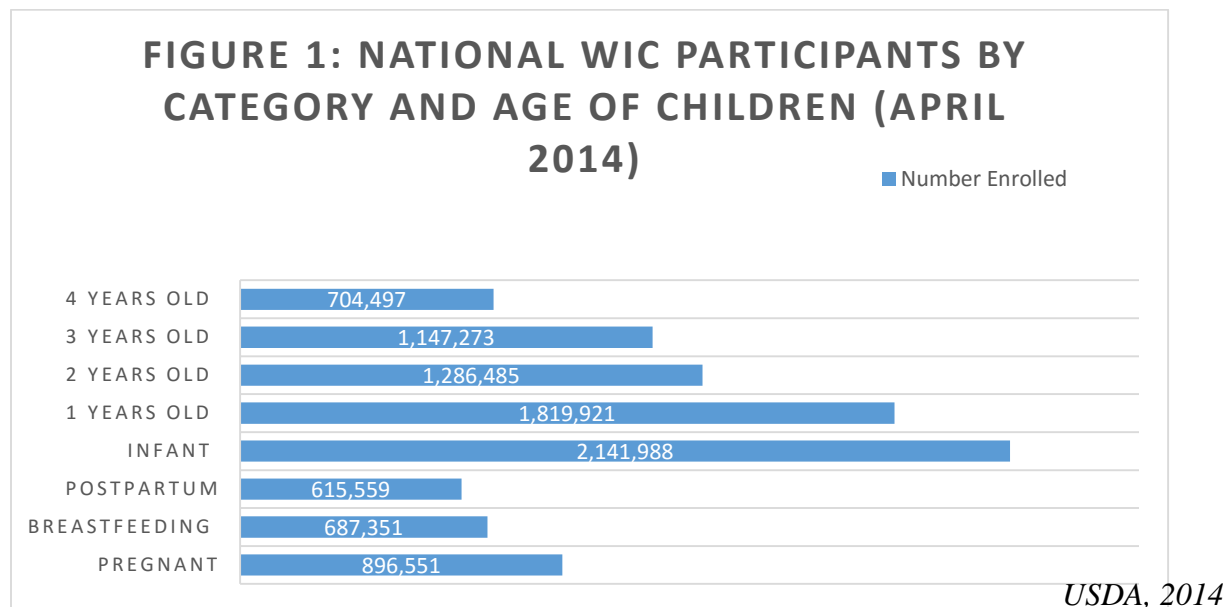
#### A. Need for Project

WIC Head Start - A Recipe for a Healthy Life seeks to combat the rapid decline in participation of Georgia's Women, Infants, and Children (WIC) program. It specifically addresses the retention of children one to five years of age. This will be accomplished by targeting children in local Head Start and Early Head Start programs within three targeted Health Districts in Georgia. More than 50% of the babies born in Georgia are enrolled in the WIC program and receive services. However, after the age of one, many of the children fail to certify (re-certify, receive supplemental food, and nutrition counselling and breastfeeding support for various reason). Because WIC and Head Start serve the same population of children and share common goals partnering in this special

The WIC Head Start - A Recipe for a Health Life target population are low-income, nutritionally at risk:

- Pregnant women (through pregnancy and up to 6 weeks after birth or after pregnancy ends).
- Breastfeeding women (up to infant's 1st birthday)
- Non-breastfeeding postpartum women (up to 6 months after the birth of an infant or after pregnancy ends)
- Infants (up to 1st birthday). WIC serves 53 percent of all infants born in the United States.
- Children up to their 5th birthday.

Below, Figure 1 examines WIC participation by the above categories through a national lens:



Since 1998, participation in WIC has been steadily declining with greater decreases noted among children. WIC participation rates among eligible children is equally startling with only 54% of eligible children who are receiving WIC benefits, and coverage rates vary significantly by age:

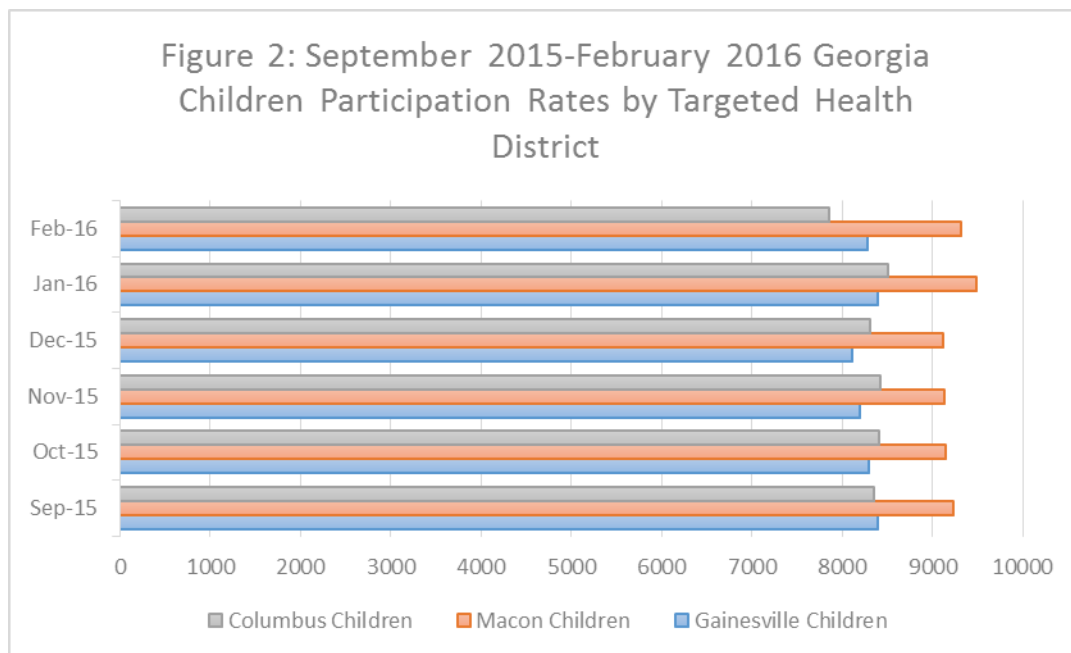


85% of infants are covered, 75% age 1; 54% age 2; 49% age 3; 35% age 4. 2014 data indicates that only 45.6% of full Head Start enrollment show participation in WIC throughout Georgia.

Given this trend, over the past few years, Food and Nutrition Services (FNS) of the United States Department of Agriculture (USDA) has prioritized strategies to help increase retention of children in WIC between 1- 5years of age. During spring 2014, WIC State agencies were canvassed to obtain information on strategies that are used or planned to retain child WIC participants.[3] Although several states are implementing innovative programs to increase participation and retention of children between one and five years of age, data are not yet available to indicate what may be effective strategies. Moreover, successful strategies are likely to vary by specific characteristics of the WIC eligible population in each state. In Georgia, WIC participation rates mirror national trends with a declination in participation rates in 2015. Please refer to the below chart for an analysis of Georgia WIC participation rates in Fiscal Year 2015:

2015 fiscal year Baseline Data for Statewide Georgia WIC Enrollment												
Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Average
141320	137796	136653	133760	129551	128985	128367	128628	129894	130540	131301	131140	132328

Moreover, in the targeted Health Districts of Gainesville, Macon, and Columbus, participation rates for WIC children are lower than state trends. Participation rates for WIC children for the period of September 2015 to February 2016 are outlined in Figure 2:



## B. Goals

WIC Head Start- A Recipe for a Healthy Life Identified Goals	
<b>GOAL 1</b>	Drive enrollment and participation outcomes among eligible child participants between the ages of 1 and 5 by the end of the grant period.

Through WIC Head Start - A Recipe for a Healthy Life, the Georgia Department of Public Health's WIC program seeks to reclaim child participants between the ages of 1 and 5 within the State of Georgia. This goal will be achieved through Quality Improvement methods designed to increase caseload. In achieving this goal, Georgia WIC staff will partner with Georgia Head Start in the targeted Health Districts of Macon, Columbus, and Gainesville to increase screening and enrollment rates for eligible children. The Mission of Georgia Head Start is to provide education, leadership and advocacy that support Head Start programs' efforts in delivering high quality comprehensive services to Georgia's children, families and communities. In the 2014-2015 fiscal year, Georgia Head Start served 24,823 children and Early Head Start served 3,661 children. In order to be eligible for Georgia Head Start services, families must be at 180% of the Federal Poverty Level (FPL). In addition, enrolled children must meet one of the following requirements: 1) be a recipient of Supplemental Nutrition Assistance Program (SNAP) and a member of a household currently participating in SNAP, 2) be a recipient of Temporary Assistance to Needy Families (TANF) and have household family members currently participating, 3) be a recipient of Medicaid or is a member of a family in which a pregnant woman or infant receives Medicaid. This includes Presumptively Eligible Medicaid Recipients.

**C. Objectives:**

<p><b><u>Objective 1:</u> To develop a formal system of collaboration between WIC and Head Start in the Columbus, Gainesville, and Macon-Bibb County District Head Start Centers in an effort to enroll and or reclaim eligible 1 to 5-year-old Head Start enrollees by September 30<sup>th</sup>, 2017.</b></p> <p><b><u>Objective 2:</u> To Increase the number of children enrolled in pilot Head Start centers who receive food benefits over the existing 2015 bases-line.</b></p>	
<p><b>Activity 1</b></p>	<p>Establish formal MOU between local WIC Districts and Head Start Agencies in their Districts (Gainesville, Macon, Columbus) to provide on-site certification, nutrition education, and food supplemental nutrition benefits to enrolled Head Start children enrolled in the Head Start program.</p>
<p><b>Activity 2</b></p>	<p>Provide funding to local Health Districts (Gainesville, Columbus, and Macon) to coordinate Certified Professional Authorities and Program Assistance to visit local Head Start centers in their district and enroll Head Start children in the WIC program. The staff persons will visit the centers and outreach to parents, offering convenience of on-site certification services, nutrition education, and food benefit issuance when they drop off and pick up their children. When applicable, vouchers will also be mailed to families when children miss school on the days the WIC Certified Professional Authority visits the center, once all nutrition education requirement.</p>
<p><i>A full description of tasks and sub-activities can be found in the Task Table VIII 4, beginning on page 19 of this narrative.</i></p>	

Through Objectives 1 and 2, Georgia WIC proposes an innovative partnership between local health district WIC offices in Macon-Bibb, Gainesville, and Columbus Health Districts to increase the participation rates of children ages 1-5 within the WIC program. Due to the fact that Head Start and WIC serve similar populations nationally, the scope of work of this proposal seeks to identify Head Start children between the ages of 1-5 who are not currently enrolled in Georgia WIC and enroll them when possible. Moreover, Georgia WIC will seek to reclaim currently enrolled Head Start children who are not actively participating in Georgia WIC services in an effort to increase participation. This project will include a formalized collaborative partnership that allows cross referral of children between Georgia WIC and Georgia Head Start programs within the Health Districts of Gainesville, Macon and Columbus. The measure of success will be an increase in the number of eligible children identified in Head Start programs (within the Districts named above) who become new WIC enrollees and/or the re-claiming of WIC children identified in Head Start programs who were not actively participating in WIC services before enrollment into WIC Head Start- A Recipe for a Healthy Life.

Addressing the decrease in WIC participation is crucial, and targeted outreach is a strategy that will help to assure full participation in WIC. As such, Georgia WIC recognizes that partnerships are an integral part of statewide outreach plans, and are essential to reversing the decline in WIC participation in Georgia. Investing to reverse the WIC participation drop and increase WIC participation, especially among children between ages 1 and 5, will bring millions of additional federal dollars into the Georgia economy, and ensure healthy outcomes for future generations. As such, the activities proposed above rely on the development of robust partnerships between Georgia Head Start agencies, Georgia WIC state offices at the Georgia Department of Public Health (DPH) and the three targeted Health Districts of Columbus, Macon, and Gainesville.

#### **D. Environment:**

WIC Head Start - A Recipe for a Healthy Life will be implemented within three targeted Health Districts (Macon, Gainesville, and Columbus) within the State of Georgia. Within these health districts, Georgia WIC state personnel will collaborate with local Head Start agencies to increase enrollment and participation numbers among Head Start enrolled children at Head Start facilities within each of these three health districts. In addition, Georgia WIC staff will collaborate with local WIC clinics in each of these districts to ensure that the program is fully implemented in an impactful and meaningful manner. A description of the relevant characteristics of implementation sites is listed below:

In total, there are 5,528 children enrolled in Head Start, with 66 Head Start centers within the three Health Districts of Gainesville, Macon, and Columbus. In the target Health Districts of Gainesville, Macon and Columbus, Head Start enrollment reflects the following statistics:

- In Gainesville, there are 1,327 children enrolled in Head Start with 22 Head Start centers serving these children throughout the health district.
- In Macon-Bibb, there are 2,217 children enrolled in Head Start with 23 Head Start centers serving these children throughout the health district.

- In Columbus, there are 1,684 children enrolled in Head Start with 23 Head Start centers serving these children throughout the health district.

Statewide, 11,400 of the 25,000 children enrolled in Head Start were enrolled in Georgia WIC (2014). This indicates that Georgia WIC serves only 45.6% of the state Head Start population, all of whom potentially qualify for services. Current Head Start enrollment trends indicate the following WIC enrollment numbers:

- Less than 1 year: 864 children
- 1+ Years: 1,162 children
- 2+ Years: 1,829 children
- 3+ Years: 13,595 children
- 4+ Years: 10,662 children
- 5+ Years: 54 children
- Pregnant Women: 217 Women

These statistics indicate that enrollment rates are highest in children ages 3 and 4 years old. Enrollment rates are low for children in the 0-2 ages thus indicating the need for targeted outreach and parental education in order to increase enrollment among eligible populations.

#### IV. Project Evaluation

##### A. Type of Evaluation:

WIC Head Start - A Recipe for a Healthy Life includes the development of a comprehensive evaluation plan developed to determine success in meeting aggressive goals for increasing WIC participation rates in children between the ages of 1 and 5 within three targeted Health Districts in Georgia. The proposed evaluation plan is thorough, feasible, and appropriate to documenting the accomplishment of the projects goals, objectives, and outcomes. It employs multi-source, multi-method qualitative and quantitative tools assessing the program’s effectiveness in meeting all outcome goals and ensures continuous quality improvement using accepted mixed-method data analytic approaches.

The main purpose of evaluation will be as follows:

<b><i>The main purpose of evaluation will be:</i></b>
1) To ascertain that program activities throughout the project period are carried out efficiently and are aligning with the program goals and strategies;
2) To identify and address barriers to program implementation;
3) To determine progress toward increased participation outcomes;
4) To highlight any lessons learned and factors that may promote program success.

In evaluating the program scope of work, both process and outcome evaluations will be used.

<b>Process Evaluation Activities</b>	
<b>Activities</b>	<b>Sub Activities</b>

Document what the program is doing and to what extent and how consistently the program is implemented across pilot sites	<p><b>A. Document baseline processes</b></p> <p><b>B. Gather evidence using qualitative and quantitative methods</b></p> <p><b>C. Report results for all pilot sites</b></p>
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<b>Outcome Evaluation Activities</b>	
<b>Activities</b>	<b>Sub Activities</b>
Assess the effectiveness of the project in producing change across all pilot districts.	<p><b>A. Document baseline</b></p> <p><b>B. Gather evidence using qualitative and quantitative methods</b></p> <p><b>C. Report results for all pilot sites</b></p>

**B. Research Design:**

Georgia WIC is committed to partner with an academic university (Emory University) in order to ensure that the necessary expertise in research evaluation is incorporated into this research design. In accordance with the terms of this Funding Opportunity Announcement (FOA), Georgia Department of Public Health asserts a commitment to fully executing this research partnership by the time of award and will provide all necessary documentation to FNS no later than three months post-award as required under the terms of this FOA.

**1. Research Questions**

<b>Outcome Evaluation Questions</b>
Were at least 2% of Head Start children reclaimed as a result of the pilot project?
Were parents of children enrolled at the pilot sites open to receiving on site WIC certification services and food benefit issuance?
Do parents feel the onsite WIC services are a good alternative to visiting WIC clinics for services?

<b>Process Evaluation Questions</b>
Was the pilot project implemented consistently across all pilot districts?

Does Head Start staff feel the pilot project was a success and complement services offered to parents?
Are there any unintended consequences to implementing the pilot project?
What are some challenges to implanting the pilot project across sites?

## 2. Measures

<b>WIC Head Start- A Recipe for a Healthy Life Evaluation Measures</b>	
<b>Outcome Evaluation</b>	
<b>Research Question</b>	<b>Corresponding Measure</b>
Were at least 2% of Head Start children reclaimed as a result of the pilot project?	<ul style="list-style-type: none"> <li>Participation reports by child age and other demographics</li> </ul>
Were parents of children enrolled at the pilot sites open to receiving on site WIC certification services and food supplemental nutrition benefit issuance?	<ul style="list-style-type: none"> <li>Surveys of participants and /or staff</li> </ul>
Do parents feel the onsite WIC services are a good alternative to visiting WIC clinics for services?	<ul style="list-style-type: none"> <li>Surveys of parents at each site.</li> </ul>
<b>Process Evaluation</b>	
<b>Research Question</b>	<b>Corresponding Measure</b>
Was the pilot project implemented consistently across all pilot districts?	<ul style="list-style-type: none"> <li>Track percentage of observations that show process steps outlined as implemented consistently</li> </ul>
Does Head Start staff feel the pilot project was a success and complement services offered to parents?	<ul style="list-style-type: none"> <li>Survey staff WIC and Head Start staff on feelings about the project, analyze their responses</li> </ul>
Are there any unintended consequences to implementing the pilot project?	<ul style="list-style-type: none"> <li>Survey staff WIC and Head Start staff on feelings about the project, analyze their responses</li> </ul>
What are some challenges to implanting the pilot project across sites?	<ul style="list-style-type: none"> <li>Survey staff WIC and Head Start staff on challenges to implementing the pilot project, analyze their responses</li> </ul>

Georgia WIC will deploy a mixed method evaluation. The mixed methodology design will encompass collecting, analyzing, and mixing both quantitative and qualitative data for the evaluation. One of the reasons for conducting a mixed methods evaluation is to offset the weaknesses of quantitative data collection, as well as qualitative data collection. They both have strengths and they both have weaknesses, and when done together, they can offset each other. Mixed methodology also provides a more comprehensive account of what's going on with the program when quantitative and qualitative methods are used.

### 3. **Research Methods:**

WIC Head Start - A Recipe for a Healthy Life will work with the identified academic research partner to implement a series of research methods designed to fully answer the aforementioned research questions. As such, methods include the following:

**Sample Size:** For Head Start data collection evaluators will use a multistage random sample of participants to obtain a pilot wide representative sample. The sampling plan is designed to provide a snapshot of Head Start families' attitude about the pilot. The survey will be administered at randomly selected pilot sites on randomly selected days. Throughout the pilot project, every parent/caregiver entering the selected pilot sites on designated days during the collection period will receive a survey. The survey will be anonymous, and all results will be aggregated at the state level. Those participants who wish to participate in focus groups or personal interviews to validate survey findings may indicate this preference on the instrument and provide contact information for follow-up. A census of the Head Start pilot project sites will be used to collect process evaluation data. Onsite observations and key WIC and Head Start staff interviews will be conducted for each pilot site.

**Data Collection Methods:** Evaluation staff will analyze available WIC data to identify continuous enrollment and termination rate of children (birth through 4) for the districts identified to establish a baseline. Data will be collected from the following sources: 1) WIC participant system data, 2) Head Start enrollment system data, 3) Head Start parent focus group data, 4) Key WIC and Head Start interview data, 5) onsite observations data

Post-test evaluation activities will include 1) Surveys and/or focus groups with individuals and groups to assess changes in behaviors, practices, and normative attitudes participation rates; 2) Conduct interviews with WIC and Head Start staff to identify process steps taken, challenges, and other feedback; 3) Conduct focus groups and surveys with parents to identify thoughts on the pilot project; 4) Write up results from focus groups and surveys/write up results from pilot intervention strategy to be disseminated across partners including USDA, Georgia WIC, and Georgia Head Start agencies. Outcome evaluation will assess the effectiveness of the project in producing change and will focus on difficult questions that ask what happened to program participants and the impact made on long-term health.

#### **Data Analysis Methods:**

**Georgia WIC is committed to a robust and transparent evaluation process. In order to ensure a high standard of evaluation, Georgia WIC recognizes the necessity to partner with an academic institution in order to ensure a high quality research design. As such, Georgia WIC will partner with Emory University in the evaluation activities defined herein.** Julie Gazmararian, PhD, MPH (Emory University), will serve as the *Lead Evaluator* for WIC Head Start - A Recipe for a Healthy Life. Dr. Gazmararian will work in conjunction with the Principal Investigator to ensure that proposes a robust program evaluation (process and outcome) is administered that will allow for performance monitoring, quality improvement and assessment of changes in participation rates over the program period. The evaluation team will be headed by Dr. Gazmararian who will provide oversight for all evaluation efforts for the WIC Head Start - A

Recipe for a Healthy Life effort. Required reports will be developed by the Lead Evaluator and reviewed by the Principal Investigator and program staff. The program evaluation team will collect data on all program measures identified herein and provide analysis and recommendations for the Georgia WIC program team.

As an experienced evaluator, Dr. Gazmararian has over 28 years of public health experience, both as a health educator and epidemiologist. She currently is the Director of Graduate Studies and an Associate Professor in the Department of Epidemiology at Emory University and has joint appointments in the Departments of Health Policy and Management and Behavioral Science and Health Education. She is the former director of the USQA Center for Health Care Research (now the Emory Center on Health Outcomes and Quality), and prior to that position, was the Director of Scientific Research for seven years for the Prudential Center for Health Care Research. She has designed and led numerous multi-site studies that have involved both qualitative and quantitative data collection methodology. She has strong study design and management skills and a solid publication record. She also has extensive experience in survey design and development. For the majority of her public health career, she has focused her research efforts on underserved communities, leading several studies conducted in WIC clinics on diverse topics such acceptance of influenza vaccine; impact of the farmer's market program and changes in the WIC package; and the text4baby program. She is also a nationally recognized researcher on health literacy. As Principal Investigator for this project she will be responsible for overall administration, implementation and dissemination activities.

WIC Head Start - A Recipe for a Healthy Life leadership will use evaluation findings for continuous program improvement. Baseline, process, and outcome data will be reviewed by the program staff on an ongoing basis. Regular project team meetings will serve as a venue for review of data and discussion around program and quality improvement. This may include plans to improve data collection quality (as needed) and plans to implement specific strategies to improve demonstration site participation and adherence to scope of work. Evaluators will provide feedback and guidance on emerging challenges and potential approaches to alleviating barriers. This will serve as a platform for communication of successes that may have broader utility across sites.

## **V. Sustainability and Transferability**

### **A. Sustainability:**

Georgia WIC will work throughout the grant period to grow and sustain community and regional partnerships to build lasting engagement in the WIC program on a statewide basis. WIC Head Start - A Recipe for a Healthy Life is a pilot project designed to develop a best practice model that can be replicated in communities across the state upon completion of the grant period. In addition, Georgia Department of Public Health (DPH) possesses a diversified streams of funding for public health efforts related to women and children within the state of Georgia and as such, is committed to leveraging additional resources to support WIC Head Start - A Recipe for a Healthy Life as applicable. In fact, Georgia WIC is committed to long term sustainability of the efforts defined herein. Considering this suitability efforts are targeted towards expanding the reach and sustainability of the program model. This sustainability mechanisms include delivery of training and technical assistance, the hosting of webinars for Georgia communities, and initiation of new



partnerships to leverage resources and expertise regarding increasing WIC participation numbers across the state. Moreover, as a research partner, Emory University brings significant capacity in nutrition and policy, systems and environmental change approaches to the proposed work that will be essential in sustaining the interventions defined herein after the completion of the grant period.

Georgia WIC is housed within the Georgia Department of Public Health (DPH), the State of Georgia's lead agency in preventing disease, injury and disability; promoting health and well-being; and preparing for and responding to disasters from a health perspective. In 2011, the General Assembly restored GADPH to its own state agency after more than 30 years of consolidation with other departments. The mission of GADPH has remained constant through the years – to protect the lives of all Georgians. Today, the main functions of DPH include: Health Promotion and Disease Prevention, Maternal and Child Health, Infectious Disease and Immunization, Environmental Health, Epidemiology, Emergency Preparedness and Response, Emergency Medical Services, Pharmacy, Nursing, Volunteer Health Care, the Office of Health Equity, Vital Records, and the State Public Health Laboratory. At the state level, GADPH functions through numerous divisions, sections, programs, and offices. Locally, GADPH funds and collaborates with Georgia's 159 county health departments and 18 public health districts. Georgia's local Health Districts and public health agencies help to promote oral health chronic disease awareness and treatment across the state.

As part of DPH's commitment to financial integrity and long-term financial sustainability, the Division of Financial Management represents the financial interests of the GADPH and all of its programs therein. Moreover, DPH has the capacity and experience to manage federal funds in a responsible and transparent manner, with over \$500 Million in federal funds managed annually agency wide. As such, the Division of Financial Management is responsible for ensuring that program funds are administered in accordance with standard accounting practices and Health and Human Services accounting rules. The Division of Financial Management is responsible for payments to providers, vendors, and employees and prepares financial reports to ensure receipt of federal funding. This unit prepares annual financial statements for the agency and ensures the department complies with Generally Accepted Accounting Principles (GAAP). Within The Division of Financial Management, the Budget Office assigns a budget analyst to each grant budget. This analyst works with the program and leadership team to ensure that funds are available for program operations. The analyst provides monthly itemized expenditures reports to program and leadership staff to track expenditure and ensure that the program is on track with both the budget and deliverables set forth in the work plan. Electronic reports detailing budgets and expenses are retrieved from the PeopleSoft Accounting System and the Uniform Accounting System at any time during the budget period. Post-Award, the Office of Grants Management works with program staff to ensure that individual awards remain in compliance, completing all Federal Financial Reports, FFATA, and close our reports as required by the grantor.

#### **B. Transferability:**

Throughout the project period, the evaluation and performance measurement process will inform the development of the evidence base and will enhance the program strategies being employed in an effort to strengthen the evidence base on program effectiveness by the close of the grant period. Georgia WIC is committed to sharing evaluation and performance measurement results with USDA FNS to support the overarching cross-site evaluation and performance monitoring. The

sharing of results with USDA and WIC Head Start - A Recipe for a Healthy Life partners will include, at a minimum, the following measures: required annual reports, interim reports as appropriate, and information exchange during site visits by USDA FNS staff. In an effort to maintain transparency, Georgia WIC will work with project officers and program personnel at USDA FNS to share evaluation and performance measurement results to audiences beyond USDA. Findings will be disseminated through a variety of methods to include peer-reviewed publications, professional conferences and meetings, formal and informal evaluation reports and other publications (i.e. newsletters). A presentation of evaluation results to other USDA programs, as well as other federal level stakeholders interested in the *WIC Special Projects* will be presented via a webinar. Evaluation results in the form of report summaries or articles will also be channeled through partner websites. A feature story will also be prepared for the Public Health Week (PH Week) newsletter that is distributed via email to all DPH employees. Finally, Georgia WIC will utilize the USDA FNS WIC Works Resource System ([wicworks.fns.usda.gov](http://wicworks.fns.usda.gov)) to disseminate the results across WIC State agencies across the country. This will include working with USDA FNS staff to develop the following materials: 1) WIC Head Start- A Recipe for a Healthy Life Case Study, 2) WIC Head Start- A Recipe for a Healthy Life Webinar discussing project results and best practices, 3) WIC Head Start- A Recipe for a Healthy Life Resource Guide designed to give WIC agencies step by step guidance on implementing the project model in their respective jurisdictions.

Georgia WIC hopes that WIC Head Start- A Recipe for a Healthy Life will inform other WIC state agencies on effective intervention strategies designed to increase participation rates for children ages 1 and 5 in specific targeted communities. The information shared through the dissemination process described above will allow other WIC state agencies to learn about WIC Head Start - A Recipe for a Healthy Life success and challenges. Moreover, it is the hope of Georgia WIC that WIC Head Start - A Recipe for a Healthy Life will be able to be replicated in local WIC clinics in communities across the State of Georgia. More than this, Georgia WIC hopes that the pilot project model will be replicated by WIC agencies across the nation interested in increasing participation rates within targeted communities. In addition, this program model will inform other WIC State agencies of best practices and project feasibility (both financial and administrative) when implementing the program model in their respective states. WIC Head Start - A Recipe for a Healthy Life will be of interest to other WIC State agencies as it presents an innovative partnership between two programs run at the state level (Head Start and WIC) as an innovative mechanism for reaching specific segments of the WIC population to increase overall participation rates.

## **VI. Key Personnel**

Georgia WIC certifies that appropriate staffing will be utilized in order to effectively administer, manage, evaluate, monitor and report on project outcomes. As such, key personnel are listed below:

**Shameyrae Miller, Principal Investigator.** Ms. Miller serves as the Georgia WIC Deputy Director of Program Integrity and Strategy. She will be responsible for the overall initiation, planning, execution, monitoring, reporting, and closure of the project. Ms. Miller has a Master of Public Administration from Troy University and a Bachelor of Science in Family and Consumer

Sciences from Fort Valley State University. In addition, she holds a Certificate in Project Management from Georgia State University, equipping her with the essential tools to provide sound administrative and program management. Ms. Miller is a leader in child nutrition, having worked for over 15 years in child nutrition services. She is a trained Public Health Nutritionist and has served in nutrition policy and implementation role extensively. In her capacity as Georgia WIC Deputy Director of Program Integration and Strategy, Ms. Miller works alongside WIC's senior leaders and stakeholders to define and implement Georgia WIC program's strategic direction and State Plan, monitor progress and compliance against both the State Plan and WIC's strategic plan, and make recommendations as needed. In addition, she oversees training and regional support teams to ensure staff, participants and retail vendors are provided the education and support needed to maximize program benefits and compliance. Given her breadth of experience and role within Georgia, WIC, Ms. Miller is well poised to serve as WIC Head Start - A Recipe for a Healthy Life Principal Investigator. Shameyrae Miller will spend .05 FTE for each of the three years.

**Angela Damon, WIC Deputy Director of Program Operations and Nutrition.** Ms. Damon will provide policy support during the planning and execution of the project and ensure that overall operation of the project is in compliance with state and federal regulations. Ms. Damon has a Bachelor of Science in Dietetics from Oakwood College and is a Board Certified Lactation Consultant. She has over 15 years of experience in public health and is recognized as a nutrition expert within the field. In her capacity at Georgia WIC, Ms. Damon serve as overseer; responsible for providing overall leadership and management of the interpretation, development, documentation and dissemination of policies, procedures, standards, training and technical support for Women, Infants and Children (WIC) nutrition services, clinic operations and special programs (e.g., Breastfeeding Counseling and Farmer's Market) in accordance with Federal and State policies and regulations. Angela Damon will spend .05 FTE for each of the three years.

**Sonia Jackson, WIC Manager of Program Review and Delivery Team.** Ms. Jackson Will provide policy support during the planning and execution of the project and ensure that overall operation of the project is in compliance with state and federal regulations. Ms. Jackson has a Bachelor of Social Work from Belhaven University and a Masters of Studies in Law from Belhaven University. In her capacity at Georgia WIC, Ms. is responsible for the efficient and effective delivery of WIC services by the districts/clinics in compliance with state and/or federal guidelines; provides direction and leadership to program subject matter experts to drive consistency across the state and ensure critical operational, technical, and educational support is available to local agencies. Sonia Jackson will spend .2 FTE for each of the three years.

**Sandra Roberts, WIC Outreach and Communications Liaison.** Ms. Roberts will provide **communications support** and expertise during all phases of the project. Ms. Roberts has both a Master of Public Administration and a Bachelor of Business Administration from the University of West Georgia. She has experience in communication strategies as they relate to public health, having previously worked as the Marketing Strategist and Program Analyst for the Georgia Department of Public Health prior to assuming her role as Outreach and Communications Liaison for Georgia WIC. In her capacity as Outreach and Communications liaison, Ms. Roberts works to facilitate a Communication team designed to create an integrated communication strategy, plan,

and communication/marketing to promote the WIC program thereby creating strong internal communications and build strong community partnerships. As part of her role, Ms. Roberts performs on-going stakeholder analysis to identify and coordinate appropriate response to all internal and external stakeholders' communication needs. She also liaises with the Georgia Department of Public Health Communications team to define a comprehensive communication and social media strategy and plan to support WIC's marketing and communications needs including public relations, leader communications, internal communications, and Web site management and coordinates all communication and marketing efforts for the WIC program. Sandra Roberts will spend .1 FTE for each of the three years.

**Julie Gazmararian, PhD, MPH (Emory University)**, will serve as the *Lead Evaluator* for WIC Head Start - A Recipe for a Healthy Life, dedicating .2 FTE of her time to evaluation efforts. As an experienced evaluator, Dr. Gazmararian has over 28 years of public health experience, both as a health educator and epidemiologist. She currently is the Director of Graduate Studies and an Associate Professor in the Department of Epidemiology at Emory University and has joint appointments in the Departments of Health Policy and Management and Behavioral Science and Health Education. She is the former director of the USQA Center for Health Care Research (now the Emory Center on Health Outcomes and Quality), and prior to that position, was the Director of Scientific Research for seven years for the Prudential Center for Health Care Research. She has designed and led numerous multi-site studies that have involved both qualitative and quantitative data collection methodology. She has strong study design and management skills and a solid publication record. She also has extensive experience in survey design and development. For the majority of her public health career, she has focused her research efforts on underserved communities, leading several studies conducted in WIC clinics on diverse topics such acceptance of influenza vaccine; impact of the farmer's market program and changes in the WIC package; and the text4baby program. She is also a nationally recognized researcher on health literacy. As Principal Investigator for this project she will be responsible for overall administration, implementation and dissemination activities.

**Certified Professional Authorities (TBD)** CPAs will complete the Nutrition Assessment, provide Value Enhance Nutrition Assessment (VENA) education to children and parents, work to build a rapport with partners and parents, and set nutritional goals for children and monitor progress throughout the grant period. CPAs are also responsible for all duties undertaken by Clerical staff. As such, CPAs and Clerical staff will work together in administering the program at the district level.

**Clerical Staff (TBD)** Clerical staff will be responsible for the administrative functions of the program at the district level. They will serve as direct staff support to the CPA in each health district. In addition they will perform all administrative functions needed for program operation included the mailing of vouches and communication with Head Start agencies, community partners, and parents. Clerical staff will work to integrate the district level WIC calendar with the Head Start Monthly Calendar to minimize conflicts and will coordinate with Head Start Family Advocates for necessary data.

**Nutrition Services Directors** Nutrition Services Director duties include: planning, organizing, implementing, and evaluating the nutrition service component of the project in their Districts. This encompasses leadership in the development and approval of nutrition education materials, development of the nutrition education plan, and implementation of nutrition risk criteria and food package delivery. Each Health District (Macon, Columbus, and Gainesville) will have their Nutrition Services Director dedicate .10 FTE to this project.

**For the key personnel listed above, Georgia WIC certifies that there are no conflicts of interest (actual or perceived) that might prevent an independent and objective assessment of the implementation, impacts, or benefits of the proposed intervention. Evaluation partner Emory University, will sign a conflict of interest statement upon signature of sub-contract award for evaluation to certify this compliance.**

## VII. Management and Budget Plan

### A. Management Plans

#### 1. *Chain of Command and Responsibilities*

The chain of command for WIC Head Start - A Recipe for a Healthy Life scope of work is detailed below. A detailed organizational chart detailing the roles and responsibilities of all identified staff at the Georgia WIC state office can be found in Appendix 6. In order to ensure performance measurement,

#### Georgia WIC State Office

The Principal Investigator (Shameyrae Miller) will be responsible for compiling all administrative and programmatic oversight related to project implementation. In an effort to ensure accountability, Ms. Miller will represent the WIC State Agency and in her role as Principal Investigator, serve as Project Director. It will be Ms. Miller's responsibility to coordinate the interactions between Georgia WIC, the targeted Health Districts (Macon, Gainesville, and Columbus), Georgia Head Start, and the Head Start Clinics located within the three targeted Health Districts mentioned above. Ms. Miller will be the primary liaison between all aforementioned partners identified in WIC Head Start a Recipe for a Healthy Life scope of work. More than this, she will serve as the principal point of contact between USDA FNS and Georgia WIC throughout the duration of the grant period. All materials and deliverables associated with this project will receive final approval from Georgia WIC's Leadership Team, including Ms. Debra Keyes, the State WIC Director for Georgia. Ms. Miller will be responsible for the following staff whom will report to her throughout the project: Sandra Roberts Will provide communications support and expertise during all phases of the project. In addition, Angela Damon, WIC Deputy Director of Program Operations and Nutrition will support Ms. Miller in the implementation of WIC Head Start - A Recipe for a Healthy Life Reporting directly to the State WIC Director, Ms. Damon will provide the following support throughout the management of the project. Sonia Jackson Will provide policy support during the planning

and execution of the project and ensure that overall operation of the project is in compliance with state and federal regulations.

Georgia WIC complies with the Georgia Department of Public Health Performance Measurement framework in order to ensure Quality Indicators are met. Through the Performance Measurement process, supervisors work with reporting staff to develop and implement a Performance Measurement Framework (PMF) which presents a roadmap for success within their corresponding programs and the larger agency. Staff outlined in this WIC Head Start - A Recipe for a Healthy Life proposal will have benchmark duties of their roles and responsibilities as they relate to this project added to their PMF in order to maintain program integrity and ensure the success of the program design.

### Pilot Sites Implementation

Importantly, WIC Head Start - A Recipe for a Healthy Life project budget supports the oversight of Nutrition Service Director allocated time for each pilot health district (Gainesville, Macon, and Columbus). The WIC Head Start - A Recipe for a Healthy Life project budget supports the hiring of a Competent Professional Authority per each targeted pilot health district (Gainesville, Macon, and Columbus). These CPAs will report to the Nutrition Services Director in each health district. In addition, each pilot health district will support the hiring of Clerical staff to facilitate the administration of WIC Head Start - A Recipe for a Healthy Life at the district level. Finally, each pilot health district will support the staff time of a Nutrition Services Director. Nutrition Services Director duties will include planning, organizing, implementing, and evaluating the nutrition service component of the project in their Districts. This encompasses leadership in the development and approval of nutrition education materials, development of the nutrition education plan, and implementation of nutrition risk criteria and food package delivery.

### *2. Contingency Plans:*

The financial means to secure adequate staff time to fulfill the requirements set forth in this Funding Opportunity Announcement (FOA) are addressed in the budget justification (Section VII. B). However, in an event that contingency plans must be enacted to bring the scope of work to fruition, Georgia WIC recognizes the following contingency plan structure: In the event that the Principal Investigator is unable to fulfill her role, Angela Damon will take over as Principal Investigator. Ms. Damon is a qualified public health leader responsible for providing overall leadership and management of the interpretation, development, documentation and dissemination of policies, procedures, standards, training and technical support for Georgia Women, Infants and Children (WIC) nutrition services, clinic operations and special programs (e.g., Breastfeeding Counseling and Farmer's Market) in accordance with Federal and State policies and regulations. Please refer to Appendix 1 for Ms. Damon's resume. In the event that the Georgia WIC program has to fill unforeseen vacancies, Georgia WIC will utilize the Georgia Department of Public Health's Human Resources Department to recruit and obtain highly qualified replacements in a time oriented process. DPH maintains a fully staffed Human Resources Department and has a full-time recruiter tasked with securing competitive candidates for the Georgia WIC program. Current WIC dollars will be used to address any unforeseen staff contingencies.

3. *Outside Personnel:*

WIC Head Start - A Recipe for a Healthy Life will utilize involvement of the following outside personnel for evaluation, conducted by Emory University, with Julie Gazmararian, PhD, MPH (Emory University), will serve as the *Lead Evaluator*. As an experienced evaluator, Dr. Gazmararian has over 28 years of public health experience, both as a health educator and epidemiologist. She currently is the Director of Graduate Studies and an Associate Professor in the Department of Epidemiology at Emory University and has joint appointments in the Departments of Health Policy and Management and Behavioral Science and Health Education. Dr. Gazmararian is experienced in working with public health agencies on a state and national basis and as such is equipped to lead the evaluation process defined herein. In addition to evaluation, WIC Head Start - A Recipe for a Healthy Life will utilize outside personnel through the pilot health district sites located within the Gainesville, Macon, and Columbus Health Districts. The roles and responsibilities of those staff members are outlined within VII. A, *Pilot Site Implementation*.

4. Task Table:

<b>Task No.</b>	<b>Task Name</b>	<b>Description</b>	<b>Date Begins</b>	<b>Date Ends</b>	<b>Responsible Staff</b>
<b>1</b>	Select Planning Team	Assemble State, District, and Head Start agency team members with the authority and expertise necessary to drive a successful pilot initiative.	July 1, 2016	July 15, 2016	Shameyrae Miller Angela Damon
<b>2</b>	Complete MOUs with pilot Districts and Local Head Start Agencies	Develop and execute applicable MOUs that outline the requirements of all agencies involved.	July 15, 2016	August 15, 2016	Shameyrae Miller Angela Damon Sonia Jackson Sondra Roberts WIC Legal Team
<b>3</b>	Execute Contract With University Research Partner	Execute agreement with Emory University to complete full evaluation, analysis, and reporting for project	July 15, 2016	August 15, 2016	Shameyrae Miller Angela Damon DPH Finance

<b>4</b>	Allocate Funding	Allocate approved funding to selected districts to begin pilot project.	August 15, 2016	September 1, 2016	DPH Finance
<b>5</b>	Design Pilot Initiative	Develop procedural guidance, design process flow, design training, perform risk assessment, design communications plan, develop project plan.	August 1, 2016	September 1, 2016	Shameyrae Miller Angela Damon Sonia Jackson Sondra Roberts
<b>6</b>	Implement Communications plan	Implement plan to disseminate ongoing communications to all stakeholders to ensure effective implementation of the pilot project.	September 1, 2016	September 15, 2016	Shameyrae Miller Sondra Roberts
<b>7</b>	Conduct Training	Conduct training for all staff at Pilot WIC and Head Start Centers	September 15, 2016	October 1, 2016	Shameyrae Miller Angela Damon Sonia Jackson Sondra Roberts
<b>8</b>	Develop a Monitoring Plan	Develop a monitoring plan for on-going assessment of the effectiveness of the pilot project.	September 15, 2016	October 1, 2016	Shameyrae Miller Angela Damon Sonia Jackson
<b>9</b>	Implement Pilot Project	Local Districts and Agencies will implement the pilot.	October 1, 2016	May 31, 2017	Pilot WIC District and Head Start Sites
<b>10</b>	Implement Monitoring Plan	Implement monitoring plan, identify problems, modify plan as needed for pilot project effectiveness	October 1, 2016	May 1 2016	Shameyrae Miller Angela Damon Sonia Jackson



11	Implement Full Evaluation and Reporting On Pilot Project	Contracted Evaluation Partner will conduct evaluation, analysis, and reporting for pilot project	August 15, 2016	September 30, 2017	Contract Evaluation Team
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B. Budget and Justification

**Georgia Department of Public Health  
WIC Head Start a Recipe for a Healthy Life Budget Narrative  
Project Period 10/01/2016-9/30/2019**

*Please note that this budget narrative is included as a separate attachment via Appendix 5.*

**A. Personnel**

1 State Supervisor (Sonia Jackson) at \$71,710 annual base salary x .2 FTE= \$14,342

**Total Federal Costs for Project Period= \$14,342**

The State Supervisor will be responsible for management and oversight of the project. She will work to maintain open communication with the health districts and identified partners in partnership with the Principal Investigator.

**B. Fringe Benefits**

**Fringe benefits at 62.914%= \$9,023**

The Georgia Department of Public Health fringe rate of 62.914% reflects the following allocations:

<b>DPH Fiscal Year 2017 Fringe Rate Breakdown</b>	
FICA	7.650%
State Health Benefit Plan	30.454%
Employee Retirement System	24.810%
<b>TOTAL: 62.914%</b>	

**C. Travel**

**Total Federal Costs for Project Period= \$7,450**

Description	Amount
Airfare, (Delta) \$363.70 for 2 representatives for 4 meetings flying from Atlanta Hartsfield-Jackson Int Airport to Reagan International Airport	\$2,910
Transport to and from Hartsfield Int (50m round trip for 2 representatives for 4 meetings @ \$0.54/mile)	\$216
Rental Car for 2 days in Washington, DC (shared) (intermediate car – Hertz) @ \$42/day for 2 days per trip for 4 meetings including \$25/trip for fuel.	\$436
Lodging for 2 representatives for 2 nights for 4 meetings @ \$174/night	\$2,784
Federal per diem, including incidentals of \$69 per day for 2 days per representative for 4 meetings	\$1,104
<b>Total</b>	<b>\$7,450</b>

**D. Equipment**

None

## **E. Supplies**

None

## **F. Contractual: \$389,654**

*Emory University- \$20,000*

**1** Contract for \$20,000 to Emory University for Research and Evaluation activities outlined in the scope of work. This Funding Opportunity Announcement requires a partnership with an academic institution in order to ensure the validity and transparency of the evaluation process.

**3** Grant in Aid Allocations to Macon, Gainesville and Columbus Health Districts for a total of \$369,654 to operate the proposed scope of work.

Grant in Aid allocations will cover the following costs:

### **Personnel: \$194,145**

- 3 Competent Professional Authority (CPA) (one per district) at .75 FTE each with a base salary of \$50,000 for a total of \$112,500
- 3 Clerical Staff (one per district) at .50 FTE each with a base salary of \$40,230 for a total of \$60,345
- 3 Nutrition Services Directors (one per district) at .10 FTE each with a base salary of \$71,000 for a total of \$21,300

District Staff will coordinate Grant Activities through the Nutrition Services Director, Certified Professional Authorities (CPA), specifically Nutritionist and RDs and Clerical staff or Program Assistants.

- CPAs will complete the Nutrition Assessment, provide Value Enhance Nutrition Assessment (VENA) education to children and parents, work to build a rapport with partners and parents, and set nutritional goals for children and monitor progress throughout the grant period. CPAs are also responsible for all duties undertaken by Clerical staff. As such, CPAs and Clerical staff will work together in administering the program at the district level.
- Clerical staff will be responsible for the administrative functions of the program at the district level. They will serve as direct staff support to the CPA in each health district. In addition they will perform all administrative functions needed for program operation included the mailing of vouches and communication with Head Start agencies, community partners, and parents. Clerical staff will work to integrate the district level WIC calendar with the Head Start Monthly Calendar to minimize conflicts and will coordinate with Head Start Family Advocates for necessary data.
- Nutrition Services Directors in each identified health district will serve as the liaison between the health district and the State WIC office. Nutrition Services Directors will provide guidance and oversight throughout the duration of the project period.

### **Fringe Benefits: \$122,144**

Fringe benefits for the positions listed above at a rate of 62.914% for a total of \$122,144.

Program Operating Costs: \$14,745

- 3 Height Boards at \$515/board= \$1,545
- 3 Weight Scales at \$500/scale= \$1,500
- 6 Laptops at \$1,200/each= \$7,200
- 3 Wireless VPOD Printers at \$1,000/each= \$3,000
- 3 MiFis at \$500/year= \$1,500

Program operating costs reflect costs needed to operate the scope of work in each of the three identified health districts. Height boards are needed to assess risk eligibility and weight scales are needed to assess risk eligibility. Laptops are necessary in order to certify participants, pull records, document notes. Laptop costs reflect 6 laptops, one for each CPA and Clerical staff within each district. Building upon this, wireless VPOD printers are needed in order to print and issue food instruments. Finally, Jet pack/router/MIFI is needed in order to ensure VPN access and access to scanners, copiers, and fax machines throughout the duration of the project period.

Advertising Costs: \$37,000

\$37,000 in advertising and outreach costs including fliers and PSAs needed to garner program awareness in targeted health districts.

Travel: \$1,620

1000 at \$0.54/mile for 3 districts= \$1,620

Local travel costs include mileage for program staff to travel between sites in order to implement the program at the district level.

***TOTAL CONTRACTUAL COSTS: \$389,654***

**G. Construction**

None

**H. Other**

None

**I. Total Direct Costs for Project Period: \$420,469**

Total Direct Costs for the project are \$420,469.

**J. Indirect Costs: \$9,655.00**

\$9,655.00 reflects a modified indirect cost rate of 19.0%

Georgia Department of Public Health has a federally negotiated indirect cost rate of 19.0% per an agreement issued by the United States Department of Health and Human Services. Per the requirements of this Funding Opportunity Announcement, a copy of this Indirect Cost Agreement is attached herein.

**K. Total Project Costs: \$430,124.00**