A. PURPOSE

The National Association of Chronic Disease Directors (NACDD) in collaboration with the Centers for Disease Control and Prevention’s (CDC) National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) Division of Nutrition, Physical Activity and Obesity (DNPAO) seeks applications from State Health Departments (SHD) and US Territory Chronic Disease Directors for competitive funding assistance that will support selection and attendance to a new physical activity applied learning institute entitled “Action Institute for Increasing Walking and Walkability for Interdisciplinary State Teams”.

The primary goal of this new action institute is to prepare state-based and/or intra-state regionally-based interdisciplinary teams to pursue policy, systems, and environmental (PSE) changes and interventions to increase population levels of physical activity, with a focus on walking, leading to commensurate reductions in chronic disease risk and burden. The action institute will include learning concepts that will support equitable achievement of walking and walkability infrastructure strategies on micro- and macro levels in efforts to increase walkability in states and communities, particularly in locations and among groups of people who currently experience reduced access to walking and walkability, while bringing together public health, planning, and transportation disciplines (among others). This institute will be facilitated by a nationally renowned cadre of instructional and practical faculty, and will support the proposed Surgeon General’s Call to Action on Walking and Walkability. It will occur over a three-day time period (May 4-6, 2015) and within a structured, team-based, and practical learning atmosphere.

NACDD has funding for up to 10 multi-disciplinary teams representing states or large intra-state regions of five people each that will participate with the CDC, NACDD, and faculty in pre- and post-action institute virtual meetings, attend the in-person action institute, implement evidence-based strategies from a menu of options, and assist in the
overall evaluation of the institute. Each state/intra-state regional team must incorporate one physical activity and public health representative from the state or regional health department to provide that perspective AND one representative from the state or regional Department of Transportation (DOT) to bring the added knowledge of transportation design standards. (See “State Team Requirements” in section C below for additional information about team composition). Inclusion of an appropriate state legislator on the team is recommended. A strong preference is placed on state level teams, although intra-state regional teams will be considered.

For state team applicants, the SHD public health physical activity practitioner will serve as the Team Lead for each state team. For intra-state regional team applicants, the applicant team can determine the Team Lead, although it is encouraged that a person with physical activity and public health practice experience is involved in a lead role if possible. All applications requesting funding assistance to attend the action institute will be submitted electronically directly to Karma Edwards of NACDD by the Team Lead for all state or intra-state regional applicants using the following email address: kedwards@chronicdisease.org.

For state team applicants, each Team Lead must additionally provide a letter of commitment on SHD official letterhead demonstrating commitment to all required aspects of action institute attendance (detailed below). For all state team applicants, the Team Lead AND the state’s Chronic Disease Director must sign this letter. For intra-state regional team applicants, this letter must be signed by whoever is identified as the Team Lead, and must be on the official letterhead of the Team Lead’s agency or organization. This letter should also describe the capacity and commitment of the state/regional team (using the definitions provided in Appendix A) to take immediate and measurable steps towards the accomplishment of one or more implementation strategies.

This request for funding assistance (RFA) will provide for travel expenses of the five-member team, not exceeding $1,354 per person or $6,770 per team. Should a team enlist more than the required five members, the team is responsible for the associated travel expenses for each additional team member. There is no registration cost or requirements for institute attendance. Institute attendees are being selected through this RFA process.

B. ACTION INSTITUTE PROJECT TIMELINE AND DESCRIPTION

Selected teams will participate in the action institute project for the time period of February 15th, 2015 (date of award announcement) - June 30, 2015 (date project ends). State/regional team awardees will receive mini-grant payment in advance from NACDD so that the funds can assist with travel preparations and expenses of each of the ten selected five-member state teams.

The general timeline is expected to be:

- **December 15, 2014 – January 30, 2015:**
  o RFA application process;

- **January 30, 2015 by 11:59 pm EST:**
RFA applications due to Karma Edwards of NACDD at kedwards@chronicdisease.org;

- **January 31, 2015 – February 14, 2015:**
  - RFA application review process;

- **February 15, 2015:**
  - State/intra-state regional team mini-grant awards to be announced;

- **TBD March, 2015:**
  - State/intra-state regional teams (or Team Leads) to complete a pre-action institute learning needs survey;

- **TBD April, 2015:**
  - State/intra-state regional teams (Team Leads plus additional team members) to participate in a required pre-action institute webinar TBD first week of April to be properly oriented to the institute, overall project expectations, interdisciplinary team approach to training, and the menu of preapproved implementation strategies.

- **May 4-6, 2015:**
  - State/intra-state regional teams (Team Leads plus additional team members) to participate in the two-night/three-day physical activity action institute entitled “Action Institute for Increasing Walking and Walkability for Interdisciplinary State Teams” in Nashville, Tennessee;
  - Each state/intra-state regional team will select one or more implementation strategies to target for implementation from a preapproved menu of options. The Team Lead will provide this in written format to NACDD before departure from conference;
  - All participants will assist with session-specific and overall evaluations of the action institute;

- **TBD June, 2015:**
  - State/intra-state regional teams (Team Leads plus additional team members) to participate in a required post-action institute webinar TBD first week of June. Each Team Lead will report out on the team’s progress, challenges, successes and lessons learned during post-action institute implementation;
  - Team Leads to participate in post-action institute outcome evaluation.

- **June 30, 2015:** Action institute project funding year ends

NACDD will provide technical assistance, support, and linkages to national experts and the CDC, institute faculty, and additional resources as needed to state teams throughout the project's duration.

Each team will be expected to plan and implement at least one and preferably several, inter-related evidence-based strategies related to PSE level interventions for increasing walking and/or walkability at the population level. Each team will outline a plan for state/intra-state regional level improvement and the provision of technical assistance for
communities in the planning and implementation of substantial evidence- and practice-based planning and policy approaches.

The following are some of the examples of the strategies the teams will be learning about and building action plans around.

- Development of a standing, state-level interdisciplinary working group on walking and walkability to plan and execute these interventions;

- Execution of Memoranda of Understanding or comparable agreements that frame specific and detailed collaboration between state departments and agencies, as well as regional and local organizations, non-profits and advocacy groups, for the implementation of walkable environments and walking-oriented policies;

- Facilitation of state and/or regional walkability training sessions; e.g. develop one or more state action institutes for interdisciplinary regional or community walkability implementation teams;

- Development and dissemination of a model zoning ordinance that supports compact, mixed-use, walkable development for use by communities across the state;

- Implementation of Complete Streets (CS) policy, such as CS roadway design guidelines and performance measures (beyond Level of Service, such as vehicle miles traveled, trip length minimization, health impact assessment, health equity prioritization) for use by state or local DOTs;

- Development and dissemination of market-based tools that support walking and walkability, such as market-based parking policies, congestion pricing, high-occupancy and toll lanes; inclusionary zoning policies and incentives for private-sector development; and workplace or community Transportation Demand Management policies;

- Development and implementation of a statewide pedestrian plan, trails plan, active transportation plan, transit plan, or similar with a focus on specific project and policy recommendations, timeline, and resources to enhance walking and walkability;

- Development and implementation of a technical assistance program for communities developing comprehensive plans; transportation, active transportation, and transit plans, to assure an appropriate focus on pedestrian and transit performance; and

- Coordination of transportation projects, priorities, and funding with state DOT, Metropolitan Planning Organizations (MPOs), and communities with a focus on maximizing pedestrian and transit support and performance.

C. ELIGIBLE APPLICANTS
**State Teams**

All State Health Department Chronic Disease Programs (the District of Columbia and U.S. Territories) **AND** large intra-state regional teams within the United States and its territories are eligible to apply to this RFA to receive mini-grant support from NACDD for travel and attendance to the institute “Action Institute for Increasing Walking and Walkability for Interdisciplinary State Teams”. RFA applications must be submitted to NACDD by the state/regional Team Lead. Each Team Lead must ensure their team satisfies the team requirements (see below). Applicants who fail to develop the required five-member team will **not be considered for funding**. The state/regional team must be in place at the time of application submission no later than January 30, 2015.

**State/Intra-State Regional Team Requirements**

All applicant state/regional teams should have the required total of **five** team members.

Of these five members, **state team applicants MUST** incorporate one physical activity and public health representative from the SHD to bring the public health perspective **AND** one representative from the state’s DOT to bring the added knowledge of transportation planning, policy, and design standards. These two representatives will make up two of the required five members on the team. The SHD representative will serve as the Team Lead throughout the institute project and will serve as the primary point-of-contact for email and phone communications with NACDD.

- **State Public Health**: Must have experience in physical activity and public health practice and a high-level of influence on regional and local health agencies.

- **State Department of Transportation**: Must have high level of influence and knowledge on planning, policy, design standards and project prioritization and funding.

**Intra-State Regional team applicants MUST** incorporate a physical activity and public health representative from a regional or state health department **AND** one representative from the state or regional DOT. These two representatives will make up two of the required five members on the team. Intra-state regional team applicants can determine their own Team Lead, although it is encouraged that a person with physical activity and public health practice experience is involved in a lead role if possible. **Please note that a strong preference is placed on state level teams as applicants, although intra-state regional teams will be considered.**

For the remaining team member slots, teams may choose representatives from the list below. Teams are encouraged to consider past, current, and future collaborative working history, as well as anticipated level of influence to improve walking and walkability at population impact levels. These additional team members **CAN** represent any of the following:

- **Elected Official (recommended)**: State legislator or comparable elected official that has an interest in economic development, smart growth, and/or serves on a state transportation legislative committee.
• **Planning (recommended):** Technical representation from state planning agency, state chapter of American Planning Association.

• **The Development Community:** High level representative of the state chapter of the Urban Land Institute, or equivalent group of private sector developers;

• **Education:** State Department of Education or similar official with a high level influence on school facilities, siting, pupil transportation and/or high level Safe Routes to School efforts;

• **Commerce/Economic Development:** Engagement with regional and local community development, commerce, Main Street, downtown redevelopment, and/or comparable programs, funding and policies; These can include but not be limited to State Department of Commerce, State Chambers of Commerce, philanthropic foundations, etc.;

• **Transit:** Strong state-level transit agency that can be influential in state PSE efforts to increase walkability and walkable communities;

• **Parks Recreation, and Trails:** State level trails and/or open space planning and funding agencies, advocacy groups, etc.;

• **Housing:** Agency or influential non-profit organization that is intimately involved with development and maintenance of affordable housing and forestalling adverse effects of the gentrification that can follow enhanced walkability.

• **State Level Citizen’s Advocacy Group:** Strong and influential groups working in pedestrian advocacy, health coalition, smart growth, new urbanism, open space conservation, community development or equivalent.

Federally recognized tribes are not eligible to apply. Local communities/counties are not eligible to apply.

**D. AVAILABLE FUNDING FOR TRAVEL EXPENSES**

Ten state/intra-state regional teams will receive funding not to exceed the total amount of $6,770 per five-member team ($1,354 per person). These funds will be awarded in March 2015 (anticipated) to assist state teams with required travel to and from the action institute. This funding amount can be used to pay for:

• Round trip airfare for each of the five state/intra-state regional team members using your own preferred method of purchase for purchasing airfare tickets;

• Lodging at the hotel conference location for two nights for each of the five state/intra-state regional team members;

• Meal and tips per diem using the approved federal government rate for Nashville, Tennessee [http://www.gsa.gov/portal/category/100120](http://www.gsa.gov/portal/category/100120) for the dates of May 4-6, 2015; and
• Ground transportation for use of personal vehicle for mileage (federal government rate) or airport parking, taxis, shuttles, or subways.

Since the funds will be awarded in advance, state/intra-state regional teams will be required to perform respective travel arrangements for each team member. On the RFA application form in Part C; each applicant team must designate who the appropriate fiscal agent will be for that team. It is not required that the SHD be the fiscal agent if it is more efficient to run the pass through travel funds through another organization.

Projected action institute project travel is outlined below:

• May 4, 2015:
  o All institute participants will arrive to the hotel location (TBD) in Nashville, Tennessee the morning of May 4, 2015.
  o Day 1 of the institute will start early afternoon (exact times TBD).
  o Lodging night #1 in hotel location (TBD).

• May 5, 2015:
  o Day 2 of the institute will consist of a full day (exact times TBD).
  o Lodging night #2 in hotel location (TBD).

• May 6, 2015:
  o Day 3 of the institute will start early morning and commence by noon (exact times TBD).
  o All institute participants will travel back to respective states the afternoon of May 6, 2015. Participants will choose flights that do not depart before 3:00 pm CST.

E. PROJECT PERIOD

Award notices will be announced no later than February 15, 2015 for a project period spanning four and one-half months, ending on June 30, 2015.

State/intra-state regional teams are expected to implement institute strategies from the preapproved implementation list (see section B above) during the project period and beyond the project period, since the implementation strategies involve long-term PSE solutions to make states and communities more walkable. Additional related evidence-based strategies can be pursued under the advisement and agreement of Lead and participating faculty.

F. STATE/INTRA-STATE REGIONAL TEAM PROJECT DELIVERABLES

The required action institute project deliverables are bulleted below:

1. Appointment of a physical activity and public health practitioner representing the SHD to serve as the Team Lead for the five-member state/intra-state regional team. This must be completed in advance of the application due date.
2. Development of a five-member state/intra-state regional team per the requirements specified in this RFA as outlined in section C above. This must be completed in advance of the application due date.

3. State/intra-state regional Team Lead to participate in one individual action institute project orientation conference call with NACDD scheduled post grant announcement late February/early March 2015 (exact date TBD).

4. State/intra-state regional Teams (all five members) or Team Leads to participate in a pre-action institute learning needs assessment in March 2015 (exact date TBD).

5. State/intra-state regional Teams (all five members) to participate in a required pre-action institute webinar in early April (exact date TBD) to learn of related logistics and requirements, NACDD travel logistics, institute expectations, interdisciplinary team approach to training, pre-action institute team assignments, and implementation options.

6. State/intra-state regional Teams (all five members) to participate in the two-night/three-day applied learning institute entitled “Action Institute for Increasing Walking and Walkability for Interdisciplinary State Teams” to take place May 4-6, 2015 in Nashville, Tennessee.

7. State/intra-state regional Teams (all five members) to complete session-specific and overall action institute evaluations May 4-6, 2015.

8. At the conclusion of the action institute on May 6, 2015 or at any date before, State/intra-state regional Teams (all five members) will collectively choose at least one (or more) implementation strategies from a preapproved evidence based implementation list to target immediate efforts (see section B above). Each Team Lead will submit the implementation strategies of choice in written format to NACDD. (NACDD will provide written template for goal strategy selection).

9. State/intra-state regional Teams (all five members) to participate in a required post-action institute webinar in early June (exact date TBD) to learn of outcomes and challenges, discuss implementation successes/lessons learned, and discuss next steps.

10. State/intra-state regional Team Leads will participate in 1-2 post-action institute evaluation surveys before June 30, 2015 to assist CDC, NACDD, and faculty in monitoring implementation outcomes.

11. State/Intra-state regional Team Leads will serve as primary point-of-contact to represent respective state team with Karma Edwards of NACDD.

G. REPORTING REQUIREMENTS

State/Intra-state regional Team Leads can expect to participate in post-action institute project evaluation surveys designed to track outcomes experienced following implementation. These outcomes instruments and data will be used to support ongoing institute funding and implementation efforts, as well as contribute to the broad knowledge base for other states and communities nationwide.
As noted in section F-10 above, state/intra-state regional Team Leads can expect to participate in 1-2 post-action institute evaluation surveys before June 30, 2015.

NACDD may implement post-project period outcomes surveys to obtain additional outcomes information and feedback after June 30, 2015.

H. SUBMISSION PROCESS

State team applications for this RFA must include the RFA application form and a letter of commitment on SHD letterhead indicating commitment for all aspects of the action institute project period (not just attendance to the action institute), as well as estimated capacity and commitment to implement walking and walkability infrastructure PSE changes.

Intra-state regional team applications for this RFA must include the RFA application form and a letter of commitment on the representing agency letterhead of whomever is designated as the Team Lead for the intra-state regional team. This letter should also indicate commitment for all aspects of the action institute project period (not just attendance to the action institute), as well as estimated capacity and commitment to implement walking and walkability infrastructure PSE changes.

The RFA form will include appropriate space to identify the names of all prospective state/intra-state regional team members, the discipline each member represents, and the potential contribution that each member can make towards enhanced state/intra-state regional walkability efforts. The RFA form cannot exceed a combined 15 pages, nor does it have to total 15 pages.

Using the readiness examples provided in Appendix A, each letter of commitment must also describe that state/intra-state region’s current level of readiness to target high level PSE interventions to make the state/intra-state region more walkable. Only one letter of commitment is required. It is understood that this letter of commitment represents the commitment of each of the five members on the proposed team. For all state team applicants, the Team Lead AND the state’s Chronic Disease Director must sign this letter. For all intra-state regional team applicants, the representing Team Lead must sign this letter. It is not necessary for the other four team members to submit a letter of commitment on their respective letterheads.

In one email message, please attach the following and send via email to Karma Edwards of NACDD by 11:59 pm EST on January 30, 2015 (kedwards@chronicdisease.org):

- (1) 2015 Action Institute for Increasing Walking and Walkability RFA Application Form
- (2) Letter of commitment on SHD official letterhead indicating commitment and level of readiness.

Please use the following subject line for your email submission:
• Walk Institute 2015 State/Intra-State Regional Name RFA (Fill in state name)
  
  \textit{Ex: Walk Institute 2015 Florida RFA} 

All applications sent by the required deadline will receive an email acknowledging receipt of the application by NACDD.

I. \textbf{MINIMUM APPLICATION REQUIREMENTS}

• A template entitled “RFA Application Form” has been developed. This form includes multiple pages, including directions for each section of the form. Please follow the instructions on this form to guide your application process.

• Application forms must not exceed 15 total pages. Applications exceeding the 15-page limit will not be reviewed. Applications may be shorter than 15 pages.

• Applications not using the appropriate application form will not be reviewed.

• Applications must be electronically submitted by email only. Hard copy and fax applications will not be accepted.

• Late applications (electronically stamped by the sender) \textbf{after January 30, 2015 11:59 pm EST} will not be accepted by NACDD.

• Font size cannot be smaller than 10-point Times New Roman, single-spaced.

• An application form without an accompanying letter of commitment will not be reviewed. The application form and the letter of commitment must be sent in one email.

• The Team Lead must submit each application form. The Team Lead must represent a SHD.

J. \textbf{SELECTION PROCESS}

State/intra-state regional team applicants must demonstrate how they will participate in the institute project’s required deliverables as described in section F, as well as their capacity and commitment to implement one or more preapproved implementation strategies at the state/intra-state regional level and how soon their team can move towards implementation. All applications will be scored and reviewed by representatives of CDC, NACDD, and institute faculty. The selection committee reserves the right to select state/intra-state regional teams who demonstrate increased readiness for implementation. \textit{The selection committee will additionally place strong preference on awarding state/intra-state regional team applicants, although intra-state regional team applicants will be considered.}

K. \textbf{NACDD COMMITMENT}

• NACDD commits to providing an individual orientation call, one pre-action institute webinar, a three-day in-person action institute, and one post-action institute webinar to all selected state/intra-state regional teams.
• If needed, NACDD can provide additional technical assistance and consultation via email, conference calls, and linkages to national expertise, per the request of state/intra-state regional teams.

L. FOR MORE INFORMATION ON THIS RFA

• Visit the NACDD website at: http://www.chronicdisease.org/event/Increasing_Walking_and_Walkability to download the RFA and the RFA application form, as well as to view a list of frequently asked questions (FAQ) that will be developed and updated until January 29, 2015.

• To submit a question about this application, please submit question to Karma Edwards at kedwards@chronicdisease.org. All submitted questions will be compiled and answered on the FAQ list.