I. OVERVIEW:

With support from the New Jersey Department of Health (NJ DOH), Public Health Services, and Division of Family Health Services, the Camden Coalition of Healthcare Providers is pleased to present **Faith in Prevention**, a cross-cutting public health initiative. Faith in Prevention is designed to fortify ties among faith-based organizations (FBOs), hospitals, and community-based health services to improve the quality of care for vulnerable populations, mitigating the chronic disease burden, and reducing health care costs.

The Faith in Prevention program is intended to build partnerships with the faith-community to increase knowledge regarding healthy lifestyles, increasing the number of congregants who adopt healthy eating and active living practices that will serve to address chronic disease risk factors and improve health outcomes for the city of Camden. The program aligns with goals and objectives in the national Healthy People 2020 plan and the State of New Jersey’s Healthy NJ 2020 plan.

The Camden Coalition’s Faith in Prevention project involves a two-part strategy:

- **Part I** involves promoting health education, meal planning, and cooking activities among Camden’s faith-community by implementing **Faithful Families Eating Smart and Moving More (FFESMM)**, and evidence-based curriculum, and awarding mini-grants to implement policy and environmental changes.

- **Part II** entails integrating the faith-based community into the Camden Coalition’s care coordination activities utilizing the Health Information Exchange, a web-based platform that offers faith-based organizations the opportunity to increase the level of support to members who have been recently admitted to the hospital.

Applications are accepted on a rolling basis beginning September 2017.
II. REQUIREMENTS / ELIGIBILITY:

1. Applicants must be faith-based organizations located within Camden City.
2. Applicants must have three (3) individuals who will become the group leaders and participate in all required trainings for the Faithful Families program.
3. Applicants must submit responses to all of the questions asked in Section V.
4. Applicants must secure the involvement of their congregants or community members for participation in the Faithful Families program, with a focus (but not exclusively) on individuals with chronic diseases. The Faith in Prevention program is also great to run within youth groups.

III. TECHNICAL ASSISTANCE:

1. All interested faith-based agencies are highly encouraged to attend a Technical Assistance Meeting.

Camden Coalition of Healthcare Providers
800 Cooper Street, 8th Floor
Camden, NJ 08102

2. Site visits may be scheduled before final approval of application.
3. Questions can be asked via email. All questions must be emailed to mgomez@camdenhealth.org.

III. FUNDS AVAILABLE:

The Camden Coalition of Healthcare Providers has set aside $90,000 in Faith in Prevention grant funds to award mini-grants to eligible applicants. Mini-grants will be awarded based upon the proposed activities, with a maximum grant amount of $4,500. For a faith-based organization to be eligible, the organization must have met Level 1 requirements of the FFESMM curriculum, as follows:

1. Successful completion of this Request For Applications and the Faithful Families leaders training is a pre-requisite for applying for the upcoming implementation mini-grants.
2. Demonstrated (signed) commitment from congregation leadership to support the program. This may include (for example) personally participating in the program and serving as a role model; quoting stories or scriptures from the faith tradition about healthy eating, physical activity, or healthy lifestyles in sermons and talks; making
announcements about the program and promoting healthy eating, physical activity, and healthy living in bulletins, newsletters, and other organization communications; etc.

i. Identification of Faith in Prevention program coordinator for the faith-based organization (may be staff member or lay person).

ii. Establishment of a health committee (2-3 ppl) to conduct assessment and planning and oversee implementation.

iii. Assessment of the faith community to ascertain areas of need and interest, using FFESMM survey tools for the community as a whole and for individual members.

iv. Development of a program plan for the faith community.

**This plan should guide your response to the RFP.**

**IV. APPLICATION:**
The Applicant must respond to all questions asked.

1. Letter of commitment on organization letterhead, signed by authorized individual (e.g., church pastor, leader of faith-based CDC, etc.). The letter should include ways that leadership plans to support and promote the adoption of FFESMM guidelines and activities.

2. Proposal explaining why the Faithful Families program would be beneficial to your congregants, and using the Faith Community Assessment, outline policy and environmental changes that would help to mitigate the impact of health issues that you find that afflict your congregants.

3. Each faith-based agency must have three staff and/or congregants participate and complete the Faithful Families Eating Smart and Moving Forward curriculum and will be responsible in implementing the program within your agency. Please describe the qualifications of the three individuals who may participate in the training and clearly identify the project coordinator.

4. Amount of funding requested and cost justification (i.e., explanation or cost estimate for proposed activities or materials in the plan).

5. On Attachment A, please **estimate** the demographics of your congregation.

6. On Attachment B, please provide a description of the facilities to be used in implementing the Faithful Families program.

7. Provide a Certificate of Insurance showing the current business insurance policies your agency has in place.

*Note: If an organization wishes to establish a community garden to grow fresh produce as one of its FFESMM activities, the Camden Coalition has an agreement with **Parkside Roots to Market** to provide education and technical assistance.*
V. REVIEW, AWARD, & TRAINING SCHEDULE

For detailed information on the review, award, and training schedule, contact Maritza Gomez at mgomez@camdenhealth.org.

VI. SUBMISSION:

1. One (1) original and one (1) copy of the completed application must be submitted

2. Applications are to be delivered to:

   Maritza.Gomez  
   Camden Coalition of Healthcare Providers  
   800 Cooper Street, 7th Floor  
   Camden, NJ 08102

3. It is recommended that all applications be hand delivered or emailed. No faxed application packets will be accepted. All packets must be received by the required due date and time.

4. Application packets can be delivered electronically to Maritza.Gomez.at.mgomez@camdenhealth.org.
In the chart below, *estimate* the demographic make-up of your congregation. Place a number in each box. The minimum number of participants will be 15 with a maximum number of participants being 30.

<table>
<thead>
<tr>
<th>Race</th>
<th>Residency</th>
<th># to Participate</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>Camden City</td>
<td>Other **</td>
</tr>
<tr>
<td>Hispanic</td>
<td>Camden City</td>
<td>Other **</td>
</tr>
<tr>
<td>Caucasian</td>
<td>Camden City</td>
<td>Other **</td>
</tr>
<tr>
<td>Other</td>
<td>Camden City</td>
<td>Other **</td>
</tr>
<tr>
<td>10 – 20</td>
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<tr>
<td>21 – 40</td>
<td></td>
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<tr>
<td>41 – 60</td>
<td></td>
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</tr>
<tr>
<td>61 – 80</td>
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<td></td>
</tr>
<tr>
<td>Over 80</td>
<td></td>
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</tr>
</tbody>
</table>

** - No more than 20% of the participants can reside outside of Camden City.

This information is provided as a snapshot look at my faith-based agency. Changes may need to be made as we move forward.

__________________________________________
Faith-Based Leader’s Name (Print)

__________________________________________
Faith-Based Leader’s Signature
ATTACHMENT B – FACILITIES

For each of the activities listed, identify where the group activities will take place.

Faith-Based Agency: ____________________________________________________________

Project Leader: _______________________________________________________________

Address: _______________________________ City/State: ______________________________

Phone: ____________________ Email: _____________________________________________

<table>
<thead>
<tr>
<th>Activity</th>
<th>Location</th>
<th>Maximum Number of People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faithful Families classes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recreation Space</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooking classes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One on One Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(biometric data collection)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Green/Growing Space</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(on-site community garden)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This information is provided as a snapshot look at my faith-based agency. Facility changes may need to be made as we move forward.

_______________________________________  _______________________________________
Faith-Based Leader’s Name (Print)  Faith-Based Leader’s Signature

Camden Coalition of Healthcare Providers
800 Cooper Street, Suite 700 . Camden, NJ 08102
(856) 365-9510