

Item	Budget Description
1 Community-based Grants	<p>Support community-based programs and services that address the health inequities of those most targeted by the beverage industry. Funding should go directly to Community Based Organizations (CBOs) and Faith Based Organizations (FBOs) for the following strategies:</p> <p>1. Health Education activities including, chronic disease prevention, healthy eating and active living, water promotion, oral health and food systems</p> <p>2. Physical Activity opportunities, including:</p> <ul style="list-style-type: none"> a. Dance and movement, sports, yoga, walking groups, biking, etc. b. Changes to the built environment (ie sidewalks, streets, parks, buildings, etc) or safety of the built environment that facilitates increased physical activity and active transportation dance and movement, sports, yoga, walking groups, biking, etc. <p>3. Food Security, including</p> <ul style="list-style-type: none"> a. Community-based pantries, community-based hot meals, community kitchens and community home delivery services b. Community-based reform of food systems that promote food security c. Increased financial resources (ie wages, income, government nutrition supplements, vouchers, etc) d. Changes to the built environment that facilitates food security e. Pursuit of institutional or local policies that facilitate food security Food Access, including community-based food systems approaches, community-based pantries, community-based hot meals, community kitchens and community home delivery services, etc. <p>4. Break out Water Education as an explicit area? (eg: Water Education - community developed/led campaigns on health benefits, safety, etc)</p> <p>City Departments should contract directly with CBOs through an RFP process managed through the Community Health Equity and Promotion (CHEP) Branch of the Department of Public Health.</p>
2 Community-based Grants (school-based)	At least 7% of all CBO funding should go to CBOs that are school-based. Funding to issue grants to CBOS should follow the above guidelines.
3 Community Engagement	Community engagement activities (ex. community conveners, focus groups, town halls, attending existing community meetings, etc.) to ensure that meaningful community engagement opportunities are fully integrated throughout the work of the SDDTAC, so that impacted populations can inform the decisions of the full committee.
4 Media/Awareness Campaigns - <i>Should this line be broken into two media line items: Media/SSB education & Media/Soda Tax Impact?</i>	At least 10% of the funds allocated to CBOs will be used to support media campaigns that include local and city-wide campaigns for education about health impacts of sugary drinks, industry tactics, and the impact of the soda tax. Examples are grassroots print, online, and social media campaigns led by community and peer leaders.
5 School Food, Nutrition Education & Student Led Action	<p><i>SFUSD is investing in cooking and serving equipment, staff professional development, and innovative procurement and menu strategies to increase freshly prepared food, thereby increasing participation in the school meal program. SFUSD's ultimate goal is to increase the quality of school meals and support nutrition education District wide.</i></p> <p>Funding will target schools with the largest populations of high-risk students that are disproportionately targeted by the sugary drinks industry.</p>
6 Student Led Action	Support student led efforts to decrease consumption of sugary drinks and increase awareness of sugary drinks consumption among students, with focus on schools with the largest populations of high-risk students that are disproportionately targeted by the sugary drinks industry. SFUSD should provide to SDDTAC a proposal of how funding will be spent through student led action.
7 Food Access - <i>Change to "Healthy Food Purchasing Supplements"?</i>	Support programs and services that increase financial resources to purchase healthy food, access to healthy foods that are affordable and convenient, and programs that support the consumption of healthy foods including the ability to prepare and store meals and the knowledge of basic nutrition, food safety and cooking. Priority programs should incorporate a community-based food security perspective and have demonstrated the ability to increase the ability of food insecure residents to purchase, access, and consume healthy, fresh, and culturally appropriate foods that are reflective of specific community needs, including but not limited to food vouchers/incentives, transportation and delivery, and prepared foods.
8 Healthy Retail	Support healthy retail work targeting high risk and impacted communities and neighborhoods.
9 Oral Health	Support development of community infrastructure that incorporates diverse stakeholders for outreach, education, and interventions to address the oral health needs of children in high risk populations, such as oral health community task forces.
10 Oral Health	Support school-based and school-linked preventive programs and SFUSD dedicated oral health staffing

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11 Infrastructure	<p>(1) Backbone staffing to support SDDTAC:</p> <ul style="list-style-type: none"> a. A program manager to provide backbone staffing to the SDDTAC - Staff full committee and 3 subcommittees in compliance with Sunshine and Brown Acts - Coordinate among city agencies and funded CBOs to promote collective impact, - Guide vision and strategy of SDDTAC, support aligned activities; manage SDDTAC work and timeline - Work with evaluation team to establish shared measurement practices b. As necessary, manage citywide/soda tax impact media c. Develop/Compile and Manage completion of SDDTAC Annual Report d. Manage SDDTAC bi-ennial nominations process <p>(2) Staffing to support DPH SDDT implementation of community based grants</p> <ul style="list-style-type: none"> a. Manage contract with Project Mangement Agency - develop and implement CBO RFP process - provide technical assistance for CBOs and merchants - promote collective impact in coordination with SDDTAC backbone staff and City Agencies b. Manage evaluation contract - work with evaluator and SDDTAC backbone staff to develop and implement evaluation plan and evaluation technical assistance <p>(3) Staffing to support research and evaluation of SDDT impact, including data purchases as necessary.</p> <ul style="list-style-type: none"> a. At least 1.0 FTE epidemiologist b. Support data analysis for annual report c. Manage data purchases d. participate in devleopment and implmentation of SDDT evaluation
12 Infrastructure - strategic planning	<p>A strategic planning consultant to facilitate the SDDTAC in creating a strategic plan for its work. The development of this plan should be informed by multiple guiding principles to at least include: the 10 essential public health services, community input regarding its priorities and needs, lessons learned and best practices from other jurisdictions that have implemented similar taxes. The strategic planning process should address, among other aspects, the near and long term strategic goals of the SDDTAC; the role of CBOs, FBOs, and city agencies in achieving this vision; how the SDDTAC’s goals fit within the context of city-wide coalitions with similarly aligned goals</p>
13 Water Access	<p>Installation of hydration station(s) in public spaces that target high-risk populations that are disproportionately targeted by the sugary drink industry (community identified public spaces). This funding should support high-quality, visually appealing, stations that can serve as a highlighted example of the potential for hydration stations. This can include beautifying and optimizing current station(s) or creating new one(s).</p>
14 RPD	<p>Support Peace Parks which serves target populations</p>
15 Hope SF Chronic Disease Equity	<p>To fund services to public housing residents in the HopeSF sites. Public housing is a known risk factor for diet sensitive health disparities. The concentrated poverty and resource isolation intensifies the impact of race and poverty. This funding will be used to support resident peers, trained as community health workers, to provide health education, chronic disease self-care programs (e.g. American Heart Association Program, etc), and linkages to care. Each of the 4 sites will have two full time peer community health workers who will provide a variety of programming. The funding supports both wages and some program expenses.</p>