STATE OF ARKANSAS

ARKANSAS DEPARTMENT OF HEALTH (ADH)

Tobacco Prevention & Cessation Program (TPCP)

REQUEST FOR APPLICATIONS

RFA-13-0002

For

Community-Based

Community and Youth Focused Tobacco Prevention & Education Program

---

Date Issued:

October 26, 2012

Schedule of Events

Event	Due Dates
RFA Issued	October 26, 2012
Due date for letters of intent	November 2, 2012 by 3:30 pm
Q & A Time Frame	November 2, 2012 by 3:30 pm
RSVP for Mandatory Workshop	November 2, 2012 by 3:30 pm
Mandatory Workshop – Location – St. Mark Baptist Church 5722 West 12th Street, Little Rock, AR (501) 663-3955	November 7, 2012 9:00am-3:00pm
Question and Answer Addendum Posted	Anticipated November 9, 2012
Due date for Applications	December 17, 2012 by 3:30 pm
Anticipated Completion of recipient selection and Mailing of preliminary award notices	January 25, 2013
Start date of sub-grant	July 1, 2013

Maximum Funding Level Per Award $75,000.00

Acronyms Used in this RFA:

ADH	Arkansas Department of Health
ASA	Applicant Skills Assessment
ATQ	Arkansas Tobacco Quitline
CDC	Centers for Disease Control & Prevention
FTE	Full-Time Employee
GEMS	Grant Evaluation Management System
HHI	Hometown health Improvement
IRS	Internal Revenue Service
MAPP	Mobilize for Action through Planning and Partnership (See page 9)
MPOWER	Monitor, Protect, Offer, Warn, Enforce, and Raise Taxes (See page 9)
MSA	Master Settlement Agreement
QM Tool	Quality Management Tool
PSAs	Public Service Announcements
RFA	Request for Applications
RSVP	Request for Written Reply
SHS	Secondhand Smoke
TBA	To be announced
TPCP	Tobacco Prevention & Cessation Program
UAPB	University of Arkansas at Pine Bluff
WHO	World Health Organization

TABLE OF CONTENTS

Section I Program Overview

A Purpose
B Background
C Available Funding
D Schedule of Events

Section II Applicant Requirements

A Eligible Applicants
B Requirements for Funding
C Core Requirements for Receiving Funding
D Applicant Commitments/Requirements

Section III Instructions for Completing an Application

A Letter of Intent
B Grant Application Workshop
C Submission Deadline
D Where to Mail or Deliver Applications
E Application Format
F Application Content
G Application Deadline & Application Submission

Section IV Review of Applications & Award Notifications

A Review for Compliance with RFA Requirements
B Evaluation & Scoring
C Application Content & Scoring
D Award Notification

Section V General Information

A Program Monitoring
B Reimbursement Guidelines
C Past Performance

Appendix

I	Letter of Intent
II	Grant Application Webinar/Workshop Registration Form
III	Community Partners List
III-A	Community Partners Membership Form
IV	Community Partners Plan
V	Work Plan
V-A	Work Plan Instructions
V-B	Objectives
V-C	Sample Work Plan
VI	Application Cover Sheet
VII	Declaration of Funding Sources
VIII	Required Elements Check List
IX	Resources
X	Tobacco Prevalence Maps and Priority Points
XI	TPCP 2011 to 2014 Strategic Plan
XII	TPCP Financial Guideline
XIII	Budget Template Forms
XIV	Accounting System & Financial Capability Questionnaire
XV	Contract and Grant Disclosure and Certification Form
XVI	Request For Tax Payer Identification Number and Certification (W-9 Form)
XVII	Workplace Policy Assessment Tool

SECTION I: PROGRAM OVERVIEW

A. Purpose

Tobacco use continues to have a devastating toll on Arkansas. It remains our leading cause of preventable death and disease, and is a major risk factor for the top (4) four diseases that account for over sixty (60) percent of Arkansas deaths. In addition, smoking costs the state $812 million in health care expenditures and $1.4 billion in lost productivity.

The Arkansas Department of Health (ADH) – Tobacco Prevention and Cessation Program's (TPCP) purpose is to guide and provide strong, comprehensive, evidence-based tobacco control to the citizens of Arkansas in order to decrease *the risk, incidence, morbidity, mortality, and burden of tobacco-related illness in the State.*

The purpose of this Request for Applications (RFA) is to select community-based organizations to carry out local tobacco prevention and education programs designed to meet the unique needs of their community in order to provide Arkansans the tools they need to fight tobacco use and live longer, healthier lives.

A successful applicant will integrate preventing initiation among youth and young adults into any community based intervention. A Community and Youth integrated focused program will implement tobacco control activities that will and consider and involve youth. Thus, the inclusion of 'youth' does not simply mean working with schools, but of course, involvement of schools in community projects is critical.

B. Background

Since receiving the Master Settlement Agreement (MSA) funding in 2001, research-based comprehensive tobacco control programs have been implemented in the five (5) Centers for Disease Control and Prevention (CDC) recommended components: state and community interventions (which includes statewide programs and community focused programs); health communication interventions; cessation interventions; surveillance and evaluation; and administration and management to facilitate the coordination and implementation of best practice components.

Since 2001 funding community-based programs has been an integral part of Arkansas's success in impacting social norm changes related to tobacco use as well as decreasing the number of people exposed to secondhand smoke while in the workplace and protecting children in vehicles.

<u>Best Practice Areas</u>

In compliance with carrying out the CDC's Best Practices, TPCP addresses and implements the following intervention areas.

- **State and Community Interventions:** multiple societal resources working together to have the greatest long-term population impact.
- **Health Communication Interventions:** media interventions to prevent tobacco use initiation, to promote cessation, and to shape social norms.

- **Cessation Interventions:** coordinating and supporting treatment that is accessible to all Arkansans in the most cost-effective manner possible.
- **Surveillance and Evaluation:** monitoring process and outcomes that are science-based and that demonstrate effectiveness.
- **Administration and Management:** assuring that the TPCP's complex, integrated programs have staff with the necessary experience, training, and oversight to provide appropriate fiscal management, accountability, and coordination.

The goals outlined by the CDC consist of four (4) primary sub-goal areas for reducing tobacco use, including:

1) Preventing initiation among youth and young adults;
2) Eliminating exposure to secondhand smoke;
3) Promoting quitting among adults and youth; and
4) Identifying and eliminating tobacco-related disparities among population groups.

Each of the Best Practice Intervention Areas can be thought of as impacting across several sub-goal areas rather than merely being limited to a single sub-goal. For example, the cessation intervention component not only can be expected to promote quitting among adults and young people, but by reducing the number of people who use tobacco, it can be expected to prevent some initiation of tobacco use among young people by changing social norms surrounding tobacco use (e.g., parents and other adults in the lives of youth, etc.) and to reduce nonsmokers' exposure to secondhand smoke.

C. Available Funding

The anticipated funding period is July1, 2013 through June 30, 2014. At the end of this period the TPCP may elect to extend the award for a maximum of one (1) additional year. Extensions will depend on the availability of funds and the applicant's success toward meeting established goals. The funding level per award is $75,000.00. [Based on the total amount to award ($1.2 million) TPCP anticipates awarding approximately sixteen (16) sub-grants at $75,000.00.]

Funding for this program is made available through the Master Tobacco Settlement Agreement. Therefore, in accordance with **Section 6 of Act 264 of the 2012** the State of Arkansas is not obligated to continue funding any commitment paid from the proceeds of the Tobacco Settlement in the event that Tobacco Settlement funds are not sufficient; and **Section 7**, no advertising targeting the prevention or reduction of tobacco use shall include the name, voice, or likeness of any elected official or their immediate family.

NOTE: Funding levels and the number of projects funded will depend on the state's annual MSA payment.

D. Schedule of Events -See Page 2

Applications must be **received** by the ADH Issuing Officer no later than 3:30 p.m. December 17, 2012. Applications not received by 3:30, (CST) on December 17, 2012, will be rejected and will not receive further consideration.

SECTION II: APPLICANT REQUIREMENTS

A. Eligible Applicants

Applicants must be an Arkansas public non-profit organization, Arkansas non-profit private organization/coalition, or a school district. Applicants claiming non-profit private status MUST INCLUDE with the submission of their application, either certification from the State of Arkansas, Office of Secretary of State, or a letter from the Department of the Treasury, Internal Revenue Service (IRS) classifying the applicant as a private, non-profit organization.

Local agency/organizations are eligible to apply for funding using the Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs*. (http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/) Community coalitions may include multiple communities collaborating to form coalitions to address tobacco issues.

Priority points will be assigned targeting areas of high tobacco use prevalence and tobacco related disparities. (See Appendix X for specific points and priority work sheet.)

Applicants may not receive funding or sponsorship support of any kind from tobacco companies either directly or from their parent organizations for the duration of the grant funding cycle.

B. Requirements for Funding

Applicants must clearly identify how they will address the following:

Applicant organizations must consist of members who are dedicated to the goal of reducing tobacco use among both adults and youth and involve the entire community in program activities around tobacco control issues, including worksites, schools, businesses, special groups, etc. Each applicant must include, in meaningful ways, representatives from diverse segments of the population including individuals, organizations, governmental and non-governmental entities/agencies in their efforts to decrease tobacco use prevalence.

Applicants must demonstrate how they will utilize community partners to carry out the activities within the work plan. (Provide the community partners plan Appendix IV.)

If an applicant has not previously been funded by TPCP as a tobacco control sub-grantee, the applicant must describe how it will demonstrate progress toward recruiting members and building a grassroots network.

In addition to the above, work plans must include objectives to address each of the four (4) CDC intervention areas as noted below: (Objectives must support the Tobacco Prevention and Cessation Program's 2011- 2014 Strategic Plan. See Appendix XI)

- Eliminating exposure to secondhand smoke
- Preventing initiation among youth and young adults
- Promoting quitting among adults and youth
- Identifying and eliminating tobacco-related disparities among population group

These four (4) goals align with the six (6) proven policies introduced in the World Health Organizations' (WHO) MPOWER framework from 2008. (http://www.who.int/tobacco/mpower/mpower_english.pdf)

MPOWER Policy Framework
(WHO, 2008)
Monitor tobacco use and prevention policies
Protect people from tobacco smoke
Offer help to quit tobacco use
Warn about the dangers of tobacco use
Enforce bans on tobacco advertising, promotion, and sponsorship
Raise taxes on tobacco

In addition to incorporating the above framework, the applicant should look towards other strategies that are recommended by CDC. Another such approach is MAPPS.

Mobilizing for **A**ction through **P**lanning and **P**artnerships (MAPP.) More about MAPPs can be viewed at:
http://www.naccho.org/topics/infrastructure/mapp/framework/mappbasics.cfm

C. Core Requirements for Receiving Funding

1. Demonstrate Movement Locally in Adopting Policies to Advance Tobacco Control in Public Health and Continuing Assessment Opportunities

Activities should be planned to help design and target intervention areas. Community actions should lead to the adoption of policies, including voluntary policies. Policies may include, but are not limited to, worksite (employee and/or campus), church campuses, private college campuses, parks (city, county, or state), or daycare facilities, just to name a few. Enforcement of those policies and ongoing surveillance may be appropriate and/or expected for certain activities.

2. Sustainability

Applicants must develop a sustainability plan. Sustainability is the continuation of community health or quality of life benefits over time. A community-based program must be able to sustain itself for the future and each proposal must demonstrate progress toward establishing a sustainability plan to continue its efforts. Applicants must address the core of sustainability – developing a winning combination of strategies, planning processes, and leadership. Strategies for a successful sustainability plan include: exploring funding opportunities to maintain an effective local tobacco use prevention and control program, developing an effective message to describe the program's work, and building and maintaining relationships with policymakers and organizations to enhance relationships and funding opportunities.

All funded applicants should work to ensure program sustainability after funds have expired.

3. Changing Community Condition and Establishing Local Objectives

Each proposal must demonstrate progress toward changing social norms regarding tobacco use. Activities should focus on population-based, policy-based objectives designed to achieve tobacco-free community conditions.

Each proposal must include an examination of current tobacco use and tobacco control status within the target area. This examination should serve as the basis for objectives that are visionary and specific, with detailed timeframes, and measurable results/outcomes. Capacity building projects should discuss how they plan to move from assessment to establishment of policies. Comprehensive programs should discuss plans for building on existing policies and previous efforts/outcomes. Experience has shown that each community will achieve success by establishing plans that best fit their community's needs.

4. Work Plan

Applicants will be eligible for funding with the submission of a quality application describing an effective, comprehensive scope of activities proportional to their experience. Effective proposals must articulate carefully planned activities encompassing ALL four (4) intervention areas listed below.

(1) Eliminating Exposure to Secondhand Smoke: Work Plan must demonstrate a focus on reducing exposure to secondhand smoke, reducing tobacco consumption, reducing tobacco-related morbidity and mortality, and decreasing tobacco related disparities by: increasing knowledge of the harmful effects of tobacco use, strengthening toward tobacco control policies, and increasing support for tobacco-free policies including new and emerging products such as e-cigarettes, snus, etc.; enforcing compliance with tobacco-free public policies; educating businesses and workplaces on the Clean Indoor Air Act; educating the public on Act 811; and providing technical assistance on issues surrounding secondhand smoke and adoption of smoke-free/tobacco-free policies.

(2) Preventing Initiation Among Youth & Young Adults: Work Plans must demonstrate a focus on reducing the initiation of tobacco use, prevalence, and morbidity; decreasing tobacco industry influence, and eliminating tobacco related disparities among youth by: increasing knowledge of the harmful effects of tobacco use; improving attitudes toward and increasing support for policies to reduce youth initiation to tobacco products; decreasing initiation through policies and programs implemented in the community and in the school environment; increasing and enforcing restrictions on tobacco product sales to minors; reducing susceptibility to experimentation with tobacco products, and decreasing access to tobacco products.

(3) Promoting Quitting Among Adults and Youth: Work Plans must demonstrate a focus on increasing cessation among adults and youth, reducing tobacco use prevalence and consumption, reducing tobacco related morbidity and mortality, and decreasing tobacco related disparities by: promoting the Arkansas Tobacco Quitline (1-800-QUIT-NOW), demonstrating coordinated education of local health care providers, programs for youth in lieu of suspension who violate school policy, and progress toward motivating local employers to offer tobacco education and cessation benefits to employees.

(4) Identifying and Eliminating Tobacco-Related Disparities: Work Plans must demonstrate a focus on identifying and reducing tobacco-related disparities among population groups in the community. These groups experience a disproportionate health and economic burden from tobacco use. According to the Centers for Disease Control and Prevention, tobacco-related disparities are *"differences in patterns, prevention, and treatment of tobacco use; the risk, incidence, morbidity, mortality, and burden of tobacco-related illness that exist among specific population groups in the United States; and related differences in capacity and infrastructure, access to resources, and environmental tobacco smoke exposure."* When efforts are focused on the identification and elimination of tobacco-related disparities, gaps begin to close and the prevalence of tobacco usage declines.

Applicants must thoughtfully consider which objectives best suit their ability to implement chosen activities and which also match the needs of their community. When pursuing an objective, it is essential that the applicant utilize activities that are most effective and directly impact outcomes in accomplishing their objectives. Community-based programs must clearly show that they are/will work with multi-cultural programs in addressing disparities.

While policy change provides the most return on investment, TPCP recognizes that all aspects in MPOWER are critical steps in achieving the greatest outcomes. Objectives and activities will be scored based on strategies as indicated by MAPP Framework and MPOWER. (See Resource Page – Appendix IX for link)

See Appendix X for point assignment. If the applicant chooses an objective or activity not represented on the point assignment table, applicant should contact the ADH Issuing Officer within the question and answer time frame to gain point assignment. (See Schedule of Events on page 2)

Other indicators of a quality application include:

(1) Creation of programs that are comprehensive in nature, reflecting assessment, community action, voluntary policies and enforcement within an objective area, and surveillance;

(2) Application of appropriate assessment/surveillance activities for individual components of the local program, as well as for implementation and impact of the total application;

(3) Assessment activities that address individual components of the program and measure the impact of program activities.

D. Applicant Commitments/Requirements – Applicants must attend technical assistance training and workshops/conferences that are deemed mandatory by TPCP. **(TPCP quarterly sponsored trainings and meetings are also mandatory)** Applicants must agree to the following requirements in order to be considered for funding:

- TPCP requires adequate program staffing. Comprehensive programs must retain at least one (1) full-time position forty (40) hours per week dedicated to the tobacco control work plan. This position is the primary individual to carry out the activities of the grant.

- Select objectives based on the need of the community. (A list of objectives are included in the Appendix V-B)
- Develop a sustainability plan, including program development and future funding opportunities.
- Collect and report data to evaluate the effectiveness of the program.
- Assure that the activities in the work plan are implemented and the goals of the program are being achieved.
- Assure that all work plan activities are recorded in TPCP's web-based grant evaluation and management system (GEMS). For first time applicants, technical assistance will be provided to ensure effective use of reporting system (GEMS). This will enable awarded applicants to track activities, services, and outcomes for self-monitoring and to share this data with TPCP staff and ADH evaluators. Further information about GEMS will be discussed during the Grant Application Workshop.
- Ensure community input and involvement of target population.
- Commit to participate in the local Hometown Health Improvement (HHI) Coalition's activities and recruit members from the HHI coalition to participate in the awarded applicant's Community-Based Tobacco Prevention & Control Program activities.
- Commit to participate in the Statewide Youth Program by assisting in the identification and recruitment of a youth board from the local area. Applicant's may have their own youth team, but must demonstrate collaboration with the identified statewide youth program.
- Commit to participate in statewide coalitions funded by TPCP
- Ensure media efforts are coordinated with TPCP. Media efforts must directly support a work plan element and be approved (in writing) in advance by the Section Chief for Media and Health Communications.
- Demonstrate progress towards professional development. Twenty (20) hours per award period (July 1 to June 30) must be documented and submitted to TPCP upon request. (Excludes TPCP quarterly meetings)
- Provide an internet connection, printer, and computer meeting the minimum following specifications: 3.20 GHz; 1.0 GB memory, 80GB Hard Drive; Network Interface Card, modem, CDRW/DVD Combo and MS Office Professional 2007, to include Microsoft Outlook.
- Ensure that fiscal responsibilities are clearly identified and there is a separation of responsibilities between programmatic and fiscal management.
- Submit monthly financial reports (including back up documentation), program reports, and evaluation reports by TPCP established deadlines.
- Ensure that funds are used only to support tobacco specific, community-based, primary prevention efforts that utilize standards-based, science-based, or Best Practice recommendations that address the required intervention area(s).

- Ensure that funds are **not** used for :

  - Projects that are individualized (one-on-one individual activities) to "educate" about tobacco illnesses, cessation interventions, addiction, refusal, or other low-impact, individual client topics. **Proposals should be policy based, action-oriented, and community oriented.**
  - Cessation services or cessation supplies which include, but are not limited to, paying for medical services, providing pharmaceuticals, providing cessation classes, cessation teams, quit line cessation services which supplant the ATQ, etc.
  - Treatment or medical services of any kind.
  - Projects unrelated to the primary purpose identified in the proposal.
  - Lobbying purposes.

SECTION III: INSTRUCTIONS FOR COMPLETING AN APPLICATION

A. Mandatory Letter of Intent

Interested applicants are required to send a Letter of Intent to the ADH Issuing Officer. A Letter of Intent does not obligate the applicant to submit an application for funds, but it will provide information needed to plan for proposal review. See Appendix I for a Letter of Intent form. **The Letter of Intent must be received by 3:30 pm CST on November 2, 2012.** Letter of Intent forms should be mailed to: Arkansas Department of Health, Attention: Tim Smith, CPPB – Procurement Branch Chief- 4815 W. Markham, Slot 58, Little Rock, AR 72205-3867 or delivered to 4815 West Markham Street, Room L163 or emailed to timothy.w.smith@arkansas.gov

B. Mandatory Grant Application Workshop

To assist applicants interested in applying for these funds, a **Mandatory Grant Application Workshop** will be held on November 7, 2012. The **Grant Application Workshop** will provide grant application instructions and technical assistance. See Appendix II for a registration form. **Registration to attend the Mandatory Grant Application Workshop must be received by 3:30 pm on November 2, 2012.**

Registration forms should be mailed to: Arkansas Department of Health, Attention: Tim Smith, CPPB -Section Chief Procurement- 4815 W. Markham, Slot 58, Little Rock, AR 72205-3867 or delivered to 4815 West Markham Street, Room L163 or emailed to timothy.w.smith@arkansas.gov. Attendance will be recorded at the workshop. **Failure to submit the Letter of Intent, Grant Application Workshop Registration form, or failure to attend the Grant Application Workshop will result in disqualification from the RFA application process.**

C. Submission Deadline

Applications must be received by the ADH Issuing Officer by 3:30 P.M. December 17, 2012. **Applications received after this date and time will NOT be accepted and will be returned to the applicant.**

D. Where to Mail or Deliver Applications

Application must be mailed to the following address and received by the ADH Issuing Officer prior to 3:30pm December 17, 2012.

Arkansas Department of Health,
Procurement Branch **RFA-13-0002**
Attention: Tim Smith, CPPB
4815 W. Markham St. Slot 58
Little Rock, AR 72205 -3867

For applications hand delivered use the following address:
Tim Smith, CPPB
Procurement Branch **RFA-13-0002**
4815 West Markham Street, Room L163
Little Rock, AR 72205

E. Application Format

Proposal (Maximum of 20 pages)
Abstract (1 page),
Introduction (2 pages),
Sustainability (1 page),
Community Partners List (1 page)
Community Partners Plan (1 page)
Evaluation Plan (1 pages)
Work Plan Mission and Vision (2 pages)
Work Plan Template (10 pages)
Priority Point Worksheet (1 page)

Supporting Documentation for Application:
Budget (Template Provided)
Commitment Letters and Required Forms

The page limit does not include the commitment letters, budget, or required forms. A 12-point Arial font is recommended for all sections except the work plan, which may be submitted in 10-point Arial font. All pages must be numbered and on 8½" x 11" white paper.

F. Application Content

Applications **must** include the following sections:

ABSTRACT (25 Points) [One (1) page limit]

Each application must include an **Abstract**, not to exceed one (1) page. The purpose of the abstract is to provide a detailed overview of the application. It should be clear, concise and specific. It should describe your organization, the scope of your project and the amount you are requesting.

INTRODUCTION (50 Points) [Two (2) page limit]

Each application must include an **Introduction**, not to exceed two (2) pages. This section must include the following:

1. Description of previous funding through ADH/TPCP or UAPB (Amount for each award cycle) and other tobacco control funding received (Appendix VII Declaration of Funding)

2. Describe accomplishments in reducing tobacco use in your community and policies implemented: such as, work site policies, churches, etc.

3. Describe your capacity to provide tobacco free education and serve populations in areas with unmet needs.

4. Describe previous experience conducting policy, advocacy media, training, community planning or community organization strategies. Describe previous experience with community/population and the ability to conduct program activities and working with disparate populations.

5. Describe your organizational capacity for sound fiscal management. Include the following:
    - Description of organizational structure and organization chart. Attach a chart with names, titles of officers, executive and key staff. (Organizational chart not counted as part of the introduction page limit.)
    - Experience with financial administration of federal and state funds;
    - Knowledge of federal and state laws and regulations regarding effective control over and accountability for all funds, property and other assets, and assurance that they are used solely for authorized work plan purposes.
    - A financial management system that provides for adequate financial reporting, adequate accounting records, effective internal controls, budget control, monitoring of allowable costs, maintenance of source documentation, and appropriate cash management. (Appendix XIV Accounting System & Financial Capability Questionnaire)

6. Assure that adequate equipment (including computers) to support staff and program needs are available or are included in the budget.

7. Identify organizations that support the activities described in the work plan. Provide letters of support.

SUSTAINABILITY PLAN (50 Points) [One (1) page limit]

Each application must include a **Sustainability Plan**, not to exceed one (1) page. It is important for applicants to understand that sustainability is critical in today's tobacco use prevention environment. Strategies for a successful sustainability plan include:

- Exploring funding opportunities to maintain an effective local tobacco use prevention and education program.
- Developing an effective message to describe the applicant's work.
- Educate local and regional 'grasstops' – i.e., community leaders about the importance of sustainability and financial support for tobacco control in both the local community and statewide.
- Building and maintaining relationships with policymakers and organizations to enhance relationships (and keeping active partnerships) and funding opportunities.
- Growing relationships with community partners.
- Strategic planning that includes a long-range funding strategy.
- Collecting, reporting and celebrating outcomes.
- Sharing decisions and workloads with volunteers and non-paid staff to promote ownership of the project in order to decrease the dependency on paid staff.
- Including program evaluation as an integral part of the sustainability plan.

(For additional information regarding sustainability visit the Center for Civic Partnerships at http://civicpartnerships.org/docs/tools_resources/sustainability.htm)

COMMUNITY PARTNERS LIST [1page limit]

Each application must include a **Community Partners List** (Appendix III), not to exceed one (1) page and letters of commitment from key community partners as supporting documentation. In these letters, key partners must indicate their over-all support for the objectives and planned activities described in the Program Work Plan. Additionally, key partners must describe, in detail, their role in the proposed Program Work Plan including, but not limited to, contributions of resources.

COMMUNITY PARTNERS PLAN (100 Points) [1page limit]

Each application must also include a **Community Partners Plan** (Appendix IV), not to exceed one (1) page, which demonstrates existing and promising community partnerships for tobacco control. The plan must be written to address the growth, maintenance, and sustainability of the community partnership.

EVALUATION PLAN (100 Points) [1page limit]

Each applicant must include an **Evaluation Plan**, not to exceed one (1) page.

The applicant must demonstrate their understanding of effective evaluation methods of activities. In addition, applicants must describe how they will utilize their evaluation findings. (i.e., to make decisions to improve program effectiveness and to demonstrate accountability to stakeholders) {Reference Guide in the Appendix – Appendix IX, *CDC "Introduction to Program Evaluation for Public Health Programs: A Self Study Guide"*}

Please note, awarded applicants must participate in program evaluation as directed by TPCP during the contract period. In addition, awarded applicants must provide outcomes of their program evaluation at the end of the award period utilizing the GEMS reporting tool. Awarded applicant will be required to record all work plan activities in TPCP's web-based GEMS program and document activity outcomes.

WORK PLAN (225 Points)

Work Plan Mission and Vision - Each applicant must provide no more than a two (2) page description of the mission and vision of the overall work pertinent to this specific RFA.

Program Work Plan - Applicant must demonstrate the capacity to implement the work plan. Each application must include a **Program Work Plan** (MAXIMUM 10 PAGES, see work plan template as attachment to RFA) that addresses each of the required intervention areas (See Section II, C. Intervention Area Requirements).

Activities must support applicants chosen objectives (selected from TPCP Strategic Plan located in Appendix XI). Applicant must select corresponding intervention area located on the upper portion of the template. Each intervention area must be addressed and a current year objective must be selected per intervention area. (Work Plan template is provided as an attachment to the RFA, which must be completed. An example of the work plan format is provided in Appendix V, and instructions on completing work plan is located in Appendix V-A.)

BUDGET (150 Points)

Applicants must use the budget template form that is available at http://www.healthy.arkansas.gov/aboutADH/Pages/GrantBidOpportunities.aspx (See Appendix XIII for an example of the template). The budget template form is set-up with drop down boxes that allows the applicant to choose from a list of allowable items that can be included in the budget request.

Applicants are required to budget for the following items:

- Regular Salary – One (1) full-time {forty (40) hours per week} TPCP Program Coordinator. The TPCP Program Coordinator is the primary individual responsible for carrying out the activities of the grant.

  A resume for the TPCP Program Coordinator and job description must be included with the application. If the position is vacant, at the time of application submission a copy of the job description must be submitted with the application.

  The TPCP Program Coordinator will be responsible for the overall management of the program that includes:

  - Assuring all work plan activities are completed as described in the application
  - Working in coordination with ADH/TPCP staff
  - Attending mandatory meetings and workshops
  - Assuring that all work plan activities are recorded in TPCP's web-based grant evaluation and management system (GEMS)
  - Assuring submission of required reports (programmatic and financial)
  - Maintaining databases of partner demographics and survey results, etc.
  - Generating PSAs and print articles about coalition activities (Approved by TPCP- Section Chief for Media and Health Communications)
  - Maintaining minutes from coalition/board/committee meetings
  - Participating in a Hometown Health Improvement Coalition

  <u>Minimum qualifications for the Tobacco Control Coordinator must include:</u>

  - He/She must not be a tobacco user
  - Possess good public speaking and writing skills
  - Proficient with Microsoft Office including Outlook
  - Possess knowledge and training in program development

Staff position(s) paid with these funds must be dedicated only to tobacco control activities approved in the work plan. Sub-contracted work will require one (1) full time position equal to forty (40) hours per week. Changes in personnel must be submitted and approved in writing through ADH/TPCP prior to effective start date of the new employee for the sub-grant recipient.

- Computer – If a computer meeting the following requirements is not available to meet the reporting requirements of the grant, then the applicants must include a computer in the budget: Purchase product specifications are as follows: 3.20 GHz; 1.0 GB memory, 80GB Hard Drive; Network Interface Card, modem, CDRW/DVD Combo and MS Office Professional 2007, to include Microsoft Outlook. The computer must be acquired within fifteen (15) days of the effective date of the award agreement. If a computer meeting these requirements is available, please note this in the budget justification.

- Internet service – Applicants must budget for internet service in order to meet communication and reporting requirements of the grant.

- Travel – Applicant's must budget for the TPCP Program Coordinator to attend four (4) each one (1) day trainings in Little Rock.

  Mileage reimbursement may not exceed the state rate of $.42 per mile. Reimbursement rates for meals and lodging may be found at: http://www.gsa.gov/portal/category/21287 **(If per diem rate for lodging cannot be obtained, a reasonable rate must be sought.)**

  Budgets must include travel for Applicant's Program Coordinator to attend an approved tobacco control related out of state event or conference. Provide a justification that includes the purpose of the trip, the destination and identify the related work plan objective(s).

- Media & Health Communication – Applicant's must allocate five (5%) percent of the total direct budget to media and health communication efforts. Media and health communication includes radio, print, and bill board advertising and other promotional items. The budget template form will automatically calculate the amount required as the budget is entered. ***All media and health communication efforts must be approved by the TPCP Section Chief for Media and Health Communications prior to purchase and <u>must</u> include all required logos.***

- TPCP Electronic Reporting System – Applicants must budget $1,625 for an online license in order to access GEMS (grant evaluation & management system). (This amount will be subtracted from the award amount. Ex. $75,000.00 available funding – $1,625.00 (GEMS) = $73,375.00).

Applicants utilizing the services of a contractor or consultant must provide the following information for each contractor/consultant. This information can be included as an attachment to the budget.

a. Name of Contractor/Consultant: Name of contractor/consultant.

   NOTE: Contracting with a person who occupies a position with any city or state agency, is prohibited. There are NO EXCEPTIONS.

b. Method of Selection: Describe how the contractor was selected and the qualifications for the contractor. In addition, identify whether or not the contractor is a private for-profit organization.

c. Period of Performance: Specify the beginning and ending dates of the contract. Additionally, indicate whether or not this is a new or continuation contract.

d. Scope of Work: Describe in outcome terms the specific services/tasks to be performed by the contractor and identify the related objectives.

e. Method of Accountability: Describe how the progress and performance of the contractor will be monitored during and on close-out of the contract period. Identify who will be responsible for supervising the contract. In addition, for continuation contracts, describe their previous performance.

f. Itemized Budget and Justification: Provide an itemized budget with appropriate justification.

g. Contract and Grant Disclosure and Certification Form: Provide a completed and signed copy of the form with application. (See Attachment XVI)

   Request for Tax Payer Identification Number and Certification (W-9) Form. Provide a completed and signed copy of the W-9 form with application. (See Attachment XV)

If the above information is unknown for any contractor at the time of application, the information must be submitted to TPCP prior to awarding a contract.

Nonexpendable items and equipment are allowable, provided they are a reasonable expenditure relative to the work proposed. Allowable items are identified in the drop down boxes of the budget template form. All equipment purchased with grant funds must be used only for the purposes and intent of the work proposed in the grant application. If equipment is found being used for other purposes, the sub-grantee will be responsible for reimbursing ADH/TPCP for the cost of the equipment. Sub-grantees must also establish and maintain an effective property management system to track items with an acquisition cost of more than $250. See Appendix XII, TPCP Financial Guidelines for additional information on property management. Equipment purchases of $500 or greater must be approved by TPCP prior to purchase.

Sub-grantees must adhere to Arkansas law ACA19-11*201(30)(a) & (b) that requires all printing jobs to be competitively bid. Printing is defined as transferring images, by the use of standard industrial type printer ink, upon documents such as letterhead, envelopes, pamphlets, booklets, and forms.

Indirect/administrative costs are allowable but cannot exceed ten (10%) percent of the total direct costs. Allowable items are identified in the drop down boxes of the budget template form. The budget template form will automatically calculate the allowable amount as the budget is entered.

NOTE: Applicants are encouraged to review the Tobacco Prevention & Cessation Program Financial Guidelines, Appendix XII, prior to submitting an application in order to gain an understanding of the financial obligations and responsibilities of funded organizations. Failure to review the guidelines may result in disallowed budget items and ultimately impacting an applicant's score or disqualifying an applicant's from consideration.

G. APPLICATION DEADLINE and APPLICATION SUBMISSION

Applications must be received by the ADH Issuing Officer by 3:30 P.M. December 17, 2012. Applications received after this date and time will NOT be reviewed and will be returned to the applicant. Applicants must provide a signed original (marked **ORIGINAL**) and five (5) copies.

The following items must be submitted for a complete application, any item omitted will result in the applicant being removed from award consideration.

Mandatory Items:

- ☐ Applicant Cover Sheet (Appendix VI)
- ☐ Table of Contents
- ☐ Abstract
- ☐ Introduction
- ☐ Declaration of Funding Sources (Appendix VII)
- ☐ Sustainability Plan
- ☐ Community Partners List (Appendix III)
- ☐ Community Partners Plan (Appendix IV)
- ☐ Work Plan (Appendix V)
- ☐ Evaluation Plan
- ☐ Budget (Appendix XIII)
- ☐ Letters of Commitment
- ☐ Certification of Non-Profit Organization
- ☐ Accounting System & Financial Capability Questionnaire (Appendix XIV)
- ☐ Tobacco Prevention and Education Program Coordinator Resume' (If coordinator not known at the time of application submission, a statement indicating the resume' will be submitted to TPCP before hiring the coordinator.)
- ☐ Applicant's Tobacco -Free Workplace Policy
- ☐ Applicant's Tobacco-Free Hiring Policy for Position Funded by TPCP Funds
- ☐ Contract and Grant Disclosure and Certification Form
- ☐ Request For Tax Payer Identification Number and Certification (W-9 Form)

SECTION IV: REVIEW OF APPLICATIONS & AWARD NOTIFICATIONS

A. Review for Compliance with RFA Requirements

Applications will be date and time stamped upon receipt, and must be received by the ADH Issuing Officer on or before the deadline. Omission of any required document or form, or failure to respond to any requirement will lead to rejection of the application prior to the review process.

B. Evaluation and Scoring

Each application will be evaluated and scored by a review committee on a scale to seven hundred (700) points. Moreover, the assignment of additional priority points will be based on tobacco prevalence by county data and Red County Initiatives. (Tobacco Prevalence Table provided as an attachment to RFA and in Appendix X)

C. Application Content and Scoring

CRITERIA	POSSIBLE POINTS
Abstract	25
Introduction	50
Sustainability	50
Community Partners Plan	100
Evaluation	100
Work Plan	225
Budget	150
Total Possible Points	**700**

Priority Points Scoring

Priority Area	MAXIMUM POSSIBLE POINTS
Tobacco Prevalence	42
Red County Initiatives	9
Total Possible Points	**51**

D. Award Notifications:

It is anticipated that applicants will be notified of preliminary awards no later than January 25, 2013.

SECTION V: GENERAL INFORMATION

A. Program Monitoring

Awarded applicants will be required to participate in a skills assessment workshop (date and time to be determined). Each awarded applicant's skill sets will be evaluated during an Applicant Skills Assessment (ASA) Workshop (date and time to be determined.)

> **Reporting and Monitoring**
> Awarded applicants will be required to record all work plan activities in TPCP's web-based grant evaluation and management system, GEMS. This will enable TPCP and awarded applicants to track activities, services, and outcomes of program delivery and report outcomes as necessary.

Technical assistance will be provided as requested and/or deemed necessary.

ADH/TPCP program personnel will conduct a minimum of one (1) site visit for the purpose of conducting programmatic and financial monitoring reviews to insure the awarded applicants are in compliance with the sub-recipient agreement.

B. Reimbursement Guidelines

The awarded applicant will be reimbursed monthly based on an "Actual Cost" incurred. Actual cost reimbursement is based on a complete itemized listing of allowable program expenses. These expenses must be within the approved budget's itemized listing of allowable program costs. (Backup documentation is required when submitting invoices for payment.) **No advance payments are allowed.** In addition, it is not necessary for an awardee to maximize their planned budget in an attempt to expend all possible funds.

C. Past Performance

In accordance with provisions of The State Procurement Law, R2:19-11-230 Competitive Sealed Proposals – Bid Evaluation paragraph (B): "a vendor's past performance with the state may be used in the evaluation of any offer made in response to this solicitation. The past performance should not be greater than three years old and must be supported by written documentation on file in the Office of State Procurement or ADH Procurement Section at the time of the bid opening. Documentation may be in the form of a written or electronic report, VPR (Vendor Performance Report), memo, file or any other appropriate authenticated notation of performance to the vendor file." (For previously funded sub-recipients, past performance as documented using QM Tool may be used.)

Appendix

Appendix I

RFA-13-0002 Letter of Intent
Due Date: November 2, 2012 by 3:30pm

If you intend to apply for funding from the ADH/TPCP to support Tobacco Prevention and Community Based Programs, please complete and return this form.

Completion does not obligate you to submit an application for funds. It does, however, provide information on the geographical distribution of potential applications. It will also provide us with information to plan the RFA Workshop and proposal review.

Please submit this form to: Tim Smith, CPPB,

Arkansas Department of Health
Attention: Tim Smith, CPPB -Section Chief Procurement
4815 W. Markham, Slot 58, Little Rock, AR 72205-3867

Or hand-delivered to 4815 West Markham Street, Room L163

Or email to timothy.w.smith@arkansas.gov

Intent to Apply for funding:

Applicant:

Name of Non-Profit Organization: _____

Street Address: _____ City: _____

County: _____ Zip: _____

Contact Person: _____ Title: _____

E-mail Address: _____

Phone #: _____ Fax#: _____

_____

Signature (Individual authorize to legally bind the proposer)

RFA-13-0002 REGISTRATION FORM – Due Date: November 2, 2012

Mandatory GRANT APPLICATION Workshop

Work Shop Date – November 7, 2012
Time: 9:00am – 3:00pm
Location – St. Mark Baptist Church
5722 West 12th Street
Little Rock, AR
(501) 663-3955
http://mapq.st/RVInvf

Community Based Programs

Applicant:

Name of Non-Profit Organization: _____

Street Address: _____ City: _____

County:_____ Zip: _____

Contact Person:_____ Title: _____

E-mail Address: _____

Phone #: _____ Fax#: _____

_____
Signature (Individual authorize to legally bind the proposer)

Rank your knowledge of best practices for tobacco control. Please circle one number.

Very Little		**Somewhat**		**Very Knowledgeable**
1	**2**	**3**	**4**	**5**

Please return this form to:

Arkansas Department of Health
Attention: Tim Smith, CPPB -Section Chief Procurement
4815 W. Markham, Slot 58, Little Rock, AR 72205-3867

Or hand-delivered to 4815 West Markham Street, Room L163

Or email to timothy.w.smith@arkansas.gov

Copies of RFA WILL NOT be provided. All attendees should bring their own copy of the RFA to the mandatory workshop.

RFA-13-0002 Community Partners List

Provide a list of Key Community Partners and identify those that will hold an active role in the development and implementation of your work plan goals and activities (use as many sheets as necessary). **Key community partners must provide a letter of commitment that describes, in detail, their role in the proposed work plan and that indicates their overall support for the objectives and planned activities described in the work plan.**

Name of Organization	Name of Contact	Phone number and address of contact person	Role of Organization

Coalition Name
Address
City, State Zip

Coalition Member Sign - Up Form

You're Coalition Information HERE

You're Coalition Information HERE

(***Membership in coalition may be withdrawn at request of member.)***

Coalition Member's Name: _____Organization: _____

Home Address: _____ City:_____ Zip:_____

Daytime Phone No:_____ Member Since:_____

Are You a Member of Another Coalition(s): Yes ☐ No ☐	If Yes, List ALL Organization(s): _____ _____ _____ _____

Signature of Member _____ email address: _____
Date: _____(Submitting this form electronically will be considered as valid as a signature.)

RFA-13-0002 *Community Partners Plan*

Describe your plan for maintaining existing partnerships and developing new partnerships. Include partners that will be recruited for general tobacco control support and specific objectives. *(Partner plan should reflect the partners listed in the Community Partners List.)*

Insert Name of Organization and County Covered

Intervention Area

☐ Identifying and Eliminating Tobacco-Related Disparities
☐ Eliminating Exposure to Secondhand Smoke
☐ Promoting Quitting Among Adults & Youth
☐ Preventing Initiating Among Youth and Young Adults

Objective:

Planned Activities	Completion Date	Responsible Persons	Activity Outcome

Appendix V-A

Work Plan Instructions

Complete the work plan using the template provided.

Intervention Areas: Mark the intervention area that will be addressed with the activities planned.

Objective: Select the objective from the TPCP Strategic Plan 2011-2014 and enter on the work plan.

Activities: List the major activities that will be conducted. Activities should work together to accomplish the objective. For each major activity, describe what the activity is, the completion date of each activity, and who will be responsible for completing the activity. Major activities work together, much like stepping stones, forming a pathway to achieve the objective. (DO NOT list supporting activities, such as networking, planning meetings, creating a task force, attending coalition meetings, attending trainings, ordering or purchasing, handing out promotional items, or working on monthly briefings or other reports.) Successful applicants will design activities that are age-specific and culturally competent focusing on the needs of the whole community (adults, youth, businesses and schools).

Examples of Activities:

1. Hold 4 quarterly community forums to educate residents of ABC County on the harmful effects of tobacco use. Pre/post testing will be conducted to evaluate the increase of knowledge at each forum.
2. Educate 10 health care providers on implementing Ask, Advise, and Refer.
3. Hold 15 'employer' forums to provide education on the business case for tobacco-free policy.
4. Educate City Officials in Sunshine City on the benefits of tobacco-free parks.
5. Hold youth event to recognize Kick Butts Day
6. Hold 2 youth educational forums to expose 'Big Tobacco' youth marketing tactics
7. Provide media support and/or collaboration efforts to inform youth groups and/or private schools about the SOS youth Prevention Campaign
8. Conduct activities in partnership with the Statewide Youth Program
9. Hold community event to recognize 'No World Tobacco Day'

Completion Date: Identify the date each major activity will be completed.

Responsible Persons: Record the lead person(s) and the entity they represent who is responsible for completing each major activity. Applicants should also list key partners who will assist with conducting the work plan activity(s).

Outcomes: Outcomes are the intended results of program activities and often focus on the increase in knowledge and attitudes concerning tobacco control and/or changes that have occurred as a result of the program activity/intervention. The following are some examples:

- Increased public exposure to information about the dangers of tobacco and secondhand smoke exposure and the support of smoking bans.
- Increased knowledge among school and day care center personnel about the health effects of secondhand and thirdhand smoke exposure on children and young people.
- Increased knowledge and participants demonstrated a more positive attitude towards smoke-free/tobacco-free policies among business owners.

- Increase understanding by parents about the effects of secondhand smoke exposure in homes and cars.
- Increased voluntary adoption of smoke-free/tobacco-free policies.

- An increase in the percentage/number of adults who implement household smoking/tobacco restrictions.
- Attitudes of smokers and non-smokers about the acceptability of exposing others to secondhand smoke (SHS).
- Proportion of population that thinks SHS is harmful to children and pregnant women.
- Level of support for creating tobacco-free environments/policies.
- Level of support for adopting tobacco-free policies in homes and vehicles.

For more information on outcome indicators, referred to *"Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs"* at http://www.cdc.gov/tobacco/tobacco_control_programs/surveillance_evaluation/key_outcome/index.htm

(See Appendix V-C for a work plan example)

www.thecommunityguide.org

The Guide to Community Preventive Services
THE COMMUNITY GUIDE
What Works to Promote Health

WHAT WORKS
Tobacco Use

Evidence-Based Interventions for Your Community

TASK FORCE FINDINGS ON TOBACCO USE THROUGH 2011

The Community Preventive Services Task Force (Task Force) has released the following findings on what works in public health to prevent tobacco use. These findings are compiled in *The Guide to Community Preventive Services (The Community Guide)* and listed in the table below. Use the findings to identify strategies and interventions you could use for your community.

Legend for Task Force Findings: ● Recommended ◆ Insufficient Evidence ▲ Recommended Against (See reverse for detailed descriptions.)

INTERVENTION	TASK FORCE FINDING
Reducing Tobacco Use Initiation	
Increasing the unit price of tobacco products	●
Mass media campaigns when combined with other interventions	●
Increasing Tobacco Use Cessation	
Increasing the unit price of tobacco products	●
Mass media campaigns when combined with other interventions	●
Mobile phone-based interventions	●
Multicomponent interventions that include client telephone support	●
Provider reminders when used alone	●
Provider reminders with provider education	●
Reducing client out-of-pocket costs for cessation therapies	●
Internet-based interventions	◆
Mass media – cessation contests	◆
Mass media – cessation series	◆
Provider assessment and feedback	◆
Provider education when used alone	◆
Reducing Exposure to Environmental Tobacco Smoke	
Smoking bans and restrictions	●
Community education to reduce exposure in the home	◆

INTERVENTION	TASK FORCE FINDING
Restricting Minors' Access to Tobacco Products	
Community mobilization with additional interventions	●
Sales laws directed at retailers when used alone	◆
Active enforcement of sales laws directed at retailers when used alone	◆
Community education about youth's access to tobacco products when used alone	◆
Laws directed at minors' purchase, possession, or use of tobacco products when used alone	◆
Retailer education with reinforcement and information on health consequences when used alone	◆
Retailer education without reinforcement when used alone	◆
Decreasing Tobacco Use Among Workers	
Smoke-free policies to reduce tobacco use	●
Incentives and competitions to increase smoking cessation combined with additional interventions	●
Incentives and competitions to increase smoking cessation when used alone	◆

Visit the "Tobacco Use" page of *The Community Guide* website at www.thecommunityguide.org/tobacco to find summaries of Task Force findings and recommendations on tobacco use. Click on each topic area to find results from the systematic reviews, included studies, evidence gaps, and journal publications.

The Centers for Disease Control and Prevention provides administrative, research, and technical support for the Community Preventive Services Task Force.

UNDERSTANDING THE FINDINGS

The Task Force bases its findings and recommendations on systematic reviews of the scientific literature. With oversight from the Task Force, scientists and subject matter experts from the Centers for Disease Control and Prevention conduct these reviews in collaboration with a wide range of government, academic, policy, and practice-based partners. Based on the strength of the evidence, the Task Force assigns each intervention to one of the categories below.

CATEGORY	DESCRIPTION	ICON
Recommended	There is strong or sufficient evidence that the intervention is **effective**. This finding is based on the number of studies, how well the studies were designed and carried out, and the consistency and strength of the results.	●
Insufficient Evidence	There is **not enough evidence** to determine whether the intervention is effective. This does not mean the intervention does not work. There is not enough research available or the results are too inconsistent to make a firm conclusion about the intervention's effectiveness. The Task Force encourages those who use interventions with insufficient evidence to evaluate their efforts.	◆
Recommended Against	There is strong or sufficient evidence that the strategy is **harmful or not effective**.	▲

Visit the "Systematic Review Methods" page on *The Community Guide* website at www.thecommunityguide.org/about/methods.html for more information about the methods used to conduct the systematic reviews and the criteria the Task Force uses to make findings and recommendations.

RESOURCES

You can use the following resources to guide the implementation of evidence-based strategies and put the Task Force findings to work.

- **Directory of Research Tested Intervention Programs (RTIPs)**
  National Cancer Institute and Substance Abuse and Mental Health Services
  http://rtips.cancer.gov/rtips

- **Success stories in reducing tobacco use**
  The Community Guide
  www.thecommunityguide.org/news/success-stories/index.html

- **Best practices for tobacco control**
  Centers for Disease Control and Prevention
  www.cdc.gov/tobacco/stateandcommunity

- **Partnership for Prevention Action Guide**
  www.prevent.org/Topics/Tobacco-Control.aspx

- **State Tobacco Activities Tracking and Evaluation (STATE) System**
  Centers for Disease Control and Prevention
  http://apps.nccd.cdc.gov/statesystem

Last updated: March 2012

Sample Work Plan
Sunshine City Coalition
Pulaski County

Intervention Area

☐ Identifying and Eliminating Tobacco-Related Disparities
☒ Eliminating Exposure to Secondhand Smoke
☐ Promoting Quitting Among Adults & Youth
☐ Preventing Initiating Among Youth and Young Adults

Objective: By December 31, 2014, two employers in Sunshine County will adopt a tobacco-free worksite policy.

Planned Activities	Completion Date	Responsible Persons	Activity Outcome
Conduct an assessment of businesses/employers in Sunshine City to determine existing tobacco-free hiring policies.	August 31, 2013	Tobacco Prevention and Education Coordinator	Documented pre/post assessment results. Businesses with tobacco-free hiring policies are identified to obtain baseline data.
Educate employers in Sunshine City on the business case to support tobacco education/cessation at the workplace. (*Hold 4 area employer forums, Attend Quarterly Chamber of Commerce meetings, …)*	June 30, 2014	Tobacco Prevention and Education Coordinator/ Coalition Members/ Community Partners	Document **number of** employers educated and number who agree to implement policy.
Run Media to provide information on Benefits of business case to support tobacco education/cessation at the workplace. *(Radio Spot – Quarterly and 12 Newspaper Articles)*	March 31, 2014	Tobacco Prevention and Education Coordinator	Document the impact of running Media ads. (Document the number of inquiries received as a result of running Media, document the 'reach' of ads, such as print and radio.

RFA-13-0002 Applications for Community-Based Programs
Application Cover Sheet July 1, 2013 to June 30, 2014

Applicant Information

Organization Name: _____

Organization Contact Person and Title: _____

Address: _____ City: _____ Zip: _____

Telephone: ( ) _____ Fax: ( ) _____

Email: _____

Fiscal Agent Information (if different from Applicant)

Organization Name: _____

Address: _____ City: _____ Zip: _____

Telephone: ( ) _____ Fax: ( ) _____

Email: _____

Awarded Applicant Contact Information

Tobacco Program Coordinator Name: _____

Address: _____ City: _____ Zip: _____

Telephone: ( ) _____ Fax: ( ) _____ Email: _____
_____

Coverage Area and Program Proposal Information

County/Community (coverage area of the coalition): _____

Maximum funding requested: $_____

I acknowledge the obligations of any grant awarded in connection with this proposal and affirm that the Applicant Agency is a legal entity that will meet the specifications set forth in the RFA.

_____
Signature (Individual authorized to legally bind the proposer)

Appendix VII

RFA-13-0002

Declaration of Funding Sources

List below all sources of funding:

Funding Agency/Organization/Foundation	Funding Cycle: Start/End Date	Amount

Appendix VIII

RFA-13-0002 Required Elements Checklist

- ☐ Original application and five (5) copies
- ☐ Applicant Cover Sheet (Appendix VII)
- ☐ Table of Contents
- ☐ Abstract
- ☐ Introduction
- ☐ Declaration of Funding Sources
- ☐ Sustainability Plan
- ☐ Community Partners List
- ☐ Community Partners Plan
- ☐ Work Plan Mission and Vision
- ☐ Work Plan
- ☐ Evaluation Plan
- ☐ Budget
- ☐ Letters of Commitment
- ☐ Certification of Non-Profit Organization
- ☐ Financial Status Questionnaire
- ☐ Tobacco Prevention and Education Program Coordinator Resume
- ☐ Applicant's Tobacco -Free Workplace Policy
- ☐ Applicant's Tobacco-Free Hiring Policy for Position Funded by TPCP Funds
- ☐ Contract and Grant Disclosure and Certification Form
- ☐ Request For Tax Payer Identification Number and Certification (W-9 Form)

Appendix IX

Resources

CDC – Smoking and Tobacco Use
http://www.cdc.gov/tobacco/

CDC "Introduction to Program Evaluation for Public Health Programs: A Self Study Guide"
http://www.cdc.gov/eval/guide/CDCEvalManual.pdf

Clear The Air Arkansas
http://www.cleartheairarkansas.com/

Media Resources
http://www.healthy.arkansas.gov/programsServices/tobaccoprevent/Pages/MediaResources.aspx

MAPPS
http://www.naccho.org/topics/infrastructure/mapp/framework/mappbasics.cfm

MPOWER
http://www.who.int/tobacco/mpower/mpower_english.pdf

The Tobacco Prevention and Cassation Program

http://www.healthy.arkansas.gov/programsServices/tobaccoprevent/Pages/default.aspx

Tool Kit for Smoke-Free Multi Housing (Owners/Mangers)
http://portal.hud.gov/hudportal/documents/huddoc?id=smokefreeowners.pdf

Tool Kit for Smoke-Free Multi Housing (Residents)
http://portal.hud.gov/hudportal/documents/huddoc?id=smokefreeresidents.pdf

TPCP Strategic Plan 2011-2014
http://www.healthy.arkansas.gov/programsServices/tobaccoprevent/Documents/StratPlan/StrategicPlan2011-2014.pdf

Tobacco Data Deck 2012
http://www.healthy.arkansas.gov/programsServices/tobaccoprevent/Documents/downloads/DataDeck2012.pdf

RFA-13-0002 Tobacco Prevalence Priority Points

Data Source: TPCP Tobacco Data Deck

		Youth						Adult						
1														
2	COUNTY	% Cigarette Use	Value	Priority Point	% Smokeless Use	Value	Priority Point	% Cigarette Use	Value	Priority Point	% Smokeless Use	Value	Priority Point	County Priority Point Total
3														
4	Arkansas	14.2	4		6.3	2		15.9	1		19.7	4		0
5	Ashley	14.0	4		12.0	4		23.7	2		10.5	3		0
6	Baxter	10.3	3		6.4	2		20.1	2		16.5	4		0
7	Benton	5.8	1		3.1	1		17.7	1		8.6	2		0
8	Boone	11.1	3		7.7	3		17.2	1		9.2	3		0
9	Bradley	12.3	4		5.2	1		9.3	1		29.5	4		0
10	Calhoun	13.0	4		15.0	4		40.9	4		8.4	2		0
11	Carroll	8.8	2		7.7	3		27.7	3		14.5	4		0
12	Chicot	2.8	1		3.3	1		44.4	4		4.2	1		0
13	Clark	7.1	1		4.8	1		14.1	1		7.8	2		0
14	Clay	11.1	3		10.2	4		27.3	3		14.8	4		0
15	Cleburne	9.7	2		8.4	3		33.8	4		23.6	4		0
16	Cleveland	13.6	4		10.1	4		31.7	4		8.6	2		0
17	Columbia	11.5	3		7.0	2		14.5	1		2.3	1		0
18	Conway	11.1	3		6.4	2		18.0	1		6.7	2		0
19	Craighead	10.0	2		5.6	2		20.2	2		5.1	1		0
20	Crawford	9.9	2		7.1	2		15.9	1		8.3	2		0
21	Crittenden	5.7	1		3.6	1		22.0	2		7.3	2		0
22	Cross	11.9	3		7.9	3		28.4	4		4.7	1		0
23	Dallas	10.2	3		9.0	3		20.9	2		5.7	1		0
24	Desha	9.4	2		4.2	1		29.0	4		2.7	1		0
25	Drew	10.0	2		6.2	2		8.7	1		7.5	2		0
26	Faulkner	8.3	1		5.2	1		20.9	2		8.6	2		0
27	Franklin	9.2	2		9.4	3		14.2	1		11.7	3		0
28	Fulton	9.1	2		11.0	4		27.4	3		18.0	4		0
29	Garland	7.9	1		4.7	1		24.4	3		6.1	1		0
30	Grant	11.1	3		6.5	2		46.4	4		14.1	3		0
31	Greene	10.3	3		6.7	2		21.0	2		4.4	1		0
32	Hempstea	9.0	2		5.1	1		22.7	2		0.5	1		0
33	Hot Spring	8.8	2		6.6	2		23.5	2		11.5	3		0
34	Howard	11.7	3		9.4	3		18.7	1		8.2	2		0
35	Independe	10.2	3		9.1	3		25.9	3		5.8	1		0
36	Izard	7.5	1		10.4	4		25.3	3		20.9	4		0
37	Jackson	13.9	4		7.9	3		21.2	2		15.1	4		0

RFA-13-0002 Tobacco Prevalence Priority Points

Data Source: TPCP Tobacco Data Deck

	A	B	C	D	E	F	G	H	I	J	K	L	M	R
38	Jefferson	6.6	1		3.3	1		25.3	3		9.8	3		0
39	Johnson	7.4	1		6.0	2		29.8	4		8.1	2		0
40	Lafayette	14.9	4		8.9	3		19.5	1		20.4	4		0
41	Lawrence	15.0	4		12.0	4		9.6	1		5.7	1		0
42	Lee	1.1	1		1.2	1		23.2	2		5.8	1		0
43	Lincoln	8.0	1		11.0	4		24.6	3		0.0	1		0
44	Little River	13.0	4		9.7	4		21.7	2		10.5	3		0
45	Logan	8.8	2		6.3	2		25.2	3		30.3	4		0
46	Lonoke	8.5	2		4.8	1		21.0	2		11.7	3		0
47	Madison	13.0	4		13.4	4		25.2	3		13.7	3		0
48	Marion	15.2	4		9.0	3		18.8	1		10.5	3		0
49	Miller	11.6	3		7.4	3		35.8	4		6.3	2		0
50	Mississipp	8.2	1		4.0	1		23.7	2		9.1	3		0
51	Monroe	18.4	4		7.4	3		42.9	4		22.6	4		0
52	Montgome	14.7	4		11.2	4		35.3	4		1.6	1		0
53	Nevada	9.7	2		3.8	1		23.8	2		8.9	2		0
54	Newton	10.8	3		10.0	4		33.1	4		23.0	4		0
55	Ouachita	8.4	1		6.0	2		27.9	4		7.6	2		0
56	Perry	10.8	3		5.8	2		25.7	3		28.2	4		0
57	Phillips	7.4	1		4.4	1		21.5	2		5.1	1		0
58	Pike	8.4	1		9.7	4		23.2	2		13.7	3		0
59	Poinsett	13.2	4		7.3	3		17.3	1		7.8	2		0
60	Polk	10.1	2		8.8	3		23.8	2		6.1	1		0
61	Pope	8.1	1		5.4	2		25.8	3		14.7	4		0
62	Prairie	16.4	4		14.3	4		36.9	4		0.0	1		0
63	Pulaski	7.0	1		2.6	1		19.7	2		4.9	1		0
64	Randolph	11.9	3		8.5	3		11.9	1		21.7	4		0
65	Saline	9.7	2		5.4	2		23.9	3		9.0	3		0
66	Scott	9.5	2		12.6	4		36.5	4		11.1	3		0
67	Searcy	12.8	4		9.9	4		35.6	4		19.7	4		0
68	Sebastian	8.1	1		3.6	1		25.6	3		7.3	2		0
69	Sevier	11.7	3		8.0	3		26.2	3		6.9	2		0
70	Sharp	15.3	4		14.0	4		33.0	4		8.2	2		0
71	St. Francis	5.2	1		2.7	1		20.4	2		12.3	3		0
72	Stone	12.5	4		6.0	2		23.9	3		7.4	2		0
73	Union	9.3	2		5.8	2		24.6	3		10.2	3		0
74	Van Buren	11.2	3		11.6	4		29.5	4		5.7	1		0
75	Washingto	6.6	1		3.9	1		19.1	1		11.0	3		0
76	White	10.5	3		7.1	2		10.0	1		9.3	3		0
77	Woodruff	9.3	2		5.3	2		27.1	3		21.1	4		0
78	Yell	8.7	2		8.1	3		18.5	1		10.9	3		0
79	Category Total			0			0			0			0	0

Red County Initiative as of September 1, 2012

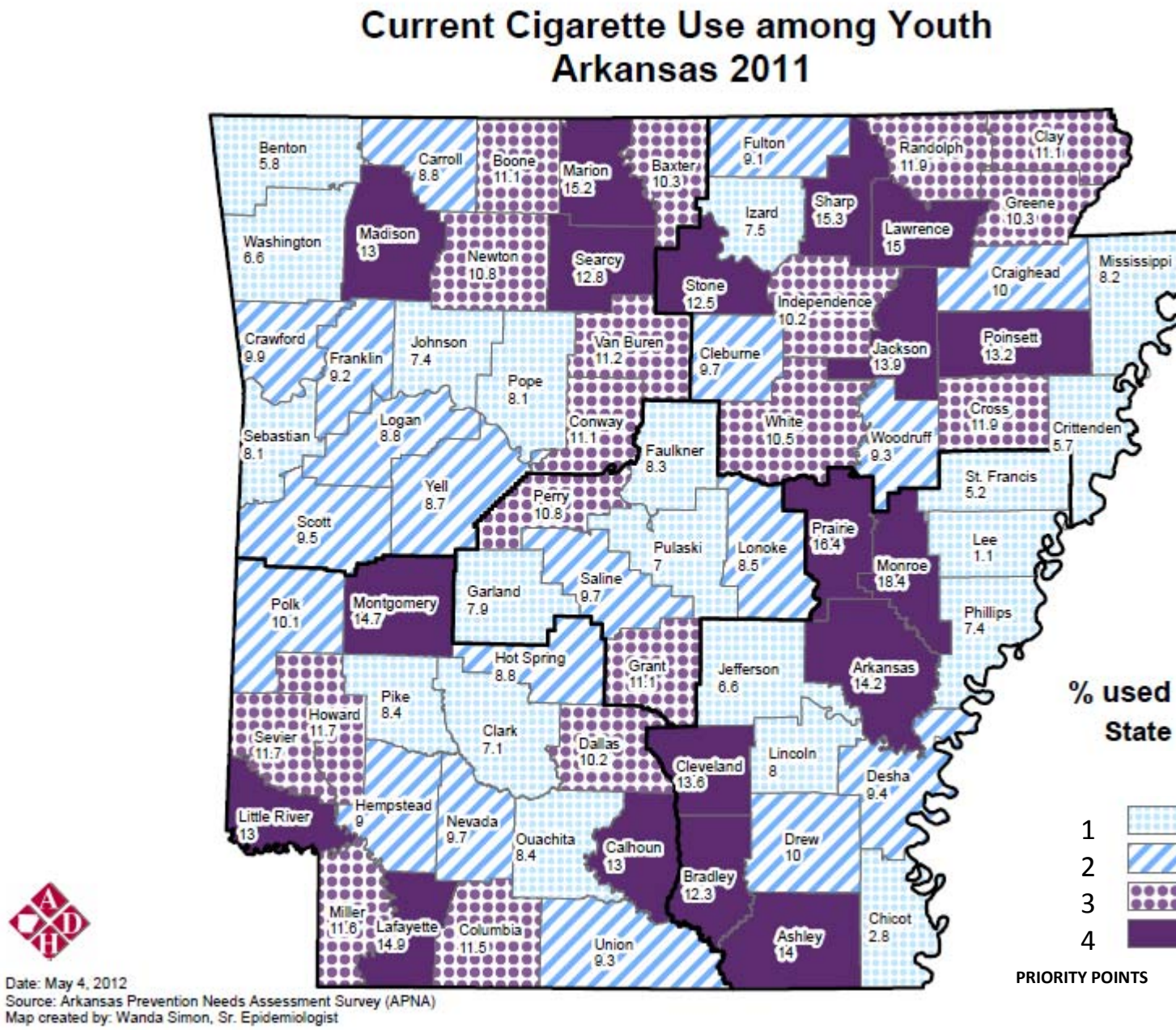
RFA-13-0002 Priority Points

Youth

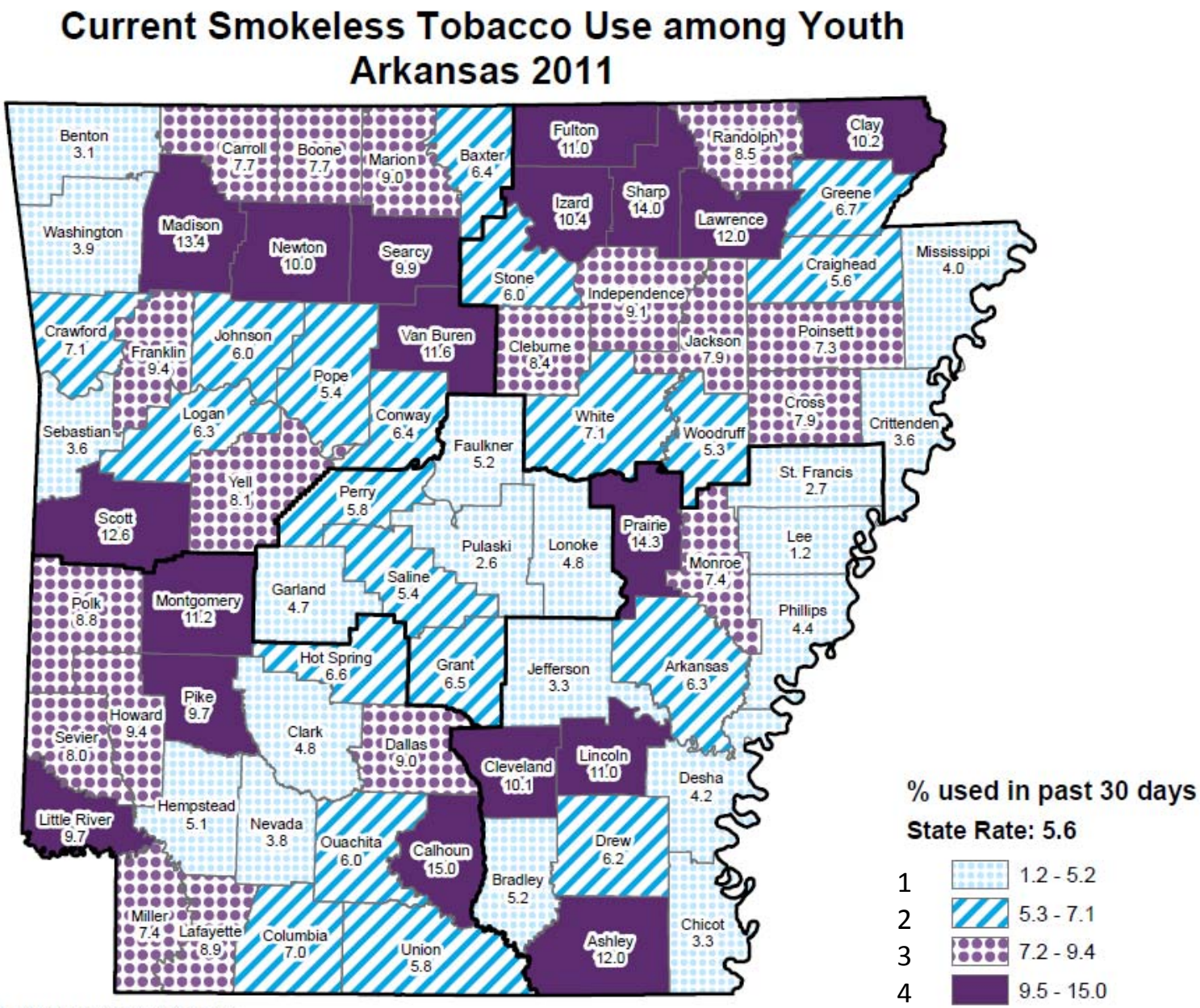
1	Red County Worksheet			
2	Red County	Value Point	Selected County	Assigned Point
3	Chicot	3	☐	0
4	Crittenden	3	☐	0
5	Dallas	3	☐	0
6	Desha	3	☐	0
7	Fulton	3	☐	0
8	Jackson	3	☐	0
9	Lee	3	☐	0
10	Mississippi	3	☐	0
11	Monroe	3	☐	0
12	Ouachita	3	☐	0
13	Phillips	3	☐	0
14	Poinsett	3	☐	0
15	Polk	3	☐	0
16	St. Francis	3	☐	0
17	Union	3	☐	0
18	Woodruff	3	☐	0
19	Little River	3	☐	0
20			Total	0

Appe

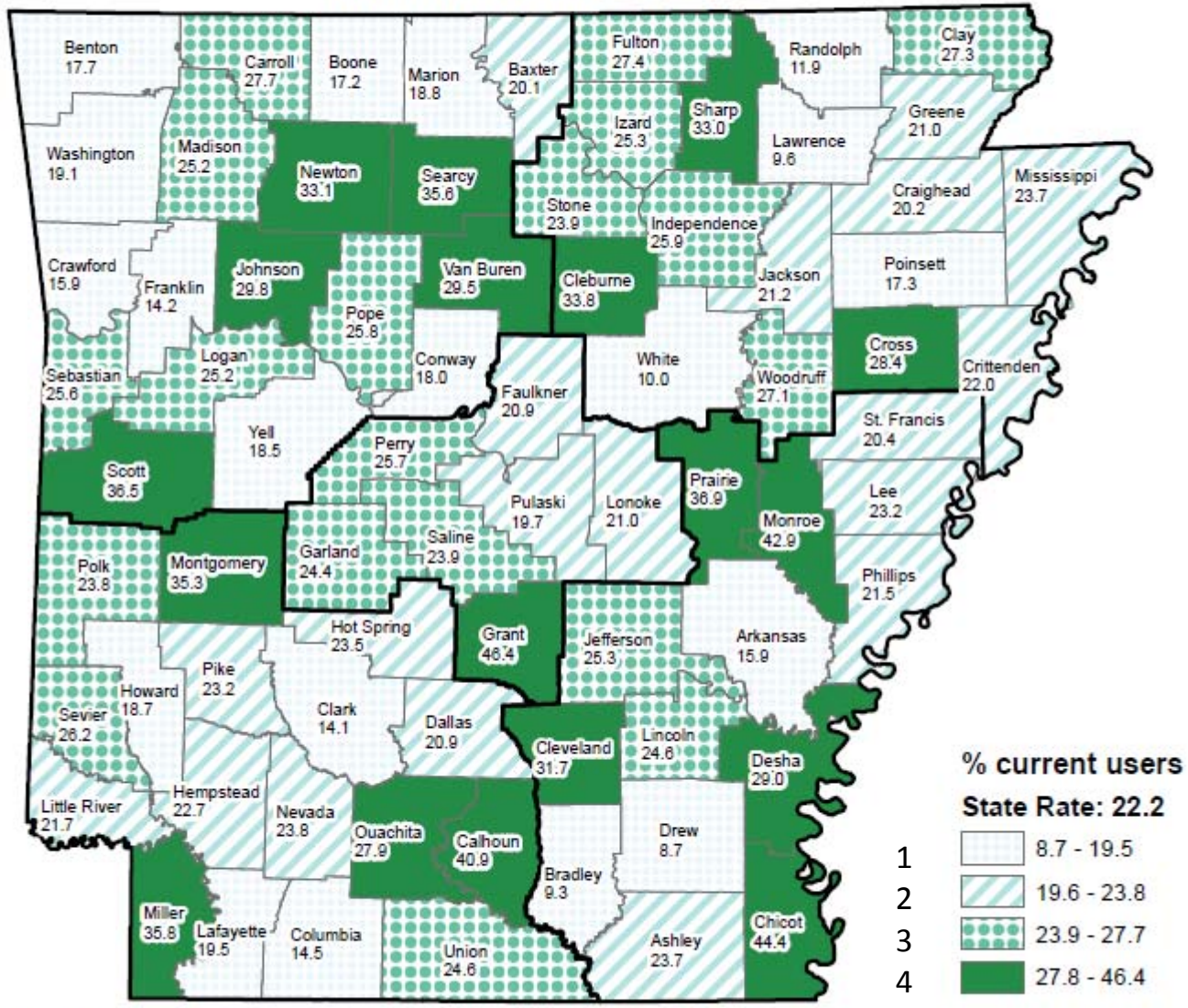
Smoking Prevalence Map Indicating Priority Points by Legend



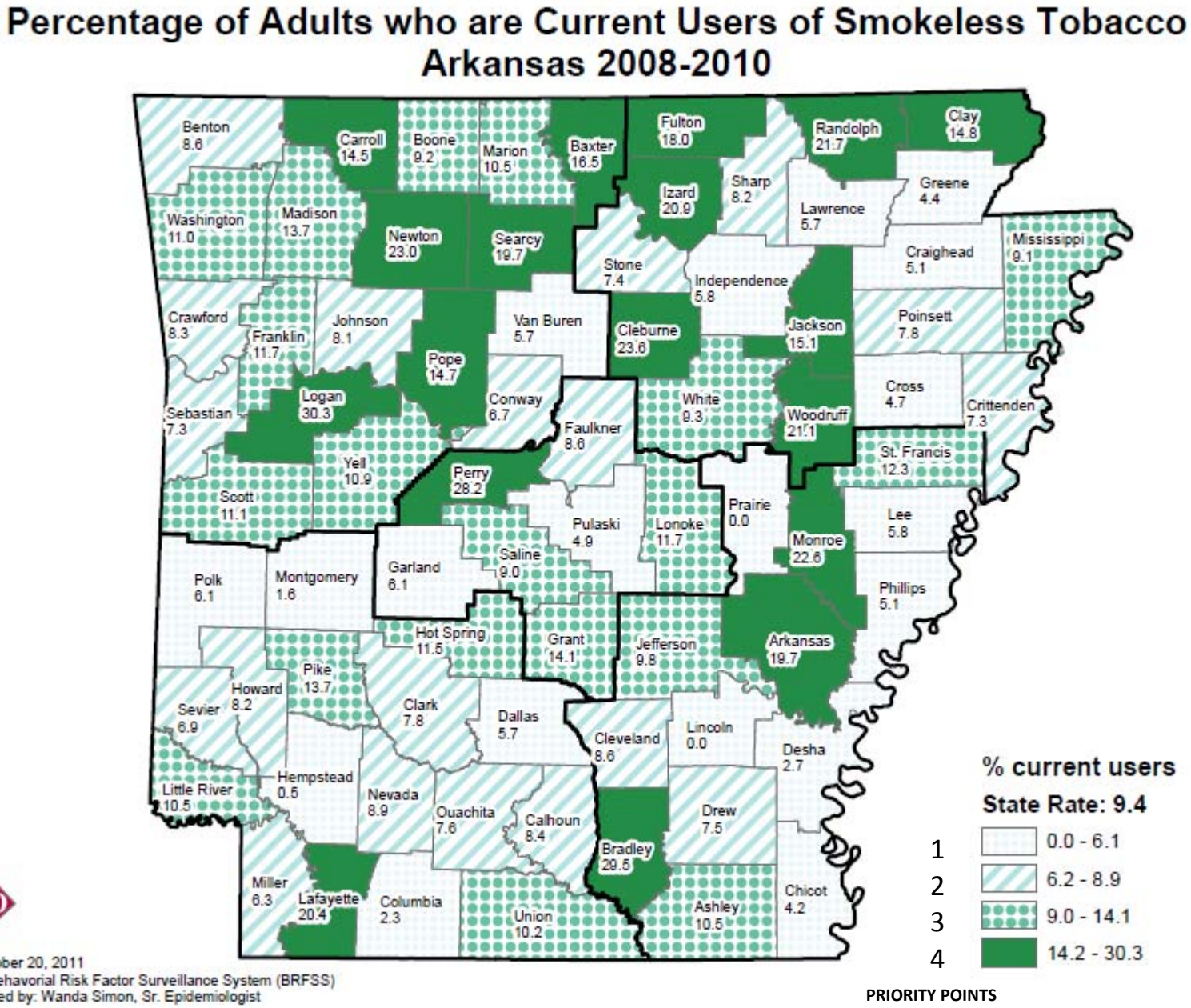
Youth Smokeless Prevalence Map Indicating Priority Points by Legend



Adult Smoking Prevalence Map Indicating Priority Points by Legend



Adult Smokeless Prevalence Map Indicating Priority Points by Legend



EXECUTIVE SUMMARY – ARKANSAS *STRATEGIC PLAN* TO PREVENT AND REDUCE TOBACCO USE 2011 – 2014

With passage of the Initiated Tobacco Settlement Proceeds Act in 2000, Arkansas voters announced that they were ready for Arkansas to become a national leader in efforts to confront tobacco use – the leading cause of premature death and disease in Arkansas and in the nation. They committed Arkansas to a long term effort to reduce tobacco use and the death and diseases it caused – heart disease and stroke, cancers, a variety of lung diseases and a long list of other deadly illnesses.

The General Assembly gave structure to the voter referendum by creating the Tobacco Prevention and Cessation Program (TPCP) in the Arkansas Department of Health and appropriating 31.6 percent of the funds the state would annually receive from the Master Settlement Agreement (MSA) between the tobacco companies and 46 states to fight tobacco use. What had once been a small federally-funded program has grown over the years into a comprehensive evidence-based tobacco prevention and cessation initiative that is delivering results.

- ✓ In 2000, 35.8 percent of Arkansas high school students were current smokers; in 2010 that percentage had dropped to 23.5 percent – a 34 percent reduction.
- ✓ In 2002, 25.1 percent of adults smoked; in 2010, 24.7 percent were people who currently smoke.
- ✓ Over 1000 pregnant women and their infants will save close to $2 million in health care costs during a young Arkansan's first year.
- ✓ Over the last decade hospital admissions for heart disease and stroke decreased.

Even with all of the positive outcomes the TPCP program has produced over the last 9 years, the toll of tobacco in Arkansas remains far too high.

- ✓ Each year 4,900 Arkansans die prematurely from illnesses caused by tobacco.
- ✓ Approximately 64,000 Arkansas youth are expected to die prematurely as a result of tobacco.
- ✓ Secondhand smoke kills approximately 510 non-smoking Arkansans every year.
- ✓ Each year tobacco use costs Arkansas upwards of $812 million, including $242 million in state-funded Medicaid, in health care costs and $1.4 BILLION in lost productivity costs.

Arkansas is one of only a few states that made a commitment to invest its entire share of the Master Settlement Agreement funds in health-related programs. Passed as the Tobacco Settlement Proceeds Act of 2000, MSA funding currently supports tobacco control and cessation activities, expanded Medicaid services - including the ARHealthNet waiver program, research in the Arkansas Biosciences Institute, and initiated specific health programs targeting state needs (formation of UAMS College of Public Health, expanded services in the Minority Health Commission, a new Delta Area Health Education Center, and support to sustain the Arkansas Aging Initiative). In addition, moneys from the MSA provided core funding for the Arkansas Healthy Century Trust Fund. This Act directs the Department of

Health to implement a comprehensive Tobacco Prevention and Cessation Program with 31.6 percent of the annual MSA payment. Over the years changes have occurred that have directed portions of the TPCP MSA funding to other programs such as Nutrition & Physical Activity.

In the first several years of appropriating nearly a third of its MSA funding to tobacco prevention and cessation, Arkansas was ranked fourth highest in the nation in CDC's recommended minimum funding for comprehensive tobacco prevention and control programs. In the ensuing years, program costs increased and CDC revised its funding formula and recommendations. Federal and state funding for the Arkansas Tobacco Prevention and Cessation Program has been variable ($14-$17 million range) over the last several years. Currently (FY2010) Arkansas ranks eleventh in program funding received from the state and the CDC, spending approximately half of CDC's recommendation of $36.4 million. CDC provides guidance to the states on program design and delivery components based on available funding.

Recognizing the challenge of reducing tobacco use by preventing youth and young adults from beginning to use tobacco and by increasing the number of Arkansans who quit tobacco use, TPCP and its internal and external partners undertook a comprehensive review of the evidence-based program beginning in 2008 when ADH convened an Expert Review Panel to assess the program and make recommendations. The Panel consisted of four external experts in designing and implementing evidence-based tobacco control programs: Ursula Bauer, PhD, MPH, former Director of the Division of Chronic Disease and Injury Prevention of the New York State Department of Health (and newly named Director of the National Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control and Prevention); David Hopkins, MD, MPH, author of *The Community Guide to Preventive Services*; Corinne Husten, MD, MPH, former Acting Director of the Office on Smoking and Health at the Centers for Disease Control and Prevention; and Edward Lichtenstein, PhD, an expert in tobacco cessation and quitline research. The Expert Panel found TPCP "to be well-grounded in the tobacco control evidence base and to have been implemented according to recommendations from the Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs*." While recognizing that annual funding to reduce tobacco use is "well below" the $36.4 million recommended by the CDC, the Panel reported that TPCP and its partners are gradually reducing smoking prevalence. The Panel made a number of recommendations to refocus TPCP "toward a population-based approach that will increase the reach and maximize the impact of the program."

With this backdrop, TPCP convened a group of external partners and internal state government colleagues (Appendix 1) for two days in October 2009 to participate in the development of a 5-year strategic plan for Arkansas tobacco prevention and control. Janet Love, MPH, CHES, Tobacco Technical Assistance Consortium (TTAC), presented the evidence-based recommendations and strategies in the Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs October 2007* and *The Community Guide to Preventive Services.* Carolyn Dresler, MD, MPA, Director of the Arkansas Department of Health Tobacco Prevention and Cessation Program, provided an overview of the program and the most recent data about tobacco use in Arkansas. Meeting participants then reviewed and analyzed the history and current state of tobacco prevention and control in Arkansas and conducted an environmental scan to identify strengths, challenges, gaps and opportunities impacting program implementation (Appendix 2). Using Arkansas tobacco-related data, CDC and Community Guide recommended evidence-based interventions, the environmental scan, current program and other tobacco control activities in Arkansas, the planning group identified three goal areas and developed a series of Objectives and Action Steps that will move Arkansas toward achieving those goals.

Participants worked collectively to identify Objectives for each of the goal areas – preventing youth and young adults from using tobacco, eliminating exposure to secondhand smoke and promoting quitting. The large group than broke into two work groups – youth and young adult prevention and secondhand smoke – to focus on developing Action Steps for the Objectives. The Goal III Promoting Quitting Objectives and the development of Action Steps were left to the Cessation Expert Panel to review and expand. Representatives from Battelle and Crawford, Johnson, Robinson, Woods (TPCP media contractor) attended the meeting and offered valuable input for the group's consideration. Judith Ahearn and Janet Love from the Tobacco Technical Assistance Consortium provided facilitation services.

In Fall 2011, the Tobacco Prevention and Cessation Program convened to review and update the 2009 strategic plan to more comprehensively address projects/programs that are in place. For example, smokeless tobacco had not been part of the 2009-2014 strategic plan, so SMART objectives addressing this within youth and adult males were added.

Over the remaining 3 year years, implementation of this *Strategic Plan* will prevent a greater number of Arkansas youth and young adults from beginning to use tobacco products, decrease the number of current tobacco users, and fully protect the public from exposure to secondhand smoke in public places and in their workplaces. The Plan includes all four goal areas and identifies objectives and action steps that will lead to achievement of those goals. If state and local policy makers, healthcare systems and providers, schools, colleges, employers and the public fully implement this Plan, it will significantly prevent and reduce smoking and other tobacco use in Arkansas and produce enormous public health and economic benefits to the state.

There is overwhelming evidence that states that have implemented programs consistent with the CDC *Best Practices* and its recommended funding level have significantly reduced youth and adult tobacco use, improved health and saved lives. With a sustained effort, we can expect the fully implemented comprehensive *Strategic Plan* will within the remaining 3 years:

- ✓ Reduce youth tobacco use to 17.5 percent
- ✓ Reduce adult tobacco use to 17.5 percent
- ✓ Reduce tobacco use by pregnant women to 12.5 percent
- ✓ Reduce employee exposure to secondhand smoke in workplaces to 2 percent

Implementing this *Strategic Plan* will strengthen the Arkansas economy by increasing employee productivity and reducing future tobacco-caused healthcare and related economic and other tobacco-caused costs in the state.

If Arkansas fully implements this *Strategic Plan*, the Arkansas voters and legislators who entrusted the Arkansas Department of Health Tobacco Prevention and Cessation Program and its partners with the responsibility to reduce tobacco use can expect to see a sharp reduction in smoking and other tobacco use in the state. As a result of the decrease in tobacco use, the number of people in the state who suffer and die prematurely because of smoking and other tobacco use will decrease; the number of Arkansans who suffer from tobacco-related diseases will decrease; a healthier and more productive workforce will bolster the economy; and public and private dollars will be saved by cutting government, business, health care and household expenditures caused by smoking and other tobacco use.

Lives saved, suffering diminished, health-related and economic costs cut, and public and private dollars conserved – these are the overarching goals of this *updated* Arkansas *Strategic Plan* to Prevent and Reduce Tobacco Use 2011 – 2014.

Over arching objectives

OBJECTIVE 1: By June 30, 2014 decrease the smoking prevalence of youth from 23.5% to 20.4%. (Data Source 2010 Youth Tobacco Survey [YTS] 23.5% in 2010)

OBJECTIVE 2: By June 30, 2014, decrease the smoking prevalence of adults from 22.9% 2010 BRFSS land line estimates to 2013 BRFSS land line estimates of 20%. (Data Source: Behavioral Risk Factor Surveillance System [BRFSS] 22.9% in 2010)

Goal I: Prevent initiation of tobacco use

OBJECTIVE 1: By June 30, 2013, all remaining private colleges/universities in Arkansas will have adopted a 100% tobacco-free campus policy. (Data Source: to date 7 private college campuses have tobacco-free campus policies in place. Tobacco Prevention & Cessation Program [TPCP], 2011)

OBJECTIVE 2: By June 30, 2013, all illegal sales of tobacco products to youth will be reduced to 6.0%. (Data Source: 2010 Arkansas Tobacco Control Annual Report, 7.22%)

OBJECTIVE 3a: By June 30, 2013, the number of school districts implementing comprehensive evidenced-based interventions recommended by the CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*, including policies and curriculum, will increase to 10% of all school districts. (Data Source: 10 Schools – 2010 Arkansas TPCP. Total number of school districts 258/Total enrollment 468,656 Arkansas Department of Education)

OBJECTIVE 3b: By June 30, 2013, 10% of the private and charter schools will implement comprehensive evidenced-based interventions recommended by the CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*, including policies and curriculum. (Data Source: To be determined)

OBJECTIVE 4: By June 30, 2013, 15 Coordinated School Health schools (currently funded by TPCP) will report having a comprehensive tobacco school policy. (Data Source: TPCP Baseline data 12 comprehensive policies in FY 11)

OBJECTIVE 5: By June 30, 2013 provide media support to Stamp Out Smoking (SOS) prevention campaigns so as to increase the participation 10% from 123, 665 youth in FY 11 to 136,032 youth in FY 13. (Data Source: Arkansas Department of Education enrollment data from public and charter enrollment 468,656; private school enrollment is 24,120 and home school enrollment 16,303 - total enrollment 509,079)

Goal II: Eliminate exposure to secondhand smoke

OBJECTIVE 1: By December 31, 2012, two communities will pass smoke-free local ordinances stronger than Act 8. (Target Communities - Fayetteville, El Dorado, Cabot, Jonesboro, Mississippi County)

OBJECTIVE 2a: By December 31, 2012, six employers representative of large and medium sized businesses (excluding hospitals and medical clinics) will adopt a tobacco-free worksite policy. (Data Source: Unnamed prospects have been identified)

OBJECTIVE 2b: By December 31, 2013, six employers will adopt tobacco-free hiring policies. (Baseline Data - to be determined [White County Medical Hospital implemented tobacco-free hiring policies 2011])

OBJECTIVE 3: By June 30, 2013, 90% of homes and cars will be smoke-free. (Data Source: 2008 Arkansas Adult Tobacco Survey – 83% of homes and 77% of cars)

OBJECTIVE 4: By December 31, 2012, 10 restaurants and bars who currently claim exemptions under Act 8 of 2006 will voluntary adopt smoke-free work place policy. (Data Source: Environmental Health Branch)

Goal III: Promoting cessation

OBJECTIVE 1a: By June 30, 2014, providers in 50% of public and private healthcare providers will document tobacco use as a regular measurement in the medical record. (Data Source: 2010 TPCP Healthcare Providers Survey 39%)

OBJECTIVE 1b: By June 30, 2014, 250 providers within public or private healthcare systems will deliver the *US Public Health Service Cessation Guidelines* that include 2A's & R (ask, advise, refer) intervention to tobacco users at every patient visit. (Data Source: Future TPCP Health Care Provider survey/Arkansas Foundation Medical Care-Health Information Technology)

OBJECTIVE 2: By June 30, 2014, the reach of the Arkansas Tobacco Quitline (ATQ) will increase to a minimum of 6% of all people who smoke or use smokeless tobacco. (Data Source: ATQ 4.2% in 2009, 4.08 in 2010, 3.19% in 2011, and .67% first quarter FY 2012)

OBJECTIVE 3: By December 31, 2013, increase the number of ATQ calls from smokeless users from 1.5% to 4% (Data Source: ATQ reports 1.5% FY 2011)

OBJECTIVE 4: By June 30, 2014, the number of healthcare providers making patient fax referrals to the ATQ will increase by 10% annually (Data Source: ATQ Reports 489 healthcare providers in FY2009; 630 healthcare providers in FY2010; 777 healthcare providers in FY2011 and 756 healthcare providers in first quarter FY2012)

OBJECTIVE 5: By June 30, 2014, the number of calls from young adult tobacco users (18-24 adults) will increase by 20%. (Data Source: ATQ Reports 5,156 in FY2010; 3876 in FY2011 and 431 young adult callers in first quarter FY2012)

OBJECTIVE 6: By June 30, 2014, increase by 1% annually the number of fax referrals generated by Sub-grantee community activities (Health Fairs, Tobacco Education programs etc. (Data Source: Alere reports)

OBJECTIVE 7: By June 30, 2014, the number of employers with ≥ 3 employees who provide coverage for *US Public Health Service Cessation Guidelines* will be > 50% (Date Source: number of employers/denominator to be determined)

OBJECTIVE 8a: By June 30, 2014, 30 Substance Abuse and Mental Health providers will assess and document nicotine dependence with clients. (Data Source: OADAP client assessment tool).

OBJECTIVE 8b: By June 30, 2014, 16 Substance Abuse and Mental Health providers will provide tobacco education with clients. (Data source – CDC)

OBJECTIVE 9: By December 31, 2013, lower the white adult male smokeless prevalence rate from 2010 BRFSS land line estimates of 14.4% to 2013 BRFSS land line estimates of 13.4% (2010 BRFSS: 14.4%)

OBJECTIVE 10: By December 31, 2013, lower the high school male smokeless prevalence rate from 2010 Arkansas Youth Tobacco Survey (AYTS) self-administered school survey of 24.8% to 23.8% (Data Source: 2010 AYTS: 24.8%)

Goal IV – Identify and eliminate disparities

OBJECTIVE 1: By June 30, 2014, decrease the smoking prevalence of African American males in Arkansas from 29.3% to 27.3% (2008 Arkansas Adult Tobacco Survey) (Minority Initiative Sub-Recipient Grant Office)

OBJECTIVE 2: By June 30, 2014, decrease the smoking prevalence of Hispanic males in Arkansas from 24.3% to 23.3% (2008 Arkansas Adult Tobacco Survey) (MISGRO)

OBJECTIVE 3a: By June 30, 2014, decrease the smoking prevalence of the LGBT population in Arkansas by 1% (Baseline data to be developed)

OBJECTIVE 3b: By June 30, 2014, decrease the smoking prevalence of the minority LGBT population in Arkansas by 1% (Baseline data to be developed) (Minority Initiative Sub-Recipient Grant Office)

OBJECTIVE 4: By June 30, 2013, reduce by one percent the number of pregnant women use tobacco. (Survey methodology to be determined: FY 2010 Birth Certificate data 13.7%)

OBJECTIVE 5: By June 30, 2012, increase the number of Local Health Units that offer the Pregnancy Incentive Program from 2 to 10. (Two per health region) (2 Local Health Units-2011 TPCP Database.)

Appendix XII

TPCP Financial Guidelines

(Budget Template as an Attachment To RFA-13-0002)

Budget Template Forms

Below is general information and instructions for filling out the Budget Justification worksheet.

Sections B through I have "drop down" boxes for selecting items that can be included in the budget request. These are the only items that will be funded.

Parts of this form will auto fill duplicate information such as when the name of an employee is entered the fringe benefits section will automatically be filled.

Cells that are lightly colored are locked and cannot be changed. These cells contain formulas or information that should not be deleted or changed.

Information entered into the Budget Justification worksheet is automatically transferred to the Budget worksheet. If the Total Amount Requested does not match Total Project Cost an error message will appear. The Budget Justification worksheet tracks Indirect/Administrative Cost to assure that the 10% limit is not exceeded. The Budget Justification worksheet also tracks the Media & Health Communication cost to assure that the 5% required costs is met.

Important: If you need more rows in the item list, place your cursor on any row under the items column and insert a row. This will allow the dropdown boxes to populate. If you insert a row below the items list it may not populate with the drop down list and will not calculate and add into the budget.

Tobacco Prevention & Cessation Program Budget Justification Form

For the Period July 1, 2013 to June 30, 2014

0

Name Automatically Populates from Budget Justification Page

0

Name Automatically Populates from Budget Justification Page

Budget amounts will automatically fill

	Budget Category		Amount Requested
A.	Regular Salaries	$	-
B.	Fringe Benefits	$	-
C.	Maintenance & Operation	$	-
D,	Nonexpendable Items &Equipment	$	-
E.	Other (including Media & Health Communication)	$	-
F.	Contractor/Consultant Services	$	-
G	In State Travel	$	-
H	Out-of State Travel	$	-
	Total Direct Costs	$	-
I	Indirect/Administrative Costs	$	-
	Total Project Cost	**$**	**-**
	Total Amount of Sub Grant Award	**$**	**-**

Budget Template Forms

Tobacco Prevention & Cessation Program Budget Justification Form

For the Period July 1, 2013 to June 30, 2014

0
Name Automatically Populates from Budget Justification Page

0
Name Automatically Populates from Budget Justification Page

Budget amounts will automatically fill

	Budget Category		Amount Requested
A.	Regular Salaries	$	38,000.00
B.	Fringe Benefits	$	14,542.00
C.	Maintenance & Operation	$	750.00
D,	Nonexpendable Items &Equipment	$	1,010.00
E.	Other (including Media & Health Communication)	$	4,095.00
F.	Contractor/Consultant Services	$	1,000.00
G	In State Travel	$	1,191.00
H	Out-of State Travel	$	1,929.00
	Total Direct Costs	$	62,517.00
I	Indirect/Administrative Costs	$	4,970.00
	Total Project Cost	**$**	**67,487.00**
	Total Amount of Sub Grant Award	**$**	**67,487.00**

Budget Template Forms

Tobacco Prevention & Cessation Program Budget Justification Form

For the Period July 1, 2013 to June 30, 2014

Name of Fiscal Agent

List counties served - in alphabetical order

Total Amount Requested	$69,112.00
Less GEMS License	$1,625.00
Total Budget Less GEMS	$67,487.00

A. REGULAR SALARY: List each employee by name and position title. Enter annual salary for each employee and the percentage of time to be devoted to the TPCP grant. Compensation paid to employees engaged in these activities must be consistent with that paid for similar work within the applicant organization. NOTE: Applicants must hire/retain one (1) full-time (40 hours per week) TPCP Coordinator .

	Name and Position Title	Annual Salary	Percent of Time Spent	Amount Requested
1	Iwanna Job - TPCP Coordinator*	$35,000.00	100.00%	$35,000.00
2	Work Hard - assistant part time	$20,000.00	15.00%	$3,000.00
		Total Salary		**$38,000.00**

*If any portion of the TPCP Coordinator's salary is paid from another source describe in this section.

B. FRINGE BENEFITS: Provide the rate for computing fringe benefits for each position. Fringe benefits are allowable as a direct cost in proportion to the salary charged to the grant, to the extent that such payments are made under formally established and consistently applied organizational policies. NOTE: Dependent care health insurance is not an allowable cost to the grant.

	Fringe Benefit Type - Employee One	Annual Salary	Rate	Amount Requested
1	FICA	$35,000.00	7.50%	$2,625.00
2	Unemployment Insurance	$35,000.00	0.90%	$315.00
3	Health	$35,000.00	5.00%	$1,750.00
4	Retirement	$35,000.00	23.00%	$8,050.00
5	Other	$35,000.00	4.00%	$1,400.00
6	Workers Comp	$35,000.00	0.00%	$0.00
	- Employee Two			
1	FICA	$3,000.00	7.50%	$225.00
2	Workers Comp	$3,000.00	0.90%	$27.00
3	Unemployment Insurance	$3,000.00	5.00%	$150.00
4	Health	$3,000.00	0.00%	$0.00
5	Retirement	$3,000.00	0.00%	$0.00
6	Other	$3,000.00	0.00%	$0.00
		Total Fringe Benefits		**$14,542.00**

Budget Template Forms

C. M & O: Select items from the "drop down" list and provide a justification describing how the items will be used to support work plan activities. Identify the related objectives when appropriate.

	Item	Justification	Cost	Amount Requested
1	General Office Supplies	Purchase of pens, paper, toner and other general office supplies that will be used by the TPCP Program Coordinator.	$150.00	$150.00
2	Facility Rental Meetings	Facility rental for XYZ meeting as described in Objective 1.1 of the work plan	$75.00	$75.00
3	Education Supplies	Purchase of pamphlets, DVDs, posters, etc. to support activities in Objectives 1.1, 2.3, 3.1	$25.00	$25.00
4	Catering	Purchase of food for monthly coalition meetings and special events. See objectives 1.1, 2.1, 3.2	$500.00	$500.00
5				$0.00
6				$0.00
		Total Supplies		**$750.00**

D. NONEXPENDABLE ITEMS & EQUIPMENT: A nonexpendable item is defined as an item which has a continuing use, is not consumed in use with an expected service life of one or more years and an acquisition cost of less than $250 per unit. Equipment is defined as an item having a useful life of one or more years and an acquisition cost of $250 or more per unit. Select items from the "drop down" list and provide a justification describing how the items will be used to support work plan activities. Identify the related objectives when appropriate.

	Item	Justification	Cost	Amount Requested
1	Computer	A computer meeting the RFA specifications will be purchased for the TPCP Coordinator	$785.00	$785.00
2	Canopy/Tents	A canopy will be purchased to be used at an annual health and fitness event in the city park. See Objective 2.1 activities.	$150.00	$150.00
3	Camera	A camera will be purchased in order to take pictures at the various events that are planned throughout the year.	$75.00	$75.00
4				$0.00
5				$0.00
6				$0.00
		Total Equipment		**$1,010.00**

Budget Template Forms

E. OTHER: Use this category for items not included in any of the other budget categories, including the administrative/indirect costs category. Media & health communication costs should also be included in this category and MUST be equal to 5% of the total direct budget (Note: budget template will automatically calculate media & health communication costs). Identify the related objectives when appropriate. Media and health communication items MUST have a related objective identified in the justification.

	Item	Justification	Cost	Amount Requested
1	Desk Phone	Annual costs of phone service for the TPCP Coordinator	$250.00	$250.00
2	Cell Phone	Annual costs of cell phone service for the TPCP Coordinator	$500.00	$500.00
3	Copying	Annual cost of making copies for program related activities	$120.00	$120.00
4	Sponsorship	XYZ Coalition will participate in the annual "blank" event (see objective 3.5 activities)	$100.00	$100.00
5			$0.00	$0.00
6			$0.00	$0.00
		Sub Total Other		**$970.00**

	Media & Health Communication	Justification	Cost	Amount Requested
1	Radio	Five radio spots will run during the national no tobacco day (see objective 2.2)	$100.00	$100.00
2	Print Ads	Ads will be placed in the local newspaper promoting clean indoor air (see objective 2.3 & 4.2)	$1,000.00	$1,000.00
3	Bill Boards	Rental of a bill board to increase awareness of the dangers of smokeless tobacco (see objective 2.4).	$1,000.00	$1,000.00
4	Promotional Items	T-shirts will be purchased for the StampOutSmoking event at the local park. (see objective 1.5)	$1,025.00	$1,025.00
	Budget for media & health communication should be at least this amount		**$3,125.00**	
		Total Media & Health Communication		**$3,125.00**
		Total Other, including Media & Health Communication		**$4,095.00**

Budget Template Forms

F. CONTRACTOR/CONSULTANT SERVICES: List each contractor by name (if known) and provide a justification that identifies the related object(s). NOTE: All fees paid to contractors/consultants must b

market rate for similar services. See Section F, Application Content for additional contract requirements.

NAME OF CONTRACTOR		Justification	Costs	Amount Requested
1	Freshair Consultant Service	Consultant will provide training for local businesses to assist them with implementing a tobacco free policy. (see objective 5.3)	$1,000.00	$1,000.00
2				$0.00
3				$0.00
		Total Contractor/Consultant Services		**$1,000.00**

G. IN- STATE TRAVEL: Select the travel related cost from the "drop down" list and provide a justification that includes the purpose of the trip and the destination. Identify the related objective(s) when appropriate. See Section F, Application Content for additional instructions regarding travel.

Travel Related Cost		Justification	Cost	Amount Requested
1	Lodging	Travel to Little Rock to attend 4 required trainings	$385.00	$385.00
2	Meals	4 days X $61/day for 4 required trainings in Little Rock	$244.00	$244.00
3	Mileage	280 miles x 4 trips @ $.41/mile Texarkana to Little Rock and return for required trainings	$470.00	$470.00
4	Registration Fees	Registration Fee for attending the Striking Out Tobacco conference in Little Rock	$50.00	$50.00
5	Mileage	Round trip Texarkana to Nashville to attend a regional Hometown Health meeting. (see objective 4.5). 100 miles @ $.42/mile	$42.00	$42.00
6				$0.00
		Total In-State Travel		**$1,191.00**

H. OUT OF STATE TRAVEL: Select the travel related cost from the "drop down" list and provide a justification that includes the purpose of the trip and the destination. Identify the related objective(s) when appropriate. See Section F, Application Content for additional instructions regarding travel.

Item		Justification	Cost	Amount Requested
1	Lodging	4 nights lodging at $110/night to attend the National Conference on Tobacco or Health in Kansas City, MO	$440.00	$440.00
2	Airfare	Airfare Little Rock to Kansas City	$550.00	$550.00
3	Registration Fees	National Conference on Tobacco or Health	$525.00	$525.00
4	Ground Transportation	Ground transportation for the airport to the hotel and return.	$100.00	$100.00
5	Baggage Fees	Checked bag (1) fee	$50.00	$50.00
6	Meals	Meals for 4 day in Kansas City at $66/day	$264.00	$264.00
		Total Out-of-State Travel		**$1,929.00**
		Total Direct Cost		**$62,517.00**

Budget Template Forms

I. INDIRECT/ADMINISTRATIVE COST: Cost in this category cannot exceed 10% of the total Direct cost. Select items from the "drop down" list and provide a justification that describes the method used to determine the cost. NOTE: Only those items in the drop down box can be charged in this category.

Item		Justification	Cost	Amount Requested
1	Utilities	Based on space allocated to the TPCP Coordinator, 3% of the organization's utility bills will be charged to the grant.	$1,000.00	$1,000.00
2	Audit	Audit cost is based on expenditure ratio for the period.	$1,500.00	$1,500.00
3	Bookkeeping/Accounting	TPCP share based on a ratio of the number of transactions.	$1,870.00	$1,870.00
4	Equipment Maintenance	TPCP portion of shared equipment expense based on usage.	$600.00	$600.00
5				$0.00
		Your Administrative cost should not exceed	**$6,251.00**	
		Total Administrative Cost		**$4,970.00**

RFA-13-0002

Accounting System & Financial Capability Questionnaire

Please complete the following questions and sign to certify information provided is accurate and true. (Form should be signed by the Fiscal Agent and/or CFO of the organization) Note this information is subject to TPCP monitoring.

Legal Name of Organization: _____

Address of Organization: _____

_____

_____

Is your organization a registered 501c3: ☐ Yes ☐ No

Fiscal Agent Name, if applicable _____

Organizational Policies & Procedures

Please indicate whether the organization has written policies and procedures in the following areas.

Yes	No	Item
		Financial/Accounting Practices
		Staff Code of Conduct/Statement of Ethics
		Nepotism Policy
		Internal Control Policy
		Timekeeping Guide or Policy
		Records Retention
		Travel & Reimbursement Guide or Policy
		Property Management
		Smoke Free Policy
		Procurement Guide or Policy
		Employee Benefits
		Salary, and Promotion Policies
		Board of Directors by laws
		Other:

General Information

1. **What year was the organization established?** _____

2. **List the number of employees in your organization**

   Full-Time Employees _____ **Part-Time Employees _____**

3. **Enter the beginning and ending dates or your organization's fiscal (financial) year.**
   From (month, day) _____ **To (month, day) _____**

4. **What was the organization's total operating budget for the most current completed fiscal year:**

   ☐ $0 - $74,999 ☐ $75,000 - $ 124,999
   ☐ $125,000 - $299,999 ☐ $300,000 - $599,999
   ☐ 600,000 - $1 Million ☐ Over 1 Million

5. **Does your organization require a minimum unrestricted cash fund/reserves balance**

   ☐ Yes ☐ No

   If yes, what percent of the operating budget does this represent:_____%

6. **Does your organization have a written fund raising plan?**

   ☐ Yes ☐ No

7. **Has your organization been audited by an independent Certified Public Accountant firm with in the past two years?**

   ☐ Yes ☐ No

   If "Yes," please attach a copy of the most recent audit.

   If No, please attach a copy of the following financial information:
   a. **A Balance Sheet for most current completed fiscal or calendar year; and**
   b. **A Revenue and Expense Statement for your most current completed fiscal or calendar year**

8. If you answered yes to the question 7, who accepts/reviews the audit reports?

☐ Board Chair ☐ Board of Directors ☐ Other specify: _____

☐ Chief Executive ☐ Finance Committee
☐ Audit Committee ☐ Chief Financial Officer

9. Does your organization have any pending litigations?

☐ Yes ☐ No

If yes, please briefly explain the nature of the litigation: _____
_____
_____
_____
_____
_____

10. Please attach a list of the name of your Board of Directors indicating positions and committees on Board letterhead signed by the Board President.

11. Does your organization engage in any activity that would generate program income from events such as conferences, workshops, or trainings in which fees are charges for participation/attendance or from selling products etc?

☐ Yes ☐ No

Financial and Reporting Information

12. Which of the following best describes your organization's accounting system?

☐ Manual ☐ Automated ☐ Combination

13. Which of the following books of accounts do you maintain?

General Ledger	Yes ☐	No ☐	Purchasing Journal	Yes ☐	No ☐
Payroll Journal	Yes ☐	No ☐	Cash Receipts Journal	Yes ☐	No ☐
General Journal	Yes ☐	No ☐	Disbursements Journal	Yes ☐	No ☐
Other _____	Yes ☐	No ☐	Petty Cash	Yes ☐	No ☐

None of the Above ☐

14. **Does your organization maintain its own accounting books or do you contract with a bookkeeper or accountant to prepare accounting records, financial statements, reports, reconciliations, and request for reimbursements?**

☐ In-house ☐ Hire outside vendors ☐ Both

15. **Which of the following reports are prepared for Board of Directors review and how often:**

Yes	*No*	*NA*	*Report Type/Financial Information*	*Monthly*	*Quarterly*	*Annually*	*Other*
			Balance Sheet				
			Income Statement				
			Cash Flow				
			Budget to Actual				
			Overdraft Fees/Insufficient Funds				
			Budget Revisions				
			IRS 990				
			Sub –Contract Reports				
			Large Purchases (amount set by board)				
			Compliance (individual grant report/updates)				
			Cash Reserve Levels				
			Line of Credit Use (amounts for period)				
			Other:				

16. **Does the accounting system provide for the recording of expenditures for each grant by component project and budget cost category shown in approved budgets.**

☐ Yes ☐ No

17. **Does your accounting system completely and accurately track the receipt and disbursement of funds by each grant or funding source?**

☐ Yes ☐ No

18. **Does your accounting system enable you to track and document disbursements of funds (expenditures) from original invoice through final payment, for a clear audit trail?**

☐ Yes ☐ No

19. Are common or indirect costs accumulated into cost pools for allocation to project, contract, and grants

☐ Yes ☐ No

20. Dose the accounting system provide for the recording of cost sharing for each project and ensures that documentation is available to support recorded cost sharing.

☐ Yes ☐ No

21. How does your organization identify over spending of grant funds?

☐ Accounting system compares actual to budget

☐ Use excel spreadsheet to compare actual to budget

☐ Other

22. Is the organization generally familiar with the existing guidelines containing the cost principles and procedures for the determination and allowance of cost in connection with TPCP funds?

☐ Yes ☐ No ☐ Unsure

23. Are time distribution records maintained by funding source and/or project for each employee to account for total actual hours worked?

☐ Yes ☐ No

24. Are employee timesheets, appropriately signed by the employee and by a responsible supervisory official having firsthand knowledge of the activities performed by the employee?

☐ Yes ☐ No

25. Is payroll prepared in house staff or by a payroll service or by a contracted accountant/bookkeeper

☐ In-house ☐ Payroll Service ☐ Accountant/bookkeeper

26. Does your organization have the capability to keep accounting records including invoices, vouchers, and time sheets for at least five years after the final request for reimbursement of TPCP funds?

☐ Yes ☐ No

Internal Controls

27. Is a separate bank account maintained for grant funds?

☐ Yes ☐ No

28. Are at least two original signatures required on check written above a dollar threshold (determined by the organization) from any bank account(s) that are used for the receipt and/or disbursement of organizational funds, including those from TPCP sources?

☐ Yes ☐ No

If yes what is the dollar threshold: $_____

29. Is Board level approval required for any of the following financial transaction?

☐ Opening/Closing Bank Accounts	☐ Yes	☐ No
☐ Opening Lines of Credit	☐ Yes	☐ No
☐ Assigning Credit Cards	☐ Yes	☐ No
☐ Financial Investment/Divestment	☐ Yes	☐ No
☐ Other specify: _____		

30. Has the organization issued any loans to an employee or officer of the organization, forgiven, or written-off any loans or debts of any type in the past 12 months?

☐ Yes ☐ No

31. Does your organization use a line of credit?

☐ Yes ☐ No

If "Yes" how often in the prior fiscal year, on average, did you use the line of credit

☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Did not use

32. **Are the duties of the accountant/bookkeeper/record keeper separate from cash functions (receipts or payment of cash)?**

    ☐ Yes ☐ No

33. **Are checks singed by individual(s) whose duties exclude recording cash received, approving vouchers for payment, and preparation of payroll?**

    ☐ Yes ☐ No

34. **Do you maintain inventory records for equipment?**

    ☐ Yes ☐ No

35. **How often do you compare inventory records to actual equipment:**

    ☐ Annually ☐ Bi Annually ☐ Other Specify_____

36. **Who is responsible for maintaining the accounting records:**

    Name and position of individual _____

37. **Who is responsible to track and safeguard equipment inventory"**

    Name and position of individual _____

38. **Who in the organization is responsible for signing Checks:**

    Name and position of individual _____

39. **Who is responsible for keeping all receipts and other expense documentation for grants:**

    Name and position of individual _____

40. **Who in the organization is responsible for checking expenditures to make sure they are allowable:**

    Name and position of individual _____

41. **How often are bank account(s) reconciled?**

    ☐ Monthly ☐ Quarterly ☐ Annually ☐ Do not reconcile

42. Who reconciles the bank statement:

Title:_____

43. Who reviews or approves reconciled bank statements:

Title:_____

Preparer Certification:
By my signature, I certify that the above information is complete and correct to the best of my knowledge and ability.

Preparer: _____

Name of Preparer: _____ Date: _____

Title of Preparer: _____

Telephone: _____ E-Mail _____

IDENTIFY ANYONE ELSE INVOLVED IN THE PREPARATION OF THIS SURVEY BY NAME AND POSITION TITLE:

Contract and Grant Disclosure and Certification Form

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: **SUBCONTRACTOR NAME:**

**☐ Yes ☐No

TAXPAYER ID NAME:

IS THIS FOR: ☐ **Goods?** ☐ **Services?** ☐ **Both?**

YOUR LAST NAME: **FIRST NAME:** **M.I.:**

ADDRESS:

CITY: **STATE:** **ZIP CODE:** **COUNTRY: USA**

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

For Individuals*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse *is* a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly	☐	☐	____			____	
Constitutional Officer	☐	☐					
State Board or Commission Member	☐	☐					
State Employee	☐	☐					

☐ **None of the above applies

For a Entity (Business)*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly	☐	☐						
Constitutional Officer	☐	☐						
State Board or Commission Member	☐	☐						
State Employee	☐	☐						

☐ **None of the above applies

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a *state agency* I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

   Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature_____Title**_____Date**_____**

Vendor Contact Person_____Title _____ Phone No_____

Agency use only

Agency Number	Agency Name	Agency Contact Person	Contact Phone No.	Contract or Grant No.
0645	AR Department of Health	Sherry Gibson	501-661-2569	_____

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Other (see instructions) ▶

Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

Employer identification number

– ☐☐ ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here | **Signature of U.S. person** ▶ | **Date** ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701 -7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penaltie

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301 .7701 -3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name! disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name! disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over $600 required to be reported and direct sales over $5,000 [1]	Generally, exempt payees 1 through 7 [2]

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1 -800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee [1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner [1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner [3]
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671 -4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity [4]
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671 -4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

***Note.** Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1 -800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1 -800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.gov/idtheft* or 1 -877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

TPCP
Tobacco Prevention & Cessation Program

Tobacco/Smoke-Free Workplace Policy Assessment Tool

This tool is designed to assist grantees in collecting necessary information when providing technical assistance to a business regarding its tobacco/smoke free workplace policy(s).

Name of the Company: _____ Type of Business: _____

Address: _____ City: _____ Zip: _____

Name: _____ Title: _____
Human Resource contact or company representative

Phone number: _____ email: _____

Does the business have multiple worksites within the state? ☐ Yes ☐ No If yes, how many sites? _____
How many are employed? _____

Does the worksite already have a Tobacco-Free or Smoke-Free Policy in place? ☐ Yes ☐ No When was the policy implemented? (date) _____

If yes, does the current tobacco/smoke free workplace policy include:

Campus-wide	☐ Yes	☐ No	☐ N/A	Vendors	☐ Yes ☐ No ☐ N/A
Visitors	☐ Yes	☐ No	☐ N/A	Vehicles	☐ Yes ☐ No ☐ N/A

Does the policy include all tobacco products? ☐ Yes (combustibles, spitless, smokeless, e-cigarettes/cigars) ☐ No

Does the business allow tobacco/smoking use?

Indoors	☐ Yes	☐ No	If yes, how many locations? _____	Type(s) of space: _____
Outside	☐ Yes	☐ No	If yes, how many locations? _____	Type(s) of space: _____

What types of steps will be taken to determine the percentage of employees who smoke?
Health Risk Assessment: ☐ Paper Survey ☐ Survey Monkey ☐ Other

Will you be assisting the business in developing a tobacco or smoke-free policy? ☐ Yes ☐ No

Does the business have a tobacco or smoke-free policy pending? ☐ Yes ☐ No ☐ N/A

Are there incentives offered to employees that do not use tobacco? ☐ Yes ☐ No
If yes, what types of incentives are offered?_____

Are there incentives offered to employees who have stopped using tobacco? ☐ Yes ☐ No
If yes, what types of incentives?_____

Is this business interested in offering tobacco education in-service training for employees? ☐ Yes ☐ No

Did you obtain a copy of the business' tobacco/smoke-free policy? ☐ Yes ☐ No

Are collateral materials/signage needed from TPCP? ☐ Yes ☐ No