STATE OF ARKANSAS

ARKANSAS DEPARTMENT OF HEALTH

Tobacco Prevention & Cessation Program

REQUEST FOR APPLICATIONS

RFA-15-0003

for

Community-based Tobacco Free Arkansas

Date Issued:

November 7, 2014

Application Timeline

Event	Date
RFA Issued	November 7, 2014
Due date for receipt of the mandatory Letter of Intent and workshop registration	November 14, 2014 by 3:30 pm
Mandatory Training Workshop	November 18, 2014 from 10:00-2:30pm
Due date for Applications	December 16, 2014 by 2:30 pm
Completion of application reviews, recipients selection and award notices mailed.	January 5, 2014
Start date of sub grant	July 1, 2015

The maximum award amount **will** be $75,000.00 from July 1, 2015 through June 30, 2016 and **will** depend on the complexity of the application and justification of the funding.

Note: TPCP has three (3) separate RFAs being advertised 1) Project Prevent Youth Coalition; 2) Arkansas Tobacco Control Coalition and 3) Community-based Tobacco Free Arkansas.

Applicants may apply for any or all three (3) RFAs. However, if an applicant qualifies for more than one award, TPCP **will** notify the applicant and allow the applicant to make the final decision on which award to pursue. Once a written decision is provided to TPCP, the decision is final and the applicant **will** be removed from consideration for the award(s) not chosen.

Fiduciary agencies may be awarded more than one sub-grant but must demonstrate and maintain separate staff, separate work plan activities, and separate accounting codes/practices.

If TPCP receives a limited number of applications in response to this RFA the RFA **will** be reposted. Reposting of the RFA may delay the start date of the agreements.

TPCP will not fund any applications that do not score the minimum 600 points.

During this process, there **will** be no sharing of information regarding status of other applicants.

Acronyms Used in this RFA:

AASA	Awarded Applicant Skills Assessment
ADH	Arkansas Department of Health
AO	Annual Objective
ATCC	Statewide Tobacco Control Coalition
ATQ	Arkansas Tobacco Quitline
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CEC	Community Engagement Coordinator
COPD	Chronic Obstructive Pulmonary Disease
CST	Central Standard Time
E.N.D.S.	Electronic Nicotine Delivery System
GEMS	Grant Evaluation Management System
IRS	Internal Revenue Service
KOI	Key Outcome Indicators
LOI	Letter of Intent
MPOWER	Monitor, Protect, Offer, Warn, Enforce, and Raise Taxes
MSA	Master Settlement Agreement
POS	Point of Sale
RFA	Request for Applications
SGR	Surgeon General's Report
SHS	Secondhand Smoke
SMART	Specific, Measurable, Achievable, Relevant and Time-bound
TNFM	Tobacco and Nicotine Free Media
TNFMUH	Tobacco and Nicotine Free Multi-Unit Housing
TNFO	Tobacco and Nicotine Free Outdoors
TPCP	Tobacco Prevention and Cessation Program
UAPB	University of Arkansas at Pine Bluff
VPR	Vendor Performance Report
MISRGO	Minority Initiative Sub-recipient Grant Office
WHO	World Health Organization

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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 four diseases that account for over fifty-five (55) percent of all Arkansas deaths. In addition, smoking costs the state of Arkansas over $1.2 billion in health care expenditures. Those financial costs increase when exposure to secondhand smoke (SHS), smokeless tobacco use, cigar and pipe smoking, and smoking-related fires are included.

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 activities to the citizens of Arkansas in order to decrease *the risk, incidence, morbidity, mortality, and burden of tobacco-related illness in the State.*

TPCP envisions all Arkansans living in a tobacco-free society. The goals of TPCP's comprehensive tobacco control program are to prevent the initiation of tobacco use, eliminate exposure to SHS, and promote tobacco use cessation. Disproportionately affected groups including individuals with low socioeconomic status (low income and low education) and those with poor mental health, are the TPCP primary focus.

To achieve the vision of all Arkansans living in a tobacco-free society, TPCP administers a comprehensive tobacco control program built on evidence-based interventions that are population-based and focused on policy and systems change. The components of TPCP's comprehensive program include strategic activities that ultimately prevent initiation among youth and young adults, promote quitting among adults and youth, eliminate exposure to SHS, identify and eliminate tobacco-related disparities.

TPCP is soliciting competitive applications in order to select agencies and organizations to implement Community-based Tobacco Free Arkansas Coalition (CBTFAC) sub-grants in partnership with TPCP throughout the state. Under this Request for Applications (RFA), TPCP seeks to develop community based network that **will** use an approach that combines the required elements of community engagement and mobilization with community/youth action while collaborating/partnering with the Statewide Project Prevent Youth Coalition and the Arkansas Tobacco Control Coalition.

This approach to tobacco control leads to chronic disease prevention uses a community-based strategy which includes efforts to challenge conventional thinking, advocate for policies, and change the social norms around tobacco use for Arkansas through the facilitation of multiple coalitions statewide. The role of CBTFACs will be to work in partnership with TPCP to strengthen Arkansas' overall tobacco control program by implementing a wide variety of tobacco control strategies. CBTFACs **will** engage in community mobilization and advocacy with decision makers in order to create local environments that demand policy change, both organizational and municipal. The effort

of the contractor **will** support the prevention and reduction of tobacco use, reduction of exposure to harmful tobacco marketing, and limit exposure to secondhand and thirdhand smoke through the development and reinforcement of a tobacco-free norm in communities across Arkansas by engaging local stakeholders, local community leaders and the public in tobacco control activities.

The contractor **will** include administration of a community-oriented coalition, which **will** engage a core group from the general population as well as key organizations from the catchment areas selected by this applicant in action-oriented activities and impart the necessary leadership skills to engage in policy-related tobacco control work of the contract. Coalition members **will** be involved through a supportive peer group, under the guidance of the CBTFAC staff, to take action to mitigate, reduce or eliminate tobacco use and the tobacco industry's deceptive marketing practices. Much of the work through this RFA **will** require strong coordination between the two elements; community engagement and community action with an aim of improving the health status of communities by changing community policies and norms about tobacco and tobacco use. The CBTFACs contractor, in partnership with TPCP, it's funded and non-funded community level partners, **will** 1) implement strategies to address youth initiation that are inclusive of 24/7 comprehensive policies; 2) implement projects that engage community in advocacy that promotes the prevention of tobacco use in a wide variety of venues; 3) engage in tobacco control and sustainability activities; 4) plan and host monthly CBTFACs meetings with members, stakeholders, community funded and non-funded partners; 5) promote TPCP's programs and projects throughout the year; 6) develop promising practice projects that engage community and 7) attend meetings with TPCP staff as required.

These activities **will** lead to the following outcomes:

- Reduced the impact of retail tobacco marketing on youth;
- Establish tobacco-free community norms through adoption of tobacco-free workplace and outdoor policies;
- Reduce SHS exposure through adoption of smoke-free housing policies;
- Reduce tobacco imagery and tobacco industry presence on social media through counter marketing campaigns; and
- Promote quitting.

Due to the "ever changing landscape" of tobacco control, the contractor must be prepared to make program adjustments as required and/or requested by TPCP.

A comprehensive approach—one that optimizes synergy from applying a mix of educational, clinical, regulatory, economic and social strategies—is the guiding principle for eliminating the health and economic burden of tobacco use (CDC 2014), which includes sustainability activities.

The TPCP 2014-2019 Strategic Plan (Appendix I) incorporates recommended strategies to implement a comprehensive approach in tobacco control and cessation for the state of Arkansas.

Although this does not constitute an exhaustive list, it does provide a framework in which to guide the contractor in developing a proposed work plan.

B. Background

Preventing tobacco use is one of the most important public health actions that can be taken to improve the health of Arkansans, as tobacco use is the leading preventable cause of morbidity and mortality. Each year, approximately 5,800 Arkansans die prematurely as a result of smoking. Smoking is a major cause of multiple cancers, of heart disease and stroke, and is the leading cause of chronic obstructive pulmonary disease (COPD), which includes chronic bronchitis and emphysema. The toll of tobacco use is disproportionately higher among people with less education, who make lower wages and individuals who reportedly have poor mental health. These groups have higher smoking rates and greater exposure to SHS and, as a result, suffer more illness, disease and death.

According to the Centers for Disease Control and Prevention (CDC), tobacco use is the single most preventable cause of disease, disability and death in the United States. Nearly one-half million Americans die prematurely from tobacco use each year, and more than 16 million Americans suffer from a disease caused by smoking. Despite these risks, approximately 42.1 million U.S. adults currently smoke cigarettes. The harmful effects associated with smoking do not end with the smoker but affect others around. Secondhand smoke exposure causes serious disease and death, and even brief exposure can be harmful to health. In Arkansas, 29.6% of adults use tobacco products and 26.5% of youth use tobacco products (2013 BRFSS, 2013 APNA).

According to the Health Consequences of Smoking-50 Years of Progress: A Report of the Surgeon General (2014 SGR), the majority (88%) of smokers began before 18 years of age and nearly all (99%) occurred before the age of 26. In 2013, 19.1% of high school students, or approximately 26,440 students in Arkansas, reported using cigarettes on one or more of the 30 days before the survey. Approximately 69,000 youth in Arkansas under the age of 18 who are alive today are projected to die prematurely from smoking-related illness, if we do nothing. (CDC Best Practices 2014)

The tobacco industry's advertising and promotional activities cause youth and young adults to start smoking and nicotine addiction keeps individuals smoking into adulthood (SGR 2014). In addition, each year, for every adult who dies prematurely from a smoking-related cause, more than two youth or young adults become replacement smokers (SGR 2014). The total annual cost incurred in Arkansas from smoking is $1.215 billion.

TPCP receives Master Settlement Agreement (MSA) funding to assist in reducing Arkansas's tobacco use prevalence. Since receiving these funds in 2001, TPCP has engaged in evidence-based practices such as adopting statewide policies, systems change and interventions strategies, and youth advocacy activities to reduce tobacco use, secondhand and third hand smoke exposure, and tobacco related disparities. As a result, Arkansas youth smoking rates have decreased since 2001 from 34.7% to 19.1% in 2013. These activities align with the five CDC recommended components: (1) state and community interventions (which includes statewide programs and community focused programs; (2) mass-reach health communication interventions; (3) cessation interventions; (4) surveillance and evaluation; and (5) infrastructure, administration and management. These components have led to establishing laws to protect Arkansas's

youth from the negative effects of tobacco use, including SHS exposure through a comprehensive approach.

In April 2006, the Arkansas State Legislature approved legislation (Act 8 of 2006) to make most workplaces smoke-free. During the 2011 Legislative Session, Act 811 (updated form Act 13 of 2006) was approved, making it a primary offense to smoke in any motor vehicle in which a child who is less than 14 years of age is a passenger. During the 2013 Legislative Session, Act 1099 was passed prohibiting the distribution of "alternative nicotine products" by any sort (i.e. directly, indirectly, by an agent or employee, through vending machines) to minors under the age of 18 and Act 975 which ensures smoking tobacco is prohibited in and on the grounds of medical facilities removed a previous exemption that excluded psychiatric facilities from Act 134.

The goal of TPCP and CBTFACs is to apply a comprehensive approach to all activities, programs, policies, and laws to achieve a comprehensive tobacco control program thereby continually decreasing the tobacco prevalence rate and the disease burden in Arkansas.

CDC Best Practice Areas

TPCP's structure is based on the following CDC Best Practice Intervention Areas:

- **State and Community Interventions**: supports and implements programs and policies to influence societal resources that encourage and support individuals to make behavior choices consistent with tobacco-free norms in order to have the greatest long-term population impact.
- **Mass-Reach Health Communication Interventions**: delivers strategic, culturally appropriate, and high-impact health communication interventions to prevent tobacco use initiation, to promote cessation, and to shape social norms.
- **Cessation Interventions**: promotes health system changes and coordinated treatment that is accessible to all Arkansans through the Arkansas Tobacco Quitline (ATQ).
- **Surveillance and Evaluation**: monitors attitudes, behaviors, and health outcomes over time to assess the process and outcomes of implemented programs to increase efficiency, impact, and demonstrate effectiveness.
- **Infrastructure, Administrations and Management**: assures that the TPCP's complex, integrated program have staff with the necessary experience, training, and oversight to provide appropriate fiscal management, accountability, and coordination.

TPCP's goals are based on CDC's *Best Practices for a Comprehensive Tobacco Control Program* and include:

1) Preventing initiation among youth and young adults;
2) Promoting quitting among adults and youth;
3) Eliminating exposure to secondhand smoke; 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 goal areas rather than merely being limited to a single 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 SHS.

CDC recommended evidence-based interventions; strategies and guidance for comprehensive state tobacco control program are located in the following publications:

- CDC's Best Practices for Comprehensive Tobacco Control Programs 2014
- The Community Preventive Services Task Force's guide for Community Preventive Services
- The 2014 Surgeon General's Report: The Health Consequences of Smoking-50 Years of Progress
- The 2012 Surgeon General's Report: Preventing Tobacco Use Among Youth and Young Adults
- CDC's Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Program, Goal Area 1: Preventing Initiation of Tobacco use Among Young People, 2014.
- Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs – May 2005 (for goal areas 2-4)

C. Available Funding

TPCP **will** award, multiple contracts to work within the constraints of this RFA. The proposed effective period **will** be July 1, 2015 through June 30, 2016. The contract may be extended for up to two (2) additional one year increments contingent upon collaboration with ADH/TPCP on the work plan, review by the state legislature, and the availability of funding.

Organizations and agencies that intend to submit an application in response to this RFA **must** submit a Letter of Intent and attend the mandatory workshop. Refer to appendix II for Letter of Intent and Workshop Registration form. The Letter of Intent/Workshop registration form **must** be RECEIVED by the issuing officer no later than 3:30 p.m. on November 14, 2014. The Letter of Intent/Workshop Registration form may be faxed, mailed, hand-delivered, or emailed.

Acceptance of any application is contingent upon receipt of a Letter of Intent from a responding agency or organization by the date and time specified above. Parties who submit an application without first submitting a Letter of Intent **will** be deemed nonresponsive.

Funding for this program is made available through the Master Tobacco Settlement Agreement. Therefore, in accordance with Section 6 of Act 146 of 2014, 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: ADH/TPCP reserves all rights regarding this RFA, including, without limitation, the right to:

- Amend or cancel this RFA without liability if it is in the best interest of the public to do so;
- Reject any and all applications received by reason of this RFA upon finding that it is in the best interest of the public to do so;
- Waive any minor informality;
- Seek clarification of applications;
- Reject any application that fails to comply with all prescribed solicitation procedures and requirements; and
- Negotiate the statement of work within the scope of work described in this RFA.

SECTION II: APPLICANT REQUIREMENTS

A. Eligible Applicants

Eligible applicants include nonprofit organizations (must include as an attachment proof of nonprofit status from the Internal Revenue Service), health care systems, primary care networks, academic institutions, community-based organizations, volunteer associations and professional associations, with experience and expertise in organizing community members and organizations to advance public health policy and in mobilizing communities to address tobacco use. Applicants should demonstrate 1) the financial and administrative capacity to manage a state contract and 2) the technical expertise to successfully implement the full range of activities outlined in this RFA.

Applicants must address all aspect outlined in the RFA and submit a quality application describing an effective, comprehensive scope of activities that addresses **all** four (4) CDC described goal areas.

The applicant is responsible for implementing the work described in the RFA. All core (required) staff must be employed and supervised by the applicant/fiduciary or an individual/organization appointed by the applicant/fiduciary. However, if the core staff is employed by a designated organization other than the applicant the overall responsibility of the core staff and deliverables remains the responsibility of the applicant/fiduciary.

Applicants should note that the lead organization (contractor) **will** have overall responsibility for all contract activities and **will** be the primary contact for TPCP.

Applicants must have a written policy that they do not receive from or have an affiliation (membership, ownership, contractual or other) with any organization, including subsidiaries, foundations or other related parties of such organizations, that has any interest in the production, manufacture, marketing, distribution, sale or continued use of tobacco, including Electronic Nicotine Delivery Systems (E.N.D.S.).

Preferred Eligibility

Preference **will** be given to applicants that demonstrate the following:

- Experience working with leadership within communities;
- An understanding of the role of community and social norms in influencing individuals behavior and how community and social norms can be changed to support healthier behavior;

- At least two (2) years of experience conducting policy work, community advocacy, community planning, and community organizing, including public communication campaigns, that result in the adoption of community policies supporting tobacco-free norms;
- At least two (2) years of experience with administrative, fiscal, and programmatic oversight of government contracts, including timely and accurate submission of fiscal and program reports; and
- Staff that have the skills and experience to manage the program, including fiscal and evaluation oversight.

B. Requirements for Funding

Applicants must clearly describe how they **will** develop, implement and evaluate the activities and projects engaged in by the Community-based Tobacco Free Arkansas Coalition. The Coalition must consist of members who are dedicated to the goal of eliminating exposure to secondhand and thirdhand smoke. The applicant must involve the selected catchment area in program activities focusing on tobacco control issues; including worksites, schools and colleges, parks, businesses, special groups, cities, etc. Applicants must include, in meaningful ways, representatives from diverse segments and populations with disparities including individuals, organizations, governmental and non-governmental entities/agencies in their efforts to decrease initiation of tobacco use as well as decrease tobacco use prevalence.

Applicant must demonstrate how they **will** utilize community partners to carry out the activities within the work plan including, as part of the required supportive documentation, a letter of support from at least one of the following: local school district superintendent, school board member, or district wellness committee leader, stating his/her willingness to collaborate with the applicant's response to this RFA. If an applicant has not previously worked in tobacco control, the applicant must describe how they plan to recruit members and build a grassroots network.

Applicants are required to develop work plan to include strategies and objectives that supports the Tobacco Prevention and Cessation Program's 2014-2019 Strategic Plan (Appendix I) and addresses each of the four (4) CDC Goals for Comprehensive Tobacco Control Programs as noted below:

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

These four (4) goals align with the six (6) proven policies introduced in the World Health Organizations' (WHO) MPOWER Policy Framework form 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 the CDC. Suggested resources are listed in the Reference Guide (Appendix VIII).

C. Core Requirement for Receiving Funding

1. Policy Adoption

Demonstrate movement 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 that lead to the adoption of policies, including voluntary policies. Policies may include, but are not limited to, point of sale (POS) policies at the local or state level, worksite (employee and/or campus), church campuses, private college campuses, parks (city or county), daycare facilities, or multi-unit housing, just to name a few. Enforcement of those policies and ongoing surveillance may be appropriate and/or expected for certain activities.

2. Sustainability

Refers to the implementation of activities designed to increase community awareness of tobacco control programs, highlight the burden of the tobacco epidemic in our communities, and demonstrate tobacco control's success in preventing and reducing tobacco use. In order to create sustainability and support for tobacco control, applicant should address increasing leadership and other decision-makers' knowledge, awareness, and support of tobacco control; building and maintaining relationships with the media to increase public support for tobacco control; identifying strategies to increase public knowledge of the health and economic burden of tobacco use and exposure to SHS based on state data, evaluation reports, personal stories and testimonials; convening partners on a regular basis to identify new relationships and outlets for informing the public and decision-makers about tobacco use, exposure to SHS, and tobacco-related disparities.

3. Changing Community Condition and Establishing Local Objectives

Community engagement is essential for meaningful change to occur in the way that tobacco products are marketed, sold, and used. The National Association of County and City Health Officials have developed guidelines for comprehensive local tobacco control programs (CDC 2014). Each proposal must demonstrate progress toward changing social norms regarding tobacco use through a community approach. Activities should focus on statewide community programs, polices, and coordinated multi-component interventions that are part of a comprehensive effort to create tobacco-free social norms. Creating tobacco-free social norms include increasing the unit price of tobacco products, conducting anti-tobacco media campaigns, restricting minors access to tobacco products (POS), and making environments smoke and/or tobacco-free. Each proposal must include an examination of current tobacco use and tobacco control status in Arkansas. The CDC recommendations below for eliminating exposure to SHS and thirdhand smoke should be included in the proposal.

4. Work Plan

All applicants must include deliverables in their application. Required strategies for all activities must include community interventions, community engagement, including youth,

when and where applicable, educating key decision makers and mass-reach health communications. A sample work plan is provided in appendix III-A

(1) Preventing Initiation Among Youth and Young Adults: Work plan must reduce the initiation of tobacco use, prevalence, and morbidity; decrease tobacco industry influence, and eliminate tobacco related disparities by: increasing knowledge of the harmful effects of tobacco use; improving attitudes toward and increasing support for policies to reduce youth initiation of tobacco products; increase and enforce restrictions on tobacco product sales; limit tobacco marketing; reduce susceptibility to experimentation with tobacco products, and decrease access to tobacco products.

(2) Eliminating Exposure to Secondhand and Thirdhand Smoke: Work Plan must demonstrate a primary focus on reducing exposure to secondhand/thirdhand 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 tobacco control policies, and increasing support for tobacco-free policies including new and emerging products such as E.N.D.S., 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 and thirdhand smoke and adoption of smoke-free/tobacco-free policies.

(3) Promoting Quitting Among Adults and Youth: Work plan must increase cessation, reduce tobacco use prevalence and consumption, reduce tobacco related morbidity and mortality, and decrease tobacco related disparities by promoting the ATQ (1-800-QUIT-NOW).

(4) Identifying and Eliminating Tobacco-Related Disparities: Work plan must identify and reduce tobacco-related disparities among population groups in the community. These groups experience a disproportionate health and economic burden from tobacco use. According to the CDC, 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.

When pursuing an objective, it is essential that the applicant use activities that are evidenced-based are board in reach and have a high impact, and directly contribute to outcomes. Applicant must clearly show that they are/**will** work with multi-cultural programs in addressing disparities.

Other indicators of a quality work plan include:

(1) How the applicant **will** educate and mobilize community members, local leaders, and other advocates with organizational decision makers, including other local coalitions to actively educate policy makers to support tobacco control efforts to reduce the disease burden in the State.

(2) Demonstrate plans to engage in community-based tobacco control by providing individuals with the ability and authority to make sound decisions to assist in improving the policy environment and changing social norms in Arkansas's communities.

(3) Assess how to increased awareness of the dangers of exposure to SHS and thirdhand smoke and address the tobacco industry's targeting of youth in tobacco initiation, use, and cessation rates statewide.

D. Applicant Commitments/Requirements

Applicants must agree to the following requirements in order to be considered for funding:

Catchment Area
Applicants **will** service multiple counties that geographically connect. Quality applications will include at least three (3) counties. Please take under consideration, at a minimum, tobacco use prevalence, low SES, red counties, and high tobacco-related disease prevalence.

Applicant should refer to 2014 Arkansas Epidemiological State Profile of Substance Use: County Profiles for county level data to assist in identifying counties to be served.

Collaboration and Communication
Applicant **will** develop and maintain active partnerships that support the mission of reducing morbidity and mortality and alleviating the social and economic burden caused by tobacco use in Arkansas.

Applicant **will** develop and maintain effective communication systems with partners at the state (TPCP, statewide tobacco control coalitions) and local level.

Applicant **will** include diverse organizations and community-focused interest groups with responsibilities related to the prevention and reduction of tobacco use, including reduction of SHS and thirdhand smoke.

Applicant organizations **must** provide a description of their organizational structure to include the line of authority with regard to supervision of the Community Engagement Coordinator (CEC).

Applicant **may** employ a traditional coalition model for governing and decision-making or choose to organize partnership activities according to a different structure. However, under any proposed structure, funded organizations should include advocacy partners, voluntary health organizations, universities, hospitals, mental health providers, local health departments, organizations that represent diverse communities, community-based organizations, statewide and local partners, health boards, commissions, and advisory groups with responsibilities related to tobacco control, as needed to achieve TPCP's goals and objectives.

Applicant **will** ensure the partnership model incorporates systems that empower and motivate members to achieve strong performance standards.

Incorporating Youth Action
Youth action, under clear adult guidance, **will** enhance all of the work plan deliverables. Applicant funded under this RFA **will** ensure strong collaboration with the Project Prevent Youth Coalition.

Applicant **must** identify how they **will** conduct activities aimed at recruiting community coalition members that are interested in tobacco control.

- Recruitment activities should focus on retaining a limited core group of members who **will** actively participate in achieving contract deliverables.

Applicant **will** clearly define the roles of its membership and staff in the program. Most successful programs are community led and monitored by the applicant's staff, which allows the local community to serve as educators and advocates (e.g., interacting with their local media, decision-makers, and other members of the community) to deliver specific activities. Coalition leadership identifies the parameters of the project, facilitate planning, and assist by providing logistical support and training for members to deliver successful activities.

Staffing
Staff **must** have the appropriate competencies to dedicate and deliver an approved tobacco control work plan.

Staff **must** reflect professional leadership competencies that enable them to motivate and inspire others; communicate effectively with partners and decision makers; and demonstrate initiative and integrity to implement and effective tobacco control program.

Applicants **must** include, at a minimum, one full time CEC in the proposal. If funding for the position is not included in the budget, describe how the CEC will be funded and/or how the duties and responsibilities will be assigned and accomplished.

- The required minimum qualifications for the CEC are a Bachelor's Degree and three years of experience in advocacy, tobacco control, or similar field (e.g., health education, teaching, etc.). Other job related education and/or experience may be substituted for all or part of these basic requirements. However, the applicant must be able to clearly demonstrated skills sets that allow for interactions with elected officials, business owners, school officials, and members of community including all ages and backgrounds.

- If salaries are included in the budget the salary should be commensurate with the level of education and experience required for the job. *Please note: if a vacancy occurs (resignation, maternity leave, medical leave, etc.), it is the responsibility of the contract agency to cover extended absences and to ensure all deliverables are being met including, work plan activities.*

- The CEC should have knowledge and skills in: program development implementation, and management; fiscal and budget management; leadership skills; tobacco control content; cultural competency; advocacy; public relations; public health policy, community outreach and mobilization; training and technical assistance; health communications and counter-marketing; including strategic use

of media (i.e., earned and paid); strategic planning; and surveillance and evaluation.

- The CEC responsibilities **will** consist of managing day-to-day operations of youth and community engagement activities; coordinating and guiding evidence-based tobacco control activities and interventions; recruiting and retaining youth and young adults as tobacco control advocates; and providing youth and young adults with the necessary skills to interact with community partners, organizations, and decision-makers. All activities and interventions should align with TPCP's 2014-2019 Strategic Plan.

The funded applicant **will** be required to identify an individual to provide direction and supervision of the CEC. The individual selected as the supervisor should be clearly identified on the organizational chart. The supervisor **will** be responsible for providing oversight and ensuring effective and efficient tobacco control activities. The supervisor **will** be required to participate in mandatory TPCP conference calls and meetings. The funded applicant **will** be required to review, approve, and submit monthly invoices based on TPCP's financial guidelines and submit program and evaluation reports by TPCP's established deadlines.

The funded applicant **must** assure that all work plan activities are recorded in TPCP's web-based grant evaluation and management system (GEMS). Technical assistance **will** be provided to ensure effective use of GEMS. Effective use/reporting **will** enable the awarded applicant to track activities, services, and outcomes for self-monitoring and program evaluation. Further information about GEMS **will** be discussed during the Grant Application Workshop.

CEC and designated supervisor **will** be considered the primary contacts for TPCP and **will** be required to attend all site visits and meetings determined by TPCP.

The number of staff should be sufficient to deliver work plan deliverables.

The funded agency is responsible for ensuring all program deliverables are met.

Staff Orientation, Training, Supervision and Program Support

The funded applicant **will** support staff by providing training to equip staff with basic professional competencies such as the ability to engage in effective presentation and public speaking activities and utilization of time management. The organization/agency is also required to provide proper orientation to the policies and procedures of the contracting agency. Appropriate budgeting for the program's transportation needs; fiscal and budget management support; timely processing of purchasing and subcontracting requests; appropriate administrative supervision and support; access to up-to-date tobacco control information; current computer system with access to an individual mail account and the internet, and office and meeting space.

The funded applicant **will** 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.

The funded applicant **will** ensure that fiscal responsibilities are clearly identified and there is a separation of responsibilities between programmatic and fiscal management. The funded applicant **will** ensure that funds are used only to support tobacco control specific, community-based efforts that utilize evidence-based or Best Practice recommendations that address the required intervention area(s).

The funded applicant **will** 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 any other low-impact, individual client topics
- Cessation services or cessation supplies which include, but are not limited to, paying for medical services, providing pharmaceuticals, Contract Coordinator providing cessation classes, quit line cessation services which supplant the ATQ, etc.
- Treatment or medical services of any kind.
- Projects unrelated to tobacco control and the primary purpose identified in the proposal.
- Lobbying purposes. Lobbying includes any effort to persuade legislative vote.

Meetings and Training

The CEC and any additional staff that are hired **will**:

- Participate in all required/recommended webinars, regional, statewide and national meetings; attend required trainings (an estimated two trainings per quarter may be held annually and may require travel to other areas of the state);
- Participate in GEMS web-based system trainings.
- Frequent travel to Little Rock is required. Applicants should budget for a minimum of six (6) trips to Little Rock per year for the CEC and/or any additional staff hired.

Organization

The funded applicant **should** provide fiscal and budgetary support and demonstrate capacity to expeditiously process budget and purchasing requests in order to facilitate the smooth operation of the contract.

Paid Media

Applicants **will** allocate a minimum of 5% of their total budget to support specific TPCP-directed, collaborative media efforts. In addition, applicant may use additional paid media to extend local collaborative media efforts. The primary purpose of purchasing media is to educate the public or a subgroup of the public in tobacco control. The funded organization **will** be required to ensure that all media efforts are coordinated with and approved by TPCP. Media efforts must directly support a work plan element and be approved (in writing) in advance by TPCP.

SECTION III: SCOPE OF WORK

A. General Scope of Work

The funded applicant **will** implement the Community-based Tobacco Free Arkansas Coalition (CBTFAC) in partnership with TPCP to enhance state and local tobacco control efforts by challenging conventional thinking, advocating for policies, and changing social norms around tobacco use for Arkansas through the facilitation of a community based tobacco free Arkansas coalition and a wide variety of tobacco control strategies.

The CBTFAC **will** develop and facilitate the following:

- Promote advocacy, policy initiatives, and activities for eliminating exposure to SHS and thirdhand smoke, prevention of initiation and cessation.
- Engage community groups as full partners in their work plan.
- Recruit and train tobacco control advocates.
- Conduct projects that engage the community in advocacy that promote the prevention of tobacco use in a wide variety of venues.
- Plan and host **bi-monthly** CBTFAC coalition meetings with youth, stakeholders, community funded and non-funded partners.
- Participate in **quarterly** meetings with TPCP staff.
- Promote TPCP's programs and projects throughout the year.
- Develop promising practice projects that engage community members and collaborate with TPCP to publish it as a success story.
- Work to increase awareness of the dangers of exposure to SHS and thirdhand smoke.
- Address the tobacco industry's targeting of specific population groups (particularly youth) and disparate populations.

These education and awareness activities **will** be designed and implemented in ways that take into account specific cultural barriers, challenges and strengths unique to communities.

Also, the CBTFAC **will** be responsible for community mobilization to increase broad based support for tobacco control at the local level. The CBTFAC **will** demonstrate how to educate and mobilize community members, local leaders and other advocates, including other local coalitions to actively support tobacco control-related policy changes.

The CBTFAC **will** participate in the CDC's Activities to Fight Pro-tobacco Influences (http://ftp.cdc.gov/pub/fda/fda/user_guide.pdf) by the following:

- Monitor tobacco industry activities and report violations to TPCP (e.g., targeting youth, product placement, and sponsorships).
- Create counter-marketing campaigns and materials to advocate against advertisements in magazines with high youth readership.
- Expose tobacco industry efforts that create disparities in specific populations (e.g., high proportion of menthol advertising in minority communities).

Overall, the CBTFAC is to engage community members and local organizations in tobacco control by providing individuals with the ability and authority to make sound decisions to help improve the policy environment, change social norms, and reduce smoking initiation and cessation in selected catchment areas that align with the TPCP's strategic plan.

SECTION IV: INSTRUCTIONS FOR COMPLETING AN APPLICATION

A. Letter of Intent

Interested applicants are required to send a Letter of Intent (LOI) and workshop registration form (Appendix II) to the ADH Issuing Officer. The LOI does not obligate the applicant to submit an application for funds, but it **will** provide information that will assist TPCP in planning for the grant workshop and proposal review. The LOI and Workshop Registration form **must** be received by **3:30 pm Central Standard Time (CST)** on November 14, 2014. The Letter of Intent forms should be mailed, faxed, or emailed to:

Arkansas Department of Health
Procurement Branch
Attention: Bob Broughton
4815 W. Markham St. Slot 58
Little Rock, AR 72205-3867
501-280-4594
501-280-4474 (fax#)
bob.broughton@arkansas.gov

B. Grant Application Workshop

To assist applicants interested in applying for these funds, a Mandatory Grant Application Workshop **will** be held on November 18, 2014. The Grant Application Workshop **will** provide grant application instructions.

Location:
UAMS Campus
Educational Building 2 – Lecture Hall Room 141
Time: 10:00 a.m. to 2:30 p.m.

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. Application Format

Proposal (Maximum of 22 pages)
Abstract (1 page)
Introduction (3 pages)
Sustainability (2 pages)
Community Partners List (1 page)
Community Partners Plan (1 page)
Evaluation Plan (2 pages)
Work Plan Mission and Vision (2 pages)
Work Plan Template (10 pages)

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. An 11-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.

D. Application Content

Applications **must** include the following sections:

ABSTRACT (25 Points) [One (1) page limit]
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 (75 Points) [Three (3) page limit]
This section must include the following:

1. Description of any previous funding through ADH/TPCP or UAPB/MISRGO (Amount for each award cycle) and other tobacco control funding received (Appendix IV)
2. Describe in detailed, previous experiences related to reducing tobacco use in your community and policies that have been implemented or in the process of implementation at a school(s), worksite(s), church campus(es), or park(s).
3. Describe your ability and capacity to develop, implement, and evaluate all activities listed in the application.
4. Describe previous experiences with policy development, media advocacy, developing training, community planning, or developing/implementing community organization strategies.
5. Describe previous experiences with conducting community mobilization activities and working with disparate populations.

6. 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 V)
7. Assure that adequate equipment (including computers) to support staff and program needs are available or are included in the budget.
8. Identify organizations that support the activities described in the work plan and provide letters of support.

SUSTAINABILITY PLAN (100 Points) [Two (2) page limit]

This section must include the following:

- Develop an effective message to engage community in tobacco control efforts.
- Educate local 'grasstops' – i.e., community leaders about the importance of sustainability for tobacco control.
- Building and maintaining relationships with policymakers and organizations to enhance relationships to keep active partnerships.
- Growing relationships with community partners.
- Reporting sustainability activities in GEMS.
- Sharing decisions and workloads with volunteers and non-paid staff to promote ownership of the project in order to create enhanced buy-in and decrease the dependency on paid staff.
- Including program evaluation as an integral part of the sustainability plan.

COMMUNITY PARTNERS LIST [One (1) page limit]

Each application must include a **Community Partners List** (Appendix VI), 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 role and support for the objectives and planned activities described in the Program Work Plan including, but not limited to, contributions of resources.

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

This section demonstrates existing and promising community partnerships for tobacco control. The plan (Appendix VII) must be written to address the growth, maintenance, and sustainability of the community partnerships.

EVALUATION PLAN (100 Points) [Two (2) page limit]

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). Refer to appendix VIII for evaluation resources, *CDC "Introduction to Program Evaluation for Public Health Programs: A Self Study Guide"*.

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 (250 Points)
Work Plan Mission and Vision [Two (2) page limit]
Each applicant must provide a description of the mission and vision of the overall work pertinent to this specific RFA.

Work Plan [Ten (10) page limit]
All applicants should include all deliverables in their application that addresses this RFA using the Work Plan template provided. For additional guidance refer to appendix III A-B. All strategies used to meet deliverable requirements should incorporate the principles of Community Intervention(s); Youth Engagement; Educating Key Decision Makers; and Mass-Reach Health Communications.

CBTFAC core deliverables:

1) Point of Sale (POS)
2) 24/7 Comprehensive Policies
3) Tobacco and Nicotine Free Outdoors (TNFO)
4) Tobacco and Nicotine Free Media (TNFM)
5) Tobacco and Nicotine Free Multi-Unit Housing (TNFMUH)
6) Evaluation Project
7) Disparity Activity

Although this does not constitute an exhaustive list, it does provide a framework in which to guide the contractor in developing a proposed work plan. In addition to the core deliverables, applicants must dedicate an effort toward an activity that addresses tobacco use disparities. The proposed activity should be related to one or more of the core deliverables as noted above.

Applicant must demonstrate the capacity to implement the work plan.

BUDGET (150 Points)
Applicants must use the budget template form attached (Appendix IX). 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 (40 hours per week) Community Engagement Coordinator (CEC) position is required. The CEC is the

primary individual responsible for carrying out the activities of the contract.

Resume and job description **must** be included with the application. If the position is vacant, at the time of application submission, a statement that resume will be submitted at a later date should suffice.

Staff position(s) paid with these funds must be dedicated only to tobacco control activities approved in the work plan. Changes in personnel must be submitted to TPCP prior to effective start date of the new employee.

- 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 – Applicant must budget for internet service in order to meet communication and reporting requirements of the grant.
- Travel – Applicant must budget for the CEC to attend ten (10) meetings/trainings in Little Rock with allocation for lodging. Mileage reimbursement may not exceed the state rate of $0.42 per mile. Reimbursement rates for meals and lodging may be found at: http://www.gsa.gov/portal/category/21287. **If the per diem rate for lodging cannot be obtained, a reasonable rate must be sought.**
- Media and Health Communication – Applicant **must** allocate five percent of the total direct budget to media and health communication efforts. Media and health communication includes radio and print advertising, bill board advertising, and educational items. The budget template form **will** automatically calculate the amount required as the budget is entered. All media and health communication efforts must be pre-approved by the TPCP Health Communications Section and **must** include all required logos.
- TPCP Electronic Reporting System – Applicants **must** budget $1,625 for an online license in order to access GEMS. 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.

   Contracting with a person who occupies an elected position with any city, state, or federal 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. Refer to appendix XII.

h. Request for Tax Payer Identification Number and Certification (W-9) Provide a completed and signed copy of the W-9 form with application. Refer to appendix XII.

NOTE: 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.

Non-expendable 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 $500. Refer to appendix X for additional information on property management. Equipment purchases of $500 or greater **must** be approved by TPCP prior to purchase.

Funded applicant **must** adhere to Arkansas law ACA19-11*201(30)(a) and (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 TPCP Financial Guidelines, Appendix X, 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.

E. Application Deadline and Application Submission

Sealed applications **must** be received by the ADH Issuing Officer by 2:30 P.M. CST December 16, 2014. Applications received after this date and time **will not** be reviewed and **will** be removed from consideration. Applicants **must** provide a signed original (marked ORIGINAL) and five (5) copies.

Sealed applications may be either mailed or hand delivered to the following address:

If Mailing: Arkansas Department of Health
Procurement Branch
Attention: Bob Broughton
4815 W. Markham St. Slot 58
Little Rock, AR 72205 -3867

If Hand Delivering: Arkansas Department of Health
Procurement Branch
Attention: Bob Broughton
4815 W. Markham St. Room - L156
Little Rock, AR 72205 -3867

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 XIV)

☐ Table of Contents

☐ Abstract

☐ Introduction

☐ Declaration of Funding and Certification of Non-Acceptance of Tobacco Funds (Appendix IV)

☐ Sustainability Plan

☐ Community Partners List (Appendix VI)

☐ Community Partners Plan (Appendix VII)

☐ Work Plan (Appendices III A-B)

☐ Evaluation Plan

☐ Budget (Appendix IX)

☐ Letters of Commitment

☐ Certification of Non-Profit Organization

☐ Financial Management and Accounting System Questionnaire (Appendix V)

☐ Tobacco Prevention and Education Program Coordinator Resume' and Job Description (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 (Appendix XII)

☐ Request for Tax Payer Identification Number and Certification/W-9 Form (Appendix XIII)

V. REVIEW OF APPLICATIONS AND 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 800 points.

CRITERIA	POSSIBLE POINTS
Abstract	25
Introduction	75
Sustainability	100
Community Partners Plan	100
Evaluation	100
Work Plan	250
Budget	150
Total Possible Points	**800**

The applicant must receive at least 75% of the available points (600 points) the RFA will not be awarded.

C. Award Notification:

It is anticipated that applicants **will** be notified of preliminary awards by January 25, 2015.

Note: TPCP has three (3) separate RFAs being advertised 1) Statewide Project Prevent Youth Coalition; 2) Arkansas Tobacco Control Coalition and 3) Community-based Tobacco Free Arkansas.

Applicants may apply for any or all three (3) RFAs. However, if an applicant qualifies for more than one award, TPCP **will** notify the applicant and allow the applicant to make the final decision of which award to pursue. Once the written decision is provided to TPCP, the decision is final and the applicant **will** be removed from consideration of award(s) not chosen.

Fiduciary agencies may be awarded more than one sub-grant but must demonstrate and maintain separate staff, separate work plan activities, and separate accounting codes/practices.

During this process, there **will** be no sharing of information regarding status of other applicants.

SECTION VI. GENERAL INFORMATION

A. Program Monitoring

Awarded Applicant Skills Assessment (AASA)
Awarded applicant **will** be required to participate in an AASA workshop (date and time to be determined) which **will** include, but not limited to, round tables that **will** cover the following:

- Competencies in Word, PowerPoint, Outlook, Excel
- A ten (10) minute presentation on a tobacco prevention topic of applicant's choice
- Identify strengths and weaknesses within its work plan
- Proficiency in GEMS after completion of training
- Cultural Competency Assessment
- Key Partner Profile document analysis

Reporting and Monitoring
The awarded applicant **will** be required to record all work plan activities in GEMS. This **will** enable TPCP and the awarded applicant to track activities, services, and outcomes of program delivery and report outcomes as needed.

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

TPCP program personnel **will** conduct a minimum of one (1) site visit or desk audit for the purpose of conducting programmatic and financial monitoring reviews to insure the awarded applicant is 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 (3) 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, Vendor Performance Report (VPR), memo, file or any other appropriate authenticated notation of performance to the vendor file. For previously funded sub-recipients, past performance as documented using quality measure including end of year self-evaluations.

Appendix I
TPCP 2014-2019 Strategic Plan

ARKANSAS DEPARTMENT OF HEALTH
TOBACCO PREVENTION AND CESSATION PROGRAM

ARKANSAS *STRATEGIC PLAN*
2014 – 2019

With passage of the Initiated Tobacco Settlement Proceeds Act in 2000, Arkansas voters announced they were ready for Arkansas to become a national leader in efforts to confront tobacco use. The TPCP program has grown over the years into a comprehensive evidence-based tobacco prevention and cessation initiative that is delivering results.

Arkansas ranks:

- ✓ 5th in reducing youth tobacco use since the program's inception compared to other states that participated in YRBS over the same period (n=31).
- ✓ 1st State to have a smoke-free car law
- ✓ 1st State to have smoke-free medical grounds law
- ✓ 3rd in the nation to include statewide smoke-free psychiatric facilities/grounds
- ✓ Among first in the nation to restrict sales to minors of e-cigarettes and other e-nicotine products
- ✓ Over the last decade hospital admissions for heart disease and stroke have decreased

Even with all of these positive outcomes produced over the past 12 years, Arkansas ranks 49th in the adult smoking rate (25%). In addition, the youth smokeless tobacco rates (26%) is higher than our adult smoking rate.

Toll of Tobacco Use in Arkansas

- ✓ Each year 5,100 Arkansans die prematurely from illnesses caused by tobacco.
- ✓ Approximately 68,700 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 $1.2 billion, including at least $242 million in state-funded Medicaid health care costs and an additional $1.4 billion in lost productivity.

Barriers to Tobacco Elimination

- ✓ Tobacco companies spend over $107 million on marketing in Arkansas each year
- ✓ Tobacco companies are marketing products relying on menthol, fruit, and other sweet flavorings to lure young population. These products include dip/chew, spitless, electronic nicotine devices, little cigars, and cigarillos.
- ✓ Also, emerging are many nicotine infused water, sprays, gels, etc.
- ✓ Tobacco use/promotion is woven into popular culture: social media, TV shows, movies, music lyrics and videos, and video gaming/apps.

Strategic Plan Development

- ✓ One day meeting of TPCP personnel facilitated by Tobacco Technical Assistance Consortium part of Emory University
- ✓ Identified strengths, weakness, and innovations
- ✓ Reviewed previous Strategic Plan documents
- ✓ Released draft strategic plan to partners and stakeholders for input
- ✓ Incorporated partners, stakeholders, and TPCP Advisory Committee feedback
- ✓ Received approval from the Tobacco Prevention and Cessation Advisory Board
- ✓ Received approval from the Board of Health on April 24, 2014

Overarching Principles

- ✓ To save lives
- ✓ Diminish suffering
- ✓ Cut health-related and economic costs
- ✓ Conserve public and private dollars

TPCP Commitment

Use evidence-based interventions while developing promising practices to address the use of products containing, made, or derived from tobacco, including but not limited to cigarette, cigar, pipe, smokeless, dip, chew, snus, snuff, e-cigarette, other tobacco products (OTP), and electronic nicotine devices (ENDS).

Develop and strengthen partnerships throughout Arkansas

Identify and eliminate tobacco-related disparities among population groups throughout all aspects of service delivery

Rapidly assess and develop counter-media programs for new tobacco/ENDS products and youth focused marketing

Use population-based approaches as identified by the CDC Best Practices Model

- ✓ State and Community Interventions
- ✓ Mass-Reach Health Communication Interventions
- ✓ Cessation Intervention
- ✓ Surveillance and Evaluation
- ✓ Infrastructure, Administration, and Management

Utilize best practices goal areas for comprehensive tobacco control programs which include multiple action steps and a host of partners and stakeholders

- ✓ Prevent Initiation of Tobacco/Nicotine Use Among Youth and Young Adults (0-26 years)
- ✓ Eliminate Exposure to Secondhand and Third-hand Smoke
- ✓ Promote Quitting Among Adults and Youth
- ✓ Program Evaluation

GOAL I: PREVENT INITIATION OF NICOTINE USE AMONG YOUTH AND YOUNG ADULTS (0-26 YEARS)

Objective: Increase barriers to youth and young adult access to tobacco/ENDS products and promote tobacco abstinence

Baseline: Synar/Retailer Compliance Checks, YRBS, APNA, Participation Reports, and School-based Tobacco Violations through ADE.

Strategies: Activate TPCP leadership to increase partnerships with state agencies, institutions and non-profits to create systems change to include the integration of tobacco prevention and secondary intervention among youth and young adults

Develop multi-media communications with media partners to discourage initiation to also include pre-pregnancy

Collaborate with media partners and sub-grantees will de-normalize tobacco/ENDS use through educational and interactive projects at the local and state level

Collaborate with Arkansas Department of Education (ADE), Arkansas School Board Association, private schools and sub-grantees to secure commitment to implement all components of the Arkansas Academic-Based Practice Guidelines for Effective Tobacco Control

Collaborate with community partners to increase taxes on all tobacco/ENDS derived products

Develop 24/7 evidence-based tobacco advocacy, interactive education, and prevention website to also include opportunities to engage in tobacco prevention projects/events

Collaborate with Arkansas Tobacco Control to educate and monitor tobacco retailers to reduce illegal sales

Engage internal and external legal resources for policy development

Actively engage youth to promote tobacco abstinence through sub-grantee and Statewide youth coalition

Integrate efforts to eliminate tobacco related disparities among youth and young adults

Outcomes: 1. Decrease tobacco sales to undercover minors to less than 4%; 2. Decrease in youth and young adults reporting tobacco use (YRBS, APNA); 3. Increase participation of youth and young adults in nicotine/tobacco advocacy and activities; and 4. Decrease in tobacco policy violations at all public schools.

GOAL II: ELIMINATE EXPOSURE TO SECONDHAND AND THIRD-HAND SMOKE

Objective: Increase the number of Arkansans who report living, working and playing in a smoke-free and vapor-free environments.

Baseline: NATS & BRFSS, TPCP Database – Smoke/Tobacco-free Parks and Businesses

Strategies: Collaborate with community partners to protect and strengthen smoke-free polices at the local and state level including, but not limited to parks, pathways, patio dining, vapor and hookah bars, bars, casinos, etc.

Secure development and enforcement of comprehensive ENDS/tobacco-free policies including, but not limited to worksite campus, pathways, multiunit housing, etc.

Support the development of tobacco-free hiring policies

Increase the voluntary adoption of personal smoke-free cars and homes, which includes ENDS, among Arkansans

Integrate efforts to eliminate secondhand and third-hand smoke related disparities among Arkansans

Outcomes: Increase percent of Arkansans who report living, working or playing in a smoke-free environment

GOAL III: PROMOTE QUITTING AMONG ADULTS AND YOUTH

Objective 1: Reduce tobacco/ENDS use and associated disease burden by creating systems change to incorporate Clinical Practice Guidelines for Treating Tobacco Use and Dependence

Baseline: Physician Survey, Number of MOA's, Alere and STOP reports, and State Morbidity Data

Strategies: Integration of standardized evidence-based cessation curricula at all colleges and universities including medical, nursing, dental, mental health, substance abuse and allied health programs to address tobacco/ENDS use

Integrate Clinical Practice Guidelines for Treating Tobacco Use And Dependence (5A's/2A's & R) at all existing medical, dental, mental health, and substance abuse facilities (including LPH) STOP Outreach, State and Community Grantees, Medicaid, AFMC, Associations (AMA, Hospital, AMDPA, Pharmacy, Nursing, Dental Hygienists, etc.)

Integration of Clinical Practice Guidelines for Treating Tobacco Use And Dependence through all federal and state supported agencies and institutions to include disparate populations

Increase the number of practitioners who have received accredited training on tobacco treatment using national experts

Expand reach and capacity for tobacco/ENDS cessation treatment by training through promoting the use of www.arstop.org

Promote expansion of insurance coverage and utilization of proven tobacco/ENDS cessation treatments to the benefit level defined in the Federal Employees Health Benefits Program

Objective 2: Promote quitting nicotine and other tobacco related products including smokeless products through multi-media communications

Baseline: Alere Reports and Media Recall Survey, number of trainings and attendance

Strategies: Collaborate with ADH Communications and media partners to utilize both paid and earned media sources including social media to educate and inform the general, disparate and minority populations regarding the harms of tobacco/ENDS use including smokeless products and available quit services

Increase partnerships with other state agencies, institutions, and non-profits to create systems change to include the integration of tobacco/ENDS cessation

Increase utilization of the Arkansas Tobacco Quitline and its services including individual (age/ethnicity/special populations) confidential phone/web-based counseling, pharmacotherapy (patches, gum, lozenges, varenicline), and written resource materials

Integrate efforts to eliminate smokeless tobacco related disparities among youth and adults

Outcomes: 1. Document increased use of Clinical Practice Guidelines for Treating Tobacco Use and Dependence; 2. Reach of ATQ will increase from 3% to a minimum of 5% of all nicotine users; 3. Reduction of health related incidences (MI, Diabetes, Respiratory Illness, Stroke, Cancer, & etc.); and 4. Reach of ATQ will increase in all groups of nicotine users including smokeless products.

GOAL IV – PROGRAM EVALUATION

Objective: Evaluate program activities

Baseline: TBD

Strategies: Collaborate with ADH Epidemiology, Arkansas Foundation for Medical Care, and COPH, UALR – Survey Research Center and external partners to document financial value of program activities and outcomes

Collaborate with ADH Epidemiology to document decrease in disease incidences as a result of SHS exposure, including but not limited to, MI, Cancer, Respiratory Illness, Stroke and mortality etc.

Collaborate with identified contractor, implement survey tool designed to measure "quits" achieved through methods other than the Arkansas Tobacco Quitline

Utilize data and evaluation findings to drive program efforts and implementation of interventions.

Outcomes: 1. Determine return-on-investment of TPCP efforts

Appendix II
Letter of Intent and RFA Workshop Registration Form
RFA-15-0003

Form must be completed and received on or before 3:30 p.m. CST on November 14, 2014.

Please complete and return this form if you intend to apply for funding from the ADH-TPCP in response to competitive RFA for the Community-based Tobacco Free Arkansas. Submission of the Letter of Intent does not obligate the applicant to submit an application for funding. The purpose is to provide TPCP with a list of possible applicants. (Print or type).

Applicant (Name of Organization)_____

Address:_____

Street Address or PO Box City Zip Code

Contact Person:_____

Name Title

Phone #: _____ Email: _____

How many from applicant's organization **will** be attending the RFA workshop? _____

RFA Workshop Details:

Date: November 18, 2014 Time: 10:00 a.m. to 2:30 p.m.

Location:
UAMS Campus
Educational Building 2
Lecture Hall Room 141
Little Rock, AR 72205

Submit to:

Bob Broughton by mail, faxed, or email to

Arkansas Department of Health
4815 W. Markham Street, Slot 58, Little Rock, AR 72205-3867
501-280-4594 - Attention Bob Broughton
501-280-4474 (fax#)
bob.broughton@arkansas.gov

Appendix III
Work Plan Standards Guidance 2015-2017

1) Point of Sale (POS)
2) 24/7 Comprehensive Policies
3) Tobacco and Nicotine Free Outdoors (TNFO)
4) Tobacco and Nicotine Free Media (TNFM)
5) Tobacco and Nicotine Free Multi-Unit Housing (TNFMUH)
6) Evaluation Project
7) Disparity Activity

Strategies:

Community Intervention(s): Refers to conducting activities that create social change for the public or subsets of the public about tobacco control issues to influence individual knowledge, attitudes, beliefs and behaviors. This includes, but is not limited to, community interventions with dissemination of the results; presentations to civic groups and local governments; and other types of information dissemination that reach, educate, and involve populations experiencing tobacco-related burdens and disparities. Note that TPCP does not consider health fairs and classroom presentations to be evidence-based or meet the expectation for broad reach and impact.

Community Engagement: Refers to engaging influential community members and organizations to publicly support and take action on an intervention.

Educating Key Decision Makers: Refers to activities undertaken to influence organizational decision-makers to change their organizations' policies, programs or practices; and/or educating local, state, regional or national policy-makers about tobacco issues and the implications of policy change. *As with all activities implemented by TPCP, all lobbying is expressly prohibited.*

Mass-Reach Health Communications: Primary purpose is to reduce exposure to targeted tobacco industry advertising and promotion; and to promote tobacco control messages. Refers to media contributed as part of a purchase plan or unpaid/earned media opportunities including but not limited to, press releases, letters to the editor, or public service announcements. Contractors are required to allocate a minimum of 5% of their budget to support specific TPCP directed and collaborative efforts. Some initiatives use a unified theme/branded approach such as, POS and Tobacco-Free Outdoors (TFO). In addition, contractors may use paid media to extend local collaborative media efforts.

Example work plan activity provided in appendix III-A.

Appendix III – A
Sample Work Plan Activity and Format

TPCP Strategic Intervention Area: (Select corresponding Intervention Area for activity listed below)	**Intervention Area 1: ☐ Preventing initiation among youth and young adults** **Intervention Area 2: ☐ Promote Quitting among adults and youth** **Intervention Area 3: ☑ Eliminate exposure to secondhand/thirdhand smoke** **Intervention Area 4: ☐ Identify and eliminate tobacco–related disparities among population groups**		
Project Period Objective (Funding cycle)	By June 2017, will work to successfully secure at least four (4) 24/7 comprehensive tobacco-free nursing home(s) and/or rehabilitation center(s) policies to include ENDS in selected catchment areas.	**Key Outcome Indicator(s) # (KOI):**	2.3.7, 2.3.9, 2.4.2, 2.7.1, 2.7.2

Annual Objective:	By June 30, 2016, secure two (2) 24/7 comprehensive tobacco-free nursing home or rehabilitation center policies to include ENDS in selected catchment areas.		
Activity Type – 24/7 Tobacco-free Comprehensive Policy *An effective work plan will address each of the following strategies listed below and reflect specific activity for each approach.*	**Population(s) of Focus** *Indicate the category of the population of focus for the activity*	**Population Description** *Specify items checked*	**Start and End Date**
• **Community Intervention(s):** Assess, develop, and implement a voluntary comprehensive tobacco-free policy, including ENDS in local nursing home or rehabilitation center. • **Community Engagement:** Engage local key stakeholders and community members to promote community buy-in and advocate for a 24/7 comprehensive policy to change social norms around tobacco use in nursing homes/rehabilitation centers. Coalition members will assist in documentation, evaluation, and enforcing the 24/7 comprehensive policy. • **Educating Key Decision-Makers:** Coalition members will provide assistance along with the CEC in educating nursing homes/rehabilitation centers administration and staff regarding secondhand and thirdhand exposure along with the benefits of a tobacco-free campus. • **Mass-Reach Health Communications:** Develop culturally-competent paid and/or earned media including messaging, talking points for decision-makers, letters to editors, press releases, etc. regarding the impact of secondhand and thirdhand smoke on residents, staff, and visitors.	**☑ General Population ☐ Gender** **☑ Age ☐ Geographic Area** **☐ Race/Ethnicity ☑ Veterans** **☑ Socioeconomic Status** **☐ Mental Health** **☐ Substance Abuse** **☐ Sexual Orientation/Gender Identity** **☑ Other: Disability** **Indicate Catchment Area: (City and County)**	Senior Adults; Low income; Disabled; Healthcare staff	Start: July 1, 2015 End: June 30, 2016 **Responsible Position/Party** CEC **List agency, organization, and/or groups you will collaborate with to complete this activity** TPCP, Arkansas Healthcare Association website, Arkansas Assistant Living Association website, ATCC

Resource Links:

- Preventing Initiation of Tobacco Use: Outcome Indicators for Comprehensive Tobacco Control Programs-2014
- Key Outcome Indicators For Evaluating Comprehensive Tobacco Control Programs
- Best Practices for Comprehensive Tobacco Control Programs—2014

Appendix III - B
Work Plan Instructions

Complete the work plan using the template provided.

TPCP Strategic Intervention Area:
Mark the goal area(s) that **will** be addressed with each activity planned.

Project Period Objectives (PPO):
This addresses the entire two year funding cycle. The PPO must describe what the applicant intends to accomplish by the end of the funding period.

Key Outcome Indicators (KOI):
KOI's are used to measure progress toward outcomes to integrate program and evaluation planning.

What is measured must directly correlate to the established objective for the program. Growth of knowledge, attitudes, and skills (support) should lead to changes. For example, when providing awareness of the dangers associated with secondhand and thirdhand smoke exposure should lead to adoption of workplace policies. Below are some key outcome indicators one can use:

- Level of support for creating tobacco-free policies in public places and workplaces 2.3.7
- Level of support for active enforcement of tobacco-free public policies 2.3.9
- Proportion of workplaces with voluntary tobacco-free policies 2.4.2
- Proportion of population reporting exposure to secondhand smoke in the workplace 2.7.1
- Proportion of population reporting exposure to secondhand smoke in public places 2.7.2

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

Annual Objectives (AO):
This addresses the priorities in the scope of work as outlined in this RFA. Annual objectives must describe what the program intends to accomplish by the end of the first fiscal year. Both PPO and AO objectives must contain all the elements of a "SMART" objective. The description of a "SMART" objective is below.

"SMART" Objective Description:

Specific: Specifies who or what is expected to change or benefit, what change or benefit is expected, how much of a change or benefit is expected, where **will** the change or benefit occur, and when the change or benefit **will** be completed (date).

Measurable: Results of the efforts should be measurable, countable, or observable; therefore, establishes a baseline from which change **will** occur and quantifies the amount of change to be achieved.

Achievable and Ambitious: The change or benefit is determined using the baseline data, outcomes found by other program, and knowledge of the community and stakeholders. Is realistic given available resources and yet challenging enough to accelerate program efforts.
Relevant and Results-Oriented: Objective should be logically and empirically linked to the long-term objectives and goals.
Time-bound: Specifies a timeframe for the proposed accomplishments.

Activity Types:

1) Point of Sale (POS)
2) 24/7 Comprehensive Policies
3) Tobacco and Nicotine Free Outdoors (TNFO)
4) Tobacco and Nicotine Free Media (TNFM)
5) Tobacco and Nicotine Free Multi-Unit Housing (TNFMUH)
6) Evaluation Project
7) Disparity Activity

When completing work plan activities, please indicate the activity type and the define activities for each strategy below. DO NOT list supporting activities, such as networking; planning meetings; creating a task force; attending coalition meetings; attending trainings; ordering, purchasing or handing out promotional items; or working on monthly briefings/other reports.

Strategies:

Community Intervention(s): Refers to conducting activities that create social change for the public or subsets of the public about tobacco control issues to influence individual knowledge, attitudes, beliefs and behaviors. This includes, but is not limited to, community interventions with dissemination of the results; presentations to civic groups and local governments; and other types of information dissemination that reach, educate, and involve populations experiencing tobacco-related burdens and disparities. Note that TPCP does not consider health fairs to be evidence-based or meet the expectation for broad reach and impact.

Community Engagement: Refers to engaging youth, influential community members and organizations to publicly support and take action on an intervention.

Educating Key Decision Makers: Refers to activities undertaken to influence organizational decision-makers to change their organizations' policies, programs or practices; and/or educating local, state, regional or national policy-makers about tobacco issues and the implications of policy change. *As with all activities implemented by TPCP, all lobbying is expressly prohibited.*

Mass-Reach Health Communications: Primary purpose is to reduce exposure to targeted tobacco industry advertising and promotion; and to promote tobacco control messages. Refers to media contributed as part of a purchase plan or unpaid/earned media opportunities including but not limited to, press releases,

letters to the editor, or public service announcements. Contractors are required to allocate a minimum of 5% of their budget to support specific TPCP directed and collaborative efforts. Some initiatives use a unified theme/branded approach such as, POS and Tobacco-Free Outdoors (TFO). In addition, contractors may use paid media to extend local collaborative media efforts.

Population(s) of Focus:
Indicate the category of the population of focus for the activity. The categories are as follows:
General Population, or Specific Population broken by Gender, Age, Geographic Area, Race/Ethnicity, Sexual Identity, and/or Other.

Population Description:
For specific population, please describe population that **will** be impacted by the activity.

Gender (female, male, transgender)
Age (break down of the ages, i.e. 34 years and above)
Geographic Area (specific county(s) to be served, or public health region)
Race/ethnicity (African American, White, American Indian, Hispanic)
Sexual Identity (LGBTQ)
Other (socioeconomic status, disability, mental health, substance abuse, etc)

Start & End Date:
Identify the start and end date for each activity that **will** be completed.

Responsible Position/Party:
Indicate the responsible position and/or the responsible party for completing each activity.

Collaborations:
Includes agencies, organizations, and/or groups your organization **will** collaborate with to complete activities in work plan. For example: TPCP, Campaign for Tobacco Free Kids, and Counter Tobacco.org, etc.

Resource Links:
Please use the following resource links as a guide when completing work plan.

- Preventing Initiation of Tobacco Use: Outcome Indicators for Comprehensive Tobacco Control Programs-2014
- Key Outcome Indicators For Evaluating Comprehensive Tobacco Control Programs
- Best Practices for Comprehensive Tobacco Control Programs—2014

Appendix IV
Declaration of Funding and Certification of Non-Acceptance of Tobacco Funds

List below all sources of funding:

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

The applicant, _____ hereby certifies that it **will** not accept funding from nor has an affiliation or contractual relationship with the tobacco manufacturer, any of its subsidiaries or parent company, or any tobacco wholesaler or distributor during the term of the contract with the Arkansas Department of Health.

I, the official named below, hereby swear that I am duly authorized legally to bind the contractor to the above described certification. I am fully aware that this certification, executed on the date below, is made under penalty of perjury under the laws of the State of Arkansas.

_____

Signature Title Date

Printed Name and Title

Appendix V
Financial Management and Accounting System 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*	
		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
		Tobacco Free Policy
		Procurement Guide or Policy
		Employee Benefits
		Salary and Promotion Policies
		Board of Directors by-laws
		Other:

General Information

What year was the organization established? _____

List the number of employees in your organization.
Full-Time Employees _____ Part-Time Employees _____

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

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

Has your organization been audited by an independent Certified Public Accountant firm within 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**

If you answered yes to the question 5, who accepts/reviews the audit reports?

☐ Board Chair ☐ Board of Directors ☐ Other specify:
☐ Chief Executive ☐ Finance Committee
☐ Audit Committee ☐ Chief Financial Officer

On board letterhead, provide a list of your board of directors indicating positions and committees held.

		Yes	***No***
	Does your organization require a minimum unrestricted cash fund/reserves balance? If yes, what percent of the operating budget does this represent: ____%		
	Does your organization have a written fund raising plan?		
	Does your organization have any pending litigations? **If yes, please briefly explain the nature of the litigation:** _____		
	Does your organization engage in any activities that would generate program income i.e. selling products such as tee shirts or facilitating conferences, workshops, or trainings where fees are charged?		

Financial and Reporting Information

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

☐ Manual ☐ Automated ☐ Combination

Which of the following books of accounts do you maintain?

☐ General Ledger	☐ Purchasing Journal	☐ Petty Cash
☐ Payroll Journal	☐ Cash Receipts Journal	☐ Other
☐ General Journal	☐ Disbursements Journal	_____

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

Which of the following reports are prepared for your Board of Director's 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:				

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

Who prepares the payroll for your organization?

☐ In-house ☐ Payroll Service ☐ Accountant/bookkeeper

	Yes	No
Does the accounting system provide for the recording of expenditures for each grant by component project and budget cost category shown in approved budgets.		
Does your accounting system completely and accurately track the receipt and disbursement of funds by each grant or funding source?		
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?		
Are common or indirect costs accumulated into cost pools for allocation to project, contract, and grants?		
Does the accounting system provide for the recording of cost sharing for each project and ensures that documentation is available to support recorded cost sharing?		
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?		
Are time distribution records maintained by funding source and/or project for each employee to account for total actual hours worked?		
Are employee timesheets, appropriately signed by the employee and by a responsible supervisory official having firsthand knowledge of the activities performed by the employee?		
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?		

Internal Controls

	Yes	No
Is a separate bank account maintained for grant funds?		
Are at least two original signatures required on checks 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? **If yes what is the dollar threshold: $** _____		
Is Board level approval required for any of the following financial transaction? ☐ Opening/Closing Bank Accounts ☐ Opening Lines of Credit ☐ Assigning Credit Cards ☐ Financial Investment/Divestment ☐ Other specify: _____		
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?		
Does your organization use a line of credit? **If "Yes" how often in the prior fiscal year, on average, did you use the line of credit** ☐ Weekly ☐ Quarterly ☐ Monthly ☐ Annually ☐ Did not use		
Are the duties of the accountant/bookkeeper/record keeper separate from cash functions (receipts or payment of cash)?		
Are checks signed by individual(s) whose duties exclude recording cash received, approving vouchers for payment, and preparation of payroll?		
Do you maintain inventory records for equipment?		
How often do you compare inventory records to actual equipment: ☐ Annually ☐ Bi Annually ☐ Other Specify_____		
How often are bank account(s) reconciled? ☐ Monthly ☐ Quarterly ☐ Annually ☐ Do not reconcile		

Please indicate the name and position of the individual responsible for:

Maintaining the accounting records.	
Tracking and safeguarding equipment inventory.	
Signing checks.	
Keeping all receipts and other expense documentation for grants.	
Checking expenditures to make sure they are allowable.	
Reconciling the bank statement.	
Reviewing or approving reconciled bank statements.	

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

Preparer: _____

Signature of Preparer: _____ Date: _____

Title of Preparer: _____

Telephone: _____ E-Mail _____

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

Appendix VI
Community Partners List

Provide a list of Community Partners and identify those that **will** hold a key role in the development and implementation of your PPYC work plan goals and activities. Key community partners must provide a letter of commitment that describes, in detail, their role in the proposed program and that indicates their overall support for the objectives and planned activities described in the PPYC work plan.

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

Appendix VII
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 information must include name, organization, and role.)*

Appendix VIII
Reference Guide

2012 Surgeon General's Report – Preventing Tobacco Use Among Youth and Young Adults available at http://www.cdc.gov/tobacco/data_statistics/sgr/2012/index.htm

2014 Surgeon General's Report – The Health Consequences of Smoking—50 Years of Progress available at http://www.surgeongeneral.gov/library/reports/50-years-of-progress

2014 Arkansas Epidemiological State Profile of Substance Use: County Profiles at http://www.preventionworksar.com/Portals/17/SEW/OADAP%20SEW%20Report%20Entire%20Book%202014%20-%20Final.pdf

CDC Best Practices for Comprehensive Tobacco Control Programs – 2014 http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf

CDC Best Practices for Comprehensive Tobacco Control Programs Youth Engagement State and Community Interventions Category 2010 available at http://databaseebook.com/de/Youth-Engagement-State-and-Community-Interventions-Category-User-Guide/p1295004726

CDC Guide to the Community Preventive Services/Tobacco available at http://www.thecommunityguide.org/tobacco/index.html

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

CDC Introduction to Program Evaluation available at http://www.cdc.gov/tobacco/tobacco_control_programs/surveillance_evaluation/evaluation_manual/pdfs/evaluation.pdf

Coalition: State and Community Interventions Best Practice Guide available at ftp://ftp.cdc.gov/pub/fda/fda/user_guide.pdf

Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs – May 2005 **(for goal area 1, please use outcome indicators listed in the resource above)** available at http://www.cdc.gov/tobacco/tobacco_control_programs/surveillance_evaluation/key_outcome/pdfs/FrontMaterial.pdf

Legacy Youth Activism in Tobacco Control: A Toolkit for Action available at http://www.legacyforhealth.org/content/download/2554/33803/file/LEG-YA%20Toolkit%20Web-Single%20Pages-3.27.13.pdf

Legacy Tobacco Document Library available at http://legacy.library.ucsf.edu/#

Mobilizing for Action through Planning and Partnerships (MAPP) available at http://www.naccho.org/topics/infrastructure/mapp/framework/index.cfm

Preventing Initiation of Tobacco Use: Outcome Indicators for Comprehensive Tobacco Control Programs 2014 available at
http://www.cdc.gov/tobacco/tobacco_control_programs/surveillance_evaluation/preventing_initiation/index.htm

TPCP 2014-2019 Strategic Plan available at
http://www.healthy.arkansas.gov/programsServices/tobaccoprevent/Documents/StratPlan/StratPlan2014-2019.pdf

UICC Global Cancer Control: Protecting Our Children from Secondhand Smoke available at http://www2.aap.org/richmondcenter/pdfs/UICC_english.pdf
WHO: Six Policies to Revert Tobacco Epidemic available at
http://whqlibdoc.who.int/publications/2008/9789241596282_eng.pdf

Appendix IX
Budget Template Format

RFA- **Tobacco Prevention & Cessation Program Budget Justification Form**
For the Period July 1, 2015 to June 30, 2016

Name of Fiscal Agent

List counties served - in alphabetical order

Total Amount Requested	$1,625.00
Less GEMS License	$1,625.00
Total Budget Less GEMS	$0.00

A. REGULAR SALARY: A required full time coordinator must dedicate 100% of their time to performing TPCP related activities specified in the work plan. The coordinator must be available to work during normal business hours (8:00 a.m. to 5:00 p.m.) with occasional work beyond normal business hours, i.e. evenings and weekends. If the name of the person who will fill the position is unknown at the time the application is submitted, enter "To be hired". The Annual Salary is the total 12-month salary for the position. The form will automatically calculate the salary for the funding period.

	Name of Coordinator	Annual Salary	Percent of Time Spent	Amount Requested
1		$0.00	100%	$0.00
2				$0.00
		Total Salary		$0.00

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		$0.00		$0.00
2		$0.00		$0.00
3		$0.00		$0.00
4		$0.00		$0.00
5		$0.00		$0.00
6		$0.00		$0.00
	- Employee Two			
1		$0.00		$0.00
2		$0.00		$0.00
3		$0.00		$0.00
4		$0.00		$0.00
5		$0.00		$0.00
6		$0.00		$0.00
		Total Fringe Benefits		$0.00

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				$0.00
2				$0.00
3				$0.00
4				$0.00
5				$0.00
6				$0.00
		Total Supplies		$0.00

D. NONEXPENDABLE ITEMS AND 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 $500 per unit. Equipment is defined as an item having a useful life of one or more years and an acquisition cost of $500 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				$0.00
2				$0.00
3				$0.00
4				$0.00
5				$0.00
6				$0.00
		Total Equipment		$0.00

E. OTHER: Use this category for items not included in any of the other budget categories, including the administrative/indirect costs category. Media and health communication costs should also be included in this category and MUST be equal to 10% of the total direct budget. Identify the related objectives when appropriate. Media and health communication items MUST have a related objective identified in the justification. The template will automatically calculate amounts for this section.

	Item	Justification	Cost	Amount Requested
1				$0.00
2				$0.00
3				$0.00
4				$0.00
5				$0.00
6				$0.00
		Sub Total Other		$0.00

	Media & Health Communication	Justification	Cost	Amount Requested
1				$0.00
2				$0.00
3				$0.00
4				$0.00

Budget for media and health communication should be at least this amount $0.00

Total Media and Health Communication	$0.00
Total Other, including Media and Health Communication	$0.00

F. CONTRATOR/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 be reasonable and at the current market rate for similar services. **INCLUDE MANDATORY MINI GRANTS IN THIS SECTION.**

	NAME OF CONTRACTOR	Justification	Costs	Amount Requested
1				$0.00
2				$0.00
3				$0.00
		Total Contractor/Consultant Services		$0.00

G. IN/OUT 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.

	Travel Related Cost	Justification	Cost	Amount Requested
1				$0.00
2				$0.00
3				$0.00
4				$0.00
5				$0.00
6				$0.00
		Total In-State Travel		$0.00

H. 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				$0.00
2				$0.00
3				$0.00
4				$0.00
5				$0.00
		Administrative cost should not exceed	$0.00	
		Total Administrative Cost		$0.00
	In-Kind Contribution			$0.00

Appendix X
TPCP Financial Guidelines

Tobacco Prevention & Cessation Program Financial Guidelines

PURPOSE:

These guidelines serve as a primary reference for the Tobacco Prevention & Cessation Program's (TPCP) funded sub-grantees to use in fulfilling their fiscal responsibilities and to ensure that the funds are used for their intended purpose.

ADH

Updated FY 14

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Accounting System Requirements

The organization's accounting system must be able to:

- ❑ Track TPCP sub-grant expenses and revenues by its own individual accounting code or designated tracking number
- ❑ Track contracts and obligations
- ❑ Compare budget to actual cost
- ❑ Provide accurate, current, and complete financial reports that can be duplicated and supported with back-up documentation
- ❑ Provide internal control protection for cash and property assets
- ❑ Compute and track personnel, payroll, and timekeeping
- ❑ Track/identify special accounts related to specialty categories such as program income

IMPORTANT: The organization's accounting system must assure that an external monitor will be able to review the organization's expenses, tie them specifically to TPCP funding, and determine if the expense is reasonable and supported with appropriate back-up documentation, i.e. invoices, canceled checks, timesheets, travel logs, etc.

FINANCIAL MANAGEMENT TIP

To track and report multiple funding sources, at a minimum, use a spreadsheet to track each grant award's expenses and note amounts on the invoice.

No matter what system you use, you should be able to:

- ❑ Submit a Sub-Grantee Payment Request Form (FIN-122) monthly in the GEMS system. Sub-grantees who fail to submit a monthly FIN-122 may be subject to an on-site visit by TPCP to review the sub-grantee's financial system.
- ❑ Track TPCP sub-grant expenditures to budgeted categories.

- ❑ Maintain accounting records and reconcile monthly.
- ❑ Support all accounting entries by source documents such as canceled checks, invoices, personnel activity reports/timesheets, contracts, travel logs, etc.
- ❑ Account for every employee's time whose salary is paid with TPCP sub-grant funding (in whole or in part) by use of personnel activity and time accounting reports, *including time spent on other program activities*.
- ❑ Ensure compliance with the terms and conditions of the TPCP sub-grant award.
- ❑ Preserve financial records for five (5) years from the date the agreement expires or if an audit is pending at the end of the five year period, until resolution of the audit.
- ❑ Be able to prepare and reproduce financial reports and reimbursement requests.

Organizations that do not have a formal accounting system may track TPCP financial activities by using either a paper general ledger or Microsoft Excel spreadsheet.

To assist with tracking costs, record on the invoice the check number, date and any other information that will help define the expense and tie the cost back to the general ledger/spreadsheet i.e. smokeless educational materials purchased for a booth at county fair or rodeo on 9-20-12.

REMINDER: Sub grantees must maintain a filing system that makes it possible to retrieve original documents that may be requested by TPCP.

CAUTION

Costs not properly documented in an organization's accounting system or financial tracking system will be disallowed.

Total Cost Budgeting and Accounting

To ensure adequate fiscal administration, accounting, and the ability to audit all funds received, sub-grantee records should be established using the "total program cost" basis. This includes all costs going into the organization from the following types of funding sources:

- Federal funds
- State funds

- Other Master Settlement Agreement funds
- Program income
- Any other funds received

Internal Control Standards

An organization's internal controls will be enhanced if there is a separation of duties so that no one person handles all aspects of a transaction from beginning to end. For those organizations that do not have sufficient staff to separate responsibilities, it is recommended that an outside bookkeeping or accounting firm be hired or have the board of directors review reconciled bank statements and financial reports.

Although a complete separation of functions may not be feasible for small organizations, some measure of effective control can be achieved by planning the assignment of duties carefully. Many of the most effective techniques for providing internal control are very simple. Some examples are:

- Cash receipts should be recorded immediately and deposited daily.
- Bank accounts should be reconciled monthly by someone other than the person who signs the checks.
- A petty cash fund should be entrusted to a single custodian and used for all payments other than those made by check. (The use of petty cash funds is not recommended, however, if used, safeguards should be in place and a policy for use should be established.)
- Checks to vendors should be issued only in payment of approved invoices. Document on the invoice that the invoice has been paid to avoid a duplicate payment.
- The person who is responsible for the physical custody of an asset should not also have responsibility for keeping the records related to that asset. An asset is a single item with an acquisition cost of more than $500 such as cameras, printers, and computers.
- The person who has authority for placing employees on the payroll and establishing wage rates should not be the same person who signs the checks
- An employee cannot sign a check made payable to themselves.
- The individual signing the checks for payment should not be the individual setting up the payment requests.
- Signature stamps or pre-signed checks should not be used.

- Two signatures should be required on checks (Be sure the check states that two signatures are required). NOTE: Having two lines on a check does not constitute the requirement for two signatures and will not be challenged by the bank or vendor cashing the check.

NOTE: Organizations must provide safeguards for all property purchased with TPCP funds and cash or cash equivalents. Organizations must assure that TPCP purchased assets are used *solely for authorized purposes*.

Cash Management

Cash transactions are not acceptable. All transactions paid with TPCP funds must be by check or credit/debit card with the exception of small cash purchases (under $100) made through a petty cash fund.

Cash Management Responsibilities: TPCP requires that sub-grantees ensure proper controls over TPCP funds. Sub-grantees are highly encouraged to adhere to the following cash management activities:

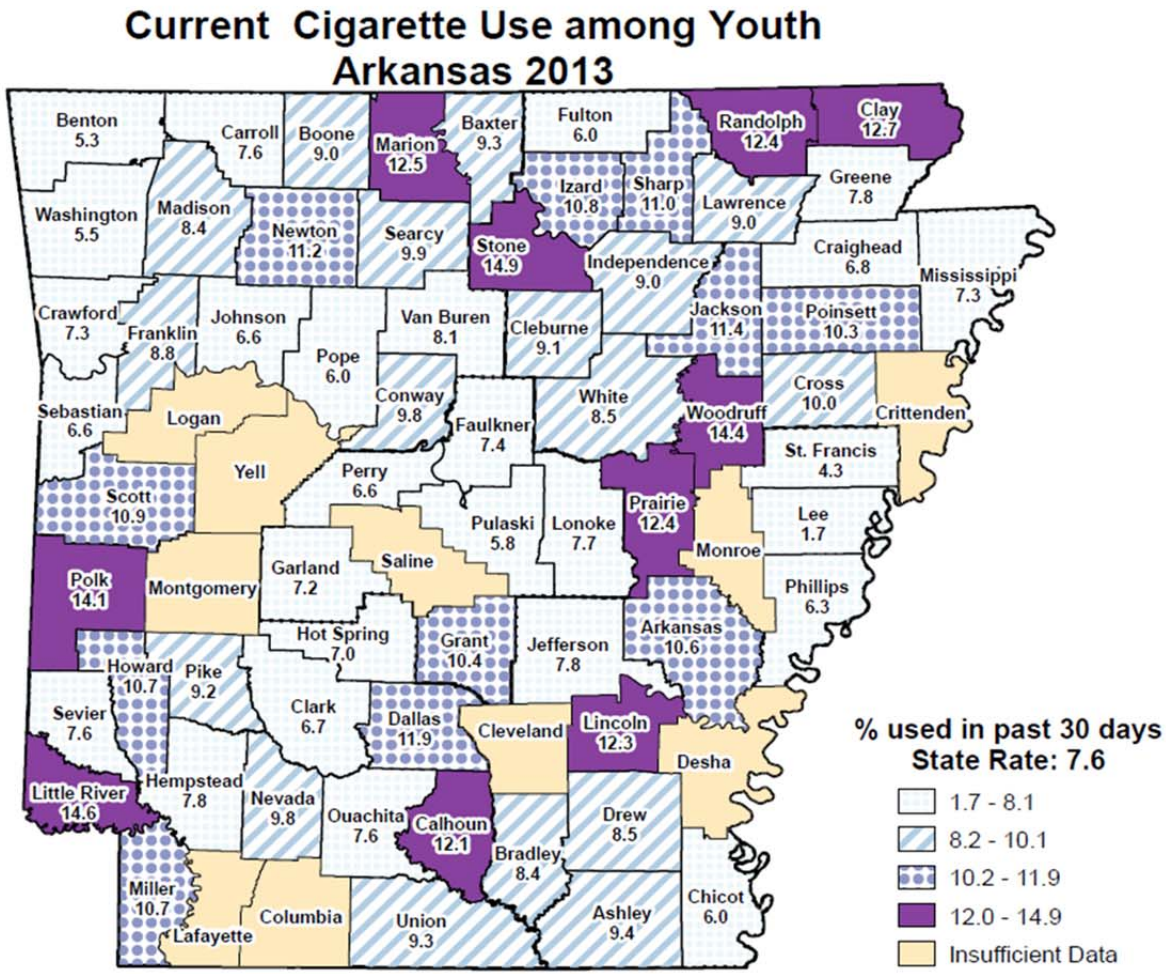
- Perform monthly bank reconciliations by someone other than the person who writes the check.
- Pay vendors by check or credit/debit cards. Cash transactions are not allowed.
- The check payee and payer cannot be the same person. You cannot sign a check that is made payable to yourself.
- Cash advances are not allowed.
- Ensure fiscal responsibilities are clearly identified and there is a separation of responsibilities between programmatic and fiscal management
- Submit Sub-grantee Payment Request Forms monthly for reimbursement of expenses already incurred by the organization.

Recognizing Allowable Cost

This section outlines common costs associated with TPCP sub grant programs. The principles used here are modeled after the cost principles of the Office of Management and Budget (OMB). To be allowable under TPCP awards, costs must be ***reasonable, allocable, necessary, authorized, treated consistently, and documented.***

The above pages 1 -7 are excerpts from the Financial Guide, please see the complete Tobacco Prevention & Cessation Program Financial Guidelines as an attachment to RFA

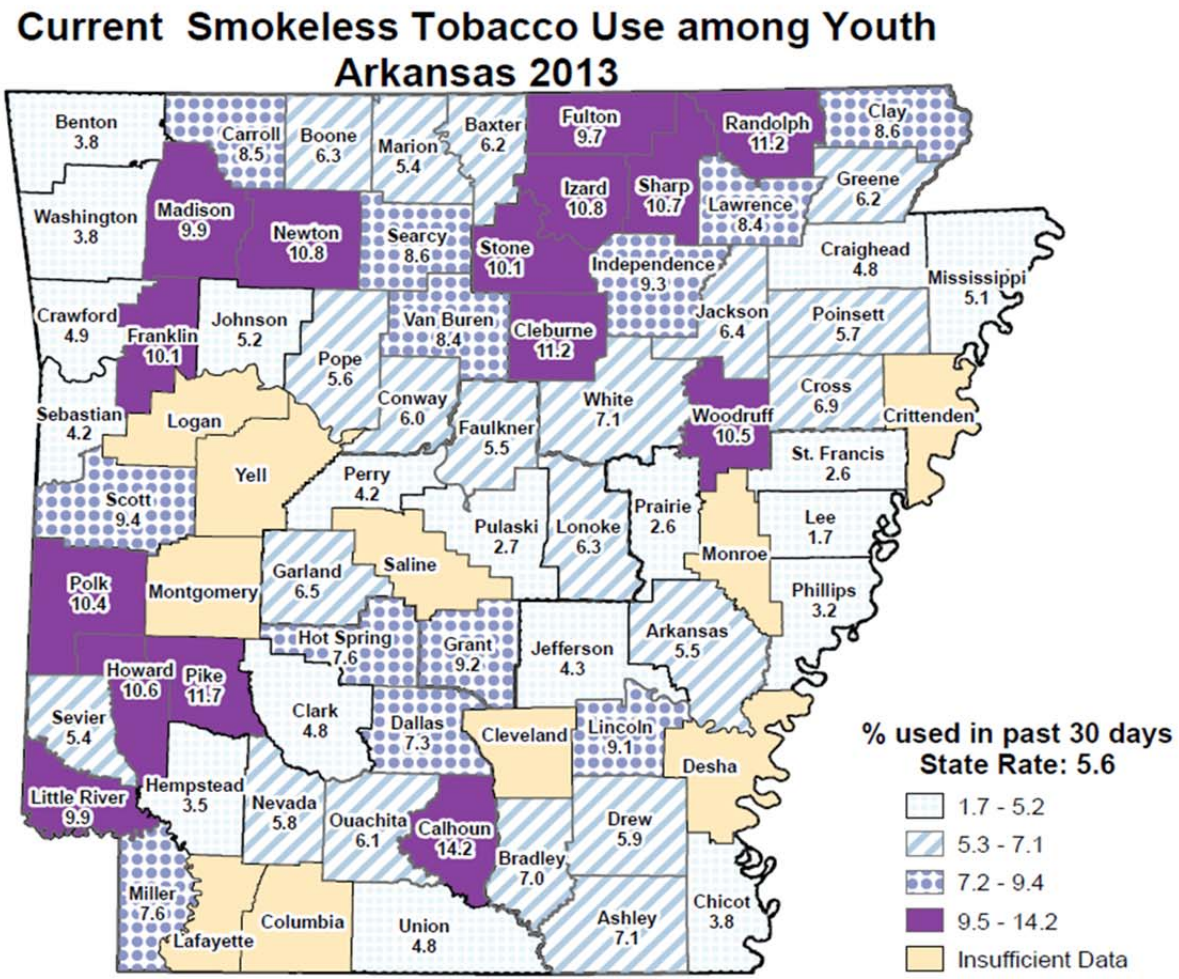
Appendix XI
Tobacco Prevalence Map



Date: July 2, 2014
Source: Arkansas Prevention Needs Assessment Survey (APNA)
Map created by: Wanda Simon, Epidemiologist

Note: The counties marked "insufficient data" either had less than a 40% overall valid participation rate or less than a 25% valid participation rate for one or more of the four grades surveyed (6th, 8th, 10th, or 12th).

Appendix XI
Tobacco Prevalence Map



Date: July 2, 2014
Source: Arkansas Prevention Needs Assessment Survey (APNA)
Map created by: Wanda Simon, Epidemiologist

Note: The counties marked "insufficient data" either had less than a 40% overall valid participation rate or less than a 25% valid participation rate for one or more of the four grades surveyed (6th, 8th, 10th, or 12th).

Appendix XII
Contract and Grant Disclosure and Certification Form

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	_____

Appendix XIII
Request for Tax Payer Identification Number and Certification /W-9 Form

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.

Cat. No. 10231X Form **W-9** (Rev. 12-2011)

Appendix XIV
Application Cover Sheet
RFA-15-0003
July 1, 2015 to June 30, 2016

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)