

## STATE OF ARKANSAS

### ARKANSAS DEPARTMENT OF HEALTH (ADH)

Tobacco Prevention & Cessation Program (TPCP)

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#### REQUEST FOR APPLICATIONS

**RFA-14-0003**

**For**

**Academic/Youth and Young Adult (K through age 24) and Community Focused Tobacco Prevention & Education Program**

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**Date Issued:**

**November 1, 2013**

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## Schedule of Events

Event	Due Dates
RFA Issued	November 1, 2013
Due date for letters of intent	November 12, 2013 by 3:30 pm
Q & A Time Frame	November 4 -21, 2013 by 3:30 pm
<u>RSVP for Mandatory Workshop</u>	<u>November 12, 2013 by 3:30 pm</u>
Mandatory Workshop – Location Arkansas State Library 900 W. Capitol, Suite 100 Little Rock, AR 72201 501-682-2053 <a href="#">Google Map</a>	November 14, 2013 9:00am-3:00pm
Question and Answer Addendum Posted	December 6, 2013
Due date for Applications	December 20, 2013 by 2:00 pm
Anticipated Completion of recipient selection and Mailing of preliminary award notices	January 24, 2014
Start date of sub-grant	August 1, 2014

**Maximum Funding Level Per Award \$50,000.00**

**Acronyms Used in this RFA:**

ADH	Arkansas Department of Health
ATQ	Arkansas Tobacco Quitline
CDC	Centers for Disease Control & Prevention
FTE	Full-Time Employee
GEMS	Grant Evaluation Management System
HHI	Hometown health Improvement
IRS	Internal Revenue Service
K through age 24	Kindergarten through age 24
MAPP	Mobilize for Action through Planning and Partnership (See page 8)
MPOWER	Monitor, Protect, Offer, Warn, Enforce, and Raise Taxes (See page 8)
MSA	Master Settlement Agreement
QM Tool	Quality Management Tool
PSAs	Public Service Announcements
RFA	Request for Applications
RSVP	Request for Written Reply
SHS	Secondhand Smoke
TBA	To be announced
TPCP	Tobacco Prevention & Cessation Program
UAPB	University of Arkansas at Pine Bluff

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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 sixty (60) percent of Arkansas deaths. In addition, smoking costs the state \$812 million in health care expenditures and \$1.4 billion in lost productivity.

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

The purpose of this Request for Applications (RFA) is to select youth focused (K through age 24) organizations to carry out local tobacco prevention and education programs designed to meet the unique needs of their community in order to provide Arkansans the tools they need to fight tobacco use and live longer, healthier lives.

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

### **B. Background**

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

Although the Arkansas Clean Indoor Air Law is not considered comprehensive, there are still two very important Acts in place. In April 2006, the Arkansas State Legislature approved legislation (ACT 8-2006) to make workplaces smoke-free, with exemptions allowed for specific businesses [e.g., night clubs allowing patrons/workers over the age of twenty-one (21) only]. As of July 21, 2006 most Arkansas workers are able to work in a smoke-free environment. Act 811 of 2011 was approved during the 2011 Legislative Session and made it a primary offense to smoke in any motor vehicle in which a child who is less than fourteen (14) years of age is a passenger.

### **Best Practice Areas**

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

- **State and Community Interventions:** multiple societal resources working together to have the greatest long-term population impact.
- **Health Communication Interventions:** media interventions to prevent tobacco use initiation, to promote cessation, and to shape social norms.
- **Cessation Interventions:** coordinating and supporting treatment that is accessible to all Arkansans in the most cost-effective manner possible.
- **Surveillance and Evaluation:** monitoring process and outcomes that are science-based and that demonstrate effectiveness.
- **Administration and Management:** assuring that the TPCP's complex, integrated programs have staff with the necessary experience, training, and oversight to provide appropriate fiscal management, accountability, and coordination.

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

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

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

### **C. Available Funding**

The anticipated funding period is August 1, 2014 through June 1, 2015. The funding level per award is \$50,000.00. [Based on the total amount to award (\$625,000.00) TPCP anticipates awarding approximately 10 to 15 sub-grants at \$50,000.00.]

Funding for this program is made available through the Master Tobacco Settlement Agreement. Therefore, in accordance with **Section 6 of Act 1204 of the 2013** the State of Arkansas is not obligated to continue funding any commitment paid from the proceeds of the Tobacco Settlement in the event that Tobacco Settlement funds are not sufficient; and **Section 7**, no advertising targeting the prevention or reduction of tobacco use shall include the name, voice, or likeness of any elected official or their immediate family.

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

### **D. Schedule of Events -See Page 2**

Applications must be **received** by the Issuing Officer no later than 2:00 p.m. December 20, 2013. Applications not received by 2:00, (CST) on December 20, 2013, will be rejected and will not receive further consideration.

## **SECTION II. APPLICANT REQUIREMENTS**

### **A. Eligible Applicants**

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

Local community agency/organizations/schools/colleges are eligible to apply for funding using the Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs*.

([http://www.cdc.gov/tobacco/tobacco\\_control\\_programs/stateandcommunity/best\\_practices/](http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/)) Community coalitions may include multiple communities collaborating to form coalitions to address tobacco issues.

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

### **B. Requirements for Funding**

Applicants must clearly identify how they will address the following:

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

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

If an applicant has not previously been funded by TPCP or through Minority Sub-Recipient Grant Office at UAPB as a tobacco control sub-grantee, the applicant will then fall under Capacity Building and will be entitled to **20 Points** (See page 22). The applicant must describe how it will demonstrate progress toward recruiting members and building a grassroots network. In addition, the applicant should check Capacity Building on the Application Cover Page. (See page 38) Previously funded and currently funded applicants should check Comprehensive Program.

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

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

These four (4) goals align with the six (6) proven policies introduced in the World Health Organizations' (WHO) MPOWER framework from 2008.

[http://www.who.int/tobacco/mpower/mpower\\_english.pdf](http://www.who.int/tobacco/mpower/mpower_english.pdf)

### **MPOWER Policy Framework**

(WHO, 2008)

**Monitor** tobacco use and prevention policies

**Protect** people from tobacco smoke

**Offer** help to quit tobacco use

**Warn** about the dangers of tobacco use

**Enforce** bans on tobacco advertising, promotion, and sponsorship

**Raise** taxes on tobacco

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

**Mobilizing for Action through Planning and Partnerships (MAPP.)** More about MAPPs can be viewed at:

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

### **C. Core Requirements for Receiving Funding**

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

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

2. Sustainability

Applicants must develop a sustainability plan. Sustainability is the continuation of community health or quality of life benefits over time. An academic/youth (K through age 24) and community focused program must be able to sustain itself for the future and each proposal must demonstrate progress toward establishing a sustainability plan to continue its efforts. Applicants must address the core of sustainability – developing a winning combination of strategies, planning processes, and leadership. Strategies for a successful sustainability plan include: exploring funding opportunities to maintain an effective local tobacco use prevention and control program, developing an effective message to describe the program's work, and building and maintaining relationships with policymakers and organizations to enhance relationships and funding opportunities.

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

### 3. Changing Community Condition and Establishing Local Objectives

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

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

### 4. Work Plan

Applicants will be eligible for funding with the submission of a quality application describing an effective, comprehensive scope of activities proportional to their experience. Effective proposals must articulate carefully planned activities encompassing ALL four (4) intervention areas listed below for academic/youth (K through age 24) within the community.

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

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

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

who violate school policy, and progress toward motivating local employers to offer tobacco education and cessation benefits to employees.

**(4) Identifying and Eliminating Tobacco-Related Disparities:** Work Plans must demonstrate a focus on identifying and reducing tobacco-related disparities among population groups (K through age 24) in the community. These groups experience a disproportionate health and economic burden from tobacco use. According to the Centers for Disease Control and Prevention, tobacco-related disparities are *“differences in patterns, prevention, and treatment of tobacco use; the risk, incidence, morbidity, mortality, and burden of tobacco-related illness that exist among specific population groups in the United States; and related differences in capacity and infrastructure, access to resources, and environmental tobacco smoke exposure.”* When efforts are focused on the identification and elimination of tobacco-related disparities, gaps begin to close and the prevalence of tobacco usage declines.

Applicants must thoughtfully consider which objectives best suit their ability to implement chosen activities and which also match the needs of their K through age 24 community population. When pursuing an objective, it is essential that the applicant utilize activities that are most effective and directly impact outcomes in accomplishing their objectives. Academic/youth (K through age 24) and community focused programs must clearly show that they are/will work with multi-cultural programs in addressing disparities.

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

Other indicators of a quality application include:

- (1) Creation of programs that are comprehensive in nature, reflecting assessment, community action, voluntary policies and enforcement within an objective area, and surveillance;
- (2) Application of appropriate assessment/surveillance activities for individual components of the local program, as well as for implementation and impact on the total application;

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

- TPCP requires adequate program staffing. Comprehensive programs must retain at least one (1) full-time position forty (40) hours per week dedicated to the tobacco control work plan. This position is the primary individual to coordinate and manage the activities of the grant.
- Select objectives based on the need of the K through age 24 community population. (A list of objectives are included in the Appendix V-B)
- Develop a sustainability plan, including program development and future funding opportunities.

- Report work plan outcomes to stakeholders and community partners using grant evaluation and management system (GEMS).
- Assure that the activities in the work plan are implemented and the goals of the program are being achieved.
- Assure that all work plan activities are recorded in TPCP's web-based GEMS. For first time applicants, technical assistance will be provided to ensure effective use of reporting system (GEMS). This will enable awarded applicants to track activities, services, and outcomes for self-monitoring and to share this data with TPCP staff and ADH evaluators. Further information about GEMS will be discussed during the Grant Application Workshop.
- Ensure community input and involvement of targeted youth and young adult population.
- Commit to participate in the local Hometown Health Improvement (HHI) Coalition's activities and recruit members from the HHI coalition to participate in the awarded applicant's academic/youth (K through age 24) and community focused tobacco prevention & education program.
- Commit to participate in the Statewide Youth Program by assisting in the identification and recruitment of a youth board from the local area. Applicants may have their own youth team, but must demonstrate collaboration with the identified statewide youth program.
- Commit to participate in statewide coalitions funded by TPCP.
- Ensure media efforts are coordinated with TPCP. Media efforts must directly support a work plan element and be approved (in writing) in advance by the Section Chief for Media and Health Communications.
- Demonstrate progress towards professional development in tobacco control. Twenty (20) hours per award period (August 1 to June 30) must be documented and submitted to TPCP upon request. (Excludes TPCP quarterly meetings.)
- Provide an internet connection, printer, and computer meeting the minimum following specifications: 3.20 GHz; 1.0 GB memory, 80GB Hard Drive; Network Interface Card, modem, CDRW/DVD Combo and MS Office Professional 2009, (or later) to include Microsoft Outlook.
- Ensure that fiscal responsibilities are clearly identified and there is a separation of responsibilities between programmatic and fiscal management.
- Submit monthly financial reports (including back up documentation), program reports, and evaluation reports by TPCP established deadlines.
- Ensure that funds are used only to support tobacco specific, academic/youth (K through age 24) and community focused, primary prevention efforts that utilize standards-based, science-based, or Best Practice recommendations that address the required intervention area(s).
- Ensure that funds are **not** used for :
  - Projects that are individualized (one-on-one individual activities) to "educate" about tobacco illnesses, cessation interventions, addiction, refusal, or other low-impact, individual client topics. **Proposals should**

**be policy based, action-oriented, and community oriented.**

- Cessation services or cessation supplies which include, but are not limited to, paying for medical services, providing pharmaceuticals, providing cessation classes, cessation teams, quit line cessation services which supplant the ATQ, etc.
- Treatment or medical services of any kind.
- Projects unrelated to the primary purpose identified in the proposal.
- Lobbying purposes. Lobbying includes any effort to persuade a legislative vote.

### **SECTION III. INSTRUCTIONS FOR COMPLETING AN APPLICATION**

#### **A. Letter of Intent**

Interested applicants are required to send a Letter of Intent to the ADH Issuing Officer. A Letter of Intent does not obligate the applicant to submit an application for funds, but it will provide information needed to plan for proposal review. See Appendix I for a Letter of Intent form. **The Letter of Intent must be received by 3:30 pm CST on November 12, 2013.** Letter of Intent forms should be mailed to: Arkansas Department of Health, Attention: Bob Broughton– Contract Support Manager- 4815 W. Markham, Slot 58, Little Rock, AR 72205-3867 or delivered to 4815 West Markham Street, Room L156 or emailed to [bob.broughton@arkansas.gov](mailto: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 14, 2013**. The **Grant Application Workshop** will provide grant application instructions and technical assistance. See Appendix II for a registration form. **Registration to attend the Mandatory Grant Application Workshop must be received by 3:30 pm on November 12, 2013.**

Registration forms should be mailed to: Arkansas Department of Health, Attention: Bob Broughton-Contract Support Manager- 4815 W. Markham, Slot 58, Little Rock, AR 72205-3867 or delivered to 4815 West Markham Street, Room L156 or emailed to [bob.broughton@arkansas.gov](mailto:bob.broughton@arkansas.gov). Attendance will be recorded at the workshop. **Failure to submit the Letter of Intent, Grant Application Workshop Registration form, or failure to attend the Grant Application Workshop will result in disqualification from the RFA application process.**

#### **C. Submission Deadline**

Sealed applications must be received by the Issuing Officer by close of business (2:00 P.M. CST) December 20, 2013. **Applications received after this date and time will NOT be accepted and will be returned to the applicant.**

**D. Where to Mail or Deliver Applications**

Application must be mailed to the following address:

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

For applications hand delivered use the following address:

Bob Broughton  
Procurement Branch  
4815 West Markham Street, Room L156  
Little Rock, AR 72205

**E. Application Format**

**Proposal (Maximum of 18 pages)**

Abstract (1 page),  
Introduction (2 pages),  
Sustainability (1 page),  
Community Partners Plan (1 page)  
Evaluation Plan (1 page)  
Work Plan Mission and Vision (2 pages)  
Work Plan Template (10 pages)

**Supporting Documentation for Application:**

Budget (Template Provided)  
Commitment Letters and Required Forms  
Community Partners List (Appendix III)

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

**F. Application Content**

Applications **must** include the following sections:

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

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

### **INTRODUCTION (25 Points)** [Two (2) page limit]

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

1. Description of previous funding through ADH/TPCP or UAPB (Amount for each award cycle) and other tobacco control funding received (Appendix VII Declaration of Funding)
2. Describe accomplishments in reducing tobacco use in your community and policies implemented: such as, campus/work site policies, churches, etc.
3. Describe your capacity to provide tobacco free education and serve populations in areas with unmet needs.
4. Describe previous experience conducting policy, advocacy media, training, community planning or community organization strategies for youth and young adults (K through age 24). Describe previous experience with community/population and the ability to conduct program activities and working with disparate populations.
5. Describe your organizational capacity for sound fiscal management. Include the following:
  - Description of organizational structure and organization chart. Attach a chart with names, titles of officers, executive and key staff. (Organizational chart not counted as part of the introduction page limit.)
  - Experience with financial administration of federal and state funds;
  - Knowledge of federal and state laws and regulations regarding effective control over and accountability for all funds, property and other assets, and assurance that they are used solely for authorized work plan purposes.
  - A financial management system that provides for adequate financial reporting, adequate accounting records, effective internal controls, budget control, monitoring of allowable costs, maintenance of source documentation, and appropriate cash management. (Appendix XIV Financial Management Questionnaire)
6. Assure that adequate equipment (including computers) to support staff and program needs are available or are included in the budget.
7. Identify organizations that support the activities described in the work plan. Provide letters of support.

### **SUSTAINABILITY PLAN (25 Points)** [One (1) page limit]

Each application must include a **Sustainability Plan**, not to exceed one (1) page. It is important for applicants to understand that sustainability is critical in

today's tobacco use prevention environment. Strategies for a successful sustainability plan include:

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

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

#### **COMMUNITY PARTNERS LIST** [No page limit]

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

#### **COMMUNITY PARTNERS PLAN (50 Points)** [One (1) page limit]

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

#### **EVALUATION PLAN (50 Points)** [One (1) page limit]

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

The applicant must demonstrate their understanding of effective evaluation methods of activities. In addition, applicants must describe how they will utilize

their evaluation findings. (i.e., to make decisions to improve program effectiveness and to demonstrate accountability to stakeholders)  
{Reference Guide in the Appendix – Appendix IX, CDC “Introduction to Program Evaluation for Public Health Programs: A Self Study Guide”}

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

### **WORK PLAN (100 Points)**

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

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

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

### **BUDGET (25 Points)**

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

Applicants are required to budget for the following items:

- Regular Salary – One (1) full-time (40 hours per week) TPCP Program Coordinator. The TPCP Program Coordinator is the primary individual responsible for coordinating and managing the activities of the grant.
- A resume for the TPCP Program Coordinator and job description must be included with the application. If the position is vacant, at the time of application submission a copy of the job description must be submitted with the application.

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

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

Minimum qualifications must include:

- Non-tobacco user
- Good public speaking and writing skills
- Proficient with Microsoft Office including Outlook
- Knowledge and training in program development

**Staff position(s) paid with these funds must be dedicated only to tobacco control activities approved in the work plan. Changes in personnel must be submitted and approved in writing through ADH/TPCP prior to effective start date of the new employee. (See Appendix XIII – Personnel/Budget Change Request Instruction Form)**

- 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 minimum 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 2009, (or later) to include Microsoft Outlook. The computer must be acquired within fifteen (15) days of the effective date of the award agreement. If a computer meeting these requirements is available, please note this in the budget justification.
- Internet service – Applicants must budget for internet service in order to meet communication and reporting requirements of the grant.
- Travel – Applicant's must budget for the TPCP Program Coordinator to attend four (4) one day trainings in Little Rock.

Mileage reimbursement may not exceed the state rate of \$.42 per mile. Reimbursement rates for meals and lodging may be found at: <http://www.gsa.gov/portal/category/21287>

**(If per diem rate for lodging cannot be obtained, a reasonable rate must be sought.)**

- Media & Health Communication – Applicant's must allocate three percent (3%) of the total direct budget to media and health communication efforts. Media and health communication includes radio, print, and bill board advertising and promotional items. Promotional items are items purchased to promote project/program activities described in the workplan. Purchase of promotional items must be kept to a minimum and when purchased sub-grantees must assure that they are items with a broad reach and high impact and can be used at multiple events.
- The budget template form will automatically calculate the amount required as the budget is entered. **All media and health communication efforts must be approved by the TPCP Section Chief for Media and Health Communications prior to purchase and must include all required logos.**
- TPCP Electronic Reporting System – Applicants must budget \$1,625 for an online license in order to access GEMS (grant evaluation & management system). (This amount will be subtracted from the award amount. Ex. \$50,000.00 available funding – \$1,625.00 (GEMS) = \$48,375.00).
- Applicants utilizing the services of a contractor or consultant must provide the following information for each contractor/consultant. This information can be included as an attachment to the budget.
  - a. Name of Contractor/Consultant: Name of contractor/consultant.  
**NOTE: Contracting with a person who occupies a position with any city or state agency, is prohibited. There are NO EXCEPTIONS.**
  - b. Method of Selection: Describe how the contractor was selected and the qualifications for the contractor. In addition, identify whether or not the contractor is a private for-profit organization.
  - c. Period of Performance: Specify the beginning and ending dates of the contract. Additionally, indicate whether or not this is a new or continuation contract.
  - d. Scope of Work: Describe in outcome terms the specific services/tasks to be performed by the contractor and identify the related objectives.
  - e. Method of Accountability: Describe how the progress and performance of the contractor will be monitored during and on close-out of the contract period. Identify who will be responsible for supervising the contract. In addition, for continuation contracts, describe their previous performance.
  - f. Itemized Budget and Justification: Provide an itemized budget with appropriate justification.
  - g. Contract and Grant Disclosure and Certification Form: Provide a completed and signed copy of the form with application. (See

Attachment XV) NEED TO ADD FORM

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

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

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

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

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

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

#### **G. APPLICATION DEADLINE and APPLICATION SUBMISSION**

**Applications must be received by the ADH Issuing Officer by 2:00 P.M. CST December 20, 2013.** Applications received after this date and time will NOT be reviewed and will be returned to the applicant. Applicants must provide a signed original (marked **ORIGINAL**) and five (5) copies.

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

**Mandatory Items:**

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

## SECTION IV. REVIEW OF APPLICATIONS & AWARD NOTIFICATIONS

### A. Review for Compliance with RFA Requirements

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

### B. Evaluation and Scoring

Each application will be evaluated and scored by a review committee on a scale to 320 points.

### C. Application Content and Scoring

CRITERIA	POSSIBLE POINTS
<u>Abstract</u>	<u>25</u>
<u>Introduction</u>	<u>25</u>
<u>Sustainability</u>	<u>25</u>
<u>Community Partners Plan</u>	<u>50</u>
<u>Evaluation</u>	<u>50</u>
<u>Work Plan</u>	<u>100</u>
<u>Budget</u>	<u>25</u>
<u>Sub-Total</u>	<u>300</u>
<b>Capacity Building Points</b>	<u>20</u>
<b>Total Possible Points</b>	<b><u>320</u></b>

### Award Notifications:

It is anticipated that applicants will be notified of preliminary awards no later than January 24, 2014.

## SECTION V. GENERAL INFORMATION

### A. Reporting and Monitoring

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

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

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

**B. Reimbursement Guidelines**

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

**C. Past Performance**

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

## Appendix

**RFA 14-0003 Letter of Intent**  
**Due Date: November 12, 2013 by 3:30pm**

If you intend to apply for funding from the ADH/TPCP to support Academic/Youth (K through age 24) and Community Focused RFA, please complete and return this form.

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

*Please submit this form to: Bob Broughton, Contract Support Manager*

Arkansas Department of Health  
Attention: Bob Broughton – Contract Support Manager  
4815 W. Markham, Slot 58, Little Rock, AR 72205-3867

Or hand-delivered to 4815 West Markham Street, Room L156

Or email to [bob.broughton@arkansas.gov](mailto:bob.broughton@arkansas.gov)

***Intent to Apply for funding:***

Applicant:

Name of Non-Profit Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

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**Signature (Individual authorize to legally bind the proposer)**



**RFA-14-0003 Community Partners List**

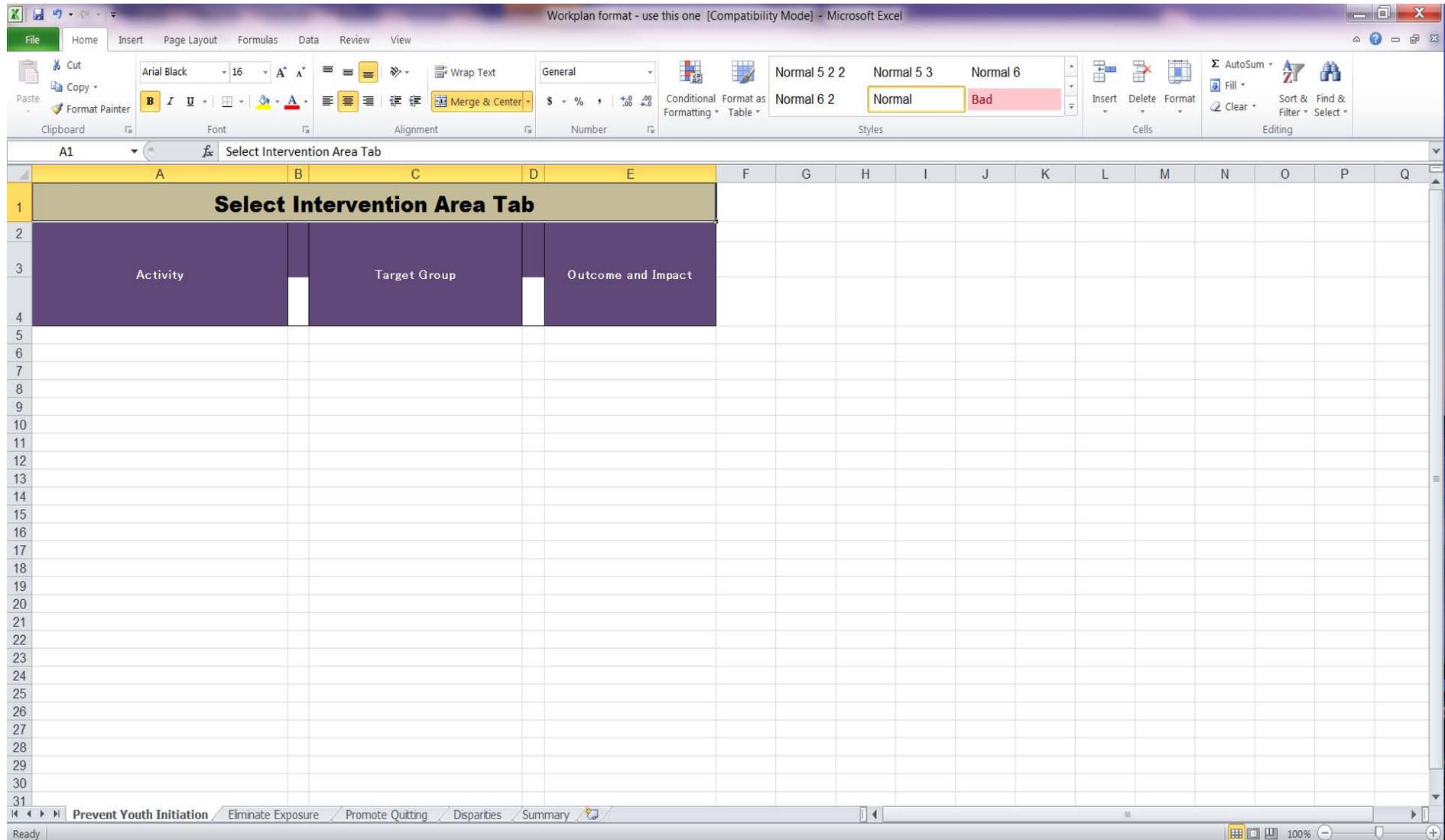
Provide a list of Key Community Partners and identify those that will hold an active role in the development and implementation of your work plan goals and activities (use as many sheets as necessary). **Key community partners must provide a letter of commitment that describes, in detail, their role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

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

**RFA-14-0003 *Community Partners Plan***

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

Work Plan Template Attached as Excel File to RFA



## Work Plan Instructions

Complete the work plan using the excel template provided.

**Intervention Areas:** Select the Intervention Area Tab.

**Activities:** Select from the list activities you want to conduct. (See work plan attachment, use drop down box for column A) After selecting the activity type, choose the target group. (See work plan attachment, use drop down box for column C) Once you have selected the target group (more than one target group maybe selected) provide a brief description of the outcome and impact. **Outcomes** are the intended results of program activities. These often focus on the increase in knowledge and attitudes concerning tobacco control and/or **changes that have occurred as a result of the program activity/intervention** (DO NOT list supporting activities, such as networking, planning meetings, creating a task force, attending coalition meetings, attending trainings, ordering or purchasing, handing out promotional items, or working on monthly briefings or other reports.) Successful applicants will design activities that are age-specific and culturally competent focusing on the needs of the whole community (adults, youth, businesses and schools).

### Examples of Activities and Outcomes:

1. Hold 4 quarterly community forums to educate residents of Sunshine County on the harmful effects of tobacco use. Outcome and Impact: 300 community members are educated, 125 tobacco-free home and car pledges are collected.
2. Provide media support and/or collaboration efforts to inform youth groups and/or private schools about the SOS youth Prevention Campaign (intent to increase youth participation in campaign). Run social media campaign to educate on SOS Youth Prevention Campaign, post 20 messages tracking and reporting the number of likes and comments.
3. Conduct activities in partnership with the Statewide Youth Program. Educate 10 School Districts on the Big Pitch Film Festival. Secure 1 submissions from each School District (**total of 10 submissions**) impacting 100 students.
4. Hold community event to recognize 'World No Tobacco Day' (could be in partnership with Statewide Coalition and/or Statewide Youth Program) Conduct 1 community event, Impacting 200 people, Secure 10 fax referrals to Arkansas Tobacco Quitline (ATQ) with 5 ATQ enrollments.
5. Educate 10 health care providers on implementing Ask, Advise, and Refer (2A's and R.) 10 providers implement 2A's and R, submitting 100 fax referrals to Arkansas Tobacco Quitline (ATQ) with 20 enrolling in the program.

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](http://www.cdc.gov/tobacco/tobacco_control_programs/surveillance_evaluation/key_outcome/index.htm)

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

**Sample Work Plan  
Sunshine City Coalition  
Pulaski County**

**Work Plan Example Activity**

**Intervention Area: Preventing Youth Initiation**

Activity	Target Group	Outcome and Impact
Big Pitch Film Festival	Public School (High School)	Educate 10 School Districts on the Big Pitch Film Festival. Secure 1 submissions from each School District (total of 10 submissions) impacting 100 students. In addition, secure 3 new youth coalition members.
Banners in Schools	Public School (Middle School)	Implement Banners in Schools in at least 1 classroom impacting 25 students and securing 100% participation in the evaluation component.
	Public School (High School)	Implement Banners in Schools in at least 4 classrooms impacting 100 students and securing 75% participation in the evaluation component.

**Work Plan Example Activity**

**Intervention Area: Promote Quitting**

Activity	Target Group	Outcome and Impact
2A's & R Policy	Healthcare Providers	Educate 10 health care providers on implementing Ask, Advise, and Refer (2A's and R.) 10 providers implement 2A's and R, submitting 100 fax referrals to Arkansas Tobacco Quitline (ATQ) with 20 enrolling in the program.
World No Tobacco Day	Community Population	Conduct 1 community event, Impacting 200 people, Secure 10 fax referrals to Arkansas Tobacco Quitline (ATQ) with 5 ATQ enrollments.

**Note:** On an average, a successful work plan has greater than 15 activities. Activities should be comprehensive in nature. For example, Under Intervention Area - Eliminating Exposure to Second Hand Smoke a comprehensive 'Outcome and Impact' narrative could read: Conduct 1 Presentation to Chamber on the importance of Tobacco-Free policies, impacting 15 businesses or civic organization members (Jr. League, Rotary Clubs, Auxiliary Clubs ...) Secure commitment from 2 businesses/organizations to further enhance current policy or to implement a tobacco-free policy (including campus/grounds) Impacting 100 students/employees.

Applications for Academic/Youth (K through age 24) and Community Focused Programs  
Application Cover Sheet  
RFA-14-0003  
August 1, 2014 to June 1, 2015

Capacity Building  Comprehensive Program

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)*

Declaration of Funding Sources

List below all sources of funding:

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

**RFA-14-0003 Required Elements Checklist**

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

## Resources

### **CDC – Smoking and Tobacco Use**

<http://www.cdc.gov/tobacco/>

### **CDC “Introduction to Program Evaluation for Public Health Programs: A Self Study Guide”**

<http://www.cdc.gov/eval/guide/CDCEvalManual.pdf>

### **Clear The Air Arkansas**

<http://www.cleartheairarkansas.com/>

### **Media Resources**

<http://www.healthy.arkansas.gov/programsServices/tobaccoprevent/Pages/MediaResources.aspx>

### **MAPPS**

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

### **MPOWER**

[http://www.who.int/tobacco/mpower/mpower\\_english.pdf](http://www.who.int/tobacco/mpower/mpower_english.pdf)

### **The Tobacco Prevention and Cassation Program**

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

### **Tool Kit for Smoke-Free Multi Housing (Owners/Mangers)**

<http://portal.hud.gov/hudportal/documents/huddoc?id=smokefreeowners.pdf>

### **Tool Kit for Smoke-Free Multi Housing (Residents)**

<http://portal.hud.gov/hudportal/documents/huddoc?id=smokefreeresidents.pdf>

### **TPCP Strategic Plan 2011-2014**

<http://www.healthy.arkansas.gov/programsServices/tobaccoprevent/Documents/StratPlan/StrategicPlan2011-2014.pdf>

### **Tobacco Data Deck 2012**

<http://www.healthy.arkansas.gov/programsServices/tobaccoprevent/Documents/downloads/DataDeck2012.pdf>

## TPCP Financial Guidelines Overview

### Complete Guide Provided as Attachment to RFA

#### Overview of TPCP Financial Guidelines

NOTE: Page number inserts refers to the TPCP Financial Guidelines

**Salary:** Sub-grantees are required to retain one full-time (40 hours/week) TPCP Coordinator. The Coordinator must maintain a timesheet showing days /hours worked each week and any time off i.e. vacation, sick, etc. Timesheets must correlate with the pay period and be signed by both the employee and a supervisor or authorized representative of organization.

**Fringe Benefits:** Fringe benefits are allowable as a direct cost in proportion to the salary charged. Dependent care health insurance and severance pay are not allowable TPCP costs.

Note: TPCP does not allow overtime pay

See Page 20

**M & O:** General Office Supplies, Educational Materials, Catering & Meeting Facility Rental  
**General office supplies** are items needed to carry out daily activities of the program.

**Educational materials** must be program related materiel and support specific activities in the work plan.

To determine if an expense is allowable use the allowability test found on page 8 of the Financial Guide.

**Catering/food and beverage** costs for TPCP sponsored activities are allowable if:

- Food/beverages are provided to participants at trainings, meetings, or workshops.
- Cost per meal does not exceed the state travel per diem rate.
- Itemized invoices are provided. (Credit card receipt is not acceptable)
- Sign-in sheets and agendas are provided.

See Page 23

**NOTE:** Food/beverage for normal daily business i.e. coffee, water, cups, etc. are **not allowable costs**.

For a list of common items that cannot be charged to TPCP see pages 10 and 11 in financial guide

**Nonexpendable Items & Equipment:** See Page 16

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. These items must be approved in the budget and be utilized by the TPCP coordinator. An inventory log must be maintained for all items with an acquisition cost of \$500 or greater.

**Other:** Includes items not included in any of the other budget categories such as desk phone, cell phone, internet, copying, printing, postage & sponsorships.

**Cell Phone service must be set-up in the name of the organization unless the sub-grantee request a waiver that includes a justification and the cost is reasonable.**

If waived, TPCP will reimburse up to \$50 per month for personal cell phone costs. To receive reimbursement, the sub-grantee must submit a copy of the individual's cell phone bill as backup documentation.

**NOTE:** Payments made to individuals for personal cell phone costs will be checked during monitoring reviews.

See Pages 21-22

This same policy applies to internet service with an exception to the amount TPCP will reimburse. TPCP will reimbursement up to \$25 per month for personal internet service.

**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. Arkansas law ACA 19-11\*201(30)(a) & (b) requires all government agencies as well as sub-grantees funded by the state to competitively bid printing jobs. In state vendors should be utilized when seeking bids.

**Budget Template Forms**

**(Budget Template provided as an Attachment to RFA -14-0003)**

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

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

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

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

Information entered into the Budget Justification worksheet is automatically transferred to the Budget Summary worksheet. The Budget Justification worksheet tracks Indirect/Administrative Cost to assure that the 10% limit is not exceeded. The Budget Justification worksheet also tracks the Media & Health Communication cost to assure that the 5% required costs is met.

**Important:**

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

**The amounts entered in the following pages  
are just examples**

**Budget Template Forms**

**Tobacco Prevention & Cessation Program Budget Justification Form**  
**For the Period August 1, 2014 to June 1, 2015**

Name of Fiscal Agent

List counties served - in alphabetical order

<b>Total Amount Requested</b>	<b>\$50,000.00</b>
<b>Less GEMS License</b>	<b>\$1,625.00</b>
<b>Total Budget Less GEMS</b>	<b>\$48,375.00</b>

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

	Name and Position Title	Annual Salary	Percent of Time Spent	Amount Requested
1	Name, TPCP Coordinator*	\$30,000.00	100.00%	\$30,000.00
2				\$0.00
<b>Total Salary</b>				<b>\$30,000.00</b>

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

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

	Fringe Benefit Type - Employee One	Annual Salary	Rate	Amount Requested
1	FICA	\$30,000.00	7.50%	\$2,250.00
2	Unemployment Insurance	\$30,000.00	0.90%	\$270.00
3	Health Insurance	\$30,000.00	5.00%	\$1,500.00
4	Retirement	\$30,000.00	10.00%	\$3,000.00
5	Workers Comp	\$30,000.00	0.00%	\$0.00
6	Vision	\$30,000.00	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
		<b>Total Fringe Benefits</b>	<b>\$7,020.00</b>
<b>C. M &amp; 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.</b>			
	<b>Item</b>	<b>Justification</b>	<b>Amount Requested</b>
1	General Office Supplies	Purchase of pens, paper, toner, and other general office supplies that will be used by the TPCP Program Coordinator	\$150.00
2	Facility Rental Meetings	Facility rental for XYZ meeting as described in Object 1.1 of the work plan	\$40.00
3	Education Supplies	Purchase of pamphlets, DVD's posters, etc. to support activities in Objectives 1.1, 2.3, 3.1	\$25.00
4	Catering	Purchase of food for coalition meetings and special events. See objectives 1.1, 2.1, 3.2	\$375.00
5			\$0.00
6			\$0.00
		<b>Total Supplies</b>	<b>\$590.00</b>
<b>D. NONEXPENDABLE ITEMS &amp; 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.</b>			
	<b>Item</b>	<b>Justification</b>	<b>Amount Requested</b>
1	Computer	A computer meeting the RFA specification will be purchased for the TPCP Coordinator	\$1,200.00
2	Canopy/Tents	A canopy will be purchased to be used at an annual health and fitness event in the city park. See Objective 2.1 activities.	\$150.00
3			\$0.00
4			\$0.00
5			\$0.00
6			\$0.00
		<b>Total Equipment</b>	<b>\$1,350.00</b>

**E. OTHER:** Use this category for items not included in any of the other budget categories. Media & health communication costs should also be included in this category and MUST be equal to 3% of the total direct budget (Note: budget template will automatically calculate media & health communication costs). Identify the related objectives when appropriate. Media and health communication items MUST have a related objective identified in the justification.

	Item	Justification	Cost	Amount Requested
1	Desk Phone	Annual cost of phone service for the TPCP Coordinator	\$250.00	\$250.00
2	Cell Phone	Annual cost of cell phone service for the TPCP Coordinator	\$300.00	\$300.00
3	Copying	Annual cost of making copies for program related activities	\$100.00	\$100.00
4	Sponsorship	XZY Coalition will participate in the annual "blank" event (see Objective 3.5 activities)	\$100.00	\$100.00
5				\$0.00
6				\$0.00

<b>Sub Total Other</b>	<b>\$750.00</b>
------------------------	-----------------

	Media & Health Communication	Justification	Cost	Amount Requested
1	Radio	Five radio spots will run during the national No Tobacco Day ( see Objective 3.5 activities)	\$500.00	\$500.00
2	Print Ads	Ads will be placed in the local newspaper promoting clean indoor (see Objective 2.5)	\$500.00	\$500.00
3	Bill Boards	Rental of a bill board to increase awareness of the dangers of smokeless tobacco (see Objective 2.4)	\$2,036.00	\$2,036.00
4	Promotional Items	Items will be purchased for the StampOutSmoking event at the local park. (see Objective 1.5)	\$500.00	\$500.00

Budget for media & health communication should be at least this amount		<b>\$1,346.00</b>
<b>Total Media &amp; Health Communication</b>		<b>\$3,536.00</b>
<b>Total Other, including Media &amp; Health Communication</b>		<b>\$4,286.00</b>

**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. See Section F, Application Content for additional contract requirements.

NAME OF CONTRACTOR	Justification	Costs	Amount Requested
--------------------	---------------	-------	------------------

1	ABC	Teen Summit Speaker Expense	\$500.00	\$500.00
2			\$0.00	\$0.00
3				\$0.00

<b>Total Contractor/Consultant Services</b>	<b>\$500.00</b>
---	-----------------

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

	Travel Related Cost	Justification	Cost	Amount Requested
1	Lodging	4 days lodging for 4 required trainings in Little Rock	\$385.00	\$385.00
2	Meals	Meals for 4 trainings in Little Rock	\$192.00	\$192.00
3	Mileage	Travel to Little Rock t attend 4 required trainings	\$252.00	\$252.00
4				\$0.00
5	Mileage	Costs for trips to meetings and event (see Objective 4.5)	\$300.00	\$300.00
6				\$0.00

<b>Total In-State Travel</b>	<b>\$1,129.00</b>
------------------------------	-------------------

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

	Item	Justification	Cost	Amount Requested
1				\$0.00
2				\$0.00
3				\$0.00
4				\$0.00
5				\$0.00
6				\$0.00

<b>Total Out-of-State Travel</b>	<b>\$0.00</b>
----------------------------------	---------------

<b>Total Direct Cost</b>	<b>\$44,875.00</b>
--------------------------	--------------------

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

	Item	Justification	Cost	Amount Requested
--	------	---------------	------	------------------

1	Audit	Audit cost is based on expenditure ratio for the period.	\$500.00	\$500.00
2	Bookkeeping/Accounting	TPCP share based on a ratio of the number of transactions.		\$500.00
3	General Administrative Fees	TPCP share based on a ratio of the number of transactions.		\$2,500.00
4				\$0.00
5				\$0.00
		Your Administrative cost should not exceed	<b>\$4,487.50</b>	
		<b>Total Administrative Cost</b>		<b>\$3,500.00</b>
<b>In-Kind Contribution</b>				

## Budget Template Forms

Tobacco Prevention & Cessation Program Budget Summary Form			
For the Period August 1, 2014 to June 1, 2015			
0		Name Automatically Populates from Budget Justification Page	
0		Name Automatically Populates from Budget Justification Page	
Budget amounts will automatically fill			
Budget Category		Amount Requested	
A.	Regular Salaries	\$	30,000.00
B.	Fringe Benefits	\$	7,020.00
C.	Maintenance & Operation	\$	590.00
D,	Nonexpendable Items & Equipment	\$	1,350.00
E.	Other (including Media & Health Communication)	\$	4,286.00
F.	Contractor/Consultant Services	\$	500.00
G	In State Travel	\$	1,129.00
H	Out-of State Travel	\$	-
		Total Direct Costs	\$ 44,875.00
I	Indirect/Administrative Costs	\$	3,500.00
<b>Total Project Cost</b>		<b>\$</b>	<b>48,375.00</b>
<b>Total Amount of Sub Grant Award</b>		<b>\$</b>	<b>48,375.00</b>
<b>AMOUNTS USED IN APPENDIX XI ARE EXAMPLES ONLY.</b>			

RFA-14-0003

Accounting System & Financial Capability Questionnaire

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

Legal Name of Organization: \_\_\_\_\_
Address of Organization: \_\_\_\_\_

Is your organization a registered 501c3: [ ] Yes [ ] No

Fiscal Agent Name, if applicable \_\_\_\_\_

Organizational Policies & Procedures

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

Table with 3 columns: Yes, No, Item. Rows include: Financial/Accounting Practices, Staff Code of Conduct/Statement of Ethics, Nepotism Policy, Internal Control Policy, Timekeeping Guide or Policy, Records Retention, Travel & Reimbursement Guide or Policy, Property Management, Smoke Free Policy, Procurement Guide or Policy, Employee Benefits, Salary, and Promotion Policies, Board of Directors by laws, Other:

General Information

1. What year was the organization established? \_\_\_\_\_

2. List the number of employees in your organization

Full-Time Employees \_\_\_\_\_ Part-Time Employees \_\_\_\_\_

3. Enter the beginning and ending dates of your organization's fiscal (financial) year.

From (month, day) \_\_\_\_\_ To (month, day) \_\_\_\_\_

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

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

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

- Yes
- No

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

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

- Yes
- No

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

- Yes
- No

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

If No, please attach a copy of the following financial information:

- a. A Balance Sheet for most current completed fiscal or calendar year; and
- b. A Revenue and Expense Statement for your most current completed fiscal or calendar year

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

- Board Chair                       Board of Directors                       Other specify:  
 \_\_\_\_\_                       Finance Committee  
 Audit Committee                       Chief Financial Officer

9. Does your organization have any pending litigations?

- Yes                       No

If yes, please briefly explain the nature of the litigation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

- Yes                       No

***Financial and Reporting Information***

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

- Manual                       Automated                       Combination

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

General Ledger	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Purchasing Journal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Payroll Journal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cash Receipts Journal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
General Journal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Disbursements Journal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Petty Cash	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>None of the Above</b> <input type="checkbox"/>					

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

- In-house                       Hire outside vendors                       Both

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

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

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

- Yes                       No

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

- Yes                       No

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

- Yes                       No

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

- Yes  No

**20. 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.**

- Yes  No

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

- Accounting system compares actual to budget  
 Use excel spreadsheet to compare actual to budget  
 Other

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

- Yes  No  Unsure

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

- Yes  No

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

- Yes  No

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

- In-house  Payroll Service  Accountant/bookkeeper

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

- Yes  No

**Internal Controls**

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

- Yes  No

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

- Yes  No

**If yes what is the dollar threshold: \$\_\_\_\_\_**

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

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Opening/Closing Bank Accounts   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Opening Lines of Credit         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Assigning Credit Cards          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Financial Investment/Divestment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Other specify: _____            |                              |                             |

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

- Yes  No

**31. Does your organization use a line of credit?**

- Yes  No

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

- Weekly  Monthly  Quarterly  Annually  Did not use

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

Yes  No

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

Yes  No

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

Yes  No

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

Annually  Bi Annually  Other Specify \_\_\_\_\_

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

Name and position of individual \_\_\_\_\_

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

Name and position of individual \_\_\_\_\_

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

Name and position of individual \_\_\_\_\_

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

Name and position of individual \_\_\_\_\_

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

Name and position of individual \_\_\_\_\_

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

Monthly  Quarterly  Annually  Do not reconcile

**42. Who reconciles the bank statement:**

Title: \_\_\_\_\_

**43. Who reviews or approves reconciled bank statements:**

Title: \_\_\_\_\_

**Preparer Certification:**

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

Preparer: \_\_\_\_\_

Name of Preparer: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Preparer: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail \_\_\_\_\_

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

**Contract and Grant Disclosure and Certification Form**

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

SUBCONTRACTOR: \_\_\_\_\_ SUBCONTRACTOR NAME: \_\_\_\_\_

\*\*  Yes  No

IS THIS FOR:

TAXPAYER ID NAME:  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	<input type="checkbox"/>	<input type="checkbox"/>	_____			_____	
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input type="checkbox"/>	<input type="checkbox"/>					

\*\*  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
<u>General Assembly</u>	<input type="checkbox"/>	<input type="checkbox"/>						
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>						
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>						
State Employee	<input type="checkbox"/>	<input type="checkbox"/>						

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

Social security number									

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

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### 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:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Payments you receive will be subject to backup withholding

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

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

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

## Updating Your Information

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

## Penalties

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

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

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

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

## Specific Instructions

### Name

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

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

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

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

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

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

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

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

**Exempt Payee**

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

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

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

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

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

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

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.  
<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

**Part I. Taxpayer Identification Number (TIN)**

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

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

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

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

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-920-2676).

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

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

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

**Part II. Certification**

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

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

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

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

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

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

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

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

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

**Secure Your Tax Records from**

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

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

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

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

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

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

**Protect yourself from suspicious emails or phishing schemes.**

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

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

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

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**What Name and Number To Give the**

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

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

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

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

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

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

**Privacy Act**

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



**Tobacco/Smoke-Free Workplace Policy Assessment Tool**

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

Name of the Company: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Human Resource contact or company representative

Phone number: \_\_\_\_\_ email: \_\_\_\_\_

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

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

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

- |             |   |          |   |
|-------------|---|----------|---|
| Campus-wide | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Vendors  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Visitors    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Vehicles | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

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

Does the business allow tobacco/smoking use?

- |         |  |                                   |                         |
|---------|--|-----------------------------------|-------------------------|
| Indoors | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, how many locations? _____ | Type(s) of space: _____ |
| Outside | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, how many locations? _____ | Type(s) of space: _____ |

What types of steps will be taken to determine the percentage of employees who smoke?

- Health Risk Assessment:  Paper Survey  Survey Monkey  Other

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

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

Are there incentives offered to employees that do not use tobacco?  Yes  No

If yes, what types of incentives are offered? \_\_\_\_\_

Are there incentives offered to employees who have stopped using tobacco?  Yes  No

If yes, what types of incentives? \_\_\_\_\_

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

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

Are collateral materials/signage needed from TPCP?  Yes  No