



State of Arkansas
ARKANSAS DEPARTMENT OF HEALTH
4815 West Markham
Little Rock, Arkansas 72205

DH-23-0007

Application Packet

Purpose of Sub-Grant: The TCPD Sub-Grant program is comprised of community-based interventions that address:

- Preventing the initiation of tobacco use among youth
- Promoting quitting among adults and youth
- Engaging in tobacco control and sustainability activities
- Eliminating tobacco-related disparities
- Eliminating exposure to second-hand smoke
- Establishing smoke-free policies and social norms

APPLICATION SIGNATURE PAGE

Type or Print the following information.

| APPLICANT'S INFORMATION | | | |
|--|---|--|--|
| Company: | | | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Business Designation: | <input type="checkbox"/> Individual <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation | <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit |
| Minority and Women-Owned Designation*: | <input type="checkbox"/> Not Applicable <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American | <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Women-Owned |
| AR Certification #: | _____ | | * See <i>Minority and Women-Owned Business Policy</i> |
| APPLICANT CONTACT INFORMATION | | | |
| <i>Provide contact information to be used for bid solicitation related matters.</i> | | | |
| Issuing Officer: | Tim O'Brien | Phone Number: | 501-280-4573 |
| Email Address: | Timothy.OBrien@arkansas.gov | Fax Number: | 501-280-4474 |
| ADH Website: | http://www.healthy.arkansas.gov/aboutADH/Pages/GrantBidOpportunities.aspx | | |
| ILLEGAL IMMIGRANT CONFIRMATION | | | |
| By signing and submitting a response to this <i>solicitation</i> , the applicant agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the recipient certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract. | | | |
| ISRAEL BOYCOTT RESTRICTION CONFIRMATION | | | |
| By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel and, if selected, will not boycott Israel during the aggregate term of the contract. | | | |
| <input type="checkbox"/> Prospective Contractor does not and will not boycott Israel. | | | |
| Geographical Coverage Area: Indicate geographical coverage area as either statewide or by individual counties, alphabetically. | | | |
| _____ _____ _____ | | | |

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

By signing and submitting a response to this Notice of Funds Availability (NOFA), the prospective recipient agrees to comply with all requirements, and that any exception that conflicts with a requirement of this NOFA will cause the application to be disqualified.

Authorized Signature: _____ Title: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

Vendor Agreement and Compliance

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal sub-grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, subgrant, loan, or cooperative agreement.

2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal contract, sub-grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," attached hereto, in accordance with its instructions. This disclosure form must be filed with the Arkansas Department of Health (ADH) at the end of each calendar quarter in which there occurs any event that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed. An event that materially affects the accuracy of the information reported includes:
 - a. A cumulative increase of \$25,000 or more in the amount paid or expected to be paid for influencing or attempting to influence a covered federal action; or,

 - b. A change in the person(s) or individuals(s) influencing or attempting to influence a covered federal action; or,

 - c. A change in the officer(s), employee(s), or member(s) contracted to influence or attempt to influence a covered federal action.

3. The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

By signature below, vendor agrees to and **shall** fully comply with all requirements as shown in this section of the bid solicitation.

Authorized Signature: _____
Use Ink Only

Printed/Typed Name: _____ **Date:** _____

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PROPOSED SUBCONTRACTORS FORM

- *Do not include additional information relating to subcontractors on this form or as an attachment to this form.*

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

| Subcontractor's Company Name | Street Address | City, State, ZIP |
|------------------------------|----------------|------------------|
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PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

Information for Evaluation

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- Do not include additional information if not pertinent to the itemized request.

| | | Maximum Raw Score Available |
|------------|---|------------------------------------|
| E.1 | Organization Capacity and Experience | |
| 1. | Describe the mission and purpose of the organization and briefly describe the applicant experience providing the range of services being applied for in this application. Include an organizational chart that includes the project staff and local partner organizations and indicate how each relates to the other. | 5 Points |
| 2. | Describe the applicant's capability and resources to ensure timely start-up and implementation of the proposed projects. | 5 Points |
| 3. | Describe how the applicant has mobilized or contributed to the mobilization of the community regarding a specific public health issue or community concern resulting in a policy change. | 5 Points |
| 4. | Demonstrate evidence of the organization's experience related to developing and implementing tobacco prevention and control initiatives, including activities, dates, scope, and results. | 5 Points |
| E.2 | Communication | |
| 1. | Describe how the applicant works with local news reporters and media outlets to generate interest in health-related issues or community concerns, and provide an example. | 5 Points |
| 2. | Describe how the applicant has or used state and national news stories that can be turned into local stories to call attention to tobacco control issues and provide an example. | 5 Points |
| 3. | Describe how the applicant has used social media to promote public health best practices. Provide examples. | 5 Points |
| E.3 | Adult Coalitions | |
| 1. | Describe how the applicant will maintain or participate in a community partnership to advocate for change on specific public health issue or community concern. | 5 Points |
| 2. | Describe how the applicant will engage community leaders who can elevate tobacco prevention and control issues as well as identify community, elder, or youth ambassadors and champions. | 5 Points |
| 3. | Describe your organization's plan to identify and engage existing and new partners, including those within the community who may not work in tobacco prevention and control. | 5 Points |
| 4. | Describe your organization's plan to engage and work in partnership with community members experiencing tobacco-related disparities. | 5 Points |

| | | |
|------------|--|----------|
| E.4 | Youth Coalitions | |
| 1. | Describe the organizations experience working with youth coalitions and provide examples of type of coalitions and give an example of a projects or events providing focus and outcomes from the project/event. | 5 Points |
| 2. | Describe the organization training plan for the youth coalition team including skills and abilities you wish to build and strategies for achieving outcomes. | 5 Points |
| 3. | Describe how youth coalitions will collaborate with other organizations in the community to promote the de-normalization of tobacco/nicotine use. | 5 Points |
| E.5 | Policy | |
| 1. | Describe how the applicant will educate and work with municipal leaders and elected officials to support voluntary action by tobacco retailers to reduce, rearrange, or eliminate tobacco advertising and promotion. | 5 Points |
| 2. | Describe how the applicant will educate community leaders on the value of restricting the location of tobacco retailers. (e.g., conditional use permits, at mall shopping centers, and plaza lease agreements that prohibit businesses that sell tobacco products) | 5 Points |
| 3. | Describe any work the applicant has done to educate policymakers and community leaders on the value of various policy plans. Provide an example if applicable. | 5 Points |
| 4. | Describe instances where the applicant has issued calls to action for local businesses, community organizations, and others, related to tobacco control or other health related problem. | 5 Points |
| E.6 | Counties Served | |
| 1. | Describe the Applicants proposed geographic area to be served under this RFA. List the counties to be included and describe characteristics of the area and population, including education, income, and health status. Identify prevailing social norms regarding tobacco use and barriers to changing them. Note significant tobacco control activity and achievements over the past five years. | 5 Points |
| 2. | Describe local tobacco control laws and regulations in the proposed geographic area, the current status of compliance with these laws, and opportunities for tobacco control action in the catchment area. | 5 Points |