



**STATE OF ARKANSAS**

**ARKANSAS DEPARTMENT OF HEALTH**

**Tobacco Prevention & Cessation Program**

**REQUEST FOR APPLICATIONS**

**for**

**Statewide Coalition for  
Tobacco Prevention & Cessation Programs**

**Date Issued:**

**October 29, 2009**

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## **SECTION I. PROGRAM OVERVIEW**

### **A. Purpose & Description of the Problem of Tobacco Control in Arkansas**

The Arkansas Department of Health (ADH), Tobacco Prevention and Cessation Program (TPCP) is soliciting applications in order to select an organization that will work in partnership with the ADH-TPCP to positively influence social norms regarding tobacco use in Arkansas.

The organization selected will help enhance the overall program by (1) serving as a statewide link between TPCP and local tobacco control coalitions, volunteers, and grassroots efforts in order to facilitate collaboration among programs in local governments, voluntary and civic organizations, and other community based organizations, (2) collaborating with partners and other programs to implement evidence-based tobacco prevention and control interventions, (3) building and sustaining capacity through technical assistance and training, and (4) supporting local strategies or efforts to educate the public on tobacco control issues.

Tobacco use is the single most preventable cause of disease and death in the US. According to the Campaign for Tobacco-Free Kids, about 400,000 people die every year from tobacco related diseases in the US including 50,000 non-smokers. In Arkansas, 4900 people die every year from tobacco related disease and 510 non-smokers die every year due to secondhand smoke exposure. Each year 3400 children under 18 years of age will become a daily smoker and 64 000 will ultimately die prematurely from smoking. The annual health care cost in Arkansas directly associated with smoking is \$812 million and \$242 million of that cost is covered by the state Medicaid Program.

The purpose of this RFA is to fund a competitively selected organization to work in collaboration with the TPCP in its statewide prevention and education programs.

### **B. Background**

The Arkansas Department of Health, Tobacco Prevention and Cessation Program was established in 1993 through a federal grant from the US Department of Health & Human Services, Centers for Disease Control and Prevention (CDC). In July 2001 the program was significantly enhanced with the receipt of funding from the Master Settlement Agreement (MSA). The Arkansas Department of Health receives 31.6% of the annual payment into the Tobacco Settlement Program fund.

The purpose of the program is to reduce mortality and morbidity associated with tobacco use among Arkansans. Using the CDC's guidelines (Best Practices for Comprehensive Tobacco Control Programs 2007) and other recommended strategies from the CDC, a science-based approach to tobacco prevention and cessation was implemented to support the program's goal.

The goals of the program include:

- 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

Since receiving MSA funding in 2001, research-based comprehensive tobacco control programs have been implemented that include the five CDC recommended components: state and community interventions (which includes statewide programs and community programs); health communication interventions; cessation interventions; surveillance and evaluation; and an effective administrative and management structure to facilitate the coordination and implementation of best practice components.

Actions of the Arkansas State Legislature have also been very effective on tobacco control efforts in Arkansas:

During the Extraordinary Session of 2006 the Arkansas Legislature passed the Clean Indoor Act (Act 8) making workplaces smoke-free. Although there are exemptions allowed for specific businesses (e.g., night clubs allowing patrons/workers over the age of 21 only) this was a step in the right direction. The law was implemented on July 21, 2006. There remains the opportunity to strengthen the law either locally or statewide into a comprehensive ban.

During this same session the Arkansas Legislature passed an act (Act 13) to protect children restrained in child passenger safety seats from secondhand smoke. Act 13 made it illegal to smoke in a vehicle when children under six years of age and weighing less than sixty pounds are present.

During the Regular Session of the Arkansas Legislature in 2009 an act (Act 180) was passed to increase the tax on cigarettes and certain tobacco products. The tax on cigarettes was increased \$.56/pack making the total state tax per pack \$1.15.

During this same session the Arkansas Legislature passed the Clean Air on Campus Act (Act 734) which bans smoking on the grounds of all State Higher Education Institutions supported by the state. This Act will be implemented on August 1, 2010.

Also, during this same session the Arkansas Legislature passed the Arkansas Cigarette Fire Safety Standards Act (Act 697) that requires the selling of Reduced Ignition Propensity (RIP) cigarettes.

### **Summary of CDC Best Practice Areas Implemented by TPCP**

#### **State & Community Interventions –**

Since fiscal year 2003 local coalitions and community-based tobacco prevention programs have been funded. These programs are responsible for engaging youth and adults in developing and implementing tobacco control interventions; developing partnerships with local organizations; conducting educational programs for young people, parents, enforcement officials, community and business leaders, health care providers, school personnel, and others; promoting governmental and voluntary policies, restricting access to tobacco products, promoting cessation treatment and achieving other policy objectives; and educating on successful health initiatives regarding tobacco prevention and promotion of cessation services such as the Arkansas Tobacco Quitline. Currently there are nineteen community-based coalitions funded and cover thirty counties. (See Appendix I)

Since fiscal year 2003, school-based and youth programs have been funded. These programs have been responsible for providing research-based tobacco prevention programs including curricula for all grade levels K-12 and implementing comprehensive tobacco policies in all the funded schools. While these programs have been successful, in fiscal year 2008 a coordinated school health initiative was implemented. The Coordinated School Health initiative is a collaborative effort designed to provide children with the education, environment and services necessary for optimal health and academic outcomes. Currently twenty school districts are funded. (See Appendix II)

The Master Settlement Agreement Act (Initiated Act One of 2000) directed the ADH to set-aside 15% of the annual payment to ADH to be used for tobacco prevention & cessation programs in minority communities. Since fiscal year 2002 TPCP has partnered with the University of Arkansas at Pine Bluff (UAPB) to implement these programs in minority communities. Currently UAPB is funding seventeen sub grants that cover 42 counties. (See Appendix III)

A Master's of Science Degree in Addiction Studies Program at UAPB was also funded with the 15% set-aside for minority communities. Funding for this program began in fiscal year 2002. The goal of this program is to increase the pool of professionals prepared to provide addiction counseling and prevention services. In addition it offers Arkansans who are already employed in the addiction field an opportunity to upgrade their skills.

Since fiscal year 2002 the Arkansas Tobacco Control Board (ATCB) has been funded. ATCB is responsible for the enforcement of Arkansas Code 5-27-227 (sales of tobacco products to minors). Prior to receiving MSA funding the ATCB had limited staff and enforcement agents. The MSA funding enabled the addition of enforcement agents and covered related expenses to enforce this law. ATCB also provides trainings for retailers/merchants to educate them on sales to minor's laws, regulations, and penalties.

Since fiscal year 2002 the Coalition for Tobacco Free Arkansas (CTFA) has been funded. The CTFA has been responsible for providing education and training to community coalitions across the state who shares a common mission to prevent the use of tobacco in Arkansas. CTFA hosts an annual statewide conference with topics that range from community mobilization, to methods for increasing public awareness of the negative effects of tobacco. CTFA also has provided training on anti-tobacco practices and policies for the community-based grantees, distributes information on tobacco control issues in the state, and tracks tobacco policies and regulations. Since the passage of the Clean Indoor Air Act, the CTFA has also focused on training the community coalitions on the regulations and how to increase compliance.

Since fiscal year 2002 statewide youth initiatives have been funded. Currently the Youth Leadership Initiative is funded through a grant to the Family Service Agency. The Youth Leadership Initiative is a statewide anti-tobacco youth movement committed to preventing the initiation of tobacco use among youth. These efforts are accomplished through Y.E.S! (Youth Extinguishing Smoking!) Teams and the Tobacco Control Youth Board (TCYB). They use ads and public service announcements to communicate their anti-smoking messages, as well as powerful peer-to-peer and word-of-mouth campaigns. Arkansas teens speak at events throughout the state to declare that Y.E.S!— We Say No to Tobacco! Statewide there are currently 55 Y.E.S! Team leaders with more than 1,000 Y.E.S! Team members.

Since fiscal year 2003 the Arkansas Cancer Coalition (ARCC) has been funded. ARCC is a statewide network of organizations and individuals committed to reducing the cancer burden in Arkansas. ARCC serves as the partnership arm of ADH's Comprehensive Cancer Control Program (CCC). ARCC has grown from less than ten people to over 400 individuals representing 150 organizations working on comprehensive cancer control at the local, state, and national levels. Building and sustaining this partnership is a continual goal of ARCC. ARCC informs professionals and the general public of the status of cancer control in the state, raises awareness and education levels among professionals and the public, assesses current resources for cancer control, identifies gaps, and attempts to fill those gaps. ARCC is also working to eliminate health disparities in cancer education, screening, treatment, and follow-up, and ultimately seeking new resources for cancer care. ARCC is charged with ensuring the implementation of the Arkansas Cancer Plan. This statewide comprehensive cancer control plan is being implemented through the work of ARCC's interest groups and the collaborative efforts of ARCC partners. The Arkansas Cancer Plan serves as a framework for action for Arkansas individuals and organizations in the fight against cancer.

#### **Health Communication Interventions –**

The Tobacco Prevention and Cessation Program's statewide tobacco counter-marketing campaigns are currently conducted by the advertising firm of Cranford Johnson Robinson Woods (CJRW) are known as Stamp Out Smoking (SOS) and Stamp Out Spit. Through a contract, CJRW effectively implements the SOS media campaign, which emphasizes the prevention of youth initiation, tobacco cessation, and elimination of secondhand smoke. These messages are strategically designed to target specific demographics through grassroots efforts as well as various types of media, such as print, television, radio, and internet. SOS has been instrumental in building favorable outcomes through its tobacco counter-marketing campaign. Since the inception of SOS, media recall for the Stamp Out Smoking brand averages 79%. Additional indicators of success are the numbers of Public Services Announcements, community events, and media advertisement funds leveraged.

#### **Cessation Interventions –**

With the growing demand for cessation services, Free & Clear®, Inc. was selected as the new Quitline vendor effective October 1, 2008. Currently Arkansas Quitline services can be accessed by calling 1-866-NOW-QUIT or 1-800-QUIT-NOW. However, in an effort to leverage resources to serve more Arkansans, the 1-800-QUIT-NOW number, which is sponsored by the National Cancer Institute, will be promoted as a state cessation resource.

Free & Clear®, Inc. has 20 years of experience providing phone-based tobacco cessation services, including ten years delivering state Quitline services. Free & Clear®, Inc. is a founding member of the North American Quitline Consortium (NAQC), operates quitlines for 16 states and one territory, and serves participants from 180 employers and 39 health plans. ADH is also an organizational member of NAQC.

When tobacco users call the Arkansas Tobacco Quitline, they receive:

- Free, confidential, non-judgmental expert support from a Quit Coach® to help make a plan to quit tobacco.
- Help with identifying the best cessation aid, as well as dose and duration. Some aids can be mailed directly to the tobacco user's home, including free patches and lozenges (while supplies last).
- Ongoing Quit Coach® support via phone or online, tailored to the specific needs of each tobacco user, including smokeless tobacco use. Women who are pregnant are eligible for a specialized cessation program with additional benefits.
- Printed Quit Guides – a series of workbooks that offer guidance and support throughout the quitting process.
- Referrals to local community resources and/or benefits offered through employers or health plans.
- Unlimited access to an interactive, online resource called Web Coach™ that offers tools to quit, social support, and information about quitting.
- Customized, motivational e-mails sent throughout the quitting process.

The Arkansas Quitline is available seven days a week, from 7 a.m. to 2 a.m. Central Time. Services are available in English, Spanish and additional languages as needed, including Marshallese.

In addition to Quitline services, ADH is a founding member of the American Legacy Foundation's National Alliance for Tobacco Cessation (NATC) a national public education campaign designed to motivate adult smokers and connect them with the information and resources that will help them quit. Since April 2008 NATC has been promoting a free web-based tobacco cessation tool becomeanEx.org EX® is a multi-component smoking cessation campaign targeting adult smokers. It promotes the idea of cessation through "relearning life without cigarettes." As part of a comprehensive approach to quitting, it encourages smokers to identify their triggers and assures them that it is possible to relearn how to deal with these triggers without smoking. Success in overcoming one trigger can be a building block for success overcoming other triggers, which in turn can help smokers to relearn how to live their entire lives without cigarettes.

### **Surveillance & Evaluation Interventions**

Battelle Centers for Public Health Research and Evaluation provides evaluation and technical assistance for the Tobacco Prevention and Cessation Program as well as all Chronic Disease Programs.

Battelle has identified the following key performance indicators for tracking the effectiveness of TPCP programs:

- Increase anti-tobacco policies and programs to reduce youth access to tobacco products
- Maintain restriction and enforcement of tobacco sales to minors
- Decrease youth tobacco use prevalence (also by vulnerable populations)
- Decrease adult tobacco use prevalence (also by vulnerable populations)

- Increase quit attempts among youth and adults (cigarettes and smokeless)
- Increase cessation among youth and adults
- Decrease per capita consumption of cigarette smoking and smokeless tobacco
- Increase smoke-free policies
- Decrease exposure to secondhand smoke at homes and in vehicles
- Show a progressive decline in lung cancer death rates when comparing Arkansas rates vs. other states' rates across the country
- Show a progressive decline in heart disease death rates when comparing Arkansas rates vs. average US rates

These CDC's Best Practice Intervention Areas are recommended practices for state programs to us to reduce the use of tobacco products and are based on evidence of effectiveness.

### **C. Available Funding**

Work will be done within the constraints of a sub-grant award with a proposed effective period of July 1, 2010 through June 30, 2011. The sub-grant award may be extended six (6) additional years, in one (1) year increments, contingent upon approval by the Programs and ADH and any review by the legislature and continued appropriation and funding.

Organizations and agencies that intend to submit an application in response to this RFA must submit a Letter of Intent. The required Letter of Intent is attached to this RFA as Appendix IV. **The Letter of Intent must be RECEIVED in the issuing office no later than 4:00 P.M. on November 16, 2009.** The Letter of Intent may be faxed, mailed, hand-delivered or sent electronically. Documents received after this date and time will be deemed non-responsive and will receive no further consideration by the ADH.

Funding for this program is made available through the Master Tobacco Settlement Agreement. Therefore, in accordance with Act 1384 of the 2009 Regular Legislative Session of the Arkansas General Assembly, Section 5, the State of Arkansas is not obligated to continue funding any commitment paid from the proceeds of the Tobacco Settlement in the event that Tobacco Settlement funds are not sufficient; and Section 7, no advertising targeting the prevention or reduction of tobacco use shall include the name, voice, or likeness of any elected official or their immediate family.

NOTE – ADH reserves all rights regarding this RFA, including, without limitation, the right to:

- Amend or cancel this RFA without liability if it is in the best interest of the state to do so;
- Reject any and all Applications received by reason of this RFA upon finding that it is in the best interest of the state to do so;
- Waive any minor informality;
- Seek clarification of Applications;
- Reject any Application that fails to substantially comply with all prescribed solicitation procedures and requirements;
- Negotiate the statement of work within the scope of work described in this RFA;
- Amend or extend the term of any Award that are a result of this RFA.

## **SECTION II. APPLICANT REQUIREMENTS**

### **A. Applicant Eligibility Requirements**

1. Requirement: Applicant/coalition must be an Arkansas public or private non-profit organization in good standing with the state of Arkansas.

Documentation: 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 public or private non-profit organization.

2. Requirement: Applicant/coalition must have the ability and commitment to facilitate tobacco control efforts on a statewide basis.

Documentation: Applicant/coalition will provide their statewide mission and demonstrate the capacity to work throughout the state.

3. Requirement: Applicant/coalition must demonstrate that the coalition members have “worked together” on tobacco control for a period of six months or more prior to submission of their application. Worked together may include activities such as task forces, sub committees, or community boards.

Documentation: Submission of two sets of coalition meeting minutes (not board meetings). One set for a period of at least six months or more prior to submission of this application and one set for a period of no more than three months prior to submission of this application. Both sets of minutes must demonstrate that the coalition has substantial involvement and participation from its membership as well as volunteer community leaders. The minutes should also demonstrate the coalition’s commitment to reducing tobacco use.

4. Requirement: Applicant/coalition must have membership representation from at least 50% of the following –

- Youth (an individual 18 or under)
- Parents
- Business community
- Media
- Schools
- Hometown Health Improvement Coalitions
- Cancer & Tobacco Control Coalitions
- Youth-serving organization
- Law enforcement agency
- Religion or fraternal organization
- Civic and volunteer groups
- Health care professional
- State and local governmental agencies
- Other organizations involved in reducing tobacco use i.e. American Heart Association, American Cancer Society, American Lung Association, Arkansas Respiratory Health Association, etc.

A coalition member is defined as a representative of the community if he/she participates in regularly scheduled coalition management and planning meetings

and is an active participant and contributor to the coalition's activities, events, and strategic planning. A sponsor/supporter is not necessarily the same as an active coalition member. For purposes of this application an individual coalition member may not represent more than one of the above categories.

Documentation: Submission of a Coalition Membership Roster (Appendix V) and letters of commitment from each member listed. In these letters, coalition members must indicate their over-all support of the coalition and describe, in detail, their role on the coalition.

5. Requirement: Applicant/coalition must demonstrate that it has substantial participation from volunteer leaders in the community.

Documentation: Meeting minutes that reflect substantial participation from volunteer leaders in the community.

6. Requirement: Applicants must provide a statement certifying that they do not receive funds from or have an affiliation (membership, ownership, contractual or other) with any organization that has any interest in the production, manufacture, marketing, distribution, sale or continued use of tobacco, including subsidiaries, foundations or other related parties of such organizations. This restriction applies throughout the term of the contract.

Documentation: A statement from the applicant organization on official stationary signed by an individual authorized to legally bind the applicant.

## **B. Requirements for Funding**

- Submit a Letter of Intent
- Submit an application meeting the requirements of the RFA.
- Demonstrate well developed partnerships.
- Demonstrate a coalition that can work independently (with minimal oversight) to achieve the scope of work.
- Demonstrate capacity to provide statewide leadership for tobacco prevention and control activities.
- Demonstrate collaboration with TPCP and extending outreach to schools and communities.
- Assure that funds are not used for:
  - Lobbying purposes. Lobbying includes any effort to influence legislative action, including local ordinances. Positions funded with these funds cannot be lobbyists.
  - Cessation services or cessation supplies which includes, but is not limited to, paying for medical services, providing pharmaceuticals, providing cessation classes, cessation teams, quit lines, cessation groups, etc.
  - Treatment or medical services of any kind.
  - Projects unrelated to the primary purpose.

### **C. Applicant Commitments**

By submitting an application in response to this RFA applicants agree to the following commitments:

- Attending mandatory training workshops and conferences.
- Developing a sustainability plan, including program development and future funding opportunities.
- Collecting data to evaluate the effectiveness of the program.
- Timely submission of monthly financial reports, quarterly program reports and an annual program evaluation report.
- Work with a qualified independent evaluator to develop and implement the program evaluation plan.
- Include funding in the budget to cover the cost of a required license for web-based reporting, approximately \$1,700 annually.
- Assuring that the activities in the work plan are implemented and the goals of the program are being achieved.
- Assuring that all work plan activities are recorded in TPCP's web-based reporting and management system. This will enable grantees to track activities, services, and outcomes for self-evaluation and to share this data with TPCP staff and ADH evaluators.
- Ensuring citizen input and involvement from throughout the state.
- Committing to collaborate with the local Hometown Health Improvement (HHI) Coalition's activities and recruiting members from the HHI coalition.
- Committing to collaborate with the statewide youth initiative Y.E.S. Teams and recruiting members from the Y.E.S. Teams.
- Committed to collaborate with the UAPB/Minority Initiative Sub-Recipient Grant Office
- Ensuring media efforts are coordinated with TPCP. Media efforts must directly support a work-plan element and be approved in advance by the TPCP.
- Providing adequate program staffing.
- Providing an internet connection, printer, and computer meeting the following minimum specifications: 3.20 GHz; 1.0 GB memory, 80GB GB Hard Drive; Network Interface Card, modem, CDRW/DVD Combo and MS Office Professional 2007.
- Ensuring that fiscal responsibilities are clearly identified and there is a separation of responsibilities between programmatic and fiscal management.
- Ensuring that funds are used only to support tobacco specific primary prevention efforts that utilize standards-based, science-based, or best practices that address the required goal areas.

## **SECTION III. SCOPE OF WORK**

### **A. General Scope of Work**

The selected applicant will facilitate a statewide coalition of partners to engage in education/awareness, policy and advocacy, and activities that promote cessation. The selected applicant will be able to demonstrate how it will engage these community groups as full partners in this work.

The selected applicant will work to increase awareness of the harms of tobacco use and the dangers of exposure to secondhand smoke, as well as tobacco industry targeting of specific population groups and disparities in smoking and cessation rates. These education and awareness activities will be designed and implemented in ways that take into account specific cultural barriers, challenges and strengths unique to communities.

The selected applicant will assist communities with developing and adopting voluntary policies i.e. rejecting tobacco advertising and sponsorship of events or policies making community events smoke free. The selected applicant will be able to demonstrate how it will engage communities in adopting voluntary policies.

The selected applicant will identify and pursue opportunities to collaborate with diverse organizations and groups such as institutions of higher education, health care providers, maternal & child health programs, mental health programs and substance abuse programs to reach priority population groups such as college students, pregnant women, and persons with mental illness and substance abuse disorders in order to enhance the impact of tobacco control efforts. Examples include encouraging cities to look for ways to reduce smoking and concomitant exposure to secondhand smoke in parks and other public places by enacting smoke-free policies and educating communities about the dangers of secondhand smoke and available cessation services; organizing trainings with a message that the behavioral and counseling skills used by mental health and substance use professionals can be translated for use in tobacco dependence treatment; and encouraging insurers, Medicare, and Medicaid to provide smoking cessation counseling and other treatment services to pregnant smokers and to urge health care providers to screen all pregnant women for tobacco use.

The selected applicant will promote tobacco cessation to employers and health care providers in order to improve the public's health by increasing successful cessation among tobacco users. Examples include pursuing provider education opportunities and working with employers to ensure that all insurance plans include effective, evidence-based counseling and medication as covered benefits.

The selected applicant will monitor pro-tobacco influences in the state to facilitate public discussion and debate among partners, decision makers, and other stakeholders. The selected applicant will demonstrate how it will monitor, track and report pro-tobacco influences in the state.

The selected applicant will sponsor local, regional and statewide technical assistance trainings/workshops on best practices for effective tobacco use prevention. The applicant will describe the types of trainings/workshops including how topics will be determined.

The selected applicant will assist the TPCP with organizing an annual statewide tobacco prevention and control conference to provide opportunities to expand relationships, empower advocates, and inspire participants to continue the tobacco control movement through shared ideas and resources.

The selected applicant will be responsible for increasing broad based support for tobacco control at the state and local level. The applicant will demonstrate how it will educate community members, local leaders and other advocates, including other local coalitions to actively support tobacco control-related policy changes.

## **B. Other Requirements**

The selected applicant will be required to:

- Attend monthly meetings with TPCP staff (at a site designated by TPCP) to strengthen collaborations.
- Ensure that the budget is reasonable for the proposed quantity and quality of activities set forth in the work plan.
- Ensure that funds are not used for lobbying purposes and that staff funded with these funds are not lobbyists.

## **SECTION IV. APPLICATION INSTRUCTIONS**

### **A. Application Content**

Applicants must submit an original plus six (6) copies of the entire application. **All applications must be submitted/delivered and received no later than 4:00 P.M. January 11, 2010.**

Application format:

- Applications should be unstapled and unbound. Individual copies may be separated by a binder clip.
- The name of the organization and page numbers should appear on every page of the application.
- All text should be produced in a 10-point font or larger.
- Application narrative must be double-spaced.
- Applications should include the required information described below in the order specified.

1. Application cover sheet. Please see Appendix VI. The cover sheet should appear at the top of each copy of the full application.
2. Application checklist. Please see Appendix VII for Application Checklist. A completed checklist should be included in all copies of the application.
3. Application Narrative. (Total of 50 Points) An application narrative of no more than fifteen (15) double spaced pages that addresses all of the following topics and questions.

Section One: Evidence of commitment to tobacco prevention and education and capacity to conduct major efforts (20 Points)

- a. Describe your organizational commitment to tobacco prevention and organizational capacity to conduct health promotion efforts. Include an organizational chart and qualifications and credentials of staff.

- b. Describe your organization's relationship to existing networks, associations, and influences that your organization will bring to a successful tobacco prevention collaborative effort.
- c. Describe in detail your organization's experience and capacity in organizing collaborative efforts and engaging community partners on a statewide basis.
- d. Describe recent similar projects your organization has successfully completed. Include a description of work performed, outcomes achieved, the time period of the projects, staff-months required, and cost associated with the projects.
- e. Describe your organization's level of knowledge of tobacco prevention efforts in the state, including knowledge of tobacco prevention resources. Provide an informal assessment of the current state of understanding about tobacco prevention within the state. Describe any known barriers that tobacco prevention programs face.

#### Section Two: Plan to Engage Community Partners (15 Points)

- a. Describe the proposed structure of the collaborative. Describe the leadership role your organization would take and how it would ensure shared decision-making and accountability with the collaborative organizations. Describe your approach to providing support to community partners in order to leverage their participation. Explain how the collaborative will ensure cross-cultural collaboration among population groups.
- b. Describe the initial group of organizations with which you propose to partner, including their strengths and qualifications to engage in tobacco prevention in communities throughout the state.
- c. Describe the approach you would take in conducting outreach to encourage additional organizations to become involved in tobacco prevention, including the number of participating organizations you anticipate.

Section Three: Evaluation Plan. (10 Points). An evaluation plan that describes how you will measure the effectiveness of the program. The evaluation plan should include the following components:

- a. Process Evaluation
  - i. TPCP requires utilization of a web-based reporting system to track progress for meeting goals and objectives. In order to fulfill TPCP reporting requirements, all subgrantees/contractors must have access to the Internet.
  - ii. Describe the experience you have in compiling and summarizing process evaluation information especially as related to an electronic format (database, spreadsheet, tables, and internet data entry).
- b. Outcome Evaluation
  - i. Provide outcome measures for each objective in the work plan. An outcome measure should be realistic and achievable during the funding period and indicate that an objective was met.

- ii. Describe how the outcome measures will be monitored. Include, as an attachment, any instrument you plan to use, or any instrument you are considering at this time, and describe what it will measure.
- c. Management of Evaluation
  - i. Describe how much time and resources will be utilized in providing a comprehensive Annual Evaluation Report. Six to ten percent of the submitted budget in this application should support evaluation.
  - ii. Describe how the coalition will work with a qualified program evaluator to design the evaluation plan and instruments that will be use to gather data. Submit complete profile describing his/her qualifications and the extent of involvement in designing the evaluation plan. After an application has been awarded, the project is required to continue to work with a qualified evaluator on the implementation of the evaluation plan and originate required reports.

Section Four: Program Sustainability (5 Points) A sustainability plan that describes how the coalition will sustain itself for the future i.e. funding opportunities that will be pursued, building and maintaining relationships, and promoting success.

- 4. Application Work Plan. (25 Points) An application work plan using the format in Appendix VIII and that is no more than 10 pages. Work Plan Instructions (Appendix VIII-a) also provides additional information for developing the work plan.

The proposed work plan should demonstrate how the applicant will accomplish the Scope of Work in Section III of this RFA.

- a. The work plan should be based on the goals in Section 1.B of this RFA.
  - b. The work plan should include objectives that link to each goal area. Work plans may contain objectives under more than one goal area, and one goal area may contain multiple objectives.
  - c. Work plans should include activities that will be used to achieve the objectives
- 5. Budget Proposal (15 Points) A Budget Proposal using the format in Appendix IX. The Budget Proposal comprises two items:
    - a. Detail budget form
    - b. Budget narrative briefly describing rationale, need for, and use of funds for each line item in each budget category below.

**Salaries and Wages:** For each staff position proposed, include the title of the position, percentage of time (FTE), annual salary, number of months salary requested, and a brief summary of the job description or responsibilities. Also include a copy of their resume or a summary of qualifications.

**Fringe Benefits:** Include the rate and how the rate was computed for each position.

**Travel:** Include estimates of in-state and out-of-state travel required under Applicant's work plan. Explain all travel in budget justification. Allowable travel expenses shall include travel by project staff that is essential for performing project work. All out-of-state must be approved in advance, and in writing, by the ADH. In addition to meals and lodging, out-of-state travel expenses will be reimbursed for airfare and rental vehicles only if traveler is acting within the course and scope of duties under this Project, and in furtherance of the work. Reimbursement rates are located at the following website:  
[http://www.gsa.gov/Portal/gsa/ep/contentView.do?queryYear=2005&contentId=17943&queryState=Arkansas&contentType=GSA\\_BASIC](http://www.gsa.gov/Portal/gsa/ep/contentView.do?queryYear=2005&contentId=17943&queryState=Arkansas&contentType=GSA_BASIC)

**Supplies:** List both expendable (pens, paper, toner, etc.) and nonexpendable (small office equipment with a procurement cost less than \$500) supplies directly attributed to the project.

**Subcontractual Services:** List any subcontractors or consultants that are included in the budget proposal. Include the name of the contractor; method of selection; period of performance; scope of work; method of accountability; and itemized budget and justification. Subcontractors must be described in the proposed work plan, and any specifically identified subcontractor must provide a letter of commitment.

**Other Expenses:** List any other cost directly attributed to the project (copying, printing, telephone, internet, postage, etc.)

**Equipment:** List any equipment to be used specifically and exclusively in relation to the work plan provided. Only very limited purchases are allowable and may include such items as a computer.

**Administrative Cost:** Applicants may charge up to 10 percent of the direct costs as administrative cost. Administrative costs are costs that are intended to cover project related costs that are not easily identifiable but are necessary to conduct the work. Administrative costs are the types of expenses the organization would incur whether or not it was awarded this funding. These include such expenses as utilities, rent, insurance, and other overhead expenses. Applicants must identify those items included in the administrative cost.

6. Oral Presentation Outline (10 points) Applicants will be required to make a 15 minute oral presentation to the review committee on January 20, 2010 in Little Rock. A detailed outline of the material to be covered in the presentation must be submitted as an appendix to the application. Presentations must adhere closely to the outline and stay within the time limit specified. Each presentation will be evaluated based upon the following criteria:

#### Understanding the Role of the coalition

Did the presentation indicate that the applicant has a clear understanding of the role of the statewide coalition including how the coalition will serve as a link between local and statewide partners?

Did the presentation adequately address the applicant's projected plans for reaching target groups?

#### Adherence to Outline

Did the presentation stay on target and deal effectively with all of the agenda items? Did the presentation include items that were not originally provided for in the outline?

The ADH will forward to respondents before their presentation any specific questions the review team members have about their application. The applicant's presenter will fully answer these questions during the oral presentation. The person designated in the application to become the Project Manager will make the oral presentation. Other project staff or representatives may attend and provide input.

As oral presentations are time limited, the respondent should use the time wisely to answer questions and present only information pertinent to the project. All cost associated with the presentation will be the responsibility of the applicant.

### **B. Application Submission**

Applications must be submitted/delivered and received by 4:00 P.M., January 11, 2010 to:

Arkansas Department of Health  
Tobacco Prevention & Cessation Program  
4815 West Markham Street, Slot 3  
Little Rock, Arkansas 72205-3867  
Attention: Hilda Douglas, Section Chief, State & Community Programs

### **C. Application Timelines**

Letter of Intent: Due no later than 4:00 P.M. November 16, 2009

Due date for written questions: December 1, 2009

Due date for answers to questions: December 7, 2009

Application due date: Submitted/delivered and received no later than 4:00 P.M. January 11, 2010

Application review: January 19, 2010

Oral presentations: January 20, 2010

\*Applicant selected: February 1, 2010

Agreement finalized and work begins: July 1, 2010

\*Final award notification after review by the Arkansas Legislative Review Committee.

### **D. Questions**

Respondents with questions about the RFA shall submit their questions in writing by close of business on the date specified in the previous section (C. Application

Timelines). Respondents shall submit their written questions to Hilda Douglas, Section Chief, State & Community Programs at the address above or emailed to [Hilda.Douglas@arkansas.gov](mailto:Hilda.Douglas@arkansas.gov). Questions submitted by email remain the respondent's responsibility to guarantee receipt of the questions by the specified time and date. The State accepts no responsibility for accurate or timely receipt of email submissions from respondents. Questions received after the due date and time will not be answered.

## **SECTION V. REVIEW OF APPLICATIONS & AWARD NOTIFICATION**

### **A. Review for Compliance with RFA Requirements**

Applications will be date and time stamped upon receipt, and must be received by or before the deadline. Omission of any required document or form, failure to use required formats for response, or failure to respond to any requirement may lead to rejection of the application prior to the review.

### **B. Evaluation and Scoring**

All eligible applications will receive a comprehensive and impartial evaluation by a review committee selected by the ADH. Applications will be evaluated on the basis of the narrative, work plan, budget, supporting materials and oral presentation as described in detail in Section II & IV. Review points will be awarded as delineated in Section IV. A.

Funding will be awarded to the respondent receiving the highest score. In the event there is only one applicant funding will be awarded based on responsiveness to the RFA.

### **C. Award Notification**

Written notification of award will be sent by February 1, 2010. Applications not selected will also be notified in writing by this date.

## **SECTION VI. GENERAL INFORMATION**

### **A. Prohibited Solicitation**

It shall be a breach of ethical standards for a person to be retained, or to retain a person, to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except for retention of bona fide employees or bona fide established commercial selling agencies maintained by the contractor for the purpose of securing business (ACA §19-11-229). If this provision is violated, the ADH shall have the right to reject the proposal, annul the contract without liability, or deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

### **B. Reimbursement Guidelines**

The grantee will be reimbursed monthly on an "Actual Cost" method of reimbursement. 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 cost. No advance payments are allowed.

Pursuant to Arkansas Code Annotated 19-4-1206, the ADH shall certify that services have been performed or the goods received prior to payment being authorized and processed.

### **C. Program Monitoring**

Grantees will be required to record all work plan activities in TPCP's web-based reporting, evaluation and management system. This will enable grantees to track activities, services, and outcomes for self-evaluation and to share this data with TPCP staff and ADH evaluators. Applicants are required to budget for an annual licenses fee of approximately \$1,700.

ADH program personnel will conduct a minimum of one site visit to insure that grantee commitments are being met and to evaluate the effectiveness of program expenditures. Technical assistance will be provided as needed.

# **APPENDIX**

### FY 2010 Community-based Tobacco Prevention & Education Coalitions

Coalition	Counties Served
Asian Pacific Resource & Cultural Center	Pulaski & Saline Counties
Alcohol, Tobacco, & Other Drug Prevention Coalition (Community Service Inc.	Conway & Perry Counties
Drug Free Rogers-Lowell	Benton County
Human Service Coalition of Faulkner County (Community Service Inc.)	Faulkner County
Izard County Hometown Health Coalition	Izard County
Lee County Family Resource Center	Lee County
Madison County Health Coalition	Madison County
Marion County Hometown Health Coalition	Marion County
North Arkansas Partnership for Health Education	Boone County
North Arkansas Partnership for Health Education	Newton County
Baxter County Tobacco Control Coalition	Baxter County
Ozark Health Foundation, Inc.	Van Buren County
Tri-county Tobacco Prevention Coalition	Crawford, Franklin & Logan Counties
SHARE Foundation/PRIDE Youth Program	Union County
Northwest Arkansas Coalition for Tobacco Free Arkansas	Washington County
Tree of Life Preventive Health Maintenance, Inc.	Sebastian County
B.E.A.T. Coalition	Hempstead, Howard, Little River, & Miller Counties
Drew County H.E.A.L.T.H	Drew, Desha, Ashley, & Bradley Counties
Women's Council on African American Affairs, Inc.	Saline, Garland, Pulaski, & Prairie Counties

**FY 2010 School-based Coordinated School Health & Tobacco Prevention Programs**

<b>School</b>	<b>County</b>
Barton-Lexa School District	Phillips County
East End School District	Perry County
Russellville School District	Pope County
Vilonia School District	Faulkner County
Gurdon School District	Clark County
DeQueen School District	Sevier County
Drew Central School District	Drew County
Forrest City School District	St. Francis County
Harrison School District	Boone County
Fayetteville School District	Washington County
Springdale School District	Washington County
Lavaca School District	Sebastian County
Lincoln Consolidated School District	Washington County
Mena School District	Polk County
Nettleton School District	Craighead County
Newport Special School District	Jackson County
Paragould School District	Greene County
Ouachita River School District	Polk County
El Dorado School District	Union County
Yellville-Summit School District	Marion County

**FY 2010 UAPB Minority Initiative Sub Recipient Grant Office**

Coalition	Counties Covered
Arkansas Human Development Corporation	Faulkner, Garland, Grant, Lonoke, Perry, Pulaski & Saline
Asian Pacific Coalition for a Smoke Free Arkansas	Pulaski, Faulkner, Lonoke, & Arkansas
Coalition for Tobacco Free Arkansas	Pulaski, Jefferson, Desha, & Chicot
East Arkansas Enterprise Community	Cross, Lee, Monroe, St. Francis, & Crittenden
Evergreen Tobacco Awareness Coalition	Union, Ouachita, Calhoun, Bradley & Dallas
Family & Youth Enrichment Network, Inc.	Phillips, Monroe, Lee, & Prairie
Future Builders, Inc.	Pulaski, Lonoke & Faulkner
Legacy Initiatives	Hempstead, Howard, Sevier, Little River, & Polk
Mississippi County Coalition for a Tobacco Free Arkansas	Mississippi, Craighead, Poinsett, & Crittenden
Northwest Arkansas Tobacco Free Coalition	Washington, Benton, & Carroll
Southwest Arkansas Community Development Corporation	Lafayette, Columbia, Miller, & Nevada
St. Edwards Mercy Foundation	Crawford, Scott, & Sebastian
UAMS ACRC-CCC	Chicot, Mississippi, Phillips, & St Francis
U of A College of Education & Health Professionals	Washington & Benton
Wells Bayou Youth Development, Inc	Lincoln, Drew, & Jefferson
Women's Council on African American Affairs	Pulaski, Lonoke, Garland, & Faulkner
Working to Empower Neighborhoods & Churches	Pulaski & Faulkner

### Letter of Intent

If you intend to apply for funding from the ADH-TPCP in response to the RFA for the statewide tobacco prevention, education and cessation coalition, please complete and return this form.

Completion does not obligate the submission of an application for funding. Submission of a letter of intent indicates an interest in applying.

*Please submit this form NO LATER THAN 4:00 P.M., November 16, 2009 to:*

*Hilda Douglas, Section Chief, State & Community Programs*

*Arkansas Department of Health*

*Tobacco Prevention & Cessation Program*

*4815 W. Markham Street, Slot 3*

*Little Rock, AR 72205-3867*

Or faxed to (501) 280-4040

Or e-mailed to: [Hilda.Douglas@arkansas.gov](mailto:Hilda.Douglas@arkansas.gov)

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### Intent to Apply

(Please Print or Type)

Applicant (Name of Organization) \_\_\_\_\_

Address \_\_\_\_\_

Street Address

City

Zip Code

Contact Person \_\_\_\_\_

Name

Title

E-mail address \_\_\_\_\_

Phone Number \_\_\_\_\_

## Coalition Membership Roster

List coalition members who participate in regularly scheduled coalition management and planning meetings and is an active participant and contributor to the coalition's activities, events, and strategic planning.

<b>Name &amp; Address of Organization Represented</b>	<b>Member Name</b>

## Application Cover Sheet

---

*Name of Organization*

---

*Address – Street/P.O. Box*

*City*

*Zip*

---

*Phone*

*FAX*

*Website (if available)*

---

*Name of Executive Director*

*Phone*

*E-mail*

---

*Name of contact person*

*Title*

*Phone*

*E-mail*

---

*Address (if different from the Executive Director)*

---

*Name of Fiscal Agent (if different than applicant)*

---

*Address – Street/P.O. Box*

*City*

*Zip*

---

*Fiscal Agent Contact*

*Title*

*Phone*

*E-mail*

---

*Signature (in ink) of individual authorized to legally bind the applicant.*

*Total amount requested:* \_\_\_\_\_

---

*Name of Organization*

**Application Checklist**

In order to be considered complete, all applications must include an original plus 6 copies of each of the following:

- Application cover sheet with signature in ink
- Application checklist
- Application narrative, no more than 15 double-spaced pages
- Application work plan, no more than 10 pages
- Budget proposal
  - Budget form
  - Budget narrative justification
- Coalition membership roster
- Coalition member's letters of commitment
- Certification as a private non-profit organization
- Coalition meeting minutes
- Oral Presentation Outline
- Contract & Grant Disclosure & Certification Form
- W-9 Tax Form

**Work Plan Format**

Goal Area:

- |   |  |
|---|--|
| <input type="checkbox"/> Building Coalitions & Including Diverse Partners | <input type="checkbox"/> Identifying and Eliminating Tobacco-Related Disparities |
| <input type="checkbox"/> Eliminating Exposure to Secondhand Smoke         | <input type="checkbox"/> Preventing Initiating Among Youth and Young Adults      |
| <input type="checkbox"/> Promoting Quitting Among Adults & Youth          |  |

Long Term Objective and Estimated Completion Date:

Current Year Objective:

Planned Activities	Completion Date	Responsible Persons	Performance Outcome & Key Outcome Indicators (Indicator that will be used to evaluate the activity)
Assessment & Ongoing Surveillance			
Community Action Based on Assessment Results			
Voluntary Policy			
Enforcement			

## Work Plan Instructions

Complete the work plan using the template provided.

**Goal Areas:** Mark the goal area that will be addressed with the activities planned.

**Objectives:** The work plan must contain objectives that address the priorities in the scope of work in Section III.A of the RFA. The long term objective(s) must describe what the program intends to accomplish by the end of a five year period. Short term objectives must describe what the program intends to accomplish by the end of the first fiscal year. Both long and short term objectives must contain all the elements of a “SMART” objective. A “SMART” objective states where you started, where you are going, when you plan to arrive, and how you will know you have arrived.

“SMART” objectives are:

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

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

**Achievable and ambitious** – The change or benefit is determined using the baseline data, outcomes found by other program, and knowledge of the community and stakeholders. Is realistic given available resources and yet challenging enough to accelerate program efforts.

**Relevant and results-oriented** – Objective should be logically and empirically linked to the long-term objectives and goals.

**Time-bound** – Specifies a timeframe for the proposed accomplishments.

**Activities:** List the major activities that will be conducted. Activities should work together to accomplish the objective. For each major activity, describe what the activity is, the completion date of each activity, and who will be responsible for completing the activity. Major activities work together, much like stepping stones, forming a pathway to achieve the objective. DO NOT list supporting activities, such as networking, planning meetings, creating a task force, attending coalition meetings, attending trainings, ordering or purchasing, handing out promotional items, or working on monthly briefings or other reports.

Activities are the actual events that take place as part of the program. The following are examples of activities of a tobacco control program to increase local tobacco control policies. .

- Assess community readiness to implement smoke-free parks policies.
- Develop a coordinated plan to educate and inform the selected community/population about the dangers of outdoor secondhand smoke and the benefits of smoke-free parks policies.
- In a coordinated effort with partners, develop materials for the educational campaign.
- Assess the cultural appropriateness of the educational campaign materials developed.
- Conduct campaign targeting the community/population selected.

- Selected work group will work with schools and day care centers to educate children and young people about the hazardous health effects of secondhand smoke.
- Assess the impact of the educational campaign.
- Provide technical assistance on smoke-free parks policies development and implementation.

**Assessment and ongoing surveillance:** Describe the steps you will take to gather the necessary data to determine the status/condition of your community as it relates to your objective and use it as a baseline data to measure the impact of the coalition intervention. One example of assessment and research may include visiting local school districts to determine the exact status of each school district's tobacco free schools policy.

**Community Action Based on Assessment Results:** Describe the community activities your coalition will conduct, the type of groups targeted, and how much will be done in terms of frequency or events. One example may include conducting a minimum of five informational workshops targeting landlords on the benefits of having smoke-free multiunit housing.

**Voluntary Policy:** describe any activities as it relates to the adoption of voluntarily policies. One example may include creating a draft smoke-free park policy with the assistance of the ADH/TPCP and the American Cancer Society.

**Enforcement:** Describe any activity as it relates to policy enforcement. One example may include conducting five educational sessions to school administrators on ways and benefits of increasing enforcement of public school tobacco-free policy.

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

**Responsible Persons:** Record the lead person(s) and the entity they represent who is responsible for completing each major activity. If collaborators are involved, record them also. Collaborative partnerships are defined as diverse groups working together to create a shared vision and to engage in joint strategies to address problems.

**Performance Outcomes and Key Outcome Indicators:** Performance Outcomes are the intended results of program activities and often focus on the knowledge, attitudes, and skills gained by a target audience. The following are some examples:

- Increased public exposure to information about the dangers of secondhand smoke exposure and the support of smoking bans.
- Increased knowledge among school and day care center personnel about the health effects of secondhand smoke exposure on children and young people.
- A more positive attitude towards smokefree policies among business owners.
- Increase understanding by parents about the effects of secondhand smoke exposure in homes and cars.
- Increase voluntary adoption of smoke free policies.
- An increase in the percentage of adults (with children in the home) who implement household smoking restrictions.

Key Outcome Indicators are the measures to determine if change has occurred as a result of the program activity/intervention.

What is measured must be tied directly to the objective that was established for the program. Growth of knowledge, attitudes, and skills (support) should lead to changes. For example increased awareness of the danger of secondhand smoke, may lead to increases in the number of environments with tobacco-free policies and increased compliance with those policies, as people become more conscious of the importance of smoke-free air. Following are some key outcome indicators:

- Attitudes of smokers and non-smokers about the acceptability of exposing others to secondhand smoke (SHS).
- Proportion of the population willing to ask someone not to smoke in their presence.
- Proportion of the population that thinks that SHS is harmful.
- Proportion of population that thinks SHS is harmful to children and pregnant women.
- Level of support for creating tobacco-free environments.
- Level of support for adopting tobacco-free policies in homes and vehicles.
- Level of support for creating tobacco-free policies.

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/evaluation\\_manual/00\\_pdfs/Evaluation.pdf](http://www.cdc.gov/tobacco/tobacco_control_programs/surveillance_evaluation/evaluation_manual/00_pdfs/Evaluation.pdf)

**Budget Format**  
**JULY 1, 2010 – JUNE 30, 2011**

Personnel	Total: \$			
Salaries	% Effort	# Of Months	Annual Salary	Amount Requested
Position Title & Name of Person in Position:				
			\$	\$
<b>Fringe Benefits:</b>				\$
FICA – 7.65% - \$ _____ Insurance - ____% - \$ _____				
Workers Comp – 2% - \$ _____ Retirement - ____% - \$ _____				
Unemp. Ins. - ____% - \$ _____ Other - ____% - \$ _____				

Supplies	Total: \$	
	Subtotal	
Office Supplies (e.g. pens, paper and toner) _____ Months x \$ _____ per month	\$	
Educational Supplies (e.g., pamphlets and posters) _____ Months x \$ _____ per month	\$	
<b>Travel (in state)</b>		<b>Total: \$</b>
# _____ Miles @ \$.42/miles	\$	
# _____ Nights Lodging @ \$ _____ per night	\$	
# _____ Days Per Diem @ _____ per day	\$	
Itemize other in-state travel costs:	\$	
<b>Travel (out-of state)</b>		<b>Total: \$</b>
_____ Airfare	\$	
_____ Registration	\$	
# _____ Nights Lodging @ \$ _____ per night	\$	
# _____ Days Per Diem @ _____ per day	\$	
<b>Contracts</b>		<b>Total: \$</b>
List name and type of contract.		
	\$	
	\$	
	\$	

<b>Other</b>	<b>Subtotal</b>	<b>Total: \$</b>
Telephone @ \$_____per month x ____months	\$	
Internet @ _____per month x ____months	\$	
Cell phone @ \$_____per month x ____months	\$	
Printing/copying @ _____per month x ____months	\$	
Postage @ _____per month x ____months	\$	
<b>Equipment</b>		<b>Total: \$</b>
List equipment items and cost		
	\$	
<b>Total Direct Cost</b>		<b>\$</b>
<b>Administrative Cost</b>		<b>\$</b>
Cannot exceed 10% of total Direct Cost		
	\$	
<b>Total Budget</b>		<b>\$</b>

## Budget Narrative

Briefly describing the rationale, need for, and use of funds for each line item in each budget category below

Salary– Provide the position title, the name of person in the position, the percent of effort, number of months, the annual salary and the total amount requested for each position to be funded. If the position is currently vacant indicate that the position is to be hired. Include a resume that verifies the qualifications of each person(s) listed in the budget.

Fringe – Provide a breakdown of the fringe benefits and the percent and amount to be funded.

Supplies – An itemized list and a description of how the items will be used to support the grant activities.

In-State Travel – A description of who will be traveling, where, and for what purpose.

Out-of-State Travel – A description of the event or conference; who will be attending; rationale for attending (this should connect directly to your coalition’s vision and program activities); and budget estimate (travel, lodging, meals, registration fees, and other expenses). If the above information is unknown at the time of application, the information must be submitted to the ADH-TPCP for approval prior to the trip.

NOTE: Travel reimbursement rates will be based on

[http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentType=GSA\\_BASIC&contentId=17943](http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentType=GSA_BASIC&contentId=17943) and mileage reimbursement will be based on city to city mileage as per [www.randmcnally.com](http://www.randmcnally.com) at \$.42 per mile.

**Contractual** – All contracts must include

**Name of Contractor:** Identify the name of the proposed contractor (NOTE: In no event can the contract be with part-time or full-time employees who occupy a position authorized to be paid from extra help or regular salaries for a state agency.)

**Method of Selection:** Describe the qualifications for the contractor. In addition, identify whether the contractor is a private for-profit organization.

**Period of Performance:** Specify the beginning and ending dates of the contract and indicate whether it is a new or continuation contract.

**Scope of Work:** Describe in outcome terms, the specific services/tasks to be performed by the contractor, as related to the accomplishment of program objectives

**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.

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

**Contract and Grant Disclosure and Certification Form:** Provide a completed and signed copy of the form to ADH-TPCP prior to awarding a contract.

**Request for Tax Payer Identification Number and Certification (W-9) Form:** Provide a completed and signed copy of the W-9 form to the ADH-TPCP prior to awarding a contract.

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

Other – An itemized list and a description of how these items will be used to support the activities in the Work Plan.

NOTE: Food items are allowable if reasonable, and justified in the budget.

Equipment – An itemized list and a description of how these items will be used to support the activities in the Work Plan.

Administrative Costs – Administrative cost can be charged at a rate not to exceed 10% of the total direct cost. A 10% amount should not be uniformly adopted.

## **Additional Resources**

Coalition: State and Community Interventions, CDC Best practice guide.

[http://www.cdc.gov/tobacco/stateandcommunity/bp\\_user\\_guide/pdfs/user\\_guide.pdf](http://www.cdc.gov/tobacco/stateandcommunity/bp_user_guide/pdfs/user_guide.pdf)

CDC Best Practices for Comprehensive Tobacco Control Programs - 2007

[http://www.cdc.gov/tobacco/tobacco\\_control\\_programs/stateandcommunity/best\\_practices/pdfs/2007/BestPractices\\_Complete.pdf](http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/pdfs/2007/BestPractices_Complete.pdf)

CDC Guide to the Community Preventive Services/Tobacco

<http://www.thecommunityguide.org/tobacco/index.html>

CDC Introduction to Program Evaluation

[http://www.cdc.gov/tobacco/tobacco\\_control\\_programs/surveillance\\_evaluation/evaluation\\_manual/pdfs/evaluation.pdf](http://www.cdc.gov/tobacco/tobacco_control_programs/surveillance_evaluation/evaluation_manual/pdfs/evaluation.pdf)

Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs

[http://www.cdc.gov/tobacco/tobacco\\_control\\_programs/surveillance\\_evaluation/key\\_outcome/pdfs/FrontMaterial.pdf](http://www.cdc.gov/tobacco/tobacco_control_programs/surveillance_evaluation/key_outcome/pdfs/FrontMaterial.pdf)

UICC Global Cancer Control: Protecting Our Children from Secondhand Smoke

[http://www.uicc.org/templates/uicc/pdf/special%20reports/2008%20Report%20shs\\_en.pdf](http://www.uicc.org/templates/uicc/pdf/special%20reports/2008%20Report%20shs_en.pdf)

WHO: Six Policies to Revert Tobacco Epidemic

[http://whqlibdoc.who.int/publications/2008/9789241596282\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241596282_eng.pdf)

Arkansas 2005 BRFSS/ YTS ((for data from the 2007 YTS contact the ADH-TPCP)

[http://brfss.arkansas.gov/pdf/indicators\\_ar\\_comp\\_tobacco\\_pro.pdf](http://brfss.arkansas.gov/pdf/indicators_ar_comp_tobacco_pro.pdf)

Smoking Prevalence by Arkansas County

<http://www.healthylarkansas.com/grants/county-specific-prevalence-cigarette-smoking-smokeless-tobacco-use-arkansas-2001-2005.pdf>

Legacy Tobacco Document Library

<HTTP://LEGACY.LIBRARY.UCSF.EDU/#>

## CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

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

SUBCONTRACTOR: \_\_\_\_\_ SUBCONTRACTOR NAME: \_\_\_\_\_  
 Yes  No

TAXPAYER ID NAME: \_\_\_\_\_ IS THIS FOR:  Goods?  Services?  Both?

YOUR LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

**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 <small>[senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	
	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 VENDOR (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 <small>[senator, representative, name of board/commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly	<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 \_\_\_\_\_ Agency \_\_\_\_\_ Agency \_\_\_\_\_ Contact \_\_\_\_\_ Contract  
Number \_\_\_\_\_ Name \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_ or Grant No. \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

**Give form to the  
requester. Do not  
send to the IRS.**

Print or type  
See Specific Instructions on page 2.

Name		
Business name, if different from above		
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	<input type="checkbox"/> Exempt from backup withholding	
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. 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 2.** 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 2.

Social security number								
or								
Employer identification number								

**Note:** If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

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

**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 2.)

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

A person who is required to file an information return with the IRS must get 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 give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**If you are a foreign person, use the appropriate Form W-8.** See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

**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.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31, 2001 (29% **after** December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include 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 if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
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 on page 2 and the separate **Instructions for the Requester of Form W-9.**

### 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 social security card. 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 enter in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business 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" line.

**Exempt from backup withholding.** If you are exempt, enter your name as described above, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the Instructions for the Requester of Form W-9.

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

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

## 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 an LLC that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

**Note:** See the chart on this page 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. Get **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 get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at [www.irs.gov](http://www.irs.gov).

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:** Writing "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 items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** above.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**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 or Archer MSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN or:
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	The owner <sup>3</sup>
For this type of account:	Give name and EIN or:
6. Sole proprietorship	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<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, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal 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.)

**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.

