



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

# DH-21-0008

## Application Packet

***Purpose of Sub-Grant:*** The TPCP 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
- Eliminating tobacco-related disparities
- Eliminating exposure to second-hand smoke
- Establishing smoke-free policies and social norms
- Engaging in tobacco control and sustainability activities

## 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>			
Contact Person:	Daniel McNutt	Title:	Issuing Officer
Phone:	501-280-4631	Alternate Phone:	
Email:	Daniel.McNutt@arkansas.gov		
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, sub-grant, 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:** \_\_\_\_\_

## 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

**PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

## Information for Evaluation [KD1]

- 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.

		<b>Maximum Raw Score Available</b>
<b>E.1</b>	<b>Organizational Description and Experience Information (Limit: 4 Pages)</b>	
1.	Describe the services that the applicant currently provides and any experience the applicant has with implementing drug, alcohol, and tobacco control and prevention programs	5 Points
2.	Describe a success the applicant has had in changing social norms and/or prevention efforts within a community or demographic. Give specifics on how change was accomplished and what the outcome was.	5 Points
3.	Describe the applicant's experience conducting community assessments.	5 Points
<b>E.2</b>	<b>Organizational Capacity (Limit: 2 Pages)</b>	
1.	Describe the level of expertise and experience of each staff/supervisor that will provide services for this contract as outlined in the RFA.	5 Points
2.	Briefly describe the applicant's organizational structure and the number of current employees and board members.	5 Points
3.	Describe how the applicant will ensure sound financial management as it relates to a financial management system that provides for adequate financial reporting, adequate accounting records, effective internal controls, budget controls, monitoring of allowable costs, maintenance of source documentation, and appropriate cash management	5 Points
<b>E.3</b>	<b>Approach / Methodology</b>	
<b>E 3.0</b>	<b>Community Assessment (Limit: 4 Pages)</b>	
1.	Describe how the applicant would collect specific data to document the public health problem. The description should include relevant local, state, and national data. Sources for all data or information provided should be clearly documented.	5 Points
2.	Describe how the applicant has in the past or would in the future utilize specific methods or procedures to collect new information depicting a public health problem (e.g., public opinion surveys, key informant interviews, youth surveys, tobacco litter clean-ups).	5 Points
3.	Describe how the applicant would collect specific data to document the political environment (e.g., voting records of city council members on tobacco control policies or other health-related issues). Sources for all data or information provided should be clearly documented.	5 Points
4.	Describe how the applicant would utilize specific methods or procedures (e.g., one-on-one meetings with city staff) to collect <u>new</u> information depicting the political environment on a comprehensive tobacco/nicotine-free policy goal.	5 Points

<b>E.3.1</b>	<b>Policy Campaign Strategy (Limit: 5 Pages)</b>	
1.	Describe how the applicant will develop short-term goal(s) (e.g., lining up support from community stakeholders).	5 Points
2.	Describe how the applicant will develop intermediate goal(s) (e.g., educating thought leaders on the dangers of secondhand smoke or the concerning trends in the community gathered through data collection).	5 Points
3.	Describe how the applicant will develop long-term goal(s) (e.g., adoption of comprehensive citywide tobacco/ENDs-free ordinance).	5 Points
4.	Describe how the applicant will identify specific activities (e.g., providing education and information at meetings with policy decision makers, providing educational presentations at public hearings, and engaging the media to communicate the campaign message) to achieve the desired tobacco policy campaign goals.	5 Points
<b>E.3.2</b>	<b>Coalition Building (Limit: 4 Pages)</b>	
1.	Describe how the applicant will identify individuals and organizations that may actively participate in coalition activities or policy campaigns.	5 Points
2.	Describe the applicant's experience successfully working with youth groups and populations. List some activities or accomplishments that the applicant has achieved with groups of youth. Include the age of groups worked with and the focus of the activities.	5 Points
3.	Describe how the applicant will engage constituents and allies to participate in the coalition. The description should include specific activities (e.g., presentations and one-on-one meetings).	5 Points
<b>E.3.3</b>	<b>Policy/Decision Makers (Limit: 4 Pages)</b>	
1.	Describe how the applicant will identify policy/decision makers (e.g., mayors, council members) for tobacco policy campaigns.	5 Points
2.	Describe how the applicant will maintain and build new relationships with policy/decision makers, city staff, and community coalitions to ensure that the policy is adopted, implemented, and enforced.	5 Points
3.	Describe how the applicant will identify opponents of a tobacco policy campaign. Briefly identify strategies to engage opponents in constructive dialog about issues of concern.	5 Points
<b>E.3.4</b>	<b>Health Communications (Limit: 2 Pages)</b>	
1.	Describe how the applicant has provided presentations or educational materials to general public or thought leaders (e.g., presentations to boards, media ads, pamphlets, worksite wellness events, CO monitoring, etc.).	5 Points