



**ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET**

# **OHIO DEPARTMENT OF HEALTH**

**OFFICE OF HEALTHY OHIO**

**OFFICE OF HEALTHY OHIO  
TOBACCO USE PREVENTION AND CESSATION PROGRAM**

**REQUEST FOR PROPOSALS (RFP)  
FOR  
FISCAL YEAR 2009  
(11/03/08 to 6/30/09)**

**Local Public Applicant Agencies  
Non-Profit Applicants**

**COMPETITIVE GRANT APPLICATION INFORMATION**



## OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
[www.odh.ohio.gov](http://www.odh.ohio.gov)

Ted Strickland /Governor

Alvin D. Jackson, M.D. / Director of Health

August 5, 2008

To: Prospective Applicants for 2009 Healthy Ohio  
Tobacco Use Prevention and Cessation Grants

From: Cynthia Burnell, Director  
Office of Healthy Ohio  
Ohio Department of Health

As part of Ohio's *Envisioned Future State for a Healthy Ohio* and Governor Strickland's Healthy Ohio initiative, the Ohio Department of Health, Office of Healthy Ohio, is announcing a competitive grant program to support comprehensive community-based strategies in the areas of youth tobacco use prevention and adult cessation in Ohio communities.

The program will specifically address the vision established in Sub. House Bill 544, which gives the Ohio Department of Health the responsibility of preparing and executing an RFP to reduce the use of tobacco by Ohioans. The main emphasis of this RFP is reducing the use of tobacco by youth, minority and regional population, pregnant women, and others who may be disproportionately affected. The 2006 Ohio Adult Tobacco Survey shows that 22.3 percent of adults in Ohio currently smoke cigarettes. This is compared to the U.S. rate of 19.7 percent. More than 80 percent of these smokers smoke daily and smoke less than a pack a day. Roughly 60 percent of smokers have attempted to quit at least once over the past year, and only 18 percent of them were successful in quitting. Nearly 60 percent of Ohio adult smokers with children in their homes, smoke in the home.

The tobacco industry continues to aggressively market and promote its tobacco products to Ohioans. To overcome restrictions on marketing practices included in the 1998 Master Settlement Agreement (MSA), the tobacco industry is utilizing more clever and invasive methods in their marketing practices such as: industry-sponsored events and materials distributed at county fairs, local festivals, and sports contests; financial contributions to youth-serving social service and civic organizations, and those who represent communities of color and the lesbian/gay/bisexual/transgender communities; funding school districts for youth tobacco use prevention curricula; sponsorship and product distribution at bar nights and concerts, particularly on college campuses; and pervasive retail advertising and promotions and product placement. Over 90 percent of Ohio adults believe that retailers should place tobacco products and ads

above the eye level of children.

The goal of this competitive grant program is to support sustainable community initiatives through system, policy and environmental changes. **The funding period for this award will be 8 months beginning November 3, 2008, and ending June 30, 2009.** Eligible applicants are local public health departments or non-profit agencies that can provide evidence of previous experience in implementing programs listed to be funded in this RFP. All interested parties **must** submit a Notice of Intent to Apply by **September 8, 2008** to be eligible to apply for funding.

Applicants must also attend GMIS 2.0 training to be eligible to apply for funding. Unless previously done so, complete and return the GMIS 2.0 training form along with the Notice of Intent to Apply form (attached to the RFP) if training for GMIS 2.0 is needed. This training will allow you to submit an application via the Internet using the Grants Management Information System (GMIS 2.0). All grant applications must be submitted via the Internet using GMIS 2.0.

Once ODH receives your completed *Notice of Intent to Apply for Funding* and the GMIS 2.0 training forms and you have finalized all GMIS training requirements, a grant application will be created for your organization and you may proceed with the application as outlined in the RFP. The RFP will provide detailed information about the background, intent and scope of the grant, policy, procedures, performance expectations and general information and requirements associated with submission of the grant application and administration of the grant.

Please contact David Polakowski, Coordinator, Tobacco Program Resource Development, at 614-466-1717 with questions. Questions directed to [healthyO@odh.ohio.gov](mailto:healthyO@odh.ohio.gov) must be submitted by August 29, 2008. Responses will be posted on the Healthy Ohio website, [www.healthyohioprogram.org](http://www.healthyohioprogram.org) by **September 19, 2008**.

# NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health  
Healthy Ohio

**ODH Program Title: Tobacco Use Prevention and Cessation Program**

**ALL INFORMATION REQUESTED MUST BE COMPLETED.**  
**(Please Print Clearly or Type)**

County of Applicant Agency \_\_\_\_\_

**Federal Tax Identification Number** \_\_\_\_\_

NOTE: The applicant agency/organization name must be the same as that on the IRS letter.  
This is the legal name by which the tax identification number is assigned.

**Type of Applicant Agency**     County Agency         Hospital                 Local Schools  
(Check One)                     City Agency             Higher Education     Not-for Profit

**Applicant Agency/Organization** \_\_\_\_\_

**Applicant Agency Address** \_\_\_\_\_

**Agency Contact Person/Title** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Please check all applicable:**     Our agency will need GMIS 2.0 training  
    Our agency has completed GMIS 2.0 training  
    First time applying for an ODH grant

**Mail, E-mail or Fax To:**        **David Polakowski, Coordinator Tobacco Program Resource Development**  
   **Ohio Department of Health**  
   **246 North High Street Columbus, Ohio 43215**  
   **E-mail: [David.Polakowski@odh.ohio.gov](mailto:David.Polakowski@odh.ohio.gov)**  
   **Fax: 614-644-7740**

NOTICE OF INTENT TO APPLY FOR FUNDING MUST BE RECEIVED BY September 8, 2008.

Ohio Department of Health  
GMIS 2.0 TRAINING

ALL INFORMATION REQUESTED MUST BE COMPLETED for EACH EMPLOYEE  
FROM YOUR AGENCY WHO WILL ATTEND A GMIS 2.0 TRAINING SESSION.  
(Please Print Clearly or Type)

Grant Program \_\_\_\_\_ RFP Due Date \_\_\_\_\_

County of Applicant Agency \_\_\_\_\_

Federal Tax Identification Number \_\_\_\_\_

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned and as listed, if applicable, currently in GMIS.

Applicant Agency/Organization \_\_\_\_\_

Applicant Agency Address \_\_\_\_\_

Agency Employee to attend training \_\_\_\_\_

Telephone Number \_\_\_\_\_

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

GMIS 2.0 Training Authorized by: \_\_\_\_\_  
(Signature of Agency Head or Agency Fiscal Head)

Required

Please Check One:

\_\_\_\_\_ Yes – I ALREADY have access to the  
ODH GATEWAY (SPES, ODRS, LHS, etc)

\_\_\_\_\_ No – I DO NOT have access to the ODH GATEWAY

Please indicate your training date choices: 1<sup>st</sup> choice \_\_\_\_\_, 2<sup>nd</sup> choice \_\_\_\_\_, 3<sup>rd</sup> choice \_\_\_\_\_

Mail, E-mail, or Fax To:

GAIL BYERS

Grants Administration Unit

Ohio Department of Health

246 N. High Street

Columbus, Ohio 43215

E-mail: [gail.byers@odh.ohio.gov](mailto:gail.byers@odh.ohio.gov)

Fax: 614-752-9783

CONFIRMATION OF YOUR GMIS 2.0 TRAINING SESSION WILL BE E-MAILED TO YOU

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## **I. APPLICATION SUMMARY and GUIDANCE**

An application for an Ohio Department of Health (ODH) grant consists of a number of required parts – an electronic component submitted via the internet website: ODH Application Gateway – GMIS 2.0 which includes various paper forms and attachments. All the required parts of a specific application must be completed and submitted by the application due date. **Any required part that is not submitted on time will result in the entire application not being considered for review.**

The application summary information is provided to assist your agency in identifying funding criteria:

- A. Policy and Procedure:** Uniform administration of all ODH grants is governed by the Ohio Department of Health Grants Administration Policies and Procedures Manual (GAPP). This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subgrantee applications. The GAPP manual is available on the ODH web-site <http://www.odh.ohio.gov>. (Click on “About ODH,” click on “ODH Grants” and then click on “GAPP Manual.”)
- B. Application Name:** *State wide Tobacco Use Prevention and Cessation Program*
- C. Purpose:** To prevent and reduce tobacco use in Ohio and the toll tobacco takes on the state in terms of disease, death, and health care costs with emphasis on youth, minority and regional populations, pregnant women, and others disproportionately affected by the use of tobacco. (Sub. House Bill 544)
- D. Qualified Applicants:** *Eligible applicants are local public health departments or non-profit agencies that can provide evidence of previous experience in implementing programs listed to be funded in this RFP. Applicant agencies must attend or document in writing prior attendance at GMIS 2.0 training and must have the capacity to accept an electronic funds transfer (EFT).*
- E. Service Area:** *Grant recipients will be expected to perform services within their individual community, but may eventually share best practices with similar communities e.g., county, city, or township. The applicant shall define the targeted “community or communities” for each project, and shall include a description of each community in its proposal. Examples of such communities could include traditional communities, such as the geographic demarcation of a neighborhood, city, county or group of counties. A community might also include a more non-traditional association or grouping, including a service organization, or a governmental entity such as two social service agencies. A community could be defined as a targeted population with some common characteristic that the project hopes to impact. Applications will be accepted for multi-county service areas. Applications for both multi-county and multi-community service areas must be submitted by a single lead applicant agency. A lead applicant agency is an organization that agrees to accept and be responsible for grant monies on behalf of all stakeholders named in the grant.*

### Preferred Service Delivery Areas

For the purpose of this RFP, and to ensure that Ohio's low Socio Economic Status (SES) populations are best served, scoring preference will be given to grant applicants who propose tobacco prevention and cessation treatment services emphasizing the delivery of services to low SES populations through organizations-such as:

- Health care systems
- Public health departments
  - Women, Infant and Children Program
  - Help Me Grow
  - Prenatal clinics
  - Head Start
- Higher education
- Federally-qualified health clinics
- Free clinics
- Blue collar employers such as:
  - Factories/Assembly Lines
  - Food Service Industry
  - Warehouses
- Social service organizations/agencies such as:
  - Licensed daycare providers
  - Boys and Girls Clubs
  - YMCA/YWCA
  - United Way
  - American Red Cross
  - Faith-based organizations (Catholic Social Services, CEASE, Lutheran Social Services, etc.)
  - MRDD Boards
  - Food Banks
  - Salvation Army
  - Volunteers of America
  - Planned Parenthood
  - Organizations that serve the homeless population such as the Homeless Family Foundation, Faith Mission, etc.

(The above organizations should not be considered an exhaustive list.)

**F. Number of Grants and Funds Available:** *The number of grants awarded will be based on the dollar amounts awarded to eligible agencies. A minimum of 7 and a maximum of 18 grants will be awarded. Applicants may apply for a minimum of \$100,000 to a maximum of \$250,000. No grant award will be issued for less than \$100,000. The minimum amount is exclusive of any matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review. Matching funds are not required for this RFP.*

**G. Due Date:** The deadline for submission is **Monday, September 29, 2008.**

*Applications including any required forms and/or required attachments, sent by mail or electronic submission via GMIS 2.0, are due by **Monday, September 29, 2008.** Attachments and/or forms sent electronically must be transmitted by the application due date. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.*

Contact David Polakowski at (614) 466-1717 or at [David.Polakowski@odh.ohio.gov](mailto:David.Polakowski@odh.ohio.gov) with any questions.

**H. Authorization:** Authorization of funds for this purpose is contained in Sub. House Bill 544.

**I. Goals:** To prevent and reduce tobacco use in Ohio and the toll tobacco takes on the state in terms of disease, death, and health care costs with emphasis on youth, minority and regional populations, pregnant women, and others disproportionately affected by the use of tobacco. (HB 544)

**Only Evidenced Based Programming will be accepted.**

1. Objectives - Applicants must apply for c., and may choose to apply for a. and/or b.:
  - a. Youth Tobacco Use Prevention Objectives:
    1. To provide evidence-based youth tobacco use prevention curricula in schools or community settings that will reach 4<sup>th</sup> to 9<sup>th</sup> grade students in the targeted service area.
    2. To implement a youth-based media campaign to prevent tobacco use that supports other youth-focused strategies.
    3. To increase the number of communities implementing community-based strategies to reduce youth access to tobacco.
    4. To increase the number of school districts with 100% tobacco-free school campus policies in school districts in the targeted service area. (Currently 173 school districts in Ohio have a Tobacco-Free School Campus Policy)
  - b. Cessation Objective:
    1. To increase the number of individuals enrolled in evidenced-based cessation programs in the targeted service area.
  - c. Coalition Objective:
    1. To actively participate in a health, wellness, or tobacco coalition in the designated service/target area.
2. Applicants must choose from the following strategies
  - a. Youth Tobacco Use Prevention Strategies:
    - i. Applicants must implement evidence-based youth tobacco use prevention curricula in schools or school districts. The cost per student cannot exceed \$50.00. Applicants must choose from the following SAMHSA (Substance Abuse and Mental Health Services Administration) Model Programs:

- a. LifeSkills Training – Elementary or Middle School (4<sup>th</sup> – 9<sup>th</sup> Grade Students)
  - b. Project TNT (7<sup>th</sup> – 8<sup>th</sup> Grade Students)
  - c. Project Alert (7<sup>th</sup> – 8<sup>th</sup> Grade Students)
- ii. Applicants must implement a youth based media campaign that is relevant to the youth population they propose to reach with evidence-based prevention curricula.
- iii. Applicants can advocate for policies and practices that reduce youth access to tobacco:
  - a. Encourage retailers to limit tobacco product placement in retail stores, i.e., put tobacco products behind counters or not placing them next to gum and candy. (Example: Operation Storefront – **Attachment A**)
  - b. Limit the extent and type of retail advertising and promotions.
  - c. Conduct compliance checks with local businesses and provide retailer education.
  - d. Additional information on Counter Tobacco Industry Influence on the youth can be found at the following link:
    - i. [http://www.cdc.gov/tobacco/media\\_communication/s/countermarketing/campaign/index.htm](http://www.cdc.gov/tobacco/media_communication/s/countermarketing/campaign/index.htm)
- iv. Applicants must advocate for 100% tobacco-free school campus policies in school districts in their service area, and can choose to focus on one or more of the following steps that are relevant to the proposed school districts current situation:
  - a. Step 1: Adoption (convincing the school board to adopt the policy).
  - b. Step 2: Implementation and Enforcement (creating and executing an implementation plan that addresses compliance issues, and communicating the policy to students, staff, visitors, and the community).
  - c. Step 3: Evaluation (evaluating the effectiveness of the policy to determine compliance; updating and changing the implementation plan as needed).
- b. Cessation Strategies:
  - i. Provide cessation services to adults. The cessation services must meet the *Ohio Use Prevention and Cessation Program Guidelines for Tobacco Treatment Services (See Attachment B)*. Staff providing cessation services must be Certified Tobacco Treatment Specialists (CTTS). (See Attachment B). Costs cannot exceed \$350 per enrolled client including counseling (individual or group), the provision of Nicotine Replacement Therapy (NRT), and administrative costs. **NOTE: Eight weeks of NRT and a plan to promote and market the Quit Line MUST be provided.**
- c. Coalition Participation of Grantees (**This is a REQUIREMENT for all applicants**):

- i. Applicants must actively participate in a wellness, health, or tobacco coalition within the targeted service areas. **If the Local Health Department from the targeted service area is not the lead applicant, it MUST be a participant of the wellness, health, or tobacco coalition.**
- ii. Applicants must actively participate in the Cross-Cultural Tobacco Control Alliance (CCTAC) if the community demographics of the target population fall into those targeted by the Alliance ([www.ohiocctca.org](http://www.ohiocctca.org)). Applicants should consider participation in meetings and activities for the Alliance when budgeting for this RFP.

**J. Program Period and Budget Period:** The program period will begin **November 3, 2008 and end on June 30, 2009**. The budget period for this application is **November 3, 2008 through June 30, 2009**.

**K. Local Health District Improvement Standards:** This grant program will address Local Health Districts Improvement Goal 3701-36-07 - Promote Healthy Lifestyles; Standard 3701-36-07-01 – Health promotion services targeted to identified health risks in the community; 3701-36-07-02 – Community members actively involved in addressing prevention priorities; 3701-36-07-03 - Prevention, health promotion, early intervention, and outreach services are provided directly or through contracts or partnerships. Local Health Improvement Goal 3701-36-08 - Address the Need for Personal Health Services; Standard 3701-36-08-03 – Information being collected monitored, and disseminated regarding trends, which over time, affect access to critical health services. The Local Health District Improvement Standards are available on the ODH web-site <http://www.odh.ohio.gov>. (Click on “Local Health Districts” then “Local Health Districts Improvement Standards,” Then click “Local Health District Improvement Goals/Standards/Measures.”)

**L. Public Health Impact Statement:** All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards.

*1. Public Health Impact Statement Summary* - Applicant agencies are required to submit a summary of the program to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

- (1) The Local Health District Improvement Standard(s) to be addressed by grant activities;
- (2) A description of the target population to be served;
- (3) A summary of the services to be provided or activities to be conducted; and,
- (4) A plan to coordinate and share information with appropriate local health districts.

The Applicant must submit the above summary as part of their grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment

about the activities as they relate to the Local Health District's Improvement Standards.

2. Public Health Impact Statement of Support - Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that when the program summary is submitted with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support must be submitted from at least one local health district, if available.

**M. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **In view of this, the subgrantee agency must be prepared to cover the costs of operating the program in the event of a delay in grant payments.**

**N. Programmatic, Technical Assistance and Authorization for Internet Submission:** *Initial authorization for Internet submission will be distributed at your GMIS 2.0 Training Session (new agencies). All other agencies will receive their authorization upon the receipt of the Notice of Intent to Apply for Funding form (NOIAF). Please contact David Polakowski at (614) 466-1717 or [David.Polakowski@odh.ohio.gov](mailto:David.Polakowski@odh.ohio.gov) for questions regarding this RFP.*

Applicant must attend or must document, in writing, prior attendance at Grants Management Information System 2.0 (GMIS 2.0) training in order to receive authorization for Internet submission.

**O. Acknowledgment:** An 'Application Submitted' status will appear in GMIS 2.0 that acknowledges ODH system receipt of the application submission.

**P. Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, September 29, 2008**. Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service, or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Administration, Central Master Files; but they must be delivered by 4:00 p.m. on the application due date. FAX attachments will not be accepted. **GMIS 2.0 applications and required application attachments received late will not be considered for review.**

**Q. Successful Applicants:** Successful applicants will receive official notification in the form of a "Notice of Award" (NOA). The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.

**R. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not

fund a grant application for a given program period, written notification, issued under the signature of the Director of Health, or his designee shall be sent to the unsuccessful applicant.

- S. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. Contributes to the advancement and/or improvement of the health of Ohioans;
  2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
  3. Is well executed and is capable of attaining program objectives;
  4. Describes specific objectives, activities, milestones, and outcomes with respect to time-lines and resources;
  5. Estimates reasonable cost to the Ohio Department of Health, considering the anticipated results;
  6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
  7. Provides an evaluation plan, including a design for determining program success;
  8. Is responsive to the special concerns and program priorities specified in the request for proposal; and,
  - 9. If applicant is a former subgrantee, agency has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds.**
  - 10. If applicant is a former subgrantee, has demonstrated compliance to GAPP, Chapter 100.**

The Ohio Department of Health will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given request for proposals. **There will be no appeal of the Department's decision.**

- T. Freedom of Information Act:** The Freedom of Information Act and the associated Public Information Regulations (45 CFR Part 5) of the U. S. Department of Health and Human Services require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For specific guidance on the availability of information, refer to 45 CFR Part 5.

**U. Ownership Copyright:** Any work produced under this grant will be the property of the Ohio Department of Health/Federal Government. The Department's ownership will include copyright. The content of any material developed under this grant **must** be approved in advance by the awarding office of the Ohio Department of Health. All material(s) must clearly state:

Funded by Ohio Department of Health  
OFFICE: Healthy Ohio  
Program: Tobacco Use Prevention and Cessation Program

**V. Reporting Requirements:** Successful applicants are required to submit subgrantee program and expenditure reports. Reports must adhere to the Ohio Department of Health, Grants Administration Policies and Procedures (GAPP) Manual. Reports must be received before the Department will release any additional funds.

**Note: Failure to assure quality of reporting such as submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of agency flexibility status and/or further payments.**

Reports shall be submitted as follows:

- 1. Program Reports:** Subgrantee Program Reports **must** be completed and submitted **via the SPES (Subgrantee Performance Evaluation System)** by the following dates:  
**1<sup>st</sup> Quarter, November 3, 2008 to December 31, 2008** – January 15, 2009  
**2<sup>nd</sup> Quarter, January 1, 2009 to March 31, 2009** – April 15, 2009  
**3<sup>rd</sup> Quarter, April 1, 2009 to June 30, 2009** – July 15, 2009

Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. **Program Reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

*Submission of Subgrantee Program Reports via the Ohio Department of Health's SPES indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP).*

- 2. Subgrantee Program Expenditure Reports:** Subgrantee Program Expenditure Reports **must** be completed and submitted **via GMIS 2.0** by the following dates:  
**1<sup>st</sup> Quarter, November 3, 2008 to December 31, 2008** – January 15, 2009  
**2<sup>nd</sup> Quarter, January 1, 2009 to March 31, 2009** – April 15, 2009  
**3<sup>rd</sup> Quarter, April 1, 2009 to June 30, 2009** – July 15, 2009

*Submission of Subgrantee Program Expenditure Reports via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "approve" button signifies your authorization of the submission as an agency official and*

*constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.*

3. **Final Expenditure Reports:** A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS 2.0** on or before August 15, 2009. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expense Report. The Subgrantee Final Expense Report serves as an invoice to return unused funds.

*Submission of the Subgrantee Final Expenditure Report via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.*

4. **Inventory Report:** A listing of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS 2.0 as part of the Subgrantee Final Expenditure Report. At least once every two years, inventory must be physically inspected by the subgrantee. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

- W. Special Condition(s):** Responses to all special conditions **must be submitted via GMIS 2.0 within 30 days of receipt of the first quarter payment.** A Special Conditions link is available for viewing and responding to special conditions. This link is viewable only after the issuance of the subgrantee's first payment. The 30-day time period, in which the subgrantee must respond to special conditions, will begin when the link is viewable. Failure to submit satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied will result in the withholding of any further payments until satisfied.

*Submission of response to grant special conditions via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Checking the "selection" box and clicking the "approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.*

- X. Unallowable Costs:** Funds **may not** be used for the following:

1. To-advance political or religious points of view or for fund raising or lobbying; but must be used solely for the purpose as specified in this announcement;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;

4. Bad debts of any kind;
5. Lump sum indirect or administrative costs;
6. Contributions to a contingency fund;
7. Entertainment;
8. Fines and penalties;
9. Membership fees unless related to the program and approved by ODH;
10. Interest or other financial payments;
11. Contributions made by program personnel;
12. Costs to rent equipment or space owned by the funded agency;
13. Inpatient services;
14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
16. Travel and meals over the current state rates (see OBM Website <http://www.obm.ohio.gov/mppr/travel.asp>);
17. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
18. Training longer than one week in duration, unless otherwise approved by ODH;
19. Contracts for compensation with advisory board members;
20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants; and
22. *Funds may **NOT** be used to supplant currently funded programs. Funds may be used to **EXPAND** current programming to achieve specific objectives of this RFP.*
23. **NO** refreshments or food may be purchased through these grant funds.

**Use of grant funds for prohibited purposes will result in the loss and/or recovery of those funds.**

**Y. Audit:** Subgrantees currently receiving funding from the Ohio Department of Health are responsible for submitting an independent audit report that meets OMB Circular A-133 requirements, a copy of the auditor's management letter, a corrective action plan, if applicable, and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but not later than 9 months after the end of the subgrantee's fiscal year.

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 which expend \$500,000 or more in Federal awards in its fiscal year are required to have a single audit. The fair share of the cost of the single audit is an allowable cost to Federal awards provided that the audit was conducted in accordance with the requirements of OMB Circular A-133.

**Subgrantees that have an agency fiscal year that ends on or after January 1,**

**2004 which expend less than the \$500,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards.** The financial audit is not an allowable cost to the program.

Once an audit is completed, **a copy must be sent to the ODH, Grants Administration, Central Master Files address within 30 days.** Reference: *GAPP Chapter 100, Section 108 and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.*

**Subgrantee audit reports** (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which:**

- Lists and highlights the applicable findings;
- Discloses the potential connection or effect (direct and indirect) of the findings on subgrants passed-through the Ohio Department of Health; and
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

**Z. Submission of Application:**

The GMIS 2.0 application submission must consist of the following:

**Complete  
& Submit  
Via Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
  - Primary Reason
  - Funding
  - Cash Needs
  - Justification
  - Personnel
  - Other Direct Costs
  - Equipment
  - Contracts
  - Compliance Section D
  - Summary
5. Civil Rights Review Questionnaire (EEO Survey)
6. Assurances Certification
7. Ethics Certification
8. Attachments as required by Program: None

An original and one (1) copy of the following forms, available on GMIS 2.0, must be completed, printed, signed in blue ink with original signature by the Agency Head or Agency Financial Head, and mailed to the address listed below:

**Complete,  
Sign &  
Mail To  
ODH**

- 1 Electronic Funds Transfer (EFT) Form. **(Required if new agency, thereafter only if banking information has**

- changed)**
2. IRS W-9 Form (**Required if new agency, thereafter only when tax identification number or agency address information has changed**). **One of the following forms must accompany the IRS W-9 Form:**
    - a. Vendor Information Form (**New Agency Only**)
    - b. Vendor Information Change Form (**Existing Agency with tax identification number, name and/or address change(s)**)
    - c. Change request in writing on Agency letterhead (**Existing Agency with tax identification number, name and/or address change(s)**)

Two (2) copies of the following documents must be mailed to the address listed below:

**Copy &  
Mail To  
ODH**

1. Public Health Impact Statement
2. Statement of Support from the Local Health Districts
3. Liability Coverage (**Non-Profit Organizations only; proof of current liability coverage and thereafter at each renewal period**)
4. Evidence of Non-Profit Status (**Non-Profit Organizations only**)

One (1) copy of the following documents must be mailed to the address listed below:

**Complete,  
Copy &  
Mail To  
ODH**

1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)
2. Declaration Regarding Material Assistance/Non Assistance to a Terrorist Organization (DMA) Questionnaire (**Required by ALL Non-Governmental Applicant Agencies**)
3. An original of **Attachments** (non-Internet compatible) as required by Program: **NONE**

**Ohio Department of Health  
Grants Administration  
Central Master Files, 4<sup>th</sup> Floor  
246 N. High Street  
Columbus, Ohio 43215**

## II. APPLICATION REQUIREMENTS AND FORMAT

Access to the on-line Grants Management Information System 2.0 (GMIS 2.0), will be provided after GMIS 2.0 training for those agencies requiring training. All others will receive access after the Request for Proposal (RFP) is posted to the ODH website.

*All applications must be submitted via GMIS 2.0. By submitting all parts of the grant application via the Ohio Department of Health's GMIS 2.0, applicants indicate acceptance of ODH Grants Administration Policy and Procedure (GAPP). Submission of the Application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations in lieu of an executed Signature Page document.*

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review pages 9 and 10 of the RFP for unallowable costs.

*Match or Applicant Share is not required by this program. Do not include match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.*

**1. Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants, and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103 and the Compliance Section D (9) of the application for additional information.

**2. Personnel, Other Direct Costs, Equipment, & Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period *November 3, 2008 to June 30, 2009*.

Funds may be used to support personnel, their training, travel (see OBM Website <http://www.obm.ohio.gov/mppr/travel.asp>) and supplies directly related to planning, organizing, and conducting the initiative/program activity described in this announcement.

When appropriate, retain all contracts on file. The contracts should not be sent to ODH. A completed "Confirmation of Contractual Agreement" (CCA) form must be submitted via GMIS 2.0 for each contract once it has been signed by both parties. The submitted CCA must be approved by ODH before contractual expenditures are authorized.

*Submission of the “Confirmation of Contractual Agreement” (CCA) via the Ohio Department of Health’s GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the “approved” button signifies authorization of the submission by an agency official and constitutes electronic acknowledgement and acceptance of GAPP rules and regulations. CCAs cannot be submitted until after the 1<sup>st</sup> quarter grant payment has been issued.*

Where appropriate, itemize all equipment (**minimum \$300.00 unit cost value**) to be purchased with grant funds in the Equipment Section.

**3. Compliance Section D:** Answer each question on this form as accurately as possible. Completion of the form ensures your agency’s compliance with the administrative standards of ODH and federal grants.

**4. Funding, Cash Needs and Budget Summary Sections:** Enter information about the funding sources and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete and balance this section will cause delays in receipt of grant funds.

**C. Assurances Certification:** Each subgrantee must submit the Assurances (Federal and State Assurances for Subgrantees) form. This form is submitted as a part of each application via GMIS 2.0. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

**D. Project Narrative:**

**1. Executive Summary:** Please provide a concise and accurate description of the project. (**1 – 2 pages**)

- a. Statement of Need
- b. Project Strategy
- c. Participating Agencies (Include applicant and all partners)
- d. Budget Summary
- e. Does the lead applicant agency have a strategic plan? If yes, please describe how this project fits into the plan. If no, please state how it was determined that the proposed project meets the needs of the targeted service area and fulfills the agency’s mission.

**2. Application Narrative (3 - 5 pages):**

- a. Applicant Profile (Lead Applicant Agency)
  - i. Lead Applicant Agency Information

1. Program Contact
2. Full Address
3. Phone and Fax
4. Email
5. Head of Agency
6. Fiscal Officer
7. Mission statement of the agency or organization
8. List of current programs and projects
9. Constituency/population served
10. Year the agency/organization was founded
11. Personnel that will be directly involved in program activities and position descriptions
12. Current annual operating budget
13. Note any personnel and equipment deficiencies that will need to be addressed in order to carryout this grant

ii. Contractor Profile

1. Program Contact
2. Full Address
3. Phone and Fax
4. Email
5. Head of Agency
6. Fiscal Officer
7. Mission statement of the agency or organization
8. List of current programs and projects
9. Constituency/population served
10. Year the agency/organization was founded
11. Personnel that will be directly involved in program activities and brief position descriptions
12. Current annual operating budget
13. Role on this project (description of activities or tasks to be performed)
14. Describe the skills and experience the contractor would bring to this project

iii. Applicant and Contractor/Vendor Capacity

1. Describe your agency's or organization's ability to ensure the timely start-up of this grant and implementation of the required and proposed strategies.
2. Describe how this project fits within the proposed lead Applicant Agency's overall mission and structure.
3. Describe the tobacco control experience of the lead Applicant Agency and any proposed contractors and vendors. Include type of experience and number of years, i.e., cessation services; implement youth tobacco use prevention programming, media advocacy, and coalition development.
4. If you are proposing a statewide or multi-county approach (i.e.,

partnerships with city, county or regional offices of your organization or agency) to address your proposed strategies, describe how you will coordinate and manage this approach including the collection of required data.

**3. Statement of Need (1 - 2 pages):**

- a. Identify and describe the local health status concern that will be addressed by the program. Do not restate national and state data, unless that is all the data that is available for the health need being addressed.
- b. The specific health status concerns that the program intends to address may be stated in terms of health status (e.g. morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators.
- c. If there are indicators available, they should be measurable in order to serve as baseline data upon which the evaluation will be based.
- d. Clearly identify the target population demographics (e.g., age, race, gender, and ethnicity) and geographic locations of the populations to be serviced by the program.
- e. Include a description of other agencies/organizations also addressing this problem/need, if applicable.

**4. Methodology (2 - 3 pages):**

- a. Identify program goals, objectives, and activities.
- b. Complete a program activities timeline to identify program objectives and activities with start and completion dates for each.
- c. Scope of Work – See *Attachment C*

**5. Evaluation (2 – 3 pages)**

- a. Applicant agencies must designate a Reporting and Evaluation Coordinator (RE Coordinator). The RE Coordinator should be a staff member of the agency serving as primary contact for the grant.
  - i. Record data related to programmatic implementation and outcomes.
  - ii. Participate in training sessions regarding ODH evaluation requirements.
  - iii. Serve as the point person for evaluation-related technical assistance.
  - iv. Ensure that evaluation tools are properly utilized by grantee program staff, contractors, and subcontractors.
  - v. Ensure that all evaluation reports are submitted as required.
  - vi. Participate in evaluation conference calls and evaluation-related breakout sessions at grantee meetings.
- b. School- and Community-Based Youth Tobacco Use Prevention
  - i. All students must take Pre and Post Tests with data submitted to the Ohio Department of Health. The Tobacco Use Prevention and Cessation Program will provide the Pre and Post Test to those applicants that receive an NOA.

- ii. Fidelity Checklist must be implemented. The Tobacco Use Prevention and Cessation Program will provide the Checklist to those applicants that receive an NOA.
  - iii. Demographics and number of students by school district.
- c. Coalition – Contractors should report the following information:
- i. Coalition Participants and brief description of organization including populations served.
  - ii. Meeting dates and times
  - iii. Brief summary of meetings
- d. Cessation
- i. Provide number of clients for the following:
    - a. Demographics of all clients.
    - b. Requested cessation services but did not enroll in program.
    - c. Clients that receive intake, but do not attend any sessions.
    - d. Enrolled in cessation programming (includes intake and attendance at once session).
    - e. Number of clients that quit at the end of all cessation sessions.
    - f. Client follow-up at 30 days after completion of cessation services.
    - g. Number of clients that receive NRT.
  - ii. Provide number of physicians contacted with information on Quit Line.
  - iii. Applicant must obtain permission from clients for evaluator follow-up.

**6. Sustainability (1 page)**

- a. Describe what will be done or planned to develop a sustainability plan that seeks funds from other sources. Include resources from other community, county, and regional partners to ensure program and service continuation beyond the grant period or to supplement this grant, including in-kind support.
- b. State other sources of funding that make up the lead Applicant Agency’s operating budget. Include internal and external in-kind resources.

*Contractors will receive EVALUATION TOOLS after the Notice of Awards are sent out.*

**E. Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS 2.0. Subgrantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

**F. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS 2.0 system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible

attachments must be mailed to the ODH, Grants Administration Central Master Files address on or before ***Monday, September 29, 2008***. All attachments must clearly identify the authorized program name and program number. *A minimum of an original and three (3) copies of non-Internet attachments are required.*

**G. Electronic Funds Transfer (EFT) Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must be dated and signed, in blue ink, with original signatures**. Submit the original and one (1) copy. **(Required only if new agency; thereafter only when banking information has changed.)**

**H. Internal Revenue Service (IRS) W-9 & Vendor Forms:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form **must be dated and signed, in blue ink, with original signatures**. Submit the original and one (1) copy. **(Required if new agency; thereafter only when tax identification number or agency address information has changed.)**  
**One of the following forms must accompany the IRS, W-9:**

1. **Vendor Information Form (New Agency Only) OR**
2. **Vendor Information Change Form (Existing Agency with tax identification number, name and/or address change(s)).**
3. **Change request in writing on Agency letterhead (Existing Agency with tax identification number, name and/or address change(s))**

Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed appropriate Vendor Form **must be dated and signed, in blue ink, with original signatures**. Submit the original and one (1) copy of each.

**I. Public Health Impact Statement Summary:** Submit two (2) copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards **(for competitive cycle only; for continuation, only if changed)**.

**J. Public Health Impact Response/Statement:** Submit two (2) copies of the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards. If a statement of support from the local health district is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s) **(for competitive cycle only; for continuation, only if changed)**.

**K. Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two (2) copies of the Certificate of Insurance Liability **(Non-Profit Organizations only; current liability coverage and thereafter at each renewal period)**.

**L. Non-Profit Organization Status:** Non-profit organizations **must** submit documentation validating current status. Submit two (2) copies of the Internal Revenue Services (IRS) letter approving non-tax exempt status (**Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed**).

**M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire:** The DMA is a questionnaire that must be completed by all non-governmental grant applicant agencies to certify that they have not provided “material assistance” to a terrorist organization (Sections 2909.32, 2909.33 and 2909.34 of the Ohio Revised Code). The completed DMA Questionnaire **must be** dated and signed, in blue ink, with the Agency Head’s signature. The DMA Questionnaire (in PDF format [Adobe Acrobat](#) is required) is located at the Ohio Homeland Security Website:

[http://www.homelandsecurity.ohio.gov/DMA\\_Terrorist/HLS\\_0038\\_Contracts.pdf](http://www.homelandsecurity.ohio.gov/DMA_Terrorist/HLS_0038_Contracts.pdf)

- Print a hard copy of the form once it has been downloaded. The form must be completed in its entirety and your responses must be truthful to the best of your knowledge. (**Required by all Non-Governmental Applicant Agencies.**)

**N. Ethics Certification:** Attach a separate statement in the Project Narrative Section that, as a duly Authorized Representative of the Subgrantee Agency, you certify that in accordance with Executive Order 2007-01S:

- a. Subgrantee Agency has reviewed and understands the Governor’s Executive Order 2007-01S;
- b. Subgrantee Agency has reviewed and understands the Ohio ethics and conflict of interest laws;
- c. Subgrantee Agency will take no action inconsistent with those laws and this order; and
- d. Subgrantee Agency understands that failure to comply with the Executive Order 2007-01S is, in itself, grounds for termination of this grant and may result in the loss of other grants with the State of Ohio.

Refer to GMIS 2.0 Bulletin Board – Governor’s Executive Order 2007-01S (Ethics)

**O. Attachments as Required by Program: None**

### III. Attachments

#### Attachment A

##### Introduction to Operation Storefront

The goal of **Operation Storefront** is to raise community awareness of the tobacco and alcohol industries' successful marketing strategies using retail advertising and promotions. Often referred to as point-of-purchase advertising (POP) this type of advertising includes outdoor banners, window signs, counter, floor and ceiling displays, posters, decals, clocks, calendars, and much more. Merchandise promotions are a growing industry.

The growing number of POP advertising and promotions in our neighborhood stores is particularly disturbing because children of all ages are unavoidably exposed to these ads. Such pervasive exposure to our youth promotes the belief that tobacco and alcohol use is acceptable and more common than it really is. Despite the fact that tobacco companies claim that the \$3.8 billion spent annually (an estimated \$12.6 million in Vermont) on tobacco advertising is intended to maintain brand loyalty, the fact is that these advertising and promotional campaigns are associated with attracting new tobacco users who are often very young.

The tobacco and alcohol companies are smart marketers and know the impact POP and promotional items have on consumers. They recognize the fact that advertising tobacco and alcohol products is going to become increasingly difficult in the future as public opinion continues to shift and policy makers begin to look at placing more and more restrictions on advertising targeted toward youth.

It is no coincidence that the cigarette brands most often purchased by youth are identical to the brands most heavily advertised. According to a recent study by the Centers for Disease Control, "Changes in the Cigarette Brand Preferences of Adolescent Smokers," Marlboro, Camel and Newport are the three most heavily advertised brands of cigarettes. While combined sales of these brands accounted for only 35 percent of the overall adult cigarette market, 86 percent of current adolescent smokers purchased these three brands. This demonstrates that kids are more easily influenced than adults by the tobacco companies' advertising and marketing efforts.

The evidence is clear. Tobacco advertising works and does more than get adults to switch brands as the tobacco industry would like everyone to believe. Advertising experts agree that expanding the market for a product or service is the primary objective of an advertising and marketing campaign.

There is no evidence to suggest that tobacco and alcohol advertising does not attract new smokers – especially those under the age of 19. In fact, a growing number of studies indicate quite the opposite. Consider these facts:

- Youth reporting a high level of exposure to tobacco advertising were more likely to be smokers than those reporting a low level of exposure to tobacco advertising.
- Youth with a high level of exposure to tobacco ads were also more likely to indicate they planned to smoke in the future.
- Recalling tobacco ads and perceiving that there are benefits to smoking increase a child's susceptibility to begin to smoke.

Tobacco and alcohol companies appear to be fully aware of the impact their advertising has on younger audiences and tailor their ads accordingly to appear directly to them. For example, a study of magazine imagery found that magazines with a high adolescent readership were significantly more likely to have tobacco and images of adventure, risk and recreation.

There is new evidence that tobacco advertising and promotional campaigns, whether intended or not, directly appeal to youth and create an environment in which consumption of these products is desirable and "normal". The evidence linking advertising and promotions to susceptibility to begin to smoke, initiation rates, and smoking behavior among teens warrants taking action to reform current tobacco advertising and promotional practices.

To raise community awareness of the pervasiveness of this advertising, the problem must be clearly defined. **Operation Storefront** is an activity designed for youth and adult volunteers to actually document the amount of tobacco and alcohol advertising at local retailers.

**Operation Storefront** is not in any way designed to single out local merchants. It is an effort to document the problem of tobacco and alcohol advertising targeting youth and to expose the industry's manipulative

marketing strategies. No merchant should be singled out except to recognize a merchant for choosing not to display tobacco and alcohol advertisements.

## **How to Organize Operation Storefront**

### **How can youth and adult volunteers be recruited?**

- The VKAT team, with your guidance, is ready to invite peers to join them in this activity. It is important to recruit youth from throughout your school/group. Diversity that reflects your school/group is critical. Use the tools that work in your school/group; morning announcements, school newspaper, posters, flyers, etc.
- Actively involve each youth in the survey from the beginning in order to give him/her a sense of ownership.
- Keep the young people motivated to participate in **Operation Storefront** by letting them see how the tobacco and alcohol industry specifically target them in an attempt to replace smokers and chewers who die or quit.

Work with your community advisory committee and VKAT team members' parents to identify and recruit adult volunteers. Adults already involved in tobacco, drug and alcohol prevention activities are potential volunteers. Members of the Coalition for a Tobacco Free Vermont, the PTA or voluntary health organizations, such as the American Cancer Society, American Heart Association and the American Lung Association, are likely to assist you.

### **How many participants do we need?**

- The overall number of young people and adults taking part in your **Operation Storefront** activity depends on the number of tobacco and alcohol retailers in your community that you will be surveying.
- To conduct the survey, youth volunteers should work in teams of two accompanied by one adult volunteer. Each team should be able to survey four stores an hour.

### **What safety measures should we take?**

- Review school/group rules and regulations for off-site activities.
- Always obtain written permission from a parent or guardian for a young person to participate in the **Operation Storefront** survey. Send a letter to parents explaining the activity and enclose a permission slip for them to sign and return to you.
- Never send the youth volunteers into potentially volatile or dangerous situations. If the young people find themselves in any uncomfortable situations while in a store, have them exit immediately. Youth should never confront store clerks or customers for any reason. If problems arise, the teen should immediately notify the adult volunteer.
- Wear seat belts while traveling in a vehicle.
- Cross streets with caution.

### **How do we conduct the survey?**

- Arrange a meeting time and place for all the teams together, and at that meeting distribute maps/lists of stores to be surveyed, along with survey sheets.

- Have team members introduce themselves to the store manager or clerk before conducting the survey. Ask if it would be alright to spend about 10 minutes walking throughout the store to conduct a survey on advertising.
- Set a rendezvous time and place to reassemble when teams have finished conducting the surveys.

### **What should we look for?**

Teams will literally count the amount of tobacco and alcohol advertising and promotional items located throughout and outside each store, and at the cash register itself.

POP refers to displays found in retail outlets, usually around the cash register, that stimulate an impulse purchase and provide information about a particular product, such as tobacco. Much of the tobacco advertising and promotional items found at the P-O-P are designed to include attractive themes, powerful messages and enticing images.

- Indoor and outdoor sign and banner advertisements, including items hanging from the ceiling
- Self-service promotional displays located on the floor or on countertops
- In-store sign/decal advertisements on doors, windows, shopping carts and baskets, and checkout counters
- Price boards, clocks, calendars, counter placement, and structural additions to checkout counters
- Tobacco and alcohol-related promotional merchandise or giveaways with a purchase of cigarettes or alcohol beverages such as hats, t-shirts, jackets, mugs, lighters, etc.
- Advertisements of special promotions such as Camel Cash and the Marlboro Adventure Team
- Two-for-one specials

Self-service displays are found on or under counters or on the floor. A self-service display allows the customer to select an item him or herself without a clerk's assistance. Self-service displays are illegal in Vermont.

Take special notice of self-service displays that are placed next to candy displays.

### **How do we complete the survey sheets?**

- Always keep the directions for completing the survey sheets with the adult team member in case anyone needs to refresh her/his memory while in the field.
- Pay close attention as you collect the information. There is sometimes so much advertising that it can be very easy to miss some. Double check your numbers to make sure you have counted everything.
- Remember to write neatly and carefully.
- Assign the two youth to conduct the survey. The adult will serve as a resource to the young people and will monitor the progress of the youth volunteers.
- Do not get in the way of customers browsing or making a purchase.
- Work quickly, accurately and quietly.
- Make notes in the margins for things that you think are of special interest.

- Assign the adult team member as each visit is completed to collect the forms and put them in a special envelope for completed surveys.
- It should take approximately 15 minutes to complete each survey: 10 minutes surveying the store inside and out and 5 minutes to review the completed surveys.
- Reassemble all the teams participating in the survey so they can share their experiences with each other.
- Make sure that the adult volunteers return the completed survey forms to a designated person.

## Attachment B

### **Ohio Tobacco Use Prevention and Cessation Program Tobacco Cessation Treatment Services Guidelines**

These guidelines are intended to reflect the current evidenced-based science for the treatment of tobacco use dependence<sup>1</sup> and will be modified as new research becomes available and is recognized by the national experts in tobacco control or approved by the Food and Drug Administration.

#### **1. Definition of Individual and Group Counseling for Tobacco Use Dependence**

Individual counseling consists of scheduled, face-to-face, sessions in which a Certified Tobacco Treatment Specialist provides a time-limited service for a tobacco user who is contemplating, trying to quit tobacco, or who has relapsed.

Group counseling consists of scheduled counseling sessions for three to twelve participants conducted by a Certified Tobacco Treatment Specialist. The group sessions must be 60 to 90 minutes in length.

#### **2. Physical Location**

The space used for individual and group counseling must be adequate to provide private consultation for the individual participant with the tobacco treatment specialist.

#### **3. Hours of Operation, Staffing**

The hours and days when services are provided must reflect the demand for services and must include evening hours. Participant must be able to schedule appointments by telephone during normal business hours.

A staffing plan must be adequate to provide services that will accommodate anticipated client enrollment numbers.

#### **4. Medical Direction of Program**

Medical Direction of the counseling program by a physician licensed in the state of Ohio is required. The medical director must insure that the counseling and pharmacotherapy policies and procedures are medically sound and adhered to, consult with other physicians or primary health care providers or patients/patients as needed in the development of counseling care plans, and promote the tobacco cessation treatment

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<sup>1</sup> Fiore MC, Bailey WC, Cohen SJ, Dorfman SF, Goldstein MG, Gritz ER, et al. Treating tobacco use and dependence. Clinical practice guideline. Washington, D.C.: U.S. Dept. of Health and Human Services, Public Health Service. June 2000. AHRQ publication no. 000032. Available at: <http://surgeongeneral.gov/tobacco/>.

services to his/her peers and to others.

## **5. Job Descriptions**

Job descriptions must clearly describe the responsibilities of all staff, including counseling, supervisory, and administrative.

## **6. Orientation, Training, Certification, and Education Requirements**

Protocols for orientation and training of tobacco treatment specialists to counseling program must be clearly established.

All tobacco treatment specialists must be certified by an Ohio Prevention and Cessation Program-approved tobacco treatment certification program by the time of the notification of award. Certifications must be maintained for the duration of the grant award. Tobacco treatment specialists must have the minimum of a Bachelor's degree in a counseling, social service, or medical field **and** meet the educational or other requirements of the certification program chosen from one of the Ohio Tobacco Use Prevention and Cessation Program approved programs.

In federally designated health care provider shortage areas, the minimum of an Associate's Degree in nursing, respiratory therapy, or counseling (with current licensure) and four years of health care or counseling experience are required.

The approved programs presently include the Mayo Clinic, University of Medicine and Dentistry of New Jersey, the University of Massachusetts, the University of Mississippi, and the Ohio Health Nicotine Dependence Program at McConnell Heart Health Center in Columbus, Ohio.

Certification must be maintained pursuant to the continuing education requirements of the certifying institution.

Weekly clinical supervision for the tobacco treatment specialists is required. It is preferred that the supervisor have Masters-level training in a field related to cognitive behavioral therapy, addictions treatment, or a medical discipline. It must be clearly demonstrated that the individual has adequate education and experience to perform the duties of the supervising tobacco treatment specialist.

## **7. Counseling Therapy and Treatment Protocols**

The applicant must provide protocols for **all counseling interventions** both initial and for aftercare follow up. **Protocols for all counseling interventions must be based on motivational interviewing for inducing behavior change and a cognitive-behavioral approach to treating tobacco use which focuses on restructuring the**

**client's beliefs about tobacco use<sup>2</sup> and emphasizes the development and implementation of coping strategies<sup>3</sup>. The counseling program must also conform to the most recent version of the Public Health Service (PHS) Guideline for Treating Tobacco Use and Dependence.**

The counseling program treatment protocols must be appropriate to the tobacco user's stage of change in the quitting process. It must include services appropriate to the patients' culture and language; and the social, psychological, and medical conditions that may affect tobacco use behavior.

## **8. Counseling Treatment Program**

The counseling program must include individual and group sessions that provide a specified number of counseling sessions and a minimum number of minutes of counseling. The sessions should be designed to build positive behavior change practices. The following components must be included in the treatment program.

- Enhancing motivation
- Increasing self-efficacy
- Tobacco health risks
- Learned addiction model
- Managing urges/cravings and withdrawal
- Managing stress
- Problem solving
- Triggers
- Relaxation
- Cognitive coping strategies
- Weight gain
- Substitute behaviors
- Conflict resolution
- Understanding slips and relapse
- Self-image enhancement
- Carbon monoxide measurement

Counseling on other topics such as weight management including the importance of exercise, diet, and stress management may also be included and are encouraged.

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<sup>2</sup> Miller W.R. & Rollnick, S. (1991). *Motivational Interviewing: Preparing people to change addictive behavior*. New York: Guilford Press.

<sup>3</sup> Marlatt, G.A., & Donovan, D.M. (2005). *Relapse Prevention: Maintenance strategies in the treatment of addictive behaviors*. New York. Guilford Press.

**a) Intake and Assessment:**

The applicant must collect individualized, comprehensive, and accurate data necessary to determine a course of action and treatment plan. Data collection must comply with the minimum data set requirements of Ohio Tobacco Use Prevention and Cessation Program.

**b) Treatment Planning**

Individual treatment plans are required for every patient whether seen in individual counseling or in group counseling. Plans should identify goals, challenges and steps towards resolving challenges, resources, and empirically-based treatment strategies. The monitoring and evaluation of the patient's progress is required, modifying the treatment plan as necessary.

**c) Relapse Prevention**

The plans to systematically evaluate patient progress after his/her quit date and provide information, guidance, and reinforcement to prevent relapse must be included in the counseling protocols.

**d) Follow-up and Aftercare**

An aftercare plan that includes follow-up to check tobacco use status at regular intervals must be included in the counseling protocols.

**e) Referral Services**

Referral to appropriate clinical and non-clinical services to support the patient's health and well-being must be provided.

**f) Link Patients**

Grantees must provide information and offer fax referral to the call center. Tobacco users should be encouraged to access Ohio Quits services between counseling visits, throughout the course of treatment, and as a post-treatment support service.

**9. Pharmacotherapy Support and Guidance**

Protocols must include clear and accurate information about pharmacotherapy options available, their appropriate use, and possible contraindications. Protocols must encourage the use of nicotine replacement therapy and other pharmacotherapy defined as "first-line" by the PHS Guideline and newer FDA approved medications for the treatment of tobacco use dependence.

The program pharmacotherapy protocols must be approved by the medical director of the program.

## **10. Program Documentation and Recordkeeping**

A record keeping system to document patient and program progress, including the forms and processes needed to do so, is required. The grantee must collect data identified by Ohio Tobacco Use Prevention and Cessation Program and the external evaluator of the project.

## **11. Outreach and Promotion**

A plan to educate the local community and health care providers about the availability of services is required. The use of existing newsletters or other established means of communication within the health care system and community is encouraged. All education and advertising efforts must be coordinated with Ohio Tobacco Use Prevention and Cessation Program's overall advertising and community outreach efforts and must identify Ohio Tobacco Use Prevention and Cessation Program as the funder.

## **Attachment C:**

### **SCOPE OF WORK**

The following provides detail about each component of the RFP and the specific strategies. Information includes grant expectations and application instructions.

#### **Regional, County or Community Coalitions**

##### **Background**

A coalition is a group of organizations and individuals who share resources and information in order to meet a common goal(s). With their members working together, coalitions can develop or strengthen policies that foster changes in community norms and practices regarding tobacco use and exposure to secondhand smoke. Tobacco control or related health coalitions must consist of members who are dedicated to the goal of reducing tobacco use among adults and youth. In recruiting members, coalitions must strive to include, in a meaningful way, representatives from all segments of the population, including diverse multicultural interests.

##### **Coalition Support for the Grant**

Coalitions are the infrastructure of the tobacco control movement in Ohio. Collaboration, be it on a community, county, or regional level, is critical to supporting local and statewide initiatives funded by ODH and other organizations, agencies, and foundations. In order for the programs and services provided through the ODH grants to be successful, they must have community support. Therefore, the foundation for all ODH community grants must be a regional, county, or community tobacco control coalition.

The prevention and adult cessation-related strategies outlined in this RFP should mobilize community support for policy, advocacy, educational, enforcement, prevention, and cessation activities. Implementing these community-level tobacco control strategies will build the capacity of that community to address tobacco control issues, particularly changing the community's norms about tobacco.

##### **Community Thought Leaders**

A principle premise of tobacco control relies on changing community norms (attitudes, values, and mores). Tobacco control coalitions are often the driving force behind community norm change efforts. Local thought leaders, as coalition members, can play a key role with these efforts. These stakeholders can help advance or block an action, as well as provide resources and information, influence others, and have access to other individuals, organizations or agencies in the community who can support the coalition.<sup>4</sup>

##### **Subgrant Requirements:**

- The lead applicant agency **must** coordinate or be a member of an existing tobacco control or other relevant health-related coalition that addresses tobacco use (i.e., a cardiovascular health coalition, or a community or county wellness coalition).
- Outreach to community thought leaders to educate them on local and statewide tobacco control issues, inform them of the coalition's activities and successes, invite them to become

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<sup>4</sup> Tobacco Technical Assistance Consortium Communities of Excellence plus in Tobacco Control Training and Resource Manual.

members of the coalition, and inspire them to take action that will result in community norm changes.

- Local Health Departments of each service area **MUST** be a member of the coalition.

### **Application Instructions:**

Address the following issues and questions in the application narrative:

- Briefly describe the coalition including:
  - When was it established?
  - What is the current status and background of the coalition including your agency's or organization's history with the coalition?
  - How is the coalition structured, i.e., leadership, steering committee, subcommittees, etc.?
  - How often does the coalition meet?
  - Who are the coalition members/partners? (Please include a list of the members, who they represent in the community or county, and what contributions they make to the coalition.)
  - How are decisions made?
  - What tobacco control issues has the coalition worked on in the past? Were they successful? If not, what were the challenges?
  - What geographic area(s) (community, city, county or region) does the coalition serve?
- Outline how you plan to:
  - Identify roles for the coalition members so you keep current members active and engaged, and recruit new members who will recognize the benefits of membership.
- State how the coalition will participate in and support the programmatic activities of the proposed plan in response to this RFP.
- State the coalition's current relationship(s) and past experience with community thought leaders (e.g., local governmental officials, city managers, school board members, faith-based community representatives, businesses, etc.).
- Outline how the coalition plans to outreach to community thought leaders.
- State which state legislative districts the grant will serve.
- What other experience do you have working collaboratively with other groups and organizations in your community?
- What are the demographics of the population that you expect to benefit most from your activities? What experience do you have in working with that population?

### **Marketing/Communication:**

Describe, in detail, the marketing communications activities that will be used to promote the regional, county, or community coalition including outreach to community thought leaders.

## **Counter Tobacco Industry Influence**

### **Background**

A recent Institute of Medicine Report, *Ending the Tobacco Problem: a Blueprint for the Nation* (2007) concludes that "aggressive policy initiatives are necessary to sustain decades of progress in reducing tobacco use in the United States."

The success of any program or policy change effort relies on effective communications and relationship building. Through national and state experience and best practices, ODH recognizes that local community grant programs incorporating strong coalitions, strategic communications and community thought leader outreach are more likely to achieve positive

outcomes and cultural change in their communities. Regional, county, or community coalitions are the foundation and support, and often the lead advocates, for social norm change. Grantees are expected to utilize the regional, county, or community coalitions to help advocate for the social norm change strategy.

This RFP will focus on one key social norm change strategy—working to counter tobacco industry influences in communities. **All applicants must address this strategy in their application.**

### **Strategy: Counter Tobacco Industry Influence**

The tobacco industry continues to aggressively market and promote its tobacco products to Ohioans. To overcome restrictions on marketing practices included in the 1998 MSA, the tobacco industry is utilizing more clever and invasive methods in their marketing practices such as: industry-sponsored events and materials distribution at county fairs, local festivals, and sports contests; financial contributions to youth serving, social service, and civic organizations, and those who represent communities of color and the lesbian/gay/bisexual/transgender communities; funding school districts for youth tobacco use prevention curricula; sponsorship and product distribution at bar nights and concerts, particularly on college campuses, to reach young adults; and pervasive retail advertising and promotions and product placement.

In order to counter the tobacco industry's influence in their communities, advocates must work to change community norms about tobacco. Tobacco control coalitions should spearhead these efforts to counter tobacco industry influences in a community. Individual members representing various sectors of the community should be mobilized and engaged in this process. Activities that coalitions can focus on in this RFP are:

- Advocating for policies and practices that limit the extent and type of retail advertising and promotions.
- Advocating for policies and practices that limit tobacco product placement in retail stores (i.e., kid “eye level” advertising, placing tobacco products next to candy and gum)
- Advocating for policies and practices that limit tobacco industry sponsorship of public (county/community fairs and festivals) and private (concerts and bar events on college campuses and in cities and communities) events, etc.

### **Subgrant Requirements:**

- Subgrantees are required to engage their coalition members and community thought leaders in efforts to counter tobacco industry influence in the proposed community/communities.
- Subgrantees are required to submit reports online through SPES.
- Subgrantees may be required to complete assessment tools to gauge tobacco product placement in local community retail stores. A subset of coalition members or other volunteers will be necessary for the data collection for these activities. Tools and activities used by ODH grantees will be similar to such programs as Operation Storefront and Store Alert. (Attachment A)
- Subgrantees are required to attend all ODH trainings on this topic.

### **Application Instructions:**

Address the following issues and questions in the application narrative that apply to the strategies that you selected:

- What activity will you focus on to counter the tobacco industry's influences? (Include a description of the problem in the proposed community and how you made this assessment.)

- Describe any previous attempts to counter tobacco industry influence in the proposed community/communities. Were the attempts successful? If not, what challenges were encountered and how were they addressed? What members of the community were engaged in the process?
- If no specific previous experience exists specifically trying to counter the tobacco industry's influence, then describe any attempts to change public attitudes about an issue through an educational or social marketing campaign. How did you plan for these activities and evaluate success? What other groups did you work with in these efforts? What were the respective roles of the various groups and organizations?
- What other experience do you have working collaboratively with other groups and organizations in your community?
- What are the demographics of the population that you expect to benefit most from your activities? What experience do you have in working with that population?

**Communications/Marketing:**

Describe, in detail, the marketing communications activities you plan to use to counter tobacco industry influences.

**Youth Tobacco Use Prevention**

**Background**

The CDC recommends three key strategies to prevent the initiation of tobacco use by youth:

- School Programs – Implementing evidence-based prevention curricula in schools, particularly middle school grades.
- Anti Tobacco Media Campaign – Campaigns to counter pro-tobacco messages, increase positive messages, and promote media literacy regarding tobacco advertising through efforts such as paid television, radio, billboard, and print-counter advertising; and media advocacy and other public relations tactics such as press releases, local events, and health promotion activities.
- Tobacco-Free School Campus Policy – Advocating so that all school districts adopt, implement and enforce policies that prohibit tobacco use of any kind on all school property, in school vehicles, at school sponsored events (on and off campus), by students, staff, faculty, and visitors, at all times.

Through this RFP, ODH will fund community grants to implement evidence-based prevention programming; and advocate for tobacco-free school campus policy adoption, implementation and enforcement. **A comprehensive approach to youth tobacco use prevention includes all three of these strategies.** Evidence-based youth tobacco use prevention programming teaches youth the knowledge and skills to reject tobacco, encourages tobacco-free school campus policies to promote positive community norm changes that reduce negative role modeling and motivates current tobacco users to quit, and empowers youth to take action.

**Strategy 1: Implement Evidence-based Youth Tobacco Use Prevention Curricula**

The focus of this strategy is to implement youth prevention curricula to reduce the prevalence of tobacco use among Ohio youth. Programming can be provided to all youth however, reaching low SES youth is encouraged.

ODH will fund subgrantees to implement youth prevention curricula in school-based and community-based settings. The approved programs to be funded through this RFP are:

- Substance Abuse and Mental Health Services Administration (SAMHSA) Model Programs
  - LifeSkills Training – Elementary (4<sup>th</sup>-5<sup>th</sup> grade)
  - LifeSkills Training – Middle School (6<sup>th</sup>-9<sup>th</sup> grade)
  - Project ALERT (7<sup>th</sup>-8<sup>th</sup> Grade)
  - Project TNT (7<sup>th</sup>-8<sup>th</sup> Grade)

Applicants are required to focus at least 50 percent of implementation reach of these programs with middle school students.

- If funded for LifeSkills Training, at least 50 percent of youth must be provided the middle school curriculum (6<sup>th</sup>-9<sup>th</sup> grade).

In addition, the cost to implement one of the prevention programs should not exceed the cost per student amounts listed in the chart below.

Curricula	Cost Per Student
LifeSkills Training – Elementary	\$50
LifeSkills Training – Middle School	\$50
Project TNT	\$50
Project ALERT	\$50

Applicants can only use ODH grant funds for lead applicant agency or contractor staff to directly implement proposed curricula in schools or community-based settings, and to purchase facilitator and student materials.

**Subgrant Requirements:**

- Subgrantee must implement the approved programs within the grade ranges specified with fidelity (including all the recommended lessons and in the grade sequence recommended by the curricula developers).
- If appropriate, a curriculum can be tailored to reach a special population or audience as long as the original integrity of the program remains intact.
- Staff (lead applicant agency or contractor) who deliver prevention programming in schools or community settings, must be trained in the proposed curricula by a certified trainer by the time a Notice of Award (NOA) is issued to an applicant after grant award.  
The lead applicant agency must comply with all data collection and reporting requirements outlined through SPES.

**Application Instructions:**

- Complete a Youth Tobacco Use Prevention Curriculum Work Plan for each curriculum and grade range proposed through SPES.
- Address the following issues or questions in the application narrative:
  - If staff or contractors have been trained in the proposed curriculum, provide proof of training, i.e., certificate of completion.
  - If proposed staff and/or contractors do not have experience implementing the proposed curriculum, please describe their experience in delivering other prevention programming in schools districts and/or community-based settings.
  - If your agency or organization is currently implementing the proposed curriculum, do you plan to continue implementing that curriculum in a multi-year sequence as prescribed by the curriculum developers (i.e., if you implement the curriculum to 6<sup>th</sup> graders during the

current school year, do you want to continue with 7<sup>th</sup> graders under the new grant or start with a new group of students?)?

- If your agency or organization is not currently implementing the proposed curriculum, do you plan to implement it with these grant funds using a multi-year approach as prescribed by the curriculum developers?
- If you will implement the proposed curriculum in a community-based setting, describe the rationale for choosing the particular setting and indicate what your plans are for reaching a consistent group of youth.
- Include letters of support from the proposed school district(s) or community-based setting(s) where prevention programs will be implemented.
- If you have experience implementing the proposed curriculum, indicate where the curriculum was implemented (name the school district(s) or community-based setting(s), what grades were taught, how many prescribed lessons in those particular grades were taught, and how many youth were reached). Was the curricula implemented in a multi-year sequence as prescribed by the curriculum?
- What other experience do you have working collaboratively with other groups and organizations in your community?
- What are the demographics of the population that you expect to benefit most from your activities? What experience do you have in working with that population?

#### **Communications/Marketing:**

Describe, in detail, the marketing communications activities you plan to use for ongoing promotion of evidence-based youth prevention curricula to school districts or community-based settings.

#### **Strategy 2: Advocate for 100% Tobacco-Free School Campuses**

Although Ohio's Smokefree Workplace Act prohibits smoking inside school buildings by everyone, only students are prohibited by state law from using or possessing tobacco products on outdoor school property. This law does not apply to staff and visitors. Students may be exposed to secondhand smoke if individuals are permitted to smoke on school grounds, and students often look to adults as role models, particularly those they observe in the school environment, especially when it comes to tobacco use.

Creating a healthy, 100% tobacco-free school environment that eliminates tobacco use by anyone on school grounds or at school functions away from school property, including faculty, staff, and visitors sends a strong, positive message to students. A policy like this not only protects students, staff, and visitors from the indisputable dangers of secondhand smoke, it is also an important strategy to prevent and reduce youth tobacco use by limiting youth exposure to negative role models, and reinforcing messages youth receive from evidence-based prevention programming in the classroom.

According to current state law, only students are prohibited from using or possessing tobacco products on school grounds. It is up to individual school districts to adopt, implement and enforce policies that prohibit tobacco use of any kind on school property (indoors and outdoors), in school vehicles, at school-sponsored events (on and off campus), by staff, faculty and visitors, at all times.

There are three steps in the process of advocating for 100% tobacco-free school campus policies:

- Step 1: Adoption (convincing the school board to adopt the policy).

- Step 2: Implementation and Enforcement (creating and executing an implementation plan that addresses compliance issues, and communicating the policy to students, staff, visitors, and the community).
- Step 3: Evaluation (evaluating the effectiveness of the policy to determine compliance; updating and changing the implementation plan as needed).

Recognizing that policy change takes time, this strategy allows applicants to focus on Step 1 or Step 2 or Step 3, depending on where a school district is at in the process. If Step 1 has been achieved, then the grantee can move on to Steps 2 and 3.

### **Grant Requirements:**

- Grants will work with proposed school districts to advocate for the adoption, implementation, and/or enforcement of 100% tobacco-free school campus policies.
- Grants are expected to use and promote the *Tobacco-Free Schools Toolkit* in their advocacy efforts. Copies of the toolkit will be made available electronically online at [www.healthyohioprogram.org](http://www.healthyohioprogram.org).
- Grants are required to engage their coalition members and community thought leaders in the tobacco-free school campus policy adoption, implementation or enforcement process.
- Grants must comply with data collection requirements and submit reports to SPES and may be required to complete assessment tools created by ODH to gauge school campus readiness for policy change, such as assessing the presence of smokers or cigarette butt litter during school sporting events. A subset of coalition members or other volunteers may be necessary for the data collection for these activities.
- Grants are required to attend any ODH trainings on this topic.

### **Application Instructions:**

Address the following issues and questions in the application narrative:

- State which school district(s) you propose to work with, and what steps in the advocacy process will you address—adoption, implementation and/or enforcement.
- Describe the coalitions' and/or its members' previous experience in advocating for tobacco-free school campus policies, or related policies in a school district.
- Identify and describe any existing relationships with the school district(s) including superintendents, school board members, parent organizations, teachers and other school personnel, school nurses, Wellness Committees, etc., that will aid in this process.
- Identify the coalition members who will likely be engaged in this advocacy effort. What role will they play?
- Briefly outline the proposed advocacy, implementation and/or enforcement plan, including a timeline for executing the plan, and how objectives will be set and achieved. If no specific previous experience exists specifically trying to counter the tobacco industry's influence, then describe any attempts to change public attitudes about an issue through an educational or social marketing campaign. How did you plan for these activities and evaluate success? What other groups did you work with in these efforts? What were the respective roles of the various groups and organizations?
- What other experience do you have working collaboratively with other groups and organizations in your community?
- What are the demographics of the population that you expect to benefit most from your activities? What experience do you have in working with that population?

### **Communications/Marketing:**

Describe, in detail, the marketing communications activities you plan to implement for advocating for tobacco-free school campus policies.

## Adult Cessation

### Background

According to the CDC, smoking cessation is one of three public health interventions that more cost-savings than other commonly provided clinical preventative services, including mammography, colon cancer screening, treatment of mild to moderate hypertension, and treatment of high cholesterol.

The CDC recommends “state action on tobacco use treatment should include the following elements:

- Establishing population-based counseling and treatment programs, such as cessation help lines.
- Making system changes recommended by the Agency for Healthcare Research and Quality (AHRQ) sponsored cessation guideline.
- Covering treatment for tobacco use under both public and private insurance.
- Eliminating cost barriers to treatment for underserved populations, particularly the uninsured.”

### Adult Tobacco Cessation Treatment Services

Through this RFP, ODH will fund community grants to implement intensive, adult tobacco use cessation services, which must be delivered by certified tobacco treatment specialists (CTTS) within organizations or systems that provide services to low SES populations.

Intensive cessation interventions refer to intensive multimodal and multi-session programs that are specifically designed to help tobacco users quit. This category of programs does not include brief cessation interventions such as the 5As model that provide brief assessment and advice to quit, or programs that focus the majority of programming on education rather than direct cessation counseling.

### **Cost Per Client for Cessation Services**

Subgrantees must provide cessation services at a cost not to exceed \$350 per enrolled client including counseling (individual or group), the provision of Nicotine Replacement Therapy (NRT), and administrative costs. This cost per client amount does not include costs for marketing tobacco cessation treatment services and prescription medications.

***NOTE: Subgrantees are encouraged to provide prescription pharmacotherapy for tobacco dependence. Grantees choosing this option are encouraged to seek third party payers for this coverage, i.e., see health insurance reimbursement, employer payment for the medications or pharmaceutical company assistance programs. Grantees can use ODH funds for the cost of prescription pharmacotherapy and should clearly identify these costs in their budget under “Other Costs”.***

### Subgrant Requirements:

- Subgrant cessation programs must adhere to the *Ohio Tobacco Use Prevention and Cessation Program Treatment Guidelines* (see Attachment B)
- All cessation personnel must be certified tobacco treatment specialists by the time a NOA is issued by ODH.
- The lead agency must comply with all data collection and reporting requirements of SPES.

- All protocols for tobacco use treatment and NRT disbursement must be prior approved by ODH.
- Intake and treatment data must be input into an ODH designated database within 24 to 48 hours by the site providing the cessation services (lead Applicant Agency or subgrantees). The database will be made available on the Healthy Ohio website, [www.healthyohioprogram.org](http://www.healthyohioprogram.org).
- The lead Applicant Agency must closely monitor the client data entry by all subgrantees, if applicable.
- A 25 percent quit rate at 6 months must be achieved by the tobacco cessation program. The 6-month quit rates will be determined by the ODH Evaluator for community grants.
- Participate in meetings at least every quarter to share information regarding administrative issues, program components and other grant-related issues.

### **Application Instructions:**

Address the following items in the application narrative using the bracketed [ ] text after the bullets below as your outline. The items must be addressed in sufficient detail so that a team of external reviewers understands each item. Please refer to the *Ohio Tobacco Use Prevention and Cessation Program Tobacco Cessation Treatment Services Guidelines*.

- Describe your proposed cessation services and indicate whether you are using an existing evidenced-based program or one you have developed using best practices. [Proposed Cessation Services]
- Describe the physical space you will use or require from worksites when implementing your individual and/or group tobacco cessation programs. [Physical Space]
- Identify the hours of operation for cessation services. [Hours of Operation]
- Explain how your staffing plan supports your projected client enrollment numbers. [Staffing Plan]
- Identify who will provide medical direction to your program, list his/her responsibilities, and include a letter of commitment from the physician. [Medical Direction]
- Describe the responsibilities of all staff including counseling, supervisory, and administrative and their time dedicated to the program. [Staff Responsibilities]
- Describe how you plan to orient and train the tobacco treatment specialists implementing your program. [Orientation and Training of Tobacco Treatment Specialists]
- Describe in detail the type of counseling interventions you will use, the number of sessions within each intervention, and the number of minutes of each session. Also provide the topics covered within each session and the counseling techniques you will utilize. Include this information for aftercare follow-up. [Counseling Interventions]
- Indicate when you will collect intake data and what type of monitoring and treatment plans you will keep for your clients. [Data Collection and Treatment Plans]
- Identify who will be responsible for making sure all program documentation and recordkeeping are entered quickly and accurately into the database. [Database Entry]
- Describe your program pharmacotherapy protocols. [Pharmacotherapy Protocol]
- Identify the credentials and discuss the experience of the proposed staff that will provide tobacco use cessation services. Include proof of tobacco treatment specialist training (e.g., certificate). [Proposed Staff]
- Describe any past experience in providing tobacco cessation counseling and any outcome data collected. [Past Program Experience]
- Describe your plan to seek third party payers to assist in supporting this initiative.
- What other experience do you have working collaboratively with other groups and organizations in your community?

- What are the demographics of the population that you expect to benefit most from your activities? What experience do you have in working with that population?

**Communications/Marketing:**

Describe, in detail, the marketing communications activities you plan to use to promote adult tobacco use cessation services.

**Attachment D**  
***Application Review Form***

Category	Points	Important Points
Executive Summary	5	<ul style="list-style-type: none"> <li>• Statement of Need</li> <li>• Project Strategy</li> <li>• Participating Agencies (Include applicant and all partners)</li> <li>• Budget Summary</li> <li>• Does the lead fiscal agency have a strategic plan?</li> </ul>
Applicant Capacity	20	<ul style="list-style-type: none"> <li>• Personnel – credentials included</li> <li>• Contractor/Vendors</li> <li>• Contracts</li> <li>• Experience</li> </ul>
Statement of Need	15	<ul style="list-style-type: none"> <li>• Identify and describe the local health status concern that will be addressed by the program.</li> <li>• Health status or systems addressed.</li> <li>• Measurable indicators if available.</li> <li>• Target population demographics and geographic locations identified.</li> <li>• Include a description of other agencies/organizations also addressing this problem/need, if applicable.</li> </ul>
Scope of Work	25	<ul style="list-style-type: none"> <li>• Program goals, objectives and activities identified</li> <li>• Timeline identifies objectives and activities with start and completion date for each.</li> <li>• Scope of work clearly defined.</li> <li>• Plan to develop and implement a Coalition and participate in CCTCA.</li> </ul>
Evaluation	15	<ul style="list-style-type: none"> <li>• RE Coordinator Identified and background experience</li> <li>• Evaluation capacity and experience</li> <li>• Plan for data collection</li> </ul>
Budget	20	<ul style="list-style-type: none"> <li>• Detailed/Logical</li> <li>• Aligns with ODH standards</li> <li>• Strong supporting Budget Summary</li> <li>• Appropriate to support planned activities</li> </ul>