



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

# **OHIO DEPARTMENT OF HEALTH**

**OFFICE OF**  
*Healthy Ohio*

**Tobacco Use Prevention and Cessation Program**

**FOR**  
**FISCAL YEAR 2010**  
**(07/01/2009 - 06/30/2010)**

**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

March 2, 2009

To: Prospective Applicants for 2010 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 goal of this competitive grant program is to support sustainable community initiatives through system, policy and environmental changes for tobacco use youth prevention and cessation programming.

The main emphasis of this RFP is reducing the use of tobacco by youth, low SES populations, 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 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 these smokers have attempted to quit at least once over the past year, and only 18 percent of them were successful. Nearly 60 percent of Ohio adult smokers with children smoke in the home.

To help counter the tobacco industry's marketing to youth, this RFP will have a special focus on tobacco products placement and advertising in retail establishments. Over 90 percent of Ohio adults believe that retailers should place tobacco products and ads above the eye level of children.

**The funding period for this award will be 12 months beginning July 1, 2009, and ending June 30, 2010.** 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. A Bidder's Conference will be held on **March 26, 2009**. Details of the Bidders' Conference, including registration forms, are available on the Healthy Ohio Website (<http://healthyohioprogram.org>). **In order to be considered for funding, the GMIS 2.0 Training Form, NOIAF Form, and the Letter of Intent to Apply must all be submitted by 4:00 P.M. April 3, 2009. Attendance at the Bidders' Conference is mandatory.**

Applicants must attend GMIS 2.0 training to be eligible to apply for funding. If you have not completed this training, please complete and return the GMIS 2.0 training form along with the Notice of Intent to Apply Form (attached to the RFP). This training will allow you to submit an application via the Internet using the Grants Management Information System (GMIS 2.0) as is required by this grant.

Once the Notice of Intent to Apply for Funding and the GMIS 2.0 training forms are received by ODH and the GMIS training requirement is completed, a grant application will be created for the applicant organization and the applicant 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 submit questions via email to David Polakowski, Coordinator, Tobacco Program Resource Development, at [david.polakowski@odh.ohio.gov](mailto:david.polakowski@odh.ohio.gov) or at 614-466-1717 by **March 25, 2009**. Responses to questions will be presented at the bidders' conference and posted on the Healthy Ohio website, <http://healthyohioprogram.org> by **April 1, 2009**.

A complete application includes submission of all required forms and attachments in GMIS 2.0 by **4:00 P.M. Monday, May 4, 2009**. This includes all documentation needed to be submitted through the mail. **ANY REQUIRED PORTION OF THE APPLICATION THAT IS NOT SUBMITTED ON TIME WILL RESULT IN DISQUALIFICATION OF THE ENTIRE APPLICATION.** It is important to begin an early submission of the application through GMIS 2.0. All applications are timed stamped as to when they are created and submitted.

**Important Dates to Remember:**

Mandatory Bidders' Conference:	March 26, 2009 (Notification/Registration available at <a href="http://healthyohioprogram.org">http://healthyohioprogram.org</a> )
RFP Questions due:	March 25, 2009
GMIS 2.0 Form due:	4:00 p.m. April 3, 2009
Notice of Intent to Apply for Funding Form due:	4:00 p.m. April 3, 2009
Letter of Intent to Apply for Funding Form due:	4:00 p.m. April 3, 2009
Application due:	4:00 p.m. May 4, 2009
Notice of Awards posted:	June 15, 2009

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](tel:614-752-9783)**

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

## NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health  
Office of 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**

**Mandatory Bidders' Conference: March 26, 2009**

**Notice of Intent to Apply for Funding Form is due by: 4:00 p.m. April 3, 2009.**

**Office of Health Ohio Tobacco Use Prevention and Cessation Program  
Letter of Intent to Apply for Funding**

Lead Applicant Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Agency Head: \_\_\_\_\_

Agency Head Email: \_\_\_\_\_

Program Director: \_\_\_\_\_

Program Director Email: \_\_\_\_\_

Fiscal Officer: \_\_\_\_\_

Prospective Contractors: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Problem to be addressed:

Statement of Need:

Target Population: \_\_\_\_\_

Target Service Area(s): \_\_\_\_\_

Goal(s):

S.M.A.R.T. Objectives:

Estimated Financial Request: \_\_\_\_\_

Budget Summary:

***Submit to: David Polakowski at [David.Polakowski@odh.ohio.gov](mailto:David.Polakowski@odh.ohio.gov) or by fax at (614) 644-7740  
Due Date: 4:00 p.m., April 3, 2009.***

## Table of Contents

<b>I</b>	<b><u>APPLICATION SUMMARY AND GUIDANCE</u></b>	
	A. Policy and Procedure .....	1
	B. Application Name.....	1
	C. Purpose .....	1
	D. Qualified Applicants .....	1
	E. Service Area.....	1
	F. Number of Grants and Funds Available.....	2
	G. Due Date.....	2
	H. Authorization .....	3
	I. Goals.....	3
	J. Program Period and Budget Period .....	3
	K. Local Health Districts Improvement Standards .....	3
	L. Public Health Impact Statement .....	3
	M. Appropriation Contingency.....	4
	N. Programmatic, Technical Assistance & Authorization for Internet Submission .....	4
	O. Acknowledgment.....	4
	P. Late Applications .....	4
	Q. Successful Applicants .....	5
	R. Unsuccessful Applicants .....	5
	S. Review Criteria .....	5
	T. Freedom of Information Act .....	6
	U. Ownership Copyright.....	6
	V. Reporting Requirements .....	6
	W. Special Condition(s) .....	7
	X. Unallowable Costs.....	8
	Y. Audit.....	8
	Z. Submission of Application .....	9
<b>II.</b>	<b><u>APPLICATION REQUIREMENTS AND FORMAT</u></b>	
	A. Application Information.....	11
	B. Budget .....	11
	C. Assurances Certification .....	12
	D. Project Narrative .....	12
	E. Civil Rights Review Questionnaire – EEO Survey.....	13
	F. Attachments .....	13
	G. Electronic Funds Transfer (EFT) Form .....	13
	H. Internal Revenue Service (IRS) W-9 Form & Vendor Forms .....	13
	I. Public Health Impact Statement Summary .....	14
	J. Public Health Impact/Response Statement .....	14
	K. Liability Coverage .....	14
	L. Non-Profit Organization Status.....	14
	M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire .....	14
	N. Attachments as Required by Program.....	15

**III APPENDICES .....22**  
    A. Attachment A  
    B. Attachment B  
    C. Attachment C

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

An application for an 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 disqualification of the entire application.**

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 "Funding Opportunities" under at "At A Glance" (located at the bottom right of home page), click on "ODH Grants" and then click on "GAPP Manual.") or <http://www.odh.ohio.gov/pdf/GAPManual/GAPMANUAL.PDF>.
- B. Application Name:** *Tobacco Use Prevention and Cessation Program.*
- C. Purpose:** *To make available funding for local public health departments and non-profit agencies to provide tobacco youth use prevention and adult cessation programming.*
- D. Qualified Applicants:** All applicants must be a local public health department or a non-profit agency. *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 be expected to 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:** *A maximum of 18 grants may be awarded for a total amount of \$1,800,000. Eligible agencies 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. Applications submitted for less than the minimum amount will not be reviewed.*

**G. Due Date.** *The deadline submission date is 4:00 P.M., Monday, May 4, 2009. Applications including any required forms and required attachments mailed or*

*electronically submitted via GMIS 2.0 are due by 4:00 P.M. Monday, May 4, 2009. 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 David.Polakowski@odh.ohio.gov with any questions. Enter the contact name listed under “Programmatic, Technical Assistance and Authorization for Internet Submission”.*

**H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute 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)

**J. Program Period and Budget Period:** *The program period will begin 7/01/2009 and end on 6/30/2010. The budget period for this application is 7/01/2009 through 6/30/2010*

**K. Local Health Districts 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 Departments” at the top of the webpage, 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 Districts Improvement Standards **(Required for competitive cycle only; not required for continuation cycle, if unchanged)**.

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 **(Required for competitive cycle only; not required for continuation cycle, if unchanged)**.

**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 (NOIAF) Form. Please contact David Polakowski at (614) 466-1717 or [David.Polakowski@odh.ohio.gov](mailto:David.Polakowski@odh.ohio.gov) whom the applicant agency can contact for questions regarding this RFP.*

For competitive RFPs ONLY: 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 **4:00 P.M. Monday, May 4, 2009**.

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 posted on GMIS 2.0 for the unsuccessful applicants.
- 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. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds.**
  - 10. Has demonstrated compliance to GAPP, Chapter 100.**
  - 11. Applications which do not contain all of the required documentation will not be reviewed.**
  - 12. Applicants will be scored based on the criteria provided in Attachment C.**
  - 13. Attachment A must be completed in order to be considered for funding.**

**NOTE: PLEASE MAKE SURE THAT ALL DOCUMENTS ARE PROPERLY SUBMITTED AND ATTACHED IN GMIS 2.0. APPLICANTS CANNOT BE CONTACTED ONCE THE APPLICATION DEADLINE HAS PASSED.**

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 is 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 to be 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/Federal Government
  - Bureau Office of 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: All program reports must be completed by the 15<sup>th</sup> of the month following the end of each quarter. (See schedule in #2 below) 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:  
**First Quarter, July 1 to September 30, 2009 - due October 15, 2009**  
**Second Quarter, October 1 to December 31, 2009 – due January 15, 2010**  
**Third Quarter, January 1 to March 31, 2010 – due April 15, 2010**  
**Fourth Quarter, April 1 to June 30, 2010 – due July 15, 2010**

*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, 2010**. 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://obm.ohio.gov/MiscPages/Publish/TravelPolicy.aspx>);
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. ***Costs for any national, state, or local conferences.***

**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 the 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 or indirect) of the findings on subgrants passed-through the Ohio Department of Health;
- 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:

<b>Complete &amp; Submit Via Internet</b>
---

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. Attachments as required by Program: **Attachment A**

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 **(for competitive cycle only; for continuation, only if changed)**
2. Statement of Support from the Local Health Districts **(for competitive cycle only; for continuation, only if changed)**
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; for competitive cycle only; for continuation, only if changed)**

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 and copies of **Attachments** (non-Internet compatible) as required by Program: None by mail.

**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. Submission of all parts of the grant application via the Ohio Department of Health's GMIS 2.0 system indicates 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 page 8 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 July 1, 2009 to June 30, 2010.

Funds may be used to support personnel, their training, travel (see OBM Website <http://obm.ohio.gov/MiscPages/Publish/TravelPolicy.aspx>) 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 (Attachment A Must be Completed and Submitted through GMIS 2.0):**

- 1. Executive Summary:** *Identify the target population, services and programs to be offered and what agency or agencies will provide those services. Describe the public health problem(s) that the program will address. Complete in Attachment A.*
- 2. Description of Applicant Agency/Documentation of Eligibility/Personnel:** *Briefly discuss the applicant agency's eligibility to apply including a brief description of previous related experience. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program. Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary.*

*Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions for these staff. **Complete in Attachment A.***

**3. Problem/Need:** *Identify and describe the local health status concerns that will be addressed by the program. Do not restate national and state data. 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. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population. Include a description of other agencies/organizations also addressing this problem/need. **Complete in Attachment A.***

**4. Methodology:** *Complete the Methodology section of Attachment A; identify the program goals, objectives, and activities. Indicate how each activity will be evaluated to determine the level of success of the program. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each. **Complete in Attachment A.***

**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.(Refer to I 2) 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 **4:00 P.M., Monday, May 4, 2009.** All attachments must clearly identify the authorized program name and program number.*

**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:**

**Vendor Information Form (New Agency Only) OR**

**Vendor Information Change Form (Existing Agency with tax identification number, name and/or address change(s)).**

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 must be completed by all non governmental grant applicant agencies to certify that they have not provided "material assistance" to a terrorist organization (Sections 909.32, 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. Attachments as Required by Program:** *Attachment A – Submit in GMIS 2.0*

### **III. APPENDICES**

- A.** *Attachment A*
- B.** *Attachment B*
- C.** *Attachment C*

**2010 Tobacco Use Prevention and Cessation Program RFP Template  
Attachment A**

Application Cover Page – 5 points

Lead Applicant Agency: \_\_\_\_\_

Program Contact & Title: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- Contractors: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

Budget Requested: \_\_\_\_\_

Target Population: \_\_\_\_\_

Targeted Service Areas: \_\_\_\_\_  
\_\_\_\_\_

Scope of Work: \_\_\_\_\_ Youth Tobacco Use Prevention \_\_\_\_\_ Cessation \_\_\_\_\_ Coalition (Must Be Included)

Reach Numbers: \_\_\_\_\_ Youth Tobacco Use Prevention \_\_\_\_\_ Cessation Services

(A breakdown of reach numbers should be provided in the proposal if application includes multi-agency and/or –county.)

TABLE of CONTENTS

Executive Summary \_\_\_\_\_ Page #

Applicant Capacity \_\_\_\_\_ Page #

**2010 Tobacco Use Prevention and Cessation Program RFP Template  
Attachment A**

Lead Applicant Agency_____	Page #
Contractor Profile _____	Page #
Applicant and Contractor/Vendor Capacity _____	Page #
Statement of Need _____	Page #
Methodology _____	Page #
Coalition _____	Page #
Tobacco Use Prevention_____	Page #
Advocate for 100% Tobacco Free Schools_____	Page #
County the Tobacco Industry Influence_____	Page #
Cessation_____	Page #
Evaluation_____	Page #
Coalition_____	Page #
RE Coordinator_____	Page #
School- and Community-Based Youth Tobacco Use Prevention_____	Page #
Cessation_____	Page #
Budget_____	Page #

*2010 Tobacco Use Prevention and Cessation Program RFP Template  
Attachment A*

Project Narrative

**I. Executive Summary (5 points):**

(2 pages maximum)

Public Health Problem to be addressed:

Goal:

S.M.A.R.T. Objectives:

Project Strategies:

Does Lead Applicant Agency have a strategic plan? If yes, describe how the project fits into the plan. If no, state how it was determined that the proposed project meets the needs of the targeted service area and fulfills agency's mission.

Budget Summary:

***2010 Tobacco Use Prevention and Cessation Program RFP Template  
Attachment A***

**II. Applicant Capacity (10 points): Lead Applicant Agency**

(Complete the following information regarding the lead applicant agency. (2 pages maximum))

Head of Agency: \_\_\_\_\_

Fiscal Officer: \_\_\_\_\_

Mission statement of the agency or organization:

List of current tobacco programs and projects:

Constituency/population served:

Year the agency/organization was founded:

Personnel that will be directly involved in program activities and position descriptions:

- I.
- II.

Current annual operating budget:

Note any personnel and equipment deficiencies that will need to be addressed in order to carryout this grant:

- I.
- II.

Briefly discuss the applicant agency's eligibility to apply:

Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program:

Describe relationships between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program:

**2010 Tobacco Use Prevention and Cessation Program RFP Template  
Attachment A**

**Applicant Capacity: Contractor Profile if applicable**

(Complete the following information for each contractor in the application. 2 pages maximum for each contractor)

Program Contact: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Head of Agency: \_\_\_\_\_

Fiscal Officer: \_\_\_\_\_

Mission statement of the agency or organization:

List of current programs and projects (Add additional lines as needed):

I.

II.

Constituency/population served:

Year the agency/organization was founded:

Personnel that will be directly involved in program activities and brief position descriptions (Add additional lines as needed):

I.

II.

Current annual operating budget:

Role on this project (description of activities or tasks to be performed):

Describe the skills and experience the contractor would bring to this project:

***2010 Tobacco Use Prevention and Cessation Program RFP Template  
Attachment A***

**Applicant Capacity: Applicant and Contractor/Vendor Capacity**

(3 pages maximum)

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:

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:

If you are proposing a statewide or multi-county approach (i.e., 16 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:

***2010 Tobacco Use Prevention and Cessation Program RFP Template  
Attachment A***

**Problem/Need(10 points):**

(3 pages maximum)

Identify and describe the local health status concern to be addressed by this program. (Do not restate national and state data, unless that is all that is available for the health need being addressed.):

Describe the specific health status or health systems concerns the program intends to address. Describe health status in terms of morbidity and/or mortality or health system in terms of accessibility, availability, affordability, appropriateness of health services indicators:

Clearly identify the target population demographics (e.g. age, race, gender, and ethnicity) and the geographic locations of the populations to be served by the program. The Low SES population should be the primary focus of the application (Include all counties to be served.):

Include a description of other agencies/organizations also addressing this problem/need in the targeted service area(s). Describe which service gaps your agency will fill if program is funded:

***2010 Tobacco Use Prevention and Cessation Program RFP Template  
Attachment A***

**III. Evaluation – 10 points:**

(2 pages maximum)

Provide the RE (Recording and Evaluation) Coordinator's name and describe his/her ability to collect data appropriately and submit reports in a timely manner:

Explain how the data will be gathered and used to inform the program director to make appropriate changes.

Explain the immediate, short-term, and long-term expected outcomes from this project/program.

**2010 Tobacco Use Prevention and Cessation Program RFP Template  
Attachment A**

**IV. Methodology:**

(50 pages Maximum)

Methodology: Coalition

<ul style="list-style-type: none"> <li>• <u>Goal: To actively participate in a Tobacco or Wellness Coalition. (Required)</u></li> <li>• <u>(The information should be completed for each contractor that is involved in the program.)</u></li> <li>•</li> </ul>			
<ul style="list-style-type: none"> <li>• Objectives (S.M.A.R.T.)</li> </ul>	<ul style="list-style-type: none"> <li>• Strategies/Activities</li> </ul>	<ul style="list-style-type: none"> <li>• Timeline</li> </ul>	<ul style="list-style-type: none"> <li>• Person &amp; Agency Responsible</li> </ul>
•	•	•	•
•	•	•	•

**Scope of Work (The information should be completed for each contractor that is involved in a Coalition for the program):**

Explain how the lead applicant agency will 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):

Explain how the coalition plans to outreach to community leaders to educate them on local and statewide tobacco control issues, inform them of the coalition’s activities and successes, invite them to become members of the coalition, and inspire them to take action that will result in community norm changes:

Provide a listing of all agencies that participate in the coalition ensuring that the Local Health Department of each service area is a participant.

• Name	• Agency	Contribution to Coalition	• Service Area

Provide a plan that describes how the coalition has or plans to incorporate tobacco use prevention into chronic disease programming:

***2010 Tobacco Use Prevention and Cessation Program RFP Template  
Attachment A***

Briefly describe the coalition:

Year Coalition was established:

The current status and background of the coalition including your agency's or organization's history with the coalition:

Describe the structure of the coalition (i.e., leadership, steering committee, subcommittees, etc.):

Describe the meeting frequency of the coalition:

Explain who the coalition members/partners are and include what organization they represent in the community or county, and what contributions they make to the coalition:

Explain the decision making process of the coalition:

Explain the tobacco issues that the coalition has worked on in the past along with successes and challenges it has faced:

Describe the geographic area(s) (community, city, county or region) served by the coalition:

Outline how the coalition plans to identify roles for the coalition members so that current members remain active and engaged. Include plans to 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 government officials, city managers, school board members, faith based community representatives, businesses, etc.):

Outline how the coalition plans to outreach to community thought leaders:

List the state legislative districts the grant will serve:

Explain the experience lead applicant agency and all contractors, if applicable, have working collaboratively with other groups and

***2010 Tobacco Use Prevention and Cessation Program RFP Template  
Attachment A***

organizations in your community:

Explain the demographics of the population the lead applicant agency and all contractors expect to benefit most from program activities and the experience you have in working with that population:

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

**2010 Tobacco Use Prevention and Cessation Program RFP Template  
Attachment A**

Methodology: Tobacco Use Youth Prevention

Use evidenced-based tobacco use youth prevention curricula.

Must be completed for each contractor that is involved in Youth Use Prevention Curricula services for the program.

LifeSkills      \_\_\_ Project TNT      \_\_\_ Project ALERT

\_\_\_ 4<sup>th</sup> \_\_\_ 5<sup>th</sup> \_\_\_ 6<sup>th</sup> \_\_\_ 7<sup>th</sup> \_\_\_ 8<sup>th</sup> \_\_\_ 9<sup>th</sup> (A minimum of 50% of the youth must be in middle school which is defined at each local level. **Costs per student should not exceed \$50.00 which includes EPT marketing.**)

Skills certifications must be submitted at the time of the application.

Must be provided from each school district that participates in the tobacco use youth prevention curricula.

• Strategies/Activities	• Timeline	• Person & Agency Responsible	• School District	• Community-Based
•	•	•	•	•
•	•	•	•	•

**Scope of Work (The information must also be completed for each contractor that is involved in Youth Prevention Curricula for the program):**

Provide a tobacco youth use prevention curriculum work plan for each curriculum and grade range proposed:

If proposed staff and/or contractors do not have experience implementing the tobacco use youth prevention curriculum, please describe their experience in delivering other prevention programming in schools districts and/or community-based settings. Indicate where the curriculum was implemented and if it was implemented in a multi-year sequence (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):

If your agency or organization is currently implementing the proposed curriculum, explain your plan to continue implementing that

***2010 Tobacco Use Prevention and Cessation Program RFP Template***  
***Attachment A***

curriculum in a multi-year sequence as prescribed by the curriculum developers:

If your agency or organization is not currently implementing the proposed curriculum, explain your 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:

Explain your experience in working collaboratively with other groups and organizations in your community:

Explain demographics of the population you expect to benefit most from your activities:

Explain staff experience in working with this population including the results of any such effort:

**2010 Tobacco Use Prevention and Cessation Program RFP Template  
Attachment A**

Methodology: Advocate 100% Tobacco Free Schools

<ul style="list-style-type: none"> <li>• <b>Goal: To Advocate for 100% Tobacco Free Schools (Required if Applying for Youth Prevention).</b></li> <li>• <u>(The information should be completed for each contractor that is involved in 100% Tobacco Free Schools for the program.)</u></li> <li>•</li> <li>• Steps for TFS Policy Status: Step 1 – Adoption      Step 2 – Implementation      Step 3 - Enforcement</li> <li>•</li> </ul>			
<ul style="list-style-type: none"> <li>• Objectives (S.M.A.R.T.)</li> <li>• Sample: By June 30, 2010, two additional school districts in Franklin County, Ohio will adopt a tobacco free school policy.</li> </ul>	<ul style="list-style-type: none"> <li>• Strategies/Activities</li> </ul>	<ul style="list-style-type: none"> <li>• Timeline</li> </ul>	<ul style="list-style-type: none"> <li>• Person &amp; Agency Responsible</li> </ul>
•	•	•	•
•	•	•	•

<ul style="list-style-type: none"> <li>• School Districts In Target Service Area</li> </ul>	<ul style="list-style-type: none"> <li>• County</li> </ul>	<ul style="list-style-type: none"> <li>• Number of School Buildings</li> </ul>	<ul style="list-style-type: none"> <li>• Tobacco Free School Policy Status • (Step 1, Step 2 or Step 3)</li> </ul>
•	•	•	•
•	•	•	•
•	•	•	•

<ul style="list-style-type: none"> <li>• # of School Districts to take Step 1</li> </ul>	<ul style="list-style-type: none"> <li>• # of School Districts to take Step 2</li> </ul>	<ul style="list-style-type: none"> <li>• # of School Districts to take Step 3</li> </ul>
•	•	•
•	•	•

(Applicant MUST submit current Tobacco Free School or related policies for all school districts in targeted service areas.)

Scope of Work:

***2010 Tobacco Use Prevention and Cessation Program RFP Template***  
***Attachment A***

Provide a plan on how coalition members and community leaders will be engaged in the tobacco-free school campus policy steps:

Provide an understanding that subgrantees are required to attend any ODH trainings on Tobacco Free School policies:

Describe the coalition and/or its members' previous experiences 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 and describe the role each will 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 attitude about an issue through an educational or social marketing campaign:

Explain why these activities were chosen and how they will be evaluated for success:

Explain what other groups participated in these efforts and what responsibilities were assigned to each:

Describe the demographics of the population who expect to benefit most from program activities and the experience working with the population:

Describe, in detail, the marketing communications activities the lead applicant and all contractors, if applicable, plan to implement for advocating for tobacco-free school campus policies:

**2010 Tobacco Use Prevention and Cessation Program RFP Template  
Attachment A**

**Methodology: Counter Tobacco Industry Influence**

<ul style="list-style-type: none"> <li>• <b>Goal: To actively counter tobacco industry influence on youth. (Required if Applying for Youth Prevention)</b></li> <li>• <b><i>(The information should be completed for each contractor that is involved in Counter the Tobacco Industry Influence for the program.)</i></b></li> </ul> <ol style="list-style-type: none"> <li>1. Advocating for policies and practices that limit the extent and type of retail advertising and promotions.</li> <li>2. 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)</li> <li>3. 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.</li> </ol>			
<ul style="list-style-type: none"> <li>• Objectives (S.M.A.R.T.)</li> <li>• Sample: By June 30, 2010, survey 10 retail stores for proper placement of tobacco products in Franklin County, Ohio.</li> </ul>	<ul style="list-style-type: none"> <li>• Strategies/Activities</li> </ul>	<ul style="list-style-type: none"> <li>• Timeline</li> </ul>	<ul style="list-style-type: none"> <li>• Person or Agency Responsible</li> </ul>
•	•	•	•
•	•	•	•

**Scope of Work:**

Explain how coalition members and community leaders will be engaged in efforts to counter tobacco industry influence in the proposed community (ies):

Describe the primary activities used 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?

If no specific previous experience exists specifically trying to counter the tobacco industry’s influence, then describe any attempts to change public attitudes about another issue through an educational or social marketing campaign.

Explain how the lead applicant agency and contractors, if applicable, plan for these activities and evaluated success:

***2010 Tobacco Use Prevention and Cessation Program RFP Template  
Attachment A***

What other groups did lead applicant agency and contractors, if applicable, have work within these efforts?

What were the respective roles of the various groups and organizations?

What other experience does the lead applicant and contractors, if applicable, have working collaboratively with other groups and organizations in your community?

What are the demographics of the population expected to benefit most from program activities?

What experience does the lead applicant agency and contractors, if applicable, have in working with that population?

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

**2010 Tobacco Use Prevention and Cessation Program RFP Template  
Attachment A**

Methodology: Advise **stand** Team

<ul style="list-style-type: none"> <li>• <u>Goal: To Create, Implement, and Advise a <b>stand</b> Team</u></li> <li>• <b>stand</b> is the portion of Ohio’s statewide youth-led tobacco counter-marketing campaign that focuses on activism. <b>stand</b> aims to empower Ohio’s youth and young adults to “stand up and speak out against tobacco use” and become the first generation not addicted to tobacco.</li> <li>•</li> <li>• <u><b>All stand advisors must submit a background check.</b></u></li> <li>•</li> </ul>			
<ul style="list-style-type: none"> <li>• Objectives (S.M.A.R.T.)</li> <li>• Sample: By June 30, 2010, recruit 50 youth ages 14 to 18 for membership in the Franklin County, Ohio <b>stand</b> team.</li> </ul>	<ul style="list-style-type: none"> <li>• Strategies/Activities (include <b>stand</b> meetings and events)</li> </ul>	<ul style="list-style-type: none"> <li>• Timeline</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Advisor and Agency Responsible</li> </ul>
•	•	•	•
•	•	•	•

**Scope of Work (The information should be completed for each contractor planning to create or reinstate a stand team):**

Groups of Ohio youth 12 to 18-years-old comprise **stand** Teams across Ohio and are the grassroots backbone of the movement. What age group will the **stand** team target? What school districts will be represented in **stand**?

Explain how the **stand** team will correct commonly held tobacco use misperceptions and raise awareness among their peers about the dangers surrounding tobacco use in ways that support the overall brand/campaign.

What **stand** activities will be planned throughout the grant cycle? Activities should include, but not limited to, team meetings, recruitment events, and Counter Tobacco Influence Activities.

Through the community coalition what activities will be held to establish and foster community support for **stand**? Include contractor information as applicable:

Explain how students will be recruited to implement and engage youth in **stand** over the grant cycle:

***2010 Tobacco Use Prevention and Cessation Program RFP Template***  
***Attachment A***

Describe the organizations sustainability plan for the **stand** Team if/and when ODH funding ends:

Describe any experience the lead applicant agency and all contractors, if applicable; have in leading a **stand** Team or other youth-serving program/organization, and what successes exemplify this experience:

Explain the advocacy experience of the youth leaders involved in **stand** including contractors as applicable. If experience is limited, explain how youth leaders will motivate youth to become **stand** activists and engaged in the program:

As a youth leader, what have your advocacy experiences been? Provide a snapshot of your youth in action around a cause. If your experience in this area is limited, describe how you would motivate youth to become **stand** activists and keep them engaged in the movement:

Describe the strategies that will be implemented to build community support for your **stand** Team (i.e., describe what the envisioned outreach will be for the program):

**Communications/Marketing:**

Describe, in detail, the marketing communications activities this project will use in promoting **stand** Teams.

**2010 Tobacco Use Prevention and Cessation Program RFP Template  
Attachment A**

**Methodology: Cessation**

- Goal: To provide Cessation services and programming.
- According to the CDC, smoking cessation is one of three public health interventions that produce more cost-savings than other commonly provided clinical preventive services, including mammography, colon cancer screening, treatment of mild to moderate hypertension, and treatment of high cholesterol.
- (The information should be completed for each contractor that is involved in Cessation services for the program.)
- The CDC recommends state action on tobacco use treatment should include the following elements:
  - I. Establishing population-based counseling and treatment programs, such as cessation help lines.
  - II. Making system changes recommended by the Agency for Healthcare Research and Quality (AHRQ) sponsored cessation guideline.
  - III. Covering treatment for tobacco use under both public and private insurance.
  - IV. Eliminating cost barriers to treatment for underserved populations, particularly the uninsured.
- Certified Tobacco Treatment Specialist Certifications must be submitted for all staff with the application.
- A policy and procedure manual must be submitted as required in the Ohio Department of Health’s Tobacco Treatment Center Guidelines (Attachment B).

• Objectives (S.M.A.R.T.)	• Strategies/Activities	• Timeline	• Person & Agency Responsible	• Reach Numbers
• Sample: By June 30, 2010, provide cessation services to 350 individuals in Franklin County, Ohio.				
•	•	•	•	•
•	•	•	•	•

**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 8 weeks of Nicotine Replacement Therapy (NRT), and administrative costs (i.e. travel, supplies, etc.). ***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***

**2010 Tobacco Use Prevention and Cessation Program RFP Template**  
**Attachment A**

*option are encouraged to seek third party payers for this coverage, i.e., seek 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”.*

- I. Subgrantee cessation programs must adhere to the Ohio Tobacco Use Prevention and Cessation Program Treatment Guidelines listed on the following pages.
- II. All cessation personnel must be certified tobacco treatment specialists by the time a NOA is issued.
- III. The lead agency must comply with all data collection and reporting requirements of SPES.
- IV. All protocols for tobacco use treatment and NRT disbursement must be prior approved by ODH.
- V. The lead Applicant Agency must closely monitor the client data entry by all subgrantees, if applicable.
- VI. 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.
- VII. Lead applicant agencies must participate in meetings at least every quarter to share information regarding administrative issues, program components and other grant-related issues.

**Scope of Work (The information should be completed for each contractor that is involved in Cessation services for the program.):**

Describe your proposed cessation services and indicate whether an existing evidenced-based program or one that was developed using best practices is in use. (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.):

**Physical Space:** Describe the physical space the lead applicant agency and all applicable contractors will use or require from worksites when implementing your individual and/or group tobacco cessation programs. (The space used for individual and group counseling must be adequate to provide private consultation for the individual participant with the tobacco treatment specialist.):

**Hours of Operation:** Identify the hours of operation for cessation services. (The hours and days when services are provided must reflect the demand for services and must include evening hours. Participants 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.):

**Staffing Plan:** Explain how the staffing plan supports the projected client enrollment numbers:

**Medical Direction:** Identify who will provide medical direction for the lead applicant and all applicable contractor programs, list his/her responsibilities, and include a letter of commitment from the physician. **Provide a resume no more than 2 pages in length.**

## ***2010 Tobacco Use Prevention and Cessation Program RFP Template***

### ***Attachment A***

(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.):

**Staff Responsibilities:** Describe the responsibilities of all staff including counseling, supervisory, and administrative and the percentage of time dedicated to the program. (Job descriptions must clearly describe the responsibilities of all staff, including counseling, supervisory, and administrative.):

**Orientation and Training of Tobacco Treatment Specialists:** Describe the plan to orient and train the tobacco treatment specialists implementing the program. (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.):

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. (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 and emphasizes the development and implementation of coping strategies. The counseling program must also conform to the most recent version of the Public Health Service (PHS) Guidelines for Treating Tobacco Use and Dependence.** The counseling program treatment protocols must be appropriate for the tobacco users' 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):

**Data Collection and Treatment Plans:** Indicate when you will collect intake data and what type of monitoring and treatment plans you will keep for your clients. Submit a sample of the documents that will be used to collect data. (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 relapses, self-image enhancement, and carbon monoxide

## *2010 Tobacco Use Prevention and Cessation Program RFP Template Attachment A*

measurement.)

Explain how counseling on other topics such as weight management including the importance of exercise, diet, and stress management could be included:

**Intake and Assessment:** Explain how individual, comprehensive and accurate data will be collected and used to determine a course of action and treatment plan for each client. Also, include how data collection will comply with the minimum data set requirements of the Ohio Department of Health's Tobacco Use Prevention and Cessation Program:

**Treatment Planning:** Individual treatment plans are required for every patient whether seen in individual counseling or in group counseling. Explain plans to identify goals, challenges and steps towards resolving challenges, resources, and empirically-based treatment strategies. Include the monitoring and evaluation of the patient's progress, and the modification of treatment plans as necessary. A sample of the treatment plan should be submitted along with the application:

**Relapse Prevention:** Explain plans to systematically evaluate a patient's progress after his/her quit date. In the counseling protocols provide information, guidance and reinforcement to prevent a relapse.

**Follow-up and Aftercare:** In the counseling protocols explain an aftercare plan that includes follow-up to check tobacco use status at regular intervals.

**Referral Services:** Explain how referrals to appropriate clinical and non-clinical services to support the patient's health and well-being will be made:

**Link Patients:** Explain how information will be provided and offered on fax referrals to the Quit Line. Include how tobacco users will be encouraged to access the Quit Line services between counseling visits, throughout the course of treatment, and as a post-treatment support service.

**Database Entry:** Identify who will be responsible for making sure all program documentation and recordkeeping are recorded accurately as required by ODH. (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 Department of Health's Tobacco Use Prevention and Cessation Program and the external evaluator of the project.)

**Pharmacotherapy Protocol:** Describe program pharmacotherapy protocols which must include clear and accurate information about

**2010 Tobacco Use Prevention and Cessation Program RFP Template**  
**Attachment A**

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.)

**Proposed Staff:** Identify the credentials and discuss the experience of the proposed staff who will provide tobacco use cessation services. Include proof of tobacco treatment specialist training (e.g. certificate). **Copies of TTS Certificates must be provided:**

**Past Program Experience:** Describe any past experience in providing tobacco cessation counseling and any outcome data collected:

Describe a plan to seek third party payers to assist in supporting this initiative:

Explain what other experience agencies have working collaboratively with other groups and organizations in targeted service areas:

Explain the plan to educate the local community and health care providers about the availability of services. 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 pre-approved by Ohio Department of Health’s Tobacco Use Prevention and Cessation Program. (Overall advertising and community outreach efforts must identify Ohio Department of Health’s Tobacco Use Prevention and Cessation Program as the funder.)

Explain the demographics of the population(s) agencies expect to benefit most from the planned activities:

Explain the agencies past experience in working with the population(s):

Describe, in detail, the marketing communications activities planned to promote adult tobacco use cessation services. **Applicant must include a plan for marketing the Quit Line:**

**V. Budget**

Categories

- I. Funding Request
- II. Personnel

**2010 Tobacco Use Prevention and Cessation Program RFP Template  
Attachment A**

- III. Other Costs
- IV. Equipment
- V. Contracts
- VI. Justification

Funding Request: This is the total amount requested for the entire proposal/application.

Personnel: This section should include the employee name, function/title, program time (%), annual salary, program salary cost, fringe rate (%), program fringe cost, and total program cost. Additionally, the ODH GMIS 2.0 system requires fund sources for all salaries if program time is less than 100%. Complete the following table for both the lead applicant and all contractors.

• Function/Title	• Program Time (%)	• Annual Salary	• Program Salary Cost	• Fringe Rate	• Program Fringe Cost
•	•	•	•	•	•

Program Time (%) – Percentage of time that an employee will dedicate to the program.

Annual Salary – The amount of fixed compensation that an employee receives on an annual basis for regular work or services.

Program Salary Cost – The program time (%) multiplied by the annual salary.

Fringe Rate (%) – The total cost of each fringe benefit that each employee receives on an annual basis divided by the annual salary of said employee.

Program Fringe Cost – The Fringe Rate multiplied by the annual salary.

Total Program Cost – The sum of the program salary cost and the program fringe cost.

Other Costs: Includes any program cost that will be incurred during the grant cycle outside of personnel. Examples of other costs includes, but are not limited to, travel, supplies, rent, utilities, printing, postage, training, advertising, etc. Each “other costs” line item should be entered as a separately.

**2010 Tobacco Use Prevention and Cessation Program RFP Template  
Attachment A**

**Equipment:** Any item of tangible property having a useful life of one year or more, costing \$300 or more and which is purchased in whole or in part with project funds. Real property, such as land, buildings, or improvements other than buildings, is not classified as equipment. Equipment includes, but is not limited to, machinery, tools, motor vehicles, furniture and furnishings. Items that meet the definition of equipment of which early obsolescence is expected, such as films, tapes, videos, books, etc., are classified as supplies. All equipment purchases over \$300 must be pre-approved by the ODH staff.

**Contracts:** Those goods and services purchased by a subgrantee as a result of a contract with individuals who are not employees of the subgrantee. A detailed narrative should be provided for each contractor who is providing services during the program and grant period.

**Justification:** A detailed narrative that gives an explanation for and validates each line item in the budget. Each line item should have a detailed description in the justification.

**\*\*\*\*Costs for Curricula should not exceed \$50.00/student and \$350.00/client for Cessation services. These costs are inclusive of all implementation materials, but DO NOT include marketing expenses.**

**Budget Narrative:** (Must be detailed for all agencies involved in the application and include the following worksheets.)

Lead Applicant Agency: \_\_\_\_\_

Budget Request: \_\_\_\_\_

Line Item	Youth Prevention			stand	Tobacco Free Schools	Countering the Influence	Coalition Development	Cessation	Quit Line Marketing	Totals
	Project Alert	LifeSkills	Project TNT							
Personnel										
Staff 1										
Staff 2										
<b>TOTAL PERSONNEL</b>										
Fringe Benefits										
Staff 1										
Staff 2										
<b>TOTAL FRINGE</b>										

**2010 Tobacco Use Prevention and Cessation Program RFP Template  
Attachment A**

Other Costs										
Printing/Copies										
Postage										
Mileage/Travel										
Utilities										
Rent										
Youth Prevention Supplies										
Office Supplies										
8 weeks of NRT										
Other Pharmaceuticals										
IT Services										
Meeting Expenses										
Signs (TFS)										
Incentives										
Marketing										
Other										
<b>TOTAL OTHER COSTS</b>										
Equipment										
<b>TOTAL PROGRAM COSTS</b>										
REACH NUMBERS										
Contracts										
Contract 1										
Contract 2										
<b>TOTAL CONTRACTS</b>										

Contractor: \_\_\_\_\_

Budget Request: \_\_\_\_\_

Line Item	Youth Prevention			stand	Tobacco Free Schools	Countering the Influence	Coalition Development	Cessation	Quit Line Marketing	Totals
	Project Alert	LifeSkills	Project TNT							
Personnel										
Staff 1										
Staff 2										
<b>TOTAL PERSONNEL</b>										
Fringe Benefits										
Staff 1										
Staff 2										
<b>TOTAL FRINGE</b>										

**2010 Tobacco Use Prevention and Cessation Program RFP Template**  
**Attachment A**

Other Costs									
Printing/Copies									
Postage									
Mileage/Travel									
Utilities									
Rent									
Youth Prevention Supplies									
Office Supplies									
8 weeks of NRT									
Other Pharmaceuticals									
IT Services									
Meeting Expenses									
Signs (TFS)									
Incentives									
Marketing									
Other									
<b>TOTAL OTHER COSTS</b>									
Equipment									
<b>TOTAL PROGRAM COSTS</b>									
REACH NUMBERS									

**Sustainability**

(2 pages maximum)

Provide other current sources and partners that provide funding for program:

Describe the plan to sustain the program after grant period is completed and if funding from ODH was to end:

Provide other sources of funding that make up the lead Applicant Agency’s operating budget including internal and external in-kind resources:

**2010 Tobacco Use Prevention and Cessation Program RFP Template  
Attachment A**

***Required Documentation and Information Reminder***

**Complete, Sign and Mail one copy of the following to ODH (Page 10 of RFP):**

- Electronic Funds Transfer (EFT) Form - Required if new agency, thereafter only if banking information has changed.
- 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
    - Vendor Information Form - New Agency Only
    - Vendor Information Change Form - Existing Agency with tax identification number, name and/or address change(s).
    - Change request in writing on agency letterhead – existing agency with tax identification number, name and/or address change(s).

**Mail the original and one copy of the following to ODH (Page 10 of RFP):**

- Public Health Impact Statement - see pages 3 and 14 of the RFP
- Public Health Impact Statement Support – see pages 4 and 14 of the RFP
- Statement of support from the local health districts in the targeted service areas
- Liability Coverage – Non-profit organizations only, proof of current liability coverage and thereafter at each renewal period.
- Evidence of non-profit status

**Complete and Copy one copy of the following to ODH (Page 10 of RFP)**

- Current Independent Audit – latest completed organizational fiscal period, only if not previously submitted.
- Declaration Regarding Material Assistance/Non Assistance to a Terrorist Organization (DMA) Questionnaire – required by all non-governmental applicant agencies.

**ALL TRAINING CERTIFICATES FOR LIFESKILLS AND CESSATION PROGRAMMING** - *Letters of support from the proposed school district(s) or community-based setting(s) where prevention programs will be implemented.*

**Evaluation and Reporting** - Subgrantees must agree to participate in all ODH evaluation and reporting training; and provide an understanding to comply with data collection requirements and submit reports to SPES. ODH may require subgrantees to complete assessment tools to gauge the effectiveness of all planned activities included in the application.

**Stand Advisor(s) must submit background check.**

***2010 Tobacco Use Prevention and Cessation Program RFP Template  
Attachment A***

**Important Dates to Remember:**

RFP Questions due:	March 25, 2009
Mandatory Bidders' Conference:	March 26, 2009 (Notification/Registration available at <a href="http://healthyohioprogram.org">http://healthyohioprogram.org</a> )
GMIS 2.0 Form due:	4:00 p.m. April 3, 2009
Notice of Intent to Apply for Funding Form due:	4:00 p.m. April 3, 2009
Letter of Intent to Apply for Funding Form due:	4:00 p.m. April 3, 2009
Q & A Posted on Healthy Ohio Website:	April 3, 2009
Application due:	4:00 p.m. May 4, 2009
Notice of Awards posted:	June 15, 2009

## *Attachment B*

### **Ohio Department of Health 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 (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/.](http://surgeongeneral.gov/tobacco/)) 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 12 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 and 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. Participants 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 as needed in the development of counseling care plans, and promote the tobacco cessation treatment 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 for counseling program must be clearly established. All tobacco treatment specialists must be certified

## ***Attachment B***

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** (Miller W.R. & Rollnick, S. (1991). *Motivational Interviewing: Preparing people to change addictive behavior*. New York: Guilford Press.) **and emphasizes the development and implementation of coping strategies** (Marlatt, G.A., & Donovan, D.M. (2005). *Relapse Prevention: Maintenance strategies in the treatment of addictive behaviors*. New York. Guilford Press.). **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

## ***Attachment B***

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.

### **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**

Plans to systematically evaluate patient progress after his/her quit date and to 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**

A plan to provide referral services 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.

## *Attachment B*

### **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. A policy and procedure manual must be written, approved by the treatment provider organization and by ODH.

### **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 approved and coordinated with the 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.