Request for Application #17-10593

Statewide Coordinating Centers
for
Priority Populations

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CALIFORNIA TOBACCO CONTROL PROGRAM

September 26, 2017
October 23, 2017 (Amended)

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Part I. Funding Opportunity Overview

A. Background and Authorizing Legislation

In November 1988, California voters approved passage of the *Tobacco Tax and Health Protection Act of 1988*, also known as Proposition 99 (Prop 99). This initiative increased the state cigarette tax by 25 cents per pack and added an equivalent amount on other tobacco products. The revenue from Prop 99 was designated for tobacco-related research, health education and promotion, and health care services, and as a result, the California Tobacco Control Program (CTCP) was established in 1989.

In November 2016, California voters overwhelmingly approved the *California Healthcare, Research, and Prevention Tobacco Act of 2016,* Proposition 56 (Prop 56), by a 64 percent to 36 percent vote. Prop 56 added an additional $2.00 tax to each pack of cigarettes and an equivalent tax on other tobacco products, including electronic smoking devices (ESDs) and designated that a portion of the tobacco tax revenue be directed toward preventing and reducing tobacco use. Of the funds directed to the California Department of Public Health (CDPH) for a comprehensive tobacco control program, Prop 56 requires that a minimum of 15 percent of funds be used to accelerate and monitor the rate of decline in tobacco-related disparities with a goal of eliminating tobacco-related disparities.

The enabling legislation for California's comprehensive tobacco control program is provided by the following: Assembly Bill (AB) 75 (Chapter 1331, Statutes of 1989), AB 99 (Chapter 278, Statutes of 1991), AB 816 (Chapter 195, Statutes of 1994), AB 3487 (Chapter 199, Statutes of 1996), Senate Bill (SB) 99 (Chapter 1170, Statutes of 1991), SB 960 (Chapter 1328, Statutes of 1989), SB 493 (Chapter 194, Statutes of 1995); the annual State Budget; Health and Safety (H&S) Code Sections 104350-104480, 104500-104545; and Revenue and Taxation Code Sections 30121-30130.

H&S Code Section 104385 authorizes CDPH/CTCP to fund grants that prevent and reduce tobacco use and that do the following:

- Demonstrate community support for the grant.
- Design the grant to coordinate with other local health programs, school-based programs, or voluntary health organizations.
- Use and enhance existing services.
- Serve a priority population at high risk of starting tobacco use or developing tobacco-related illnesses.
- Demonstrate an understanding of the role community norms have in influencing behavior change regarding tobacco use.
- Indicate innovative or promising approaches that can be replicated by others.

B. Funding Purpose

Collaboration and community engagement are important underpinnings of CDPH/CTCP and its *Initiative to Reduce Tobacco-Related Disparities*. This Request for Application (RFA) seeks to fund up to four (4) statewide Coordinating Centers; one for each of the following population groups: 1) African American/Black, 2) Asian/Pacific Islander, 3) Hispanic/Latino, and 4) Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ[i]) populations. The purpose of the Coordinating Centers is to foster interactive and integrative collaboration and communication among awardees of priority population regional projects funded by *RFA #17-10569 Regional Initiative to Mobilize Communities and Reduce Tobacco–Related Disparities among African American/Black; Asian/Pacific Islander; Hispanic/Latino; and Lesbian, Gay, Bisexual, Transgender, Queer Populations* as well as their networks and CDPH/CTCP.

Coordinating Centers efforts are expected to accelerate the adoption, implementation, and impact of policy and system change campaigns conducted by their respective regional priority population projects by:

1. Fostering productive communication among the regional projects and the networks of agencies, organizations and groups with which they work;
2. Facilitating productive cross-collaboration and coordination across the regional priority population projects to leverage resources and prevent duplication of effort;
3. Collecting and informing regional projects of relevant current federal, state and major community issues that may impact their efforts, including but not limited to media, policy, secondhand smoke, and tobacco industry developments;
4. Facilitating communication and collaboration with other tobacco control, public health, scientific or policy partners, including State and local tobacco control program managers; health department officials; local, State, or national policy makers; and researchers, and research funding agencies about the efforts of the regional projects;
5. Facilitating development of policy and advocacy priorities within the priority population and across priority population groups in order to create critical mass and momentum;
6. Acting as a broker to refer regional projects and their networks to existing statewide training and technical assistance providers funded by CDPH/CTCP;
7. Developing and implementing efforts to develop the tobacco control movement's public health pipeline through community leadership and professional development;
8. Facilitating in-district Information & Education outreach to elected officials and decision makers within regions in coordination with Local Lead Agencies and other funded projects;

[i] This document uses the term "LGBTQ" throughout as inclusive shorthand indicative of individuals who assert non-heteronormative sexual orientations and/or gender identities. As such, please consider use of the term "LGBTQ" as an all-encompassing identifier that does not intend to limit specificity to *only* individuals who identify as lesbian, gay, bisexual, transgender, or queer.

9. Developing culturally appropriate and language-specific educational materials that are useful to the regional priority population projects;
10. Using appropriate methods to translate and disseminate regional success stories to a wide array of audiences, including tobacco control programs; public health practitioners; researchers; parents and teachers; youth and youth-serving organizations; Federal, State, and local policy makers; and the general public for the purpose of accelerating tobacco control policy and system changes undertaken by the regional projects; and
11. Participating in statewide evaluation of the Initiative and using project evaluation to improve Coordinating Center activities.

C. Funding Restrictions

See Part VIII: Important Administrative Details, E. Use of Funds for information on the restriction of the use of grant funds. Additionally, this RFA will not fund the following:

- Development, implementation, and evaluation of policy and system change campaigns.
- Development and implementation of statewide training and technical assistance systems.
- Development and/or placement of mass media campaigns to support policy and system change campaigns.
- Activities that supplant or duplicate existing programs or services funded by CDPH/CTCP or another source.
- Objectives that solely focus on increased knowledge or awareness as outcomes.

D. Public Health Significance of Tobacco Use

Tobacco Use and Disease

Tobacco use remains the number one cause of preventable death, disease, and disability in the United States.[1] Forty percent of all cancer diagnoses in the nation are attributed to tobacco use[2,3] while smoking accounts for 85 percent of lung cancers,[4] 80 percent of chronic obstructive pulmonary disease, 30 percent of cardiovascular disease, and 30 percent of cancer deaths.[1] Each year, tobacco-related diseases account for approximately 16 percent or 40,000 of deaths in California.[5,6]

Direct health care costs attributed to tobacco use in California are $13.29 billion annually and of this, California taxpayers spend $3.58 billion dollars each year to treat cancer and other smoking-related diseases through Medi-Cal.[5] To put this in perspective, the fiscal year (FY) 2016/2017 budget for the CDPH was $3.0 billion.[7]

California's smoking population totals approximately 3.2 million people, with the number of smokers in the state exceeding the total population in 21 states.[8,9] Eliminating tobacco use would profoundly improve the health of Californians and considerably reduce health care costs.

Tobacco Use and Priority Populations

Since 1989, as a result of concentrated efforts to reduce initiation and use of tobacco and to protect non-smokers from secondhand smoke (SHS), CDPH and its partners have reduced the smoking prevalence among adult Californians from 23.7 percent in 1988 to 10.5 percent in 2015, representing a 55.7 percent decline in smoking. Despite this success, large differences in smoking prevalence persist for adults and youth by race/ethnicity and among population groups by socioeconomic status, educational attainment, occupation, mental health status, sexual orientation, and geography. These high-risk groups suffer disproportionately from tobacco-related illnesses and death despite the progress made in reducing adult tobacco use in California.[10]

Tobacco-related disparities are a significant problem in African American/Black, Asian/Pacific Islander, Hispanic/Latino, and LGBTQ communities. The tobacco industry is known for its aggressive marketing to certain populations.[11] The industry promotes discounted products and rewards programs, and advertises specific products, such as menthol cigarettes, towards these vulnerable populations. In California, 70 percent of African American, 42 percent of American Indian, 33 percent of Hispanic/Latino, and 30 percent of Asian, adult cigarette smokers smoke menthol cigarettes compared to only 18 percent of white adult cigarette smokers.[12] Additionally, tobacco retailers are more prevalent in low-income communities and communities with a large proportion of Hispanic, foreign-born resident, African American, and LGBTQ populations.[13] This gives the tobacco industry an advantage in keeping smokers addicted and initiating new smokers with their in-store marketing materials, which are visible to everyone.[14]

Tobacco Use in African American/Black Communities

The tobacco use rate for African American Californians is 19.5 percent, as compared to the 13.5 percent rate of use among non-Hispanic, Caucasian Californians.[15] According to the California Cancer Registry, people who are African American experience the highest lung cancer incidence and mortality rates of all other racial and ethnic groups in California.[16] African American children are the most likely to live with someone who smokes and are at highest risk for secondhand smoke exposure at home, followed by children who are Caucasian, Hispanic/Latino, and Asian/Pacific Islander. Further, African American children are more than three times as likely as any other racial/ethnic group to live in a home where smoking is permitted.[17]

Tobacco Use in Asian/Pacific Islander Communities

The priority population of focus with the lowest smoking prevalence is attributable to Asian/Pacific Islander Californians at 9.5 percent.[15] However, within non-Hispanic/Latino Asian/Pacific Islander communities, some groups – such as individuals who are Korean (10.9 percent), Filipino (7.5 percent), Chinese (8 percent), and Vietnamese (15 percent) – have a higher smoking rate than other Asian/Pacific Islander groups (6.6 percent).[18] Men who are Vietnamese have one of the highest smoking prevalence rates across all racial/ethnic groups in California at

27.8 percent.[18] Furthermore, although there is a significant difference in smoking behavior among Californian Asian/Pacific Islander men (14.3 percent) and women (3.8 percent), many Asian/Pacific Islander women are at higher risk of respiratory problems due to exposure to secondhand smoke.[18]

Tobacco Use in Hispanic/Latino Communities

California has one of the largest Hispanic/Latino populations in the country.[19] Among California Hispanic/Latino adults, the smoking prevalence rate is 12.1 percent, of which Hispanic/Latino individuals who identify as male smoke at more than twice the rate of Hispanic/Latino people who identify as women.[15,20] Lung cancer is the leading cause of cancer death among Hispanic/Latino individuals who identify as male and is the second-leading cause among Hispanic/Latino individuals who identify as women.[21] Secondhand smoke exposure also affects many people who are Hispanic/Latino at home. Approximately 32 percent of California residents live in multi-unit housing (MUH), and of these, many residents are Hispanic/Latino and experiencing a low socioeconomic status.[22] Secondhand smoke can drift into homes from neighboring units, common areas, and place people at higher risk for secondhand smoke exposure, leading to tobacco-related health issues.

Tobacco Use in LGBTQ Communities

California's LGBTQ community members have one of the highest smoking rates in the state even when compared to other significantly impacted groups. Smoking prevalence among individuals who identify as Lesbian, Gay, or Bisexual is nearly 1.4 times greater (19.7 percent) than Californians who identify with heteronormative gender identities and/or sexual orientations.[15,16] Tobacco use is greater still amongst individuals who identify as bisexual or transgender. Individuals who identify as bisexual use tobacco at a rate of 22.8 percent and one study found 30.7 percent of individuals who identify as transgender smoke.[23]

Tobacco's Impact on Non-users and the Environment

Tobacco's toll extends beyond the direct user: 1) secondhand smoke is a known health risk for non-smokers; 2) there is growing evidence of the toxicity of thirdhand smoke; and 3) research indicates that the production of tobacco products and discarded tobacco waste harm the environment. The *2006 Surgeon General's Report on the Health Consequences of Involuntary Exposure to Secondhand Smoke* concluded that there is no risk-free level of exposure to secondhand smoke.[24] Exposure to secondhand smoke has been linked to adverse health effects that harm fetuses, infants, children, and adults.[1] According to the *2006 Surgeon General's Report*, secondhand smoke is proven to cause lung cancer, heart disease, serious respiratory illnesses such as bronchitis and asthma, low birth weight, and sudden infant death syndrome.[24] In 2014, more than half of adult Californians reported recently being exposed to secondhand smoke, and of those, 12 percent noting their most recent exposure was at home or at work.[10] As with smoking, stark differences in exposure to secondhand smoke by demographics exist.[10]

A growing body of research suggests that thirdhand smoke, the tobacco smoke residue that remains in indoor environments after active smoking ceases, is a public health hazard distinct from secondhand smoke. Toxic chemicals from secondhand smoke become embedded in wallboard, carpeting, drapes, furniture, pets, and clothing. These materials serve as a reservoir of toxic chemicals that change over time from environmental conditions, making new and additional pollutants that are re-emitted from surfaces and inhaled or directly absorbed into the body through skin and ingestion routes.[25]

The public health impact of tobacco products extends beyond its direct impact on humans, through its negative impact on the environment. The World Health Organization's 2017 report, *Tobacco and its Environmental Impact: An Overview*, notes that healthy soil, an adequate supply of clean and fresh water, and clean air are among the basic necessities that enable humans to live, but these are adversely impacted by the tobacco industry through the cultivation, manufacturing, transport, use of the product, and as a result of discarded tobacco product waste.[26] The global impact of tobacco use includes agrochemical use, deforestation, carbon dioxide and methane emissions, secondhand and thirdhand smoke, and pollution of the soil and waterways, harming the planet's biodiversity.[26]

Ending the Tobacco Use Epidemic

In recent years, there has been an increased understanding and acknowledgement that the tobacco epidemic is produced by the tobacco industry and their products. This recognition is facilitating a public health paradigm shift moving the focus from "tobacco control" strategies to "endgame" strategies.[27] Endgame strategies are those initiatives designed to change or permanently eliminate the structural, political, and social dynamics that sustain the tobacco epidemic, in order to end it within a specific time.[28]

In October 2016, the *New England Journal of Medicine* published an article by Dr. Michael Fiore that analyzed the rates of decline in adult smoking during the presidential administrations of Bill Clinton, George W. Bush, and Barack Obama.[29] Dr. Fiore noted that the fastest rate of decline in adult smoking was under the Obama presidency and attributed this to several policy changes, regulatory actions, and public health initiatives. These efforts included a $0.62 federal cigarette tax increase; the enactment of the 2009 Family Smoking Prevention and Tobacco Control Act; the launch of the Centers for Disease Control and Prevention's (CDC) *Tips* cessation mass media campaign; the Affordable Care Act (ACA) which required insurers to cover treatment of nicotine addiction with evidence-based interventions; and other measures which helped accelerate smoking cessation.[29]

Dr. Fiore projected that if the adult smoking rate continues to decline at the pace set during the Obama presidency, then smoking rates in the United States will reach zero by 2035, noting that this is not an aspirational, but an achievable goal.[29] To this end, Dr. Fiore laid out public health policy and education initiatives that will accelerate progress to eliminate tobacco use. These include tobacco excise tax

increases, secondhand smoke protections, mass media campaigns, interventions targeted towards priority populations, full implementation of the ACA's tobacco use cessation benefits, and raising the legal age of tobacco sales to 21.[29] With the infusion of Prop 56 funding for tobacco use prevention and cessation, California is well positioned to end the tobacco epidemic by 2035, if not sooner.

E. California Tobacco Control Program Goals

In consideration of: 1) the resources provided by Prop 56; 2) the paradigm shift from "tobacco control" to "endgame" strategies; and 3) a projection that it is possible to eliminate smoking by 2035 nationally, the goal of California's tobacco use prevention and reduction efforts is to end the tobacco epidemic for all population groups. CDPH/CTCP is guided by the principle of health equity, which is defined as "efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives" (H&S Code Section 131019.5). To achieve health equity, additional focus must be placed on engaging with priority population communities to address tobacco-related disparities. The framework for achieving this overarching goal of ending the tobacco epidemic continues to focus on changing the social norms surrounding tobacco use by "indirectly influencing current and potential future tobacco users by creating a social milieu and legal climate in which tobacco becomes less desirable, less acceptable, and less accessible."[12] Sub-goals, referred to as priority areas, supporting the social norm change strategy are to:

1. **Limit Tobacco Promoting Influences**. Efforts supporting this goal seek to curb advertising and marketing tactics used to promote tobacco products and their use, counter the glamorization of tobacco use through entertainment and social media venues, expose tobacco industry practices, and hold tobacco companies accountable for the impact of their products on people and the environment.

2. **Reduce Exposure to Secondhand Smoke, Tobacco Smoke Residue, Tobacco Waste, and Other Tobacco Products**. Efforts supporting this goal address the impact of tobacco use on people, other living organisms, and the physical environment resulting from exposure to: secondhand smoke, tobacco smoke residue, tobacco waste, and other non-combustible tobacco products.

3. **Reduce the Availability of Tobacco**. Efforts supporting this goal address the sale, distribution, sampling, or furnishing of tobacco products and other nicotine containing products that are not specifically approved by the Food and Drug Administration (FDA) as a treatment for nicotine or tobacco dependence.

4. **Promote Tobacco Cessation**. Efforts supporting this goal improve awareness, availability, and access to cessation assistance via the California Smokers' Helpline, the health and behavioral care systems, and community.

Part II. Initiative to Prevent & Reduce Tobacco-Related Disparities

A. Initiative Overview

Prop 56 requires that a minimum of 15 percent of funds be used to accelerate and monitor the rate of decline in tobacco-related disparities with a goal of eliminating tobacco-related disparities. To meet this mandate, CDPH/CTCP is leveraging and expanding its existing infrastructure (see Figure 1. *Leveraging Existing California Tobacco Control Program Infrastructure*) and launching the *Initiative to Reduce Tobacco-Related Disparities* comprised of seven targeted smaller initiatives (see Figure 2. *Initiative to Reduce Tobacco-Related Disparities*). Efforts to leverage the current infrastructure include expanding:

- Statewide media reach to include multiple multi-cultural English language and non-English language campaigns;
- Capacity of the California Smokers' Helpline to serve more tobacco users;
- Surveillance systems to collect more robust data on priority population groups; and
- Training and technical assistance services to build the capacity of agencies, including during the grant application process, and to develop more educational materials and resources reflective of California's diverse populations.

The *Initiative to Reduce Tobacco-Related Disparities* is focusing on a subset of the priority populations groups identified in the *2015-2017 Tobacco Education and Research Oversight (TEROC) Committee's Master Plan, Changing Landscape, Countering New Threats*. The TEROC priority population groups are listed below.

- African Americans, other people of African descent, American Indian and Alaska Natives, Native Hawaiians and Pacific Islanders, some Asian American men and Latinos
- People of low socioeconomic status (SES), including people experiencing homelessness
- People with limited education, including high school non-completers
- Lesbian, gay, bisexual, and transgender people
- Rural residents
- Current members of the military, and veterans
- Individuals employed in jobs or occupations not covered by smoke-free workplace laws
- People with substance use disorders or behavioral health issues
- People with disabilities
- Formerly incarcerated individuals

The *2015-2017 TEROC Master Plan* identifies more than a dozen priority populations groups and of these, there is considerable overlap among the groups. In order to create critical mass, CDPH/CTCP identified a subset of the TEROC priority population groups to be the focus of intense interventions in its *Initiative to Reduce Tobacco-Related Disparities* are populations that:

- Have high rates of tobacco use and/or secondhand smoke exposure, or
- Comprise a large number of California's 3.2 million smokers, or
- Capture multiple categories of risk for tobacco use (e.g., race/ethnicity, lack of educational attainment, military service, disabilities, formerly incarcerated), or
- Reflect groups that are included in existing surveillance systems, so change in tobacco use and tobacco-related disparities among these groups can be tracked to monitor the effectiveness of interventions to prevent and reduce tobacco use in these groups.

Figure 1. **Leveraging Existing California Tobacco Control Program Infrastructure**

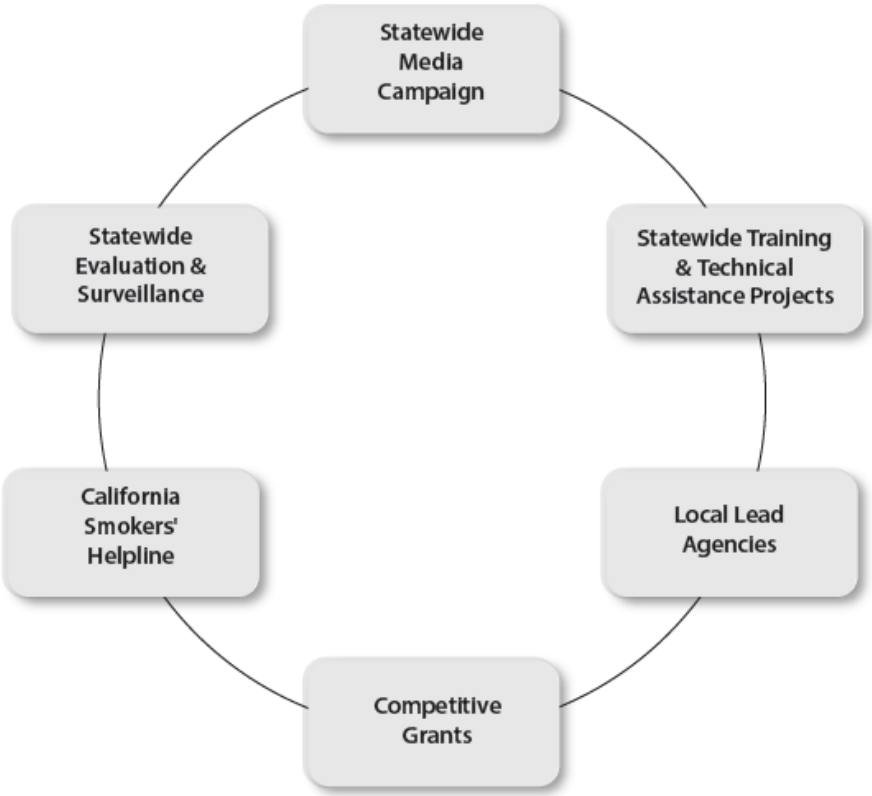
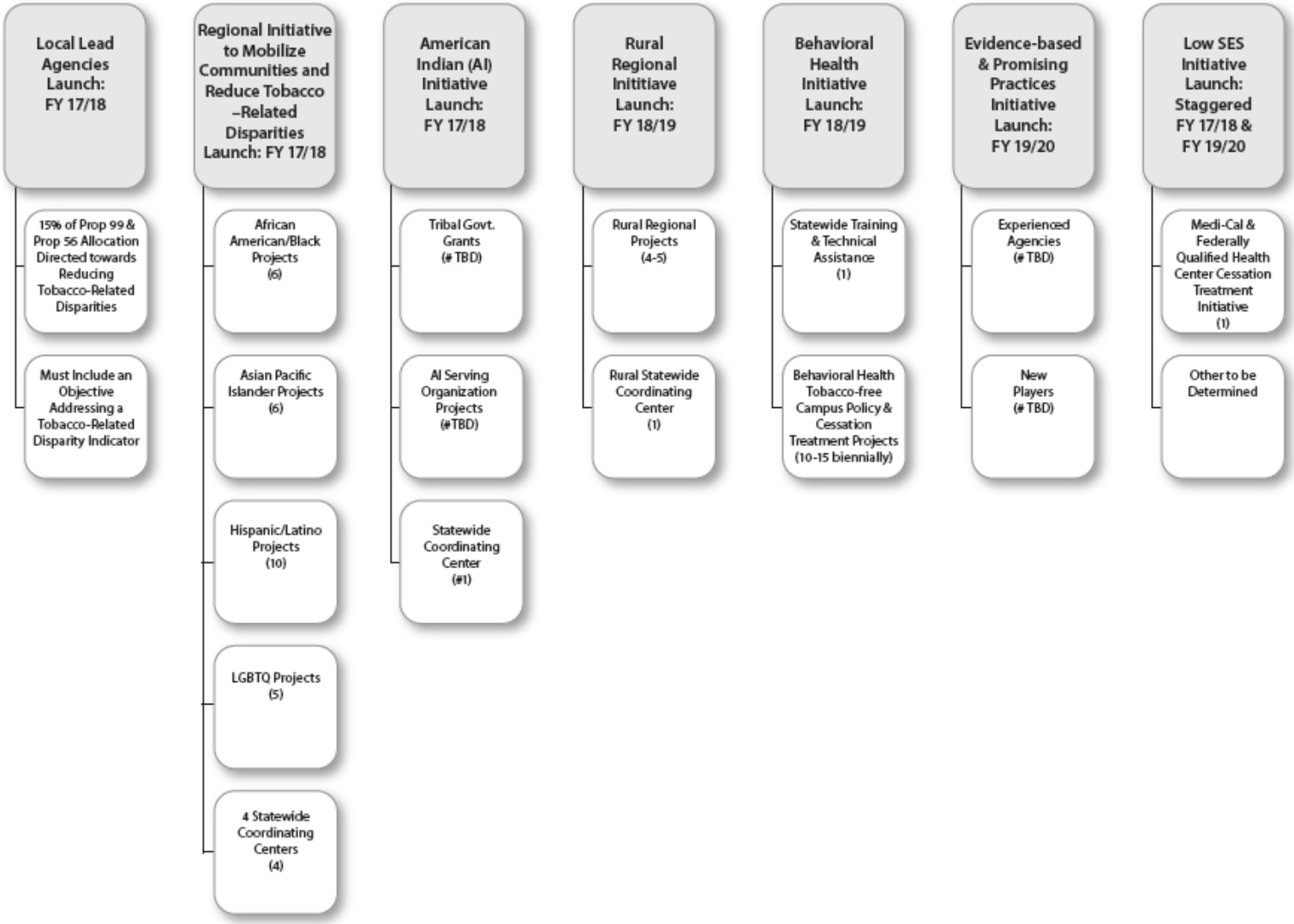


Figure 2. **Initiative to Reduce Tobacco-Related Disparities**



B. Introduction: Statewide Coordinating Centers and the Regional Initiative to Mobilize Communities and Reduce Tobacco–Related Disparities among African American/Black; Asian/Pacific Islander; Hispanic/Latino; and Lesbian, Gay, Bisexual, Transgender, Queer Populations

The four statewide Coordinating Centers are aligned with and will support projects funded under *RFA #17-10569 Regional Initiative to Mobilize Communities and Reduce Tobacco-Related Disparities among African American/Black; Asian/Pacific Islander; Hispanic/Latino; and LGBTQ Populations* (Regional Priority Populations Initiative). The Regional Priority Populations Initiative makes funds available for population-specific tobacco use prevention and reduction campaigns in specific geographical regions of the state. See Table 1*. Eligible Priority Population Regions* for a description of potential project sites. Site selection was based on there being a substantial cluster of specific priority populations within the identified geographical areas. Up to 27 Regional Priority Population projects will be funded to implement, support, and evaluate policy and systems change campaigns focused on tobacco use prevention and reduction within a priority population of focus. The Regional Priority Populations projects are required to include at least one objective addressing the topics and indicators listed in Table 2*. Tobacco-Related Disparities Indicators*.

Additional RFAs will be released in the future to address tobacco-related disparities among American Indian/Native Americans, people living in rural communities, behavioral health, people with low socioeconomic status, and other priority populations. See Figure 2. *Initiative to Reduce Tobacco-Related Disparities* for projected timelines.

Table 1. Eligible Priority Population Regions

Region/ Population	African American/ Black	Asian/Pacific Islander	Hispanic/ Latino	Lesbian, Gay, Bisexual, Transgender, Queer	Number of Awards Anticipated by Region
1. Bay Area Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, Solano (7)	X	X	X	X	4
2. Central Coast Monterey, San Benito, Santa Cruz (3)			X		1
3. Central Valley[ii] Fresno, Kern, Kings, Madera, Merced, Mariposa, Tulare, ~~Tuolumne (8)~~ **(7)**	X	X	X		3

[ii] These regions will be eligible to apply for funding from the Rural Regional Initiative when that solicitation is released in 2018.

4. Gold Country[ii] Alpine, Amador, Calaveras, El Dorado, Inyo, Mono, Nevada, Placer, Sacramento, San Joaquin, Stanislaus, Sutter, **Tuolumne**, Yolo ~~(13)~~ **(14)**	X	X	X	X	4
5. High Country[ii] Lassen, Modoc, Plumas, Sierra, Siskiyou, Trinity (6)					0
6. Los Angeles (1)	X	X	X	X	4
7. North Coast[ii] Del Norte, Humboldt, Lake, Mendocino, Napa, Sonoma (6)			X		1
8. North Valley[ii] Butte, Colusa, Glenn, Shasta, Tehama, Yuba (6)			X		1
9. South Coast Orange and San Diego (2)	X	X	X	X	4
10. Tri-County San Luis Obispo, Santa Barbara, Ventura (3)			X		1
11. Tri-County South Imperial, Riverside, and San Bernardino (3)	X	X	X	X	4
TOTAL # of PROJECTS by POPULATION	6	6	10	5	27

Table 2. Tobacco-Related Disparities Indicators

Health Equity Policy Focus	Communities of Excellence Indicator
1. Restrict Tobacco Retailer Density and Proximity of Tobacco Retailers to Each Other and Near Schools or Other Youth Sensitive Areas	**3.2.2 Tobacco Retailer Density/Zoning:** The number of jurisdictions with a policy restricting the number, location, and/or density of tobacco (including ESD) retail outlets through use of any of the following means: conditional use permits, zoning, tobacco retail permits or licenses, or direct regulation.
2. Prohibit the Sale of Menthol Cigarettes and Other Flavored Tobacco Product Sales	**3.2.9 Menthol and Other Flavored Tobacco Products:** The number of jurisdictions with a policy restricting or prohibiting the sale and/or distribution of any mentholated cigarettes and other flavored tobacco (including ESD) products, and paraphernalia (e.g., smokeless tobacco products, dissolvable tobacco products, flavored premium cigars, little cigars, cigarillos, hookah tobacco, e-cigarettes, e-hookah, wrappers).
3. Establish a Minimum Floor Price on Tobacco	**1.2.6 Minimum Retail Price:** The number of jurisdictions with a policy setting a minimum retail sale price for tobacco products or

[ii] These regions will be eligible to apply for funding from the Rural Regional Initiative when that solicitation is released in 2018.

Health Equity Policy Focus	Communities of Excellence Indicator
Products	banning, or constraining tobacco industry promotional practices such as buydowns, multi-pack offers, and discounts, consistent with the First Amendment and federal law
4. Establish Smoke-free Health Care and Behavioral Health Campuses	**2.2.10 Smoke-free Health Care Campuses:** The number of jurisdictions with a policy prohibiting smoking indoors and outdoors, at all times, on the premises of licensed health care and/or assisted living facilities at all times, (e.g., hospitals, other acute health care facilities, drug and rehab facilities, mental health facilities, adult daycare or residential facilities, social rehabilitation facilities, adult group homes, assisted living facilities, skilled nursing facilities, doctors' offices). **4.2.4 Behavioral Health Cessation Treatment Programs:** The number of alcohol and drug treatment programs, mental health treatment programs, migrant clinics, and other health or social service agencies that have systematically implemented evidence-based tobacco cessation treatment, consistent with the U.S. Public Health Service Clinical Practice Guidelines, Treating Tobacco Use and Dependence (2015 Update).
5. Establish Smoke-free Community Colleges, Technical Schools, and Trade School Campuses	**2.2.9 Smoke-free Outdoor Non-recreational Public Areas:** The number of jurisdictions with a policy prohibiting smoking on the premise of outdoor non-recreational public areas (e.g., walkways, streets, plazas, college/trade school campuses, shopping centers, transit stops, farmers' markets, swap meets).
6. Establish Smoke-free Home Policies within Public Housing and Multi-Unit Housing	**2.2.31 Smoke-free Public Housing**: The number of public housing authorities (PHAs) with a smoke-free housing policy meeting or exceeding the requirements of the U.S. Department of Housing and Urban Development (HUD) smoke-free rules. **2.2.13 Smoke-free Multi-Unit Housing**: The number of jurisdictions covered by a public policy that prohibits smoking in the individual units of multi-unit housing, including balconies and patios.
7. Identify and Treat Tobacco Users, particularly Medi-Cal Beneficiaries and the Uninsured	**4.1.4 Cessation Assessment and Referral Systems**: The extent to which health care, social service, housing and education agencies systematically refer patients and clients to accessible, evidence-based tobacco cessation programs such as the California Smokers' Helpline.

2. Recommended Scope of Work Activities

The most competitive Applications will be those that:

A. Focus on one of the following four priority population groups: African American/Black; Asian/Pacific Islander; Hispanic/Latino; and LGBTQ.

B. Submit a scope of work (SOW) consistent with the purpose of this RFA, and submit a budget that does not exceed the recommended annual funding level.

C. Include a minimum of three (3) Asset-based objectives addressing at least two different Assets listed in Appendix 1: *2016 Communities of Excellence Indicators and Assets List*. At least one objective must be linked to one of these Assets: 2.2, 2.3, 2.4, 2.5, 3.1, and 3.4. This RFA will fund only Asset-based objectives. See Table 3. *Sample Objectives.*

Table 3. Sample Objectives

Asset Number	***Sample Objective***
2.2: Coalition/Advisory Committee Satisfaction **and** **3.1: Coalition/Advisory Committee Diversity**	By DATE, recruit, engage, and maintain a statewide advisory committee of (insert #) representatives from at least (insert #) regions to design and implement tobacco control activities that support regional tobacco control projects and other California Tobacco Control Program (CTCP)-funded agencies working with the (insert name of population) population. At least 85% of advisory committee members will "Agree" or "Strongly Agree" that the Coordinating Center fostered: 1) strong group cohesion among agencies working on tobacco control issues within the population; 2) strong leadership; 3) satisfactory bi-directional communication; 4) strong meeting management (e.g., facilitation, meeting logistical support); 5) respect for members; and 6) membership diversity.
2.3: Key Opinion Leader Support	By DATE, annually organize and implement local in-district Information and Education outreach visits to a minimum of (insert #) elected officials and policy makers regarding tobacco use prevention and reduction issues of concern to the (insert priority population group).
2.3: Key Opinion Leader Support (possible combination with 3.1: Coalition/Advisory Committee Diversity)	By DATE, create and disseminate a policy platform that identifies policy and system change priorities for preventing and reducing tobacco use among (name priority population group).
2.5: Adult Engagement in Tobacco Control (possible combination with 2.3:	By DATE, as a result of implementing an enabling system to support (name priority population group) regional projects to promote social change aimed at preventing and

Key Opinion Leader Support)	reducing tobacco use, 85% of regional projects will “Agree” or “Strongly Agree” that the Statewide Coordinating Center was very helpful in supporting their project achieve its policy and system objectives a result of the Center: 1) assisting regional projects to organize and integrate tobacco control knowledge into their work; 2) brokering resources from larger institutions for use by the regional projects; 3) facilitating the exchange of resources and mutual support within the network of regional projects and participating organizations; 4) promoting diffusion of innovation; and 5) increasing coordination among regional and partner organizations.
2.5: Adult Engagement in Tobacco Control	By DATE, (insert #) of people from (name priority population group) will participate annually in a leadership development program, and upon completion of the program, 85% of participants will report they feel: 1) highly knowledgeable of tobacco use prevention and reduction issues in their community; 2) highly skilled in the areas of tobacco control advocacy; 3) very comfortable speaking to the public and policy makers about tobacco use prevention and reduction issues.
3.4: Tailored Educational and Outreach Materials	By DATE, create and/or modify at least (insert #) of cultural and linguistically appropriate educational outreach materials for the (name priority population group) and as a result 85% of partner member organizations will “Agree” or “Strongly Agree” that the materials were helpful in accelerating the adoption, implementation and/or impact of their policy and system change campaigns.

D. Submit an Application that address the required coordination and collaboration components and activities identified in Table 4*. Statewide Coordinating Center Component and Recommended Activities* through the implementation of the recommended scope of work activities or activities that are similar in scope to the recommended activities:

Table 4. Statewide Coordinating Center Component and Recommended Activities

Required Coordination and Collaboration Components	***Recommended Scope of Work Activities***
Foster productive communication among the regional projects and the networks of agencies, organizations and groups with which they work	• Maintain a website • Maintain a listserv • Disseminate a newsletter • Host teleconferences and face-to-face meetings
Facilitate productive cross-collaboration and coordination across the regional priority population projects to leverage resources and prevent duplication of effort	• Plan, staff, and provide all administrative and logistical support for in-person meetings, conference calls, subcommittees, workgroups needed to foster coordination and collaboration among the regional projects • Develop a cross-walk of campaigns common across the regional projects
Collect and inform regional projects of relevant current federal, state and major community issues that may impact their efforts, including but not limited to media, policy, secondhand smoke, and tobacco industry developments	• Maintain a website • Maintain a listserv • Disseminate a newsletter • Host teleconferences and face-to-face meetings
Facilitate communication and collaboration with other tobacco control, public health, scientific or policy partners, including State and local tobacco control program managers; health department officials; local, State, or national policy makers; and researchers, and other research funding agencies	• Convene stakeholder engagement meetings • Host townhall meetings • Create pod casts • Deploy earned media (e.g., letters to the editor, Opinion editorials)
Facilitate development of policy and advocacy priorities within the priority population and across priority population groups in order to create critical mass and momentum	• Facilitate development, publication, and dissemination of a policy platform
Refer regional projects and their networks to existing statewide training and technical assistance providers funded by CDPH/CTCP	• Orientate regional project staff to statewide training and technical assistance services • Broker referrals to existing services
Develop and implement efforts to develop the tobacco control movement's public health pipeline	• Administer leadership programs for youth, lay-adults, or professional adults through intensive training

Required Coordination and Collaboration Components	***Recommended Scope of Work Activities***
through community leadership and professional development	internships or fellowship programs to build the capacity and career interest in tobacco control public health work
Facilitate in-district Information & Education outreach to elected officials and decision makers	• Coordinate with the Center for Tobacco Policy & Organizing to recruit, train, schedule, and support community members to educate their elected officials about the problem of tobacco use in the community
Develop culturally appropriate and language-specific educational materials that are useful to the regional priority population projects	• Develop high quality culturally and language appropriate educational materials addressing educational material needs or gaps
Use appropriate methods to translate and disseminate population-specific regional success stories that accelerate tobacco control policy and system changes undertaken by the regional projects	• Identify and polish local success stories and disseminate these through written documents, podcasts, and other appropriate means
Use project evaluation to improve Coordinating Center activities	• Conduct evaluation activities such as surveys, key informant interviews, focus groups, and quality process improvement efforts to continuously improve the Coordinating Center's value to the regional projects
Participate in statewide evaluation of the Initiative	• Participate in and facilitate the work of the statewide evaluator engaged by CDPH/CTCP to evaluate the Regional Initiative to Mobilize Communities and Reduce Tobacco Related Diseases among African American/Black; Asian/Pacific Islander; Hispanic/Latino; and Lesbian, Gay, Bisexual, Transgender, Queer Populations • Use the OTIS Wizard for this activity

E. Provide a comprehensive and detailed "road map" for the grant project that describes what will be done, how much will be done, where activities will

occur, methods used, when activities will occur, responsible parties, and tracking measures that verify completion of activities.

F. Demonstrate coordination/collaboration with other CTCP-funded local or statewide tobacco control partners as identified in Appendix 2: *List of CTCP Local Lead Agencies* and Appendix 3: *CTCP-Funded Statewide Training and Technical Assistance Providers*.

G. Do not supplant existing activities or duplicate the activities of other CDPH/CTCP-funded statewide projects.

H. Indicate that at least one grantee staff member will participate in at least one Local Lead Agency coalition, preferably within the local health jurisdiction where the grantee's primary office is located.

I. Indicate that at least one grantee staff member will participate in Information and Education (I&E) Day, which is conducted biennially and planned for Spring 2019 and Spring 2021. During I&E Day, Prop 56-funded grantee staff meet with elected officials to educate them about local tobacco control activities.

J. Designate at least one objective as the "primary objective." A primary objective is one that requires an in-depth evaluation plan in consultation with a qualified evaluator. Evaluation of the primary objective provides valuable knowledge and identifies replicable interventions and strategies to improve future interventions aimed at reducing tobacco-related disparities. A Final Evaluation Report is required for each primary objective that thoroughly describes the intervention, evaluation design, and outcomes. See Appendix 4: *Tell Your Story: Guidelines for Preparing Useful Evaluation Reports* for information regarding the preparation of Final and Brief Evaluation Reports.

K. Allocate a minimum of 10 percent of the total deliverables/budget towards evaluation activities.

L. Allocate no more than $10,000 per year (12 months) to Paid Media. Paid Media funds may be directed at supporting its own SOW such as marketing the Coordinating Center's program to develop the tobacco control movement's public health pipeline through community leadership and professional development or partnership development. Coordinating Centers may not use their funds to develop and place media to support educational, policy or systems campaigns of other agencies. CDPH/CTCP, Local Lead Agencies, and Regional Priority Population Initiative projects will have funds for these purposes.

M. Designate a full-time (100 percent FTE) Project Director or Project Coordinator for the project. This position must be listed as the Primary

Tobacco Contact in OTIS, act as the primary day-to-day point of contact for CTCP communication to the project, and regularly access OTIS and Partners. This position is responsible for overall and day-to-day management related to implementing and evaluating the Scope of Work; preparing or overseeing the preparation of the Plan, Budget, progress reports, cost reports; and maintenance of required documents for auditing purposes.

N. Designate the Project Director or Project Coordinator to devote a minimum of 10 percent of their full-time position (equivalent to four hours per week) to working with a qualified Plan Evaluator to ensure that the evaluation design, sampling, activities, timelines, data analyses, and reporting are completed in a timely and satisfactory manner.

O. Designates a qualified Plan Evaluator who is responsible for conducting technical aspects of the evaluation including the design, sampling, training of data collectors, data analysis, and summarizing evaluation results. The Plan Evaluator must be the minimum of a 10-percent full-time position (e.g., 208 hours per year). See Table 8. *Required and Recommended Staffing* for a description of the minimum qualifications for Plan Evaluator.

P. Includes an activity to participate in a statewide evaluation of the Regional Initiative to Mobilize Communities to Reduce Tobacco-Related Disparities among African American/Black; Asian/Pacific Islander; Hispanic/Latino; and Lesbian, Gay, Bisexual, Transgender, Queer.

Part III. Funding Opportunity Description

A. Eligibility Criteria

1. Organizational Type

A. California public or private non-profit entities are eligible to apply for these funds.

B. Eligible entities include, but are not limited to: local health departments, hospitals, community clinics, voluntary health organizations, American Indian tribes, colleges and universities, county offices of education, school districts, health maintenance organizations, professional health associations, and professional health education associations.

C. Applicants claiming private non-profit status must submit proof of their non-profit status with their proposal. Either certification from the State of California, Office of Secretary of State, or a letter from the Department of Treasury, Internal Revenue Service (IRS) classifying the agency as a non-profit agency is acceptable proof. For examples, see Appendix 5: *Sample Non-Profit Status Letter*.

D. Non-LLA Applicants: May submit an Application reflecting a consortium of up to three (3) agencies, including the prime Applicant. Consortium partners do not need to be funded equally. If a consortium application is submitted, the

lead organization must be the Applicant that will serve as the administrative hub for the consortium partners.

E. LLA Applicants: Pursuant to H&S Code Section 104440, **Local Lead Agencies (LLAs) are ineligible for awards under the competitive grants program unless the applicant is a participant within a consortium of community-based organizations or non-profit agencies**. If a consortium application includes a LLA, the LLA must be the Applicant agency and serve as the administrative hub for the consortium partners. Consortium partners do not need to be funded equally. A LLA consortium applicant should include no more than two additional partners. **In a LLA consortium application, the LLA may not be the recipient of more than one-third of the budget request**. Ineligible applications will not be reviewed.

F. State of California agencies other than state universities, colleges, and community colleges are not eligible.

2. Submission of Multiple Applications

A. Applications must propose to conduct the tobacco use prevention and reduction activities focused on one of the following priority populations: African American/Black; Asian/Pacific Islander; Hispanic/Latino; or LGBTQ. This RFA does not guarantee that an application will be funded for each of the priority populations identified.

B. If an agency proposes to operate more than one priority population Coordinating Center, the agency must submit a separate application for each Coordinating Center.

C. An agency applying in response to RFA #17-10593 may also submit a separate application in response to *RFA # 17-10569 Regional Initiative to Mobilize Communities and Reduce Tobacco–Related Disparities Among African American/Black; Asian/Pacific Islander; Hispanic/Latino; and Lesbian, Gay, Bisexual, Transgender, Queer Populations*.

3. Agency Qualifications

Applicant agencies must have, at a minimum:

A. An office that has been physically located, for at least three (3) years, in the state of California.

B. Three (3) years of experience working with the priority population of focus on major issues affecting the population of focus (e.g., health, employment, education, housing, social justice, etc.).

C. Three (3) years of experience developing community linkages, participating in and maintaining stakeholder groups.

D. Demonstrate a strong record of accomplishment in public health policy or system change in the past two (2) years.

E. Two (2) years of experience in program monitoring, including data collection and reporting of performance measures.

F. Staff, consultants, or subcontractors whose experience and training are well suited to the purpose and activities of the Coordinating Center.

4. Certify No Tobacco Industry Conflict

To avoid any real or apparent conflict of interest on the part of the proposed Awardee or any of its proposed subcontractors, employees, officers and directors of the Applicant or its proposed subcontractors, Applicant certification to this effect is required at the time the application is submitted (see Appendix 6: *Certification of Non-Acceptance of Tobacco Funds*).

With regard to universities or colleges, the Principal Investigator (PI) of the university or college must certify that he/she or any of the investigators associated with the contract (either paid, voluntary, or in kind) have not received funding from nor had an affiliation or contractual relationship with a tobacco company, any of its subsidiaries, or parent company within the last five (5) years prior to the start date of the contract period. In addition, the PI of the university or college must certify that he/she or any of the investigators associated with this grant will not accept funding from, nor have an affiliation or contractual relationship with a tobacco company, any of its subsidiaries, or parent company during the term of the grant with CTCP. The PI's certification to this effect is required at the time the application is submitted.

B. Agreement Term and Funding Availability

1. Funding Term

A. The term of the Agreement is expected to be 60 months and is anticipated to be May 1, 2018 – April 30, 2023. The Agreement term may change if CDPH/CTCP makes the awards earlier than expected or if CDPH/CTCP cannot execute Agreements in a timely manner due to unforeseen delays.

B. The resulting Agreement will be of no force or effect until it is signed by both parties and approved by CDPH. The Awardee is cautioned not to commence performance until all approvals are obtained. Should performance commence before all approvals are obtained, said services may be considered to have been volunteered without State reimbursement.

C. CDPH/CTCP reserves the right to modify the term of the resulting Agreement via a formal amendment process to modify the SOW or budget based on changes in a rapidly evolving tobacco control environment.

2. Funding Amount

The maximum amount to be distributed among all Awardees is anticipated to be $10 million for 60 months. Table 5. *Maximum Fiscal Year Award* displays the maximum budget per awardee for each fiscal year. CDPH/CTCP reserves the right to initiate amendments as necessary to redistribute funds between fiscal years to meet the needs of the State. Awardees should not anticipate that unspent funds will be rolled forward from one fiscal year to the next.

Table 5. Maximum Fiscal Year Award

Fiscal Year	Maximum Budget per Awardee	Maximum Funding for All Awardees
FY 17/18	$83,333	$333,333
FY 18/19	$500,000	$2,000,000
FY 19/20	$500,000	$2,000,000
FY 20/21	$500,000	$2,000,000
FY 21/22	$500,000	$2,000,000
FY 22/23	$416,667	$1,666,667
TOTAL = Max Amount for 60 Months	**$2,500,000**	**$10,000,000**

3. **Funding Augment**
   A. At its sole discretion, CDPH shall have the option to provide additional funding to a project, beginning in FY 18/19, not to exceed ten (10) percent of the grant amount, per FY year.
   B. Additional funding is contingent upon available revenues, and appropriations by the Legislature and the Governor. CDPH/CTCP reserves the right to negotiate additional work with the successful applicant that is consistent with the work components identified in Part II. Initiative to Prevent & Reduce Tobacco-Related Disparities, section B., subsection 2. Recommended Scope of Work Activities, should additional funding become available.
   C. If the decline in Prop 56 revenue is greater than projected by CDPH/CTCP, necessitating a reduction in grant awards, all grants will be equally reduced by a proportional amount (e.g., 10 percent across all grants), except in the case where an Awardee has two or more disapproved progress reports. In that case, a grant may be terminated in lieu of a percentage reduction.

4. **Funding Availability**
   Funding and payment for performance under the resulting grant are dependent upon availability of future appropriations by the State Legislature and the Governor. No legal liability on the part of the State for any payment may arise under the resulting grant until funds are made available through an annual appropriation in the Budget Act.

5. **Funding Source(s)**
   The source of funding is Prop 56, the *California Healthcare, Research, and Prevention Tobacco Act of 2016*.

C. Timeline and Award Schedule

Key dates are presented in Table 6. *Tentative RFA Timeline and Award Schedule*. CDPH/CTCP reserves the right to adjust any date and/or time as necessary. Date and time adjustments will be posted to the CDPH/CTCP TCFOR website.

Table 6. Tentative RFA Timeline and Award Schedule

Key Action	Date (all times in Pacific Time)
RFA Release Date	September 26, 2017
OTIS Open for Application Input	October 4, 2017
Informational Webinar	October 4, 2017, 2:00 pm, PST
Last Day to Submit Written Questions	~~October 5, 2017~~ **October 13, 2017**
Mandatory Letter of Intent Due Date	~~October 6, 2017~~ **October 20, 2017**
Responses to Written Questions Posted	~~October 13, 2017~~ **October 25, 2017**
Applications Due	November 14, 2017
Public Notice of Intent to Award	December 18, 2017
Awards Posted	December 19, 2017
Dispute Filing	December 27, 2017, 5:00 pm, PST
Final Announcement of Awards	January 11, 2018
Grant Start Date	May 1, 2018
Grant End Date	April 30, 2023

Part IV. Application Submission Requirements

A. Mandatory Non-Binding Letter of Intent

1. Letter of Intent Requirement

For planning the review process, all Applicants intending to submit an application are required to submit a non-binding letter notifying CDPH/CTCP of its intent to submit an application. A separate Letter of Intent must be submitted for each application that the Applicant intends to submit. Applicants that do not submit the mandatory Letter of Intent will not be considered for funding. The Letter of Intent is not binding and prospective Applicants are not required to submit an application merely because a Letter of Intent is submitted.

2. Submitting a Letter of Intent

One (1) signed Letter of Intent per application must be uploaded to the TCFOR website by 5:00 p.m. Pacific Standard Time (PST), on the date identified in Table 6. *Tentative RFA Timeline and Award Schedule*. Letters submitted past the deadline will not be considered. It is strongly advised that applicants submit their Letter of Intent prior to the due date in case technical difficulties are encountered. The electronic time stamp will be used to verify on-time submission. Technical difficulties will not relieve the applicant of meeting the submission deadline. Letters of Intent will NOT be accepted via email, fax, or mail.

The mandatory Letter of Intent is part of the "Overview: Applicant Registration Instructions" section on the TCFOR website. The Letter of Intent must include the information described below for each application to be submitted.

The Letter of Intent must:

- Be on the Applicant agency's letterhead and signed by an authorized agency signatory or their official agent
- State the following: the name and number of the RFA under which the application will be submitted (Request for Application #17-10593)
- State the priority population to be addressed by the Application
- State the estimated budget request
- Describe the proposed project

Further Letter of Intent instructions are in Appendix 7: *Mandatory Letter of Intent.* For technical assistance with uploading the Letter of Intent, call Humberto Jurado at (916) 449-5474. Please do not wait until 4:00 p.m. of the submission due date to ask for assistance, as Mr. Jurado may be assisting others.

B. Informational Webinar

CDPH/CTCP has scheduled an optional Online GoToTraining© Informational Webinar for October 4, 2017 at 2:00 pm, Pacific Standard Time. Those intending to submit an application are strongly encouraged to participate. The purpose of the Informational Webinar is to provide interested parties with an opportunity to ask questions about the preparation and submission of the application. The Informational Webinar access codes are posted at the TCFOR website.

C. Application Technical Assistance Resources

CDPH/CTCP funds several statewide projects that provide training and technical assistance. As of July 1, 2017, the following projects are funded to provide assistance to agencies as they develop their application in response to this RFA.

- California Youth Advocacy Network (CYAN) is dedicated to supporting youth and young adult tobacco prevention advocates and tobacco control agencies throughout California. They offer technical assistance, trainings, and resources related to youth tobacco issues, youth advocacy skills, and youth and adult partnerships. Technical assistance and training services include one-on-one support, staff and/or coalition trainings, assistance with developing policy campaigns, assistance with developing tobacco related social media campaigns, support for drafting tobacco-free policies, and presentation and materials development.
- ChangeLab Solutions provides community-based solutions to maximize health outcomes for all, especially for communities with the fewest resources. Through their expertise in law and policy, they provide free technical assistance, research, training, and analysis to help communities pass legally sound and effective tobacco control laws. Services include individualized capacity building assistance, training on tobacco control laws and policies, and the development of model tobacco control policies and educational materials on a variety of tobacco control topics. They offer legal technical assistance during the entire process of policy development and adoption, and help jurisdictions develop strategies and tools to enforce tobacco control policies.
- The Center for Tobacco Policy and Organizing (The Center) is a project of the American Lung Association in California and serves as a state and local tobacco policy resource. They provide policy and organizing technical assistance to communities working to adopt tobacco control policies by using community-organizing strategies. The resources offered by The Center include providing legislative updates on key tobacco control bills, tobacco industry campaign contributions, and emerging local issues; assistance to develop and maintain relationships with legislators at the Capitol and in their district offices; campaign consultation and planning assistance; local advocacy trainings, including the completion of the Midwest Academy Strategy Chart; and training and technical assistance with assessing the local political environment and coalition member recruitment.
- Tobacco Control Evaluation Center (TCEC) at the University of California, Davis is the statewide evaluation technical assistance provider for California's tobacco control programs. They offer individual technical assistance to design evaluation plans, how-to documents and videos, and a searchable collection of data collection instruments. TCEC can also provide in-person or webinar trainings on specific evaluation tasks such as sampling or writing a final evaluation report, and they develop and disseminate a variety of tip sheets on evaluation-related topics including writing interview questions, using qualitative data collection methods, and selecting data collection methods.
- The LOOP at the University of California, San Francisco is a centralized, one-stop resource that helps CTCP funded projects strengthen their capacity to connect, communicate, and collaborate with their local communities, especially those disproportionately burdened by tobacco. These priority populations include African Americans/Blacks, Hispanic/Latinos, Asian/Pacific

Islanders, American Indian and Alaska Natives, and individuals who identify as LGBTQ. The LOOP offers webinar trainings, in-person trainings, and individualized technical assistance.

- ROVER Library is California's comprehensive tobacco control library that provides CTCP and their partners and funded projects with the resources and tools to stay current with tobacco-control research, advocacy and educational materials, and news. Their website features an online catalog of over 20,000 resources to request or download, and they provide a variety of services including literature searches, quick and in-depth reference requests, referrals to other experts in the field, and one-on-one trainings.
- The Center for Tobacco Cessation at the University of California, San Diego, Moores Cancer Center is the training and technical assistance arm of the California Smokers' Helpline. They provide training and technical assistance to organizations statewide to increase their capacity in tobacco cessation efforts. Their services include information and resources, technical assistance, and online and in-person trainings on topics including development of a comprehensive cessation strategy, evidence-based behavioral treatments, tobacco cessation in special populations, promotional approaches to increasing cessation, evaluation of cessation programs, and more.

D. Applicant Questions and Reporting of Errors in the RFA

CDPH/CTCP will accept questions and reporting of errors related to this RFA. Questions may include, but are not limited to, clarification of eligibility, or about the instructions, requirements, or RFA materials. **All Applicants must follow the process below to submit a question. CDPH/CTCP will not respond to questions directed to individual CDPH/CTCP employees.**

Applicants that fail to report a known or suspected problem with this RFA and/or its accompanying materials or fail to seek clarification or correction of the RFA and/or its accompanying materials shall submit an application at their own risk. In addition, if an award is made, the successful Applicant shall not be entitled to additional compensation for any additional work caused by such a problem, including any ambiguity, conflict, discrepancy, omission, misinterpretation, or error.

1. **How to Submit Questions or Report an Error in this RFA**
   A. Submit questions or errors by email (CTCPInbox@cdph.ca.gov) with the subject line "CTCP RFA #17-10593." Verbal questions will not be accepted.
   B. CDPH/CTCP will send an email to confirm receipt of written questions. If confirmation is not received. Applicants may resubmit or call (916) 449-5500 prior to the stated deadline to confirm receipt of the questions by CDPH/CTCP.

C. Submit written questions to CDPH/CTCP by ~~October 5, 2017~~ **October 13, 2017.**

D. Errors in the RFA or its instructions may be reported up to the application submission due date.

2. What to Include in an Inquiry

A. Name of inquirer, name of the organization represented, mailing address, area code and telephone number, and email address.

B. A description of the subject, concern, or issue in question or RFA discrepancy found.

C. RFA section, page number and other information useful in identifying the specific problem, concern, or issue in question.

D. Proposed remedy sought or suggested, if any.

3. Response by CDPH/CTCP

A. CDPH/CTCP reserves the right to seek clarification of any inquiry received and to answer only questions considered relevant to this RFA. At its discretion, CDPH/CTCP may consolidate and/or paraphrase similar or related inquiries.

B. Questions and answers received through the process outlined will be published on the TCFOR website on ~~October 13, 2017~~ **October 25, 2017**. Verbal questions will not be accepted. All questions must be transmitted in written form according to the instructions here.

C. CDPH/CTCP may issue an addendum to address errors in the RFA until the application submission deadline. These will be posted on the TCFOR website.

E. Application Submission

Applications are to be submitted through OTIS. Applications received after the due date/time will not be reviewed. Submission before the deadline date is advised in case you experience technical difficulties with submitting your application through OTIS. The OTIS electronic time stamp will be used to verify on-time submission. Technical difficulties will not relieve the applicant of meeting the submission deadline. Please be aware that OTIS includes an electronic submission check system that will prevent submission of application that does not meet minimum submission requirements (e.g., required form not completed). CTCP may not be able to respond to your requests for help on the deadline date.

For technical assistance regarding the use of the TCFOR or OTIS websites contact: Humberto Jurado at (916) 449-5474.

Part V. Application Submission Process

A. Description of the Online Tobacco Information System (OTIS)

1. What is OTIS?

Responses to this RFA shall be submitted through OTIS. OTIS is a secure, passcode protected knowledge management system that is used to submit applications, review and score applications, negotiate the SOW and budget, and submit and approve progress reports. The system is accessible 24 hours per day, seven days per week, and provides access to several reports and a communication system. Applicants and Awardees are required to use OTIS for the submission of their applications, progress reports, and maintaining grant-related communications.

2. What help is available for using OTIS?

A. User Account Instructions: For guidance on how to submit an "Applicant Registration" form and Letter of Intent, and create an OTIS "User Account," see the *Application Registration Instructions* found on the TCFOR Overview webpage.

B. Webinar Training: The Informational Webinar will review the requirements of this RFA; provide information on requesting a "User Account," and how to use OTIS.

C. Web-based Tutorial: OTIS includes a web-based training tutorial entitled, *Creating Your Application/Plan*. This training explains how to use the system and instructions for completing each of the application components. See Appendix 8: *Instructions for Accessing the OTIS Applicant Training Course: Creating Your Application/Plan.*

D. OTIS Page Guides: OTIS includes Page Guides, which provide information clarifying how to complete requested information. Page Guides are accessible from the page you are completing and allow you to access help without leaving the page you are working on.

E. OTIS Wizards: OTIS wizards are available for objectives, intervention, evaluation, and budget activities. These are pre-written items that are common to many applications they can be inserted into the SOW and tailored to the Applicant's project.

F. Telephone Assistance: Call Humberto Jurado at (916) 449-5474.

B. OTIS Application Instructions: Contact Information

COMPLETE THE CONTACT INFORMATION (REQUIRED BUT NOT SCORED)

The purpose of this section is to collect information about the Applicant, the geographic service area of the proposed project, proposed project director, agency

fiscal contacts, and Official Agency Signatory. Input the requested information into the Contact Information section in OTIS.

1. My Agency: Provide the Applicant's name, phone and fax numbers, physical and mailing addresses, Federal Employer Identification Number, and the health jurisdiction in which the Applicant is located. The 58 counties and 3 cities of Berkeley, Long Beach, and Pasadena are designated as health jurisdictions.
2. Contact Information: Provide specific contact information for: Project Director, Primary Tobacco Contact, Agency Fiscal Officer, Day-to-Day Fiscal Contact, and Official Agency Signatory.

C. OTIS Application Instructions: Applicant Capability

APPLICANT CAPABILITY (REQUIRED AND SCORED)

This section provides information regarding the Applicant's ability to successfully implement the proposed tobacco control project. The Applicant needs to demonstrate its organizational capacity based on current and past successes, and lessons learned. Please respond to each item below. In some responses, the Applicant should also address the capacity of significant subcontractors and consultants.

1. Program Experience:
   A. Agency Mission and Ability to Work Statewide: Briefly describe: 1) the Applicant's mission and the types of programs and services the Applicant conducts and where they are conducted; 2) the audiences, groups and organizations that the Applicant works with in carrying out its mission; 3) how the Applicant's mission is consistent with the goals identified in this RFA and with CTCP's mission; and 4) the Applicant's ability to work statewide.
   B. Demonstrated Access and Work with the Priority Population of Focus: Describe: 1) the length of time the Applicant has worked with the priority population of focus on major issues impacting that population (e.g., health, employment, education, housing, social justice, etc.); 2) experience developing community linkages, participating in, and maintaining stakeholder groups; 3) previous and current collaborations with agencies, organizations, and community leaders that you worked with in the priority population of focus; 4) partnerships with non-traditional groups (e.g., arts and culture, housing, environment, community development, transportation, law enforcement, business, substance abuse and mental treatment, employment, living wage, faith based, youth development); 5) two brief examples demonstrating your access to the priority population of focus, experience with development diverse partnerships, and any outcomes from this work.
   C. Record of Accomplishment in Public Health Policy and Systems Change: Briefly describe the Applicant's record of accomplishment in the field of public health in the areas of policy and system change. Provide two examples that illustrate public health policy or system change interventions that the

Applicant led or participated in as a partner, evaluation activities conducted, and the outcome of these efforts. If any of your public health policy and system changes work was in the field of tobacco control, please provide at least one example of that work.

D. Program Staffing: Describe the formal educational background, professional experience, including the length of time worked on projects to create policy, system, or environmental changes, and describe the qualifications of the staff and subcontractors (if applicable). This description should show that the staff and subcontractors (if applicable) have the necessary qualifications and experience to successfully complete the proposed project.

2. Organizational Start Up and Equipment

A. Organizational Start Up: Describe the Applicant's primary physical office space and location for the proposed project, capability and resources to start up and begin implementation of activities within six weeks of the grant start date and to primarily deliver services Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m., Pacific Standard Time (PST).

B. Equipment: Describe the existing office equipment, computer equipment, software, and other communication equipment that the Applicant and subcontractors and/or consultants (if applicable) have available for use under the term of the grant and which will be made available to the staff on this project to use. In the description provide information about:

i. The number and type of equipment available to staff on the project to use (e.g., desks, chairs, facsimile machines, personal computers, printers, reproduction/duplication/copiers, scanners, etc.).

ii. The type of computer software and applications the Applicant has for tasks such as email, word processing, spreadsheets, PowerPoints, databases, web-conferencing, website development, and reliable access to the Internet.

iii. Approximately when the computer equipment was purchased.

3. Administrative/Fiscal Experience and Audit History

A. Administrative Staffing: Describe the Applicant's current administrative staffing pattern for activities such as contract and grant management and oversight, payroll, bookkeeping, invoicing, and tracking of contractual, administrative, and fiscal controls. Describe the educational background and qualifications of key administrative staff; including their experience with monitoring government funds, and overseeing and managing the administrative and contractual functions of subcontractors and/or consultants.

B. Fiscal and Contract/Grant Compliance: Describe the Applicant's performance within the last three (3) years with the management of government and/or non-government funds and activities, including administrative, fiscal, program, and evaluation functions such as: timely and accurate completion of deliverables; submission of fiscal, program, and evaluation documentation; subcontract/consultant monitoring; compliance with government requirements; and fiscal ability to manage payments in arrears.

C. Audit History: Describe the Applicant's fiscal and (if any) programmatic audit history within the last three (3) years. Information is to include frequency of the audits, dates of the audits, and a summary of the audit findings. Thoroughly explain any negative audit findings and their resolution. If the Applicant was audited by a governmental agency within the last three (3) years, provide the name of the government agency, the agency's contact person and phone number, the year the audit was conducted, and the audit findings and resolution.

D. Tax Debtor List Requirements: All bidders must address the requirements of the Tax Debtor List to meet the requirements of Public Contract Code Section 10295.4. Vendors are ineligible to enter into, or renew any contract with the state for goods or services if a vendor is delinquent on paying state income tax in excess of $100,000 to the California Franchise Tax Board. Prior to submitting a bid or proposal and prior to executing any state contract or renewal of goods or services, a vendor must certify that it is not on the list of ineligible vendors prohibited from doing business with the State of California. During the bid evaluation, it is the buyer's responsibility to check the list of ineligible vendors to confirm that the bidder is not on that list. **Follow the instructions in the Additional Documents section of this RFA for required documentation.**

4. Letters of Reference

Solicit, scan, and upload into OTIS three (3) letters of reference from three (3) separate entities. Letters of reference must be written to the Applicant. No more than three (3) letters will be accepted. If the Applicant is currently receiving or has received funding from a governmental agency, other than CTCP, within the last two years, one of the references **must** be from one of these agencies. Do not include letters of reference from the Applicant's subcontracting partners. Each letter must be on the reference provider's letterhead and include:

- The address, telephone number, e-mail, name, and title of the letter's author.
- A description of the capacity in which the reference provider worked with the Applicant.
- A description of the Applicant's ability to: 1) function in the role of a statewide Coordinating Center for the priority population of focus; 2) support coordination, collaboration and communication among projects funded under the *Regional Initiative to Mobilize Communities and Reduce Tobacco-Related Disparities; and* 3) accelerate the adoption, implementation and impact of the regional project's tobacco control policy and system change campaigns.
- The Applicant's ability to fulfill the fiduciary and grants management functions.
- The Applicant's ability to establish and maintain positive collaborative relationships with CDPH/CTCP statewide funded projects, LLAs, CTCP-funded community-based organizations, and new collaborative partnerships.

D. OTIS Application Instructions: Evaluator Information

EVALUATOR INFORMATION (REQUIRED AND SCORED)

1. Select the Plan Evaluator. See the OTIS web-based training unit: *Creating Your Application/Plan;* module: *Evaluator Information* for instructions on how to invite, identify, and select the Plan Evaluator (see Appendix 8: *Instructions for Accessing the OTIS Applicant Training Course: Creating Your Application/Plan,* for access instructions).
2. After the Plan Evaluator is selected, this individual must complete and independently submit through OTIS the "Certification of the Evaluator's Role in Preparing the SOW." See the OTIS web-based training unit: *Creating Your Application/Plan;* module: *Evaluator Information* for instructions on how to manage the certification.
3. Make sure the evaluator is aware of this requirement and do not wait until the due date for the evaluator to submit the certification. Technical difficulties will not relieve the applicant of meeting the submission deadline.

E. OTIS Application Instructions: Scope of Work – Intervention Plan

SCOPE OF WORK (SOW) – INTERVENTION PLAN (REQUIRED AND SCORED)

1. Five Year SOW: Develop a five-year SOW that includes objectives and activities that will accelerate the adoption, implementation, and impact of policy and system change campaigns conducted by regional priority population projects. The SOW is to be commensurate with the costs included in the budget and budget justification. Complete the following items pursuant to the OTIS web-based training unit *Creating Your Application/Plan* (see Appendix 8: *Instructions for Accessing the OTIS Applicant Training Course: Creating Your Application/Plan,* for access instructions):
   A. Project Objectives. Include a minimum of three (3) objectives that are related to one or more of the following Communities of Excellence Assets 2.2, 2.3, 2.4, 2.5, 3.1, or 3.4. Objectives are to identify the population of focus and state specific measureable outcomes.
   B. Designate one objective as the "Primary Objective." A primary objective is one that will receive an in-depth evaluation plan in consultation with a qualified evaluator resulting in a Final Evaluation Report to be prepared as outlined in Appendix 4: *Tell Your Story: Guidelines for Preparing Useful Evaluation Reports.*
   C. Identify the Asset associated with the objective.
   D. Identify the Target Audiences to be actively engaged in activities. The Target Audiences must appear in the description of activities and relate to the priority population of focus for the application.
   E. Identify the Evaluation Design for the objective.
   F. Identify Summary Intervention Topics appearing in the SOW

G. In a brief narrative format, describe the series of activities to be implemented to achieve the objective. Each activity is to briefly describe and quantify what will be done, how much will be done, and who will be involved. It is recommended that the Applicant use the OTIS wizards to get started. See Appendix 9: *Instructions for Accessing the OTIS Activity Wizard* and Appendix 10: *OTIS Activity Wizards List* for more information.
H. Describe specific outreach and tailoring to the populations and communities described in the narrative.

2. *Required Components and Recommended Activities:* Ensure that the SOW addresses the required components and recommended activities in Table 4. Statewide Coordinating Center Component and Recommended Activities.

3. Media Requirement:
   A. Media Tracking Form: Applicants budgeting for paid media are required to submit the Media Tracking Form with their progress reports. This CTCP form documents placement of paid media and social media and is to be submitted as a tracking measure as part of the Media Record evaluation activity.
   B. Advertisement (ad) Testing Requirements: If an objective includes an activity to develop new advertising, the Applicant is required to include an evaluation activity to test the ads with consumers through focus groups, online surveys or other means to ensure that the message is understood, appropriate for the intended audience, and impactful with the target audience.

4. Statewide Evaluation Requirement: The SOW must include an activity to participate in a statewide evaluation that will include examining the efforts for the statewide Coordinating Centers and the Regional Priority Populations Initiative. Please use the appropriate OTIS wizard for this activity. CDPH/CTCP will fund an external agency to conduct this evaluation. CDPH/CTCP anticipates that the evaluation will provide information about the overall performance of each individual regional project site and enable evaluation of the entire Initiative. The evaluation will assess: the strength of the SOW and its implementation; changes in readiness for communities to address tobacco control policy and system changes; changes in the capacity of funded agencies to address tobacco control policy and system changes; the quality, strength and diversity of partnerships on tobacco control policy and system change efforts; the extent that Coordinating Centers accessed training and technical assistance services and collaborative learning opportunities funded by CDPH/CTCP; and the quality and strength of collaboration with LLAs and other funded CDPH/CTCP partners.

   The primary aims of the evaluation are to: a) understand the outcomes collectively achieved by this Initiative; b) evaluate how these measures were linked to the achievement of policy and system change objectives and other outcomes (e.g., calls to the California Smokers' Helpline, electronic health record referrals to the California Smokers' Helpline); and c) major facilitators or barriers

to tobacco control policy system change in the identified populations and the respective regions.

During the five-year project term, it is anticipated that the evaluation activities will include: a) a minimum of one written survey annually; b) two to three waves of Key Informant Interviews with 3-10 stakeholders; c) 1-2 waves of focus groups; d) a review of the SOW, progress reports, tracking measures and evaluation reports submitted by regional projects; and e) use of other outcome-related data sets such as the Policy Evaluations Tracking System, California Smokers' Helpline data, etc.

5. Coordination and Collaboration Requirements:
   A. The SOW must reflect coordination/collaboration with other local and statewide tobacco control partners such as LLAs, CTCP 15-100 Competitive Awardees, California Smokers' Helpline, The Center for Tobacco Cessation, The Center for Tobacco Policy and Organizing (The Center), ChangeLab Solutions, California Youth Advocacy Network, Tobacco Control Evaluation Center, Rover Library, The LOOP, the Tobacco Education Clearinghouse of California, and the regional priority population projects to be funded under RFA # 17-10569.
   B. The Applicant will partner with other public health, social service, employment, housing, etc. programs to facilitate an integrated approach to tobacco control efforts which may include joint trainings, participation in evaluation and surveillance (e.g., store surveys, Key Informant Interviews, Public Intercept Surveys), and cross-participation in coalitions.

6. Communication Requirements: Applicants are required to engage in the collaborative efforts that contribute to and sustain California's broader tobacco control movement. At minimum, Applicants are required to include activities in their SOW that reflects the following:
   A. At least one staff member will log in weekly into the Partners website, the statewide password protected electronic communication system, developed to link CTCP with its funded projects;
   B. At least annually, the Applicant will submit a Partners *Spotlight On* article highlighting a major success preferably related to a policy, system or environmental change outcome;
   C. At least one time per month, the Applicant will post or respond to questions or comments on the Partners *InfoHub* forum;
   D. On a regular basis, the Applicant will submit educational materials developed under the funded project along with testing results (e.g., reading level, consumer focus group results) to the Tobacco Education Clearinghouse of California (TECC) through the TECC website.
   E. The Applicant will communicate regularly with LLAs to avoid duplication of efforts and participate in LLA tobacco control coalitions as time and logistics permit.

F. Activities to educate the community, engage the community, and develop community leaders on tobacco control issues.
G. Linking tobacco control efforts to other sectors, including, but not limited to nutrition, alcohol control, crime prevention, etc.

7. For each activity, complete the following information:
   A. Copyright: Designate if the activities describes a work product that may be copyrighted, (e.g., brochure).
   B. Percent Deliverables: Identify the combination of staff and budget resources necessary to complete the activity. Percent deliverables for the entire SOW must equal 100 percent.
   C. Start/End Dates: Designate the progress report period in which an activity will begin and the date in which the activity will be completed.
   D. Responsible Parties: Identify budgeted personnel (e.g., staff positions, consultants and subcontractors, and non-budgeted entities such as volunteers, advisory council members) responsible for completing activities. Budgeted titles must be consistent with the titles used in the Budget Justification.
   E. Tracking Measures: Identify tracking measures to be submitted to CTCP that substantiate completion of each activity.
      - List no more than two tracking measures per activity.
      - Each tracking measure should be unique and specific to the activity.
      - Do not list the same tracking measure for multiple activities.
      - Tracking measures in which the percent deliverable is greater than zero percent must be designated as being submitted with the progress report.

F. OTIS Application Instructions: Scope of Work – Evaluation Plan

EVALUATION PLAN (REQUIRED AND SCORED)

1. Evaluation Plan Overview: Prepare the evaluation plan by completing the evaluation section using appropriate process and outcome data collection strategies to improve the intervention and measure the outcome and/or impact of the intervention. OTIS offers the following types of evaluation activities: Focus Groups, Key Informant Interviews, Public Opinion Polls/Intercept Surveys, Education/Participant Surveys, Policy Records, Media Activity Records, Young Adult Tobacco Purchase Survey, and Other Evaluation Activities.
   1. Evaluation Activity Narrative: Describe the evaluation activity including: the instrument to be used, topic or focus of the data collection, data collection method, who or what is being sampled, sample size, sampling method, and where the data will be collected
   2. Evaluation Activity Fill-in Boxes: For each evaluation activity complete the following information:
      - Identify if the evaluation activity reflects a process, outcome or both process and outcome data collection.

- Identify how many waves of data collection will occur, (e.g., use (1) wave for continuous data collection such as website analytics or media activity records; use (2) for a pre-post design).
- Identify if data collectors will be trained to collect data. **If "Yes" a Training Activity must be included in the Intervention Plan** that describes who will be trained, how many will be trained, the length of the training, and the content of the training.
- Copyright*
- Assignment of a Percent Deliverable*
- Assignment of Start/End Dates
- Assignment of Responsible Parties
- Assignment of Tracking Measures to document completion of activities

2. Evaluation Reporting Section. Describe how the evaluation data will be analyzed and disseminated, designate the progress report period in which the Brief Evaluation Report will be submitted to CTCP, assign a percent deliverable for report documents, and describe any limitations or challenges anticipated with completing the evaluation. Similar to the other activities, complete Tracking Measures and Responsible Parties. See Appendix 4: *Tell Your Story: Guidelines for Preparing Useful Evaluation Reports* for guidance.

G. OTIS Application Instructions: Scope of Work – Narrative Summary

NARRATIVE SUMMARY (REQUIRED AND SCORED)

1. Community Assessment Analysis (600-word limit): The Community Assessment Analysis is to justify and support the selection of the priority population of focus, the proposed objectives, and activities. Applicants may demonstrate the need for the intervention using community needs assessment findings; local, state or national data that describe the problem; or a summary of evidence-based literature and/or community-defined evidence. To cite data or literature, please state the author, publication title, and year, (e.g., Mamudu, et.al, Public Health Management & Practice, 2016).

   The first two sentences of the Community Assessment Analysis narrative must begin with the following statements:
   - "This project will primarily address the following priority population of focus: (list the population)."

   - "This project will primarily work in the following geographical communities: (identify the communities and describe the demographics of the community)."

2. Major Intervention Activities (400-word limit): In a narrative format, provide a concise summary of the activities to be implemented, and how these activities

* Refers to items that are required to be completed and submitted, but are not used to score the Plan.

will accelerate the adoption, implementation, and impact of policy/system change campaigns conducted by the regional priority population projects. Explain how activities will be tailored to the priority population of focus.

3. Theory of Change (300 word limit): Describe the underlying rationale for the proposed intervention, either using a formal theory of change or in your own words, explain how and why you think the proposed activities will lead to the desired change described in the objective. Public health frequently relies on formal theories of change; however, it is also acceptable to describe the underlying rationale for the intervention in your own words.

    - What is a theory of change? The underpinning of most effective public health interventions is a theory of change. The theory of change provides an explanation of how and why the proposed intervention will result in the desired change. It communicates that the activities and messages are more than an assortment of messages and activities selected because they are fun or popular with the coalition. The theory of change communicates that a rationale links the activities and supports that collectively these will result in the desired change.
    - What are examples of a theory of change? The following are a few examples of theories of change used in tobacco control. The *Stages of Change Theory* is a theory, which focuses on individual behavior change and is frequently used as the rationale for interventions that motivate and help people quit smoking based on where they are along a continuum of personal readiness to change. Theories of change that help to explain why community education, media, and partnership development lead to the adoption of policies in communities or organizations include *Social Norm Change*, *Community Organizing*, and *Community Readiness* theories. Additional theories of change are in Appendix 11: *Theory at a Glance: A Guide for Health Promotion Practice*. It is a free resource developed by the National Cancer Institute for public health practitioners. This document concisely summarizes the most commonly used theories, such as the *Diffusions of Innovation Theory, the Health Belief Model*, and *Social Cognitive Theory* and it explains how to incorporate theory into program planning, implementation, and evaluation.

4. Evaluation Summary Narrative (500-word limit): The Evaluation Summary is a summary of the evaluation design, outcome and process evaluation activities to be conducted, a description of how process evaluation activities will be used to improve or tailor the intervention, and a description of the plan to disseminate evaluation findings to others. In a narrative format, briefly provide the following information:

    - What will be accomplished? Describe what will be accomplished as a result of the intervention: How will the community or people in the community be different (e.g., smoke-free multi-unit housing policy adopted, health care

providers will use electronic health records to make referrals to the California Smokers' Helpline)?

- Evaluation Plan Type: State the evaluation plan type (e.g., "policy adoption").
- Outcome Data Collection: If the SOW includes the collection of outcome data, describe:
  - Design type (experimental, quasi-experimental, or non-experimental);
  - The intervention and control group(s) (if any) (e.g., communities, stores, health care providers) and the number and location (e.g. city or neighborhood) of each group;
  - When measurements will be performed (e.g., post-test only, pre- and post- test);
  - How data will be collected (e.g., document review, observation); and
  - The sampling plan (e.g., simple random sampling, convenience sampling).
- How do evaluation activities support interventions? Where applicable, explain how specific evaluation activities support particular intervention activities or will be used to help improve or tailor the intervention.
- How will evaluation findings be disseminated? Describe how and to whom evaluation findings will be disseminated.

H. OTIS Application Instructions: Budget and Budget Justification

BUDGET AND BUDGET JUSTIFICATION (REQUIRED AND SCORED)

1. Budget:
   A. Adhere to the requirements and criteria provided in this section and the budget instructions provided in Appendix 12: *Budget Justification Instructions for Funding Opportunities* and the OTIS web-based training (see Appendix 8: *Instructions for Accessing the OTIS Applicant Training Course*: *Creating Your Application/Plan*).
   B. Ensure the total dollar amount does not exceed the amount identified in the RFA.
   C. Utilize the eight (8) budget line items provided in the OTIS budget justification index (*See* Appendix 12: *Budget Justification Instructions for Funding Opportunities* for guidance).
   D. Verify that each activity in the SOW (that results in an expenditure of funds) is reflected in the budget.
   E. The Tobacco Education Clearinghouse of California (TECC) model for distributing educational materials changed in 2016 from distributing pre-printed materials to a model in which the user downloads a print-ready version of the material (at no cost) and prints the materials through either an in-house or external printing vendor. Budget accordingly to meet the demands of printing either in-house or through an external print vendor. See Appendix 13: *Tobacco Education Clearinghouse of California (TECC): Available Educational Materials* for more information.

2. Budget Justification:
   A. Provide easy to follow formulas to substantiate how costs were calculated. (The format for formulas are described in Appendix 12: *Budget Justification Instructions for Funding Opportunities* as well as in the OTIS Wizards).
   B. Provide an explanation and include the funding source when zero funds or insufficient funds are budgeted for a standard cost (e.g., in-kind contributions for space, personnel, indirect costs, subcontracts). CTCP reserves the right to completely exclude activities from the SOW and budget implemented with in-kind funds (e.g., federal funds) if the use of those funds obscures the quality, reach, and evaluation of the impact of the tobacco control program efforts.
   C. Equipment: Describe the office equipment, computer equipment, software, and other communication equipment that the Applicant and subcontractors and/or consultants (if applicable) have available for use by the proposed project. Include in the description:
      - The number and type of equipment available (e.g., desks, chairs, facsimile machines, personal computers, printers, reproduction/duplication/copiers, scanners, etc.).
      - Approximately when the computer equipment was purchased.
      - The availability (e.g., 100 percent, 50 percent, 25 percent, etc.) for use by staff proposed for this project, if funded.

   D. Travel/Per Diem and Training: Below are instructions for budgeting required and optional (recommended) travel/per diem and training.
      - **Required** CTCP Travel and Training: A minimum of one participant for the required Travel/Training noted in Table 7. *Required Travel/Trainings*.

      - **Required** Budget annually for 3-4 Statewide Coordinating Center coordinating/collaboration meetings, organized and sponsored by the Priority Population Coordinating Center.

Table 7. Required Travel/Trainings

Required Travel/ Training	FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23
Tobacco-Free California Projects Meeting		X	X		X	
Capitol Information & Education Training and Day		X		X		X
Statewide Coordinating Center Coordination/Collaboration Meetings		X	X	X	X	X

Optional CTCP Travel/Per Diem and Training: The trainings, conferences, and events listed in Table 8. *Optional Travel/Trainings* provide a broad overview of the types of events CTCP has tentatively scheduled and is provided to help Applicants

budget sufficient funds for travel and training. The dates, locations, and/or details regarding these events are not currently available. For budget building purposes, Applicants should budget as if statewide events are conducted in Sacramento and regional events are within 200 miles of the agency. This list does not include trainings or events that may be offered by CTCP Statewide funded agencies.

Table 8. Optional Travel/Trainings

Optional Travel/Training Event	**FY 17-18**	**FY 18-19**	**FY 19-20**	**FY 20-21**
Priority Population Focused				
Health Equity Summit/Roundtables			**X**	
Health Equity/Priority Populations Conference		**X**		
American Indian/Alaskan Native Tobacco Use Reduction Conference			**X**	
Rural Strategies Conference				**X**
Media Focused				
Spokesperson Training		**X**		**X**
Retail Environment Focused				
Flavored Tobacco Products Conference			**X**	
Regional Flavored Tobacco Products Trainings		**X**		**X**
Retail Environment Conference				**X**
Secondhand Smoke Focused				
Regional Housing Roundtables			**X**	
Tobacco & Marijuana Secondhand and Thirdhand Smoke Conference		**X**		
Smoke-free Homes Conference			**X**	
Strategic Thinking Focused				
Strategy and Endgame Conference			**X**	
Community Engagement Focused				
Midwest Academy Strategy Chart Trainings (Regional)	**X**		**X**	
Young Adult Training	**X**	**X**		
Evaluation Focused				
Comprehensive Evaluation Training			**X**	
Basic Training				
CTCP Onboarding and Technical Assistance Trainings: Capacity Building, Media, Evaluation, Program Interventions, Progress Reporting, Cost Reporting, Educational Materials Development	**X**	**X**	**X**	**X**

- Out-of-State Travel (OST): The OST events listed below identifies potential OST that Applicants may include in the budget. Prior written approval by CTCP is required. Please see Appendix 12: *Budget Justification Instructions for Funding Opportunities* for a description of the required information

Table 9. Potential Out-of-State Travel Opportunities

Event/Conference (Examples)	Website
American Public Health Association	www.apha.org
National Conference on Tobacco or Health	www.nctoh.org
Clearing the Air Institute	www.clearingtheairinstitute.com
11th Annual Health Disparities Conference	www.nationalhealthdisparities.com
Annual Rural Health Conference	www.ruralhealthweb.org
Gay and Lesbian Medical Association (GMLA) Conference	www.GLMA.org
Annual National Tribal Public Health Summit	www.nihb.org

E. Subcontracts and Consultants: The agency may enter into a variety of subcontracting relationships to fulfill the requirements of the SOW.

F. See Table 10. *Required Staffing* for positions that must be included in the application and their minimum duties.

Table 10. Required Staffing

Staffing	Position	Responsibilities
Required: 100 percent FTE	Project Director/Project Coordinator	This position must be listed as the Primary Tobacco Contact in OTIS, acts as the primary day-to-day point of contact for CTCP communication to the agency, and regularly access OTIS and Partners. This position is responsible for overall and day-to-day management to implement and evaluate the project; provides oversight of the SOW, Budget, progress reports, invoices; maintenance of required documents for auditing purposes; and devotes a minimum of 10 percent of a full-time position (equivalent to four hours per week) to overseeing evaluation activities.
Required: Minimum 10 percent FTE	Plan Evaluator	This position implements activities such as development of data collection instruments and protocols; provides data collection training; oversees sampling methodology; data analysis; and report writing. Duties may also include assisting with data translation and dissemination of evaluation results. The individual designated as the Plan Evaluator must meet the following minimum requirements: 1) at least one course in study design or at least one year of experience determining the study design for an evaluation; 2) have intermediate or higher proficiency in calculating sample size, developing a sampling scheme, and determining appropriate data collection methods; 3) completed one course in program

		evaluation or one year of planning and implementing a program evaluation; 4) have intermediate or higher proficiency in evaluating behavior change, policy, or media interventions; 5) at least two intermediate courses in statistics; and 6) have intermediate or higher expertise in using statistical software packages to analyze and interpret quantitative data.

~~F. Indirect Expenses:~~

1. ~~Indirect Expenses must not exceed a maximum of 25 percent of Total Personnel Services (Personnel Costs plus Fringe Benefits).~~

G. Indirect Expenses:

1. **The Indirect Rate used by Applicants, that are not a local health department, must not exceed a maximum of 25 percent of the Total Personnel Services (Personnel Costs plus Fringe Benefits Cost) or 15 percent of Total Allowable Direct Costs.**

2. The Indirect Rate used by Applicants that are a local health department must not exceed the local health department's FY 2017-18 CDPH approved Indirect Cost Rate (ICR). Local health department that use a Total Allowable Direct Costs as the ICR basis are subject to State Contracting Manual 3.06 restrictions on subcontract administrative overhead fees which states that only the first $25,000 for each subcontract may be included in the calculation of Total Allowable Direct Costs.

I. OTIS Application Instructions: Supplemental Tobacco Control Funding

SUPPLEMENTAL TOBACCO CONTROL FUNDING

Funds awarded under this RFA may not be used to duplicate or supplant existing services. If the Applicant agency or any of its consortium partners is receiving funds for any tobacco control efforts whether they are from local, state, federal or private sources, the Applicant is required to describe the funding source, amount of funds, the term of the award, and a description of the activities funded.

J. OTIS Application Instructions: Additional Documents

ADDITIONAL DOCUMENTS

The purpose of the Additional Documents is to provide CTCP with supplemental information regarding the Applicant. Information concerning Applicant administrative/collaborative activities, additional tobacco control funds, non-acceptance of Tobacco Company funding, and indirect cost recovery will substantiate CTCP agreement requirements. Provide the following additional

documents as described below. See Appendix 8: *Instructions for Accessing the OTIS Applicant Training Course: Creating your Application/Plan*, module "Additional Documents" for more information.

1. Additional Tobacco Control Funding (online form)*
2. Certification of Non-Acceptance of Tobacco Company Funding (uploaded form; see Appendix 6: *Certification of Non-Acceptance of Tobacco Funds*)*
3. Proof of Non-Profit Status (uploaded documentation by Applicant, only applicable to non-government non-profit agencies).
4. Tax Debtor List – *Franchise Tax Board Entity Status Letter* can be generated at the Franchise Tax Board website: (Uploaded documentation by agency)*
5. California Civil Rights Law Attachment *

Part VI. Application Selection Process and Criteria

A. About this Section

This section explains how the applications will be reviewed, evaluated, and scored. Each application will be evaluated and scored based on the responses to the information requested in this RFA. By submitting an application, the Applicant agrees that CDPH/CTCP is authorized to verify any information and any references named in the application. Applications received by CTCP are subject to the provisions of the "California Public Records Act" (Government Code, Section 6250 et seq.) and are not considered confidential upon completion of the selection process.

B. Application Review Process

STAGE ONE: ADMINISTRATIVE AND COMPLETENESS SCREENING

1. CDPH/CTCP will review applications for on-time submission **and** compliance with administrative requirements and completeness. The OTIS electronic time stamp will be used to verify on-time submission.
2. A late or incomplete application will be considered non-responsive and will be disqualified and eliminated from further evaluation.
3. Applications submitted from non-eligible entities will not be reviewed.
4. LLA consortium applications that do not meet the minimum requirements for a consortium application will not be reviewed.
5. Omission of any required document or form, failure to use required formats for response, or failure to respond to any requirement may lead to rejection of the application prior to review.
6. CDPH/CTCP may waive any immaterial deviation in an application; however, this waiver shall not excuse an application from full compliance with the grant terms if a grant is awarded.

STAGE TWO: APPLICATION SCORING (100 POINTS)

* Refers to items that are required to be completed and submitted, but are not used to score the Plan.

Each application passing Stage One will be evaluated and scored according to the selection criteria by a review committee on a scale of zero to 100 points. The review committee may include representatives of CDPH, other state agencies, and non-scoring subject matter experts. To be eligible for funding, an application must receive a score of 75 points or more. However, scoring 75 or more does not guarantee funding or funding at the level requested. CTCP reserves the right to not fund any of the applications received for this RFA. Funding decisions may also be made to ensure:

- No duplication or overlap of efforts with existing CTCP-funded projects.
- Adequate representation of the indicators addressed.
- Balanced representation of the types of organizations funded.

Table 11 describes the maximum point value for each RFA section.

Table 11. Maximum Point Value for RFA Sections

Application Component	Total Point Value
Applicant Capability	30
Scope of Work – Intervention Plan	24
Scope of Work – Evaluation Plan	13
Scope of Work – Narrative Summary	13
Budget and Budget Justification	20
TOTAL	100

STAGE THREE: NOTIFICATION OF DECISION

Each Applicant, whether selected for funding, or denied, will be notified in writing of the funding decision. Applicants may receive, upon written request to CDPH/CTCP, a copy of the scoring summary page that provides the score and overall strengths and weaknesses for each application.

STAGE FOUR: GRANT MODIFICATIONS

CDPH/CTCP reserves the right to reject any proposed project or project component(s). Following the award notification, CDPH/CTCP may require modifications to the application as a condition of the award. The awardee is required to submit a detailed SOW, Budget and Budget Justification in accordance with CDPH/CTCP requirements, which will become part of the final grant. Upon completion and approval of these documents, the grant documents will be submitted to CDPH for execution. Work may not commence until the grant is fully executed.

C. Application Selection Criteria

Table 12. *Scoring Criteria and Rating Points* provides the selection criteria and the associated point value that will be used to evaluate and score applications.

Table 12. Scoring Criteria and Rating Points

APPLICANT CAPABILITY		
Application Component	**Scoring Criterion**	**Point Value**
Statewide Capacity	The Applicant demonstrates that it has an office that has been physically located in California for at least three (3) years and that it has the capacity to operate statewide.	2
Organizational Mission	The Applicant demonstrates that its mission, types of programs and services, targeted audiences, groups, and organizations that it typically works with are consistent with the goals of this RFA.	3
Demonstrated Access and Work with the Priority Population of Focus	The Applicant demonstrates: 1) at least three (3) years working with the priority population of focus on major issues impacting the population (e.g., health, employment, education, housing, social justice, etc.); 2) at least three (3) years of experience developing community linkages, participating in, and maintaining stakeholder groups; 3) strong relationships and access to the priority population of focus as a result of past and current collaborations; and 4) strong relationships with non-traditional partners (e.g., arts and culture, housing environment, community development, transportation, law enforcement, business, substance abuse and mental health treatment, employment, living wage, faith-based, youth development, and early childhood development).	4
Record of Accomplishment in the Public Health Policy and Systems Change	The Applicant demonstrates: 1) a strong and ongoing record of accomplishment in the field of public health policy and system change that resulted in meaningful outcomes for the priority population of focus; 2) has had experience in tobacco control-related policy systems change; and 3) at least two years of experience in program	4

APPLICANT CAPABILITY		
Application Component	**Scoring Criterion**	**Point Value**
	monitoring, including data collection, and reporting of performance measures.	
Prior Work Experience	The Applicant demonstrates prior experience with the following: 1) development and maintenance of communication systems; 2) development of culturally competent educational materials development; 3) creation of leadership or professional development projects; 4) outreach to elected officials and key community leaders, and 5) dissemination of success stories.	3
Program Staffing	The Applicant demonstrates that the formal educational background, training and professional experience of program staff and subcontractors (or a recruitment and hiring plan) demonstrates their ability to successfully implement and evaluate a project designed to work with the priority population of focus and to accelerate the adoption, implementation and impact of policy, system, or environmental change campaigns conducted by regional priority population projects.	3
Administrative/Fiscal Experience	The Applicant demonstrates that its administrative/fiscal staff have the appropriate educational background, skills, and experience to satisfactorily manage all aspects of payroll, bookkeeping, invoicing, subcontract/consultant monitoring, and other administrative controls associated with acceptance of government funds; demonstrates three (3) years of satisfactory performance with administrative, fiscal, and program management of government and/or non-government funds; including timely and satisfactory submission of fiscal, program, evaluation, and subcontractor/consultant documents,	3

APPLICANT CAPABILITY		
Application Component	**Scoring Criterion**	**Point Value**
	fiscal stability to manage payments in arrears; no major negative audit findings; and it is compliant with Tax Debtor List Requirements.	
Letters of Reference	The Letters of Reference:1) are on Agency letter head and include contact information; 2) demonstrate the Applicant's ability to provide interventions and activities that are consistent with the functions of the statewide Coordinating Center; 3) ability to work productively with the priority population of focus and California's existing tobacco control infrastructure and partners; and 5) demonstrate the Applicant's ability to manage government funds including fulfillment of SOW activities (e.g., three (3) years of satisfactory performance with administrative, fiscal, and program management of government and/or non-government funds; timely and satisfactory submission of fiscal, program, evaluation, and subcontractor/consultant documents; fiscal stability to manage payments in arrears; and no major negative audit findings.)	3
Evaluator Information Evaluator Qualifications and Certification	The Applicant demonstrates the engagement of a qualified plan evaluator who has: 1) completed at least one course in study design or at least one year of experience determining the study design for an evaluation; 2) one course in program evaluation or one year of planning and implementing a program evaluation; 3) completed at least two intermediate courses in statistics; 4) has intermediate or higher proficiency in calculating sample size, developing a	3

APPLICANT CAPABILITY		
Application Component	**Scoring Criterion**	**Point Value**
	sampling scheme, and determining appropriate data collection methods; 5) has intermediate or higher proficiency in evaluating behavior change, policy, or media interventions; 6) has intermediate or higher expertise in using statistical software packages to analyze and interpret quantitative data.	
Start up: Office Space and Equipment	The Applicant demonstrates: 1) it has appropriate physical office space to operate out of and the capability and resources to start up and begin implementation of activities within six weeks of the grant start and to primarily deliver services Monday through Friday between the hours of 8 a.m. and 5 p.m., Pacific Standard Time (PST); 2) appropriate hard drive encryption and antiviral software, computer software and applications to support email, word processing, spreadsheets, PowerPoint, databases, web conferencing, website development and reliable Internet access; and 3) it will provide the grant staff with use of agency communication equipment, copy machines, and shared office furniture for meetings; and at least provide 50 percent of desks, chairs, current computer equipment, printers, and software needed for the grant staff.	2
	SUBTOTAL	**30**

SCOPE OF WORK - INTERVENTION PLAN		
Application Component and Page Number	**Scoring Criterion**	**Point Value**
SOW Intervention Plan - Objectives	Objectives are: • Specific, measurable and describe the expected outcome of activities; and • Consistent with purpose of this RFA.	5
SOW Intervention Plan – Statewide Coordinating Center Components and Recommended Activities	The SOW focuses on a single identified priority population and addresses the components and recommended activities identified in *Table 4. Statewide Coordinating Center Component and Recommended Activities* • Foster productive communication among the regional projects and the networks of agencies, organizations and groups with which they work; • Facilitate productive cross-collaboration and coordination across the regional priority population projects to leverage resources and prevent duplication of effort; • Facilitate communication and collaboration with other tobacco control, public health, scientific or policy partners, including State and local tobacco control program managers; health department officials; local, State, or national policy makers; and researchers, and other research funding agencies; • Facilitate development of policy and advocacy priorities within the priority population and across priority population groups in order to create critical mass and momentum; • Refer regional projects and their networks to existing statewide training and technical assistance providers funded by CDPH/CTCP; • Develop and implement efforts to develop the tobacco control movement's public health pipeline	10

	through community leadership and professional development; • Facilitate in-district Information & Education outreach to elected officials and decision makers; • Develop culturally appropriate and language-specific educational materials that are useful to the regional priority population projects; and • Use appropriate methods to translate and disseminate population-specific regional success stories that accelerate tobacco; control policy and system changes undertaken by the regional projects.	
SOW Intervention Plan – Sequential Activities that Build to Accomplish the Objectives	The Applicant demonstrates an understanding of building partnerships and facilitating the work of others to be successful and presents a well-organized, detailed, and comprehensive SOW that is well reasoned and appropriate to accomplish the objectives describes: • A wide variety of activities that are and culturally-appropriate, support the objective, progress in a sequential, chronologically appropriate order; • Sufficient activities (in quantity and magnitude) for the objective to be achieved (i.e., how much work will be done); • Where activities will occur (e.g., local jurisdiction); • Sufficient activities (in quantity and magnitude) to justify the proposed level of staffing and proposed outcomes; and • Responsible parties for completion of each activity (e.g., staff positions, subcontractors, consultants, volunteers)	5
SOW Intervention Plan – Coordination	Activities demonstrate: • Coordination and collaboration with	4

Collaboration Activities	CTCP statewide training and technical assistance providers, statewide Coordinating Centers, statewide educational campaigns, and other competitive Awardees in the region; • Regular communication with LLAs in the to avoid duplication of efforts and participation in a LLA tobacco control coalition as time and logistics permit; and • Consistent use of the Partners website, including weekly log-ins, monthly use of the InfoHub forum, and the posting of project success stories annually through Spotlight On.	
	SUBTOTAL	**24**

SCOPE OF WORK - EVALUATION PLAN		
Application Component	**Scoring Criterion**	**Points Value**
Scope of Work – Evaluation Plan	An evaluation plan is included for each objective, reflects that a qualified Plan Evaluator provided at least four hours of consultation on the development of the SOW, and includes appropriate: • Process and outcome data collection strategies to improve the Coordinating Center's activities and measure their outcome and/or impact; • Engagement of the Plan Evaluator, Project Director, and community members in evaluation activities; and • Participate in statewide evaluation of the Priority Populations Initiative.	5
Scope of Work – Evaluation Plan	For each evaluation activity, there is an appropriate description of the instrument to be used, the topic or focus of the data collection, data collection method, who or what is being sampled, sample size, sampling method, and where the data will be collected.	5
Scope of Work – Evaluation Plan	The evaluation reporting activity for each objective describes:	3

SCOPE OF WORK - EVALUATION PLAN		
Application Component	**Scoring Criterion**	**Points Value**
	• How the evaluation data will be analyzed; • How the findings and Evaluation Report will be disseminated to the community, policymakers, and to public health professionals working in tobacco control (e.g., through a conference presentation or a peer reviewed paper); • The progress report period in which interim and Brief/Final Evaluation Reports will be submitted to CTCP; and • Any limitations or challenges anticipated with completing the evaluation.	
	SUBTOTAL	**13**

SCOPE OF WORK - NARRATIVE SUMMARY		
Application Component	**Scoring Criterion**	**Point Value**
Community Assessment Analysis	The Community Assessment Analysis: 1) identifies the specific geographic communities and priority populations to be addressed; 2) strongly justifies with data that the objectives address an important problem of significance to the population of focus; and 3) incorporates substantiated evidence or practice-based approaches to addressing the problem.	4
Major Intervention Categories Analysis	The Major Intervention Categories Analysis demonstrates an appropriate and reasonable approach for: 1) the community (ies); 2) the priority population of focus; and 3) full accomplishment of the objectives.	3
Theory of Change	The Theory of Change provides	2

SCOPE OF WORK - NARRATIVE SUMMARY		
Application Component	**Scoring Criterion**	**Point Value**
	the underlying rationale explaining why the proposed activities will lead to the desired change and achieve the objectives.	
Evaluation Summary	The Evaluation Summary is appropriate for the objective and activities and describes the following: 1) evaluation design type (e.g., experimental, quasi-experimental, or non-experimental); 2) intervention and control groups if either a quasi or experimental design is used; 3) when outcome measurements will be performed (e.g., pre/post, post-test only); 4) the sampling plan; 5) the specific outcome to be accomplished as a result of the intervention; 6) outcome and process evaluation activities to be conducted; 7) how process evaluation activities will be used to improve or tailor the intervention; and 8) how findings will be disseminated.	4
	SUBTOTAL	**13**

PLAN COMPONENT: BUDGET AND BUDGET JUSTIFICATION		
Application Component	**Scoring Criterion**	**Points Possible**
Budget and Budget Justification (page 37)	• The proposed budget adheres to the instructions provided in Appendix 12: *Budget Justification Instructions for Funding Opportunities* and the OTIS web-based training. Each activity in the SOW that results in an expenditure of funds is reflected in the budget. The proposed Budget Justification clearly describes how the costs associated with the implementation of the proposed SOW were determined. • ~~Organizer (minimum),~~ **Includes a full-time Project Director/Project Coordinator and** 10% FTE Plan Evaluator. • The narrative includes easy to follow formulas and accurate calculations to substantiate how the costs were calculated (e.g., monthly/unit rates are provided).	7
	• The proposed budget justification narrative includes detailed descriptions/explanations for each of the eight line items and the corresponding sub-line items are identified in the OTIS Budget Justification. • If non-Prop 99 or Prop 56 funds are contributing to the implementation of the SOW, budget activities are clearly identified as “In-Kind” and specify the source of the in-kind funding, (e.g., federal funds CDC grant, etc.).	4
	• The proposed subcontract personnel and consultant costs are reasonable, directly support the proposed SOW, and are consistent with the needs of the project and level of responsibility.	6

PLAN COMPONENT: BUDGET AND BUDGET JUSTIFICATION		
Application Component	**Scoring Criterion**	**Points Possible**
	• For non-governmental non-profit agencies only: Salaries that appear high in relationship to state salaries in Appendix 14: *Comparable State Civil Service Classifications* are substantiated with a detailed justification. • For Paid Media, no more than $10,000 of an annual 12-month budget is allocated for this purpose.	
	• Travel and Per Diem costs are reasonable and necessary based on the proposed SOW. All required trainings are budgeted as instructed and clearly justified based on the Applicant's proximity to the event. • For non-governmental non-profit agencies only: Travel and Per Diem costs adhere to rates set by the California Department of Human Resources (CalHR) in Appendix 15: *Travel Reimbursement Information*.	3
	SUBTOTAL	**20**

Part VII. Award Administration Information

A. RFA Defined

The competitive method used for this procurement of services is a RFA. Applications submitted in response to this RFA will be scored and ranked based on the Selection Criteria. Every application must establish in writing the Applicant's ability to perform the RFA tasks.

B. RFA Cancellation and Addendums

If it is in the State's best interest, CDPH/CTCP reserves the right to do any of the following:

- Cancel this RFA;
- Modify this RFA as needed; or,
- Reject any or all applications received in response to this RFA.

If the RFA is modified, CDPH/CTCP will post an Addendum to the TCFOR website. Applicants are responsible for periodically checking the website for updates and may sign-up for email alerts.

C. Immaterial Defect

At its sole discretion, CDPH/CTCP may waive any immaterial defect or deviation contained in an Applicant's application. CDPH/CTCP's waiver shall in no way modify the application or excuse the successful Applicant from full compliance.

D. Grounds to Reject an Application

An Application shall be rejected if:

1. It is received after the exact date and time set for receipt of applications. The OTIS date stamp will be used to verify on-time submission.
2. It contains false or intentionally misleading statements or references which do not support an attribute or condition contended by the Applicant.
3. The application is intended to erroneously and fallaciously mislead the State in its evaluation of the application and the attribute, condition, or capability is a requirement of this RFA.
4. There is a conflict of interest.
5. It contains confidential information.
6. It is not submitted through OTIS and prepared in the mandatory format described.
7. It does not literally comply or it contains caveats that conflict with the RFA and the variation or deviation is not material, or it is otherwise non-responsive.
8. Applicant has been prohibited from contracting with the following Agencies:
   a. Franchise Tax Board
   b. California Department of Tax and Fee Administration (formerly known as the Board of Equalization)
   c. Department of Fair Employment and Housing
9. Applicant has been suspended or barred from RFA or contracting with the state at the following websites:
   a. Secretary of State
   b. Air & Water Polluters pursuant to GC section 4475-4482
   c. Plastic trash bag content noncompliance
   d. Federal Excluded parties List
10. The Applicant has received a substantive negative contract performance from the State.

E. Notice of Awards

1. Upon successful completion of the review process, CDPH/CTCP will post a notice of intent to award funds on the TCFOR website.
2. Upon written request to CDPH/CTCP, Applicants will receive a summary copy of their review-rating sheet by email.

F. Appeal Process

1. Notice of the proposed award shall be posted on the TCFOR website. If any Applicant, prior to the award of a grant, appeals the award, on the grounds that the Applicant would have been awarded the grant had CDPH/CTCP correctly applied the evaluation standard in the RFA, or if CDPH/CTCP followed the evaluation and scoring methods in the RFA, the grant shall not be awarded until either the appeal has been withdrawn or CDPH has decided the matter. It is suggested that the Applicant submit any appeal by certified or registered mail. Only those submitting an application consistent with the requirements of this RFA and are not awarded a grant may appeal. There is no appeal process for applications that are submitted late, noncompliant, or incomplete. No awarded Applicant may appeal the grant award-funding amount.

2. Within five (5) days after filing the initial appeal, the Applicant shall file a detailed statement specifying the grounds for the appeal with:

U.S. Mail	**Courier** (e.g., FedEx)
Caroline Peck, MD, MPH, FACOG, Chief Chronic Disease and Injury Control Division California Department of Public Health MS 7206 P.O. Box 997377 Sacramento, CA 95899-7377 Phone: (916) 449-5500	Caroline Peck, MD, MPH, FACOG, Chief Chronic Disease and Injury Control Division California Department of Public Health MS 7206 1616 Capitol Avenue, Suite 74.516 Sacramento, CA 95814 Phone: (916) 449-5500

3. At the sole discretion of the Division Chief, or his/her designee, a hearing may be held. The decision of the Division Chief or his/her designee shall be final. There is no further administrative appeal. Appellants will be notified of decisions regarding the appeal in writing within fifteen (15) working days of the hearing date or the consideration of the written material submitted, if no hearing is conducted.

4. Upon resolution of any appeal and subsequent award of the grant, Awardees will be required to complete and submit to CDPH/CTCP:
   A. The Payee Data Record (STD 204), to determine if the Awardee is subject to state income tax withholding pursuant to California Revenue and Taxation

Code Sections 18662 and 26131. This form can be found here. No payment shall be made unless a completed STD 204 has been returned to CDPH/CTCP.

B. Page one (1) of the Contractor Certification Clauses (CCC) found here.
C. Evidence of $1,000,000 commercial general liability insurance or a certification of self-insurance signed by the authority to bind the agency.
D. Agency Documentation Requirements

G. Disposition of Applications

1. Upon application opening, all documents submitted in response to this RFA will become the property of the State of California, and will be regarded as public records under the California Public Records Act (Government Code Section 6250 et seq.) and subject to review by the public.

2. Application packages may be returned only at the Agency's expense, unless such expense is waived by CDPH/CTCP.

H. Inspecting or Obtaining Copies of Application Materials

Persons wishing to view or inspect any application or award related materials must follow the PRA process.

Part VIII. Important Administrative Details

A. Cost of Developing the Application

The Applicant is responsible for the cost of developing and submitting an application. This cost cannot be charged to the State.

B. Awardee Requirements

The following are required to enter into a fully executed agreement with CTCP:

1. All CTCP-funded projects and grants are required to:
   a. Utilize OTIS for grant management.
   b. Obtain and maintain an active Partners account. Partners is a web-based communication system. CTCP-funded projects and grants are required to access Partners at least once a week to review weekly updates.
   c. Maintain an active Internet account.

2. The Awardee incurs expenses for the previous work period and is then reimbursed by invoice(s) submitted to CTCP no more than once per month. The State has up to 45 days to pay invoices for Awardees that are approved for “prompt payment.” To learn more about the prompt payment program please visit the Department of General Services website.

3. The Awardee shall employ fiscal/administrative staff with the appropriate training and experience to maintain fiscal accountability and track grant funds. Staff shall be knowledgeable of and practice: standard accounting and payroll practices (including state and federal tax withholding requirements), maintenance of fiscal/administrative records/documents, appropriate tracking and review/approval of expenditures, and other administrative policies and procedures which will maintain the fiscal integrity of the funds awarded to the Awardee.

4. The Awardee should maintain accounting records that reflect actual expenditures including, but not limited to accounting books, ledgers, documents, and payroll records, including signed timesheets, etc., and will follow standard accounting procedures and practices that properly reflect all direct and indirect expenses related to the grant. These records shall be kept and made available to CTCP for three (3) years from the date of the final grant payment.

C. Awardee Required Documents

Upon award of the grant, the Awardee will be required to complete and submit to the awarding agency:

1. The Payee Data Record (STD 204), to determine if the Awardee is subject to state income tax withholding pursuant to California Revenue and Taxation Code Sections 18662 and 26131.
2. Page one (1) of the Contractor Certification Clauses (CCC), which is a Department of General Services form.
3. Evidence of commercial general liability insurance.
4. Establish the Headquarters for State Travel Reimbursement for budgeted staff and subcontractors/consultants.
5. Board Resolution – all local government agencies are required to submit a Board Resolution with each grant. Resolutions must be submitted after notice of award and prior to full execution of grant. Resolutions must indicate local government approval of the grant.

D. Standard Payroll and Fiscal Documents

Awardees shall maintain adequate employee time recording documents (e.g., timesheets, time cards, and payroll schedules) and fiscal documents based on Generally Accepted Accounting Principles (GAAP) on practices, Code of Federal Regulations and OMB Circular Nos. A-21, A-87, A-110, A-122, and A-133. It is the responsibility of the Awardee to adhere to these regulations.

E. Use of Funds

1. The Awardee is required to expend the grant funds to implement the agreed upon SOW and consistent with Appendix 12: *Budget Justification Instructions for Funding Opportunities*, Appendix 16: *CTCP Program Letter 12-01 Advocacy Campaign Materials and Behavior Modification Materials (BMMs) Guidelines,* Appendix 17*: CTCP Program Letter (PL) 12-03 Allowed Policy Activities,* and Appendix 18: *Local Lead Agency and Competitive Grantee Administrative and Policy Manual*.
2. Funding may not be used for any of the following:
   A. Purchase or improvement of land, or building alterations, renovations or construction;
   B. Support of religious activities, including, but not limited to, religious instruction, worship, prayer, or proselytizing;
   C. Fundraising activities;
   D. Lobbying;
   E. Reimbursement in support of planning activities or preparation and submission of a grant application in response to the RFA;
   F. Reimbursement of costs incurred prior to the effective date of the Agreement;
   G. Reimbursement of costs currently covered by another CDPH contract or agreement;
   H. Reimbursement of costs that are not consistent or allowable according to local and state guidelines or regulations;
   I. Supplanting existing state or local funds used for tobacco use prevention and reduction efforts;
   J. Provision of direct medical care, including provision of cessation pharmacotherapy;
   K. Reimbursement of professional licensure;
   L. Reimbursement of malpractice insurance; and
   M. Payment to health care providers, either directly or indirectly to grant applications.
3. The Awardee is required to submit invoices no less than once per quarter, no more than once a month.
4. The Awardee is required to maintain backup documentation for all expenditures and provide the backup documentation for an invoice if requested by CTCP.

F. Progress Reports

1. The Awardee is required to submit semi-annual progress reports on time, complete, through the OTIS, and in conformance with CTCP instructions.
2. The final progress report is due on the last day of the grant term. The final report is to be a cumulative report that summarizes all activities and outcomes during the term of the grant and is to include all tracking measures including the Brief Evaluation and Final Evaluation reports.

3. If the Awardee fails to submit timely, complete progress reports documenting satisfactory progress, CDPH/CTCP will withhold payment of invoices and may terminate the grant.

G. Invoices

1. Documentation: Awardee shall maintain for review and audit purposes, adequate documentation of all expenses claimed. All invoice detail, fiscal records, or backup documentation shall be prepared in accordance with generally accepted accounting principles. CDPH/CTCP has the right to request documentation at any time to determine an agency's allowable expenses.
2. Submission of Invoices: Awardee must be able to fund up to 60 days of payroll, indirect expenses, and operating costs, as well as expenditures incurred by a subcontractor or consultant prior to reimbursement by the State. The Contractor incurs expenses for the previous work period and is then reimbursed by invoice(s) submitted to CDPH/CTCP a minimum of no less than once per quarter, no more than once per month, in arrears. The State has up to 30 days to pay invoices for Contractors that are approved for "prompt payment" and up to 45 days to pay invoices for others.

H. Audit Requirements

Prop 56, subsection 30130.56 (a) states that the California State Auditor shall at least biennially conduct an independent financial audit of the state and local agencies who are recipients of Prop 56 funds. As such, Awardees are to maintain fiscal and program records documenting expenditures and program implementation for three years beyond the term of the grant award.

I. Dispute Resolution, CDPH Rights, and Grant Termination

1. Resolution of Differences Between RFA and Contract Language:
   If an inconsistency or conflict arises between the terms and conditions appearing in the final grant and the proposed terms and conditions appearing in this RFA, any inconsistency or conflict will be resolved by giving precedence to the grant.

2. CDPH Rights:
   In addition to the rights discussed elsewhere in this RFA, CDPH/CTCP reserves the right to do any of the following:
   a. Modify any date or deadline appearing in this RFA.
   b. Issue clarification notices, addenda, alternate RFA instructions, forms, etc. If this RFA is clarified, corrected, or modified, CDPH/CTCP intends to post all clarification notices and/or RFA addenda on the CDPH/CTCP TCFOR website. Refer to Appendix 19: *Tobacco Control Funding Opportunities and Resources (TCFOR) User Instructions* for more information.
   c. CDPH/CTCP reserves the right to fund any or none of the applications submitted in response to this RFA. CDPH/CTCP may also waive any

immaterial deviation in any application. CDPH/CTCP waiver of any immaterial deviation shall not excuse an application from full compliance with the grant terms if a grant is awarded.

d. CDPH/CTCP reserves the right to withdraw any award or request modifications to the SOW and/or Budget of any application component(s) as a condition of the grant award.

3. Termination:
   CDPH/CTCP reserves the right to terminate the grant if the application submitted, awarded, negotiated, and approved by CDPH/CTCP as a result of this RFA is not implemented satisfactorily, or if work is not completed by the due dates prescribed in the grant's SOW.

Part IX. References

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