California Department of Public Health
California Tobacco Control Program

California CTCP Tobacco Control Program

INFORMATIONAL WEBINAR

RFA CTCP 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

September 27, 2017

2:00 p.m. – 4:00 p.m. PDT

CDPH California Department of PublicHealth

Presenters

Tina Fung, Program Consultant, Health Equity and Local Programs Unit

April Roeseler, Branch Chief

Brian Barrick, Procurement Manager, Procurements Management Unit

Henry Montes, Chief, Federal Projects Unit

Scott Kelley, Chief, Knowledge Management Unit

General Information

- **Is this webinar being recorded?** Yes! Recording will be posted on the *Tobacco Control Funding Opportunities & Resources* (**TCFOR**) website early next week: https://tcfor.catcp.org/
- **Documents:** All information discussed during this webinar can be found on the TCFOR website.
- **Mute:** All participants will be on mute during the webinar.
- **Questions:** Use the Chat Box to type questions during the webinar. Responses to questions about the RFA will be posted on the TCFOR website on Tuesday, October 10, 2017.

General Reminders

- The RFA instructions take precedence over anything said during this webinar.
- This is a competitive procurement and process; therefore, we are unable to provide advice, opinions, or personalized answers. Updates, corrections, or modifications to the RFA will be posted to the TCFOR website.
- Frequently check the TCFOR website for corrections or modifications to the RFA.
- TCFOR website: https://tcfor.catcp.org/

General Reminders (Cont.)

- The RFA requires the Applicant to submit applications online via the Online Tobacco Information System (OTIS). OTIS contains an online training program, page guides, and “Wizards” to help you complete your Application.

- **Do not** wait until the last minute! Applicants are encouraged to begin writing applications in a Word file that can be copied and pasted into the OTIS system and to allow adequate time to load information into OTIS.

Agenda

- Structure of the RFA
- Funding, Grant Term, Timelines & Eligibility
- Letter of Intent
- Vision
- Applicant Capability
- Scope of Work Requirements
- Narrative Summary
- Budget Requirements
- Additional Documents
- Plan Review & Scoring
- Using TCFOR & OTIS

Structure of the RFA

- Legal Authority (Page 1)
- Funding Purpose (Page 2)
- Statement of the Problem & Goals of CTCP (Pages 3 – 7)
- Initiative to Prevent & Reduce Tobacco-Related Disparities (Pages 7 – 10)
- Regional Initiative Focused on African Americans/Blacks, Asian/Pacific Islanders, Hispanic/Latinos, and LGBTQ (Pages 11 – 17)
- Term/Funding/Eligibility/Timeline (Pages 17 – 20)

Structure of the RFA (cont.)

- Letter of Intent (Page 21)
- Application Components (Pages 25 – 40)
- Review & Scoring/Appeal (Pages 40 – 55)
- Administrative Details (Pages 56 – 60)
- References (Pages 61 -62)

Funding and Grant Term

Term	May 1, 2018 – April 30, 2023
Funding by Region by Group by Fiscal Year	Appendix 2: Methodology Appendix 3: $45,933,130
African American/Black	**Regions:** Bay Area, Central Valley, Gold Country, Los Angeles, South Coast, Tri-County South (6)
Asian/Pacific Islander	**Regions:** Bay Area, Central Valley, Gold Country, Los Angeles, South Coast, Tri County South (6)
Hispanic/Latino	**Regions:** Bay Area, Central Coast, Central Valley, Gold Country, Los Angeles, North Coast, South Coast, Tri-County, Tri-County South (10)
LGBTQ	**Regions:** Bay Area, Gold Country, Los Angeles, South Coast, Tri-County, Tri-County South (5)

Tentative Timeline (Page 20)

Key Action	Date
RFA Release Date	September 19, 2017
OTIS Open for Application Input	September 26, 2017
Informational Webinar	September 27, 2017, 2 p.m.
Last Day to Submit Written Questions	September 28, 2017
Mandatory Letter of Intent Due	October 6, 2017
Responses to Written Questions Posted	October 10, 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 p.m.
Final Announcement of Awards	January 17, 2018
Grand Start/End Date	May 1, 2018 – April 30, 2023

Letter of Intent (Page 21 and Appendix 11)

- Mandatory -- but is non-binding
- One letter of intent for each application to be submitted
- Due October 6, 2017, 5:00 p.m.
- On Letterhead
- Include RFA # 17-10569
- State geographical region and priority population of focus
- State estimated budget for 5 years
- Describe the project

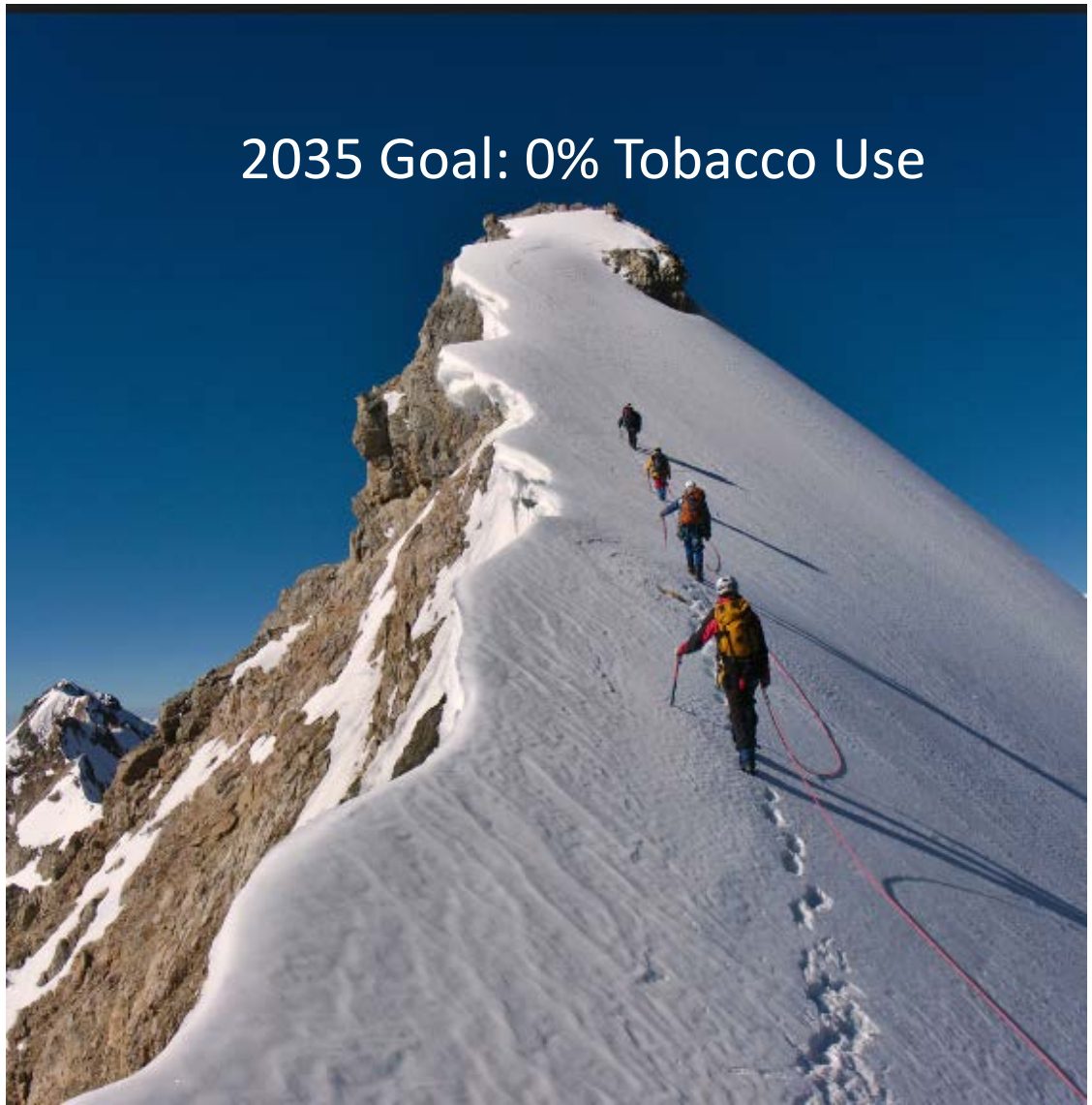
Eligibility (Page 17)

- CA public or private non-profit
- Non-profit agencies must provide proof of non-profit status
- Local Lead Agencies must apply as a consortium
  - Each member of the consortium must be located in the region
  - May not have more than 3 members total
  - LLA may not receive more than one-third of the budget
- Non-LLA Applicants may submit an Application reflecting a consortium of up to three (3) agencies
- Government agencies other than state universities, colleges and community colleges are not eligible
- All Applicants must certify no-tobacco industry conflict

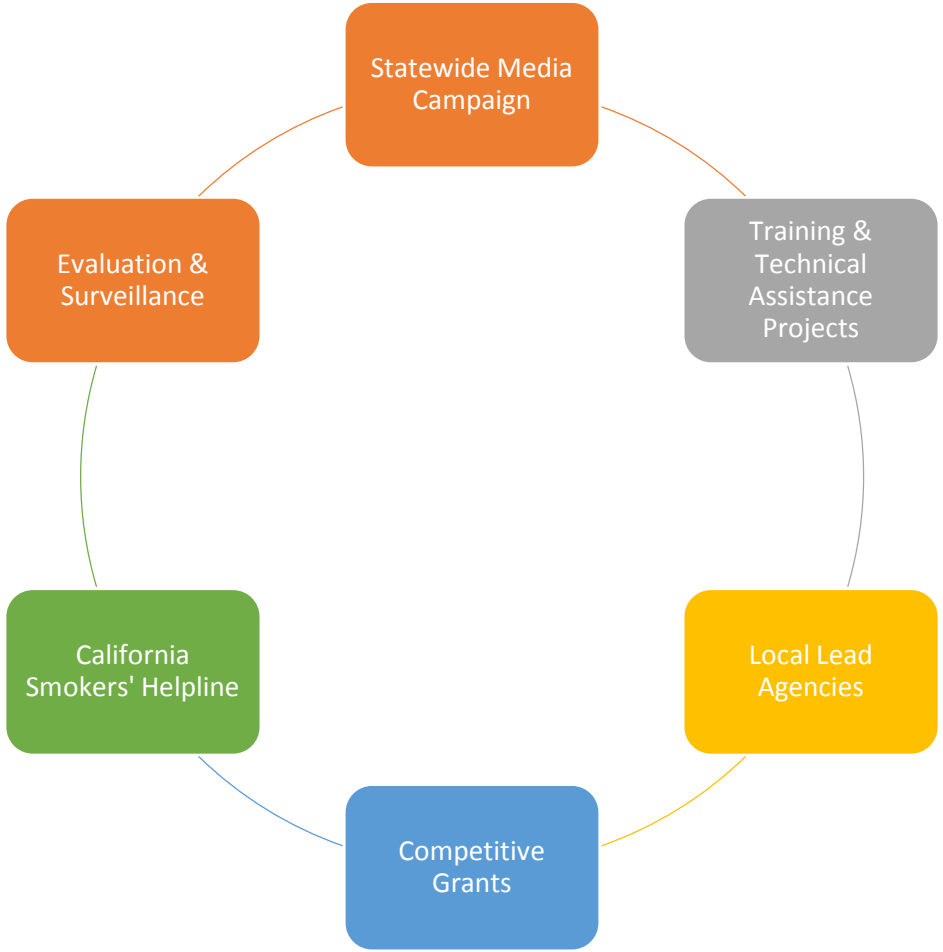
Agency Qualifications (Page 18)

- Office physically located for at least 3 years in the region to be served
- 3 years of experience working with the priority population of focus
- 2 years experience program monitoring, data collection, reporting performance measures
- 3 years of experience developing community linkages and/or participating in and maintaining stakeholder groups

Vision



California Tobacco Control Program Infrastructure (Page 9)



Initiative to Reduce Tobacco-Related Disparities

Local Lead Agencies
Launch: FY 17/18

- 15% of Prop 99 & Prop 56 Allocation Directed towards Reducing Tobacco-Related Disparities
- Must Include an Objecitive Addressing a Tobacco-Related Disparity Indicator

Regional Initiative to Mobilize Communities and Reduce Tobacco –Related Disparities
Launch: FY 17/18

- African Americans/Blacks Projects
- Asian Pacific Islanders Projects
- Hispanic/Latinos Projects
- LGBTQ Projects
- 4 Statewide Coordinating Centers

American Indian (AI) Initiative
Lauch: FY 17/18

- Tribal Govt. Grants
- AI Serving Organization Projects
- Statewide Coordinating Center

Rural Regional Inititiave
Launch: FY 18/19

- Rural Regional Projects
- Rural Statewide Coordinating Center

Behavioral Health Initiative
Launch: FY 18/19

- Statewide Training & Technical Assistance
- Behavioral Health Tobacco-free Campus Policy & Cessation Treatment Projects

Low SES Initiative
Launch: FY 17/18 & FY 19.20

- Medi-Cal Cessation Treatment Initiative
- Other to be Determined

Evidenced-base & Promising Practices Initiative
Launch FY 19/20

- Experienced Agencies
- New Players

RFA: Page 10

Eligible Priority Population Regions (Pages 11-12)

Region/Population	AA/Black	API	H/L	LGBTQ	Total Awards Anticipate
Bay Area	X	X	X	X	4
Central Coast			X		1
Central Valley	X	X	X		3
Gold Country	X	X	X	X	4
High Country					0
Los Angeles	X	X	X	X	4
North Coast			X		1
North Valley			X		1
South Coast	X	X	X	X	4
Tri-County			X		1
Tri-County South	X	X	X	X	4
	6	6	10	5	27

Applicant Capability (Pages 26 – 28)

Program

- Agency Mission
- Access to Population
- Policy/System Change
- Staff Qualifications

Organizational Start Up

- Space
- Hours of Operation
- Equipment

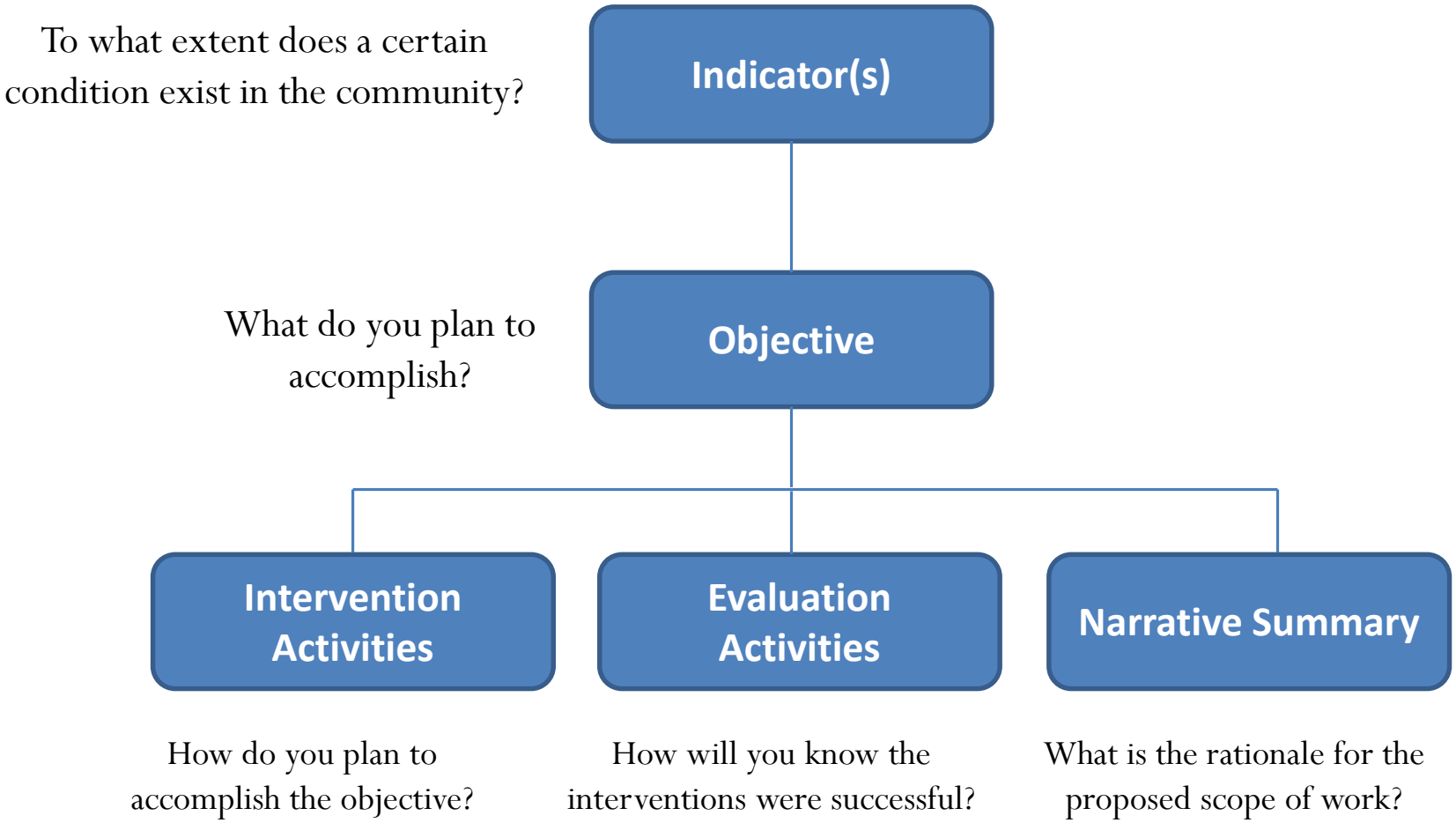
Admin/Fiscal

- Staff Qualifications
- Grant/Contract Compliance
- Audit History
- Tax Debtor List Requirements

Letters of Reference

- 3 letters
- Describe your agency's qualifications
- Scan & Upload

Scope of Work: Overview



Overall Scope of Work Requirements (Pages 13 -18, 30)

Focus on a Single Population Group

Focus on Policy & System Change Outcomes

Create a Shared Agenda

3 Objectives (minimum)

1 from Table 2

No more than 1 Asset Objective

Detailed Road Map

(Use the Wizards

Appendix 14 & 15)

Community Focused & Culturally Appropriate Activities

Midwest Academy Strategy Chart per Policy Objective

(Page 30)

Signed Policy as a Tracking Measure

(Page 30)

Participate in

I & E Days

Requirement: Tobacco-Related Disparities Indicators (Pages 15 – 17)

3.2.2

- Restrict Tobacco Retailer Density & Proximity of Tobacco Retailers to Each Other and Near Schools or Youth Sensitive Areas

3.2.9

- Prohibit the Sale of Menthol Cigarettes and Other Flavored Tobacco Products

1.2.6

- Establish a Minimum Floor Price on Tobacco Products

2.2.10/ 4.2.4

- Establish Smoke-free Health Care and Behavioral Health Campuses
- Cessation Treatment in Behavioral Health Settings

Requirement: Tobacco-Related Disparities Indicators (Pages 15 – 17)

2.2.9

- Establish Smoke-free Community Colleges, Technical Schools and Trade Schools

2.2.31 and 2.2.13

- Establish Smoke-free Home Policies within Public Housing and Multi-Unit Housing

4.1.4

- Identify and Treat Tobacco Users, particularly Medi-Cal Beneficiaries and the Uninsured

Media Requirements (Pages 14, 30)

Communications Plan	• Required if you do Paid Advertising Activities • Submit with Progress Report
Media Tracking Form	• Required for any Paid Media activities • Media Record Evaluation Activity – Tracking Measure
Consumer Testing	• Only required if you develop your own ads or educational materials • CTCP consumer tested advertising resources available on Partners website
Media Expenditures	• Limit of 5% of the annual budget for Paid Media (Page 14)

Evaluation Requirements (Pages 29, 31, 33-34)

Primary Objectives

1 Required

Objective ***matches*** Evaluation Plan Type

10% Deliverables

Legislated or Voluntary Policy Objective needs Policy Record

Legislated Policy Adoption needs Signed Policy as Tracking Measure

Implementation Objectives need Outcome Evaluation Activity

Paid Media Activities? Need Media Activity Record

Use Process Evaluation to Improve the Intervention

Participate in Statewide Evaluation

Wizard Available

Coordination & Communication Requirements (Pages 31 -32)

- Coordinate/Collaborate with other CTCP-funded projects
- Use Partners **weekly**!
- Contribute Spotlight On Success **annually**
- Contribute to InfoHub **monthly**
- Submit educational materials to TECC
- Communicate with LLAs
- Let the CSH know about cessation services
- Engage the community
- Link to nutrition, alcohol, crime prevention, etc.
- Use OTIS as a communication tool

Staffing Requirements (Page 39)

Project Director/ Coordinator	Community Engagement Coordinator	Plan Evaluator
100%	50% - 100%	10%

Plan Evaluator Requirements (Page 29)

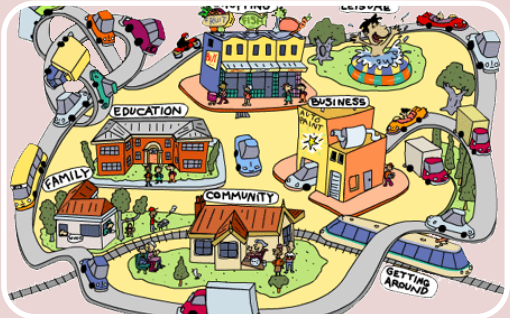
Qualifications (Pages 45-46)

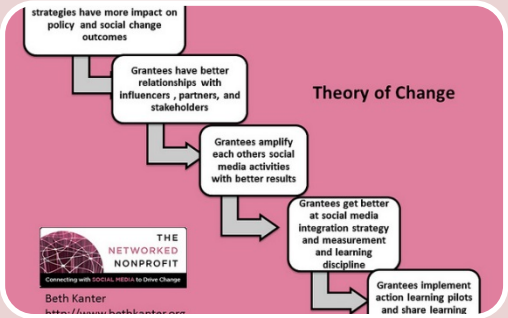
- One course & one year in study design
- One course or one year in program evaluation
- Two courses in intermediate statistics
- Intermediate or higher proficiency at sampling and data collection
- Intermediate or higher proficiency at evaluating behavior change
- Intermediate or higher proficiency with statistical software

OTIS (Page 29)

- Evaluator Creates Profile
- Applicant Selects Plan Evaluator
- Email Invite Goes to the Plan Evaluator
- Plan Evaluator MUST Complete the "Certification of the Evaluator's Role in Preparing the Scope of Work"
- Do NOT wait until the last day to do this
- DO make sure the Plan Evaluator is looking or the email invite

Narrative Summary (Pages 34-36)





Community Assessment

600 Words

Major Intervention Categories

400 Words

Theory of Change

300 Words

Appendix 17

Evaluation Summary

500 Words

Budget Agenda

- Where to Find the Important Items for the Budget
- OTIS, The Line Item Wizard and important reports
- Common Mistakes
- The 8 Budget Line Items
- Community Engagement What Are the Tools You Have
- Final Overview and Key Dates

Requirements
Fiduciary Responsibilities

- Funds must be spent for the purposes identified in Prop 99/56 and the enabling legislation.
- Prop 56 funds may be audited every two years
- If you are split funding positions, subcontracts, expenses between CTCP tobacco funds and some other source you will need to time study and have an audit trail.

Budget Expectations

- Budget and the Scope of Work need to **Match**
- Responsible Parties in the Scope of Work (SOW) **MUST** match Position Titles in the Budget
  Look at Appendix 5 Budget Justification Instructions and read the RFA.
- Double check all formulas and activity numbers that tie into SOW
- Funds do NOT roll from one fiscal year to the next

Common Budget Mistakes

Fringe Benefits	Breakout of % for each benefit missing (updated instructions in Appendix 5)
Incorrect Travel	Wrong travel dates or travel in the wrong sub-line item (New Travel Tables in Guidelines)
Descriptions Left Blank	Specific areas that are listed in SOW yet have no comment in supporting Budget line item. When in doubt, detail it out!
Wrong Formula or Referenced Activities in support of line items	Cut and paste is not always your friend! Make sure if you cut and paste anything from an old plan that the supporting SOW activity numbers are correct and the formulas still add up correctly.
BMMs (Behavior Modification Materials)	Unable to determine BMM costs and no supporting Activity Numbers for BMMs

The RFA and Appendices (Pages 36-40)

- Read the instructions.
- Read Appendix 5
- Use the OTIS Line Item Wizards

OTIS TIPS

A couple of helpful pointers on OTIS and line item wizard

1. What is the OTIS Line Item Wizard ?

2. Updated OTIS wizard list on TCFOR

OTIS BUDGET JUSTIFICATION WIZARDS
FOR
COMPETITIVE GRANTS (CG:GENERAL), STATEWIDES (SW), AND LOCAL LEAD AGENCIES (LLA)

Budget Category	Line Item Description	Response	Procurement Types
Equipment Expenses	Equipment	New computer will be purchased for use by the _____ [insert position title of paid staff that will utilize the new equipment] to perform the activities in the approved Scope of Work and progress reporting in OTIS, Partners usage, and communication with CTCP. The following is a description and cost estimate of a new computer that would meet the approved comprehensive tobacco control plan requirements: □ Manufacturer & Model*: □ Processor: □ Network Interface: Storage (Disk): □ Memory: □ DVD Reader: □ Monitor*: □ Operating System: □ Office Application Suite: □ Antivirus and Hard Disk Encryption □ [*Brand may vary.]	CG:General, LLA, SW
Equipment Expenses	Equipment	Upgrade (or replace) existing computer system purchased # years ago [insert how long last computer was purchased]. Upgraded/new computer(s) will be utilized by the _____ [insert position title of paid staff that will utilize the upgraded/new equipment] to perform the activities in the approved Scope of Work and progress reporting in OTIS, Partners usage, and communication with CTCP. The following is a description and cost estimate of a new computer that would meet the approved comprehensive tobacco control plan requirements: □ Manufacturer & Model*: □ Processor: □ Network Interface: □ Storage (Disk): □ Memory: □ DVD Reader: □ Monitor*: Operating System: Office Application Suite: Antivirus and Hard Disk Encryption □ [*Brand may vary.]	LLA
Fringe Benefits	Fringe Benefits	At approximately __%- __% of Personnel Costs, Fringe Benefits include the following: FICA –Social Security and Medicare 07.65%; premiums for State Unemployment Insurance (SUI) __%-__%; State Disability Insurance (SDI) __%; Employee Health, Dental and Vision __%-__%; Workers' Compensation Insurance premiums __%-__%; Employee Retirement Benefits __%-__%; Other Benefit Compensation match __%-__%. [Complete range and percentages as appropriate.]	CG:General, LLA, SW
Indirect Expenses	Indirect Expenses	At approximately ___% - ___% of Personnel and Fringe Benefits, indirect costs include administrative expenses such as overhead accounting support and payroll services, utilities, building and equipment maintenance, janitorial services, insurances costs, dues and subscriptions, and annual audit expenses.	CG:General, SW
Indirect Expenses	Indirect Expenses	At approximately ___% - ___% [insert approved count/city CDPH approved Indirect Cost Rate] of [select one: Personnel and Fringe Benefits or Total Direct Costs based on your count/city CDPH approved Indirect Cost Rate method]. Indirect costs include administrative expenses such as overhead accounting support and payroll services, county counsel, utilities, building and equipment maintenance, janitorial services, insurances costs, dues and subscriptions, and annual audit expenses. Indirect costs comply with ICR proposal submitted to CDPH.	LLA
Operating Expenses	Audit Expenses	The funding for this Agreement represents approximately __% of the total agency revenue subject to the agency's single, organization-wide audit. The cost for the single, organization-wide financial and compliance audit is estimated at approximately $_____ annually. The share of cost for the annual audit that will be charged to this agreement is ___% x $_____ = $_____ x # years = $_____.	CG:General, LLA, SW
Operating Expenses	Communications	Includes costs for telephone(s), fax, cell phones service for staff, and computer network lines for budgeted staff at # FTE x $___ - $____ [provide range if applicable] x # months = $_____.	CG:General, LLA, SW
Operating Expenses	Communications Network (PARTNERS)	Includes monthly administrative charges (IT Support) and estimated hours of usage of personal computer (network) support and Internet connection to Partners and OTIS. Internet fees average # FTE x $_____ per month x # months = $_____.	CG:General, LLA, SW

Revised July 2017

Page 1 of 5

Personnel (Page 39)

- For full requirement and responsibilities, reference Table 7 of the RFA
- Salaries are to be comparable to state civil service (Appendix 19)

Required Positions	
Project Director/Coordinator	100 % FTE
Community Engagement Coordinator	50% FTE
Plan Evaluator	10% FTE
Fiscal and Administrative Staff	Optional

Fringe Benefits

Make sure to provided a percentage for each fringe benefit that adds into the total

- **At approximately** 33% - 48% **of Total Personnel Costs, Fringe Benefits includes the following:**

  FICA –Federal Insurance Contribution Act, Social Security and Medicare 7.65%; SUI-State Unemployment Insurance premiums 2.00%; Employee Health, Dental and Vision 15.35%-26.35%; Employee Retirement Benefits 8.00%-12.00%. Fringe benefit percentages are based on current figures.

Operating Expenses

CTCP Communications Network (Partners):

Don’t leave it blank! Make sure to reference which line-item this cost is reported in

You got Mail?

Operating Expenses

Printing cost so what's the big difference?

- **Printing**- An outside vendor is printing the materials for you.
- **Duplicating**- You have a great copy machine and you print out what you need on your own.
- **Educational Materials**- Wait a minute these cost are not in Operating Expenses they are in Other Cost right? Yes and No.

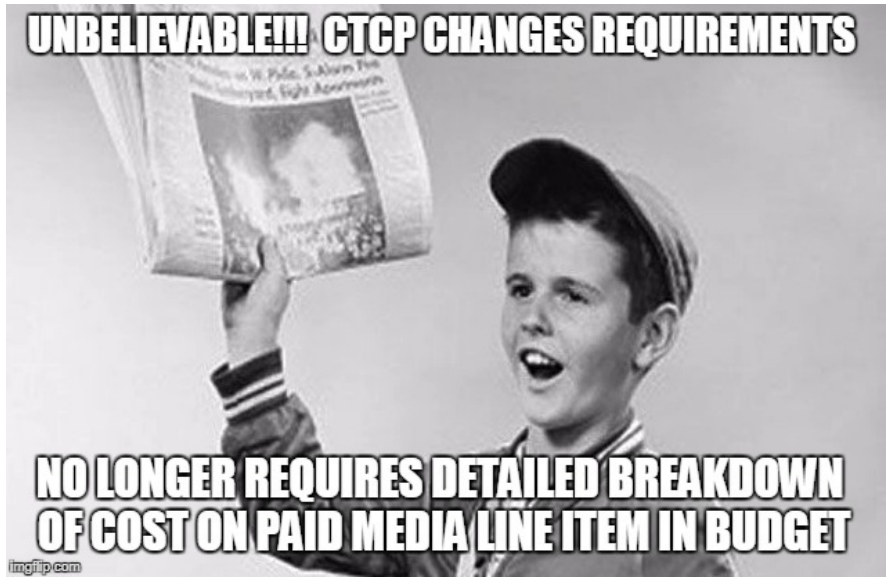
Equipment Expenses

- Applicant must provide at least 50% of desks, chairs, computer equipment, printers, and software (Page 46)
- May budget for additional office equipment, computer equipment, software, and other communication equipment
- Quantify the number and type of equipment
- Please refer to the updated Equipment section in Appendix 12 for more details.

Subcontracts and Consultants

- The Applicant may enter into a variety of subcontracting relationships. (Page 39)
- Local Lead Agency (LLA) Applicants may have up to 2 consortium partners. The budget for the LLA may not exceed more than one-third of the total budget request. The LLA must be the prime Applicant. (Page 17)
- Non-LLA Applicants may submit a consortium Application reflecting a total of 3 agencies. Each member of the consortium must be located and/or working in one or more counties in the region. (Page 17)

Paid Media



- Provide a general description of paid media goals along with the estimated lump sum for each fiscal year of plan
- No more than 5% of annual budget
- Paid media will be tracked through the “Media Tracking Form” that will be submitted every 6 months with the Progress Report

Requirements & Optional Travel & Training (Pages 37 - 38)

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 Visits		X		X		X
Statewide Coordinating Center Coordination/Collaboration Meetings		X	X	X	X	X

- Optional Training & Travel: See Table 5 on page 38 and budget for as appropriate
- See Appendix 20 for Travel Rates

Optional: Out-of-State Travel (Page 39)

See Appendix 5: *Budget Justification Instructions for Funding Opportunities*.

It is easier to get your out-of-state Travel approved during your plan negotiations. Otherwise you will need to go through the OTIS Out-of-State Travel Request process which can take 4 to 6 weeks for approval. Remember out-of-state travel is optional.

Example description: (Out-of-State Travel For FY19/20) Send one person to the National Tobacco Conference for Public Health. Location TBD. Estimated cost includes Airfare and transportation x 1 est. $700, Lodging x 2 nights est. $300, Per diem x 2.5 days est. $100.00, Total estimated cost for OST trip for 2.5 days of training $1100.

Indirect Expenses (Page 40)

- Indirect Expenses may not exceed 25% of Total Personnel Services (Personnel Costs + Fringe Benefits)
- Local Health Department Applicants may not exceed the local health department's FY 2017/18 CDPH approved indirect cost rate (ICR). A link to this list can be found on page 40 of the RFA

Additional Documents

- Additional Tobacco Control Funding (online form)
- Cessation Identification & Treatment Protocol (Upload – See "Related Materials" section on TCFOR for this form)
- Certification of Non-Acceptance of Tobacco Company Funding (Upload – See Appendix 10)
- Tax Debtor List (aka Franchise Tax Board Entity Status Letter)
- Proof of Non-profit status
- California Civil Rights Law Attachment

Additional Documents

OTIS California Tobacco Control Program Online Tobacco Information System

Welcome, Grar

MyOTIS | My Projects | Calendar | Announcements | Quick Lin

CG 17-10569 Regional Disparitie

- Project Home
- Application
  - Application Index
  - Contact Information
  - Background Information
  - Evaluator Information
  - Scope of Work
  - Budget Information
  - Additional Documents
    - Additional Tobacco Control Funding
    - Proof of Non-Profit Status
    - Certification of Non-Acceptance of Tobacco Company Funds
    - Franchise Tax Board Entity Status Letter
    - Cessation Tracking Treatment Protocol
    - Civil Rights Laws Certification
  - Abstract
  - Application Submission
- Administration
- Reports
- Other

Application

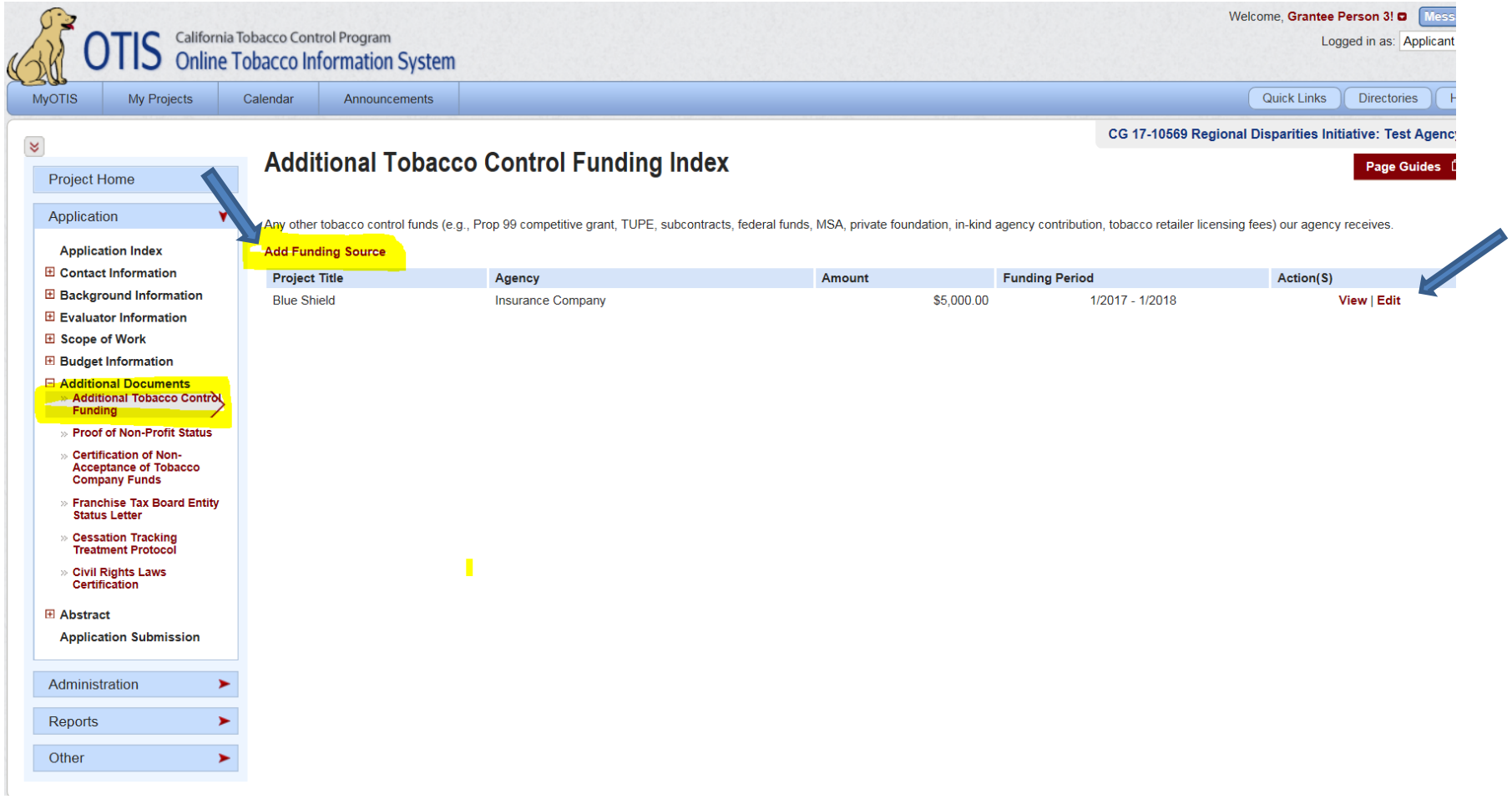
Version ID	Status	Effective Date	Approval Date	Action(s)
0.1	Open	05/01/2018	---	View Application View Reports

Previous Versions

Progress

Report Period	Status	Action(s)
05/18-12/18		
01/19-06/19		
07/19-12/19		
01/20-06/20		
07/20-12/20		
01/21-06/21		
07/21-12/21		
01/22-06/22		
07/22-12/22		
01/23-04/23		

Additional Tobacco Control Funding Form



Additional Tobacco Control Funding Form

CG 17-10569 Regional Disparities Initiative: Test Agency

Page Guides

Add Funding Source

Any other tobacco control funds (e.g., Prop 99 competitive grant, TUPE, subcontracts, federal funds, MSA, private foundation, in-kind agency contribution, tobacco retailer licensing fees) our agency receives.

Fields in RED are required.

Project Title:

Funding Agency:

Support Amount: $

Funding Period Start: January 2017

Funding Period End: January 2017

Activity Description:

Save Information Cancel

Additional Tobacco Control Funding Form

CG 17-10569 Regional Disparities Initiative: Test Agency

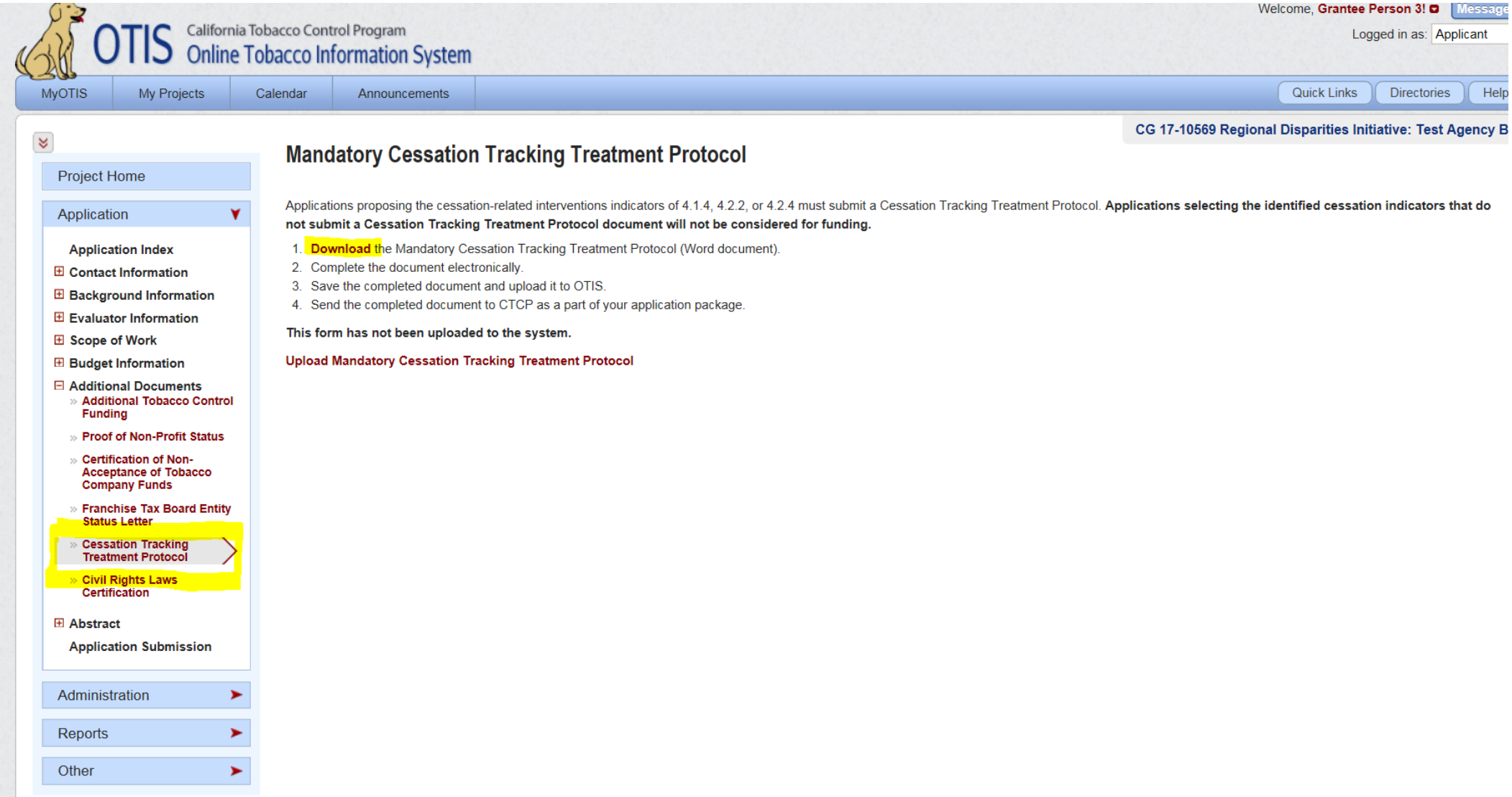
View Funding Source

These funds may be from Prop 99 (competitive grants, TUPE, subcontracts), federal funds, MSA, private foundation, in-kind agency contribution, tobacco retailer licensing fees, etc.

Edit Funding Source | Delete Funding Source | Return to Additional Tobacco Control Funding Index

Project Title:	Blue Shield
Funding Agency:	Insurance Company
Support Amount:	$5,000.00
Funding Period Start:	1/2017
Funding Period End:	1/2018
Activity Description:	electronic health information exchange

Cessation Tracking Treatment Protocol



Cessation Tracking Treatment Protocol

Mandatory Cessation Tracking Treatment Protocol

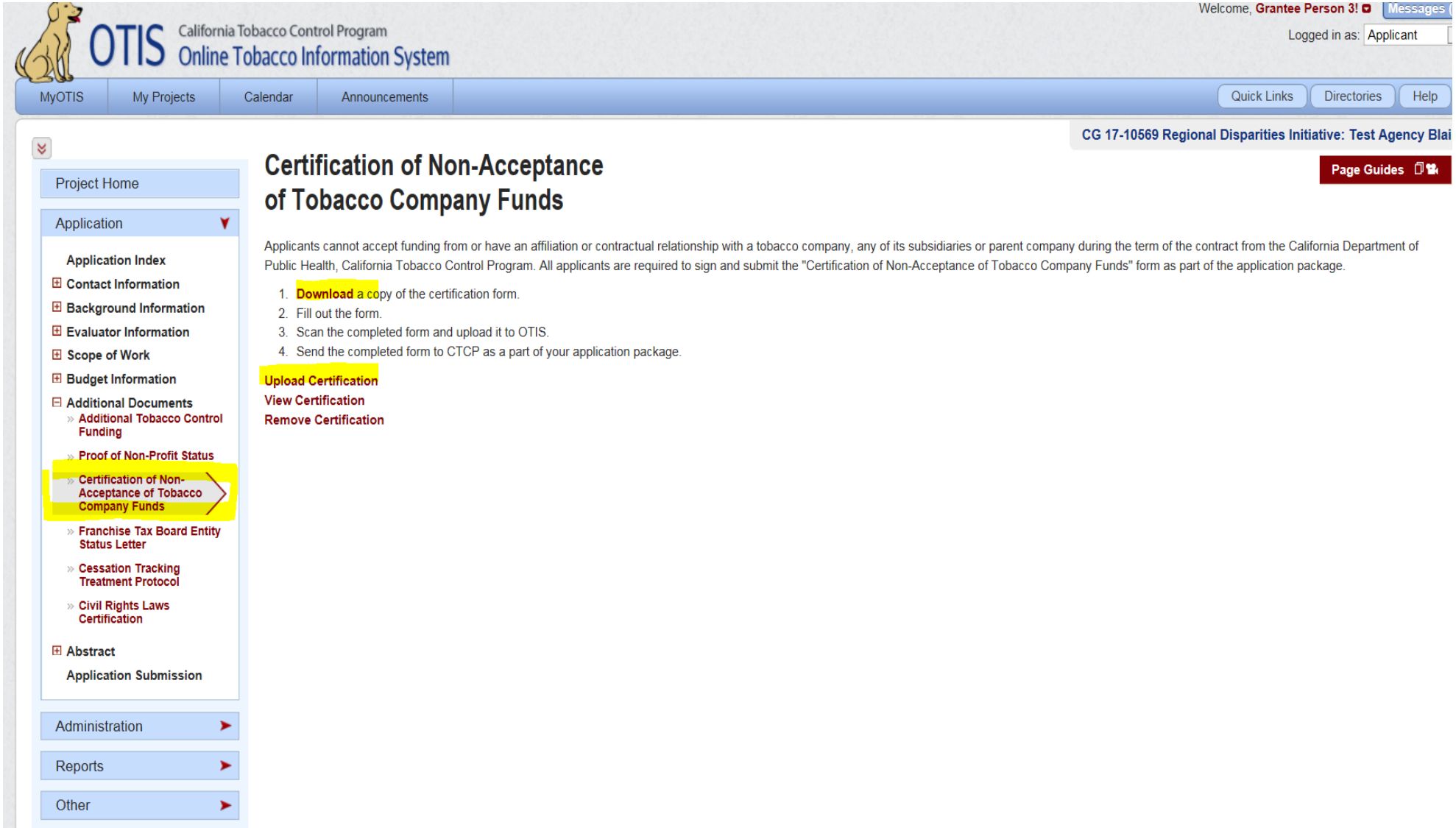
Applications proposing the cessation-related interventions indicators of **4.1.4**, **4.2.2**, or **4.2.4** must submit a Cessation Tracking Treatment Protocol. **Applications selecting the identified cessation indicators that do not submit a Cessation Tracking Treatment Protocol document will not be considered for funding.**

The Cessation Tracking Treatment Protocol should be completed below.

Required Information	Enter Information in this Column
Applicant Name:	
Cessation Indicator:	
Identify the targeted clinics, treatment centers, or hospitals that the Applicant will be working with. Include name and address:	
For each health care system, provide a description of the current tobacco use policy:	
For each health care system, explain how tobacco users are currently identified and their tobacco use tracked:	
For each health care system, explain what cessation pharmacotherapy benefit is provided:	
For each health care system, explain what type of cessation counseling is provided:	
For each health care system, explain how cessation is currently promoted to patients or clients:	

SAMPLE

Certification of Non-Acceptance of Tobacco Company Funds



Certification of Non-Acceptance of Tobacco Company Funds

ATTACHMENT: CERTIFICATION OF NON-ACCEPTANCE OF TOBACCO FUNDS

_____
Company/Organization Name

Please check one of the following:

☐ The Primary Agency named above hereby certifies that it 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 contract from the California Department of Public Health, California Tobacco Control Program. Acceptance of such funds during the term of the contract is grounds for termination.

☐ University/Colleges Only

The Principal Investigator of the university or college named above hereby certifies that he/she or any of the investigators associated with (either paid, voluntary, or in-kind) this contract 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 Principal Investigator of the university or college named above hereby certifies that he/she or any of the investigators associated with this contract 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 contract from the California Department of Public Health, California Tobacco Control Program. Acceptance of such funds during the term of the contract is grounds for termination.

CERTIFICATION

I, the official named below, hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date below, is made under penalty of perjury under the laws of the State of California.

Director of Agency or Principal Investigator:

Signature Date Print Name and Title

Franchise Tax Board Entity Status Letter

OTIS California Tobacco Control Program Online Tobacco Information System

Welcome, Grantee Person 3! Messages (0)

Logged in as: Applicant

MyOTIS | My Projects | Calendar | Announcements | Quick Links | Directories | Help

CG 17-10569 Regional Disparities Initiative: Test Agency Blair

- Project Home
- Application
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  - Contact Information
  - Background Information
  - Evaluator Information
  - Scope of Work
  - Budget Information
  - Additional Documents
    - Additional Tobacco Control Funding
    - Proof of Non-Profit Status
    - Certification of Non-Acceptance of Tobacco Company Funds
    - Franchise Tax Board Entity Status Letter
    - Cessation Tracking Treatment Protocol
    - Civil Rights Laws Certification
  - Abstract
  - Application Submission
- Administration
- Reports
- Other

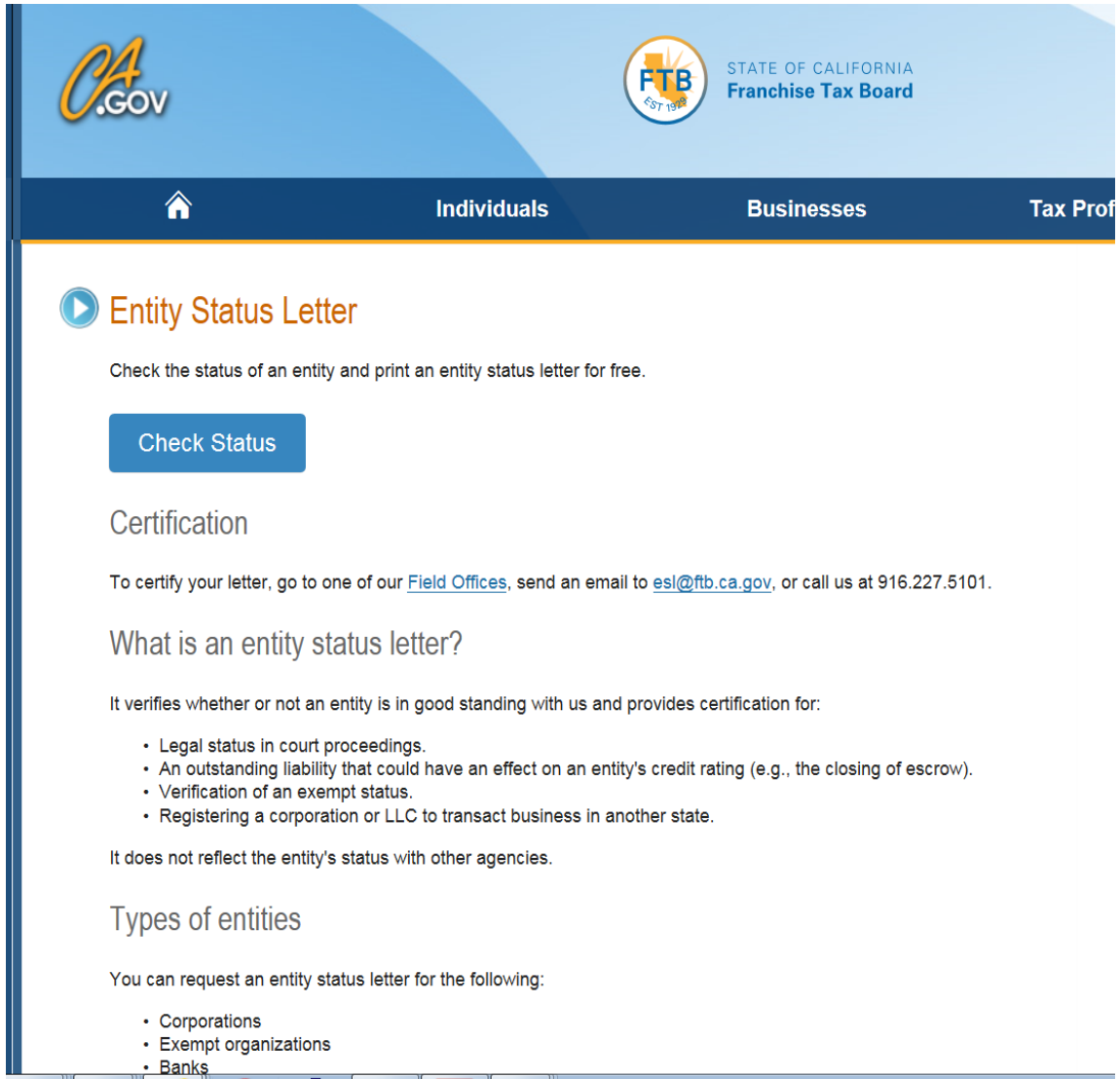
State of California, Franchise Tax Board Entity Status Letter

All bidders must address the requirements of the Tax Debtor List for the reason described in 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 with paying state income tax in excess of $100,000.00 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. Contact the California Franchise Tax Board to confirm your status. Provide a copy of your agency's Entity Status Letter as part of the application package.

This form has not been uploaded to the system.

Upload Entity Status Letter

Franchise Tax Board Entity Status Letter



STATE OF CALIFORNIA
Franchise Tax Board

Individuals | Businesses | Tax Prof

Entity Status Letter

Check the status of an entity and print an entity status letter for free.

Check Status

Certification

To certify your letter, go to one of our Field Offices, send an email to esl@ftb.ca.gov, or call us at 916.227.5101.

What is an entity status letter?

It verifies whether or not an entity is in good standing with us and provides certification for:

- Legal status in court proceedings.
- An outstanding liability that could have an effect on an entity's credit rating (e.g., the closing of escrow).
- Verification of an exempt status.
- Registering a corporation or LLC to transact business in another state.

It does not reflect the entity's status with other agencies.

Types of entities

You can request an entity status letter for the following:

- Corporations
- Exempt organizations
- Banks

Franchise Tax Board Entity Status Letter

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0540

Entity Status Letter

Date: 12/15/2014
ESL ID:

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID:

Entity Name: VISTA COMMUNITY CLINIC

- [x] 1. The entity is in good standing with the Franchise Tax Board.
- [ ] 2. The entity is **not** in good standing with the Franchise Tax Board.
- [x] 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701d.
- [ ] 4. We do not have current information about the entity.

The above information does not necessarily reflect:

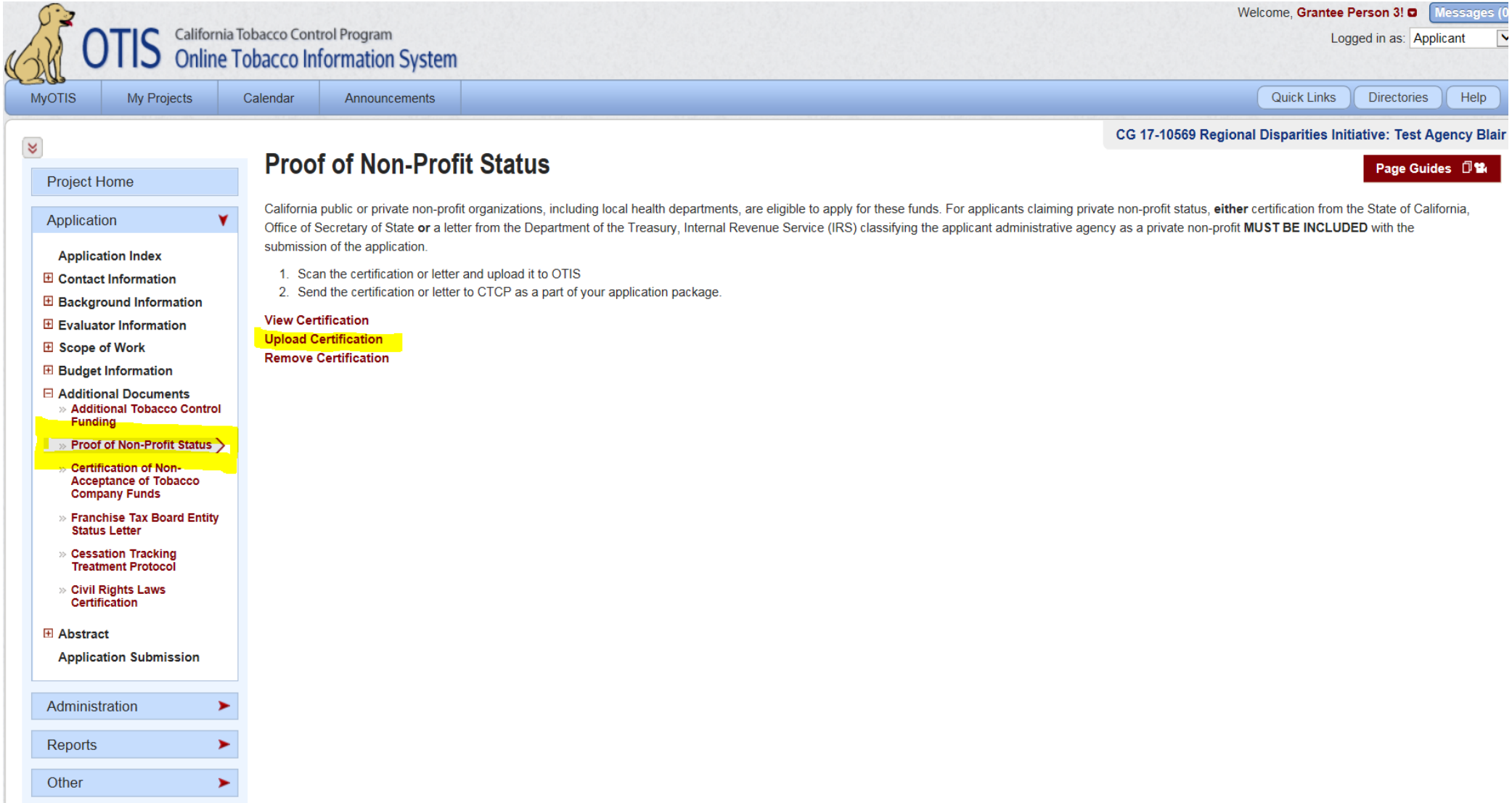
- The entity's status with any other agency of the State of California, or other government agency.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or the entity did business in California at a time when it was not qualified or not registered to do business in California:
  - The status or voidability of any contracts made in California by the entity at a time when the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
  - For entities revived under R&TC Section 23305b, any time limitations on the revivor or limitation of the functions that can be performed by the entity.

Internet and Telephone Assistance

Website: **ftb.ca.gov**
Telephone: 800.852.5711 from within the United States
916.845.6500 from outside the United States
TTY/TDD: 800.822.6268 for persons with hearing or speech impairments

FTB 4263A WEB (NEW 02-2012)

Proof of Non-Profit Status



Proof of Non-Profit Status

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to:
Sep. 15, 2008 LTR
95-2815615 000000 00 000
00026019
BODC: TE

VISTA COMMUNITY CLINIC
1000 VALE TERRACE
VISTA CA 92084

010921

Employer Identification Number:
Person to Contact:
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Sep. 04, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in June 1973, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

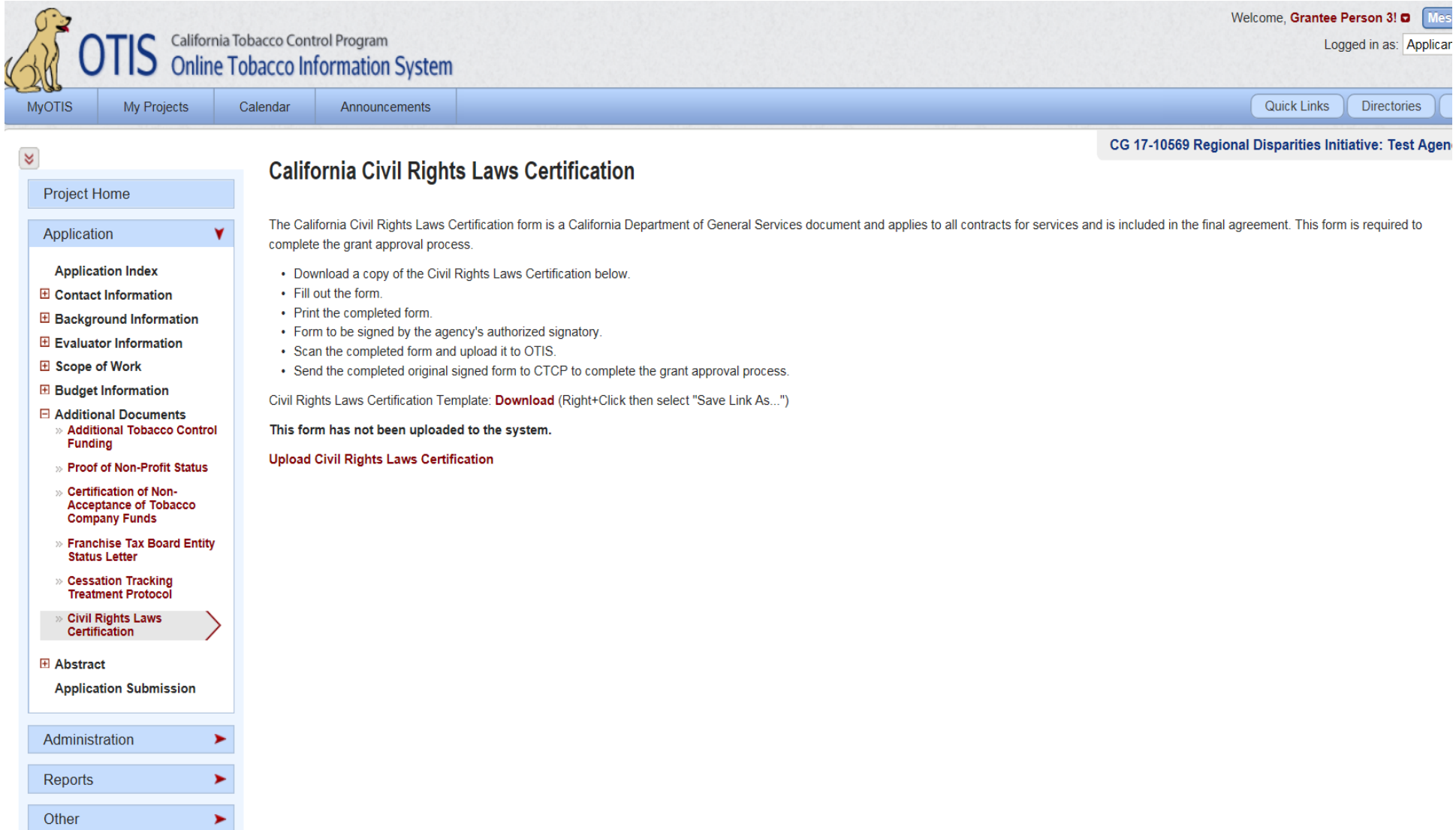
If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

California Civil Rights Laws Certification



California Civil Rights Laws Certification

STATE OF CALIFORNIA
CALIFORNIA CIVIL RIGHTS LAWS ATTACHMENT
DGS OLS 04 (Rev. 01/17)

DEPARTMENT OF GENERAL SERVICES
OFFICE OF LEGAL SERVICES

Pursuant to Public Contract Code section 2010, a person that submits a bid or proposal to, or otherwise proposes to enter into or renew a contract with, a state agency with respect to any contract in the amount of $100,000 or above shall certify, under penalty perjury, at the time the bid or proposal is submitted or the contract is renewed, all of the following:

1. CALIFORNIA CIVIL RIGHTS LAWS: For contracts executed or renewed after January 1, 2017, the contractor certifies compliance with the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and Housing Act (Section 12960 of the Government Code); and

2. EMPLOYER DISCRIMINATORY POLICIES: For contracts executed or renewed after January 1, 2017, if a Contractor has an internal policy against a sovereign nation or peoples recognized by the United States government, the Contractor certifies that such policies are not used in violation of the Unruh Civil Rights Act (Section 51 of the Civil Code) or the Fair Employment and Housing Act (Section 12960 of the Government Code).

CERTIFICATION

I, the official named below, certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. *Proposer/Bidder Firm Name (Printed)*	*Federal ID Number*
By (Authorized Signature)	
Printed Name and Title of Person Signing	
Date Executed	*Executed in the County and State of*

Application Review & Scoring (Pages 43-53)

Application Component	Total Point Value
Applicant Capability	27
Scope of Work – Intervention Plan	25
Scope of Work – Evaluation Plan	15
Scope of Work – Narrative Summary	13
Budget and Budget Justification	20
TOTAL	100

Application Review & Scoring (Pages 43-53)

Table 8. Scoring Criteria and Rating Points

APPLICANT CAPABILITY		
Application Component and Page Number	**Scoring Criterion**	**Point Value**
Organizational Mission (pages 17 & 26)	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 and that it has had an office physically located in the region for at least three (3) years.	3
Demonstrated Access and Community Work (pages 17 & 26)	The Applicant demonstrates: 1) the agency has a minimum of three (3) years working with the priority population of focus on culturally appropriate focused interventions in the community; 2) a strong relationship with the priority population of focus in the region as evidenced by past and current access, collaborations and tangible outcomes resulting from community work with the priority population of focus; and 3) its	4

Yes! These are the criteria and points that will be used to score your Application!!!

Please send questions to CTCPInbox@cdph.ca.gov

The deadline to submit written questions is Thursday, September 28, 2017 at 5:00 pm, PT.

Responses to questions will be posted on TCFOR on Tuesday, October 10, 2017.