Accessing the California Tobacco Control Program Funding Opportunities and Resources (TCFOR) Website

Presenter: Scott Kelley
Scott.Kelley@cdph.ca.gov
(916) 449-5567

Tips and Advice

- Do NOT open two instances of OTIS in the same browser! It will confuse the system and you will lose data.
- Do NOT use the Back Button on your browser, nor the backspace key to navigate to a previous page.
- Be aware that different users can accidentally save over the work of another user, if they're on the same page at the same time. If you have multiple users entering data, try to designate different sections.
- Save early, Save often and Save before walking away from the computer. Don't lose your data by getting timed-out!
- Have all of your data and information collected, edited and finalized before starting the OTIS process… this greatly increases the speed of the data entry.
- At any time before doing the final Submit, you can go back and Edit your information. Once the Application has been submitted in OTIS, it's final. Consider it like dropping a letter in the mail slot at the Post Office. It's gone!
- Go back and review all sections before Final Submit
- Data Entry process in OTIS may take an entire day or two. Plan accordingly!
- Basic process is: Start from the top, click Edit/Add, fill out info, Save, go down to next item, repeat!

CALIFORNIA TOBACCO CONTROL BRANCH

CTCB Home

Program Priorities

Program Overview

Legislative Mandate

Program Budget

Contact Information

Tobacco Education and Research Oversight Committe

Tobacco Control Funding Opportunities & Resources

California Tobacco Control Program

The California Tobacco Control Branch leads statewide and local health programs, services and activities that promote an environment truly-free of tobacco.

Research and Evaluation

- Facts and Figures
- Reports
- Survey Instruments, Training Manuals, and Protocols
- Evaluation Plans
- CTCB Peer-Reviewed Publications

Policy

- Tobacco Taxation and Price
- Retail Strategies
- Electronic Smoking Devices
- Flavored Tobacco and Menthol
- Health Equity
- Secondhand Smoke
- Tobacco Cessation Policy
- Tobacco Product Waste
- Social Norm Change

Community

- Cessation Services and Resources
- Toolkits and Manuals
- Educational Materials
- Partners

Media

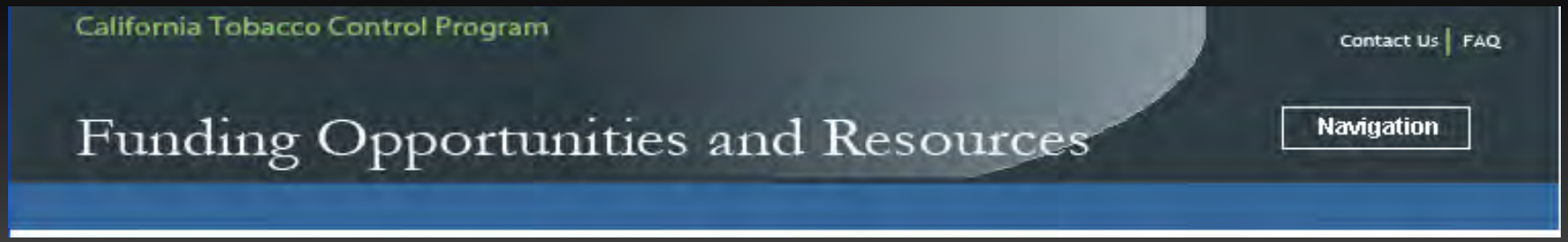
- Media Campai
- News an
- W and Videos (Print/TV/Radio)

Scroll to the bottom of the page and link to the RFA.

Funding Opportunity Alerts:

Request forApplications: California Tobacco Control Program #17-10689, Regional Initiativeto Reduce Tobacco-Related Disparities

The California Tobacco Control Program seeks to fund up to 27 grants to reduce tobacco-related health disparities and achieve health equity among African American/Black; Asian/Pacific Islander; Hispanic/Latino; and Lesbian, Gay, Bisexual, Transgender, Queer populations through regional approaches focused on tobacco use prevention and reduction.



The URL for the California Tobacco Control Program Funding Opportunities and Resources (TCFOR) site is:

https://tcfor.catcp.org/

California Tobacco Control Program

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Funding Opportunities and Resources

Navigation

The California Tobacco Control Program, California Department of Public Health provides information on available funding opportunities to conduct: local tobacco control projects by community-based organizations and local health departments, statewide training and technical assistance projects, statewide evaluation/surveillance projects, and statewide paid media and public relations projects. Resource documents, links to directories and websites, and information about trainings that help applicants with the preparation and submission of an application are also provided.

Click on the "Funding Opportunities" Link

Funding Opportunities
Provides information about current funding opportunities, eligibility requirements, submission requirements, contract documents, and resources to help agencies prepare and submit an application to the California Tobacco Control Program.

Project Directory
Provides contact information and project descriptions for agencies currently funded by CTCP.

Local Program Evaluator Directory
Find contact information, qualifications and geographic availability of local program evaluators interested in working with local tobacco control projects in California.

CTCP Featured Websites
Find links to websites maintained by the CTCP, statewide CTCP-funded projects, and key national tobacco control organizations.

Home | Funding Opportunities | Project Directory | LPE Directory | CTCP Websites
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California Tobacco Control Program
Funding Opportunities and Resources

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Funding Opportunities

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- Opportunities
- Email Alert Services
- Archive

Funding Opportunities

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applications;
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Click on the CTCP RFA 17-10569 Regional Initiative to Reduce Tobacco-Related Disparities link.

		Closing Date
2017-2021 LOCAL LEAD AGENCI MPREHENSIVE TOBACCO CONTROL PLAN	July 6, 2017	August 24, 2017, 5 PM PDT
California Tobacco Control Program #17-10569, Regional Initiative to Reduce Tobacco-Related Disparities	September 19, 2017	November 14, 2017, 5 PM PST

- View Upcoming Funding Opportunities
- View Recently Awarded Funding
- Sign-up for Email Alert Services
- View Archive

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California Tobacco Co
Funding Opportunitie

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Funding Oppo

Make sure you have read all of application guidance and information before clicking on the "Start Here" button.

➤ Funding Opportunities

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- Email Alert Services
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California Tobacco Control Program #17-10569, Regional Initiative to Reduce Tobacco-Related Disparities

Closing Date

November 14, 2017, 5 PM PST

Purpose

The purpose of this Request for Application (RFA) is to fund up to 27 projects to reduce tobacco-related health disparities and achieve health equity among African American/Black, Asian/Pacific Islander, Hispanic/Latino, and Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) populations through regional approaches directed towards policy and systems change focused on tobacco use prevention and reduction. Applicants may submit multiple applications for different regions and/or populations; however, each application is to focus on one population within a specified geographic region.

General Updates

Funding Alert

- 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 (PDF - 96.79 Kb)

Eligibility & Selection

Application Information

- APPENDIX 1 EXAMPLES OF USING GRANT FUNDS TO ADDRESS SDOH (PDF - 249.00 Kb)
- APPENDIX 2 PRIORITY POPULATION REGIONAL PROJECT SITE SELECTION AND FUNDING METHODOLOGY (PDF - 55.60 Kb)
- APPENDIX 3 MAXIMUM ANNUAL FUNDING (PDF - 92.49 Kb)
- APPENDIX 4 LIST OF CTCP LOCAL LEAD AGENCIES (PDF - 81.77 Kb)
- APPENDIX 5 BUDGET JUSTIFICATION INSTRUCTIONS FOR FUNDING OPPORTUNITIES (PDF - 115.93 Kb)
- APPENDIX 6 MIDWEST ACADEMY STRATEGY CHART (PDF - 422.56 Kb)
- APPENDIX 7 CTCP-FUNDED STATEWIDE TRAINING & TECHNICAL ASSISTANCE PROVIDERS (PDF - 200.20 Kb)
- APPENDIX 8 TELL YOUR STORY_GUIDELINES FOR PREPARING USEFUL EVALUATION REPORTS (PDF - 2.82 Mb)
- APPENDIX 9 SAMPLE NON-PROFIT LETTER (PDF - 24.89 Kb)

California Tobacco Control Program #17-10569, Regional Initiative to Reduce Tobacco-Related Disparities

Open each section and review

Closing Date

November 14, 2017, 5 PM PST

Purpose

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- APPENDIX 9 SAMPLE NON-PROFIT LETTER (PDF - 24.89 Kb)

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California Tobacco Control Program #17-10569, Regional Initiative to Reduce Tobacco-Related Disparities

Start Here

After reading the "CTCP RFA 17-10569" click on "Start Here" to begin your Application Process

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cco control work

capabilities for
downloading materials, creation of educational materials, and ordering of no-cost materials; 2) educational materials development technical assistance; 3)
quit kit and smoke-free home kit order fulfillment and bulk distribution of

Getting Started

California Tobacco Control Program #17-10569, Regional Initiative to Reduce Tobacco-Related Disparities

Thank you for your interest in applying for this funding opportunity. Two major steps are required in the application process:

1. **Applicant Registration and Approval**
   After you have registered and received a CTC [illegible] n developing your application in the California Online Tobacco I[illegible]
2. **Application Submission (via OTIS)**
   What is OTIS? OTIS is a portal that supports [illegible] s application creation, submission, review and approval, pr[illegible] The OTIS site is password protected and requires a user acco[illegible] atcp.org.

Click on "Continue"

To complete the required steps listed above you must have an OTIS [illegible] nt.

Let's get started!

Continue >

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Registration → Login → Enter Information → Confirmation Email → CTCP Approval Email → Login to OTIS

Login

CTCP RFA 17-10569, Regional Initiative to Reduce Tobacco-Related Disparities

Step 1: Please login below using your OTIS account to provide the following registration information:

- User Information
- Agency Affiliation
- Letter of Intent (if required)

Note: Only one individual may register per project (e.g., only one person from the Stop Tobacco Use Now! project at Coffee Health Clinic may Register). Once the California Tobacco Control Program (CTCP) confirms your registration for this funding opportunity, a request for additional user accounts may be submitted directly to CTCP.

Registration Login

OTIS Login Name:

OTIS Password:

Forgot Your Password?
Need an OTIS account?

Sign In

If you have an OTIS Login and Password Sign In. If you are "New" click on "Need an OTIS account?"

New To TCFOR and OTIS

Registration → Login → Enter Information → Confirmation Email → CTCP Approval Email → Login to OTIS

OTIS Account Creation

If you are a new user, complete the following form to create an OTIS user accou
the Applicant Registration login page.

For new OTIS accounts; you will be directed to this form. Fill out the form and write down your Login Name and Password, You will need this to access OTIS.

Create an OTIS Account

Fields with a * are required.

First Name:

Last Name:

Email Address:

Confirm Email Address:

Login Name:

Password:

Password must be a minimum of eight (8) characters in length and must have letters and at least one number. Password may not match your login name.

Confirm Password:

Create Account | Cancel

Registration → Login → Enter Information → Confirmation Email → CTCP Approval Email → Login to OTIS

OTIS Account Creation Confirmation

Account Creation Submitted

Thank you for creating an OTIS Account.

You will receive an email from the OTIS system. Follow the instructions in the email to verify your email address and activate your account.

If you do not verify your email address within **FIVE (5)** days your account will be purged.

After you have activated your account return to the CTCP Funding Opportunities website to register.

First Name: Jack

Last Name: Jack

Email Address: humberto.jurado@cdph.ca.gov

Login Name: jjack

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Registration → Login → Enter Information → Confirmation Email → CTCP Approval Email → Login to OTIS

Applicant Registration

California Tobacco Control Program #17-10569, Regional Initiative to Reduce Tobacco-Related Disparities

Agency information is required to request to apply for this funding opportunity.

Use the form below to provide basic identifying information about the applying agency.

Fill out the Form

Create New Agency

Fields with a * are required.

Agency FEID:

Agency Full Name:

Agency Short Name:

Brief version of the name of the agency.
It should be under 40 characters in length and still distinguish your agency from others.

Agency Type: --- Select One ---

Continue

Registration → Login → Enter Information → Confirmation Email → CTCP Approval Email → Login to OTIS

Applicant Registration

California Tobacco Control Pro
Initiative to Reduce Tobacco-R

The agency information you provided appears to match o
below and select the correct agency.

If the possible matches below are not correct for the applying agency you will need to conca have the agency added.

If you login with your OTIS login you will be directed to this page list your Agency. If more than one Agency is listed select the correct one and click on "Continue."

Select Existing Agency

- (●) **Agency FEID:** 000000
  Agency Full Name: San Diego State University Research Foundation
  Agency Short Name: SDSURF
  Agency Type: University

Continue | Cancel

Agency still not listed? Please contact otis@cimes.fsu.edu or call (916) 449-5474

Registration → Login → Enter Information → Confirmation Email → CTCP Approval Email → Login to OTIS

Applicant Registration

California Tobacco Control Program #17-10569, Regional Initiative to Reduce Tob

Fill out the Applicant Registration form.

Fields with a * are required.

Provide Agency Contact Information

Agency Full Name: Jacks Tobacco Free
Agency Short Name: JTF
Agency Type: Non-Profit Organization
Agency FEID: 1010101010
County this Agency resides in: -- Select One --

Contact Information

Phone:
Fax:
Website:
Email:
Confirm Email Address:

Physical Address

Address 1:
Address 2:
City:
State: CA
Zip Code:

Mailing Address

Copy Physical Address

Address 1:
Address 2:
City:
State: CA
Zip Code:

Next

Request to Apply

California Tobacco Contr
Initiative to Reduce Tobac

Confirm the Title, Agency Name and upload your "Letter of Intent" (Please upload a PDF formatted document)

Additional Information

Fields with a * are required.

Title: CG 17-10569 Regional

Agency Name: Jacks Tobacco Free

Letter of Intent: Browse...

Continue

Registration — Login — Enter Information — Confirmation Email — CTCP Approval Email — Login to OTIS

Applicant Registration

California Tobacco Control Program #17-10569, Regional Initiative to Reduce Tobacco-Related Disparities

After you submit the request, you will receive an email confirming your Applicant Registration submission at the address you have provided.

CTCP will review your Applicant Registration and respond to you within five (5) business days.

Submit Registration Information

Title: CG 17-10569 Regional

Agency Name: Jacks Tobacco Free

Letter of Intent: Uploaded Letter of Intent

Submit Cancel

Submit your "Registration Information"

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Login

CTCP RFA 17-10569, Regional Initiative to Reduce Tobacco-Related Disparities

Step 1: Please login below using your OTIS account to provide the following registration information:

- User Information
- Agency Affiliation
- Letter of Intent (if required)

Note: Only one individual may register per project (e.g., only one person from the Stop Tobacco Use Now! project at Coffee Health Clinic may Register). Once the California Tobacco Control Program (CTCP) confirms your registration for this funding opportunity, a request for additional user accounts may be submitted directly to CTCP.

Registration Login

OTIS Login Name: J6rost20

OTIS Password: ••••••••••

Forgot Your Password?
Need an OTIS account?

Sign In

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Registration → Login → Enter Information → Confirmation Email → CTCP Approval Email → Login to OTIS

Applicant Registration

CTCP RFA 17-10569, Regional Initiative to Reduce Tobacco-Related Disparities

Select Agency

Select or add your agency to begin the request process.

Agency Name: ◉ Test Agency 2 (FEID 246-553-89)
○ Create New Agency

Continue

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Request to Apply

CTCP RFA 17-10569, Regional Initiative to Reduce Tobacco-Related Disparities

Additional Information

Access to OTIS for this procurement will begin on February 3, 2014.

Fields in **RED** are required.

Title: CTCP RFA 17-10569, Regional Initiative to Reduce Tobacco-Related Disparities

Agency Name: Test Agency Number 2

Letter of Intent: C:\Users\HJurado\Desktc Browse...

Continue

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Registration → Login → Enter Information → Confirmation Email → CTCP Approval Email → Login to OTIS

Applicant Registration

CTCP RFA 17-10569, Regional Initiative to Reduce Tobacco-Related Disparities

Please **review** the information listed below for **accuracy**.

After you submit the request, you will receive an email confirming your Applicant Registration submission at the address you have provided.

CTCP will review your Applicant Registration and respond to you within five (5) business days.

Submit Registration Information

Title: CTCP RFA 17-10569, Regional Initiative to Reduce Tobacco-Related Disparities

Agency Name: Test Agency Number 2

Letter of Intent: Uploaded Letter of Intent

Submit | Cancel

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When submitted you will see this Applicant Registration Submitted Confirmation.

Letter of Intents are due today October 6, 2017 at 5:00pm PST.

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Registration → Login → Enter Information → Confirmation Email → CTCP Approval Email → Login to OTIS

Applicant Registration

CTCP RFA 17-10569, Regional Initiative to Reduce Tobacco-Related Disparities

Applicant Registration Submitted

Thank you for registering for this funding opportunity. You will receive the following:

1. An email confirming your registration
2. Notification from CTCP (within 5 business days) of the approval of your registration
3. A link to OTIS to start the application process

Registration Information

Opportunity Title: CTCP RFA 17-10569, Regional Initiative to Reduce Tobacco-Related Disparities
Letter of Intent: Uploaded
Submitted: 01-27-2014 04:08 PM PT

Agency Information

Agency FEID: 246-553-89
Agency Full Name: Test Agency Number 2
Agency Short Name: Test Agency 2
Agency Type: Non-Profit Organization
County this Agency resides in: Sacramento
Contact Phone: 000-000-0000
Contact Fax: 000-000-0000
Website: Not Provided
Contact Email: test@test.org
Agency Physical Address: 0000 Somewhere Ave.
Somewhere, CA 00000
Agency Mailing Address: 3434 Somewhere Ave.
Somewhere, CA 00000-0000

User Information

First Name: Jack
Last Name: Frost
Email Address: bj3adv@hotmail.com

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Evaluator Setup

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The California Tobacco Control Program (CTCP), California Department of Public Health (CDP ovides information on available funding opportunities to conduct:

- local tobacco control projects by comm
- statewide training and technical assist
- statewide evaluation/surveillance proj
- statewide paid media and public relati

Resource documents, links to directories and ation and submission of an application are also provide

For Evaluators Current and New.

Funding Opportunities
Provides information about current funding cuments, and resources to help agencies prepare and submit an application to the C obacco Control Program.

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Local Program Evaluator Directory

This Directory contains information about the availablility of evaluators for CTCP funded projects. Each evaluator profile contains information regarding qualifications, areas of expertise, current CTCP projects, and availablity.

Find a Local Program Evaluator

Geographic Availability [Search]

Keyword [Search]

View All 279 Registered Evaluators

Evaluator Sign In

Login:

Password:

Forgot your password? Sign In

Create an Account

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Local Program Evaluator (LPE) Registry

This Registry solicits information about the qualifications, areas of expertise, and availability of individuals who would like to be considered as local program evaluators for CTCP funded projects.

CTCP requires its local contractors to direct a minimum of 10 percent of their local program funds toward evaluation and to designate at least one qualified evaluator as the lead. Tobacco Control Plans submitted must include a description of the evaluation design, data collection methods and instruments, sampling, data analysis plan, and how the findings will be disseminated. Local program evaluators generally work in a collaborative relationship with local projects to prepare the Plan, conduct the evaluation, and prepare progress and evaluation reports.

For more information about our local program evaluation efforts, please refer to the following publication:

> Tang H, Cowling DW, Koumjian, K, Roeseler A, Lloyd J and Rogers T. (2002, Fall) "Building local program evaluation capacity toward a comprehensive evaluation." New Directions for Evaluation, 2002(95), 39-56. http://www3.interscience.wiley.com/cgi-bin/fulltext/98516131/PDFSTART

Evaluator Account Creation

If you wish to register as an evaluator please complete the following form to create an account. A password will be sent via email.

Fields in RED are required.

First Name:

Last Name:

Login Name:

Email:

Repeat Email:

P.O. Box:

Street Address 1:

Street Address 2:

City:

State: California

Zip: -

Area Code and Telephone Number

Confirm: ☐ *I agree that all information I submit will be shared through the LPE Directory*

Register and Receive Password | Reset Form | Cancel

California Tobacco Control Program

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Account Verification

An email has been sent to the email address you specified **(hjuradoiii@yahoo.com)** when creating your account. Please check your email for instructions for validating your account. The process is simple and can be completed in less than one minute.

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From: OTIS/TCFOR
Sent: Wednesday, September 20, 2017 3:07 PM
To: Jurado, Humberto (CDPH-CDIC) <Humberto.Jurado@cdph.ca.gov>
Subject: Fw: [TCFOR] CTCP Local Program Evaluator Registry Account Verification

Sent from Yahoo Mail on Android

On Wed, Sep 20, 2017 at 3:05 PM, otis@cimes.fsu.edu <otis@cimes.fsu.edu> wrote:

Hello Jay Jur:

Welcome to the *Local Program Evaluator Directory*!

Please use the link below to activate your account. Once you have done so, you will be able to login and complete your profile.

https://tcfor.catcp.org/index.cfm?fuseaction=lped.loginValidate&UserID=4044&verify=594656AB-92D1-6C5E-DE61638CEEAE9E8B

Your login is JJA and your password is: 7SD2T8rx

PLEASE DO NOT REPLY DIRECTLY TO THIS MESSAGE, THIS IS FROM AN UNATTENDED MAILBOX

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Local Program Evaluator Directory

This Directory contains information about the availablility of evaluators for CTCP funded projects. Each evaluator profile contains information regarding qualifications, areas of expertise, current CTCP projects, and availablity.

Find a Local Program Evaluator

Geographic Availability [Search]

Keyword [Search]

View All 279 Registered Evaluators

Evaluator Sign In

Login:

Password:

Forgot your password? Sign In

Create an Account

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Local Program Evaluator Profile Summary

Logout | Change Password | My Profile

Add Photo

Paul Cummings

Edit Social Media

Connect

Search Google for Paul Cummings

Print Full Profile

Contact | Education | Qualifications | Exp

Edit

Name:

Address:

Email:

Phone:

Click on edit under each tag and enter the requested information. Then submit for activation.

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OTIS California Tobacco Control Program
Online Tobacco Information System

Login to OTIS

Login Name:

Password:

Log In

Forgot Your Password?

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For technical assistance, please contact Humberto.jurado@cdph.ca.gov or call (916) 449-5474

OTIS California Tobacco Control Program
Online Tobacco Information System

Welcome, Jack Frost! Messages (0)
Logged in as: Applicant

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

Welcome to OTIS!

The OTIS Online System helps streamline the process to create, submit, and review applications. After your plan is approved, you will continue to use OTIS for progress and cost reporting and for communications with CTCP staff.

The following Quick Reference Guide provides a snapshot of some key resources and features to help you get started in OTIS:

Quick Reference Guide

Getting Started	The Getting Started video is the first module in the OTIS Applicant Training Course. It provides an overview of the major components and workflow process of submitting an application using OTIS.
Help	The Help section (top navigation bar) provides links to FAQ, Online Training, Glossary, Documents, User Manuals, Request Technical Assistance, and CTCP Contacts.
Directories	The Directories section links to directories for funded Projects, Evaluators, and your Agency Contacts.
User Account	Your User Account information is located in the top right- hand corner in the dropdown next to your name. Here you can update your email address and phone number as well as change your password.
MyOTIS	The MyOTIS page serves as an alerts dashboard for all of your funded projects. This page also provides you access to utilities such as the Communication Log and Subcontract agreements.

Technical Configuration Tips

Pop-ups:	This website utilizes pop-up windows at various times. Please be sure to either **disable your pop-up blocker** or register the website URL as an exception to your pop-up blocker.
Compatibility Mode:	This website was developed to be compatible with Internet Explorer (versions 8 and above) with **compatibility mode turned off**. If you have problems viewing this website please make sure your browser meets this requirement.
Spell-check:	This website supports **spell-checking** for the following web browsers: Safari, Chrome, Firefox and Internet Explorer (version 10). If you are not using one of these browsers and wish to take advantage of spell-checking please contact your local technical support personnel and discuss upgrading your web browser.

☐ Do not show this page anymore.

Continue >

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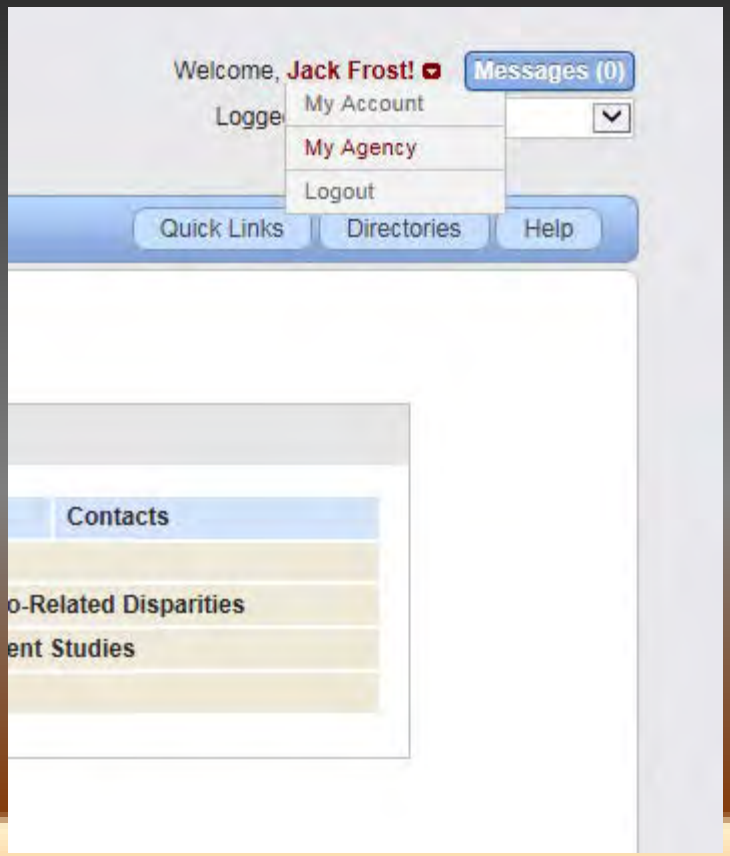
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My Agency

Select Agency: CTCP

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My Agency

Request User Account

Use this form to request a new OTIS user account for someone associated with your agency and its projects in OTIS.

Fields in RED are required.

First Name:

Last Name:

Direct Phone Number:

Email Address:

Confirm Email Address:

Preferred Login Name:

Preferred Password: [Random]

Access Type Desired: Applicant

Give Account Access To:
CG 05-100 Statewide SHS & Youth TA Renewal (TCS)
CG 08-85502 Statewide Materials Development Technical Assistance (No Project Name Provided)
CG 16-10892 Statewide AI Community Readiness (American Indian Community Readiness Project)
Media 09-11390 Advertising Campaign (No Project Name Provided)

Use Ctrl+Click to select/deselect multiple items.

Reason for Request:
Explain need for account, etc.

Save Information | Cancel

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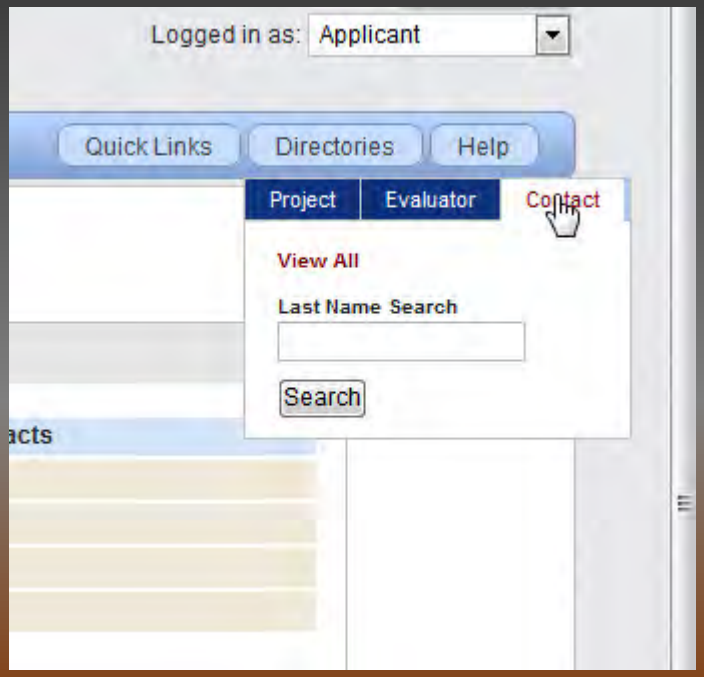
CG 16-10318 Statewide The Loop: Blair Test Project

Progress Report (02/17-06/17) Open
Due: 07-28-2017

My Projects

Agency	Project	Contacts
CG 16-10318 Statewide The Loop CBN/UCSF		
CG 17-10569 Regional Initiative to Reduce Tobacco-Related Disparities		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CG 17-10569 Regional Disparities Initiative: Test Agency 2

Contact Directory

View All

Contact	Phone	Email	Status	Action(s)
California Tobacco Control Program, California Department of Public Health				**Add Contact**
AMORUSO, LINDA	916-449-5489	linda.amoruso@cdph.ca.gov	Active	View
ANDERSEN-RODGERS, ELIZABETH	916-449-5466	Elizabeth.Andersen-Rodgers@cdph.ca.gov	Active	View
ANDERSON, AMELIA	9164495470	amelia.anderson@cdph.ca.gov	Active	View
ASGUR, SARA	916 449 5509	sara.asgur@cdph.ca.gov	Active	View

Contact Directory

Add Contact

Agency: California Tobacco Control Program, California Department of Public Health

Fields in RED are required.

Name

Salutation:
First Name:
Middle Initial:
Last Name:
Organization:
Title in Organization:
Associated User Account: None
Must be provided for this contact to receive automatically generated system emails.

Mailing Address

P.O. Box / Address 1:
Address 2:
City:
State:
Zip Code:

Contact Numbers

Phone:
Cell:
Fax:
Email:
Confirm Email Address:
Status: Active
Making a contact inactive will remove them from all projects on which they have been listed as a contact.

Save Information | Cancel

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Peer Reviewer

Program Consultant

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Progress Report (07/17-12/17)	Open Due: 01-30-2018
LLA 17-21 Plan: Test Agency 2	
Plan	Open - Due: 01-12-2017
LLA 17-21 Plan: Procurement Setup Test	
Plan	Open - Due: 01-12-2017
Eval 17-10041 CTRES: CTRES Test	
Application	Open - Due: 06-05-2017
CG 17-10569 Regional Disparities Initiative: TestSite	
Application	Open - Due: 11-14-2017

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CG 17-10569 Regional Initiative to Reduce Tobacco-Related Disparities		
Eval 17-10041 California Tobacco Retail Environment Studies		
LLA 2017-2021 Plan		

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0 Saved Messages

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⊟ CG 17-10569 Regional Initiative to Reduce Tobacco-Related Disparities		
Test Agency 2	TestSite	Contacts
⊞ Eval 17-10041 California Tobacco Retail Environment Studies		
⊞ LLA 2017-2021 Plan		

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0 Unread Official Discussions

0 Saved Messages

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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)
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01/19-06/19		
07/19-12/19		
01/20-06/20		
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01/21-06/21		
07/21-12/21		
01/22-06/22		
07/22-12/22		
01/23-04/23		

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Scope of Work	Open	View
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Proof of Non-Profit Status	Open	View
Certification of Non-Acceptance of Tobacco Company Funds	Open	View
Franchise Tax Board Entity Status Letter	Open	View
Cessation Tracking Treatment Protocol	Open	View
Civil Rights Laws Certification	Open	View
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View Agency & Contract Information

Edit Information

Contract Information

Agency Name:	Test Agency Number 2
Project Name:	TestSite
Contract Number:	Not Yet Assigned
Federal ID Number:	99-6004512
Contract Amount:	$0.00
Project Type:	CG: General
Contract Term:	May 01, 2018 - April 30, 2023
Health Jurisdiction(s) this project works in:	
Region(s) this project works in:	

Agency Information

County this Agency Resides in:	Yolo
Agency is city/county health jurisdiction:	Yes (Yolo)
Mailing Address:	12345 YOLO FLYERS CLUB DRIVE WOODLAND , CA 95695
Physical Address:	12345 YOLO FLYERS CLUB DRIVE WOODLAND, CA 95695
Phone:	707-555-1234
Fax:	707-555-1102
Website:	http://yolocounty@web.net
Email:	test@yolocounty.org

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Edit Agency & Contract Information

You may edit the agency's Federal ID Number, contact information, or mailing address from **My Agency**.

Fields in **RED** are required.

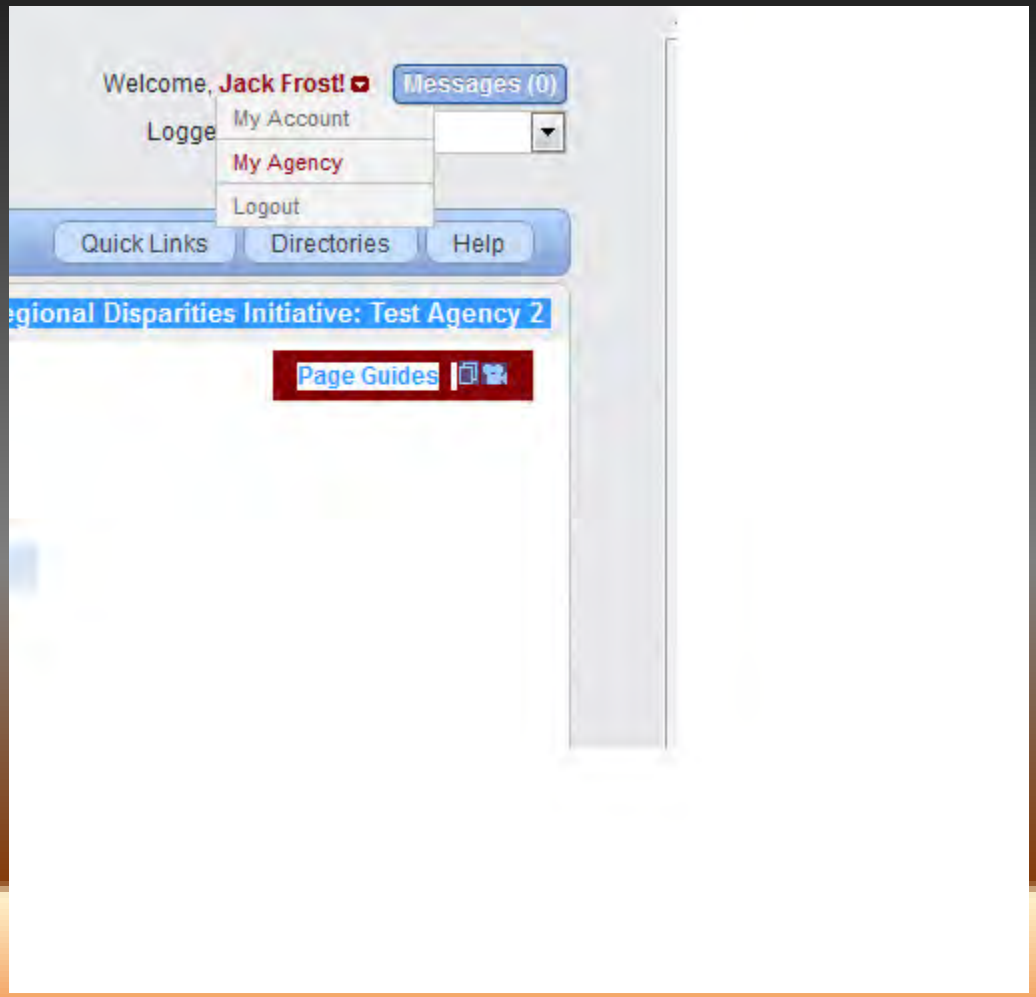
Contract Information

Agency Name:	Test Agency Number 2
Project Name:	TestSite
Contract Number:	
Federal ID Number:	99-6004512
Contract Amount:	$0.00
Project Type:	CG: General
Contract Term:	May 01, 2018 - April 30, 2023
Health Jurisdiction(s) this project works in:	Tulare Tuolumne Ventura Yolo Use Ctrl+Click to select/deselect multiple items.
Region(s) this project works in:	Bay Area Region Central Coast Region Central Valley Region Gold Country Region Use Ctrl+Click to select/deselect multiple items.
Is your address for this contract the same as the below agency address?	(•) Yes ( ) No

Agency Information

County this Agency Resides in:	Yolo
Agency is city/county health jurisdiction:	Yes (Yolo)
Mailing Address:	12345 YOLO FLYERS CLUB DRIVE WOODLAND , CA 95695
Physical Address:	12345 YOLO FLYERS CLUB DRIVE WOODLAND, CA 95695
Phone:	707-555-1234
Fax:	707-555-1102
Website:	http://yolocounty@web.net
Email:	test@yolocounty.org

Save Information | Cancel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View Project Director

Select Contact(s)

Project Director

The Project Director will receive all program and administrative communications from CTCP and is responsible for directing them to staff and subcontractors.

No Contact Selected

Primary Tobacco Contact

No Contact Selected

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Select Project Director

Project Director

Select Project Director: --- Select One ---

Add New Person

The Project Director will receive all program and administrative communications from CTCP and is responsible for directing them to staff and subcontractors.

Primary Tobacco Contact

Select Primary Tobacco Contact: --- Select One ---

Add New Person

Save Information | Cancel

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View Fiscal Contacts

Select Contact(s)

Agency Fiscal Officer

No Contact Selected

Day-to-Day Fiscal Contact

No Contact Selected

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Select Contact(s)

Official Agency Signatory

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Official Agency Signatory

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In this section, address Program Experience, Organizational Start-Up & Equipment, Administrative/Fiscal Experience and Audit History, criteria of the prime contractor and any major subcontractors below.

Program Experience		
1	Agency Mission: Briefly describe: 1) the Applicant's mission and the types of programs and services the Applicant conducts; 2) the audiences, groups and organizations that the Applicant works with in carrying out its mission; and 3) how the Applicant's mission is consistent with the goals identified in this RFA and with CTCP's mission.	View
2	Demonstrated Access and Community Work: Describe: 1) the length of time the Applicant has worked in the region; 2) the priority population that is the focus of the application and the number of years and type of work with that population; 3) previous and current collaborations with agencies, organizations, and community leaders that the Applicant worked with in the priority population of focus; 4) partnerships with non-traditional groups (e.g., arts and culture, housing, environment, community development, transportation, social justice, law enforcement, business, substance abuse and mental health treatment, employment, living wage, faith based, youth development); 5) two to three brief examples demonstrating the Applicant's access and community work with the priority population of focus; and 6) outcomes resulting from the Applicant's community work with the priority population of focus.	View
3	Demonstrated Policy and System Change Work: Briefly describe two policy or system change interventions that the Applicant led or participated in as a partner, the evaluation activities conducted, and the outcome.	View
4	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.	View
Organizational Start-Up & Equipment		
1	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).	View
2	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.	View
Administrative/Fiscal Experience and Audit History		
1	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.	View
2	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.	View
3	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.	View
4	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	View

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Edit Answer | Return to Applicant Capability Index

1) Agency Mission: Briefly describe: 1) the Applicant's mission and the types of programs and services the Applicant conducts; 2) the audiences, groups and organizations that the Applicant works with in carrying out its mission; and 3) how the Applicant's mission is consistent with the goals identified in this RFA and with CTCP's mission.

No Data

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Edit Program Experience

Fields in RED are required.

1) Agency Mission: Briefly describe: 1) the Applicant's mission and the types of programs and services the Applicant conducts; 2) the audiences, groups and organizations that the Applicant works with in carrying out its mission; and 3) how the Applicant's mission is consistent with the goals identified in this RFA and with CTCP's mission.

Save Information | Cancel

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Edit Answer | Return to Applicant Capability Index

1) Agency Mission: Briefly describe: 1) the Applicant's mission and the types of programs and service
and 3) how the Applicant's mission is consistent with the goals identified in this RFA and with CTCP's

No Data

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	Select Plan Evaluator

Project Evaluator	Action(s)
	Select Project Evaluator

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Kwon, Nicole	View Profile | Change Project Evaluator

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Manage Certification

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First, complete the Certification Form.

The Local Program Evaluator is responsible for completing the Evaluator Certification form. This form verifies the time and evaluation-related services the Local Program Evaluator provided to the agency that it applying for funding The form must be completed and submitted in its entirety before the Local Lead Agency or Competitive Grantee will be able to complete their submission using the Online Tobacco Information System. Once the Evaluator Certification form is submitted, an email notice will be sent to the Local Program Evaluator to verify the accuracy of the information. Once the Evaluator Certification is verified, it cannot be edited further.

Add Evaluator Certification

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Add Evaluator Certification Form

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LOCAL PROGRAM EVALUATOR ROLE IN THE PREPARATION OF THE EVALUATION DESIGN

I hereby affirm that I provided _____ hours of evaluation consultation to the **Test Agency Number 2**, **TestSite** in the development of the evaluation components of the Scope of Work submitted with this application package. I agree that the California Tobacco Control Program may contact me to verify my consultation on the evaluation and to negotiate changes prior to the approval of the Scope of Work.

Role as it Relates to the Objectives (required -- check as many as apply)

- [ ] Reviewed only the **PRIMARY** objectives in the proposed scope of work to ensure that they identify: 1) who or what is expected to change or benefit, 2) what/how much change or benefit is expected, 3) where the change will occur, and 4) when the change will occur by.
- [ ] Reviewed **ALL** the primary and non-primary objectives in the proposed scope of work to ensure that they identify: 1) who or what is expected to change or benefit, 2) what/how much change or benefit is expected, 3) where the change will occur, and 4) when the change will occur by.
- [ ] Reviewed **MOST or SOME** of the primary and non-primary objectives in the proposed scope of work to ensure that they identify: 1) who or what is expected to change or benefit, 2) what/how much change or benefit is expected, 3) where the change will occur, and 4) when the change will occur by.
- [ ] Did not review the objectives in the proposed scope of work

Role as it Relates to the Evaluation Plan (e.g., sampling, process measures--key informant interviews, focus groups, etc.) (required -- check as many as apply)

- [ ] Prepared the evaluation design for **ALL** the primary objectives
- [ ] Prepared the evaluation design for **ALL or MOST** of the non-primary objectives
- [ ] Provided advice only to the agency

Role as it Relates to Survey Methods and Instrument Design/Selection (e.g., population survey, observation survey focus group, key opinion leader interview, etc.) (required -- check as many as apply)

- [ ] Recommended the survey methods for **ALL** primary objectives
- [ ] Recommended the survey methods for **ALL or MOST** non-primary objectives
- [ ] Did not provide recommendations about survey methods

Role as it Relates to Analysis (required -- check as many as apply)

- [ ] Planned the analysis for **ALL** primary objectives
- [ ] Planned the analysis for **ALL or MOST** of the non-primary objectives
- [ ] Provided advice only to the agency about the analysis
- [ ] Did not provide recommendations about analysis

Other Services Provided in the Preparation of the Evaluation Plan or Scope of Work

Submit Certification | Cancel

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Fields in RED are required.

Objective Overview

Completion Date ("By"):

Objective:
Do not include a completion date in the objective

Priority Type: --- Select One ---

Primary Priority Area or Asset: --- Select a Primary Type ---

Secondary Priority Area or Asset: --- Select a Primary Type ---

Evaluation

Is this a primary objective that will receive an indepth evaluation and for which a thorough final evaluation report will be produced?
- Yes
- No

Evaluation Plan Type:
- Legislated Policy– Adoption Only
- Legislated Policy -- Adoption and Implementation
- Legislated Policy -- Implementation Only
- Legislated Resolution -- Adoption Only
- Voluntary Policy -- Adoption Only
- Voluntary Policy -- Adoption and Implementation
- Voluntary Policy -- Implementation Only
- Individual Behavior Change
- Other with Measurable Outcome
- Other without Measurable Outcome

Target Audiences

Target Audience to be Reached by the Intervention (select all that apply)
Use Ctrl+Click to select/deselect multiple items.

Audience Groups
- 0-12 years
- 13-17 years
- 18-24 years -specifically
- 21 years and older
- Adults 18 years and older
- Advocates

General Population Groups
- Hispanic/Latino
- African
- African American/Black
- American Indian/Native American
- Asian
- Eastern European

Specific Ethnic Population Groups
- Afghan
- Arabic
- Armenian
- Asian Indian
- Bosnian
- Cambodian

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The Add Objective Wizard will help fill in the Edit Objective form based on your selections below.

After making a selection, you will be returned to the Edit Objective form where you will need to review the wizard provided text and make any needed revisions.

Important:

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  - XXXX -- You should be able to double-click on each "blank" to highlight it for editing.
  - (date range) - This format indicates what should be filled into the "blank". In this case, the date range should be entered in place of '(date range)'.

Fields in RED are required.

Priority Area/Asset: --- Select One ---

Cancel

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  - (date range) - This format indicates what should be filled into the "blank". In this case, the date range should be entered in place of '(date range)'.

Fields in RED are required.

Priority Area/Asset: 1 Limit Tobacco Promoting Influences

Indicator: --- Select One ---

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Add Objective Wizard

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  - (date range) - This format indicates what should be filled into the "blank". In this case, the date range should be entered in place of '(date range)'.

Fields in RED are required.

Priority Area/Asset: 1 Limit Tobacco Promoting Influences

Indicator: 1.2.6

Minimum Retail Price: The number of jurisdictions with a policy setting a minimum retail sale price for tobacco products or banning, or constraining tobacco industry promotional practices such as buydowns, multi-pack offers, and discounts, consistent with the First Amendment and federal law.

Sample Objectives:

at least one jurisdiction in Purple County (e.g. Magenta City or Violet City) will adopt a policy that establishes a minimum retail sale price for tobacco and/or electronic nicotine delivery device products. Use This

at least one jurisdiction in Purple County (e.g. Magenta City or Violet City) will adopt a policy that prohibits discounts and coupon redemption for tobacco and/or electronic nicotine delivery device products. Use This

Cancel

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Edit Objective

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Fields in RED are required.

Objective Overview

Completion Date ("By"):

Objective:
Do not include a completion date in the objective

at least one jurisdiction in Purple County (e.g. Magenta City or Violet City) will adopt a policy that establishes a minimum retail sale price for tobacco and/or electronic nicotine delivery device products.

Priority Type: Priority Area

Primary Priority Area: 1 Limit Tobacco Promoting Influences

Secondary Priority Area:

Evaluation

Is this a primary objective that will receive an indepth evaluation and for which a thorough final evaluation report will be produced?
- Yes
- No

Evaluation Plan Type:
- Legislated Policy-- Adoption Only
- Legislated Policy -- Adoption and Implementation
- Legislated Policy -- Implementation Only
- Legislated Resolution -- Adoption Only
- Voluntary Policy -- Adoption Only
- Voluntary Policy -- Adoption and Implementation
- Voluntary Policy -- Implementation Only
- Individual Behavior Change
- Other with Measurable Outcome
- Other without Measurable Outcome

Target Audiences

Target Audience to be Reached by the Intervention (select all that apply)
Use Ctrl+Click to select/deselect multiple items.

Audience Groups
- 0-12 years
- 13-17 years
- 18-24 years -specifically
- 21 years and older
- Adults 18 years and older
- Advocates

General Population Groups
- Hispanic/Latino
- African
- African American/Black
- American Indian/Native American
- Asian
- Eastern European

Specific Ethnic Population Groups
- Afghan
- Arabic
- Armenian
- Asian Indian
- Bosnian
- Cambodian

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Objective ID: Not Yet Assigned

Completion Date: December 20, 2017

Objective: at least one jurisdiction in Purple County (e.g. Magenta City or Violet City) will adopt a policy that establishes a minimum retail sale price for tobacco and/or electronic nicotine delivery device products.

Primary Priority Area: (1) Limit Tobacco Promoting Influences

Is this a primary objective? No

Evaluation Plan Type: Legislated Resolution -- Adoption Only

Target Audience:

Audience Group
- 0-12 years
- 18-24 years -specifically
- Advocates

General Population Groups
- African
- African American/Black
- Asian
- Hispanic/Latino

Specific Ethnic Population Groups
- Asian Indian

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Fields in RED are required.

Objective Overview

Completion Date ("By"): 12/20/2017

Objective: (Do not include a completion date in the objective)

at least one jurisdiction in Purple County (e.g. Magenta City or Violet City) will adopt a policy that establishes a minimum retail sale price for tobacco and/or electronic nicotine delivery device products.

Priority Type: Priority Area

Primary Priority Area: 1 Limit Tobacco Promoting Influences

Secondary Priority Area:

Evaluation

Is this a primary objective that will receive an indepth evaluation and for which a thorough final evaluation report will be produced?

- ○ Yes
- ◉ No

Evaluation Plan Type:

- ○ Legislated Policy-- Adoption Only
- ○ Legislated Policy -- Adoption and Implementation
- ○ Legislated Policy -- Implementation Only
- ◉ Legislated Resolution -- Adoption Only
- ○ Voluntary Policy -- Adoption Only
- ○ Voluntary Policy -- Adoption and Implementation
- ○ Voluntary Policy -- Implementation Only
- ○ Individual Behavior Change
- ○ Other with Measurable Outcome
- ○ Other without Measurable Outcome

Target Audiences

Target Audience to be Reached by the Intervention (select all that apply)

Use Ctrl+Click to select/deselect multiple items.

Audience Groups

- 0-12 years
- 13-17 years
- 18-24 years -specifically
- 21 years and older
- Adults 18 years and older
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- African
- African American/Black
- American Indian/Native American
- Asian
- Eastern European

Specific Ethnic Population Groups

- Afghan
- Arabic
- Armenian
- Asian Indian
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Primary

1.2.6 **Minimum Retail Price:** The number of jurisdictions with a policy setting a minimum retail sale price for tobacco products or banning, or constraining tobacco industry promotional practices such as buydowns, multi-pack offers, and discounts, consistent with the First Amendment and federal law. (CORE)

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Welcome, Jack Frost! Dismissed (0)

Logged In as: Applicant

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Objective: By December 20, 2017, at least one jurisdiction in Purple County (e.g. Magenta City or Violet City) will adopt a policy that establishes a minimum retail sale price for tobacco and/or electronic nicotine delivery device products.

Priority Area: 1. Limit Tobacco Promoting Influences

Fields in RED are required.

Select indicator(s):

For each objective, select up to two indicators that the objective addresses. For example, one objective may address both enforcement of smoke-free legislation in bars and non-bars.

Select no more than 2 indicators.

Indicate the primary indicator as number 1 and the secondary indicator as number 2.

1.1.1 **Store Interior Marketing:** The number of jurisdictions with a policy banning or restricting time, place, and manner in-store tobacco product (including ESD) advertising, promotions, or product displays (e.g., "power walls") consistent with the First Amendment and federal law.

1.1.2 **Content Neutral Signage Restriction:** The number of jurisdictions with a policy restricting outdoor window signage or other exterior signage such as hanging signs, wall signs affixed to the outside of the building, or sidewalk signs consistent with the First Amendment and federal law.

1.1.3 **Media Outlet Advertising Policies:** The proportion of print and digital media outlets (e.g., magazines, newspapers, social media) that have adopted a voluntary policy to refuse tobacco product (including ESD) advertising.

1.1.4 Retired

1.1.5 **Enforcement of the MSA/STMSA/Federal Tobacco Marketing Restrictions:** The number and type of violations by tobacco manufacturers or retailers for advertising, sponsorship promotional, or other marketing requirements identified in the Master Settlement Agreement (MSA), the Smokeless Tobacco Master Settlement Agreement (STMSA), or federal law.

1.1.6 **Sponsorship:** The number of jurisdictions with a policy banning or restricting time, place, and manner of tobacco (including ESD) company sponsorship and marketing at public entertainment and sporting venues (e.g., county fair, rodeo, motor sports, sporting events, parade, concert, museum, dance, festival, business hours) consistent with the First Amendment and federal law.

1.1.7 **Adult-Only Facility Marketing:** The number of jurisdictions with a policy banning or restricting time, place, and manner of tobacco (including ESD) product marketing and sponsorship at adult only facilities (e.g., bars and night clubs) consistent with the First Amendment and federal law.

1.1.8 **College/Trade School Marketing:** The number of colleges, universities, trade/technical schools with a policy restricting tobacco (including ESD) company product marketing and sponsorship consistent with the First Amendment and federal law.

1.1.9 **Corporate Giving:** The number of professional groups, community groups, and institutions (e.g., education, research, public health, women's, cultural, entertainment, fraternal/sorority groups, social services) with a voluntary policy that prohibits partnering with and acceptance of funds from both tobacco/ESD companies for any purpose.

1.1.10 **Political Contributions:** The number of elected officials or political campaigns that have signed a voluntary pledge to refuse tobacco and ESD company contributions.

1.1.11 **Smoking in the Movies:** The number of elected officials, parent organizations, health groups, entertainment entities or other groups that have adopted resolutions and voluntary policies that support: 1) an 'R' rating for movies that depict smoking, 2) certifying no payments for depicting tobacco use, 3) an end to the depiction of tobacco brands, 4) requiring the placement of strong antismoking ads prior to airing any film with any tobacco presence, and 5) limiting government supported movie subsidies to tobacco-free movies.

1.1.12 **Candy Tobacco Look-Alike Products:** The number of jurisdictions with a policy prohibiting the sale of edible products

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Welcome, Jack Frost! Messages (0)
Logged in as: Applicant

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Edit Intervention Topic(s)

Objective: By December 20, 2017, at least one jurisdiction in Purple County (e.g. Magenta City or Violet City) will adopt a policy that establishes a minimum retail sale price for tobacco and/or electronic nicotine delivery device products.

Priority Area(s): (1) Limit Tobacco Promoting Influences

Fields in RED are required.

Select Intervention Topic(s):

Note: These intervention topics are derived from the user's selection of Priority Area(s).

Check all those that apply and that will be used to achieve this objective.

Advertising
- [ ] Billboard Advertising
- [ ] Event Advertising
- [ ] Newspaper Advertising
- [ ] Point-of-Sale Advertising
- [ ] Radio Advertising
- [ ] Sponsorship of Events
- [ ] Transit/Bus Stop Advertising
- [ ] Website Advertising

Collaboration
- [ ] Alcohol and Drug Prevention Collaboration
- [ ] Employment Organization Collaboration
- [ ] Environmental Organization Collaboration
- [ ] Healthcare Provider/System Collaboration
- [ ] Housing Organization Collaboration
- [ ] Law Enforcement Collaboration
- [ ] Mental Health Collaboration
- [ ] Nutrition Program Collaboration
- [ ] Parks and Recreation Collaboration
- [ ] Priority Population Organizations Collaboration
- [ ] Schools Collaboration (colleges & universities)
- [ ] Schools collaboration (K-12)
- [ ] Schools Collaboration (Trade Schools)
- [ ] Social Service Organization Collaboration
- [ ] Voluntary Health Organization Collaboration

Community Organizing
- [ ] Endorsements Collected
- [ ] Letter Writing Campaign
- [ ] Midwest Academy Strategy Chart
- [ ] Petitions Collected
- [ ] Resolution Campaign
- [ ] Volunteer Recruitment

Data Collection
- [ ] Key Informant Interviews
- [ ] Public Intercept Surveys

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Add Activity

Objective: By December 20, 2017, at least one jurisdiction in Purple County (e.g. Magenta City or Violet City) will adopt a policy that establishes a minimum retail sale price for tobacco and/or products.

This portion of the scope of work describes the methods, steps, timelines, who is responsible for completing major activities, copyrightable products and the percent of effort that deliverables represent.

Fields in RED are required.

Activity Wizard

Major Intervention Category: — Select One —

Category Descriptions

Activity:

Describe the activity to achieve the objective. Describe what will be done (methods), how much will be done and where activities occur.

Copyright: Yes No

Is this a copyrightable product such as a brochure, poster, ad, manual, etc.?

Program Deliverable Percentage: %

For each program deliverable, provide a percentage that reflects the programmatic value or percent of effort. This Program Deliverable percentage reflects a combination of staff and budget resources necessary to complete the deliverable.

Current Total: 0.00 %

Cannot Exceed 100% for entire Scope of Work

Activity Start Date Period: — Select One —

Activity Completion Date Period: — Select One —

Save Information | Cancel

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Intervention Activity Wizard

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  - (date range) - This format indicates what should be filled into the "blank". In this case, the date range should be entered in place of "(date range)".

Fields in RED are required.

Major Intervention Category: --- Select One ---

Category Descriptions

Cancel

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  - XXXX -- You should be able to double-click on each "blank" to highlight it for editing.
  - (date range) - This format indicates what should be filled into the "blank". In this case, the date range should be entered in place of "(date range)".

Fields in RED are required.

Major Intervention Category: Behavior Modification Materials

Category Descriptions

Cancel

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  - XXXX -- You should be able to double-click on each "blank" to highlight it for editing.
  - (date range) - This format indicates what should be filled into the "blank". In this case, the date range should be entered in place of "(date range)".

Fields in RED are required.

Major Intervention Category: Behavior Modification Materials
Category Descriptions

Description: BMM Language

Sample Activities: Distribute (Insert # range) Behavior Modification Materials (BMMs) to (individual type/group) who participate in the completion of (type of activities) about (topic area). BMMs (e.g. gift cards) are provided to program participants to motivate and/or reinforce positive behavior, participation, and/or involvement in tobacco control activities and require action on the part of the recipient to receive the BMM. The cost of the BMM may not exceed $50 in value, per person, annually, and shall not include gift cards that can be used to purchase tobacco or alcohol products. The project will be responsible for the possession, security (e.g. will keep under lock and key), and accountability of the gift cards. The project will prepare a log sheet that will track and identify each of the gift cards, value, gift card transfer date, and recipient.

Use This

Cancel

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Add Activity

Objective: By December 20, 2017, at least one jurisdiction in Purple County (e.g. Magenta City or Violet City) will adopt a policy that establishes a minimum retail sa
products.

This portion of the scope of work describes the methods, steps, timelines, who is responsible for completing major activities, copyrightable products and the percent of effort th

Fields in RED are required.

Activity Wizard

Major Intervention Category: Behavior Modification Materials

Category Descriptions

Activity:

Describe the activity to achieve the objective. Describe what will be done (methods), how much will be done and where activities occur.

Distribute (Insert # range) Behavior Modification Materials (BMMs) to (individual type/group) who participate in the completion of (type of activities) about (topic area). BMMs (e.g. gift cards) are provided to program participants to motivate and/or reinforce positive behavior, participation, and/or

Copyright: ○ Yes ◉ No

Is this a copyrightable product such as a brochure, poster, ad, manual, etc.?

Program Deliverable Percentage: _____ %

For each program deliverable, provide a percentage that reflects the programmatic value or percent of effort. This Program Deliverable percentage reflects a combination of staff and budget resources necessary to complete the deliverable.

Current Total: 0.00 %

Cannot Exceed 100% for entire Scope of Work

Activity Start Date Period: — Select One —

Activity Completion Date Period: — Select One —

Save Information | Cancel

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Add Evaluation Activity

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Objective: By December 20, 2017, at least one jurisdiction in Purple County (e.g. Magenta City or Violet City) will adopt a policy that establishes a minimum retail sale price for tobacco and/or electronic nicotine delivery device products.

Evaluation Activity Wizard

Fields in RED are required.

Major Evaluation Category: Education/Participant Survey

Category Descriptions

Instructions: Describe each Education/Participant Survey that has a distinct purpose or topic. Examples include a survey to assess the quality and satisfaction with a conference or with coalition functioning; a quiz to test knowledge or skills; or a needs assessment in preparation of training and technical assistance. If the Education/Participant Survey will be implemented multiple times to the same group as a pre/post-test, please specify the number of times in the "waves of data collection" question below.

Evaluation Activity: (Describe the evaluation activity that will be used. Describe 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.)

Is this data being collected for Process Evaluation or Outcome Evaluation purposes?:
- Process
- Outcome
- Both

How many waves of data collection will occur?: -- Select One --
(Use 1 Wave for continuous data collection such as website analytics or media activity records.)

Data Collection Training - Will data collectors be trained to help implement this evaluation activity?:
- Yes
- No

(If yes, be sure to include a Training & Technical Assistance activity describing the data collection training.)

Copyright:
- Yes
- No

Program Deliverable Percentage: %

Current Total Deliverable Percentage: 0.00 %
Cannot Exceed 100% for entire Scope of Work

Add tracking measures and indicate responsible party from the view for this activity!

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Evaluation Activity Wizard

The Evaluation Activity Wizard will help fill in the Add Evaluation Activity form based on your selections below.

After making a selection, you will be returned to the Add Evaluation Activity form where you will need to review the wizard provided text and make any needed revisions.

Important:

- Some fields may not be filled in by the Wizard. You will need to review the entire form to make sure that all needed information has been provided and is correct.
- Some of the Wizard provided text may include "blanks" where you should fill in information. These "blanks" will be indicated in one of these ways:
  - XXXX – You should be able to double-click on each "blank" to highlight it for editing.
  - (date range) - This format indicates what should be filled into the "blank". In this case, the date range should be entered in place of "(date range)".

Fields in RED are required.

Major Evaluation Category: Education/Participant Survey

Category Descriptions

Description: -- Select One --

Cancel

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Evaluation Activity Wizard

The Evaluation Activity Wizard will help fill in the Add Evaluation Activity form based on your selections below.

After making a selection, you will be returned to the Add Evaluation Activity form where you will need to review the wizard provided text and make any needed revisions.

Important:

- Some fields may not be filled in by the Wizard. You will need to review the entire form to make sure that all needed information has been provided and is correct.
- Some of the Wizard provided text may include "blanks" where you should fill in information. These "blanks" will be indicated in one of these ways:
  - XXXX -- You should be able to double-click on each "blank" to highlight it for editing.
  - (date range) - This format indicates what should be filled into the "blank". In this case, the date range should be entered in place of "(date range)".

Fields in RED are required.

Major Evaluation Category: Education/Participant Survey

Category Descriptions

Description: Emory University Smoke-free Home Intervention

Sample Activities: A non-experimental design with pre- and post-implementation surveys of intervention participants will be used to assess the impact of any voluntary smoke-free home policies adopted. A minimum of 2500 screener surveys will be collected to determine participant eligibility. A convenience sample will be used to select participants to complete the screener survey. A minimum of 500 baseline surveys will be conducted by telephone prior to intervention mailings and coaching calls. Post-test (3 month follow up) surveys will be conducted by telephone 3 months after the last intervention mailing to all participants. Measuring the same subjects allows us to measure any changes in smoking restrictions in participants' homes and cars that may have resulted from the smoke-free homes intervention. Baseline Survey Instrument: The baseline survey instrument will be adapted from one used by Emory University and it will include: questions related to smoking history, secondhand smoke (SHS) exposure, cigarette consumption, cessation attempts, household composition and smoking status, beliefs about SHS, stage of readiness to restrict smoking in the home, self-efficacy to restrict smoking in the home, prior smoke-free home attempts, and SHS reduction behaviors. The baseline survey will also collect demographic information on the participants' ethnicity/race, age, gender, educational level, marital status, household income, and employment status. The evaluation will be conducted in collaboration with the Emory Prevention Research Center. Three-Month Follow-up Survey Instrument: the follow-up survey instrument will be adapted from one used by Emory University and will assess the following outcome data: if a smoke-free home ban was established and smoking restrictions in cars. For smokers, the survey will assess the stage of change for quitting, cessation attempts, and the number of cigarettes smoked per day. The three-month survey instrument will also collect the following process data: how much of the mailings were read; how often mailings were reviewed, how relevant were the materials to you personally, how helpful was the information to you, did you or anyone in your home use the materials (e.g., sign pledge, put up the no-smoking sign, use the stickers). The evaluation will be conducted in collaboration with the Emory Prevention Research Center. Gift cards will be provided to focus group participants to encourage participation. A $5 Starbucks gift card will be provided to eligible participants who enroll in the smoke-free home intervention; a $20 gift card will be distributed to participants who complete the pre-test and a $25 gift card will be given to participants who complete the post-intervention survey. The cost of the gift card may not exceed $50 in value per person, per year. The project is responsible for the possession, security (e.g., will keep under lock and key), and accountability of the gift cards. A tracking log will be prepared and maintained to track and identify each of the gift cards, value, gift card transfer date, and recipient. Gift cards cannot be used to purchase tobacco, nicotine products, and/or alcohol products.

Use This

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Objective: By December 20, 2017, at least one jurisdiction in Purple County (e.g. Magenta City or Violet City) will adopt a policy that establishes a minimum retail sale price for tobacco and/or electronic nicotine delivery device products.

Evaluation Activity Wizard

Fields in RED are required.

Major Evaluation Category: Education/Participant Survey

Category Descriptions

Instructions: Describe each Education/Participant Survey that has a distinct purpose or topic. Examples include a survey to assess the quality and satisfaction with a conference or with coalition functioning; a quiz to test knowledge or skills; or a needs assessment in preparation of training and technical assistance. If the Education/Participant Survey will be implemented multiple times to the same group as a pre/post-test, please specify the number of times in the "waves of data collection" question below.

Evaluation Activity: (Describe the evaluation activity that will be used. Describe 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.)

A non-experimental design with pre- and post-implementation surveys of intervention participants will be used to assess the impact of any voluntary smoke-free home policies adopted. A minimum of 2500 screener surveys will be collected to determine participant eligibility. A convenience sample will be used to select participants to complete the screener survey. A minimum of 500 baseline surveys will be conducted by telephone prior to intervention mailings and coaching calls. Post-test (3 month follow up) surveys will be conducted by telephone 3 months after the last intervention mailing to all participants. Measuring the same subjects allows us to measure any changes in smoking restrictions in participants' homes and cars that may have resulted from the smoke-free homes intervention. Baseline Survey Instrument: The baseline survey instrument will be adapted from one used by Emory University and it will include: questions related to smoking history, secondhand smoke (SHS) exposure, cigarette consumption, cessation attempts, household composition and smoking status, beliefs about SHS, stage of readiness to restrict smoking in the home, self-efficacy to restrict smoking in the home, prior smoke-free home attempts, and SHS reduction behaviors. The baseline survey will also collect demographic information on the participants' ethnicity/race, age, gender, educational level, marital status, household income, and

Is this data being collected for Process Evaluation or Outcome Evaluation purposes?:
- Process
- Outcome
- Both

How many waves of data collection will occur?: (Use 1 Wave for continuous data collection such as website analytics or media activity records.)
-- Select One --

Data Collection Training - Will data collectors be trained to help implement this evaluation activity?: (If yes, be sure to include a Training & Technical Assistance activity describing the data collection training.)
- Yes
- No

Copyright:
- Yes
- No

Program Deliverable Percentage: %

Current Total Deliverable Percentage: 0.00 %
Cannot Exceed 100% for entire Scope of Work

Add tracking measures and indicate responsible party from the view for this activity!

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Overview | Indicator(s) | Intervention Topic(s) | Intervention Activity Plan | Evaluation Activity Plan | Narrative Summary

Edit

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Edit Narrative Summary

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Objective: By December 20, 2017, at least one jurisdiction in Purple County (e.g. Magenta City or Violet City) will adopt a policy that establishes a minimum retail sale price for tobacco and/or electronic nicotine delivery device products.

Priority Area(s): (1) Limit Tobacco Promoting Influences

Fields in RED are required.

Each Narrative Summary question below has a limit to the number of words you can submit. You can see these word count limits and your current word count in the lower right corner of each text box.

Community Assessment Analysis:
Major findings and conclusions of the assessment.
Instructions

Words: 0/600

Major Intervention Activities:
Brief description of activities to be implemented.
Instructions

Words: 0/400

Theory of Change:
Brief description of the basic assumptions that explain why the proposed intervention should work.
Instructions

Words: 0/300

Evaluation Summary Narrative:
Brief summary of the evaluation design, evaluation activities and rationale for the evaluation plan.
Instructions

Words: 0/500

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A. Personnel Costs	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	View
B. Fringe Benefits	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	View
C. Operating Expenses	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	View
D. Equipment Expenses	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	View
E. Travel/Per Diem and Training	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	View
F. Subcontracts and Consultants	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	View
G. Other Costs	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	View
H. Indirect Expenses	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	View
Total Expenses	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	

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Fields in RED are required.

Line Item Wizard

Item	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Title: - Please Select One - Add Position Title	$ 0	$ 0	$ 0	$ 0	$ 0

Salary Calculation:

Duties Description:

Save Information | Cancel

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The Budget Line Item Wizard will help fill in the Add Personnel Costs form based on your selections below.

After making a selection, you will be returned to the Add Personnel Costs form where you will need to review the wizard provided text and make any needed revisions.

Important:

- If a sample entry from this Wizard is selected, any text already in the Title or Description fields of the current Add Personnel Costs Form may be overwritten by the Wizard.
- Some fields may not be filled in by the Wizard. You will need to review the entire form to make sure that all needed information has been provided and is correct.
- Some of the Wizard provided text may include "blanks" where you should fill in information. These "blanks" will be indicated in one of these ways:
  - _____ – You should be able to double-click on each "blank" to highlight it for editing.
  - (date range) - This format indicates what should be filled into the "blank". In this case, the date range should be entered in place of "(date range)".

Fields in RED are required.

Budget Category: Personnel Costs

Description: Evaluator

Sample Activities: Under the direction of the Project Director (PD), the Evaluator provides services for planning evaluation activities, evaluation study design, _____ [identify activities in the Scope of Work to support duties], and outcome evaluation. The Evaluator analyzes and evaluates new program objectives. The Evaluator assists with and reviews case studies, other evaluation data collection, and reporting. Use This

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Add Personnel

Fields in RED are required.

Line Item Wizard

Item	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Title: Evaluator Add Position Title	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0

Salary Calculation:

Duties Description:

Under the direction of the Project Director (PD), the Evaluator provides services for planning evaluation activities, evaluation study design, _____ [identify activities in the Scope of Work to support duties], and outcome evaluation. The Evaluator analyzes and evaluates new program objectives. The Evaluator assists with and reviews case studies, other evaluation data collection, and reporting.

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A. Personnel Costs	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	View
B. Fringe Benefits	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	View
C. Operating Expenses	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	View
D. Equipment Expenses	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	View
E. Travel/Per Diem and Training	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	View
F. Subcontracts and Consultants	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	View
G. Other Costs	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	View
H. Indirect Expenses	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	View
Total Expenses	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	

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	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22	FY 22/23	Total Budget	Action(s)
At approximately 0% - 0% of Total Personnel Costs, Fringe Benefits includes the following:	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	Edit

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Edit Fringe Benefits

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Fields in RED are required.

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Item	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22	FY 22/23
At approximately 0 % - 0 % of Total Personnel Costs, Fringe Benefits includes the following:	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0

Save Information Cancel

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Edit Fringe Benefits

Fields in RED are required.

Line Item Wizard

Item	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22	FY 22/23
At approximately 0 % - 0 % of Total Personnel Costs, Fringe Benefits includes the following:	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0

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.]

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Title: CTCP Communications Network (PARTNERS) Description:	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	Edit
Title: Space Rent/Lease Description:	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	Edit
Total Operating Expenses:	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	

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Title: CTCP Communications Network (PARTNERS)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0

Description:

Save Information | Cancel

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Title: Project Travel/Training Description:	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	Edit
Title: CTCP Travel/Training Description:	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	Edit
Title: Required CTCP Travel/Training Description:	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	Edit
Title: Out-of-State Travel Description:	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	Edit
Total Travel/Per Diem and Training:	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**	

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Fields in RED are required.

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Item	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Title: Project Travel/Training	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0

Description:

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Fields in RED are required.

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Item	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Title:	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0

Description:

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Title: Educational Materials Description:	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	Edit
Title: Behavior Modification Materials Description:	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	Edit
Title: Paid Media Description:	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	Edit
Title: Booth Rental/Facilities Fees Description:	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	Edit
Total Other Costs:	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	

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Fields in RED are required.

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Title: Educational Materials	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0

Description:

Save Information | Cancel

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At approximately 0% - 0% of Personnel and Fringe Benefits, Indirect Expenses includes the following:	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	Edit

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Line Item Wizard

Item	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22	FY 22/23
At approximately 0 % - 0 % of Personnel and Fringe Benefits, Indirect Expenses includes the following:	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0

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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.

Add Funding Source

Project Title	Agency	Amount	Funding Period	Action(S)
Currently reporting no additional tobacco control funds (e.g. Prop 10, MSA, etc.) received by our agency.				

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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 retai

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

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Proof of Non-Profit Status

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California public or private non-profit organizations, including local health departments, are eligible to apply for these funds. For applicants claiming private non-profit status, **either** certification from the State of California, Office of Secretary of State **or** a letter from the Department of the Treasury, Internal Revenue Service (IRS) classifying the applicant administrative agency as a private non-profit **MUST BE INCLUDED** with the submission of the application.

1. Scan the certification or letter and upload it to OTIS
2. Send the certification or letter to CTCP as a part of your application package.

This form has not been uploaded to the system.

Upload Certification

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Upload Proof of Non-Profit Status

Use this form to upload a scanned copy of your Proof of Non-Profit Status certification or letter.

Fields in RED are required.

File: Browse... No file selected.

Save Information Cancel

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Certification of Non-Acceptance of Tobacco Company Funds

Applicants cannot accept funding from or 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. All applicants are required to sign and submit the "Certification of Non-Acceptance of Tobacco Company Funds" form as part of the application package.

1. **Download** a copy of the certification form.
2. Fill out the form.
3. Scan the completed form and upload it to OTIS.
4. Send the completed form to CTCP as a part of your application package.

This form has not been uploaded to the system.

Upload Certification

Automatic Zoom

ATTACHMENT: CERTIFICATION OF NON-ACCEPTANCE OF

_____
Company/Organization Name

Please check one of the following:

☐ The Primary Agency named above hereby certifies that it will not
from nor have an affiliation or contractual relationship with a toba
of its subsidiaries, or parent company during the term of the contr
California Department of Public Health, California Tobacco Contr
Acceptance of such funds during the term of the contract is grour

☐ University/Colleges Only

The Principal Investigator of the university or college named abov
that he/she or any of the investigators associated with (either paic
in-kind) this contract have not received funding from nor had an a
contractual relationship with a tobacco company, any of its subsic
company within the last five (5) years prior to the start date of the
addition, the Principal Investigator of the university or college nar
certifies that he/she or any of the investigators associated with th
accept funding from nor have an affiliation or contractual relations
company, any of its subsidiaries, or parent company during the te
from the California Department of Public Health, California Tobac
Program. Acceptance of such funds during the term of the contra
termination.

CERTIFICATION

Upload Certification of Non-Acceptance of Tobacco Company Funds

Use this form to upload a scanned copy of your completed Certification of Non-Acceptance of Tobacco Company Funds.

Fields in RED are required.

File: Browse... No file selected.

Save Information Cancel

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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

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Upload Entity Status Letter

Use this form to upload a scanned copy of your Entity Status Letter.

Fields in RED are required.

File: Browse... No file selected.

Save Information | Cancel

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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.**

1. **Download** the Mandatory Cessation Tracking Treatment Protocol (Word document).
2. Complete the document electronically.
3. Save the completed document and upload it to OTIS.
4. Send the completed document to CTCP as a part of your application package.

This form has not been uploaded to the system.

Upload Mandatory Cessation Tracking Treatment Protocol

Mandatory Cessation Tracking Treatment Pr

Applications proposing the cessation-related interventions indicat
4.2.4 must submit a Cessation Tracking Treatment Protocol. **Appli
identified cessation indicators that do not submit a Cessation
Protocol document will not be considered for funding.**

The Cessation Tracking Treatment Protocol should be completed b

Required Information	Enter Information in this Colum
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	

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Upload Cessation Tracking Treatment Protocol

Use this form to upload a copy of your Cessation Tracking Treatment Protocol.

Fields in RED are required.

File: Browse... No file selected.

Save Information | Cancel

California Civil Rights Laws Certification

The California Civil Rights Laws Certification form is a California Department of General Services document and applies to all contracts fo
process.

- Download a copy of the Civil Rights Laws Certification below.
- Fill out the form.
- Print the completed form.
- Form to be signed by the agency's authorized signatory.
- Scan the completed form and upload it to OTIS.
- Send the completed original signed form to CTCP to complete the grant approval process.

Civil Rights Laws Certification Template: **Download** (Right+Click then select "Save Link As...")

This form has not been uploaded to the system.

Upload Civil Rights Laws Certification

STATE OF CALIFORNIA

CALIFORNIA CIVIL RIGHTS LAWS ATTACHMENT

DGS OLS 04 (Rev. 01/17)

DEPARTMENT OF GENER

OFFICE OF LEG

Pursuant to Public Contract Code section 2010, a person that submits a bid or propos otherwise proposes to enter into or renew a contract with, a state agency with respec contract in the amount of $100,000 or above shall certify, under penalty perjury, at 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 Ja 2017, the contractor certifies compliance with the Unruh Civil Rights Act (Section 51 c Code) and the Fair Employment and Housing Act (Section 12960 of the Government and

2. EMPLOYER DISCRIMINATORY POLICIES: For contracts executed or renewed a January 1, 2017, if a Contractor has an internal policy against a sovereign nation or p recognized by the United States government, the Contractor certifies that such policie used in violation of the Unruh Civil Rights Act (Section 51 of the Civil Code) or the Fa 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 Num*
By (Authorized Signature)	

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Upload Civil Rights Laws Certification

Use this form to upload a copy of your Civil Rights Laws Certification.

Fields in RED are required.

File: Browse... No file selected.

Save Information | Cancel

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Project Abstract

A one paragraph description of your project that describes, in a narrative format, the major goals, strategies, targeted populations and geographic coverage of your project. Your description will be made available to the public through the California Tobacco Control Program's Web-based and searchable project directory available at https://otis.catcp.org/public/projectDirectory/.

Edit Abstract

Project Abstract

No Abstract Saved

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Edit Project Abstract

A one paragraph description of your project that describes, in a narrative format, the major goals, strategies, targeted populations and geographic coverage of your project. Your description will be made available to the public through the California Tobacco Control Program's Web-based and searchable project directory available at https://otis.catcp.org/public/projectDirectory/.

Please prepare the abstract using word processing software. Spell check the document and then cut and paste it into this form.

Sample Abstract

Project Abstract

Source

Save Information | Cancel

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OTIS - Online Tobacco Information System - Internet Explorer

https://otis.catcp.org/index.cfm?fuseaction=abstract.sample

Print | Close Window

Sample Project Abstract

The Sonoma County Tobacco Education Program serves as the Local Lead Agency for Sonoma County. The major goals of the Program are to reduce exposure to secondhand smoke in multiunit housing, incorporate smoking cessation policies into alcohol, drug, and behavioral health treatment programs, assist jurisdictions in the adoption of healthy retail policies that include monitoring of retailer compliance with Federal, State, and local tobacco sales laws, and mobilize youth in tobacco control trainings and activities. Strategies to accomplish these goals include secondhand smoke and healthy retail policy education for policy makers and other community stakeholders, smoking cessation policy development assistance for alcohol, drug, and behavioral health treatment providers, and technical assistance and training to conduct tobacco control activities for the Coalition for a Tobacco-Free Sonoma County and youth partners.Â

Print | Close Window

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Welcome, Jack Frost! Messages (0)
Logged in as: Applicant

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Plan Submission

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Your plan is not ready for submission.

Criteria	Status	Section
Agency & Contract Information		
Contacts must be selected.	Unsuccessful	Project Director/Primary Tobacco Contact Fiscal Officer/Fiscal Contact Agency Signatory
Applicant Capability		
Three letters of reference submitted.	Unsuccessful (Currently 0)	Applicant Capability
Evaluator Selection		
Evaluator Certification submitted.	Unsuccessful	Evaluator Selection
Scope of Work		
A minimum of 3 objectives	Unsuccessful (Currently 1)	Scope of Work
Primary Evaluation Objectives: One objective must be designated as primary evaluation objectives, which require an in-depth evaluation plan in consultation with a qualified evaluator resulting in a Final Evaluation Report (a primary evaluation objective must be based on an indicator, not an asset). A primary evaluation objective produces valuable knowledge and replicable interventions and strategies that identify and reduce tobacco-related inequities. A non-primary evaluation objective requires a less in-depth evaluation plan and submission of a Brief Evaluation Report. Primary evaluation objectives covering more than one jurisdiction require at least one interim evaluation report to be submitted with the progress report.	Unsuccessful (Currently 0)	Scope of Work
At least one Intervention Topic must be selected for each objective.	Unsuccessful	Objective
Total Program Deliverables must equal 100%	Unsuccessful (Currently 0.00%)	Scope of Work
At least 10% of Program Deliverable Percentages must be assigned to evaluation activities.	Unsuccessful (Currently 0.00%)	Scope of Work
Intervention Activities with Deliverable Percentages greater than 0% must list Tracking Measure(s) and Responsible Parties	Successful	
Evaluation Activities with Deliverable Percentages greater than 0% must list Tracking Measure(s) and Responsible Parties	Successful	
At least one objective must have one of the following indicators as either primary or secondary indicator:	Successful	
1.2.6 **Minimum Retail Price:** The number of jurisdictions with a policy setting a minimum retail sale price for tobacco products or banning, or constraining tobacco industry promotional practices such as buydowns, multi-pack offers, and discounts, consistent with the First Amendment and federal law.		
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).		

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Your plan is not ready for submi

Criteria

Agency & Contract Informatio

Contacts must be selected.

Applicant Capability

Three letters of reference subm

Evaluator Selection

Evaluator Certification submitte

Scope of Work

A minimum of 3 objectives

Primary Evaluation Objectives
plan in consultation with a qual
indicator, not an asset). A prima
and reduce tobacco-related ine
Evaluation Report. Primary eval
submitted with the progress rep

At least one Intervention Topic r

Total Program Deliverables mu

At least 10% of Program Delive

Intervention Activities with Deliv

Evaluation Activities with Delive

At least one objective must ha

1.2.6 **Minimum Retail Pric**

OTIS v2

https://otis.catcp.org/index.cfm?fuseaction=reports.contractReportIndex&useVersionID=5795

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Application Reports

MS Word 2000 or later is needed for proper viewing of the Word version of the reports.

Many of these reports are better printed in Landscape format. The print format orientation may usually be changed from the 'Page Setup...' or 'Printer Settings' dialog in the application which is being used to print the report.

After loading a Word 2000 report, you may need to change the view from a Web layout to a print layout. You change the layout from the View menu.

Title	View Type		
Agency Certification	Web	Web (Black & White)	Word 2000
Agency & Contract Information	Web	Web (Black & White)	Word 2000
Contact Information	Web	Web (Black & White)	Word 2000
Applicant Capability	Web	Web (Black & White)	Word 2000
Local Program Evaluator and Certification	Web	Web (Black & White)	Word 2000
Scope of Work: Overview & Intervention Activities	Web	Web (Black & White)	Word 2000
Scope of Work: Overview & Evaluation Activities	Web	Web (Black & White)	Word 2000
Scope of Work: Narrative Summaries	Web	Web (Black & White)	Word 2000
Scope of Work: Deliverable Percentages	Web	Web (Black & White)	Word 2000
Scope of Work: Objective ID	Web	Web (Black & White)	Word 2000
Combined Scope of Work	Web	Web (Black & White)	Word 2000
CMU -- Scope of Work, Exhibit A	Web	Web (Black & White)	Word 2000
Budget Summary	Web	Web (Black & White)	Word 2000
Budget Justification	Web	Web (Black & White)	Word 2000
CMU -- Individual Budget Year 1	Web	Web (Black & White)	Word 2000
CMU -- Individual Budget Year 2	Web	Web (Black & White)	Word 2000
CMU -- Individual Budget Year 3	Web	Web (Black & White)	Word 2000
CMU -- Individual Budget Year 4	Web	Web (Black & White)	Word 2000
CMU -- Individual Budget Year 5	Web	Web (Black & White)	Word 2000
CMU -- Individual Budget Year 6	Web	Web (Black & White)	Word 2000
Additional Tobacco Control Funding	Web	Web (Black & White)	Word 2000
Project Abstract	Web	Web (Black & White)	Word 2000

Help Desk Support

- POC: Humberto Jurado
- humberto.jurado@cdph.ca.gov
- (916) 449-5474