Request for Applications #18-10122

Regional Rural Initiative to Reduce Tobacco-Related Disparities

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CALIFORNIA TOBACCO CONTROL PROGRAM

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Part I. Funding Opportunity Overview

A. Background and Authorizing Legislation

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

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

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

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

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

B. Funding Purpose

Collaboration and community engagement are important underpinnings of CDPH/CTCP and its *Initiative to Reduce Tobacco-Related Disparities* (*Initiative*). This Request for Application (RFA) seeks to fund up to five (5) Regional Rural Projects to reduce tobacco-related health disparities in rural communities through regional approaches focused on tobacco use prevention and reduction, collaboration, and community engagement.

This RFA is focused on efforts to prevent and reduce use of commercial tobacco products. The term "tobacco" used in this RFA refers to commercial tobacco products.

Regional Rural Initiative to Reduce Tobacco-Related Disparities projects (Regional Rural Projects) will implement and evaluate evidenced-based health promotion and health communication activities designed to: (1) reduce tobacco and nicotine use, tobacco-related disease rates, tobacco-related health disparities; and (2) develop a stronger evidence base of effective tobacco use prevention and reduction programs with the goal of reducing tobacco-related disparities among rural communities. Regional Rural Projects will be supported by one (1) *Statewide Coordinating Center for Rural Communities,* funded by *RFA #18-10123,* to foster collaboration and community engagement among the funded Regional Rural Projects.

The efforts of the Regional Rural Projects are expected to accelerate the adoption, implementation, and impact of policy, systems, and environmental change campaigns in rural communities by:

1. Facilitating productive cross-collaboration, communication, and coordination across CTCP-funded projects to leverage resources and prevent duplication of efforts;
2. Creating new cross-sector partnerships and strengthening existing networks of agencies and organizations to work on a shared agenda of tobacco use prevention and reduction;
3. Engaging in the collaborative efforts that contribute to and sustain California's broader tobacco control movement;
4. Implementing, supporting, and evaluating policy and systems change campaigns focused on tobacco use prevention and reduction within rural communities;
5. Mobilizing residents in rural communities to advocate on their own behalf for tobacco use prevention and reduction policy and systems changes;
6. Developing culturally responsive and language-specific educational materials for use in rural communities;
7. Participating in local educational summits and in-district Information & Education (I & E) outreach to policymakers in coordination with Local Lead Agencies (LLA) and other CTCP-funded projects; and
8. Participating in statewide evaluation of the *Initiative* and using project evaluation to improve and tailor *Initiative* activities.

Applicants are encouraged to link tobacco use prevention and reduction efforts to other community concerns and social determinants of health, which are associated with premature death and disease among the rural communities that are the focus of this RFA. Social determinants of health are those social conditions that shape the overall health of populations. Factors such as the availability of education; food; employment opportunities; and political, social, and economic forces that have an impact on the health of populations, communities, neighborhoods, and individuals. This may include, but is not limited to, collaborating with organizations and groups addressing nutrition, alcohol prevention, substance abuse prevention, healthy housing, affordable housing efforts, school dropout programs, living wage initiatives, the built environment, and crime prevention. However, applicants should remain cognizant that the use of Prop 56 funds and proposed objectives and activities in response to this RFA must be consistent with the authority provided by H&S Code Sections 104350-104445 and the RFA. See Appendix 1: *Examples of Using Grant Funds to Address Social Determinants of Health* for examples of ways in which grant funds may be used to address social determinants of health.

C. Funding Restrictions

This RFA will not fund the following:

- Activities that supplant or duplicate existing programs or services funded by CDPH/CTCP or another source;
- Objectives that solely focus on increased knowledge or awareness as outcomes;
- Objectives that address sponsorship inoculation policies, (e.g., adoption of non-acceptance of tobacco industry monies by organizations or events that have never or do not currently accept tobacco industry monies);
- Objectives that use voluntary policy approaches in the retail environment;
- Purchase or improvement of land, or building alterations, renovations or construction;
- Fundraising activities;
- Lobbying;
- Reimbursement in support of planning activities or preparation and submission of a grant application in response to the RFA;
- Reimbursement of costs incurred prior to the effective date of the Agreement;
- Reimbursement of costs currently covered by another CDPH contract or agreement;
- Reimbursement of costs that are not consistent or allowable according to local and state guidelines or regulations;
- Supplanting existing state or local funds used for tobacco use prevention and reduction efforts;
- Provision of direct medical care, including provision of cessation pharmacotherapy;
- Reimbursement of professional licensure;
- Reimbursement of malpractice insurance;

- Reimbursement to health care providers for the delivery of health care services;
- Support of religious activities, including, but not limited to, religious instruction, worship, prayer, or proselytizing; and
- Growing or cultivating traditional tobacco.

D. Public Health Significance of Tobacco Use

Tobacco Use and Disease

Tobacco use remains the number one cause of preventable death, disease, and disability in the United States (U.S.).[1] Forty percent of all cancer diagnoses in the nation are attributed to tobacco use[2,3] while smoking accounts for 85 percent of lung cancers,[4] 80 percent of chronic obstructive pulmonary disease, 30 percent of cardiovascular disease, and 30 percent of cancer deaths.[1] Each year, tobacco-related diseases account for approximately 15.4 percent or 40,000 of deaths in California.[5,6]

Direct health care costs attributed to tobacco use in California are $13.29 billion annually and of this, California taxpayers spend $3.58 billion dollars each year to treat cancer and other smoking-related diseases through Medi-Cal.[5] To put this in perspective, the fiscal year (FY) 2017/2018 budget for the CDPH was $3.2 billion.[7]

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

Tobacco Use and Priority Populations

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

Tobacco Use and Rural[i] Communities

Tobacco-related disease and health disparities are a significant problem among rural communities. Across the U.S., rural counties continue to have the highest adult smoking prevalence in comparison to large urban counties.[11] Tobacco product use among rural counties throughout lifetime (74.7%), in the past year

[i] Rural refers to non-metropolitan rural counties with less than 50,000 people (2013 National Center for Health Statistics' Urban-Rural Classification Scheme for Counties).

(38.2%), and the past month (35.0%) among persons aged twelve and older exceed rates within large metropolitan counties (63.4, 29.1, 23.7 percent, respectively) and small metropolitan counties (69.8, 33.8, 28.4 percent, respectively).[12] In California, the adult cigarette smoking prevalence rate amongst rural residents is 15.1 percent – representing a higher prevalence than that of urban residents (12.1%) and California overall (12.4%).[13]

Residents of rural communities are more likely to be lifetime and current smokers than those in urban areas, and smokers in rural communities tend to smoke more cigarettes per day than non-rural smokers.[14] Smokeless tobacco use is also especially higher among rural communities than urban, with males being far more likely than females to use smokeless tobacco.[14] Rural adolescents are disproportionately affected by tobacco use as evidenced by higher prevalence rates compared to non-rural adolescents.[14] As a result of high tobacco use rates and unique geographical characteristics, residents of rural communities are more vulnerable to tobacco-related diseases and disparities than their urban and suburban counterparts. Rural communities have 18–20% higher rates of lung cancer than urban dwellers as well as higher risk for heart disease resulting from smoking and secondhand smoke inhalation.[14,15]

For decades, public health professionals have dedicated considerable resources to curb the perpetuating cycle of tobacco industry influence, as well as the personal and social acceptance of smoking in rural communities where tobacco retailers tend to have the lowest prices and highest prevalence of tobacco promotions and advertising.[16] The tobacco industry has historically and disproportionately targeted youth and young adults in rural communities through tactics including presenting frontier life, country, and rugged individualism across images depicting figures of cowboys, farmers, and hunters; and through sponsorships of tobacco barns, rodeo, car racing, bull riding, and sporting events, that identify with cultural and societal traditions relatable to residents of rural communities.[17]

A significant proportion of rural communities are geographically isolated from one another by vast land areas leading to physical and social barriers that contribute to poor health outcomes. Such barriers include limited or reduced accessibility to tobacco cessation resources, primary health care, employment, disease prevention services, and public health media campaigns. Although there are alliances maintained among public health professionals within rural communities, there are few sustainable, regional, and statewide initiatives to facilitate collaborative tobacco control efforts among rural communities themselves.

Furthermore, rural communities are ethnically and linguistically diverse, resulting in a need for tailored strategies and collective approaches to policy, systems, and environmental changes in tobacco control. Such uniqueness of rural communities emphasize a gap for continuous coordination and collaboration among rural public health professionals, policymakers, and tobacco control projects throughout larger rural regions.

While there are challenges to tobacco control efforts in rural areas, there are also strengths. Policy work in rural areas is often facilitated by more direct access to policymakers through informal networking opportunities that occur at school events, the post office, and family celebrations such as weddings. Such informal networking often builds relationships and trust. Rural areas are often characterized by frontier attitudes, but these too can be a strength for tobacco control policy work. People in rural areas also take great pride in rural areas being great places to raise children. This belief, combined with a strong sense of home place means that people are willing to invest in and improve their communities to protect their children.[18]

Tobacco's Impact on Non-Users and the Environment

Tobacco's toll extends beyond the direct user: 1) SHS is a known health risk for non-smokers; 2) there is growing evidence of the toxicity of thirdhand smoke; and 3) research indicates that the production of tobacco products and discarded tobacco waste harm the environment. The *2006 Surgeon General's Report on the Health Consequences of Involuntary Exposure to Secondhand Smoke* concluded that there is no risk-free level of exposure to SHS.[19] Exposure to SHS has been linked to adverse health effects that harm fetuses, infants, children, and adults.[1] According to the *2006 Surgeon General's Report*, secondhand smoke is proven to cause lung cancer, heart disease, serious respiratory illnesses such as bronchitis and asthma, low birth weight, and sudden infant death syndrome.[19] In 2014, more than half of adult Californians reported recently being exposed to SHS, and of those, 12 percent noted their most recent exposure was at home or at work.[10] As with smoking, stark differences in exposure to SHS by demographics exist.[10]

A growing body of research suggests that thirdhand smoke, the tobacco smoke residue that remains in indoor environments after active smoking ceases, is a public health hazard distinct from SHS. Toxic chemicals from SHS become embedded in wallboard, carpeting, drapes, furniture, pets, and clothing. These materials serve as a reservoir of toxic chemicals that change over time from environmental conditions, making new and additional pollutants that are re-emitted from surfaces and inhaled or directly absorbed into the body through skin and ingestion routes.[20]

The public health impact of tobacco products extends beyond its direct impact on humans, through its negative impact on the environment. The World Health Organization's 2017 report, *Tobacco and its Environmental Impact: An Overview*, notes that healthy soil, an adequate supply of clean and fresh water, and clean air are among the basic necessities that enable humans to live, but these are adversely impacted by the tobacco industry through the cultivation, manufacturing, transport, use of the product, and as a result of discarded tobacco product waste.[21] The global impact of tobacco use includes agrochemical use, deforestation, carbon dioxide and methane emissions, secondhand and thirdhand smoke, and pollution of the soil and waterways, harming the planet's biodiversity.[21]

Ending the Tobacco Use Epidemic

In recent years, there has been an increased understanding and acknowledgement that the tobacco industry and their products are responsible for the tobacco epidemic. This recognition is facilitating a public health paradigm shift, moving the focus from "tobacco control" strategies, to "endgame" strategies.[22] Endgame strategies are those initiatives designed to change or permanently eliminate the structural, political, and social dynamics that sustain the tobacco epidemic, in order to end it within a specific time.[23]

In October 2016, the *New England Journal of Medicine* published an article by Dr. Michael Fiore that analyzed the rates of decline in adult smoking during the presidential administrations of Bill Clinton, George W. Bush, and Barack Obama.[24] Dr. Fiore noted that the fastest rate of decline in adult smoking was under the Obama presidency and attributed this to several policy changes, regulatory actions, and public health initiatives. These efforts included a $0.62 federal cigarette tax increase; the enactment of the 2009 Family Smoking Prevention and Tobacco Control Act; the launch of the Centers for Disease Control and Prevention's (CDC) *Tips* cessation mass media campaign; the Affordable Care Act (ACA) which required insurers to cover treatment of nicotine addiction with evidence-based interventions; and other measures which helped accelerate smoking cessation.[24]

Dr. Fiore projected that if the adult smoking rate continues to decline at the pace set during the Obama presidency, then smoking rates in the U.S. will reach zero by 2035[ii], noting that this is not an aspirational, but an achievable goal.[24] To this end, Dr. Fiore laid out public health policy and education initiatives that will accelerate progress to eliminate tobacco use. These include tobacco excise tax increases, SHS protections, mass media campaigns, interventions targeted towards priority populations, full implementation of the ACA's tobacco use cessation benefits, and raising the legal age of tobacco sales to 21.[24] With the infusion of Prop 56 funding for tobacco use prevention and cessation, California is well positioned to end the tobacco epidemic by 2035, if not sooner.

E. California Tobacco Control Program Goals

In consideration of: 1) the resources provided by Prop 56; 2) the paradigm shift from "tobacco control" to "endgame" strategies; and 3) a projection that it is possible to eliminate smoking by 2035 nationally, the goal of California's tobacco use prevention and reduction efforts is to end the tobacco epidemic for all population groups. CDPH/CTCP is guided by the principle of health equity, which is defined as "efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives" (H&S Code Section 131019.5). To achieve health equity, additional focus must be placed on engaging with priority population communities to address tobacco-related disparities. The framework for achieving this overarching goal of ending the tobacco epidemic continues to focus on changing the social

[ii] In the United States, cigarettes account for most of the combustible tobacco products sold. Sales of non-cigarette tobacco products have not decreased at the same rates.

norms surrounding tobacco use by "indirectly influencing current and potential future tobacco users by creating a social milieu and legal climate in which tobacco becomes less desirable, less acceptable, and less accessible.[25]" Sub-goals, referred to as priority areas, supporting the social norm change strategy are to:

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

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

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

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

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

A. Initiative Overview

Prop 56 requires that a minimum of 15 percent of funds be used to accelerate and monitor the rate of decline in tobacco-related disparities with a goal of eliminating tobacco-related disparities. To meet this mandate, CDPH/CTCP is leveraging and expanding its existing infrastructure (see Appendix 2: *Leveraging Existing California Tobacco Control Program Infrastructure*) and launching the *Initiative to Reduce Tobacco-Related Disparities* comprised of seven targeted smaller initiatives (see Appendix 3: *Initiative to Reduce Tobacco-Related Disparities*), including the *Regional Rural Initiative to Reduce Tobacco Related Disparities*. Efforts to leverage the current infrastructure include expanding:

- Statewide media reach to include multi-cultural English and non-English language campaigns;
- Capacity of the California Smokers' Helpline to serve more tobacco users;
- Surveillance systems to collect more robust data on priority population groups; and

- Training and technical assistance services to build the capacity of agencies, including during the grant application process, and to develop more educational materials and resources reflective of California's diverse populations.

The *Regional Initiative to Reduce Tobacco-Related Disparities* focuses on a subset of the priority populations groups identified in the *2018–2020 Tobacco Education and Research Oversight (TEROC) Committee's Master Plan, New Challenges, New Promises for All*.[26]

The TEROC priority population groups are listed below.

- African Americans, American Indian and Alaska Natives, Native Hawaiians and Pacific Islanders, Asian American men, and Latinos;
- People of low socioeconomic status (SES);
- People with limited education, including high school non-completers;
- Sexual and gender minorities, including lesbian, gay, bisexual, and transgender (LGBT) people;
- Rural residents;
- Current members of the military and veterans;
- Individuals employed in jobs or occupations not covered by smoke-free workplace laws;
- People with substance use disorders or behavioral health issues;
- People with disabilities; and
- School-age youth.

The *2018-2020 TEROC Master Plan* identifies more than a dozen priority populations groups and of these, there is considerable overlap among the groups. In order to create critical mass, CDPH/CTCP identified a subset of the TEROC priority population groups to be the focus of intense interventions in its *Initiative to Reduce Tobacco-Related Disparities.* The subset includes populations that:

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

B. Introduction: Statewide Coordinating Center and Regional Rural Initiative to Reduce Tobacco-Related Disparities

The *Regional Rural Initiative* makes funds available for rural population-specific tobacco use prevention and reduction campaigns in specific geographical regions of the state. Up to five (5) *Regional Rural Initiative* projects will be funded to implement,

support, and evaluate policy and systems change campaigns focused on tobacco use prevention and reduction within rural communities.

Additionally, one (1) *Statewide Coordinating Center for Rural Communities* will be funded under RFA #18-10123 to foster collaboration and community engagement among the regional projects in order to accelerate the adoption, implementation, and impact of policy and system change campaigns conducted by the *Regional Rural Initiative* projects. See Appendix 4: *Regional Project Site Selection and Funding Methodology* for more information.

The geographical regions identified in this RFA are historic groupings of counties established in 1992. The regions were originally based on California's 12 media markets. After extensive stakeholder input, 11 regions were created. These were named by stakeholders from each geographic area. For the purpose of this RFA, CDPH/CTCP analyzed the 11 regions and identified those where there was a substantial cluster of rural residents. See Table 1. *Eligible Regional Rural Initiative Regions*. Note: The bolded counties listed in Table 1 are to be the primary service delivery areas.

Table 1. Eligible Regional Rural Initiative Regions

Region/Rural Counties	Number of Awards Anticipated by Region	Maximum 12 Month Budget
1. **Central Valley** Fresno, Kern, **Kings, Madera, Mariposa, Merced, Tulare**	1	$423,146
2. **Gold Country** **Alpine, Amador, Calaveras, El Dorado, Inyo, Mono, Nevada,** Placer, Sacramento, San Joaquin, **Stanislaus, Sutter, Tuolumne,** Yolo	1	$428,378
3. **High Country** **Lassen, Modoc, Plumas, Sierra, Siskiyou, Trinity**	1	$269,888
4. **North Coast** **Del Norte, Humboldt, Lake, Mendocino,** Napa, Sonoma	1	$301,794
5. **North Valley** **Butte, Colusa, Glenn, Shasta, Tehama, Yuba**	1	$347,403
Total # of Regional Rural Initiative Projects	Up to 5	
Total # of Statewide Coordinating Center for Rural Communities	1	

C. Eligibility Criteria

1. **Organizational Type**
   a) California public or private non-profit entities are eligible to apply for these funds.
   b) Other eligible entities include, but are not limited to: local health departments, hospitals, community clinics, voluntary health organizations, colleges and universities, county offices of education, school districts, health maintenance organizations, professional health associations, and professional health education associations.
   c) Applicants claiming private non-profit status must submit proof of their non-profit status with their proposal. Either certification from the State of California, Office of Secretary of State, or a letter from the Department of Treasury, Internal Revenue Service (IRS) classifying the agency as a non-profit agency is acceptable proof. For examples, see Appendix 5: *Sample Non-Profit Status Letter*.
   d) State of California agencies other than state universities, colleges, and community colleges are not eligible.
   e) Non-Local Lead Agencies Applicants: May submit an application reflecting a consortium of up to three (3) agencies, including the prime Applicant. Each member of the consortium must be located and/or working in one or more of the counties within the region. Consortium partners do not need to be funded equally. If a consortium application is submitted, the lead organization must be the Applicant that will serve as the administrative hub for the consortium partners.
   f) LLA Applicants: Pursuant to H&S Code Section 104440, **Local Lead Agencies (LLAs) are ineligible for awards under the competitive grants program unless the Applicant is a participant within a consortium of community-based organizations or non-profit agencies**. If a consortium application includes a LLA, the LLA must be the Applicant agency and serve as the administrative hub for the consortium partners. Consortium partners do not need to be funded equally. A LLA consortium applicant should include no more than two additional partners. **In a LLA consortium application, the LLA may not be the recipient of more than one-third of the budget request**.

2. **Agency Qualifications**
   Applicant agencies must have, at a minimum:
   a) An office that has been physically located, for at least three (3) years, in the geographical region proposed to be served.
   b) Three (3) years of experience working with rural communities.
   c) Three (3) years of experience developing community linkages, participating in and maintaining stakeholder groups.
   d) Demonstration of a strong record of accomplishment in public health policy or system change in the past two (2) years.

e) Two (2) years of experience in program monitoring, including data collection and reporting of performance measures.
f) Staff, consultants, or subcontractors whose experience and training are well suited to the purpose and activities of the *Regional Rural Initiative.*

3. **Submission of Multiple Applications**
   a) An agency applying in response to RFA #18-10122 may also submit an application for *the Statewide Coordinating Center for Rural Communities* in response to RFA #18-10123.
   b) Applicants may submit multiple applications for different regions. See Table 1. *Eligible Regional Rural Initiative Regions*.

4. **Certify No Tobacco Industry Conflict**
   To avoid any real or apparent tobacco industry-related conflict of interest on the part of the proposed Awardee or any of its proposed subcontractors, employees, officers, and directors of the Applicant or its proposed subcontractors, Applicant certification to this effect is required (see Appendix 6: *Certification of Non-Acceptance of Tobacco Funds*).

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

D. Agreement Term and Funding Availability

1. **Funding Term**
   a) The term of the Agreement is expected to be 60 months and is anticipated to be ~~March 1, 2019 – February 29, 2024~~ **April 1, 2019 – March 31, 2024**. The Agreement term may change if CDPH/CTCP makes the award earlier than expected or if CDPH/CTCP cannot execute the Agreement in a timely manner due to unforeseen delays.
   b) The resulting Agreement will be of no force or effect until it is signed by both parties and approved by CDPH. The Awardee is cautioned not to commence performance until all approvals are obtained. Should performance commence before all approvals are obtained, said services may be considered to have been volunteered without State reimbursement.
   c) CDPH/CTCP reserves the right to modify the term of the resulting Agreement via a formal amendment process to modify the Scope of Work (SOW) or budget based on changes in a rapidly evolving tobacco control environment.

2. **Funding Amount**
   The maximum amount to be distributed among the Awardees is anticipated to be $8,853,045 for 60 months (see Appendix 7: *Maximum Annual Funding per Rural Region for FY 18/19 – FY 23/24*). FY 18/19 and FY 23/24 reflect a prorated budget based on the number of months of those funding years. CDPH/CTCP reserves the right to initiate amendments as necessary to redistribute funds between FYs to meet the needs of the State. The Awardee should not anticipate that unspent funds will be rolled forward from one fiscal year to the next.

3. **Funding Augment**
   a) At its sole discretion, CDPH shall have the option to provide additional funding to a project, beginning in FY 18/19, not to exceed ten (10) percent of the grant amount, per FY. This funding may only be used to augment the scope of the Project set forth in Exhibit A, Attachment 1, of the grant award, and in no case shall materially alter the SOW. No amendment or variation of the terms of this Grant shall be valid unless made in writing, signed by the parties, and approved as required.
   b) Additional funding is contingent upon available revenues, and appropriations by the Legislature and the Governor. CDPH/CTCP reserves the right to modify additional work with the successful applicant that is consistent with the work components identified in Part III. Program Requirements, should additional funding become available.
   c) If the decline in Prop 56 revenue is greater than projected by CDPH/CTCP, necessitating a reduction in grant awards, all grants will be equally reduced by a proportional amount (e.g., 10 percent across all grants), except in the case where an Awardee has two or more disapproved progress reports. In that case, a grant may be terminated in lieu of a percentage reduction.

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

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

E. Timeline and Award Schedule

Key dates are presented in Table 2. *Tentative RFA Timeline and Award Schedule*. CDPH/CTCP reserves the right to adjust any date and/or time as necessary. Date and time adjustments will be posted to the CDPH/CTCP Tobacco Control Funding Opportunities and Resources (TCFOR) website.

Table 2. Tentative RFA Timeline and Award Schedule

Key Action	Date and Times All times in Pacific Time (PT)
RFA Release Date	June 28, 2018
OTIS Open for Application Input	June 28, 2018
Informational Webinars (2) *RFA 18-10122* *Regional Rural Initiative* *RFA 18-10123* *Statewide Coordinating Center for Rural Communities*	 July 11, 2018 11:00 a.m. July 11, 2018 1:00 p.m.
Mandatory Letter of Intent Due Date	~~July 13~~ **August 10, 2018** 5:00 p.m.
Last Day to Submit Written Questions	~~July 16~~, **August 13 2018** 5:00 p.m.
Responses to Written Questions Posted	~~July 23, 2018~~ **August 20, 2018**
Applications Due	~~August 15~~ **September 17, 2018** 5:00 p.m.
Awards Posted on TCFOR	~~October 3~~ **November 5, 2018**
Intent to Appeal Letter Due	~~October 10~~ **November 13, 2018** 5:00 p.m.
Final Announcement of Awards	~~November 2~~ **December 3, 2018**[iii]
Grant Modification Period Ends	~~December 14, 2018~~ **January 15, 2019**
Submit Finalized Grant Documents to CDPH Contracts Management Unit	~~February 19,~~ **March 15, 2019**
Grant Start Date	~~March 1~~ **April 1, 2019**
Grant End Date	~~February 29~~ **March 31, 2024**

[iii] Final Award cannot be made until all appeals have been resolved.

F. Applicant Questions and Reporting of Errors in the RFA

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

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

1. **How to Submit Questions or Report an Error in this RFA**
   a) Submit questions or errors by email (CTCPInbox@cdph.ca.gov) by the dates specified in Table 2 with the subject line "CTCP RFA #18-10122." Verbal questions will not be accepted.
   b) CDPH/CTCP will send an email to confirm receipt of questions. If confirmation is not received, Applicants may resubmit or call (916) 449-5500 prior to the stated deadline to confirm receipt of the questions by CDPH/CTCP.
   c) Errors in the RFA or its instructions may be reported up to the application submission due date.

2. **What to Include in an Inquiry**
   a) Name of inquirer, name of the organization represented, mailing address, area code and telephone number, and email address.
   b) A description of the subject, concern, or issue in question or RFA discrepancy found.
   c) RFA section, page number and other information useful in identifying the specific problem, concern, or issue in question.
   d) Proposed remedy sought or suggested, if any.

3. **Response by CDPH/CTCP**
   a) CDPH/CTCP reserves the right to seek clarification of any inquiry received and to answer only questions considered relevant to this RFA. At its discretion, CDPH/CTCP may consolidate and/or paraphrase similar or related inquiries.
   b) Questions and answers received through the process outlined will be published on the TCFOR website on the date identified in Table 2.
   c) CDPH/CTCP may issue an addendum to address errors in the RFA until the application submission deadline. These will be posted on the TCFOR website.

Part III. Program Requirements

A. Scope of Work – Intervention Plan

The most competitive applications will be those that meet the following requirements:

1. Culturally Responsive SOW Requirement: Demonstrate a SOW that is culturally responsive and specific to rural communities.

2. Policy, Systems, and Environmental Change Requirement: Demonstrate a five-year SOW that is consistent with the purpose of the RFA and includes objectives and activities that will accelerate the adoption, implementation, and impact of policy, systems, and environmental change efforts conducted.

3. Objectives Requirement: Include a minimum of three (3) Indicator and Asset-based objectives based on the list provided in Appendix 8: *2016 Communities of Excellence Indicators and Assets List*. Applicants are required to select one (1) objective identified in Table 3. *Tobacco-Related Disparities Indicators*. No more than one (1) objective may be based on an Asset and the majority of effort and percent deliverables should be directed toward Indicator-based objectives. The SOW must identify a minimum of five (5) jurisdictions that the Applicant will work in to demonstrate that the plan employs a regional approach. Each objective is expected to be specific, measurable, attainable, reasonable, and timely (i.e., SMART), and describe the expected outcome of activities.

Table 3. Tobacco-Related Disparities Indicators

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

Health Equity Policy Focus	Communities of Excellence Indicator
	premium cigars, little cigars, cigarillos, hookah tobacco, e-cigarettes, e-hookah, wrappers).
3. Establish a Minimum Floor Price on Tobacco Products	**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
4. Establish Smoke-free Health Care and Behavioral Health Campuses	**2.2.10 Smoke-free Health Care Campuses:** The number of jurisdictions with a policy prohibiting smoking indoors and outdoors, at all times, on the premises of licensed health care and/or assisted living facilities at all times, (e.g., hospitals, other acute health care facilities, drug and rehab facilities, mental health facilities, adult daycare or residential facilities, social rehabilitation facilities, adult group homes, assisted living facilities, skilled nursing facilities, doctors' offices). **4.2.4 Behavioral Health Cessation Treatment Programs:** The number of alcohol and drug treatment programs, mental health treatment programs, migrant clinics, and other health or social service agencies that have systematically implemented evidence-based tobacco cessation treatment, consistent with the U.S. Public Health Service Clinical Practice Guidelines, Treating Tobacco Use and Dependence (2015 Update).
5. Establish Smoke-free Community Colleges, Technical Schools, and Trade School Campuses	**2.2.9 Smoke-free Outdoor Non-recreational Public Areas:** The number of jurisdictions with a policy prohibiting smoking on the premise of outdoor non-recreational public areas (e.g., walkways, streets, plazas, college/trade school campuses, shopping centers, transit stops, farmers' markets, swap meets).
6. Establish Smoke-free Home Policies and Multi-Unit Housing	**2.2.13 Smoke-free Multi-Unit Housing**: The number of jurisdictions with a policy prohibiting smoking in the individual units of multi-unit housing, including balconies and patios.
7. Identify and Treat Tobacco Users, particularly Medi-Cal	**4.1.4 Cessation Assessment and Referral Systems**: The extent to which health care, social service, housing and education agencies systematically refer patients and clients to

Health Equity Policy Focus	Communities of Excellence Indicator
Beneficiaries and the Uninsured	accessible, evidence-based tobacco cessation programs such as the California Smokers' Helpline.

4. *Regional Rural Initiative* Required Activities: Submit an Application that address the required activities identified in Table 4. *Required Regional Rural Initiative Scope of Work Activities* or activities that are similar in scope to the required activities.

Table 4. Regional Rural Initiative Required Scope of Work Activities

Intervention Category	***Required Scope of Work Activities***
Collaboration/Coordination	• Regularly contact CTCP-funded Statewide Projects, such as (insert agency names) to obtain information and technical assistance regarding (*insert topics*). • Attend (*insert # - #)* LLA (e.g. *insert county names)* tobacco coalition meetings per year in order to share information and project updates, participate in coalition events, and support tobacco control efforts throughout the (*insert region*) Region. • Regularly participate in conference calls, webinars, and trainings regarding (*insert topic areas*) hosted by CTCP and (*name other organizations, e.g., California Youth Advocacy Network, Americans' for Nonsmokers Rights*). • Support regional Local Lead Agency (LLA) activities to support the Healthy Stores for a Healthy Community (HSHC) campaign, including recruiting (*insert # - #)* volunteers, and participating in data collection, media events, and other educational activities in the *(insert region*) Region. • Weekly, log onto Partners to identify upcoming trainings, new information, and advocacy campaign tools. Monthly, contribute a minimum of one (1) post to InfoHub to share information and foster a learning and networking environment. Annually, write a minimum of one (1)

Intervention Category	***Required Scope of Work Activities***
	Spotlight On post including significant steps taken, milestones achieved, and barriers encountered at the completion of the campaign. • In collaboration with the coalition, hold one (1) meeting 1-2 hours in length to complete the Communications Plan template which will identify communications objectives, target audiences, locations, messages, the communications tactics—paid advertising, earned media and social media, and key metrics for the objective that utilize media. Update annually and submit to the CTCP's Media Unit via Partners in addition to the July-December progress report. • Regularly utilize and refer public health stakeholders to Tobacco-Free California online resources such as the Story of Inequity, Healthy Stores for a Healthy Community, and Flavors Hook Kids websites. • Participate in the statewide evaluation of the *Initiative to Reduce Tobacco Disparities.* This may include participating in written surveys, Key Informant Interviews, focus groups, and submitting the SOW progress reports, tracking measures, and evaluation reports to the external CDPH/CTCP evaluator for review. • Attend 4-5 Statewide Coordinating Center Coordination/Collaboration Meetings per year with fellow *Regional Rural Initiative* grantees in order to share information and project updates, and coordinate tobacco control efforts in rural communities throughout the state.
Policy Activity	• Participate in the annual in-district Information & Education Days (I&E) and annual educational summit(s), to be hosted by the Statewide Coordinating Center, in order to educate key stakeholders, community champions,

Intervention Category	***Required Scope of Work Activities***
	and policymakers about tobacco use prevention and reduction issues of concern in the *(insert region*) Region. • Participate in the biannual I&E Days at the State Capitol to educate policymakers about key tobacco control issues and visit key state elected officials in their District Offices and distribute local information regarding tobacco control issues that impact rural communities. • Conduct one strategic planning session(s) for each jurisdiction the project is considering policy within, with community partners and stakeholders for 2-4 hours, to complete the Midwest Academy Strategy Chart (MASC), which will identify short, intermediate, and long-term goals, organizational considerations, constituents, allies, opponents, targets, and tactics to create a plan for (*insert goal/objective*). Consult with the Center for Tobacco Policy and Organizing to prepare for and/or facilitate the strategic planning session(s). Update each MASC regularly throughout each policy campaign to adapt to new targets and tactics as they are revealed. Activity will be conducted within the first six (6) months of the March-December reporting period.
Educational Materials Development	• Develop/customize (*insert # range*) of (*insert material topic and item*) that will be disseminated through/to/at (*insert name of location or even*t) that can be (printed and/or downloaded). Target audiences will include (*insert names of target audience*). Develop in consultation with statewide grantees to adapt existing materials or develop new materials as appropriate. Review the materials for cultural responsiveness and language appropriateness with (*insert # range*) residents of rural communities. Once completed, market materials to

Intervention Category	***Required Scope of Work Activities***
	appropriate audiences to facilitate distribution. Consumer testing of materials is described in the Evaluation Plan. Submit material(s) to Tobacco Education Clearinghouse of California (TECC) Material Submission page upon completion.

5. Coordination/Collaboration with CTCP-Funded Projects Requirement: Coordination/collaboration with other local and statewide tobacco control partners such as LLAs, CTCP Competitive Grantees, California Smokers' Helpline (CSH), The Center for Tobacco Cessation, The Center for Tobacco Policy and Organizing (The Center), ChangeLab Solutions, California Youth Advocacy Network (CYAN), Tobacco Control Evaluation Center (TCEC), Rover Library, The LOOP, Smoking Cessation Leadership Center, CA Quits, Tobacco Education Clearinghouse of California (TECC), and the *Regional Rural Initiative* projects to be funded under RFA # 18-10122. See Appendix 9: *List of CTCP Local Lead Agencies* and Appendix 10: *CTCP-Funded Statewide Training and Technical Assistance Providers.*

6. Comprehensive Road Map Requirement: Provide a comprehensive and detailed "road map" (i.e. SOW) for the grant project that describes what will be done, how much will be done, where activities will occur, methods used, when activities will occur, responsible parties, and tracking measures that will verify completion of activities.

7. Local Lead Agency Participation Requirement: Indicate that at least one project staff member will regularly participate in at least one LLA coalition, preferably within the local health jurisdiction where the Applicant's primary office is located. The Applicant will communicate regularly with LLAs to avoid duplication of efforts and participate in LLA tobacco control coalitions as time and logistics permit. See Table 4*. Required Regional Rural Initiative Scope of Work Activities* language.

8. Capitol I&E Day Participation: Indicate that at least one grantee staff member will participate in I&E Day (Sacramento, CA), which is conducted biennially and planned for Spring 2019, Spring 2021 and Spring 2023. During I&E Day, Prop 56-funded grantee staff meet with elected officials to educate them about the burden of tobacco in their communities. See Table 4*. Required Regional Rural Initiative Scope of Work Activities* language.

9. Integrated Approaches to Tobacco Control Requirement: The Applicant will partner with other agencies (e.g., public health, social service, employment, housing, etc.) to facilitate an integrated approach to tobacco control efforts which may include joint trainings, participation in evaluation and surveillance

(e.g., store surveys, Key Informant Interviews, Public Intercept Surveys), and cross-participation in community coalitions.

10. Media Requirements:

    a) Communication Plan: Applicants are required to include an activity to create a Communication Plan for each objective that includes any paid media activities using a template provided by CTCP. (See OTIS Wizard Activity.) The Communication Plan must be submitted within the first six (6) months of the project through the OTIS progress report system and must be updated annually. The CTCP Media & Communications Section will review the Communications Plan and provide technical assistance as requested.

    b) Media Tracking Form: Applicants budgeting for paid media are required to submit the Media Tracking Form with their progress reports. This CTCP form documents placement of paid media and social media and is to be submitted as a tracking measure as part of the Media Record evaluation activity.

    c) Advertisement (ad) Testing Requirements: If an objective includes an activity to develop new advertising, the Applicant is required to include an evaluation activity to test the ads with consumers through focus groups, online surveys, or other means to ensure that the message is understood, appropriate for the intended audience, and impactful with the target audience.

11. Education Materials Requirement: As materials are developed, the Applicant will submit educational materials developed under the funded project along with consumer testing results to TECC through the TECC website. The TECC website also includes the ability for users to download a print-ready version of the material (at no cost) and can print educational materials for users either through in-house or an external print vendor. CTCP recommends that the Applicant budget accordingly to meet the demands of printing either in-house or through an external print vendor. See Appendix 11: *Tobacco Education Clearinghouse of California (TECC): Available Educational Materials*.

12. Statewide Evaluation Participation Requirement: The SOW must include an intervention activity to participate in a statewide evaluation that will include examining the efforts of the *Initiative to Reduce Tobacco-Related Disparities.* CDPH/CTCP will fund an external agency to conduct this evaluation. The evaluation will assess: the strength of the SOW and its implementation; changes in readiness for rural communities to address tobacco control policy and system changes; changes in the capacity of funded agencies to address tobacco control policy and system changes; the quality, strength, and diversity of partnerships on tobacco control policy and system change efforts;

the extent that the Statewide Coordinating Centers accessed training and technical assistance services and collaborative learning opportunities funded by CDPH/CTCP; and the quality and strength of collaboration with LLAs and other funded CDPH/CTCP partners.

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

During the five-year project term, it is anticipated that the evaluation activities will include: a) a minimum of one written survey annually; b) two to three waves of Key Informant Interviews with a minimum of five stakeholders; c) one to two waves of focus groups; d) a review of the SOW, progress reports, tracking measures and evaluation reports submitted by rural-serving projects; and e) use of other outcome-related data sets such as the Policy Evaluations Tracking System, CSH data, etc. See Table 4. *Required Regional Rural Initiative Scope of Work Activities* language.

B. Scope of Work – Evaluation Plan

1. Deliverable Allocation Requirement: Allocate a minimum of 10 percent of the total deliverables towards evaluation activities.

2. Qualified Evaluator Provides at Least Four Hours of Consultation Requirement: An evaluation plan must be included for each objective and reflect that a qualified Plan Evaluator provided at least four hours (in total) of consultation on the development of the SOW.

3. Primary and Non-Primary Objective Requirement: Designate at least one objective as the "primary objective." A primary objective is one that requires an in-depth evaluation plan in consultation with a qualified evaluator. Evaluation of the primary objective provides valuable knowledge and identifies replicable interventions and strategies to improve future interventions aimed at reducing tobacco-related disparities. A Final Evaluation Report (FER) is required for each primary objective that thoroughly describes the intervention, evaluation design, and outcomes. Non-primary objectives must include submission of a Brief Evaluation Report (BER). Interim Reports are required if the project is working within more than one jurisdiction on a policy-based indicator. See Appendix 12: *Tell Your Story: Guidelines for Preparing Useful Evaluation Reports* for information regarding the preparation of Final, Brief, and Interim Evaluation Reports.

4. Process and Outcome Data Collection Requirement: Appropriate process and outcome data collection strategies must be included to improve the Applicant's activities and measure their outcome and/or impact.

C. Budget and Budget Justification

1. Applicants are required to include the following positions in Table 5. *Required Staffing and Minimum Duties* in the budget and budget justification. Please note an individual staff person funded by CTCP, on one project or on multiple projects, may **not** work more than 1.0 full-time equivalent (FTE) in combined total, without prior written CTCP approval from the Program Consultant and Procurement Manager. For example, consideration of an individual staff person being budgeted at greater than 1.0 FTE may be granted in cases where work is not being accomplished due to a large number of vacancies or an extended absence of a key staff member due to sick leave or maternity leave.

   a) Full Time Project Director/Coordinator Requirement: Designate a full-time (100 percent FTE) **Project Director or Project Coordinator** for the project. This position must be listed as the Primary Tobacco Contact in OTIS, act as the primary day-to-day point of contact for CTCP communication to the project, and regularly access OTIS and Partners. This position is responsible for overall and day-to-day management related to implementing and evaluating the Scope of Work; preparing or overseeing the preparation of the Plan, Budget, progress reports, cost reports; and maintenance of required documents for auditing purposes.

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

   b) Project Evaluator Requirement: Designates a qualified **Project Evaluator** who is responsible for conducting technical aspects of the evaluation including the design, sampling, training of data collectors, data analysis, and summarizing evaluation results. The Project Evaluator must be budgeted for a minimum of a 10 percent full-time position (See Table 5. *Required Staffing and Minimum Duties* for a description of the minimum qualifications for Plan Evaluator.

[iv] In OTIS you will see the terms "Plan Evaluator" and "Project Evaluator." The Plan Evaluator is the individual who provides assistance during the development of the initial scope of the work. The Project Evaluator is the individual who provides ongoing assistance to the funded project. The Plan and Project Evaluator may be the same person; however, sometimes agencies will identify a different individual to be the ongoing Project Evaluator.

c) Community Engagement Coordinator Requirement: Designate a **Community Engagement Coordinator** to devote a minimum of 50 percent of their full time position (equivalent to 20 hours per week) to broaden engagement in tobacco control efforts within the region, including planning and implementing required meetings and trainings, coordination with LLAs, and regular consultation with Coordinating Centers and statewide training and technical assistance providers.

Table 5. Required Staffing and Minimum Duties

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

Staffing	Position	Responsibilities
		• Have intermediate or higher proficiency in evaluating behavior change, policy, or media interventions; • At least two intermediate courses in statistics; and • Have intermediate or higher expertise in using statistical software packages to analyze and interpret quantitative data.
Required: 50 percent FTE	Community Engagement Coordinator	This position works to broaden community engagement in tobacco control efforts, coordinates with LLAs, and seeks regular consultation with statewide partners to increase coordination and training in the region and implements efforts to ensure and track diversity, engagement, and satisfaction among community members through such activities as tracking the quantity and types of activities in which community members were engaged.

2. Applicants are required to budget for the trainings listed below.

   a) CTCP Travel and Training Requirement: A minimum of one (1) participant for the required Travel/Training noted in Table 6. *Required CTCP Travel/Trainings*.

   b) Minimum Coordination/Collaboration Travel Requirement: Annually budget for 4-5 Statewide Coordinating Center coordination/collaboration meetings, organized and sponsored by the Coordinating Center as noted in Table 6. *Required CTCP Travel/Trainings.*

Table 6. Required CTCP Travel/Trainings

CTCP Travel/ Training	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24
Tobacco-Free California Projects Meeting		**1**		**1**		**1**
Capitol Information & Education Day (Sacramento, CA)	**1**		**1**		**1**	
Statewide Coordinating Center Coordination/Collaboration Meetings	**2-3**	**4-5**	**4-5**	**4-5**	**4-5**	**4-5**

Part IV. Application Submission Process

A. Mandatory Non-Binding Letter of Intent

1. **Letter of Intent Requirement**
   Any entity intending to submit an application is required to submit a Letter of Intent (LOI) notifying CDPH/CTCP of its intent to submit an application. Those who do not submit a LOI will not be allowed to submit an application. The LOI is not binding and those submitting a LOI are not obligated to submit an application.

2. **Submitting a Letter of Intent**
   One signed LOI must be uploaded to the TCFOR website by the date and time identified in Table 2. *Tentative RFA Timeline and Award Schedule*. A letter submitted past the deadline will not be considered. It is strongly advised that applicants submit their LOI prior to the due date in case technical difficulties are encountered. The electronic time stamp will be used to verify on-time submission. Technical difficulties will not relieve the applicant of meeting the submission deadline. The LOI will NOT be accepted via email, fax, or mail.

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

   The LOI must:

   - Be on the Applicant agency's letterhead and signed by an authorized agency signatory or their official agent;
   - State the name and number of the RFA under which the application will be submitted (i.e., Request for Application #18-10122);
   - State the Applicants' history of working (and/or relationship) with rural communities;
   - State the estimated budget request; and
   - Include a short description of the proposed project.

   Prepare the letter using word processing software and save the document to your computer as a Microsoft Word formatted document or PDF. To upload the LOI, refer to the training courses on the TCFOR website (*click 'Funding Opportunities' and 'Training Tutorials' for user instructions)*. For existing OTIS account users, view the training video "TCFOR Process for OTIS Account Users" and the "TCFOR Process for OTIS Account Users Checklist" for additional information. For Applicants without an OTIS account, view the training video "TCFOR Process for New Applicants" and the "TCFOR Process for New Applicants Checklist" for more information. Once the Applicant creates a "User Account" and "Request to Apply" for the funding opportunity, a LOI can be uploaded. For technical assistance with uploading the LOI, call Humberto Jurado

at (916) 449-5474. Please do not wait until 4:00 p.m. or later on the submission due date to seek assistance as he may be helping others.

B. Informational Webinar

One (1) optional Online GoToTraining© Informational Webinar is scheduled in order to provide interested parties with an opportunity to ask questions about the preparation and submission of the application. Refer to Table 2. *Tentative RFA Timeline and Award Schedule* for the Informational Webinar date and time. Those intending to submit an application are strongly encouraged to participate in the Informational Webinar and present questions. Questions must be submitted in writing to CTCPInbox@cdph.ca.gov by the date and time identified in Table 2, or via the chatbox during the webinar. Responses to written questions submitted prior to and during the webinar (through the chatbox) will be answered as time allows following the RFA overview presentation. Written responses to all questions submitted by the deadline will be posted on TCFOR by the date and time identified in Table 2. The Informational Webinar access codes are posted at the TCFOR website.

C. Application Technical Assistance Resources

CDPH/CTCP funds several statewide projects that provide training and technical assistance. The projects listed in Appendix 10: *CTCP-Funded Statewide Training and Technical Assistance Providers* are funded to provide assistance to any agency developing an application in response to this RFA.

D. Application Submission

Applications are to be submitted through OTIS no later than the date/time listed in Table 2. *Tentative RFA Timeline and Award Schedule*. Submission before the deadline date is advised in case you experience technical difficulties with submitting your application through OTIS. The OTIS electronic time stamp will be used to verify on-time submission. Technical difficulties will not relieve the applicant of meeting the submission deadline. Please be aware that OTIS includes an electronic submission check system that will prevent submission of application that does not meet minimum submission requirements. CTCP may not be able to respond to your requests for help on the deadline date.

For technical assistance regarding the use of the TCFOR or OTIS websites contact: Humberto Jurado at (916) 449-5474. Please do not wait until 4:00 p.m. or later on the submission due date to seek assistance, as he may be helping others.

Part V. Application Submission Process

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

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

2. **What help is available for using OTIS?**
   a) User Account Instructions: For guidance on how to submit an "Applicant Registration" form and LOI, and create an OTIS "User Account," see the *Application Registration Instructions* found on the TCFOR Overview webpage.
   b) Webinar Training: The Informational Webinars will review the requirements of this RFA; provide information on requesting a "User Account," and how to use OTIS.
   c) Web-based Tutorial: OTIS includes a web-based training tutorial entitled, *Creating Your Application/Plan*. This training explains how to use the system and instructions for completing each of the application components. See Appendix 13: *Instructions for Accessing the OTIS Applicant Training Course: Creating Your Application/Plan.*
   d) OTIS Page Guides: While working in a plan or application; located on the top right corner is the Page Guide button in red. The OTIS Page Guides provides User Manuals, Training Videos, and downloadable PDFs clarifying how to complete requested information. Page Guides offer quick-access information to aid in completing a task without leaving the page you are working on.
   e) OTIS Wizards: OTIS wizards are available for objectives, intervention, evaluation, and budget activities. These are pre-written items that are common to many applications; they can be inserted into the SOW and tailored to the Applicant's project. When creating activities, click on the "Use OTIS Wizard" text to bring up these options. Refer to Appendix 14: *OTIS Activity Wizards List* for example OTIS Wizards.
   f) Telephone Assistance: Call Humberto Jurado at (916) 449-5474.

B. OTIS Application Instructions: Contact Information

COMPLETE THE CONTACT INFORMATION

The purpose of this section is to collect information about the Applicant, the geographic service area of the proposed project, proposed Project Director, agency fiscal contacts, and the Official Agency Signatory. Input the requested information into the Contact Information section in OTIS. (Note: The Project Name that is provided in the Application cannot be changed once the Application is submitted.)

1. My Agency: Provide the Applicant's name, phone and fax numbers, physical and mailing addresses, Federal Employer Identification Number, and the health jurisdiction in which the Applicant is located. The 58 counties and 3 cities of Berkeley, Long Beach, and Pasadena are designated as health jurisdictions.

2. Contact Information: Provide specific contact information for the: Project Director, Primary Tobacco Contact, Agency Fiscal Officer, Day-to-Day Fiscal Contact, and Official Agency Signatory.

C. OTIS Application Instructions: Applicant Capability

APPLICANT CAPABILITY

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

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

   b) Demonstrated Access and Work with Rural Communities:
   Describe: 1) the length of time the Applicant has served or worked with rural communities or organizations on culturally responsive interventions in the community (e.g., health, employment, education, housing, social justice, etc.); 2) a strong relationship with rural residents in the region as evidenced by past and current access and two (2) tangible outcomes of this work; 3) partnerships with non-traditional groups (e.g., arts and culture, housing,

environment, community development, transportation, law enforcement, business, substance abuse and mental health treatment, employment, living wage, faith based, youth development) and two (2) outcomes of this work.

c) Record of Accomplishment in Public Health Policy, Systems and Environmental Change: Describe: 1) the Applicant's record of accomplishment in the field of public health in the areas of policy, systems, and environmental change that contributed to tangible and meaningful change in the community (e.g., voluntary, legislated, policy or system, change); 2) two (2) examples that illustrate public health policy, systems, and environmental change interventions that the Applicant led or participated in as a partner and the outcome of these efforts; 3) one (1) example of public health policy, systems, and environmental change work accomplished in the field of tobacco control, if applicable; and 4) the Applicant's record of program monitoring, including data collection, and reporting of performance measures.

d) Program Staffing: Describe: 1) the formal educational background; 2) professional experience, including the length of time worked on projects to create policy, system, or environmental changes; and 3) qualifications of the staff and subcontractors (including plan evaluators) or proposed staff. This description should show that the staff and subcontractors (if applicable) have the necessary qualifications and experience to conduct a project designed to successfully implement and evaluate policy, system, or environmental change strategies and complete the proposed SOW activities.

2. **Organizational Start Up and Equipment:**

a) Organizational Start Up: Describe the Applicant's primary physical office space and location for the proposed project, length of time the Applicant's primary physical office space has been located in California, the Applicant's capability to travel throughout geographically isolated rural areas, capability and resources to start up and begin implementation of activities within six (6) 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 Time (PT).

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

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

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

to the Internet. (e.g., hard drive encryption and antiviral software, computer software, etc.).

iii. Approximately when the computer equipment was purchased.

3. **Administrative/Fiscal Experience and Audit History:**

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

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

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

d) Tax Debtor List Requirements: All Applicants 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 an application, 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 Applicant is not on that list. **Follow the instructions in the Additional Documents section of this RFA for required documentation.**

4. **Letters of Reference:**

Applicants must solicit, scan, and upload three (3) letters of reference from three (3) separate entities into OTIS. Letters of reference must be addressed to the

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

- The address, telephone number, e-mail, name, and title of the letter's author.
- A description of the capacity in which the reference provider worked with the Applicant.
- A description of the Applicant's ability to:
    - Build and maintain collaborative partnerships with traditional and non-traditional community partners;
    - Provide interventions and activities that are culturally appropriate and responsive to the unique social conditions and identified barriers that characterize rural communities;
    - Fulfill the fiduciary and grants management functions; and
    - Establish and maintain positive collaborative relationships with CDPH/CTCP statewide funded projects, LLAs, CTCP-funded community-based organizations, and new collaborative partnerships.

D. OTIS Application Instructions: Evaluator Information

EVALUATOR INFORMATION

1. Select the Plan Evaluator[v]. See the OTIS web-based training unit: *Creating Your Application/Plan;* module: *Evaluator Information* for instructions on how to invite, identify, and select the Plan Evaluator (see Appendix 13: *Instructions for Accessing the OTIS Applicant Training Course: Creating Your Application/Plan,* for access instructions).
2. After the Plan Evaluator is selected, this individual must complete and independently submit through OTIS the "Certification of the Evaluator's Role in Preparing the SOW." See the OTIS web-based training unit: *Creating Your Application/Plan;* module: *Evaluator Information* for instructions on how to manage the certification. **Note: Please be sure that the Plan Evaluator is aware of this certification submission requirement. Technical difficulties will not relieve the applicant of meeting the submission deadline.**
   Applicants must demonstrate the engagement of a qualified Plan Evaluator in the Application who has:
    - Completed at least one (1) course in study design or at least one (1) year of experience determining the study design for an evaluation, one (1) course in program evaluation or one (1) year of planning and

[v] In OTIS you will see the terms "Plan Evaluator" and "Project Evaluator." The Plan Evaluator is the individual who provides assistance during the development of the initial scope of the work. The Project Evaluator is the individual who provides ongoing assistance to the funded project. The Plan and Project Evaluator may be the same person; however, sometimes agencies will identify a different individual to be the ongoing Project Evaluator.

implementing a program evaluation, and at least two (2) intermediate courses in statistics;

- Demonstrates intermediate or higher proficiency in calculating sample size, developing a sampling scheme, determining appropriate data collection methods;
- Demonstrates intermediate or higher proficiency in evaluating behavior change, policy, or media interventions; and
- Demonstrates intermediate or higher expertise in using statistical software packages to analyze and interpret quantitative data.

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

SCOPE OF WORK (SOW) – INTERVENTION PLAN

1. Complete the below required items pursuant to the OTIS web-based training unit *Creating Your Application/Plan* (see Appendix 13: *Instructions for Accessing the OTIS Applicant Training Course: Creating Your Application/Plan).* It is recommended that the Applicant use the *OTIS Activity Wizards* to get started (See Appendix 15: *Instructions for Accessing the OTIS Activity Wizard)* and refer to Appendix 16: *Sample Scope of Work.*

   a) Project Objective. Identify a specific measureable outcome and the geographic communities (e.g. jurisdiction location) of focus for policy, system, and environmental change efforts.
   b) Designate one objective as the "Primary Objective"
   c) Identify the Priority Area and Indicators associated with the objective
   d) Identification of Target Audiences
   e) Identify the Evaluation Design for the objective
   f) Identify Summary Intervention Topics appearing in the SOW
   g) In a brief narrative format, describe the series of activities to be implemented to achieve the objective. Each activity is to briefly describe and quantify what will be done, how much will be done, and who will be involved.

2. For each activity, complete the following information:
   a) <u>Copyright</u>: Designate if the activities describes a work product that may be copyrighted, (e.g., brochure).
   b) <u>Percent Deliverables</u>: Identify the combination of staff and budget resources necessary to complete the activity. Percent deliverables should be in increments of 0.25 and no fewer or less than 100 percent for the entire SOW.
   c) <u>Start/End Dates</u>: Designate the progress report period in which an activity will begin and the date in which the activity will be completed.
   d) <u>Responsible Parties</u>: Identify budgeted personnel (e.g., staff positions, consultants and subcontractors, and non-budgeted entities such as volunteers, coalition members) responsible for completing activities.

Budgeted titles must be consistent with the titles used in the Budget Justification.

e) Tracking Measures: Identify tracking measures to be submitted to CTCP that substantiate completion of each activity.
   - List no more than two (2) tracking measures per activity.
   - Each tracking measure should be unique and specific to the activity.
   - Do not list the same tracking measure for multiple activities.
   - Tracking measures in which the percent deliverable is greater than zero percent must be designated as being submitted with the progress report.

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

EVALUATION PLAN

1. Evaluation Plan Overview: Prepare the evaluation plan by completing the evaluation section using appropriate process and outcome data collection strategies to improve the intervention and measure the outcome and/or impact of the intervention. OTIS offers the following types of evaluation activities: Focus Groups, Key Informant Interviews, Public Opinion Polls/Intercept Surveys, Education/Participant Surveys, Policy Records, Media Activity Records, Young Adult Tobacco Purchase Survey, and Other Evaluation Activities.
   a) Evaluation Activity Narrative: Describe the evaluation activity including: the instrument to be used, topic or focus of the data collection, data collection method, who or what is being sampled, sample size, sampling method, and where the data will be collected.
   b) Evaluation Activity Fill-in Boxes: For each evaluation activity complete the following information:
      - Identify if the evaluation activity reflects a process, outcome, or both process and outcome data collection.
      - Identify how many waves of data collection will occur, (e.g., use one (1) wave for continuous data collection such as website analytics or media activity records; use two (2) for a pre-post design).
      - Identify if data collectors will be trained to collect data. **If "Yes" a Training Activity must be included in the Intervention Plan** that describes who will be trained, how many will be trained, the length of the training, and the content of the training.
      - Copyright
      - Assignment of a Percent Deliverable
      - Assignment of Start/End Dates
      - Assignment of Responsible Parties
      - Assignment of Tracking Measures to document completion of activities

2. Evaluation Reporting Section. Describe how the evaluation data will be analyzed and disseminated, designate the progress report period in which the Final or Brief Evaluation Report will be submitted to CTCP, assign a percent deliverable for report documents, and describe any limitations or challenges anticipated with

completing the evaluation. Similar to the other activities, complete Tracking Measures and Responsible Parties. See Appendix 12: *Tell Your Story: Guidelines for Preparing Useful Evaluation Reports* for guidance.

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

NARRATIVE SUMMARY

General Instructions: Complete a Narrative Summary for each objective which provides information tailored to each objective as follows:

1. Community Assessment Analysis (600-word limit): The Community Assessment Analysis shall identify the specific geographic communities and priority population to be addressed, justify with cited data that the objectives address an important problem of significance to the population of focus, and incorporate substantiated evidence or practice-based approaches to addressing the problem. Applicants may demonstrate the need for the intervention using community needs assessment findings; local, state or national data that describe the problem; or a summary of evidence-based literature and/or community-defined evidence. To cite data or literature, please state the author, publication title, and year, (e.g., Mamudu, et.al, Public Health Management & Practice, 2016).

   The first two (2) sentences of the Community Assessment Analysis narrative must begin with the following statements:
   - "This project will primarily address the following priority population of focus: Residents of rural communities."

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

2. Major Intervention Activities (400-word limit): In a narrative format, provide a concise summary of the activities to be implemented, and how these activities will lead to the accomplishment of the objective. Describe the sequence of community engagement, community organizing, education, outreach, training, policy, paid and earned media activities that will be implemented to achieve the objective. Explain how members of the community will be engaged and how activities will be tailored to rural communities.

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

- What is a theory of change? The underpinning of most effective public health interventions is a theory of change. The theory of change provides an explanation of how and why the proposed intervention will result in the desired change. It communicates that the activities and messages are more than an assortment of messages and activities selected because they are fun or popular with the coalition. The theory of change communicates that a rationale links the activities and supports that collectively these will result in the desired change.
- What are examples of a theory of change? The following are a few examples of theories of change used in tobacco control. The *Stages of Change Theory* is a theory which focuses on individual behavior change and is frequently used as the rationale for interventions that motivate and help people quit smoking based on where they are along a continuum of personal readiness to change. Theories of change that help to explain why community education, media, and partnership development lead to the adoption of policies in communities or organizations include *Social Norm Change*, *Community Organizing*, and *Community Readiness* theories. Additional theories of change are in Appendix 17: *Theory at a Glance: A Guide for Health Promotion Practice*. It is a free resource developed by the National Cancer Institute for public health practitioners. This document concisely summarizes the most commonly used theories, such as the *Diffusions of Innovation Theory, the Health Belief Model*, and *Social Cognitive Theory* and it explains how to incorporate theory into program planning, implementation, and evaluation.

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

    - What will be accomplished? Describe what will be accomplished as a result of the intervention: How will the community or people in the community be different (e.g., smoke-free multi-unit housing policy adopted, health care providers will use electronic health records to make referrals to the California Smokers' Helpline)?
    - Evaluation Plan Type: State the evaluation plan type (e.g., "policy adoption and implementation").
    - Process and Outcome Data Collection:
        - Design type (experimental, quasi-experimental, or non-experimental);
        - The intervention and control group(s) (if any) (e.g., communities, stores, health care providers) and the number and location (e.g. city or neighborhood) of each group;
        - When measurements will be performed (e.g., post-test only, pre- and post- test);

- How data will be collected (e.g., document review, observation); and
- The sampling plan (e.g., simple random sampling, convenience sampling).

- How do evaluation activities support interventions? Where applicable, explain how specific evaluation activities support particular intervention activities or will be used to help improve or tailor the intervention.
- How will evaluation findings be disseminated? Describe how and to whom evaluation findings will be disseminated.

H. OTIS Application Instructions: Detailed Budget and Budget Justification

BUDGET AND BUDGET JUSTIFICATION

Minimum requirements for the budget and budget justification are provided below.

1. Appendix 18: *Budget Justification Instructions for Funding Opportunities*: Adhere to the budget requirements provided in Part III, section C, of this document and utilize the eight (8) budget line items provided in the OTIS budget justification index.

2. Sixty-Month Budget: Develop a 60-month budget based on the implementation of the SOW that is accurate, reasonable and supportable when compared to the activities detailed in the SOW for each fiscal year.

3. SOW Alignment to the Budget: Verify that each activity in the SOW (that results in an expenditure of funds) is reflected in the budget.

4. Maximum Fiscal Year Budget Request: Ensure the total dollar amount for each FY does not exceed the stated maximum amount allowed in the grant. Refer to Appendix 4: *Regional Project Site Selection and Funding Methodology*. Do not plan on rolling unspent funds from one FY to the next.

5. Budget Formulas: Provide easy to follow formulas to substantiate how costs were calculated. (The format for formulas are described in Appendix 18: *Budget Justification Instructions for Funding Opportunities* and in the OTIS Wizards).

6. Paid Media: Allocate no more than five (5) percent of the annual budget to Paid Media, which may include promotion of events and resources on digital media and paid social media, and may not include television advertisements or out-of-home placements.

7. Explain Budget Items with Zero Fund Request: Provide an explanation and include the funding source when zero funds or insufficient funds are budgeted for a standard cost (e.g., in-kind contributions for space, personnel, indirect costs, subcontracts). CTCP reserves the right to completely exclude activities from the SOW and budget implemented with in-kind funds (e.g., federal funds) if the use

of those funds obscures the quality, reach, and evaluation of the impact of the tobacco control program efforts.

8. Comparable State Civil Service Salary: Requirement or Justification for Higher Salary Rates: Provide personnel costs that reflect salaries comparable to State Civil Service classification rates (associated duties must also be comparable). Salaries that are above comparable State Civil Service classification rates must be completely justified. (See Appendix 19: *Comparable State Civil Service Classifications*).

9. Subcontractors and Consultant Costs: Designate personnel, including Subcontractors and Consultants, and FTE percentages that are reasonable and based on deliverable amounts connected to the responsible parties in the SOW.

10. Justification of Subcontract/Consultant Costs: Detail and justify any Subcontractor/Consultant costs necessary to implement the SOW activities. Clearly distinguish the responsibilities for each Subcontractor/Consultant from budgeted personnel and link the services to the activities in the SOW. Detail and justify travel costs necessary to implement the SOW and tie to applicable SOW activities. Include the following details:

    - Separately list the Title of each subcontractor and/or consultant who will provide the specialized effort directly related to activities in the SOW.
    - Verify each subcontractor and/or consultant listed in this section of the Budget justification is also referenced with the same title in the SOW's "Responsible Parties."

    Provide the following details:

    - Title of each subcontractor and/or consultant. Identify subcontractors and/or consultants, who have not been selected at the time of submission, as "To Be Determined."
    - Explanation on how the Applicant obtained each subcontractor and what scoring method or bidding process they used.
    - Description of the activities/services to be performed.
    - Amount of service time in increments of hours, days, weeks, months.
    - Salary or hourly rate.
    - Formula that substantiates how the costs were determined and the total cost.

11. Fringe Benefits: Provide a description of Fringe Benefits for eligible personnel, fully describe each benefit.

12. Equipment: Describe the office equipment, computer equipment, software, and other communication equipment that the Applicant and subcontractors and/or consultants (if applicable) have available for use by the proposed project.

13. Optional Travel and Training: Listed below are optional trainings that can be included in the proposed budget:

a) **Optional:** CTCP Travel/Per Diem and Training: The trainings, conferences, and events listed in Table 7. *Optional Travel/Trainings* provide a broad overview of the types of events CTCP has tentatively scheduled and is provided to help Applicants budget sufficient funds for travel and training. The dates, locations, and/or details regarding these events are not all currently available. For budget building purposes, Applicants should budget as if statewide events are conducted in Sacramento and regional events are within 300 miles of the agency. This list does not include trainings or events that may be offered by Coordinating Centers or CTCP Statewide and Technical Assistance Providers.

Table 7. Optional Travel/Trainings

Optional Travel/Training Event	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24
Priority Population Focused						
Health Equity Summit/Roundtables			**1**			
Health Equity/Priority Populations Conference		**1**		**1**		
Rural Strategies Conference			**1**			
Behavioral Health Summit			**1**			
Media Focused						
Spokesperson Training	**1**		**1**			
Media Summit	**1**					
Media/Advertising Planning		**1**				
All Digital All The Time Training		**1**	**1**			
Retail Environment Focused						
Flavored Tobacco Products Conference		**1**				
Regional Flavored Tobacco Products Trainings	**1**		**1**			
Menthol Summit			**1**			
Retail Environment Conference			**1**			
Secondhand Smoke Focused						
Smoke-Free Homes Conference				**1**		**1**
Smoke-Free Multi-Unit Housing Conference			**1**			
Regional Housing Roundtables			**1**			
Strategic Thinking Focused						

Optional Travel/Training Event	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24
Strategy and Endgame Conference		1		1		
Enforcement Conference			1			
Tobacco Waste Summit		1				
Community Engagement Focused						
Capitol Information & Education Training		1		1		1
Midwest Academy Strategy Chart Trainings (Regional)	1	1				
Coalition Trainings	1	1	1	1	1	1
Young Adult Training	1					
Evaluation Focused						
Comprehensive Evaluation Training		1				
Cessation Focused						
Tobacco Cessation Summit		1				
Basic Training						
CTCP Onboarding and Technical Assistance Trainings: Capacity Building, Media, Evaluation, Program Interventions, Progress Reporting, Cost Reporting, Educational Materials Development	1	1	1	1	1	1

b) Out-of-State Travel (OST): The OST events listed in Table 8. *Potential Out-of-State Travel Opportunities* identify potential OST that Applicants may include in the budget. Prior written approval by CTCP is required. Please see Appendix 18: *Budget Justification Instructions for Funding Opportunities* for a description of the required information.

Table 8. Potential Out-of-State Travel Opportunities

Event/Conference (Examples)	Website
American Public Health Association	www.apha.org
Annual Rural Health Conference	www.ruralhealthweb.org
National Conference on Tobacco or Health	www.nctoh.org
Clearing the Air Institute	www.clearingtheairinstitute.com
Annual Health Disparities Conference	www.nationalhealthdisparities.com

14. Indirect Expenses: Indirect Expenses must not exceed a maximum of 25 percent of Total Personnel Services (Personnel Costs plus Fringe Benefits) or 15% of Total Allowable Direct Costs. Please see Appendix 18:

Budget Justification Instructions for Funding Opportunities for a more detailed description of Indirect Expenses.

Additional Budget Justification information may be obtained in the following Appendices:

- Appendix 20: *Program Letter 12-03 Allowed Policy Activities*
- Appendix 21: *Travel Reimbursement Information*
- Appendix 22: *Program Letter 18-01 Incentive Materials*

I. OTIS Application Instructions: Additional Documents

ADDITIONAL DOCUMENTS

The purpose of the Additional Documents is to provide CTCP with supplemental information regarding the Applicant. Information concerning Applicant administrative/collaborative activities, additional tobacco control funds, non-acceptance of Tobacco Company funding, and indirect cost recovery will substantiate CTCP agreement requirements. Provide the following additional documents as described below. See Appendix 13: *Instructions for Accessing the OTIS Applicant Training Course: Creating your Application/Plan*, module "Additional Documents" for more information.

1. Additional Tobacco Control Funding: Funds awarded under this RFA may not be used to duplicate or supplant existing services. If the Applicant agency is receiving funds for any tobacco control efforts whether they are from local, state, federal or private sources, the Applicant is required to describe the funding source, amount of funds, the term of the award, and a description of the activities funded.
2. Certification of Non-Acceptance of Tobacco Company Funding: Complete and upload this form; see Appendix 6: *Certification of Non-Acceptance of Tobacco Funds*
3. Proof of Non-Profit Status: This document is only applicable to non-government non-profit agencies. The Applicant must upload their Proof of Non-Profit Status.
4. Tax Debtor List – *Franchise Tax Board Entity Status Letter:* Generate this letter at the Franchise Tax Board website and upload the letter.

Part VI. Application Selection Process and Criteria

A. About this Section

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

B. Application Review Process

STAGE ONE: ADMINISTRATIVE AND COMPLETENESS SCREENING

1. CDPH/CTCP will review applications for on-time submission **and** compliance with administrative requirements and completeness. The OTIS electronic time stamp will be used to verify on-time submission. See Table 2. *Tentative RFA Timeline and Award Schedule*.
2. A late or incomplete application will be considered non-responsive and will be disqualified and eliminated from further evaluation.
3. Applications submitted from non-eligible entities will not be reviewed.
4. Omission of any required document or form, failure to use required formats for response, or failure to respond to any requirement may lead to rejection of the application prior to review. For the purpose of administrative screening, required documents include:
    - Certification of Non-Acceptance of Tobacco Company Funds
    - Proof of Non-Profit Status
    - Franchise Tax Board Entity Status Letter

STAGE TWO: APPLICATION SCORING (100 POINTS)

Each application passing Stage One will be evaluated and scored according to the selection criteria by a review committee on a scale of zero to 100 points. The review committee may include representatives of CDPH, other state agencies, and non-scoring subject matter experts. To be eligible for funding, an application must receive a score of 70 points or more. However, scoring 70 points or more does not guarantee funding or funding at the level requested. CTCP reserves the right to not fund any of the applications received for this RFA. Funding decisions may also be made to ensure:

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

Table 9. *Maximum Point Value for RFA Sections* describes the maximum point value for each RFA section.

Table 9. Maximum Point Value for RFA Sections

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

STAGE THREE: NOTIFICATION OF DECISION

Each Applicant will be notified in writing of the funding decision. Applicants may receive, upon emailing the CTCP Inbox (CTCPInbox@cdph.ca.gov), a copy of the scoring summary page that provides the score and overall strengths and weaknesses for each application.

STAGE FOUR: GRANT MODIFICATIONS

CDPH/CTCP reserves the right to reject any proposed project or project component(s). Following the award notification, CDPH/CTCP may require modifications to the application as a condition of the award. The awardee is required to submit a detailed SOW, Budget, and Budget Justification in accordance with CDPH/CTCP requirements, which will become part of the final grant. Upon completion and approval of these documents, the grant documents will be submitted to CDPH for execution. All grant document modifications must be complete and accepted by ~~December 14, 2018~~ **January 15, 2019** or CDPH/CTCP may withdraw the grant award. Work may not commence until the grant is fully executed and any work done before the full execution of the grant will be deemed voluntary.

C. Application Selection Criteria

Table 10. *Scoring Criteria and Rating Points* provides the selection criteria and the associated point value that will be used to evaluate and score applications.

Table 10. Scoring Criteria and Rating Points

APPLICANT CAPABILITY		
Application Component	**Scoring Criterion**	**Points Possible**
Agency Mission	The Applicant demonstrates that its mission, types of programs and services, targeted audiences, groups, and organizations that it typically works with are consistent with the goals of this RFA.	**2**
Demonstrated Access and Work with Rural Communities	The Applicant demonstrates: • At least three (3) years working with rural communities or organizations that serve rural communities in California on major issues impacting rural residents (e.g., health, employment, education, housing, social justice, etc.); • A strong relationship with rural communities in the region as evidenced by past and current access; and	**4**

APPLICANT CAPABILITY		
Application Component	**Scoring Criterion**	**Points Possible**
	• Strong partnerships with non-traditional groups (e.g., arts and culture, housing, environment, community development, transportation, law enforcement, business, substance abuse and mental health treatment, employment, living wage, faith based, youth development) and two (2) outcomes of this work.	
Record of Accomplishment in Public Health Policy, Systems, Environmental Change	The Applicant demonstrates: • Strong and ongoing record of accomplishment in the field of public health in the areas of policy, systems, or environmental change that contributed to tangible and meaningful change in the community (e.g., voluntary, legislated, policy or system change) in the last two (2) years; • At least two (2) examples that illustrate public health policy, systems, or environmental change interventions that the Applicant led or participated in as a partner and the outcome of these efforts; • One (1) example of public health policy, systems, or environmental change work accomplished in the field of tobacco control; and • Strong record of program monitoring, including data collection, and reporting of performance measures.	**4**
Program Staffing	The Applicant demonstrates that the formal educational background, professional experience, (including the length of time worked on projects to create policy, system, or environmental changes) and the staff and subcontractors (if applicable) have the necessary qualifications and experience to successfully implement and evaluate a project designed accelerate the	**4**

APPLICANT CAPABILITY		
Application Component	**Scoring Criterion**	**Points Possible**
	adoption, implementation and impact of policy, system, or environmental change campaigns in rural communities.	
Organizational Start Up and Equipment	The Applicant demonstrates: • Appropriate physical office space to operate out of and the capability and resources to start up and begin implementation of activities within six (6) weeks of the grant start; • Capability to primarily deliver services Monday through Friday between the hours of 8 a.m. and 5 p.m., Pacific Time (PT); • An office that has been physically located, for at least three (3) years, in the geographical region proposed to be served; • The capability to operate and travel throughout the proposed region; • Appropriate hard drive encryption and antiviral software, computer software and applications to support email, word processing, spreadsheets, PowerPoint, databases, web conferencing, website development, and reliable Internet access; and • Agency communication equipment, copy machines, shared office furniture for meetings, and at least 50 percent of desks, chairs, current computer equipment, printers, and software needed for grant staff.	**4**
Administrative/Fiscal Experience and Audit History	The Applicant demonstrates: • Administrative/fiscal staffing pattern and staff that have the appropriate educational background, skills, and experience to satisfactorily manage all aspects of payroll, bookkeeping, invoicing, subcontract/consultant monitoring, and other administrative and fiscal controls associated with	**3**

APPLICANT CAPABILITY		
Application Component	**Scoring Criterion**	**Points Possible**
	acceptance and management of government funds; • Three (3) years of satisfactory performance with administrative, fiscal, and program management of government and/or non-government funds; including timely and satisfactory submission of fiscal, program, evaluation, and subcontractor/consultant documents and deliverables, fiscal stability to manage payments in arrears; • Fiscal and (if any) programmatic audit findings from the past three (3) years that include a thorough explanation of any negative audit findings and their resolution (if the Applicant was audited by a governmental agency within the last three (3) years, the name of the government agency, agency's contact person and phone number, the year the audit was conducted, and the audit findings and resolution are provided); and • Documentation of compliance with Tax Debtor List Requirements.	
Letters of Reference	The three (3) Letters of Reference are on Agency letterhead, include contact information, and describe: • The capacity in which the reference provider worked with the Applicant; • Applicant's ability to build and maintain collaborative partnerships with traditional and non-traditional community partners; • Applicant's ability to provide interventions and activities that are culturally appropriate and responsive to the unique social conditions and identified barriers that characterize rural communities;	**3**

APPLICANT CAPABILITY		
Application Component	**Scoring Criterion**	**Points Possible**
	• Applicant's ability to fulfill the fiduciary and grants management functions; and • Applicant's ability to establish and maintain positive collaborative relationships with CDPH/CTCP statewide funded projects, LLAs, CTCP-funded community-based organizations, and new collaborative partnerships. Note: If the Applicant is currently receiving or has received funding from a governmental agency, other than CTCP, within the last two (2) years, one (1) of the references is from one (1) of these agencies. Letters of Reference cannot be from the Applicant's subcontracting partners.	
Evaluator Information, Qualifications, and Certification	The Applicant demonstrates the engagement of a qualified Plan Evaluator who has: • Completed at least one (1) course in study design or at least one (1) year of experience determining the study design for an evaluation; • Completed at least one (1) course in program evaluation or one year of planning and implementing a program evaluation; • Completed at least two (2) intermediate courses in statistics; • Demonstrated intermediate or higher proficiency in calculating sample size, developing a sampling scheme, and determining appropriate data collection methods; • Demonstrated intermediate or higher proficiency in evaluating behavior change, policy, or media interventions; and • Demonstrated intermediate or higher expertise in using statistical software	**3**

APPLICANT CAPABILITY		
Application Component	**Scoring Criterion**	**Points Possible**
	packages to analyze and interpret quantitative data.	
	SUBTOTAL	**27**

SCOPE OF WORK - INTERVENTION PLAN		
Application Component	**Scoring Criterion**	**Points Possible**
Objectives	The SOW includes appropriate and well-reasoned objectives and: • One (1) of the three (3) required objectives is selected as the "Primary Objective;" • One (1) of the three (3) required objectives is relevant to an indicator listed in Table 3. *Tobacco-Related Disparities Indicators;* • Each Objective is specific, measurable, describes the expected outcome of activities, and is consistent with the purpose of this RFA (i.e., SMART); • No more than one (1) objective is asset-based; and • Identify a minimum of five (5) jurisdictions that the Applicant will work in to demonstrate that the plan employs a regional approach.	**5**
Sequential Activities that Build to Accomplish the Objectives	The Applicant presents a comprehensive, well-organized, and detailed SOW that is well reasoned and appropriate to accomplish the objectives that demonstrates: • A wide variety of activities that are culturally responsive, support each objective, progress in a sequential, chronologically appropriate order; and • Sufficient activities (in quantity and magnitude) to justify the proposed level of staffing and proposed objective outcomes to be achieved (e.g., how much work will be done).	**8**

SCOPE OF WORK - INTERVENTION PLAN		
Application Component	**Scoring Criterion**	**Points Possible**
SOW Components	The SOW includes appropriate and well-reasoned: • Priority Areas and Indicators associated with the objective; • Summary Intervention Targets; • Target Audiences; • Responsible parties for completion of each activity (e.g., staff positions, subcontractors, consultants, volunteers); • Location of where activities will occur (e.g., jurisdictions); • Identification of each objective's Evaluation Design; • Tracking Measures to verify completion of activities; • Start/End Dates for which an activity will begin and be completed; and • Copyright designation for work products created.	8
Required Activities – Table 4	• Participate in the annual in-district Information & Education Days (I&E) and annual educational summit(s), to be hosted by the Statewide Coordinating Center, in order to educate key stakeholders, community champions, and policymakers about tobacco use prevention and reduction issues of concern in the *(insert region*) Region. • Participate in the biannual I&E Days at the State Capitol to educate policymakers about key tobacco control issues and visit key state elected officials in their District Offices and distribute local information regarding tobacco control issues that impact rural communities. • Conduct one strategic planning session(s) for each jurisdiction the project is considering policy within, with community partners and stakeholders for 2-4 hours, to	**4**

SCOPE OF WORK - INTERVENTION PLAN		
Application Component	**Scoring Criterion**	**Points Possible**
	complete the Midwest Academy Strategy Chart (MASC), which will identify short, intermediate, and long-term goals, organizational considerations, constituents, allies, opponents, targets, and tactics to create a plan for (*insert goal/objective*). Consult with the Center for Tobacco Policy and Organizing to prepare for and/or facilitate the strategic planning session(s). Update each MASC regularly throughout each policy campaign to adapt to new targets and tactics as they are revealed. Activity will be conducted within the first six (6) months of the March-December reporting period. • Develop/customize (*insert # range*) of (*insert material topic and item*) that will be disseminated through/to/at (*insert name of location or even*t) that can be (printed and/or downloaded). Target audiences will include (*insert names of target audience*). Develop in consultation with statewide grantees to adapt existing materials or develop new materials as appropriate. Review the materials for cultural responsiveness and language appropriateness with (*insert # range*) residents of rural communities. Once completed, market materials to appropriate audiences to facilitate distribution. Consumer testing of materials is described in the Evaluation Plan. Submit material(s) to Tobacco Education Clearinghouse of California (TECC) Material Submission page upon completion.	
	SUBTOTAL	**25**

SCOPE OF WORK - EVALUATION PLAN		
Application Component	**Scoring Criterion**	**Points Possible**
Evaluation Plan	An evaluation plan is included for each objective and reflects that: • A qualified Plan Evaluator provided at least four (4) hours of consultation (in total) on the development of the SOW; • A minimum of ten (10) percent of the total deliverables are allocated towards evaluation activities; and • Appropriate process and outcome data collection strategies to improve project activities and measure their outcome and/or impact are included.	**7**
	For each evaluation activity, there is an appropriate description of the instrument to be used, the topic or focus of the data collection, data collection method, who or what is being sampled, sample size, sampling method, where the data will be collected, and budgeted and non-budgeted responsible parties.	**5**
	The evaluation reporting activity for each objective describes: • How the evaluation data will be analyzed; • How the findings and Evaluation Report will be disseminated to the community, policymakers, and to public health professionals working in tobacco control (e.g., through a conference presentation or a peer reviewed paper); • The progress report period in which Interim and Brief/Final Evaluation Reports will be submitted to CTCP; and • Any limitations or challenges anticipated with completing the evaluation.	**3**
	SUBTOTAL	**15**

SCOPE OF WORK - NARRATIVE SUMMARY		
Application Component	**Scoring Criterion**	**Points Possible**
Community Assessment Analysis	The Community Assessment Analysis: • Identifies the specific geographic communities (e.g. jurisdictions) and the priority population to be addressed; • Strongly justifies with cited data that the objectives address an important problem of significance to the population of focus; and • Incorporates substantiated evidence or practice-based approaches to addressing the problem.	**4**
Major Intervention Categories Analysis	The Major Intervention Categories Analysis demonstrates: • A concise summary of the activities to be implemented, and how these activities will lead to the accomplishment of the objective; • The sequence of community engagement, community organizing, education, outreach, training, policy, paid and earned media activities that will be implemented to achieve the objective; • How members of the community will be engaged; and • How activities will be tailored to rural communities.	**3**
Theory of Change	The Theory of Change provides the underlying rationale explaining why the proposed activities will lead to the desired change and achieve the objectives.	**2**
Evaluation Summary	The Evaluation Summary is appropriate for the objective and activities and describes the following:	**4**

SCOPE OF WORK - NARRATIVE SUMMARY		
Application Component	**Scoring Criterion**	**Points Possible**
	• Evaluation design type (e.g., experimental, quasi-experimental, other without measurable without outcome, or non-experimental); • Intervention and control groups if either a quasi or experimental design is used; • When measurements will be performed (e.g., pre/post, post-test only); • Sampling plan; • Specific outcome to be accomplished as a result of the intervention; • Outcome and process evaluation activities to be conducted; • How process evaluation activities will be used to improve or tailor the intervention; and • How findings will be disseminated and to whom.	
	SUBTOTAL	**13**

BUDGET AND BUDGET JUSTIFICATION		
Application Component	**Scoring Criterion**	**Points Possible**
Budget and Budget Justification	The proposed 60-month budget: • Adheres to the instructions provided in Appendix 18: *Budget Justification Instructions for Funding Opportunities* and the OTIS web-based training; • Demonstrates that each activity in the SOW that results in an expenditure of funds is reflected in the budget;	**7**

BUDGET AND BUDGET JUSTIFICATION		
Application Component	**Scoring Criterion**	**Points Possible**
	• Total does not exceed the stated maximum amount allowed in the grant for each FY; • Includes no more than five (5) percent of the annual budget to Paid Media; and • Includes all required staffing and minimum duties listed in Table 5.	
	The proposed budget justification narrative includes: • Descriptions for each of the eight (8) line items and the corresponding sub-line items are identified in the OTIS Budget Justification; • An explanation and funding source when zero funds or insufficient funds are budgeted for a standard cost; • Easy to follow formulas and accurate calculations to substantiate how the costs were calculated (e.g., monthly/unit rates are provided); and • If funds from another source are contributing to the implementation of the SOW, budget activities are clearly identified as “In-Kind” and specify the source of the in-kind funding, (e.g., federal funds CDC grant, etc.).	**4**
	The proposed budget and budget justification narrative demonstrates: • The proposed subcontract personnel and consultant costs are reasonable, directly support the proposed SOW, and are consistent with the needs of the project and level of responsibility; and • For non-governmental non-profit agencies only: Salaries that	**6**

BUDGET AND BUDGET JUSTIFICATION		
Application Component	**Scoring Criterion**	**Points Possible**
	appear high in relationship to state salaries in Appendix 19: *Comparable State Civil Service Classifications* are substantiated with a detailed justification.	
	The proposed budget and budget justification narrative demonstrates: • Travel and Per Diem costs are reasonable and necessary based on the proposed SOW; • All required trainings are budgeted as instructed and clearly justified based on the Applicant's proximity to the event; and; • For non-governmental non-profit agencies only: Travel and Per Diem costs adhere to rates set by the California Department of Human Resources (CalHR) in Appendix 21: *Travel Reimbursement Information*.	**3**
	SUBTOTAL	**20**

Part VII. Award Administration Information

A. RFA Defined

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

B. RFA Cancellation and Addendums

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

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

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

C. Immaterial Defect

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

D. Grounds to Reject an Application

An Application shall be rejected if:

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

E. Notice of Awards

1. Upon successful completion of the review process, CDPH/CTCP will post a notice of intent to award funds on the TCFOR website.

2. Upon request to CDPH/CTCP by email, Applicants will receive a summary copy of their review-rating sheet by email.

F. Appeal Process

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

2. An Applicant may appeal the award decision. The Applicant must submit a notice of intent to appeal to CTCPInbox@cdph.ca.gov by 5:00 p.m. (PT) on the date listed in Table 2. *Tentative RFA Timeline and Award Schedule*. The Applicant shall then have five (5) calendar days to file a detailed written statement specifying the grounds for the appeal and send the Appeal Letter to:

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

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

4. Upon resolution of any appeal and subsequent award of the grant, The Awardee will be required to complete and submit to CDPH/CTCP the required documents listed in section VIII, C. Awardee Required Documents.

G. Disposition of Applications

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

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

H. Inspecting or Obtaining Copies of Application Materials

Persons wishing to view or inspect any application or award related materials must follow the Request for Public Records (PRA) process.

Part VIII. Important Administrative Details

A. Cost of Developing the Application

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

B. Awardee Requirements

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

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

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

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

review/approval of expenditures, and other administrative policies and procedures which will maintain the fiscal integrity of the funds awarded to the Awardee.

4. The Awardee should maintain accounting records that reflect actual expenditures including, but not limited to accounting books, ledgers, documents, and payroll records, including signed timesheets, etc., and will follow standard accounting procedures and practices that properly reflect all direct and indirect expenses related to the grant. Prop 56, subsection 30130.56 (a) states that the California State Auditor shall at least biennially conduct an independent financial audit of the state and local agencies who are recipients of Prop 56 funds. As such, The Awardee is to maintain fiscal and program records documenting expenditures and program implementation for three (3) years beyond the date of the final grant payment.

5. For each subcontract of $5,000 or more, Applicants are required to follow these instructions:

   a) When the amount of the subcontract agreement is $5,000 or more, the prime agency must submit their competitive bid process to CDPH/CTCP for approval before making an award.

   b) When the applicant subcontracts 60 percent or more of their award to another entity, CDPH/CTCP must approve a detailed line-item budget, in OTIS, for the subcontractor.

   c) Once CDPH/CTCP approves the competitive bid process <u>and</u> the subcontractor selection for agreements $5,000 or more, the prime agency is responsible for submitting a “Subcontract Agreement Transmittal Form” into the Online Tobacco Information System (OTIS) for each subcontract agreement. The prime agency must also retain a copy of the competitive bid process and subcontract agreement that includes a detailed SOW and Budget/Budget Justification.

6. The Awardee is required to expend the grant funds to implement the agreed upon SOW and consistent with Appendix 18: *Budget Justification Instructions for Funding Opportunities*, and Appendix 23: *Local Lead Agency and Competitive Grantee Policy Manual.* The *Local Lead Agency and Competitive Grantee Policy Manual* is located in OTIS under the Training Tab and User Manual, where users are able to view and download the latest version of the policy manual as a PDF file.

C. Awardee Required Documents

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

1. The Payee Data Record (STD 204), to determine if the Awardee is subject to state income tax withholding pursuant to California Revenue and Taxation Code Sections 18662 and 26131.
2. Page one (1) of the Contractor Certification Clauses (CCC 04/2017), which is a Department of General Services form.
3. Evidence of commercial general liability insurance.
4. Establish the Headquarters for State Travel Reimbursement for budgeted staff and subcontractors/consultants.
5. California Civil Rights Law Attachment (DGS/OLS 04)
6. Board Resolution – all local government agencies are required to submit a Board Resolution with each grant. Resolutions must be submitted after notice of award and prior to full execution of grant. Resolutions must indicate local government approval of the grant.

D. Standard Payroll and Fiscal Documents

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

E. Progress Reports

1. The Awardee is required to submit semi-annual progress reports on time, complete, through OTIS, and in conformance with CTCP instructions.
2. The final progress report is due on the last day of the grant term. The final report is to be a cumulative report that summarizes all activities and outcomes during the term of the grant and is to include all tracking measures including the Brief Evaluation and Final Evaluation reports.
3. If the Awardee fails to submit timely, complete progress reports documenting satisfactory progress, CDPH/CTCP will withhold payment of invoices and may terminate the grant.

F. Invoices

1. <u>Documentation</u>: The Awardee is required to maintain backup documentation for all expenditures and provide the backup documentation for an invoice if requested by CTCP. The Awardee shall maintain for review and audit purposes, adequate documentation of all expenses claimed. All invoice detail, fiscal

records, or backup documentation shall be prepared in accordance with generally accepted accounting principles. CDPH/CTCP has the right to request documentation at any time to determine an agency's allowable expenses.

2. Submission of Invoices: The Awardee is required to submit invoices no less than once per quarter, no more than once a month. The Awardee must be able to fund up to 60 days of payroll, indirect expenses, and operating costs, as well as expenditures incurred by a subcontractor or consultant prior to reimbursement by the State. The Contractor incurs expenses for the previous work period and is then reimbursed by invoice(s) submitted to CDPH/CTCP a minimum of no less than once per quarter, no more than once per month, in arrears. The Prompt Payment Act requires State agencies to pay properly submitted, undisputed invoices within 45 calendar days of initial receipt.

G. Dispute Resolution, CDPH Rights, and Grant Termination

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

2. CDPH Rights:
   In addition to the rights discussed elsewhere in this RFA, CDPH/CTCP reserves the right to do any of the following:
   a) Modify any date or deadline appearing in this RFA.
   b) Issue clarification notices, addenda, alternate RFA instructions, forms, etc. If this RFA is clarified, corrected, or modified, CDPH/CTCP intends to post all clarification notices and/or RFA addenda on the CDPH/CTCP TCFOR website.
   c) CDPH/CTCP reserves the right to fund any or none of the applications submitted in response to this RFA. CDPH/CTCP may also waive any immaterial deviation in any application. CDPH/CTCP waiver of any immaterial deviation shall not excuse an application from full compliance with the grant terms if a grant is awarded.
   d) CDPH/CTCP reserves the right to withdraw any award or request modifications to the SOW and/or Budget of any application component(s) as a condition of the grant award.
3. Termination:
   CDPH/CTCP reserves the right to terminate the grant if the application submitted, awarded, negotiated, and approved by CDPH/CTCP as a result of this RFA is not implemented satisfactorily, or if work is not completed by the due dates prescribed in the grant's SOW.

Part IX. References

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