Request for Application #18-10137

Initiative to Reduce Tobacco-Related Disparities at Residential Behavioral Health Facilities

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

The purpose of this Request for Application (RFA) is to fund up to 15 Wellness Quality Improvement Projects (QIP) to reduce tobacco use and promote wellness policies and activities among people with substance use disorders and mental illness in local community residential behavioral health facilities such as alcohol and drug treatment programs, mental health treatment programs, and other health or social service agencies through the adoption and implementation of tobacco-free campus policies and the implementation of evidence based nicotine addiction treatment. The Wellness QIP seeks to reduce tobacco-related disparities in residential behavioral health settings through participation in specialized training and technical assistance for tobacco policy, system, and environmental change, paired with the promotion of other wellness approaches such as increasing exercise breaks, improving access to healthy foods, and promoting socialization and activities for wellbeing.

Each Wellness QIP will implement a standard Scope of Work (SOW) which includes activities to participate in intensive tobacco-control-related training and technical assistance provided by Smoking Cessation Leadership Center (SCLC) to foster collaboration among the Wellness QIP cohort of funded projects as well as to accelerate the adoption, implementation, and impact of policy, system, and environmental change campaigns.

Each Wellness QIP is to incorporate the following features:

- In conjunction with SCLC training and technical assistance, adopt and implement a written policy to include tobacco use assessment questions in client intake procedures, provide tobacco cessation treatment to clients who use tobacco, and establish a 100 percent tobacco-free campus within 18 months.
- Collaborate with other partners to implement wellness activities (such as exercise breaks, healthy foods, and socialization) to support tobacco policy and cessation in residential treatment settings.
- Adhere to the prescribed SOW and Budget.
- Create and/or strengthen networks of organizational partners to implement and sustain a shared agenda of tobacco use prevention and cessation on campus.
- Implement, support, and evaluate policy and systems change campaigns focused on tobacco use prevention and cessation.
- Implement a Wellness Sustainability Plan to include (objectives, activities, a timeline and responsible parties).

C. Funding Restrictions

This RFA will not fund the following:

- Reimbursement of cessation pharmacotherapy;
- Reimbursement to health care providers for the delivery of health care services;

- Supplanting existing health care provider and health care system activities; related to the identification and treatment of nicotine addiction;
- Development and/or placement of mass media campaigns to support policy and system change campaigns;
- Activities that supplant or duplicate existing programs or services funded by CDPH/CTCP or another source;
- 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;
- Purchase of office equipment.

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 16 percent or 40,000 of deaths in California.[5,6]

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

California's smoking population totals 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 Mental Illness and Substance Use Disorders Population

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]

Nicotine-containing products are among the most widely used addictive substances in the U.S. The most recent Substance Abuse and Mental Health Administration (SAMHSA) report indicates that 67 million people (nearly 25 percent of the population) are current tobacco users.[11] Behavioral health providers have historically viewed nicotine addiction as unrelated to dependence on other addictive substances; and have at times ignored or condoned tobacco use in favor of focusing treatment efforts on other mental illness and addiction priorities.[12]

In California, studies have documented that people with mental illness smoke cigarettes at disproportionately higher rates (21.8 percent) when compared to the overall population (11 percent). Prior studies found that persons with mental illness smoke more heavily, have longer smoking histories, have higher rates of nicotine dependence, and have lower rates of smoking cessation than smokers in the overall population.[13] Lack of health insurance and access to affordable smoking cessation services may be a factor in the behavioral health smoking rate disparity.[11]

Cigarette smoking worsens the morbidity and mortality outcomes among people who suffer from mental illnesses and substance abuse addictions.[13] Several studies have linked the benefits of smoking cessation to decreased levels of depression, anxiety, and stress; and improved positive mood and quality of life compared with individuals who continue to smoke. In addition, smokers with mental illness and substance abuse disorders are equally as likely or more likely to want to quit smoking compared with smokers in general.[14] These key findings support the appropriateness of integrating tobacco-free policies at community behavioral health facilities, alcohol and drug treatment programs, mental health treatment programs, and other health or social service agencies.

In California, mental health and substance abuse treatment facilities screen for tobacco use and have smoke-free campus polices less often than the national average. Nationally mental health facilities screen incoming patients for tobacco use 48.9 percent of the time, and provide smoke-free campuses 48.6 percent of the time; but in California the rates are 37.6 percent and 41.2 percent respectively. Similarly, within substance abuse treatment facilities, the national rate of screening for tobacco use is 64 percent, and 34.5 percent of campuses are reported to be smoke-free, but

in California substance abuse treatment facilities, the rates are 51.5 percent and 22.4 percent respectively.[15]

The Initiative to Reduce Tobacco-Related Disparities at Residential Behavioral Health Facilities is an opportunity for California to enhance both tobacco use screening and cessation treatment as well as tobacco-free environments in mental health and substance use disorders treatment settings. **Appendix 1:** *Initiative to Prevent & Reduce Tobacco-Related Disparities* provides additional rationale and context for this RFA.

E. California Tobacco Control Program Goals

In consideration of: 1) the resources provided by Prop 56; 2) the paradigm shift from "tobacco control" to "endgame" strategies; and 3) a projection that it is possible to eliminate smoking by 2035 nationally, the goal of California's tobacco use prevention and reduction efforts is to end the tobacco epidemic for all population groups. CDPH/CTCP is guided by the principle of health equity, which is defined as "efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives" (H&S Code Section 131019.5). To achieve health equity, additional focus must be placed on engaging with priority population communities to address tobacco-related disparities. The framework for achieving this overarching goal of ending the tobacco epidemic continues to focus on changing the social norms surrounding tobacco use by "indirectly influencing current and potential future tobacco users by creating a social milieu and legal climate in which tobacco becomes less desirable, less acceptable, and less accessible."[16] 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. Funding Opportunity Description

A. Eligibility Criteria

1. **Organizational Type**
   a) Eligible entities include community in-patient residential behavioral health facilities, alcohol and drug treatment programs, mental health treatment programs, and other health or social service agencies who provide services to adults in counties throughout California.
   b) California public or private non-profit entities are eligible to apply for these funds. For profit entities are not eligible to apply.
   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 2:** *Sample Non-Profit Status Letter*.
   d) Applicants currently receiving tobacco tax funding from a CTCP-funded agency to conduct a behavioral health intervention, collaborating with a CTCP-funded agency to conduct a tobacco use prevention and reduction intervention in a behavioral health setting, or receiving funds from the University of California's Tobacco Related Disease Research Program (UC-TRDRP) for a behavioral health intervention are not eligible for funding under this RFA.

2. **Agency Qualifications**
   Applicant agencies must have, at a minimum:
   a) Must be a State of California licensed substance abuse treatment and/or mental health facility that has been physically located in the community it serves, for at least two (2) years.
   b) Facilities that only provide outpatient services are <u>not</u> eligible.
   c) Facilities must have a minimum of 20 residential inpatient beds and provision of detox services should be ancillary to residential substance abuse treatment.
   d) Two (2) years of experience working with clients with individuals with mental health disorders and/or alcohol and drug dependencies or organizations that serve this population.
   e) Two (2) years of experience developing community linkages, participating in and maintaining stakeholder groups.
   f) Must be able to identify appropriate staff to champion this initiative for the organization.
   g) Any agency that received funding from, or has an affiliation or contractual relationship with a tobacco company, any of its subsidiaries, or a parent

company, during the term of the grant, is not eligible for funding under this RFA. Acceptance of such funds during the term of the grant is grounds for termination.

3. **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 3:** *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.

B. Agreement Term and Funding Availability

1. **Funding Term**
   a) Up to 15 awards will be made. The term of the Agreement is expected to be 18 months and is anticipated to be November 1, 2018 – April 30, 2020. 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 SOW or budget based on changes in a rapidly evolving tobacco control environment.

2. **Funding Amount**
   The total amount to be distributed among awardees is anticipated to be $540,000. The maximum amount to be distributed to each Awardee is anticipated to be $36,000 for 18 months. See Table 1. *Maximum Fiscal Year Award* displays the maximum budget per Awardee for each fiscal year. Grantee will be reimbursed $2,000 a month for implementing and satisfactorily completing the prescribed SOW as listed in **Appendix 4:** *Prescribed Scope of Work Activities for Behavioral Health Projects.* CDPH/CTCP reserves the right to initiate

amendments as necessary to redistribute funds between fiscal years 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.

Table 1. Maximum Fiscal Year Award

Fiscal Year	Maximum Budget per Awardee
FY 18/19	$16,000
FY 19/20	$20,000
TOTAL = Max Amount for 18 Months	**$36,000**

3. **Funding Augment**
   a) CDPH/CTCP reserves the right to negotiate additional work with the successful applicant that is consistent with the work components identified in Part III. Program Requirements, should there be a need and additional funding becomes available. Additional funding is contingent upon available revenues, and appropriations by the Legislature and the Governor.

   b) If the decline in Prop 56 revenue is greater than projected by CDPH/CTCP, necessitating a reduction in grant awards, all grants will be equally reduced by a proportional amount (e.g., 10 percent across all grants), except in the case where an Awardee has two or more disapproved progress reports. In that case, a grant may be terminated in lieu of a percentage reduction.

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

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

C. Timeline and Award Schedule

Key dates are presented in Table 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 (all times in Pacific Standard Time)
RFA Release Date	June 28, 2018
OTIS Open for Application Input	June 28, 2018
Informational Webinar	July 18, 2018 10:30-12:00pm
Mandatory Letter of Intent Due Date	July ~~20~~ **27**, 2018, 5:00 PM
Last Day to Submit Written Questions	July 20, 2018, 5:00 PM
Responses to Written Questions Posted	July 27, 2018
Applications Due	August 21, 2018, 5:00 PM
Awards Posted	September 17, 2018
Notice of Intent to Appeal Letter Due	September 24, 2018, 5:00 PM
Final Announcement of Awards	September 28, 2018[i]
Grant Document Finalization	October 1, 2018
Grant Start Date	November 1, 2018
Grant End Date	April 30, 2020

D. Applicant Questions and Reporting of Errors in the RFA

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

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

1. **How to Submit Questions or Report an Error in this RFA**
   a) Submit questions or errors by email (CTCPInbox@cdph.ca.gov) with the subject line "CTCP RFA #18-10137." Verbal questions will not be accepted.
   b) CDPH/CTCP will send an email to confirm receipt of written questions. If confirmation is not received, Applicants may resubmit or call (916) 449-5500 prior to the stated deadline to confirm receipt of the questions by CDPH/CTCP.
   c) Submit written questions to CDPH/CTCP by the date specified in Table 2.
   d) Errors in the RFA or its instructions may be reported up to the application submission due date.

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

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. Written questions submitted prior to the Informational Webinar will be answered as time allows during the Informational Webinar described in Section IV. Application Submission Requirements, B. Informational Webinar.
   c) Verbal questions will not be accepted. All questions must be transmitted in written form according to the instructions in the RFA.
   d) 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, Evaluation Plan, and Narrative Summary

Applicants are required to use the prescribed activities in the SOW and evaluation sections. Certain sections of the application narrative reflecting these activities have been pre-populated in the Online Tobacco Information System (OTIS) to coincide with **Appendix 4:** *Prescribed Scope of Work Activities for Behavioral Health Projects*. The most competitive applications will be those that:

1. Adhere to the prescribed scope of work and evaluation activities listed in **Appendix 4**: *Prescribed Scope of Work Activities for Behavioral Health Projects*
2. Demonstrate strong applicant capability.
3. Provide a detailed and compelling Community Assessment Analysis narrative.

B. Task Based Budget Requirements

1. Applicants are required to use the prescribed budget listed in **Appendix 5**: *Budget Justification*
2. Applicants are required to include the following listed position (See Table 3. *Required Staffing and Minimum Duties*)

Table 3. Required Staffing and Minimum Duties

Staffing	Position	Responsibilities
Required: Min 10% FTE In-kind	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; implementing and overseeing evaluation activities such as the Final Evaluation Report and participant survey. CTCP requires the position to be a minimum of 10 percent FTE in kind.

3. Applicants must budget for the required training listed below.

   a) CTCP Travel and Training Requirement: The Project Coordinator is required to attend the Travel/Training noted in Table 4. *Required CTCP Travel/Trainings*.

Table 4. Required CTCP Travel/Trainings

Required CTCP Travel/ Training	FY 18-19	FY 19-20
Cohort Training, (Location TBA), in San Francisco CA.	**X**	

4. No more than fifteen percent of funds may be used to subcontract for services or to purchase equipment and supplies related to implementing wellness policies not related to tobacco control, e.g., staff training on administering nutrition and physical fitness classes, subcontracting for instructions to teach exercise or healthy cooking classes, or purchasing exercise or gardening equipment.

Part IV. Application Submission Requirements

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 see **Appendix 6:** *Mandatory Letter of Intent* notifying CDPH/CTCP of its intent to submit an application. Those who do not submit a Letter of Intent will not be allowed to submit an application. The Letter of Intent is not binding and those submitting a Letter of Intent are not obligated to submit an application.

2. **Submitting a Letter of Intent**
One (1) signed Letter of Intent must be uploaded to the TCFOR website by 5:00 p.m. Pacific Standard Time (PST), on the date identified in Table 2. *Tentative RFA Timeline and Award Schedule*. Letters submitted past the deadline will not be considered. It is strongly advised that applicants submit their Letter of Intent prior to the due date in case technical difficulties are encountered. The electronic time stamp will be used to verify on-time submission. Technical difficulties will not relieve the applicant of meeting the submission deadline. Letters of Intent will **NOT** be accepted via email, fax, or mail.

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

The Letter of Intent must:

- Be on the Applicant agency's letterhead
- Title and number of the Request for Applications under which the application will be submitted (Initiative to Reduce Tobacco-Related Disparities at Residential Behavioral Health Facilities, RFA CTCP 18-10137)
- State the Applicants' history of working with clients with mental health disorders and/or alcohol and drug dependencies or organizations that serve this population.
- State the number of inpatient beds that the facility, and verify that if detox services are provided, they are ancillary to residential substance abuse treatment services.
- *Signature of the authorized agency signatory or their official agent*

Prepare the letter using word processing software and save the document to your computer as a word document or PDF. To upload the letter of intent, refer to **Appendix 7:** *Tobacco Control Funding Opportunities and Resources (TCFOR) User Instructions*. Once the Applicant creates a "User Account" and "Request to Apply" for the funding opportunity, a letter of intent can be uploaded. For technical assistance with uploading the Letter of Intent, call Humberto Jurado at (916) 449-5474.

B. Informational Webinar

CDPH/CTCP has scheduled an optional Online GoToTraining© Informational Webinar. The **RFA Informational Webinar** will be on **Wednesday, July 18, 2018 at ~~9:00 a.m.~~ 10:30 a.m. PT**. Those intending to submit an application are strongly encouraged to participate. The purpose of the Informational Webinar is to provide interested parties with an opportunity to ask questions about the preparation and submission of the application. The Informational Webinar access code is posted at the TCFOR website. Questions must be submitted in writing to CTCPInbox@cdph.ca.gov by the date and time identified in Table 2. *Tentative RFA*

Timeline and Award Schedule, 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. *Tentative RFA Timeline and Award Schedule.*

C. Application Technical Assistance Resources

CDPH/CTCP funds several statewide projects that provide training and technical assistance. The projects listed in **Appendix 8:** *CTCP-Funded Statewide Training & 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. Applications received after the due date/time **will not be reviewed**. Submission before the deadline date is advised in case of technical difficulties with submitting your application through OTIS. The OTIS electronic time stamp will be used to verify on-time submission. Technical difficulties will not relieve the applicant of meeting the submission deadline. Please be aware that OTIS includes an electronic submission check system that will prevent submission of application that does not meet minimum submission requirements (e.g., required form not completed). CTCP may not be able to respond to your requests for help on the deadline date.

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

Part V. Application Submission Process

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

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

2. **What help is available for using OTIS?**
   a) User Account Instructions: For guidance on how to submit an “Applicant Registration” form and Letter of Intent, and create an OTIS “User Account,”

see the *Application Registration Instructions* found on the TCFOR Overview webpage.

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

c) Web-based Tutorial: OTIS includes a web-based training tutorial entitled, *Creating Your Application/Plan*. This training explains how to use the system and instructions for completing each of the application components. See **Appendix 9:** *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 Budget downloadable PDFs clarifying how to complete requested information. Page Guides are quick access information aiding in completing task without leaving the page you are working on.

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

B. OTIS Application Instructions: Contact Information

COMPLETE THE CONTACT INFORMATION (REQUIRED BUT NOT SCORED)
The purpose of this section is to collect information about the Applicant, the geographic service area of the proposed project, proposed project coordinator, agency fiscal contacts and Official Agency Signatory. Input the requested information into the Contact Information section in OTIS.

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

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

C. OTIS Application Instructions: Applicant Capability

APPLICANT CAPABILITY (REQUIRED AND SCORED)

This section provides information regarding the Applicant's ability to 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.

1. Program Experience:
   a) Agency Mission: Briefly describe: 1) the Applicant's mission; 2) the types of programs/services the Applicant conducts and where they are conducted; 3)

the type of residential behavioral health facility and organizations that the Applicant works with in carrying out its mission; and 4) 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 the Mental Illness and Substance Use Disorders Population: Describe: 1) the length of time the Applicant has been physically located in California; 2) the length of time the Applicant has served or worked with mental health disorders and substance use disorders population; 3) experience developing community linkages, participating in, and maintaining stakeholder groups; 4) previous and current collaborations with agencies, organizations, and community leaders that represent or serve mental illness and/or substance use disorder clients in California; 5) two (2) brief examples demonstrating partnerships with non-traditional groups (e.g., arts and culture, housing, environment, community development, faith based, youth development.

c) Program Staffing: Describe the formal educational background and professional experience of the program coordinator/champion, including the length of time worked on projects to create environmental changes and experience to successfully implement and evaluate a project.

d) Record of Accomplishment in the Environmental Change:
Briefly describe the Applicant's record of accomplishment in the field of public health in the areas of environmental change. Provide two examples that illustrate environmental change or public health interventions that the Applicant led or participated in as a partner, evaluation activities conducted, and the outcome of these efforts. If any of your environmental change or public health interventions work was in the field of tobacco control, please provide at least one (1) example of that work.

2. **Organizational Start Up and Equipment**

a) Organizational Start Up: Describe the Applicant's primary physical office space and location for the proposed project, capability and resources to begin implementation of activities within **two weeks** of the grant start date and focus delivery of services related to implementation and management of this project.

b) Equipment: Describe the existing office equipment, computer equipment, software, and other communication equipment that the Applicant 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 appropriate hard drive encryption and antiviral software and applications to support email, spreadsheets, PowerPoints, databases, and reliable access to the Internet.

iii. Approximately when the computer equipment was purchased.

3. **Administrative/Fiscal Experience and Audit History**
   a) Administrative Staffing: Describe the Applicant's current administrative staffing pattern for activities such as contract and grant management, invoicing, and tracking of contractual, administrative, and fiscal controls.
   b) Fiscal and Contract/Grant Compliance: Describe the Applicant's performance within the last two (2) 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, evaluation documentation; and compliance with government requirements.
   c) Audit History: Describe the Applicant's fiscal and (if any) programmatic audit history within the last two (2) 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 two (2) 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 a bid or proposal and prior to executing any state contract or renewal of goods or services, a vendor must certify that it is not on the list of ineligible vendors prohibited from doing business with the State of California. During the bid evaluation, it is the buyer's responsibility to check the list of ineligible vendors to confirm that the 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 two (2) letters of reference from two (2) separate entities into OTIS. Letters of reference must be addressed to the Applicant. No more than two (2) 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. The additional letter may come from the Local County Health Department. Do not include letters of reference from the Applicant's subcontracting partners. Each letter must be on the reference provider's letterhead and include:
   - The address, telephone number, e-mail, name, and title of the letter's author.
   - A description of the capacity in which the reference provider worked with the Applicant.
   - A description of the Applicant's ability to: 1) function in the role as the Project Coordinator; 2) implement the Wellness QIP.
   - The Applicant's ability to fulfill the fiduciary and grants management functions.

- The Applicant's ability to establish and maintain positive collaborative relationships with CDPH/CTCP statewide funded projects, LLAs, CTCP-funded community-based organizations, and new collaborative partnerships.

D. OTIS Application Instructions: Scope of Work – Intervention & Evaluation Plans

SCOPE OF WORK (SOW) – INTERVENTION & EVALUATION PLANS
(REQUIRED BUT NOT SCORED)

1. Complete the below required items pursuant to the OTIS web-based training unit *Creating Your Application/Plan* (see **Appendix 9:** *Instructions for Accessing the OTIS Applicant Training Course: Creating Your Application/Plan,* for access instructions), and **Appendix 4:** *Prescribed Scope of Work for Behavioral Health Projects*, and **Appendix 10:** *Tell Your Story: Guidelines for Preparing Useful Evaluation Reports.* The SOW and Evaluation objectives and activities will be pre-populated in OTIS, but the applicant will be required to enter in ranges for the participant survey evaluation section.

2. For each activity, complete the following information:
   a) Responsible Parties: Identify budgeted personnel (e.g., program coordinator, and non-budgeted entities such as volunteers, wellness workgroup) responsible for completing activities. Budgeted titles must be consistent with the titles used in the Budget Justification.
   b) The Participant Survey Evaluation activity requires the applicant to insert a range of surveys that will be conducted.

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

NARRATIVE SUMMARY

1. Community Assessment Analysis (600-word limit): (REQUIRED AND SCORED) The Community Assessment Analysis is to provide rationale and support for implementing the Wellness QIP in the proposed setting. Applicants may demonstrate the need for the intervention using information about the facility such as the number of inpatient beds, and overall number of clients served; and if any unique or vulnerable populations are served. Describe the current culture of tobacco use at the facility, including staff and/or patient smoking, observed tobacco-related litter, SHS exposure, number of smoking areas, frequency of smoking breaks, and if access to tobacco is used as a reward for positive behavior. Describe the current tobacco use policy (or lack thereof) at the facility, whether it is written or informal, as well as intake procedure as it relates to tobacco use. Include information about any current practices for providing patients with tobacco cessation treatment or referral for cessation counseling. Describe any previous efforts to reduce tobacco use or increase wellness activities at the facility, if tobacco cessation classes or other health and wellness opportunities are available to patients. Describe the overall readiness of the

organization to implement the Wellness QIP, including any expected barriers to implementation, or organizational assets that may facilitate project success.

The first two sentences of the Community Assessment Analysis narrative must begin with the following statements:

- "This project will primarily address the following priority population of focus: (list the population). The number of inpatient beds at this facility is #."
- "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): (NOT SCORED) A concise summary of the activities to be implemented, and how these activities will accelerate the adoption, implementation, and impact of environmental change campaigns conducted by the Wellness QIP which reflects the prescribed SOW is pre-populated in OTIS.

3. Theory of Change (300-word limit): (NOT SCORED) The underlying rationale for the proposed intervention is pre-populated in OTIS.

4. Evaluation Summary Narrative (500-word limit): (NOT SCORED) The Evaluation Summary describes the evaluation design, outcome and process evaluation activities to be conducted, and is pre-populated in OTIS.

F. OTIS Application Instructions: Budget Requirements

BUDGET REQUIREMENTS (REQUIRED BUT NOT SCORED)

Requirements for the pre-populated budget are provided below.

1. Applicants are required to have an assigned Project Coordinator to fulfill the prescribed scope of work listed in **Appendix 4**: *Prescribed Scope of Work Activities for Behavioral Health Projects*.
2. Eighteen-Month Budget: Applicant must adhere to the budget requirements provided in **Appendix 5:** *Budget Justification.* Grantee will be reimbursed for the services satisfactorily performed based on the scope of work; the reimbursement includes all costs, including salary, fringe benefits, operating expenses, labor, transportation/travel costs, equipment cost and indirect costs. Grantee agrees the to the payment schedule and shall remain in effect throughout the duration of the agreement
3. Travel and Training: The Project Coordinator is required to attend the Travel/Training noted in Table 4. *Required CTCP Travel/Trainings*.

G. OTIS Application Instructions: Additional Documents

ADDITIONAL DOCUMENTS[ii]

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 9:** *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. Applicants currently receiving funds for work similar to that in this RFA from a CTCP-funded agency or the UC-TRDRP are not eligible for these funds. (Uploaded documentation by applicant) (online form)
2. Certification of Non-Acceptance of Tobacco Company Funding: Complete and upload this form; see **Appendix 3***: 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.

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

B. Application Review Process

STAGE ONE: ADMINISTRATIVE AND COMPLETENESS SCREENING

1. CDPH/CTCP will review applications for on-time submission and compliance with administrative requirements and completeness. The OTIS electronic time stamp will be used to verify on-time submission.
2. A late or incomplete application will be considered non-responsive and will be disqualified and eliminated from further evaluation.
3. Applications submitted from non-eligible entities will not be reviewed.
4. 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
5. CDPH/CTCP may waive any immaterial deviation in an application; however, this waiver shall not excuse an application from full compliance with the grant terms if a grant is awarded.

STAGE TWO: APPLICATION SCORING (100 POINTS)

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

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

Table 5 describes the maximum point value for each RFA section.

Table 5. Maximum Point Value for RFA Sections

Application Component	Total Point Value
Applicant Capability	50
Community Assessment Analysis	50
TOTAL	100

STAGE THREE: NOTIFICATION OF DECISION

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

STAGE FOUR: GRANT MODIFICATIONS

CDPH/CTCP reserves the right to reject any proposed project or project component(s). Following the award notification, CDPH/CTCP may require modifications to the application as a condition of the award. Upon completion and approval of application documents, the grant documents will be submitted to CDPH for execution. All grant document modifications must be complete and accepted by October 1, 2018 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 6. *Scoring Criteria and Rating Points* provides the selection criteria and the associated point value that will be used to evaluate and score applications.

Table 6 Scoring Criteria and Rating Points

APPLICANT CAPABILITY		
Application Component	**Scoring Criterion**	**Point Value**
Organizational Mission	The Applicant demonstrates that its mission, type of residential behavioral health facility, types of programs and services, targeted audiences, groups, and organizations that it typically works with are consistent with the goals of this RFA.	**4**
Demonstrated Access and Work with Mental Illness and Substance Use Disorders Population	The length of time the Applicant has served or worked with mental health disorders and/or substance use disorders population in California: ▪ Experience developing community linkages, participating in, and maintaining stakeholder groups; ▪ Previous and current collaborations with agencies, organizations, and community leaders that represent or serve mental illness and/or substance use disorder clients in California; ▪ Two brief examples demonstrating partnerships with non-traditional	**10**

APPLICANT CAPABILITY		
Application Component	**Scoring Criterion**	**Point Value**
	groups (e.g., arts and culture, housing, environment, community development, faith based, youth development.	
Record of Accomplishment in the Environmental Change	Briefly describe the Applicant's record of accomplishment in the field of public health in the areas of environmental change: ▪ Provide two examples that illustrate environmental change or public health interventions that the Applicant led or participated in as a partner, evaluation activities conducted, and the outcome of these efforts. ▪ If any of your environmental change or public health interventions work was in the field of tobacco control, please provide at least one example of that work.	**10**
Program Staffing	Describe the following: ▪ Formal educational background and professional experience of the Program Coordinator/ Champion. ▪ The length of time worked on projects to create environmental changes and/or public health interventions. ▪ Experience with successfully implementing and evaluating a project.	**8**
Organizational Start Up and Equipment	The Applicant demonstrates: ▪ The primary physical office space and location for the proposed project; capability and resources to begin implementation of activities within two weeks of the grant start date; and focus delivery of services related to implementation and management of this project. Equipment:	**4**

APPLICANT CAPABILITY		
Application Component	**Scoring Criterion**	**Point Value**
	▪ Describe the existing office equipment, computer equipment, software, and other communication equipment that the Applicant 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: ▪ 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.). ▪ The appropriate hard drive encryption and antiviral software and applications to support email, spreadsheets, PowerPoints, databases, and reliable access to the Internet. ▪ Approximately when the computer equipment was purchased.	
Administrative/Fiscal Experience and Audit History	The Applicant demonstrates: ▪ An administrative/fiscal staffing pattern and staff that have the appropriate educational background, skills, and experience to satisfactorily manage all aspects of payroll, bookkeeping, invoicing, and other administrative and fiscal controls associated with acceptance and management of government funds; ▪ Two (2) 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 deliverables, fiscal stability to manage payments in arrears.	10

APPLICANT CAPABILITY		
Application Component	**Scoring Criterion**	**Point Value**
	▪ Applicant's fiscal and (if any) programmatic audit findings from the past two (2) years that includes a thorough explanation of any negative audit findings and their resolution (if the Applicant was audited by a governmental agency within the last two (2) 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). ▪ Documentation of compliance with Tax Debtor List Requirements in the Additional Documents section in OTIS.	
Letters of Reference	The Letters of Reference: ▪ Are on Agency letterhead and include contact information. ▪ Describe the capacity in which the reference provider worked with the Applicant. ▪ Describe the Applicant's ability to build and maintain collaborative partnerships with traditional and non-traditional community partners. ▪ Establish and maintain positive collaborative relationships with CDPH/CTCP statewide funded projects, LLAs, CTCP-funded community-based organizations, and new collaborative partnerships. ▪ Fulfill the fiduciary and grants management functions. ▪ 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 are not from the Applicant's subcontracting partners.	**4**

APPLICANT CAPABILITY		
Application Component	**Scoring Criterion**	**Point Value**
	SUBTOTAL	**50**

SCOPE OF WORK - NARRATIVE SUMMARY		
Application Component	**Scoring Criterion**	**Points Possible**
Community Assessment Analysis	The Community Assessment Analysis demonstrates: ▪ Demonstrate the need for the intervention using information about the facility such as a minimum of 20 beds inpatient beds, overall number of clients served, and any unique or vulnerable populations served. ▪ Describe the current culture of tobacco use at the facility, including staff and/or patient smoking, observed tobacco-related litter, secondhand smoke exposure, number of smoking areas, frequency of smoking breaks, and if access to tobacco is used as a reward for positive behavior. ▪ Describe the current tobacco use policy (or lack thereof) at the facility, whether it is written or informal, as well as intake procedure as it relates to tobacco use. ▪ Include information about any current practices for providing patients with tobacco cessation treatment or referral for cessation counseling. ▪ Describe any previous efforts to reduce tobacco use or increase wellness activities at the facility, if tobacco cessation classes or other health and wellness opportunities are available to patients.	**50**

SCOPE OF WORK - NARRATIVE SUMMARY		
Application Component	**Scoring Criterion**	**Points Possible**
	▪ Describe the overall readiness of the organization to implement the Wellness QIP, including any expected barriers to implementation, or organizational assets that may facilitate project success.	
	SUBTOTAL	**50**

Part VII. Award Administration Information

A. RFA Defined

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

B. RFA Cancellation and Addendums

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

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

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

C. Immaterial Defect

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

D. Grounds to Reject an Application

An Application shall be rejected if:

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

E. Notice of Awards

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

F. Appeal Process

1. Notice of the proposed award shall be posted on the TCFOR website. If any Applicant, prior to the award of a grant, appeals the award, on the grounds that the Applicant would have been awarded the grant had CDPH/CTCP correctly applied the evaluation standard in the RFA, or if CDPH/CTCP followed the evaluation and scoring methods in the RFA, the grant shall not be awarded until either the appeal has been withdrawn or CDPH has decided the matter. It is suggested that the Applicant submit any appeal by certified or registered mail.

Only those submitting an application consistent with the requirements of this RFA and are not awarded a grant may appeal. There is no appeal process for applications that are submitted late, noncompliant, or incomplete. No awarded Applicant may appeal the grant award-funding amount.

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

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

4. Upon resolution of any appeal and subsequent award of the grant, 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 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 years beyond the date of the final grant payment.

5. The Awardee is required to expend the grant funds to implement the agreed upon **Appendix 4:** *Prescribed Scope of Work Activities for Behavioral Health Projects* and consistent with **Appendix 5:** *Budget Justification*, and **Appendix**

11: *Local Lead Agency and Competitive Grantee Policy Manual.* The Local Lead Agency and Competitive Grantee Policy Manual is also located in OTIS under the Training Tab and User Manual, where users are be 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. 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 OMB Circular Nos. A-21, A-87, A-110, A-122, and A-133. It is the responsibility of the Awardee to adhere to these regulations.

E. Progress Reports

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