California Department of Public Health

Solicitation

18-10493
California Tobacco Control Program
Priority Populations Initiative Evaluation

California Department of Public Health
California Tobacco Control Program
MS 7206
1616 Capitol Avenue, Suite 74.516
Sacramento, CA 95814
www.cdph.ca.gov/tobacco

TABLE OF CONTENTS

Part I. INTRODUCTION **4**
A. BACKGROUND, PURPOSE, GOALS, AND OBJECTIVES 4
B. ELIGIBILITY CRITERIA 17
C. CONTRACT TERM 18
D. ANTICIPATED FUNDING 18
E. SCOPE OF WORK (SOW) 18
F. SUBCONTRACTORS 29
G. KEY ACTION DATES 30
H. VOLUNTARY PRE-PROPOSAL WEBINAR 30
I. QUESTIONS 31
J. MANDATORY LETTER OF INTENT 31

Part II. EVALUATION CRITERIA **31**
A. AGENCY CAPABILITY 33
B. PROJECT NARRATIVE AND SOW 34
C. COST PROPOSAL 35

Part III. SUBMISSION REQUIREMENTS **36**
A. PROPOSAL REQUIREMENTS 36
B. PROJECT NARRATIVE 39
C. DETAILED PROPOSED SOW 39
D. COST PROPOSAL 40
E. SUBMISSION OF SOLICITATION MATERIALS 40
F. ADDITIONAL DOCUMENTS 41
G. IMPORTANCE OF MEETING ALL SOLICITATION DEADLINES 41
H. COMMUNICATION BETWEEN CDPH/CTCP AND PROPOSERS 42
I. PROPERTY OF CDPH/CTCP 43
J. COST OF SUBMISSION 43
K. PREFERENCE PROGRAMS 43

PART IV. CONTRACT AWARD **46**
A. NOTICE OF INTENT TO AWARD A CONTRACT 46
B. CONFIDENTIALITY OF PROPOSALS 47
C. CDPH/CTCP RIGHTS 47
D. GROUNDS TO REJECT A PROPOSAL 47
E. APPEAL PROCESS 48
F. CONTRACTS 49
G. CONTRACT FORMS AND EXHIBITS 50

PART V. IMPORTANT ADMINISTRATIVE DETAILS **50**
A. CONTRACTOR REQUIREMENTS 50
B. CONTRACTOR REQUIRED DOCUMENTS 51
C. USE OF FUNDS 51
D. INVOICES 52
E. AUDIT REQUIREMENTS 52
F. DISPUTE RESOLUTION, CDPH/CTCP RIGHTS, AND CONTRACT TERMINATION 52

PART VI. REFERENCES 54

To view the following documents, go to the Tobacco Control Funding Opportunities and Resources (TCFOR) website, select the Funding Opportunities section, click on the Solicitation 18-10493 California Tobacco Control Program Priority Populations Initiative Evaluation link, and open the selected Appendix documents.

Appendix 1: Initiative to Reduce Tobacco-Related Disparities
Appendix 2: Mandatory Letter of Intent
Appendix 3: Instructions for Submitting Applications using TCFOR
Appendix 4: Scope of Work Template
Appendix 5: Cost Proposal
Appendix 6: Instructions for Accessing the OTIS Applicant Training Course
Appendix 7: Sample Non-Profit Status Letter
Appendix 8: Non-Small Business Subcontractor Preference Instructions
Appendix 9: Commercially Useful Function (CUF) Certification
Appendix 10: Follow-on Consultant Contract Disclosure
Appendix 11: CDPH Travel Reimbursement Information
Appendix 12: Conflict of Interest Certification

Part I. INTRODUCTION

A. BACKGROUND, PURPOSE, GOALS, AND OBJECTIVES

1. Background and Authorizing Legislation

Background

California's comprehensive state tobacco control and prevention efforts are widely recognized as some of the most successful programs in the United States (U.S.). California's efforts to reduce tobacco use and prevent tobacco-related diseases have reduced smoking rates in California to one of the lowest in the nation, yet tobacco-related diseases still account for approximately 40,000 deaths a year in California, representing 16% of all deaths.[1-3] Tobacco use in California costs the state $18.1 billion in health care costs and lost productivity from illness and premature death.[4]

Although the overall smoking rate in California in 2015-2016 was 12.4%, there were differences by subgroup.[5] Smoking rates for priority populations were 18.5% among individuals who identify as lesbian, gay, or bisexual, 20.7% among Black/African American individuals, 15.1% among individuals living in rural areas, 11.5% among Hispanic individuals, and 8.6% among Asian/Pacific Islander individuals. Even within these groups, there are subsets of individuals with higher smoking prevalences. For instance, Vietnamese males have a smoking rate of 23.7% and Hispanic males have a smoking rate of 16.9%. Therefore, targeted efforts are needed to reduce tobacco use among these priority populations.

Two landmark acts have been essential for supporting the efforts of the California Department of Public Health (CDPH) California Tobacco Control Program (CTCP). The Tobacco Tax and Health Protection Act of 1988, also known as Proposition 99 (Prop 99), increased the state cigarette tax by 25 cents per pack, added an equivalent amount on other tobacco products, and designated the revenue for tobacco-related research, health education and promotion, as well as health care services.

In November 2016, California voters overwhelmingly approved the California Healthcare, Research, and Prevention Tobacco Tax Act of 2016, Proposition 56 (Prop 56), by a 64% to 36% 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). The act designated a portion of the revenue towards California's comprehensive tobacco control program and tobacco-related disease research. Of the funds directed to CDPH/CTCP for a comprehensive tobacco control program, Prop 56 requires that a minimum of 15% of the funds be used to accelerate and monitor the rate of decline in tobacco-related disparities with

a goal of eliminating tobacco-related disparities. It is crucial that these resources make a difference in preventing and reducing tobacco use, particularly among those populations that have higher rates of tobacco use. It is within this context that CDPH/CTCP seeks to rapidly accelerate declines in tobacco use, particularly among populations experiencing the greatest tobacco-related disparities.

Beginning in July 2017, CDPH/CTCP began releasing funds for its *Initiative to Reduce Tobacco-Related Disparities*. Appendix 1 provides a schematic overview of the major components of the *Initiative to Reduce Tobacco-Related Disparities*. Using Prop 56 funds, this Priority Populations Initiative Evaluation Solicitation seeks to fund a statewide evaluation of the *Regional Initiative to Reduce Tobacco-Related Disparities* among African American/Black, Asian Pacific Islander, Hispanic/Latino, and Lesbian, Gay, Bisexual, and Queer (LGBTQ) populations and the *Regional Rural Initiative to Reduce Tobacco-Related* Disparities, along with each of the corresponding statewide coordinating centers. The Priority Populations Initiative consists of multiple regional tobacco control projects serving these populations and corresponding statewide coordinating centers. The other components of the *Initiative to Reduce Tobacco-Related Disparities* will be evaluated through separate mechanisms from this Solicitation.

Authorizing Legislation

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 104375 authorizes CDPH/CTCP to conduct statewide surveillance of tobacco-related behaviors, knowledge, and attitudes and evaluate local and state tobacco control programs. At a minimum, these evaluation activities are to use scientifically appropriate methods for monitoring the annual progress of the program in reducing the adult smoking prevalence from the 1993 benchmark rate of 20% and reducing cigarette consumption from the 1993 per capita benchmark rate of 4.84 packs per quarter. These surveillance and evaluation activities may include, but need not be limited to, the following:

- Be based on sound evaluation principles.
- Monitor the overall statewide effect of health education efforts on smoking and tobacco use, and, to the extent feasible, the resulting effects on health.
- Monitor the effect of the programs on individual target populations identified by this article or designated by the department as meriting special attention.

- Provide an evaluation of the comparative effectiveness of individual program designs that shall be used in funding decisions and program modifications.
- Incorporate other aspects into the evaluation that have been identified by the department in consultation with state and local advisory groups, Local Lead Agencies (i.e., local health departments), and other interested parties.
- Funds permitting, utilize a sample size that is adequate to produce county, regional, and ethnic specific estimates.

2. Purpose

The purpose of this Solicitation is to request competitive proposals from eligible organizations to conduct an evaluation of CDPH/CTCP's Priority Populations Initiative, including the regional projects and statewide coordinating centers that focus on the following populations: African American/Black, Asian/Pacific Islander, Hispanic/Latino, LGBTQ, and rural populations. The evaluation will assess the project characteristics and their relationship to tobacco-related policy, system, and environmental changes described below.

- Community engagement in promoting tobacco control policy and systems change
- The strength of the scope of work (SOW) for each awarded project and its implementation
- Facilitators and barriers to tobacco control policy and systems change
- The capacity of award recipients to address tobacco control policy and systems change
- The quantity, strength, and diversity of partnerships and collaborations on tobacco control policy and systems change efforts
- Tobacco-related attitudes, behaviors, and environment among the priority populations
- The advantages and disadvantages of targeted priority population approaches to reduce tobacco-related disparities compared to the more general, multi-cultural approach taken by Local Lead Agencies

The services sought include the development of an evaluation plan; using and interpreting existing data; collecting and interpreting new information and data; conducting data analyses; reporting results; providing recommendations to CDPH/CTCP; data dissemination; and translation of findings (e.g., presentations, fact sheets, infographics, etc.).

CDPH/CTCP intends to award a single contract to the Proposer most responsive to the Solicitation requirements.

3. Description of the Priority Populations Initiative

The Priority Populations Initiative is funding regional projects and statewide coordinating centers as a result of five Requests for Applications (RFAs) that take a

targeted priority population approach to tobacco control policy and systems change (Table 1).

Table 1. Priority Populations Initiative Projects and Coordinating Centers

Project Name (Competitive Grant Number)	Description	Number of Projects Funded/Anticipated to be Funded	Timeline
Regional Initiative to Reduce Tobacco-Related Disparities (CG 17-10569)	Reduce tobacco-related health disparities and achieve health equity among African American/Black, Asian/Pacific Islander, Hispanic/Latino, and LGBTQ populations through regional projects directed towards policy and systems change focused on tobacco use prevention and reduction	18	May 2018-April 2023
African American/Black Regional Initiative to Reduce Tobacco-Related Disparities (CG 18-10134)	A second RFA was released to solicit additional applications for African American/Black regional projects	Up to 4 anticipated	March 2019-February 2024
Statewide Coordinating Centers for Priority Populations (CG 17-10593)	Statewide coordinating centers, one for each population targeted by the Regional Initiative to Reduce Tobacco-Related Disparities, to accelerate the adoption, implementation, and impact of policy and systems change campaigns conducted by the regional projects and foster interactive and integrative collaboration and communication among award recipients of the	4	May 2018-April 2023

Project Name (Competitive Grant Number)	Description	Number of Projects Funded/Anticipated to be Funded	Timeline
	regional projects		
Regional Rural Initiative to Reduce Tobacco-Related Disparities (CG 18-10122)	Reduce tobacco-related health disparities and achieve health equity among rural populations through regional projects directed towards policy and systems change focused on tobacco use prevention and reduction	Up to 5 anticipated	April 2019-March 2024
Statewide Coordinating Center for Rural Communities (CG 18-10123)	A statewide coordinating center to accelerate the adoption, implementation and impact of policy and systems change campaigns conducted by the rural regional projects and foster interactive and integrative collaboration and communication among award recipients of rural regional projects	Up to 1 anticipated	April 2019-March 2024

The regional projects are population-specific tobacco use prevention and reduction campaigns in specific geographical regions of the state. Examples of some of the regional projects' activities include creating coalitions, adopting and implementing new policies, establishing advisory boards, recruiting, training, and mobilizing peer educators, and adopting and implementing cessation programs. The regional projects are required to have their primary objective aligned with one of the tobacco-related disparities indicators listed in Table 2.

The coordinating centers aim to foster collaboration and community engagement among the regional projects to accelerate the adoption, implementation, and impact of their policy and systems change campaigns. Examples of some of the coordinating centers' activities include developing policy platforms, developing educational materials, establishing advisory boards, and conducting outreach to elected officials and policy makers.

Table 2. Tobacco-Related Disparities Indicators

Health Equity Policy Focus	Communities of Excellence Indicator
1. Restrict Tobacco Retailer Density and Proximity of Tobacco Retailers to Each Other and Near Schools or Other Youth Sensitive Areas	**2.1.4 Tobacco Retailer Density/Zoning:** The number of jurisdictions with a policy restricting the number, location, and/or density of tobacco (including ESD) retail outlets through use of any of the following means: conditional use permits, zoning, tobacco retail permits or licenses, or direct regulation.
2. Prohibit the Sale of Menthol Cigarettes and Other Flavored Tobacco Product Sales	**3.2.9 Menthol and Other Flavored Tobacco Products:** The number of jurisdictions with a policy restricting or prohibiting the sale and/or distribution of any mentholated cigarettes and other flavored tobacco (including ESD) products, and paraphernalia (e.g., smokeless tobacco products, dissolvable tobacco products, flavored premium cigars, little cigars, cigarillos, hookah tobacco, e-cigarettes, e-hookah, wrappers).
3. Establish a Minimum Floor Price on Tobacco 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

Health Equity Policy Focus	Communities of Excellence Indicator
	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 Beneficiaries and the Uninsured	**4.1.4 Cessation Assessment and Referral Systems**: The extent to which health care, social service, housing and education agencies systematically refer patients and clients to accessible, evidence-based tobacco cessation programs such as the California Smokers' Helpline.

Additional information about the Priority Populations Initiative is available on the CDPH/CTCP TCFOR website. Specific goals and activities for each project will be shared with the Contractor (i.e., successful proposer) of this solicitation.

Table 3 displays the regions in California that were eligible to apply for a Priority Populations Initiative regional project. The checked regions were eligible based on the size of the priority population within that region. Underlined checks represent regions that have award recipients as of August 2018. Applications for African American/Black and Rural projects will be submitted to CDPH/CTCP in August and September 2018.

Table 3. Eligible Priority Population Regional Projects by Region

Region (# of Counties within the Region)	African American/ Black	Asian/Pacific Islander	Hispanic/ Latino	Lesbian, Gay, Bisexual, Transgender, Queer	Rural
1. Bay Area Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, Solano (7)	✓	✓	✓	✓	
2. Central Coast Monterey, San Benito, Santa Cruz (3)			✓		
3. Central Valley Fresno, Kern, Kings, Madera, Mariposa, Merced, Tulare (7)	✓	✓	✓		✓

Region (# of Counties within the Region)	African American/ Black	Asian/Pacific Islander	Hispanic/ Latino	Lesbian, Gay, Bisexual, Transgender, Queer	Rural
4. Gold Country Alpine, Amador, Calaveras, El Dorado, Inyo, Mono, Nevada, Placer, Sacramento, San Joaquin, Stanislaus, Sutter, Tuolumne, Yolo (14)	✓	✓	✓	✓	✓
5. High Country Lassen, Modoc, Plumas, Sierra, Siskiyou, Trinity (6)					✓
6. Los Angeles (1)	✓	✓	✓	✓	
7. North Coast Del Norte, Humboldt, Lake, Mendocino, Napa, Sonoma (6)			✓		✓

Region (# of Counties within the Region)	African American/ Black	Asian/Pacific Islander	Hispanic/ Latino	Lesbian, Gay, Bisexual, Transgender, Queer	Rural
8. North Valley Butte, Colusa, Glenn, Shasta, Tehama, Yuba (6)			✓		✓
9. South Coast Orange and San Diego (2)	✓	✓	✓	✓	
10. Tri-County San Luis Obispo, Santa Barbara, Ventura (3)			✓		
11. Tri-County South Imperial, Riverside, and San Bernardino (3)	✓	✓	✓	✓	

4. Goals and Objectives

CDPH/CTCP seeks to establish a partnership with an established and accomplished agency to develop and implement a comprehensive evaluation of the Priority Populations Initiative, which includes the five (5) RFAs listed in Table 1. The projects funded under the Priority Populations Initiative aim to accelerate reductions

in tobacco use by incorporating the following features:

- Create new and strengthen existing networks of agencies and organizations to work on a shared agenda of tobacco use prevention and reduction.
- Mobilize community residents to advocate on their behalf for tobacco use prevention and reduction and policy and systems change.
- Implement, support, and evaluate policy and systems change campaigns focused on tobacco use prevention and reduction within a single identified priority population.
- Utilize statewide coordinating centers to accelerate the adoption, implementation, and impact of policy and systems change campaigns conducted by their respective regional projects.

The Contractor will assist CDPH/CTCP to assess the impact of the Priority Populations Initiative to determine if the expected outcomes of the Initiative are achieved and to provide evidence-based recommendations for CDPH/CTCP's ongoing activities to reduce tobacco-related disparities. Specifically, the primary aims of this evaluation are to:

1) Understand the outcomes collectively achieved by the Initiative, including adoption and implementation of new policies and the role of community engagement in promoting tobacco control policy and systems change.
2) Evaluate how the award recipients' SOW and implementation are related to the achievement of policy and systems change.
3) Identify major facilitators and barriers to tobacco control policy and systems change in the identified populations and the respective regions.
4) Describe the capacity of award recipients to address tobacco control policy and systems change.
5) Describe the quantity, strength, and diversity of partnerships and collaborations on tobacco control policy and systems change efforts.
6) Describe tobacco-related attitudes, behaviors, and environment in the identified populations and the respective regions.
7) Assess the advantages and disadvantages of a targeted priority population approach to reducing tobacco-related disparities in comparison to the more general, multi-cultural public health approach of the Local Lead Agencies.

There are 61 funded CDPH/CTCP designated tobacco control Local Lead Agencies across the state of California. The current period of funding is from 2017-2021, with an expectation that contracts will be renewed beyond 2021. Local Lead Agencies take a more general, multi-cultural public health approach to tobacco control, but are required to direct a minimum of 15% of Prop 56 funds towards preventing and reducing tobacco use among priority populations.

Local Lead Agencies are expected to:

- Collaborate with diverse partners
- Coordinate local services and statewide initiatives among a variety of stakeholders
- Identify and plan for the diverse ethnic and cultural differences of each community
- Focus on community norm change strategies
- Mobilize the community to support policy, educational, and enforcement activities
- Build the capacity of local communities and agencies to address tobacco control activities and tobacco-related disparities
- Promote the statewide quitline (California Smoker's Helpline)

To understand the advantages and disadvantages, if any, of the targeted priority population approach taken by the Priority Populations Initiative compared to the more general, multi-cultural approach described in the Local Lead Agency 2017-2021 Comprehensive Tobacco Control Guidelines, the Local Lead Agencies will serve as a comparison group to the Priority Populations Initiative regional projects. This will facilitate CDPH/CTCP understanding of targeted priority population approaches vs. multi-cultural public health approaches to engaging priority populations in efforts to accelerate reducing tobacco-related disparities. See Appendix 1 for a visual overview of CDPH/CTCP's *Initiative to Reduce Tobacco-Related Disparities*.

In addition to using the Local Lead Agencies as a comparison, regions that were eligible for a Priority Populations Initiative regional project, but were not funded will also serve as a comparison group. An eligible Priority Population region may not have been funded because no applications were received from that area or one or more applications were received, but no application received the minimum passing score necessary to be awarded grant funds. Regions of California, with and without a Priority Populations Initiative regional project will be compared to understand the environment for tobacco control policy and systems change in terms of factors such as community engagement, community readiness, partnerships, facilitators, and barriers.

Of particular importance is assessing the role of community engagement in promoting tobacco control policy and systems change including the amount, diversity, and quality of engagement. Community engagement utilizes community mobilization to address inequalities and strengthen social networks.[6] It is the process of getting communities involved in decisions that affect them, including planning, development, and management of outreach, as well as activities that aim to improve health or reduce health inequalities.[7]

The logic model guiding the evaluation is included in Figure 1.

Figure 1. Logic Model for the Priority Populations Initiative Evaluation

Inputs: Trainings and technical assistance for tobacco control educators in diverse communities, statewide coordinating centers for priority populations, surveillance of tobacco-related attitudes and behaviors across sub-populations, Health Equity Report Card, statewide quitline

Key Program Strategy: Regional Initiative to Mobilize Communities and Reduce Tobacco-Related Disparities Among African American/Black, Asian/Pacific Islander, Hispanic/Latino, LGBTQ, and Rural Populations

Activities	Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
• Conduct strategic planning • Develop community leaders in priority population communities • Build partnerships and collaborate with local tobacco control partners and community-based organizations • Educate and engage community members from identified priority populations • Educate key opinion leaders, policy makers, and the public about tobacco-related disparities and effective interventions • Develop paid digital media and earned media • Access technical assistance to improve program capacity	• Strategic plans identifying project goals, resources, and tactics • Effective community leaders from priority population communities • Partnerships working in collaboration to reduce tobacco-related disparities • Educational outreach and engagement of members from priority population communities to work on tobacco-related disparities • Community educational campaigns reaching priority populations, policy makers and the general public about tobacco-related disparities • Paid digital media and earned media around tobacco-related disparities • Highly trained tobacco control educators in priority population communities	• Increased readiness for priority population communities to address tobacco control policy and systems change • Increased engagement of priority population communities in tobacco control efforts • Increased awareness of tobacco-related disparities and effective interventions among priority population groups and policy makers • Increased anti-tobacco attitudes among priority population groups, policy makers, and the public • Increased support for tobacco control policy and systems change addressing tobacco-related disparities • Increased proportion of CA priority populations covered by tobacco control policy and systems change to reduce tobacco-related disparities • Increased call volume to the statewide quitline from priority population groups	• Increased community capacity to address tobacco control policy and systems change • Increased compliance with laws/system changes addressing tobacco-related disparities • Reduced availability of tobacco products in priority population communities • Increased price of tobacco products in priority population communities • Decreased exposure to tobacco product advertising in priority population communities • Decreased susceptibility to experimentation with tobacco products among priority population groups • Increased quit attempts among tobacco users in priority population communities	• Reduced disparities in tobacco use initiation • Reduced disparities in tobacco use prevalence • Reduced exposure to secondhand smoke, tobacco smoke residue, and other tobacco products • Reduced disparities in tobacco-related morbidity and mortality

Environmental Context: Rates of tobacco use among priority populations, state and national media campaigns addressing tobacco control issues affecting priority populations, state excise tax rates, tobacco cessation insurance coverage, tobacco and e-cigarette industry spending.

Note: For the purposes of this project, "priority populations" refer to African American/Black, Asian/Pacific Islander, Hispanic/Latino, LGBTQ, and Rural populations. "Tobacco products" include electronic smoking devices and "secondhand smoke" includes tobacco smoke and toxic aerosol emitted from electronic smoking devices.

B. ELIGIBILITY CRITERIA

The following entities and organizations are invited to apply for this Solicitation:

1. Organizational Type and Conditions

- Any public or private nonprofit or for-profit entity that is currently operating a full-service office based in California.
- Agencies that are not a recipient of a Priority Populations Initiative regional project or statewide coordinating center CDPH/CTCP funds either as a prime or Subcontracting agency.
- Agencies able to certify that no conflict of interest with tobacco, e-cigarette, or related industries exists.
- Agencies able to certify that they are in good standing, fiscally stable, and qualified to conduct business with the State of California.
- Non-profit organizations must certify their eligibility to claim nonprofit status.
- By submitting a proposal, agencies acknowledge and agree to comply with all terms and conditions in the Solicitation.

2. Required Experience

Proposers should demonstrate the following qualifications, with a minimum of five (5) years of experience for each qualification:

- Designing, planning, and implementation of evaluations of complex health promotion and prevention programs targeting priority populations (i.e., African American/Black, Asian/Pacific Islander, Hispanic/Latino, LGBTQ, and rural populations);
- Management of evaluation projects with a budget of $500,000 per year or greater;
- Evaluation of community engagement, collaboration, partnerships, and policy and systems change;
  - At least two (2) years of experience evaluating partnerships should be in social network analysis
  - At least two (2) years of experience evaluating policy and systems change should be quantitatively examining predictors of policy coverage or other similar regression analyses
- Partnerships with community-based organizations on evaluations; and
- Utilization of qualitative methods as part of complex health promotion and prevention program evaluations including conducting key informant interviews and conducting longitudinal qualitative analyses

Proposers should indicate that they have language proficiency and/or access to translators to work with the priority populations (e.g., English, Spanish, Chinese, Vietnamese, Cambodian/Khmer, Hmong, and Laotian).

C. CONTRACT TERM

The anticipated term is 60 months. Please see Key Action Dates section (Part I. Section G) of this solicitation. The contract term may change if CDPH/CTCP makes an award earlier than expected or later if CDPH/CTCP cannot execute the agreement because of unforeseen delays.

The resulting contract will be of no force or effect until signed by both parties. The Contractor is hereby advised not to commence performance until the contract is fully executed. Should performance commence before all approvals are obtained, and the contract is not fully executed, said services may be considered to have been volunteered.

D. ANTICIPATED FUNDING

Up to $2,500,000 is available to fund the activities required in the Priority Populations Initiative Evaluation (Section I, subsection E of this document). Proposals must be for the entire 60-month period and shall not exceed $2,500,000. Actual expenditures may not exceed $500,000 in any fiscal year and any fraction of a fiscal year may not exceed the maximum amount as prorated to $500,000. Unexpended funds do not carry over from fiscal year to the next fiscal year without prior approval and a contract amendment. The fiscal year begins July 1 and ends June 30 of the following year. Funding is contingent upon available revenues, appropriation by the Legislature and the Governor, multi-year spending authority, and CDPH/CTCP funding priorities and/or legal or administrative limitations. Continued funding for the contract will be dependent upon successful Contractor performance. Performance will be evaluated based on required progress and project status reports.

E. SCOPE OF WORK (SOW)

The Contractor will develop an evaluation plan, collect data yearly, conduct data analyses, report results, and provide recommendations for the Priority Populations Initiative. The evaluation plan should include evaluating the total impact of the Priority Populations Initiative. This includes assessing the effectiveness of the Priority Populations Initiative on impacting tobacco control policy and systems change in the identified populations and respective regions and in promoting community partnerships and engagement in tobacco control policy and systems change efforts. The Contractor must have the capability to successfully complete all of the tasks described below to evaluate the Priority Populations Initiative. It is expected that the Contractor will work with CDPH/CTCP to develop the final data collection instruments and recruitment plan after the contract is awarded.

TASK 1. Submission of Evaluation Plan

The Contractor will develop a plan to evaluate the Priority Populations Initiative. The

evaluation plan will focus on assessing the effectiveness of the Priority Populations Initiative on impacting tobacco control policy and systems change in the identified populations and respective regions and in promoting community partnerships and engagement in tobacco control policy and systems change efforts. The evaluation plan will specify the scope and focus of the evaluation, including methods such as the study design, study questions, recruitment plan, data collection instruments, data analysis plan, interpretation plan, and report writing and recommendations. The evaluation plan should have the following sections: background, study aims, uniqueness, methods, data sources, data analysis plan, collaborators, timeline, and challenges. The evaluation plan will be due **within 60 days** of the contract start.

TASK 2. Development of the Scope of Work (SOW)

The proposer will develop a detailed SOW that describes how the evaluation aims will be addressed by indicating project objectives (e.g., develop evaluation plan, data collection instruments, and sampling plans by a particular date, completion of data collection by a particular date) and step-by-step activities that will be implemented to achieve each objective.

The activities that the SOW should include are the evaluation plan development, data collection instrument development and testing, data collection manual and protocol development, data collection training, sampling and recruitment plan development, data management and analysis plan development, participant recruitment, data collection, incentives (optional), data management, data analysis and interpretation, monthly check-in meetings, submission of interim and final reports, submission of transcripts and data sets, and dissemination activities (e.g., publications, conferences, and disseminating findings to the community).

For each activity, indicate what will be done, how much will be done (i.e., quantify with a numerical range), start dates and end dates (Month/Year), responsible parties for completing the activity, tracking measures to verify completion, and the percent deliverable that the activity reflects (percent deliverables must total 100%).

TASK 3. Evaluation Design, Data Collection, and Data Analyses

In order to accomplish the primary aims of this evaluation, the Contractor will conduct:

- Key informant interviews among policy makers, community leaders, and members of coalitions
- Grantee interviews among Priority Populations Initiative award recipients and Local Lead Agencies
- Analysis of documents (e.g., progress report, scope of work, Spotlight On contributions) from Priority Populations Initiative award recipients and Local Lead Agencies
- Review of existing data (e.g., surveys administered though CDPH/CTCP and its

partners).

The suggested information to be collected using each type of data collection method is as follows:

Table 4. Data to be Collected as Part of the Priority Populations Initiative Evaluation

	Key Informant Interviews (Policy Makers, Community Leaders, and Members of Coalitions)	**Grantee Interviews** (Priority Populations Initiative Award Recipients and Local Lead Agencies)	**Award Recipient Documents**	**Existing Data**
Outputs				
Strength of the Priority Populations Initiative award recipients' SOWs (CDPH/CTCP score)			✓	
Implementation of the Priority Populations Initiative award recipients' SOWs (CDPH/CTCP score)			✓	
Priority Populations Initiative award recipients' information (e.g., grant awards/expenditures, # of staff (FTE), education level of staff)			✓	
Extent to which coordinating centers completed the required coordination and collaboration activities (list of required activities to be provided to Contractor)			✓	
Extent that award recipients accessed training and technical assistance services and collaborative learning opportunities funded by CDPH/CTCP			✓	
Capacity of award recipients to address tobacco control policy and systems changes		✓	✓	
Facilitators and barriers to tobacco control policy and systems change in the identified populations and the respective regions	✓	✓	✓	
Lessons learned from conducting the projects		✓	✓	

	Key Informant Interviews (Policy Makers, Community Leaders, and Members of Coalitions)	**Grantee Interviews** (Priority Populations Initiative Award Recipients and Local Lead Agencies)	**Award Recipient Documents**	**Existing Data**
Readiness for communities to address tobacco control policy and systems change	✓	✓	✓	
Community engagement in addressing tobacco control policy and systems change (e.g., coalitions, advisory boards, peer educators, participation in educational visits to elected officials, participation as a media spokesperson, testifying at public hearings, writing letters to the editor or Opinion Editorials, participating in community data collection such as Healthy Stores for a Healthy Community)	✓	✓	✓	
Quality, strength, and diversity of partnerships on tobacco control policy and systems change efforts	✓	✓	✓	
Quality and strength of collaboration with Local Lead Agencies, other funded CDPH/CTCP partners, and other community/government organizations		✓	✓	
Short-term Outcomes				
Awareness of tobacco-related disparities and effective interventions	✓			
Public attitudes toward tobacco				✓
Public support for tobacco control policies and systems change addressing health disparities	✓	✓		✓
Calls to the California Smokers' Helpline and proportion of enrollees from priority populations and particular jurisdictions			✓	✓

	Key Informant Interviews (Policy Makers, Community Leaders, and Members of Coalitions)	**Grantee Interviews** (Priority Populations Initiative Award Recipients and Local Lead Agencies)	**Award Recipient Documents**	**Existing Data**
Proportion of smokers from priority populations whose doctors advised them to quit				✓
Intermediate Outcomes				
Compliance with policy and systems change addressing tobacco-related disparities				✓
Availability of tobacco products in priority population communities (including proportion of stores selling menthol cigarettes and flavored non-cigarette tobacco products)			✓	✓
Price of tobacco products in priority population communities (average and cheapest)			✓	✓
Proportion of population protected by a strong tobacco retail licensing law in priority population communities				✓
Density of stores selling tobacco per 100,000 residents in priority population communities				✓
Exposure to tobacco product advertising in priority population communities (including % of stores that keep 90% of their storefront free from any advertising)				✓
Proportion of population protected by a smoke-free multi-unit housing law in priority population communities				✓
Proportion of smoke-free homes in priority population communities				✓
Susceptibility to experimentation with tobacco products among priority populations				✓

	Key Informant Interviews (Policy Makers, Community Leaders, and Members of Coalitions)	**Grantee Interviews** (Priority Populations Initiative Award Recipients and Local Lead Agencies)	**Award Recipient Documents**	**Existing Data**
Quit attempts among tobacco users in priority populations in the last 12 months				✓
Adoption and implementation of new policies (tobacco-related disparities indicators, see Table 2)			✓	✓
Long-term Outcomes				
Tobacco use initiation among priority populations				✓
Tobacco use among priority populations (adult and youth)				✓
Exposure to secondhand smoke, tobacco smoke residue, and other tobacco products				✓
Tobacco-related morbidity and mortality among priority populations				✓

Interview Data Collection and Analysis

Key Informant Interviews

Key informant interviews among policy makers, community leaders, and members of coalitions will be conducted to examine:

- Community engagement in promoting tobacco control policy and systems change (Aim 1)
- Community readiness and public support for addressing tobacco control policy and systems change
- Facilitators and barriers to tobacco control policy and systems change (Aim 3)
- Partnerships on tobacco control policy and systems change efforts (Aim 5)
- Tobacco-related attitudes, awareness of tobacco-related disparities, and effective interventions among key informants (Aim 6)

Annual key informant interviews will be conducted among policy makers, community leaders, and members of coalitions in each region where projects are awarded among each priority population. For example, in the South Coast region, key informant interviews will be conducted among individuals working with the African

American/Black, Asian/Pacific Islander, Hispanic/Latino, and LGBTQ populations since this region was eligible to have projects among these groups and all of the projects were awarded (refer to Table 3). As a control group, key informant interviews will be conducted in eligible regions where a project was not awarded. This will enable us to compare the environment for tobacco control policy and systems change (e.g., community engagement, community readiness, partnerships, facilitators, and barriers) in areas of California with and without regional projects.

The contractor is to annually administer a community engagement survey to key informant interview participants prior to the annual interview as a complement to the key informant interview. The community engagement survey should primarily assess engagement of the community by organizations working on policy and systems change efforts in that region, but other measures can also be included at the discretion of the Contractor. The purpose of the annual community engagement survey is to assess changes in community engagement over time. Assessment of engagement of the community by organizations working on policy and systems change efforts can be adapted from the 11 principles of community engagement.[8]

These principles include:

1. Focusing on local relevance and determinants of health
2. Acknowledging the community
3. Disseminating findings and knowledge gained to all partners
4. Seeking and using the input of community partners, including government and academia
5. Involving a cyclical and iterative process in pursuit of objectives
6. Fostering co-learning, capacity building, and co-benefit for all partners
7. Building on strengths and resources within the community
8. Facilitating collaborative, equitable partnerships
9. Integrating and achieving a balance of all partners by making sure that all partners' voices are heard and taken into account as part of the decision making process
10. Involving all partners in the dissemination process
11. Planning for a long-term process and commitments

The Contractor should assess differences in community engagement in areas of California with and without regional projects and should assess changes in community engagement over the course of the project.

Proposers are to provide a detailed description of their sampling and recruitment plan. Proposers should recommend and justify interview sample sizes by region and priority population in the Project Narrative Section of the proposal (e.g., key informants working

with the African American/Black population in the South Coast). It is expected that a sufficient number of interviews will be conducted to reach saturation. Proposers should indicate an approach to minimize overburdening key informants given that the same individuals may be asked to participate in interviews for the evaluation, regional projects, coordinating centers, and Local Lead Agencies.

Grantee Interviews

Grantee interviews with the award recipients will be conducted to examine:

- Community engagement in promoting tobacco control policy and systems change (Aim 1)
- Facilitators and barriers to tobacco control policy and systems change (Aim 3)
- The capacity of award recipients to address tobacco control policy and systems change (Aim 4)
- Partnerships and collaborations on tobacco control policy and systems change efforts (Aim 5).

Annual grantee interviews will be conducted among one representative from each regional project and one from each coordinating center. To aid comparison between a targeted priority population approach (regional projects) and a multi-cultural public health approach (Local Lead Agencies) for promoting tobacco control policy and systems change, grantee interviews will also be conducted among project directors and coalition coordinators from Local Lead Agencies in the regions where regional projects are awarded. It is expected that the Contractor will conduct the same number of interviews with Local Lead Agencies as are conducted among the regional projects. Half of the Local Lead Agency interviews should be conducted among project directors and the other half should be conducted among coalition coordinators.

As part of the final grantee interviews (Year 5 of each award), the Contractor should also administer a survey to the representatives from the regional projects. In this survey, the representatives will list the names of all of the regional project's partners (e.g., coordinating center, Local Lead Agencies, other CDPH/CTCP grantees, non-profit organizations, etc.) and rate their partnerships (e.g., depth of interaction, frequency of communication, value and trust of partners, length of partnership, etc.). The Contractor will utilize this information to conduct a social network analysis and create maps that reflect each regional project's partners and the partnership ratings. The Contractor should create one map for each priority population that includes all of regional projects conducted among that population (e.g., one map for the Hispanic/Latino regional projects). It is of interest to see all of the regional projects for each priority population in one map in order to examine the partnerships statewide. Some projects may be collaborating with the same partners. For instance, at a minimum all of the regional projects for one priority population will be partnering with the coordinating center for that priority population; however, there may be other common partners.

Key Informant and Grantee Interviews

For both the key informant and grantee interviews, the Contractor is expected to work with CDPH/CTCP to develop moderator's guides and the surveys that will be administered with the interviews. The Contractor is expected to obtain CDPH/CTCP's final approval on the data collection instruments. Proposers are to provide a detailed data management and analysis plan, which should include plans for interview transcription, data analysis software use, and type of quantitative and qualitative (e.g., thematic analysis, framework method, etc.) data analyses they will conduct. For the qualitative interviews and analysis, proposers should pilot test their moderator's guides to validate questions, indicate their coding plan (e.g., number of coders for each transcript), and outline steps to ensure inter-rater reliability.

<u>Award Recipient Documents</u>

Analysis of award recipient documents will be conducted to examine:

- Adoption and implementation of new policies and community engagement in promoting tobacco control policy and systems change (Aim 1)
- How the award recipients' SOW and its implementation were related to the achievement of policy and systems change (Aim 2)
- Facilitators and barriers to tobacco control policy and systems change (Aim 3)
- The capacity of award recipients to address tobacco control policy and systems change (Aim 4)
- Partnerships and collaborations on tobacco control policy and systems change efforts (Aim 5)
- Tobacco-related behaviors and environment in the identified populations and the respective regions (Aim 6).

Each regional project and coordinating center will submit required documents to CDPH/CTCP such as their Spotlight On contributions, SOW, bi-annual progress reports, and final evaluation reports. The Contractor will be responsible for reviewing and rating Spotlight On contributions. These are short success stories submitted annually by the regional projects that are posted to the CDPH/CTCP electronic communication hub known as Partners. CDPH/CTCP scores the initial application (SOWs) and progress reports and will provide these scores to the Contractor. UC Davis scores the final evaluation reports and will provide these scores to the Contractor. The Contractor will utilize these scores assigned by CDPH/CTCP and UC Davis as part of their evaluation.

One type of analysis of these scores that should be conducted at the end of the evaluation is to examine the relationship between a) SOW and progress report scores and b) the tobacco-related disparities indicators (Table 2) for regional projects vs. Local Lead Agencies. The Contractor should consider including relevant covariates in the model, for example agency capability (e.g., staff size, education level of staff), census data (e.g., race, income, education levels in each region), and project funding level. Please see Modayil et al. as an example [9]. Assessing the relationship between project

scores and tobacco-related disparities indicators by project type (regional project or Local Lead Agencies) will aid us in determining whether a targeted priority population approach (regional projects) or a multi-cultural public health approach (Local Lead Agencies) is preferable for promoting tobacco control policy and systems change.

Existing Data

Review of existing CDPH/CTCP data will be conducted to examine:

- Adoption and implementation of new policies (Aim 1)
- Tobacco-related attitudes, behaviors, and environment in the identified populations and the respective regions (Aim 6).

CDPH/CTCP will provide the Contractor with results from several surveillance surveys administered by CDPH/CTCP and its partners, such as the online California Adult Tobacco Survey, Youth Tobacco Purchase Survey, California Student Tobacco Survey, California Health Interview Survey, and Behavioral Risk Factor Surveillance Survey. Additional information is available through the Policy Evaluation Tracking System and California Smoker's Helpline. Data from these sources will be used to monitor changes in short-term, intermediate, and long-term outcomes of the evaluation (refer to Table 4 and Figure 1) among the priority populations and in the respective regions.

TASK 4. Reporting and Communication

1. The Contractor shall have **monthly** communications with CDPH/CTCP staff to ensure that activities and approaches are on the right track, whether the project is on schedule, and provide interim findings and results.

    - The Contractor will convene monthly check-in meetings with CDPH/CTCP either by phone or in-person; and,
    - The Contractor will submit **monthly** electronic reports, in a format specified by CDPH/CTCP, containing status of data collection efforts and preliminary findings as appropriate.

2. The Contractor shall submit written project status reports every **six months**. Written project status reports shall reflect all work conducted by the Contractor and any Subcontractor(s). The reports must contain the following information at a minimum:

    - A list of ongoing activities and deliverables;
    - Status of progress and accomplishments;
    - Interim results and significant findings, when possible; and,
    - Description of the steps remaining for completion of the project, including the date each step will be completed.

3. The Contractor shall submit a written **annual** progress report due by **July 31** each year covering the previous full or partial calendar year. The report must contain the following information at a minimum:

    - A brief summary of work performed detailed for the full or partial calendar year, including the steps, methods, and value achieved (including any subcontracted work); and,
    - A detailed report of data collected and analyzed to date, as well as significant findings.

4. The Contractor shall attend and participate in the following CDPH/CTCP conferences: the Health Equity/Priority Population Conference in fiscal year 19/20 and the Projects' Meeting in fiscal years 19/20, 21/22, and 23/24.

5. The Contractor shall produce a minimum of one (1) manuscript describing findings from the evaluation to be submitted to a peer-reviewed journal prior to **the final date of the contract.**

6. The Contractor shall submit a draft final evaluation report a minimum of **six (6) weeks** prior to the end of the contract to allow CDCP/CTCP four (4) weeks to review the report and provide feedback. The Contractor shall submit a final evaluation report, interview transcripts, and data sets no later than **the final date of the contract**, which must include, at a minimum:

    - A complete description of all analytical methods;
    - Main findings from all data collection methods;
    - Overall evaluation of and recommendations for the Priority Populations Initiative; and,
    - Interview transcripts and data sets are to be transferred to CDPH/CTCP using Partners, a secure and encrypted CDPH website.

TASK 5. Internship Program

In order to increase the capacity of individuals from the priority populations to work on tobacco control policy and systems change projects, the Contractor is required to create a representative internship program for individuals from the priority populations to work on this evaluation. Through this internship program, interns should gain familiarity with CDPH/CTCP's work addressing tobacco-related disparities and be able to bring knowledge about promoting tobacco control policy and systems change back to their communities. The internship program should run for the duration of the evaluation with the expectation that each intern would be offered a paid position for up to 1-2 years. The Contractor will be required to have a minimum of one intern at all times, but will be encouraged to have more than one intern.

F. SUBCONTRACTORS

The use of Subcontractors and/or Consultants is allowed if their use is necessary and justified to accomplish the SOW. All Subcontractors are expected to certify that they have no conflict of interest with any tobacco, e-cigarette, or related industry. Additionally, no Subcontractor may be the recipient of a Priority Populations Initiative regional project or statewide coordinating center CDPH/CTCP funds either as a prime or Subcontracting agency. For public universities there are limitations on the amount or percentage of subcontracting that is allowable, which is limited to up to $50,000 or 25% of the total contract, whichever is less.

A Subcontractor is an individual, a company, or an agency qualified to:

- Complete a specialized task that is directly related to the project's SOW activities; and,
- Execute/implement/complete a component of the project, carryout implemented solutions, and/or perform a limited-term service/activity.

A Consultant is an individual who:

- Possesses a level or area of expertise that extends beyond those held by the Contractor's staff;
- Supports the skills and effort of the Contractor's staff but does not duplicate those skills or effort;
- Provides technical advice on programmatic activities and problem solves issues; and,
- Charges an hourly rate that is inclusive of all expenses.

If more than one (1) Subcontractor/Consultant is proposed, the proposer should include a Subcontractor/Consultant Management Plan in the SOW and Project Narrative. The Subcontractor/Consultant Management Plan should include a plan for communication and coordination among the Contractor, Subcontractors, and Consultants, for example project meetings, check-in calls, project status reports, etc. It should also include a plan for ensuring timely completion of Subcontractor/Consultant work; clearly defined responsibilities for the Subcontractors/Consultants; and Subcontractors/Consultants' key milestones for accomplishing project tasks.

G. KEY ACTION DATES

Below is the tentative schedule for this Solicitation:

Key Action Dates	
ACTIVITY	**ACTION DATE**
Solicitation Release Date	October 8, 2018
Webinar Information Meeting	October 15, 2018, 9:00 AM to 12:00 PM Pacific Time
Written Questions Deadline	October 22, 2018
Responses to Questions Posted	October 29, 2018
Mandatory Letter of Intent Deadline	October 31, 2018, 5:00 P.M. Pacific Time
Proposal Submission Deadline	November 19, 2018, 5:00 P.M. Pacific Time
Oral Interviews (if required)	TBD
Notice of Intent to Award	TBD
Contract Start Date	June 01, 2019
Contract End Date	May 31, 2024

Note: CDPH/CTCP reserves the right to amend dates at any time during the Solicitation process.

It is the proposer's responsibility to check for notices and addenda for this Solicitation on the TCFOR website throughout the solicitation process. For assistance with the TCFOR website, please email CTCPPriorityPopulationEvaluation@cdph.ca.gov.

H. VOLUNTARY PRE-PROPOSAL WEBINAR

CDPH/CTCP has scheduled an optional Online GoToMeeting© Informational Webinar. Those intending to submit a proposal 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 proposal and to gain information about the Priority Populations Initiative that will be valuable in preparing a proposal.

The Webinar Information Meeting access codes are posted at https://tcfor.catcp.org/.

The Webinar Information Meeting is scheduled as indicated in Part I. Section G "Key Action Dates".

I. QUESTIONS

All questions regarding this Solicitation, including clarification on materials, instructions or requirements, must be submitted by the deadline indicated in Key Action Dates (Part I. Section G) to the following email address: CTCPPriorityPopulationEvaluation@cdph.ca.gov. Please include "CDPH/CTCP Solicitation 18-10493" in the subject line. Any verbal communication with CDPH/CTCP staff concerning this Solicitation is not binding on the State and shall in no way alter a specification, term, or condition of the Solicitation.

J. MANDATORY LETTER OF INTENT

For the purpose of planning the Solicitation review process, all proposers intending to submit a proposal are required to submit a letter notifying CDPH/CTCP of its intent to submit a proposal. Proposers that do not submit a mandatory letter of intent will not be considered for funding. The letter of intent is not binding and proposers submitting a letter are not required to submit a proposal. See Appendix 2 for a sample mandatory letter of intent. See Appendix 3: *Instructions for Submitting Applications Using TCFOR.*

Upload the signed letter of intent to the TCFOR website no later than the date and time listed in the Key Action Dates (Part I. Section G). Letters submitted past the deadline will not be considered. Proposers are strongly advised not to wait until the final due date and time to upload the letter, as the deadline will not be waived for technical difficulties.

The letter of intent must be submitted on the proposer's letterhead, include the signature of the authorized proposer signatory or their official agent, and must include the name and number of the Solicitation under which the proposal will be submitted (Solicitation #18-10493). Print the letter, sign by an authorized proposer signatory or their official agent, scan the letter, and upload the letter to TCFOR.

Part II. EVALUATION CRITERIA

This section explains how the proposals will be screened, reviewed, evaluated, and scored. Each proposal will be evaluated and scored based on its response to the information requested in this Solicitation. By submitting a proposal, the proposer agrees that CDPH/CTCP is authorized to verify any and all information and any references named in the proposal. Proposals received by CDPH/CTCP are subject to the provisions of the "California Public Records Act" (Government Code, Section 6250 et seq.) and are not considered confidential after completion of the selection process.

Administrative and Completeness Screening

CDPH/CTCP will screen proposals for on-time submission, completeness and compliance with administrative and organizational eligibility requirements. The Online Tobacco Information System (OTIS) electronic time stamp will be used to verify on-time

submission. A late or incomplete proposal will be considered non-responsive and will be disqualified and eliminated from further review.

Proposals submitted from non-eligible proposers will not be reviewed. Omission of any required document or form, failure to use required formats for response, or failure to respond to any requirement will lead to rejection of the proposal prior to review.

CDPH/CTCP may waive any immaterial deviation in a proposal; however, this waiver shall not excuse a proposal from full compliance with the contract terms if a contract is awarded.

Proposal scoring (100 points)

Each written proposal will be evaluated and scored according to the selection criteria by a review committee on a scale of 0 to 100 points. To be eligible for funding, a proposal must receive a score of 75 points or more. However, scoring 75 or more does not guarantee funding at the level requested.

The maximum point value of each section is as follows:

Written Section	Total Point Value
Agency Capability	40
Project Narrative and SOW	40
Cost Proposal	20
Total	**100**

Oral Presentation, if required

Oral Presentations will only be conducted if deemed necessary by CDPH/CTCP to clarify capability, capacity, understanding of the CDPH/CTCP mission and objectives, and the evaluation plan for the Priority Populations Initiative Evaluation. If required, up to three finalists will be contacted to schedule a time for the oral presentation. If only one finalist moves forward to the Oral Presentation stage, the single finalist must score 20 points or more in the Oral Presentation to be awarded funding. Instructions will be provided to the invited participants upon notification that oral presentations are deemed necessary. This presentation will be done before a review panel.

Oral Presentation Section	Total Point Value
Demonstrates understanding of CDPH/CTCP mission and objectives	5
Experience and capability to evaluate the Priority Populations Initiative	5
Leadership and organizational skills	5
Collaboration with Subcontractors/Consultants and overall value of	5

Subcontractors/Consultants	
Responses to questions	5
Total	**25**

A. AGENCY CAPABILITY

(Point Value: 40 points)

- Agency Work History and Capability

Criterion	Point Value
The proposer demonstrates significant experience (at least five (5) years) in evaluation of community engagement, collaboration, partnerships, and policy and systems change.	6
The proposer demonstrates at least five (5) years of experience designing, planning, and implementing program evaluations of complex health promotion and prevention programs among priority populations in addition to experience partnering with community-based organizations on evaluations.	6
The proposer (Contractor and/or Subcontractors) demonstrates experience working with all of the populations that are targeted by this initiative (i.e., African American/Black, Asian/Pacific Islander, Hispanic/Latino, LGBTQ, and rural populations) and language proficiency or access to translators to work with all of these populations.	5
The proposer provides evidence of adequate professional experience and formal education among the key personnel and Subcontractors\Consultants, which is consistent with the proposed SOW. The proposer provides an appropriate organizational chart demonstrating the relationship between the proposed Contractor and Subcontractors/Consultants.	5
The proposer provides evidence of significant experience (at least five (5) years) using qualitative methods as part of complex health promotion and prevention program evaluations including conducting key informant interviews and conducting longitudinal qualitative analysis.	6
Subtotal	**28**

- Administrative and Fiscal Experience

Criterion	Point Value
The proposer demonstrates the capacity to manage a complex evaluation project, ensure the scientific integrity of the project, meet deadlines, and five (5) years of experience managing projects of $500,000 per year or greater.	3
The proposer demonstrates three (3) years of satisfactory performance with administrative, fiscal and program management of government and/or non-government funds, including timely and satisfactory submission of fiscal, program, evaluation, and Subcontractor/Consultant documents; fiscal stability to manage reimbursement in arrears; and no major negative audit findings.	3
Subtotal	**6**

- Letters of Reference

Criterion	Point Value
The three letters of reference demonstrate that the proposer has: 1) Strong capacity to evaluate complex health promotion and prevention programs implemented among priority populations; 2) Experience conducting key informant interviews; 3) Experience evaluating community engagement and partnering with community-based organizations; 4) Administrative capacity to manage grant or contract funds including timely and satisfactory submission or deliverables and reports; and, 5) Capacity to successfully fulfill the activities and functions identified in the SOW.	6
Subtotal	**6**

B. PROJECT NARRATIVE AND SOW

(Point Value: 40 points)

Criterion	Point Value

The project narrative presents an overall evaluation plan, design, and methods that are appropriate for evaluating the impact of the Priority Populations Initiative.	8
The project narrative demonstrates an understanding of the Priority Populations Initiative, its primary aims, and how to assess these aims.	7
The project narrative offers a reasonable and appropriate basis for choosing the particular sampling and recruitment plan with particular attention to the fact that the project is targeting priority populations.	7
The project narrative adequately demonstrates a robust and scientific analytical plan for all of the data collection methods used to evaluate the Priority Populations Initiative, an appropriate plan for interpreting data results and determining their relevancy to CDPH/CTCP needs, and an effective and achievable plan for reporting and communicating results to CDPH/CTCP and the community.	7
A detailed SOW is provided that describes how the Priority Populations Initiative Evaluation aims will be addressed with step-by-step activities that will be implemented to achieve project objectives. For each activity, an appropriate and feasible description of what will be done, start dates and end dates, the responsible parties, tracking measures to verify completion, and percent deliverable is included.	7
The proposer describes how they will go about instituting an internship program for individuals from the priority populations to work on this evaluation.	4
Subtotal	**40**

C. COST PROPOSAL

(Scoring: 20 points)

Criterion	Point Value
The proposer demonstrates that their agency provides the best value for the services proposed through a cost-proposal that is both cost-effective and cost-competitive. The Proposed Budget Summary demonstrates an understanding of CDPH/CTCP's priorities and all the	20

requirements of the SOW.	
Subtotal	20

Part III. SUBMISSION REQUIREMENTS

A. PROPOSAL REQUIREMENTS

1. Agency Capability Section

This section provides information regarding the Agency's capacity and capability to successfully complete the required SOW and manage the contract. Prepare in a Word or a PDF format, an Agency Capability Narrative and upload into the OTIS Additional Documents section. In preparing the Agency Capability document, please respond to each of the items listed below. Some responses relate only to the proposed Contractor and other responses may include information about proposed Subcontractors and/or Consultants.

- Agency Work History and Capability: (eight [8] page limit, not including the three [3] page limit for the description of Project Personnel. Use a 12-point font, single-spaced with one [1] inch margins.)

  - Specific expertise (Contractor and Subcontractors/Consultants as appropriate): Describe the experience of the Agency and principal staff in designing, planning and implementing program evaluation of complex health promotion and prevention programs among priority populations; and experience in evaluating policy and systems change and community engagement, collaboration, and partnerships.

  - Methods (Contractor and Subcontractors/Consultants as appropriate): Briefly describe the experience of the Agency and principal staff in working collaboratively with community-based organizations; measuring community engagement, collaboration, and partnerships; using qualitative methods as part of complex health promotion and prevention program evaluations including conducting key informant interviews and conducting longitudinal qualitative analysis; and dissemination of information and/or publishing results related to public health and/or tobacco control projects.

  - Tobacco Control Experience (Contractor and Subcontractors/Consultants as appropriate): Describe any work the principal staff have performed on tobacco control issues in California.

  - Flexibility and Responsiveness (Contractor): Briefly describe the Agency's

ability to anticipate and adapt to emerging issues that relate to the Priority Populations Initiative Evaluation Required SOW Elements (Section I, subsection E of this document).

- Fiscal and Contract Compliance (Contractor): Describe the Agency'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; Subcontractor/Consultant monitoring; compliance with government requirements; and, fiscal ability to manage payments in arrears. Also describe the Agency's fiscal stability and capacity to handle a contract of this size and scope (e.g., number of U.S. based employees, annual gross revenue or grants, etc.).

- Tax Debtor List (Contractor and Subcontractors/Consultants): Each proposer must address the requirements of the Tax Debtor List for the reason described in Public Contract Code Section 10295.4. Vendors are ineligible to enter into, or renew any agreement with the state for goods or services if a vendor is delinquent with paying state income tax in excess of $100,000.00 to the California Franchise Tax Board. Prior to submitting a proposal and prior to executing any state agreement 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 proposal evaluation, it is CDPH/CTCP's responsibility to check the list of ineligible vendors to confirm that the proposer is not on that list.

- Audit History (Contractor): Describe the proposer Agency'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 major audit findings. Negative audit findings should be thoroughly explained. Indicate if the proposer Agency has been audited by a governmental agency within the last three (3) years. If yes, include the name of the agency, the agency's contact person and phone number, the year the audit was conducted, and the outcome of the audit.

- Administrative Staffing (Contractor): Describe the proposer's current administrative staffing pattern for activities such as contract 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.

- Project Personnel (Contractor and Subcontractors/Consultants) (three [3] page limit, not including the organizational chart. Use a 12-point font, single-spaced with one [1] inch margins.): Briefly describe the professional experience, formal education, and qualifications of key personnel that will staff the project. Emphasis should be on the skills and qualifications related to conducting the Priority Populations Initiative Evaluation including expertise in evaluating policy and systems change in addition to community engagement, collaboration, and partnerships, evaluation study design, key informant interview data collection, longitudinal qualitative data analysis, and data dissemination. Demonstrate that staff and any Subcontractors or Consultants have the necessary knowledge of partnering with community-based organizations on evaluations, conducting evaluation of health programs that target priority populations, and language proficiency or access to translators to work with all of the priority populations. Knowledge of relevant tobacco control laws in the state is highly desirable. At least one staff member should be indicated as the point of contact for the regional projects and coordinating centers. Provide an organizational chart that depicts the proposer's personnel, reporting relationships among personnel, proposed Subcontractors and Consultants, and the reporting relationship between the proposer and Subcontractors and Consultants. CDPH/CTCP reserves the right to require modifications to the proposed staffing pattern and reporting relationships to ensure that the staff described and budget are allocated to fully support the evaluation.

- Letters of Reference: (three [3] letters): Solicit, scan, and upload three letters of reference from three (3) separate agencies into OTIS. Letters of reference must be addressed to the primary proposer, speak to the capabilities of the primary proposer, and be within the last month. No more than three (3) letters will be accepted. If the proposer is currently receiving, or within the last three (3) years, has received funding from a local, state or federal agency other than CDPH/CTCP, one of the references **must be** from one of those agencies.

  Each letter must be on the reference provider's letterhead and must include:

  - The address, telephone number, e-mail, and title of the letter's author;
  - A description of the capacity in which the reference provider worked or is known by the proposer;
  - A description of the proposer's ability to complete projects and contracts from the perspective of the reference provider; and
  - The proposer's fiscal and administrative ability to manage government funds through timely and accurate submission of fiscal, program, and evaluation documents.

B. PROJECT NARRATIVE (20-page limit. Use a 12-point font, single-spaced with one [1] inch margins.)

Prepare a detailed proposed Project Narrative as a Word or PDF document and upload it into the Additional Documents section of OTIS. The Project Narrative should provide a detailed description and justification of the activities to be conducted as described in the SOW *(referenced in Section I, subsection E of this document)*. The Project Narrative is to describe the activities and provide the technical and scientific rationale for all activities, including detailed descriptions of data collection methods, sampling plans, recruitment strategies, data management, analysis, and interpretation. In addition, the Project Narrative must include timely and efficient plans for reporting, communicating, and disseminating results.

Additionally, the Project Narrative must address the following specific items:

- The Regional Initiative to Reduce Tobacco-Related Disparities projects (n=18) and Statewide Coordinating Centers for Priority Populations (n=4) were launched in May 2018, over one (1) year prior to the start of evaluation activities. Therefore, no baseline data will have been collected. The narrative should provide detail about how the proposer will address missing baseline data.

- The presence of other tobacco control efforts in California may have an impact on policy and systems change in addition to community engagement, collaboration, and partnerships in the priority population communities. The Project Narrative should include a detailed description of how the proposer will account for this, in order to accurately assess the impact of the Priority Populations Initiative on the stated goals and objectives.

- Briefly describe plans for the representative internship program for individuals from the priority populations to work on this evaluation. The internship program should run for the duration of the evaluation with the expectation that each intern would be offered a paid position for up to 1-2 years. There should be a minimum of one intern at all times.

C. DETAILED PROPOSED SOW

Using Appendix 4: *Scope of Work Template*, develop a detailed SOW that describes all objectives and step-by-step activities that will be implemented to achieve the objectives, and upload into the Additional Documents section of OTIS. The SOW is to include the evaluation plan development, data collection instrument development and testing, data collection manual and protocol development, data collection training, sampling and recruitment plan development, data management and analysis plan development, participant recruitment, data collection, incentives (optional), data management, data analysis and interpretation, monthly check-in meetings, submission of interim and final reports, submission of transcripts and data sets, and dissemination activities (e.g.,

publications, conferences, and disseminating findings to the community).

For each activity, describe:

- What tasks will be undertaken;
- The personnel responsible for completion of each activity, including Subcontractors\Consultants;
- The product or deliverable that will be submitted to CDPH/CTCP upon completion of each activity;
- Start and end dates for each activity;
- The percentage of the total deliverable that the activity represents (percent deliverables must total 100%); and,
- The tracking measures to be used to verify completion of the activity.

D. COST PROPOSAL

- Complete the Budget Proposal Form, Exhibit B, Attachment 1 downloadable from OTIS in the Additional Documents section.
- Complete the Cost Proposal (Appendix 5). This document is required. Please provide a fully loaded per-interview unit cost, as well as the proposed number of interviews to be completed. Interview cost and quantity must equal the total budget request.

E. SUBMISSION OF SOLICITATION MATERIALS

CDPH/CTCP assumes no responsibility or liability for costs incurred by proposers. Costs of developing and delivering submissions and presentations will not be billable to the State of California or included in the Cost Proposal.

All proposals are to be submitted to CDPH/CTCP through OTIS. Proposals submitted by any other means will not be accepted. Refer to Appendix 6 for *Instructions for Accessing the OTIS Applicant Training Course*. OTIS is a secure, passcode-protected knowledge management system that is used to submit proposals, review and score proposals, and to negotiate the SOW and budget. The system is accessible 24 hours per day, seven days per week, and provides access to several reports and a communication system.

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.

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

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. The budget instructions of this training are not applicable to proposers of this solicitation. See Appendix 6: *Instructions for Accessing the OTIS Applicant Training Course.*

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

The following email is to be used for all correspondence regarding this Solicitation, but proposals submitted to this address will not be considered:

CTCPPriorityPopulationEvaluation@cdph.ca.gov

F. ADDITIONAL DOCUMENTS

Provide the following **required** additional documents and upload as PDF documents into the Additional Documents or Other Documents section of OTIS: (Instructions are provided in the OTIS Applicant Training Course: *Additional Documents* module)

- Letters of Reference (3 letters)
- Agency Capability (8 page limit, single-spaced, 12-point font, 1 inch margins)
- Project Personnel (3 page narrative limit, single-spaced, plus an organizational chart, 12-point font, 1 inch margins)
- Project Narrative (20 page limit, single-spaced, 12-point font, 1 inch margins)
- Appendix 4: *Scope of Work Template* (No page limit)
- Appendix 5: *Cost Proposal*
- Budget Proposal Form, Exhibit B, Attachment 1
- Certification of Non-Acceptance of Tobacco Company Funds
- Proof of Non-Profit Status-(only applicable to non-governmental non-profit agencies. See Appendix 7*: Sample Non-Profit Status Letter*, either certification from the State of California, Office of Secretary of State or a letter from the Department of the Treasury, Internal Revenue Service classifying the proposing administrative agency as a private non-profit)
- Tax Debtor List-Entity Status Letter (Generate this letter at: https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp **(Uploaded documentation by agency)**
- California Civil Rights Laws Attachment
- Additional Tobacco Control Funding Form

G. IMPORTANCE OF MEETING ALL SOLICITATION DEADLINES

Proposers are responsible for ensuring that all proposal materials are successfully uploaded to OTIS prior to the submission deadline. Proposals submitted by postal mail,

email, or fax will not be accepted. Stated deadlines for submitting materials to CDPH/CTCP are strictly enforced. Submissions that are incomplete or received after the stated deadline will be rejected.

H. COMMUNICATION BETWEEN CDPH/CTCP AND PROPOSERS

1. Proposer Questions and Reporting of Errors in the Solicitation

   CDPH/CTCP will accept questions related to this Solicitation. Questions may include, but are not limited to, clarification of eligibility, services sought, instructions, requirements, or Solicitation materials. CDPH/CTCP shall respond to all proposers. All proposers must follow the process below to submit a question. CDPH/CTCP will not respond to questions directed to individual CDPH/CTCP employees nor verbal questions.

   If a proposer discovers any ambiguity, conflict, discrepancy, omission, or other error in the Solicitation, the proposer shall immediately notify CDPH/CTCP of such error in writing and request modification or clarification of the document. CDPH/CTCP strives to correct any errors found. Modifications or clarifications will be given by written notice. CDPH/CTCP shall not be responsible for failure to correct errors.

   How to Submit Questions or Report an Error in this Solicitation

   a) Verbal questions will not be accepted. All questions must be transmitted in written form.
   b) Submit written questions or errors by email to (CTCPPriorityPopulationEvaluation@cdph.ca.gov).
   c) CDPH/CTCP will send an email to confirm receipt of written questions. If confirmation is not received, proposers may resubmit or call (916) 449-5500 prior to the stated deadline to confirm receipt of the questions by CDPH/CTCP.
   d) Submit written questions to CDPH/CTCP by the date and time specified in Key Action Dates (Part I. Section G).
   e) Errors in the Solicitation or its instructions may be reported up to the proposal submission due date.

   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, issue in question, or Solicitation discrepancy found.
   c) Solicitation 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.

Response by CDPH/CTCP

a) CDPH/CTCP reserves the right to contact an inquirer to seek clarification of any inquiry received and to only answer questions considered relevant to this Solicitation. 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 Key Action Dates (Part I. Section G).
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. It is the responsibility of the proposer to monitor TCFOR for addenda issued.

2. Deviations and Modifications

All submissions must be complete when received at CDPH/CTCP. No changes, modifications, corrections, or additions may be made once they are submitted to CDPH/CTCP. CDPH/CTCP may, at its sole discretion, waive any immaterial deviation or defect in a submission. However, the waiver of an immaterial deviation or defect in a submission will in no way modify the document or excuse the proposer from full compliance with the Solicitation requirements if awarded the contract. Items may be considered “immaterial” by CDPH/CTCP if, for example, they do not affect the amount of the Cost Proposal, or if allowing the deviation does not give a proposer an advantage or benefit that would not be granted to all other proposers.

CDPH/CTCP reserves the right to contact proposers at any stage of the proposal process to collect additional clarifying information, if deemed necessary.

I. PROPERTY OF CDPH/CTCP

Submission materials will not be returned to the proposer. All proposed ideas or adaptations of the ideas contained in any submission become the property of CDPH/CTCP and CDPH/CTCP reserves the right to use them. Acceptance or rejection of the submission will not affect this right in any way.

J. COST OF SUBMISSIONS

CDPH/CTCP assumes no responsibility or liability for costs incurred by proposers. Costs of developing and delivering submissions and presentations will not be billable to the State of California or included in the Cost Proposal.

K. PREFERENCE PROGRAMS

The following Preference Programs can be applied for qualifying proposers.

Disabled Veteran Business Enterprise (DVBE) Program Requirements and

Incentive

The DVBE Program requirement for this solicitation has been waived; however, the DVBE Incentive still applies.

Disabled Veteran Business Enterprise (DVBE) Incentive

In accordance with section 999.5(a) of the Military and Veterans Code, an incentive will be given to proposers who exceed the DVBE program requirement. For evaluation purposes only, the State shall apply an incentive to PROPOSALs that propose California certified DVBE participation as identified on the Proposer Declaration GSPD-05-105 and confirmed by the State. The incentive amount for awards based on high score will vary in conjunction with the percentage of DVBE participation.

The following incentive award will apply. Incentive points will be applied to the non-cost points section for evaluation purposes.

Confirmed DVBE Participation of:	DVBE Incentive
5% or Over	5%
2% to 2.99% Inclusive	3%
1% to 1.99% Inclusive	1%

For awards based on high score awards:

The incentive shall be between 1% and 5% of the total possible available points, not including points for socioeconomic incentives or preferences.

The incentive points are included in the sum of non-cost points.

The incentive points cannot be used to achieve any applicable minimum point regulations.

An explanation of the Disabled Veteran Enterprise Program (DVBE) Incentive can be found at the Internet web site http://www.pd.dgs.ca.gov/dvbe/dvbeincentive.

Regulations are located at 2 CCR §1896.99.100 et seq.

Commercially Useful Function

Only State of California, Office of Small Business and DVBE Services certified DVBEs who perform a commercially useful function relevant to this solicitation, may be used to

satisfy the DVBE program requirements. Proposers are to verify each DVBE Subcontractor's certification with OSDS to ensure DVBE eligibility.

Definition of Commercially Useful Function: California Code of Regulations, Title 2, § 1896.61(l) The term "DVBE Contractor, Subcontractor or supplier" means any person or entity that satisfies the ownership (or management) and control requirements of §1896.61(f); is certified in accordance with §1896.70; and provides services or goods that contribute to the fulfillment of the contract requirements by performing a commercially useful function.

As defined in MVC §999, a person or an entity is deemed to perform a "commercially useful function" if a person or entity does all of the following:

- Is responsible for the execution of a distinct element of the work of the contract (including the supplying of services and goods.).
- Carries out its obligation by actually performing, managing, or supervising the work involved.
- Performs work that is normal for its business services and functions.
- Is responsible, with respect to products, inventories, materials and supplies required for the contract, for negotiating price, determining quality and quantity, ordering, installing, if applicable and making payment.
- Is not further subcontracting a portion of the work that is greater than that expected to be subcontracted by normal industry practices.

A Contractor, Subcontractor, or supplier will not be considered to perform a commercially useful function if the Contractor's, Subcontractor's, or supplier's role is limited to that of an extra participant in a transaction, contract, or project through which funds are passed in order to obtain the appearance of disabled veteran business enterprise participation.

The CDPH Advocates listed herein can be contacted to provide assistance in identifying DBVE vendors that may perform a commercially useful function applicable to the scope of this solicitation.

Declaration Forms

Complete the Proposer Declaration GSPD-05-105 and include it with the proposal response. When completing the declaration, proposers must identify all Subcontractors proposed for participation in the contract. Proposers awarded a contract are contractually obligated to use the Subcontractors for the corresponding work identified unless the State agrees to a substitution and it is incorporated by amendment to the contract. This form is located at http://www.documents.dgs.ca.gov/pd/poliproc/MASTER-PROPOSALDeclar08-09.pdf.

If applicable, proposers who have been certified by California as a DVBE (or who are

proposing rental equipment and have obtained the participation of Subcontractors certified by California as a DVBE) must also submit a completed form(s) STD. 843 (Disabled Veteran Business Enterprise Declaration). All disabled veteran owners and disabled veteran managers of the DVBE(s) must sign the form(s). This form is located at http://www.documents.dgs.ca.gov/pd/poliproc/STD-843FillPrintFields.pdf.

At the State's option prior to award, proposers may be required to submit additional written clarifying information. Failure to submit the requested written information as specified may be grounds for proposal rejection.

CDPH Advocate

CDPH Small Business and Disabled Veteran Business Enterprise Advocates are available to answer questions regarding the SB/DVBE Programs and Incentives and to help identify possible SB/DVBE vendors. If you need additional information contact:

CDPH Advocate
sbdvbe@cdph.ca.gov

Small Business Proposal Preference

Certified small businesses or microbusinesses can claim the 5% preference when submitting a Proposal on a State contract. A non-small business may receive a preference of 5% if the business commits to subcontract at least 25% of its net Proposal price with one or more small businesses or microbusinesses. The 5% preference is used only for computation purposes, to determine the winning proposer and does not alter the amounts of the resulting contract. The preference will be given to the highest responsive responsible bidder's total score. A contract awarded on the basis of the 5% preference is awarded to the small business, microbusiness or non-small business for the actual amount of its Proposal. A non-small business, which qualifies of this preference, may not take an award from a certified small business. See optional Appendix 8: *Non-Small Business Subcontractor Preference Instructions*. For additional information go to http://www.dgs.ca.gov/pd/Programs/OSDS.aspx.

See optional Appendix 9: *Commercially Useful Function (CUF) Certification.*

PART IV. CONTRACT AWARD

A. NOTICE OF INTENT TO AWARD A CONTRACT

Award of the contract will be to the most responsive and qualified proposer who earns the highest total Solicitation score. A Notice of Intent to Award a Contract identifying the selected Contractor will be posted on the TCFOR website. All finalists will be notified by email regarding the contract award decision.

B. CONFIDENTIALITY OF PROPOSALS

Financial records received by CDPH/CTCP will be kept confidential and will be destroyed at the time of the Contract Award. All other portions of proposal responses not containing financial details requested will be subject to disclosure in accordance with the California Public Records Act (Government Code, Section 6250 et seq.) and may be reviewed and copied by the public if formally requested after CDPH/CTCP posts the Notice of Intent to Award a Contract, except those portions of the proposal that are exempt from disclosure as provided in the Public Records Act.

C. CDPH/CTCP RIGHTS

1. Rejection of All Proposals

   Issuance of this Solicitation in no way constitutes a commitment by CDPH/CTCP to award a contract. CDPH/CTCP reserves the right to reject any or all proposals or portions of proposals received in response to this Solicitation, or to amend or cancel this Solicitation if it is in the best interest of the State. CDPH/CTCP may, at its sole discretion, cancel this Solicitation after the receipt of submissions if the number of submissions is inadequate or if there is insufficient competition among qualified proposers. In the event of such cancellation, CDPH/CTCP may reissue a new Solicitation at a later date.

2. Verification of Proposer Information

   By submitting a proposal, proposers agree to authorize CDPH/CTCP to:
   - Verify any and all claims made by the proposer including, but not limited to, verification of prior experience and the possession of other required qualifications.
   - Check any reference identified by a proposer or other resources known by the State to confirm the proposer's business integrity and history of providing effective, efficient, competent, and timely services.

D. GROUNDS TO REJECT A PROPOSAL

A Proposal shall be rejected if:

- It is received after the exact date and time set for receipt of proposals. The OTIS date stamp will be used to verify on-time submission.

- It contains false or intentionally misleading statements or references which do not support an attribute or condition contended by the proposer.

- The proposal is intended to erroneously and fallaciously mislead the State in its evaluation of the proposal and the attribute, condition, or capability is a requirement of this Solicitation.

- There is a conflict of interest.

- It is not submitted through OTIS and prepared in the mandatory format described.

- It does not literally comply or it contains caveats that conflict with the Solicitation and the variation or deviation is not material, or it is otherwise non-responsive.

- Proposer has been prohibited from contracting with the following Agencies:
    - Franchise Tax Board
    - California Department of Tax and Fee Administration (formerly known as the Board of Equalization)
    - Department of Fair Employment and Housing.

- Proposer has been suspended or barred from contracting with the state at the following websites:
    - Secretary of State
    - Air & Water Polluters pursuant to GC section 4475-4482
    - Plastic trash bag content noncompliance
    - Federal Excluded parties List.

- The proposer has received a substantive negative contract performance from the State.

E. APPEAL PROCESS

1. Notice of Intent to Award shall be posted on the TCFOR website at: https://tcfor.catcp.org/. If any proposer, prior to the award of a contract, appeals the award on the grounds that the proposer would have been awarded the contract had CDPH/CTCP correctly applied the evaluation standard in the Solicitation, or if CDPH/CTCP followed the evaluation and scoring methods in the Solicitation, the contract shall not be awarded until either the appeal has been withdrawn or CDPH/CTCP has decided the matter. It is suggested that appeals are submitted by certified or registered mail. Only those submitting a proposal consistent with the requirements of this Solicitation and are not awarded a contract may appeal. There is no appeal process for proposals that are submitted late, noncompliant, or incomplete. No awarded proposer may appeal the contract award funding amount.

2. The proposer may appeal the award decision. The Intent to Appeal Letter is due by 5:00 p.m. on the date listed in the Key Action Dates (Part I. Section G). The proposer shall file a detailed 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. Proposers 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 contract, Contractors will be required to complete and submit to CDPH/CTCP:

   - The Payee Data Record (STD 204), to determine if the Contractor is subject to state income tax withholding pursuant to California Revenue and Taxation Code Sections 18662 and 26131. This form can be found on the Internet at https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf. No payment shall be made unless a completed STD 204 has been returned to CDPH/CTCP.

   - Page one (1) of the Contractor Certification Clauses (CCC), at http://www.dgs.ca.gov/ols/Resources/StandardContractLanguage.aspx

   - Evidence of $1,000,000 commercial general liability insurance or a certification of self-insurance signed by the authority to bind the proposer

   - Proposer Documentation Requirements.

5. One award will be made to the responsible proposer earning the highest overall score.

F. CONTRACTS

CDPH/CTCP will confirm the contract award to the winning proposer after the appeal deadline, if no appeals are filed, or following the resolution of all appeals. The selected proposer will be required to sign a contract that details legal and programmatic obligations. The contract number will be 18-10493.

The successful proposer must enter into a formal contract with CDPH/CTCP in order to receive payment for services rendered. The contract may incorporate, as an exhibit or

by reference, portions of this Solicitation and responses to this Solicitation that directly identify the work to be performed, performance timelines, methods and approaches, budget or cost details, or other mandatory contract and performance requirements.

The successful proposer should enter into a contract with CDPH/CTCP no later than ten state working days after the proposer receives the contract from CDPH/CTCP, and must agree to the terms and conditions outlined in the contract language.

G. CONTRACT FORMS AND EXHIBITS

State contract forms and exhibits are available under "Contract Documents" in the Solicitation on the Funding Opportunity page of the TCFOR website. Proposers should read these documents carefully to ensure that they will be able to comply with state contract terms. The terms and conditions in the contract forms and exhibits are not negotiable. The contract resulting from this Solicitation will be prepared on a "Standard Agreement" (Form STD 213). If a UC or CSU proposer is awarded the contract, the type of award will be an interagency agreement. If a non-UC or CSU proposer is awarded the contract, the type of award will be a consultant agreement.

CDPH/CTCP reserves the right to adjust the language in the contract awarded from this Solicitation. Therefore, final contract language may deviate from the provisions provided. Changes after award of the contract will be accomplished by written amendment to the contract, agreeable to both parties.

If an inconsistency or conflict arises between the terms and conditions appearing in the final contract and the proposed terms and conditions appearing in this Solicitation, any inconsistency or conflict will be resolved by giving precedence to the final contract.

PART V. IMPORTANT ADMINISTRATIVE DETAILS

A. CONTRACTOR REQUIREMENTS

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

- Maintain an active Internet account.
- The Contractor incurs expenses for the previous work period and is then reimbursed by invoice(s) submitted to CDPH/CTCP no more than once per month. The State has up to 45 days to pay invoices for Contractor's that are approved for "prompt payment." To learn more about the prompt payment program please visit the Department of General Services website.
- The Contractor shall employ fiscal/administrative staff with the appropriate training and experience to maintain fiscal accountability and track CDPH/CTCP 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 Contractor.

- The Contractor 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 funding. These records shall be kept and made available to CHPH/CTCP for three (3) years from the date of the final contract payment.

Please note that development and publication of manuscripts related to the evaluation of the Priority Populations Initiative may only be done with the approval of and in conjunction with CDPH/CTCP.

B. CONTRACTOR REQUIRED DOCUMENTS

Upon award of the contract, the Contractor will be required to complete and submit:

- The Payee Data Record (STD 204), to determine if the Contractor is subject to state income tax withholding pursuant to California Revenue and Taxation Code Sections 18662 and 26131.
- Page one (1) of the Contractor Certification Clauses (CCC), which is a Department of General Services form.
- Evidence of commercial general liability insurance.
- Establish the Headquarters for State Travel Reimbursement for budgeted staff and Subcontractors/Consultants.
- Appendix 10: Follow-on Consultant Contract Disclosure.

C. USE OF FUNDS

1. Funding may not be used for any of the following:
   - Purchase or improvement of land, or building alterations, renovations or construction;
   - Support of religious activities, including, but not limited to, religious instruction, worship, prayer, or proselytizing;
   - Fundraising activities;
   - Lobbying;
   - 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; or
- Reimbursement of professional licensure.

2. The Contractor is required to submit invoices no less than once per quarter, no more than once a month.

   - The Contractor is required to maintain backup documentation for all expenditures and provide the backup documentation for an invoice if requested by CDPH/CTCP.

D. INVOICES

1. Documentation: Contractor 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 Contractor is required to submit invoices no less than once per quarter and no more than once a month. The Contractor must be able to fund up to 60 days of payroll, indirect expenses, and operating costs, as well as expenditures incurred by a Subcontractor or Consultant prior to reimbursement by the State. The Contractor incurs expenses for the previous work period and is then reimbursed by invoice(s) submitted to CDPH/CTCP a minimum of no less than once per quarter, no more than once per month, in arrears. The State has up to 45 days to pay invoices for Contractors that are approved for "prompt payment." To learn more about the prompt payment program please visit the Department of General Services website.

E. AUDIT REQUIREMENTS

Prop 56, subsection 30130.56 (a) states that the California State Auditor shall at least biennially conduct an independent financial audit of the state and local agencies who are recipients of Prop 56 funds. As such, Contractors are to maintain fiscal and program records documenting expenditures and program implementation for three (3) years beyond the term of the contract award.

F. DISPUTE RESOLUTION, CDPH/CTCP RIGHTS, AND CONTRACT TERMINATION

1. Resolution of Differences Between Solicitation and Contract Language:
   If an inconsistency or conflict arises between the terms and conditions appearing in the final contract and the proposed terms and conditions appearing in this

Solicitation, any inconsistency or conflict will be resolved by giving precedence to the contract.

2. CDPH/CTCP Rights:

   In addition to the rights discussed elsewhere in this Solicitation, CDPH/CTCP reserves the right to do any of the following:
   - Cancel this Solicitation after the receipt of submissions if the number of submissions is inadequate or if there is insufficient competition among qualified proposers. In the event of such cancellation, CDPH/CTCP may reissue a new Solicitation at a later date.
   - Modify any date or deadline appearing in this Solicitation.
   - Issue clarification notices, addenda, alternate Solicitation instructions, forms, etc. If this Solicitation is clarified, corrected, or modified, CDPH/CTCP intends to post all clarification notices and/or Solicitation addenda on the CDPH/CTCP TCFOR web site at https://tcfor.catcp.org/.
   - Fund any or none of the proposals submitted in response to this Solicitation.
   - Waive any immaterial deviation in any proposal. CDPH/CTCP waive of any immaterial deviation shall not excuse a proposal from full compliance with the contract terms if a contract is awarded.
   - Verify any and all claims made by the proposer, including, but not limited to, verification of prior experience and the possession of other required qualifications.
   - Check any reference identified by the proposer or other resources known by the State to confirm the proposer's business integrity and history of providing effective, efficient, competent, and timely services.
   - Withdraw any award if an acceptable final SOW, Budget, Budget Justification, or any other required forms are not received by CDPH/CTCP within five (5) calendar days of requesting modifications that bring the proposal into conformance with the Solicitation and contract requirements.
   - Withdraw any award or request modifications to the SOW and/or Budget of any proposal component(s) as a condition of the contract award.

3. Termination:

   CDPH/CTCP reserves the right to terminate the contract if the SOW submitted, awarded, negotiated, and approved by CDPH/CTCP as a result of this Solicitation is not implemented satisfactorily, or if work is not completed by the due dates prescribed in the Solicitation SOW.

PART VI. REFERENCES

1. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, and Division of Population Health. *BRFSS Prevalence & Trends Data*. 2017. February 23, 2018; Available from: http://www.cdc.gov/brfss/brfssprevalence/.
2. Centers for Disease Control and Prevention, *Best Practices for Comprehensive Tobacco Control Programs — 2014*, U.S. Department of Health and Human Services. 2014, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health: Atlanta
3. Centers for Disease Control and Prevention and National Center for Health Statistics. *State and Territorial Data - Deaths: Final Data for 2014. 2017*. July 14, 2017; Available from: https://www.cdc.gov/nchs/fastats/state-and-territorial-data.htm.
4. Max, W., et al., *The Cost of Smoking in California.* Nicotine Tob Res, 2016. **18**(5): p. 1222-9.
5. *California Health Interview Survey, 2015-2016*. December 2017, UCLA Center for Health Policy Research Los Angeles, CA.
6. The Marmot Review, *Fair Society, Healthy Lives* 2010, The Marmot Review
7. National Institute for Health and Clinical Excellence, *Community engagement to improve health*. 2008, NICE: London
8. Goodman, M.S., et al., *Evaluating Community Engagement in Research: Quantitative Measure Development.* J Community Psychol, 2017. **45**(1): p. 17-32.
9. Modayil, M.V., et al., *An evaluation of the California community intervention.* Tobacco Control 2010. **19**(Suppl 1): p. i30-i36.