Exhibit D

Request for Application #22-10008

Advancing Tobacco Cessation in Community Clinics Project (ATCP)

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CALIFORNIA TOBACCO CONTROL PROGRAM
(CDPH/CTCP)

January 10, 2022

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PART I. FUNDING OPPORTUNITY OVERVIEW & DESCRIPTION

A. FUNDING PURPOSE

This Request for Application (RFA) is intended to fund up to ten (10) Federally Qualified Health Centers (FQHCs). FQHCs are community-based health care providers that receive funds from the Health Resources & Services Administration (HRSA) Health Center Program to provide primary care services in underserved areas. The purpose of the Advancing Tobacco Cessation in Community Clinics Project (ATCP) is to measurably reduce tobacco use within the funded clinic populations. Achieving this outcome will decrease tobacco use disparities and reduce the burden of tobacco-related diseases.

The ATCP will be catalyzed by the Statewide Healthy Living Clinic Initiative (HLCI) staff based at the University of California, Davis (UCD). The HLCI team has extensive experience in population health improvement, tobacco cessation, system change, and program evaluation in both health care settings and communities. The HLCI team will provide training and technical assistance and will equip participating clinic staff with resources and tools to enhance their tobacco cessation efforts, throughout the grant period. The HLCI team will coach clinics on the implementation of a prescribed Work Plan as described in **Appendix 1:** *Prescribed Work Plan* to: (1) make tobacco cessation a practice and system priority; (2) create a supportive environment for cessation; (3) equip clinic staff to engage in tobacco cessation efforts with linkages to Kick It California (California Tobacco Cessation Counseling Provider); and (4) establish, report on, and achieve improvements in specific, measurable performance and quality improvement goals.

Each community clinic will implement the prescribed Work Plan, which includes activities to:

1. Implement an evidence-based, quality improvement project (QIP) to increase the effectiveness of tobacco cessation efforts;
2. Optimize use of the clinic's data systems to enable ready assessment of tobacco quality improvement metrics including tobacco use prevalence in the clinic patient population, referral rates to Kick It California, counseling utilization rates, and quit rates;
3. Provide tobacco-using patients with evidence-based guidance related to diet, physical activity, and stress management to: (a) prevent or minimize weight gain frequently associated with smoking cessation, and (b) optimize the health promoting and disease preventing impact of tobacco cessation; and,
4. Adopt and implement recommended tobacco-free clinic policies.

Each ATCP clinic is required to:

1. Identify a Project Coordinator (at 25-50% FTE) for the QIP;

2. Identify roles and commitments of clinic leadership positions for the ATCP clinic. Examples of such positions include, but are not limited to: Chief Executive Officer, Chief Nursing Officer, Director of Nursing, Chief Medical Officer, Medical Director, Quality Improvement Manager (or Director), Health Education Manager (or Director).
3. Actively participate in quality improvement trainings, technical assistance calls, and collaboratives, which may be in-person or delivered remotely;
4. Make tobacco use a vital sign, screen every patient for tobacco use at every visit;
5. Establish a tobacco treatment workflow that addresses screening, treatment, follow-up, and documentation. The workflow may incorporate one or more quality improvement interventions, policy enhancements, or other system design innovations;
6. Implement a whole health, prevention perspective that addresses the importance of lifestyle factors to tobacco cessation including healthy nutrition, active living, and stress management;
7. Participate in all HLCI evaluation activities including:
    - Reporting on tobacco cessation metrics (see below);
    - Participating in staff key informant interviews;
    - Recruiting 10 patients to participate in key informant interviews; and
    - Engaging in assessments of clinic culture, environment, workflows and, protocols, policies, QIP progress, the QIP collaborative, and technical assistance.
8. Adhere to the prescribed Work Plan and Budget.

Tobacco Cessation Metrics

These metrics are based on the Strategic Roadmap for the Integration of Tobacco Use and Dependence Interventions into Clinical Care Settings (May 2021; https://www.acpm.org/getmedia/105b9dea-fd92-4f9f-b24b-3131e359271e/acpm-osh_strategic-roadmap-for-the-integration-of-tobacco-use-and-dependence_final_5-13-21.pdf.aspx). The Roadmap was developed by the American College of Preventive Medicine through a grant from the Centers for Disease Control and Prevention (CDC).

Clinic Requirements to Collect Tobacco Cessation Metrics:

1. Use data from the clinic's existing Electronic Health Record (EHR) to generate the metrics;
2. Provide a baseline performance report to UCD HLCI staff by the end of the fourth month (12/31/2022) of the project. A baseline sample will be selected and evaluated from among all adult (>18 years old) clinic patients seen within the first three (3) months (09/01/2022-11/30/2022) of the project. The report will provide tobacco cessation metrics, as listed below, for the baseline sample.
3. During the grant period, clinics must identify a second sample drawn from among all adult patients seen within a three-month interval (07/01/2023-09/30/2023).

Using this sample, clinics must provide to UCD HLCI staff, a follow-up performance report containing the tobacco cessation metrics listed, below. The report is due no later than the end of the 15th month of the project (11/30/2023).

Tobacco Cessation Metrics

1. Percentage of adult patients in the sample that were screened for tobacco use;
2. Percentage of tobacco-using patients (TUPs) who were advised to quit;
3. Percentage of TUPs who were offered treatment (i.e., counseling [including referrals to Kick It California], medications, or both);
4. Percentage of TUPs who received treatment, of those offered treatment;
5. Table providing descriptive statistics on TUPs receiving tobacco cessation treatment including type of treatment (categories: counseling, medication, both) and the counseling provider;
6. Percentage of TUPs who successfully quit (remained abstinent from tobacco) for at least seven (7) days; and,
7. Percentage of TUPs who successfully quit (remained abstinent from tobacco) for at least six (6) months.

NOTE: The detailed methods for calculating and reporting these metrics will be developed with each clinic's project team.

B. ELIGIBILITY CRITERIA

1. **Organizational Type**
   a. Eligible entities are FQHCs located in California. HRSA designated FQHC Look-Alike clinics are also eligible. No other entity is eligible to apply for these funds.
   b. Applicants claiming private non-profit status must submit proof of their non-profit status with their proposal. Certification from the State of California, Office of Secretary of State, and a letter from the Department of Treasury, Internal Revenue Service (IRS) classifying the agency as a non-profit agency is acceptable proof. For examples, see **Appendix 2:** *Sample Non-Profit Status Letter*.
   c. Applicants wishing to submit an application for multiple sites must submit a separate application for each.

2. **Agency Qualifications**

   Applicant agencies must meet these minimum qualifications:

   a. A minimum of three (3) years of experience providing primary care services in the community.

b. Identification of a Project Coordinator who can coordinate the project for the organization at 25-50% FTE.

c. Commitment and engagement of clinic leadership positions in the project to improve tobacco cessation efforts. Examples of such positions include, but are not limited to: Chief Executive Officer, Chief Nursing Officer, Director of Nursing, Chief Medical Officer, Medical Director, Quality Improvement Manager (or Director), Health Education Manager (or Director).

d. Any agency that receives funding from or has an affiliation or contractual relationship with a tobacco, electronic cigarette, or cannabis company, any of its subsidiaries, or a parent company, during the term of the grant, is not eligible for funding under this RFA. Acceptance of such funds during the term of the grant is grounds for termination.

3. **Certify No Tobacco Industry Conflict**

To avoid any real or apparent tobacco, electronic cigarette, or cannabis industry-related conflict of interest on the part of the proposed Awardee, or any of its proposed subcontractors, employees, officers, and directors of the Applicant or its proposed subcontractors, Applicant certification to this effect is required (see **Appendix 3:** *Certification of Non-Acceptance of Tobacco Funds*).

C. AGREEMENT TERM AND FUNDING AVAILABILITY

1. **Funding Term**

a. Up to ten (10) awards will be made. The term of the Agreement is expected to be 18 months and is anticipated to be September 1, 2022 through February 29, 2024. The Agreement term may change if the California Department of Public Health California Tobacco Control Program (CDPH/CTCP) makes the award earlier than expected or if CDPH/CTCP cannot execute the Agreement in a timely manner due to unforeseen delays.

b. The resulting Agreement will be of no force or effect until it is signed by both parties and approved by CDPH. The Awardee will not commence performance until all approvals are obtained. Should performance commence before all approvals are obtained, said services will be considered to have been volunteered without State reimbursement.

c. CDPH/CTCP reserves the right to modify the term of the resulting Agreement via a formal amendment process to modify the Work Plan or budget based on changes in a rapidly evolving tobacco control environment.

2. **Funding Amount**

The total funds to be distributed among all Awardees is anticipated to be $810,000 for approximately ten (10) projects for 18 months. The maximum funding awarded for each application is $81,000. **Table 1.** *Maximum Budget Per Fiscal Year* displays the maximum budget per Awardee for each fiscal year term. Grantees will be reimbursed for implementing and satisfactorily completing the prescribed Work Plan

as listed in **Appendix 1:** *Prescribed Work Plan.* CDPH/CTCP reserves the right to make revisions as necessary to redistribute funds between fiscal years to meet the needs of the State. The Awardee should not anticipate that unspent funds will be rolled forward from one fiscal year to the next.

Table 1. Maximum Budget Per Fiscal Year

Start Date	End Date	Fiscal Year	Payment not to Exceed
09/01/2022	06/30/2023	FY 22/23	$49,500
07/01/2023	02/29/2024	FY 23/24	$31,500
Total			$81,000

3. **Funding Augment**

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

4. **Funding Availability**

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

5. **Funding Source(s)**

   The source of funding is Proposition 56, the California Healthcare, Research, and Prevention Tobacco Tax Act of 2016 (Prop 56) and/or Proposition 99, the Tobacco Tax and Health Protection Act of 1988 (Prop 99).

D. FUNDING RESTRICTIONS

This RFA will not fund the following:

- Reimbursement of cessation pharmacotherapy;
- Development and/or placement of mass media campaigns to support the project;
- Activities that supplant or duplicate existing programs or services funded by CDPH/CTCP or another source;
- Purchase or improvement of land, or building alterations, renovations or construction;

- Fundraising activities;
- Lobbying;
- Reimbursement in support of planning activities or preparation and submission of a grant application in response to the RFA;
- Reimbursement of costs incurred prior to the effective date of the agreement;
- Reimbursement of costs currently covered by another CDPH contract or agreement;
- Reimbursement of costs that are not consistent or allowable according to local and state guidelines or regulations;
- Supplanting existing state or local funds used for tobacco use prevention and reduction efforts; or,
- Purchase of office equipment.

E. TIMELINE AND AWARD SCHEDULE

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

Table 2. Tentative RFA Timeline and Award Schedule

Key Action	Date (All Times in Pacific Time)
RFA Release Date	**January 10, 2022**
OTIS Open for Application Input	January 12, 2022
Informational Webinar	January 18, 2022, 10:00 am – 11:30 am
Last Day to Submit Written Questions	**February 4, 2022, 5:00 pm**
Responses to Written Questions Posted	February 11, 2022
Mandatory Letter of Intent Due Date	**February 18, 2022, 5:00 pm**
Applications Due	**March 4, 2022, 5:00 pm**
Awards Posted	April 26, 2022
Notice of Intent to Appeal Letter Due	**May 3, 2022, 5:00 pm**
Final Announcement of Awards	May 20, 2022
Grant Modification Finalization	June 8, 2022
Grant Document Finalization	June 15, 2022
Grant Start Date	**September 1, 2022**

Key Action	Date (All Times in Pacific Time)
Grant End Date	February 29, 2024

F. APPLICANT QUESTIONS AND REPORTING OF ERRORS IN THE RFA

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

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

1. **How to Submit Questions or Report an Error in this RFA**
   a. Submit written questions or errors by email (CTCPCompetitiveGrants@cdph.ca.gov) with the subject line "CTCP RFA CG 22-10008." Oral questions will not be accepted.
   b. CDPH/CTCP will send an email to confirm receipt of written questions. If confirmation is not received, Applicants may resubmit or call (916) 449-5500 prior to the stated deadline to confirm receipt of the questions by CDPH/CTCP.
   c. Submit written questions to CDPH/CTCP by the date specified in Table 2. *Tentative RFA Timeline and Award Schedule*.
   d. Errors in the RFA or its instructions may be reported up to the application submission due date.
2. **What to Include in an Inquiry**
   a. Name of inquirer, name of the organization represented, mailing address, area code and telephone number, and email address.
   b. A description of the subject, concern, or issue in question or RFA discrepancy found.
   c. RFA section, page number and other information useful in identifying the specific problem, concern, or issue in question.
   d. Proposed remedy sought or suggested, if any.

3. **Response by CDPH/CTCP**
   a. CDPH/CTCP reserves the right to seek clarification of any inquiry received and to answer only questions considered relevant to this RFA. At its discretion, CDPH/CTCP may consolidate and/or paraphrase similar or related inquiries.
   b. Questions and answers received through the process outlined will be published on the TCFOR website on the date identified in Table 2**.** *Tentative RFA Timeline and Award Schedule*. Written questions submitted prior to the Informational Webinar will be answered as time allows during the Informational Webinar described in Part III. Application Submission Requirements, B. Informational Webinar.
   c. Oral questions will not be accepted. All questions must be transmitted in written form according to the instructions in the RFA.
   d. CDPH/CTCP may issue an addendum to address errors in the RFA until the application submission deadline. These will be posted on the TCFOR website.

G. PUBLIC HEALTH SIGNIFICANCE OF TOBACCO USE

Tobacco Use and Disease

Tobacco use remains the leading cause of preventable death, disease, and disability in the United States.[1] Between 2005 and 2009, smoking was responsible for more than 480,000 premature deaths annually among Americans 35 years and older.[1]

Each year, smoking is responsible for about 90 percent of lung cancer deaths, 80 percent of chronic pulmonary disease deaths, and 33 percent of deaths due to coronary heart disease and stroke.[1] In California, tobacco-related disease contributes to approximately 40,000 or 16 percent of adult deaths annually.[2,3]

Direct health care costs attributed to tobacco use in California are $13.29 billion annually, and of this California taxpayers spend $3.58 billion dollars each year to treat smoking-related disease through Medicaid.[2] To put this in perspective, the fiscal year 2019-2020 budget for CDPH to address public health issues was only $3.4 billion.[4, 5] Eliminating tobacco use would profoundly improve the health of Californians and considerably reduce health care expenditures.

Tobacco Use in Low Socioeconomic Status Populations

Since CTCP began in 1989, adult smoking prevalence has declined by 59.1 percent from 23.7 percent (1988) to 9.7 percent (2018, weighted to the California population).[5] Disparities remain for cigarette use among groups defined by gender and sexual orientation, race and ethnicity, age, education, income, geography and among those experiencing psychological stress and disabilities.[6] These high-risk groups suffer disproportionately from tobacco-related illnesses and death despite the progress made in reducing adult tobacco use in California. Nearly 57 percent of adult California smokers made a quit attempt in 2018.[8, 9] The tobacco use burden in California remains large with 16 percent of all California deaths attributed to tobacco use,[10] the annual

health related cost of smoking at $13.3 billion, and Medicaid-related health care costs at approximately $3.6 billion.[11]

A Call to Action to Reduce Disparities and the Burden of Tobacco Use in FQHCs

In an effort to reduce tobacco use and the resultant disproportionate economic, morbidity and mortality burden among low-income California population groups, CDPH/CTCP is reaching out specifically to FQHCs through this grant opportunity. The purpose of the funding is to improve the effectiveness of tobacco cessation in FQHCs through innovation in system approaches using evidence-based quality improvement methods. The need for improvement is great. A nationwide study of 457,344 patients treated from a network of 143 Community Clinics including 121 FQHCs settings from 12 states identified 136,314 patients as current smokers (29.8%). Of the smokers' group, the study documented a substantially high smoking prevalence rate with patients who live below the poverty line (25.3%), Medicaid recipients (25.3%), uninsured adults (28.4%), and individuals with serious psychological distress (35.8%). The researchers noted that in the current smoker patients' group, 25.7% were assessed for readiness to quit smoking and were not ready, 27.2% were assessed for readiness to quit smoking and were ready, and an astounding 47.1% were not assessed for readiness to quit smoking at all. Overall, the study noted a serious disparity in smoking cessation assistance in the United States' primary care clinics.[12]

We Can Do Better

FQHCs are an essential part of the safety net healthcare system, serving low-income patients, the underinsured and uninsured, many of whom are tobacco users. FQHCs can effectively reach tobacco users and advance cessation by working closely with community residents to improve health and well-being while eliminating health inequities.

There also is a strong evidence base of methods to bring about systemic improvements in tobacco cessation in the clinic environment. For example, the CDC Million Hearts-Tobacco Cessation Change Package Initiative provides a list of evidence-based process improvements that clinicians and health systems can implement to deliver optimal treatment to patients who use tobacco. Protocols and guidance include:
1) Make Tobacco Cessation a Practical and System Priority; 2) Create a Supportive Environment for Cessation; 3) Equipping Care Teams; 4) Screening; 5) Treatment; and 6) Referral and Follow-Up.[13]

California lists more than 2,500 FQHC sites located in more than 50 counties and operated by various nonprofit and county organizations. The ATCP can be a catalyst for California to reduce tobacco use, enhance tobacco-free clinic environments, and improve health and well-being for many vulnerable populations while reducing disparities.

Appendix 4: *Initiative to Prevent and Reduce Tobacco-Related Disparities* provides additional context for this RFA in terms of its background, legislative authority, and the focus on people of low socioeconomic status.

This RFA is also a CDPH/CTCP effort to fulfill its fourth goal of promoting tobacco cessation statewide, see **Appendix 5:** *California Tobacco Control Program Goals*.

Prop 56 Tobacco-related Disparity Statement

One hundred percent of the Prop 56 funds awarded as a result of this RFA will be counted towards meeting the required minimum 15 percent of Prop 56 funds appropriated for the purpose of accelerating and monitoring the rate of decline in tobacco-related disparities with the goal of eliminating tobacco-related disparities per Revenue and Taxation Code 30130.55(b)(1).

PART II. PROGRAM REQUIREMENTS

A. WORK PLAN – INTERVENTION PLAN, EVALUATION PLAN, AND NARRATIVE SUMMARY

Applicants are required to use the prescribed activities in the work plan intervention and evaluation plan sections. These sections match **Appendix 1:** *Prescribed Work Plan*. The most competitive applications will be those that:

1. Adhere to the prescribed Work Plan in **Appendix 1**: *Prescribed Work Plan.*
2. Provide detailed and descriptive information about the agency history and record of accomplishments, history of productive relationships, and background of staff in the Agency Capability, Part 1: Applicant Capability Section (*OTIS Application Instructions).*
3. Provide detailed information in the Agency Capability, Part 2: Community Assessment Analysis Section, which describes the need for the project.

B. BUDGET REQUIREMENTS

Applicants are required to follow instructions listed in **Appendix 6:** *Budget Cost Sheet.*

Applicants are required to complete and upload **Appendix 6:** *Budget Cost Sheet* into OTIS under the Additional Documents section. Please utilize the Budget Cost Sheet Reference Guide on page 2 of **Appendix 6:** for guidance when completing your budget.

Applicants are required to include the following position in Table 3. *Required Staffing and Minimum Duties* in the Budget Cost Sheet.

Table 3. Required Staffing and Minimum Duties

Staffing	Position	Responsibilities
Required: at 25%-50% Full Time Equivalent (at least 10 hours/week). May be included in grant request or provided in-kind.	Project Coordinator	This position must: be listed as the Primary Tobacco Contact in OTIS; and act as the primary day-to-day point of contact for CDPH/CTCP communication to the agency. This position is responsible for: overall and day-to-day management to implement and evaluate the project; provide oversight of the Work Plan, budget, progress reports, and invoices; oversee maintenance of required documents for auditing purposes; implement evaluation activities; and prepare required reports.

PART III. HOW TO APPLY

A. MANDATORY NON-BINDING LETTER OF INTENT

1. **Letter of Intent Requirement**

   Any entity intending to submit an application is required to submit a Letter of Intent (LOI) notifying CDPH/CTCP of its intent to submit an application. See **Appendix 7:** *Mandatory Letter of Intent and Template* for instructions and required information that must be included in the Letter. For your convenience, a sample letter of intent has been provided in **Appendix 7:** *Mandatory Letter of Intent and Template*. Those who do not submit a LOI will not be allowed to submit an application. The LOI is not binding, and those submitting a LOI are not obligated to submit an application.

2. **Submitting a Letter of Intent**

   A signed LOI must be uploaded to the Tobacco Control Funding Opportunities and Resources (TCFOR) website by 5:00 p.m. Pacific Time (PT), on the date identified in Table 2**.** *Tentative RFA Timeline and Award Schedule*. Complete and upload the signed **Appendix 7:** *Mandatory Letter of Intent and Template*. To upload the letter of intent, refer to **Appendix 8:** *Tobacco Control Funding Opportunities and Resources (TCFOR) User Instructions*. Letters submitted past the deadline will not be considered. It is strongly advised that applicants submit their LOI prior to the due date in case technical difficulties are encountered. The electronic time stamp will be used to verify on-time submission. Technical difficulties will not relieve the applicant

of meeting the submission deadline. The LOI will **NOT** be accepted via email, fax, or mail.

The mandatory LOI is part of the "Overview: Applicant Registration Instructions" section on the TCFOR website. Once the Applicant creates a "User Account" and "Request to Apply" for the funding opportunity, a LOI can be uploaded.

For technical assistance with uploading the LOI, contact Humberto Jurado at (707) 640-0954 or Humberto.Jurado@cdph.ca.gov. Please do not wait until 4:00 p.m. of the submission due date to ask for assistance, as the support team may not be available because they are assisting others.

B. INFORMATIONAL WEBINAR

CDPH/CTCP has scheduled an optional Online Zoom Informational Webinar. The RFA Informational Webinar will be held on the date identified in Table 2**.** *Tentative RFA Timeline and Award Schedule*. Those intending to submit an application are strongly encouraged to participate. The purpose of the Informational Webinar is to provide interested parties with an opportunity to ask questions about the preparation and submission of the application. The Informational Webinar access code is posted on the TCFOR website.

Questions about the RFA must be submitted in writing to CTCPCompetitiveGrants@cdph.ca.gov by the date and time identified in Table 2**.** *Tentative RFA Timeline and Award Schedule,* or via the chatbox during the webinar. Responses to written questions submitted prior to and during the webinar (through the chat box) will be answered as time allows following the RFA overview presentation. Written responses to all questions submitted by the deadline will be posted on TCFOR by the date and time identified in Table 2. *Tentative RFA Timeline and Award Schedule.*

C. APPLICATION SUBMISSION

Applications are to be submitted through OTIS. Applications received after the due date/time **will not be reviewed**. Submission before the deadline date is advised in case of technical difficulties with submitting your application through OTIS. The OTIS electronic time stamp will be used to verify on-time submission. Technical difficulties will not relieve the applicant of meeting the submission deadline. Please be aware that OTIS includes an electronic submission check system that will prevent submission of an application that does not meet minimum submission requirements (e.g., required form not completed). CDPH/CTCP may not be able to respond to your requests for help on the deadline date.

For technical assistance regarding the use of the TCFOR or OTIS websites contact Humberto Jurado at (707) 640-0954 or Humberto.Jurado@cdph.ca.gov.

PART IV. OTIS APPLICATION INSTRUCTIONS

A. DESCRIPTION OF THE ONLINE TOBACCO INFORMATION SYSTEM (OTIS)

1. **What is OTIS?**

   Responses to this RFA shall be submitted through the Online Tobacco Information System (OTIS). OTIS is a secure, passcode protected knowledge management system that is used to submit applications, review, and score applications, negotiate the Work Plan and budget, and submit and approve progress reports. The system is accessible 24 hours per day, seven (7) days per week, and provides access to several reports and a communication system. Applicants and Awardees are required to use OTIS for the submission of their applications, progress reports, and maintaining grant-related communications.

2. **What help is available for using OTIS?**

   a. User Account Instructions: For guidance on how to submit an "Applicant Registration" form and LOI, and create an OTIS "User Account," see the *Application Registration Instructions* found on the TCFOR Overview webpage.

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

   c. Web-based Tutorial: OTIS includes a web-based training tutorial entitled, *Creating Your Application/Plan*. This training explains how to use the system and instructions for completing each of the application components. See **Appendix 9:** *Instructions for Accessing the OTIS Applicant Training Course: Creating Your Application/Plan.*

   d. OTIS Page Guides: While working in a plan or application, located on the top right corner is the Page Guide button in red. The OTIS Page Guides provides User Manuals, Training Videos, and Budget downloadable PDFs clarifying how to complete the requested information. Page Guides are quick access information aiding in completing a task without leaving the page you are working on.

   e. Telephone Assistance: Call Humberto Jurado at (707) 640-0954.

B. OTIS APPLICATION INSTRUCTIONS: CONTACT INFORMATION

COMPLETE THE CONTACT INFORMATION (REQUIRED BUT NOT SCORED)

The purpose of this section is to collect information about the Applicant, the geographic service area of the proposed project, proposed Project Coordinator, agency fiscal contacts, and Official Agency Signatory. Input the requested information into the Contact Information section in OTIS.

1. **My Agency:**

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

2. **Contact Information:**

   Provide specific contact information for the Project Coordinator, Primary Tobacco Contact (these should be the same person), Agency Fiscal Officer or Day-to-Day Fiscal Contact, and Official Agency Signatory.

C. OTIS APPLICATION INSTRUCTIONS: APPLICANT CAPABILITY

AGENCY CAPABILITY

PART 1: APPLICANT CAPABILITY SECTION (REQUIRED AND SCORED)

The Agency Capability is to provide information regarding the Applicant's ability to implement the proposed project and demonstrate its organizational capacity. Please respond to each item below in the Agency Capability, Part 1: Applicant Capability section in OTIS. Sample responses to these prompts are included in **Appendix 10:** *Sample Agency Capability Responses*, to help Applicants understand the information being sought, and to frame their responses.

1. **Program Experience and Staffing**

   a. Agency Overview: Briefly describe the Applicant's mission, length of operation in the community, overall governance, organizational structure, and sources of funding.

   b. Agency History, Record of Accomplishments, and Productive Relationships: Briefly summarize the Applicant's experience providing and promoting equitable healthcare services to low-income, uninsured, and underinsured Californians. Provide one recent example (within the last five years) of the Applicant implementing a QIP including the primary goal, intervention, results, duration of the project, date initiated, and outcome(s).

   c. Program Coordinator: Briefly summarize the educational background and professional experience of the designated Program Coordinator and describe how the individual's background and professional experience demonstrates skill and capacity with project management, an understanding of wellness programs, and experience working with the population.

   d. In-Kind Support and Organizational Commitment: The success of the clinic project depends on full engagement of the staff and a commitment to system change. Explain how clinic leadership will ensure such engagement and commitment. The level of leadership commitment will be evaluated as part of the review of the overall clinic application. For reference, examples of clinic leadership position include, but are not limited to: Chief Executive Officer, Chief Nursing Officer, Director of Nursing, Chief Medical Officer, Medical Director,

Quality Improvement Manager (or Director), Health Education Manager (or Director).

2. **Organizational Start Up**
   a. Organizational Start Up: Describe the location for the proposed project, as well as the Applicant's capability and resources to begin implementation of activities within two (2) weeks of the grant start date.

3. **Administrative/Fiscal Experience and Audit History**
   a. Administrative Staffing: Describe the Applicant's current administrative staffing pattern for activities such as contract and grant management, invoicing, and tracking of contractual, administrative, and fiscal controls.
   b. Fiscal and Contract/Grant Compliance: Describe the Applicant's performance within the last two (2) years with the management of government and/or non-government funds and activities. Include administrative, fiscal, program, and evaluation functions such as: timely and accurate completion of percent effort; submission of fiscal, program, evaluation documentation; and compliance with government requirements.
   c. Audit History: Describe the Applicant's fiscal and (if any) programmatic audit history within the last two (2) years. The description is to include the frequency of audits, dates of the audits, and a summary of the audit findings. Thoroughly explain any negative audit findings and their resolution. If the Applicant was audited by a governmental agency within the last two (2) years, provide the name of the government agency, the agency's contact person and phone number, the year the audit was conducted, and the audit findings and resolution.
   d. Tax Debtor List Requirements: All Applicants must address the requirements of the Tax Debtor List to meet the requirements of Public Contract Code Section 10295.4. Vendors are ineligible to enter into or renew any contract with the state for goods or services if a vendor is delinquent on paying state income tax in excess of $100,000 to the California Franchise Tax Board. Prior to submitting a bid or proposal and prior to executing any state contract or renewal of goods or services, a vendor must certify that it is not on the list of ineligible vendors prohibited from doing business with the State of California. During the bid evaluation, it is the buyer's responsibility to check the list of ineligible vendors to confirm that the Applicant is not on that list. **Follow the instructions in the Additional Documents section of this RFA for required documentation.**

4. **Letters of Reference**

   Applicants must solicit, scan, and upload two (2) letters of reference from two (2) separate entities into OTIS. Letters of reference must be addressed to the Applicant. No more than two (2) letters will be accepted. If the Applicant is currently receiving or has received funding from a governmental agency, other than CDPH/CTCP, within the last two (2) years, one of the references should be from one

of these agencies. The additional letter may come from partners such as community-based organizations, a voluntary health organization (e.g., local affiliate of the American Heart Association, American Cancer Society, American Diabetes Association, or others), a community-based business, the Local County Health Department, or another reference. Do not include letters of reference from the Applicant's parent organization or subcontracting partners. Each letter must be on the reference provider's letterhead and include:

a. The address, telephone number, e-mail, name, and title of the letter's author.

b. The correct RFA name and number (RFA CG: 22-10008 Advancing Tobacco Cessation in Community Clinics).

c. A description of the capacity in which the reference provider worked with the Applicant.

Collectively, the letters should speak to:

- The Applicant's ability to implement the ATCP.
- The Applicant's ability to fulfill the fiduciary and grants management functions.
- The Applicant's ability to establish and maintain positive collaborative relationships with community partners.

PART 2: COMMUNITY ASSESSMENT ANALYSIS SECTION (REQUIRED AND SCORED)

The Community Assessment Analysis is to demonstrate the need for the intervention using information about the community clinic, client base, and services provided.

Please respond to each item below in the Agency Capability, Part 2 Community Assessment Analysis Section in OTIS. Sample responses to these prompts are included in **Appendix 10:** *Sample Agency Capability Responses*, to help Applicants understand the information being sought, and to frame their responses.

1. **Include these statements:**

   a. "This project will primarily address the following priority population of focus: low-income, underinsured, and uninsured individuals."

   b. "This project will primarily work in the following geographical community: (*identify the county jurisdictions to be served and describe the demographics of the community*)."

2. **Provide a brief description of each of the following:**

   a. Current Tobacco Cessation Approach

      Briefly describe:

      i. the current processes by which tobacco cessation is managed, including identification of tobacco users, referral for treatment, and any follow-up services;

ii. the capacity to use the clinic's current EHR system to assess each of the tobacco cessation metrics (see Tobacco Cessation Metrics Section).

b. The number and demographics of adult patients served yearly at the community clinic, and the tobacco use prevalence rate.

c. The current tobacco use policy at the community clinic site, whether it is written or informal.

d. Current programs for patients providing counseling or information regarding nutrition, physical activity, or stress management either alone or in conjunction with tobacco cessation. Describe whether one or more topic areas are targeted and provide the context (e.g., program offered to all patients; prediabetes program; hypertension control program focused on lifestyle; other).

e. The overall readiness of the community clinic to implement the ATCP, including any organizational assets.

D. OTIS APPLICATION INSTRUCTIONS: WORK PLAN–INTERVENTION AND EVALUATION PLANS

Applicants are required to use the prescribed Work Plan intervention and evaluation plans found in **Appendix 1:** *Prescribed Work Plan*, which are pre-populated in OTIS.

E. OTIS APPLICATION INSTRUCTIONS: BUDGET REQUIREMENTS (REQUIRED BUT NOT SCORED)

Requirements for the pre-populated budget are provided below.

1. **Personnel/Staffing:**

   Applicants are required to include a Project Coordinator to fulfill the prescribed Work Plan listed in **Appendix 1:** *Prescribed Work Plan*.

2. **Overall Budget:**

   Applicants are required to complete **Appendix 6:** *Budget Cost Sheet* and upload the document into OTIS as part of the application process. Applicants must ensure that the total dollar amount for each FY does not exceed the state's maximum amounts allowed in the RFA (see Part I. Funding Opportunity Overview & Description, C. Agreement Term and Funding Availability, 2. Funding Amount). Applicants must adhere to the budget requirements provided in **Appendix 6:** *Budget Cost Sheet*. Applicants will be reimbursed for the services satisfactorily performed based on the Work Plan; the reimbursement includes all costs on the budget cost sheet throughout the duration of the agreement.

F. OTIS APPLICATION INSTRUCTIONS: ADDITIONAL DOCUMENTS

Additional Documents

The purpose of the Additional Documents is to provide the CDPH/CTCP with supplemental information regarding the Applicant and will substantiate the CTCP agreement requirements. Provide the following additional documents as described below. See **Appendix 9:** *Instructions for Accessing the OTIS Applicant Training Course: Creating Your Application/Plan*, module "Additional Documents" for more information.

1. **Additional Tobacco Control Funding:**

   Funds awarded under this RFA may not be used to duplicate or supplant existing services. If the Applicant agency is receiving funds for any tobacco control efforts whether they are from local, state, federal or private sources, the Applicant is required to describe the funding source, amount of funds, the term of the award, and a description of the activities funded. (Online form, documentation uploaded by applicant).

2. **Certification of Non-Acceptance of Tobacco Company Funding:**

   Complete and upload this form; see **Appendix 3:** *Certification of Non-Acceptance of Tobacco Funds*.

3. **Proof of Non-Profit Status:**

   This document is only applicable to non-government non-profit agencies. The Applicant must upload their Proof of Non-Profit Status; see **Appendix 2:** *Sample Non-Profit Status Letter*.

4. **Tax Debtor List -Franchise Tax Board Entity Status Letter:**

   Generate this letter at the Franchise Tax Board website and upload the letter.

PART V. APPLICATION SELECTION PROCESS AND CRITERIA

A. ABOUT THIS SECTION

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

B. APPLICATION REVIEW PROCESS

STAGE ONE: ADMINISTRATIVE AND COMPLETENESS SCREENING

1. CDPH/CTCP will review applications for on-time submission and compliance with administrative requirements and completeness. The OTIS electronic time stamp will be used to verify on-time submission.
2. A late or incomplete application will be considered non-responsive and will be disqualified and eliminated from further evaluation.
3. Applications submitted from non-eligible entities will not be reviewed.
4. Omission of any required document or form, failure to use required formats for response, or failure to respond to any requirement may lead to rejection of the application prior to review. For the purpose of administrative screening, required documents include:

    - Certification of Non-Acceptance of Tobacco Company Funds
    - Proof of Non-Profit Status
    - Franchise Tax Board Entity Status Letter

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

STAGE TWO: APPLICATION SCORING (100 POINTS)

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

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

Table 4. *Maximum Point Value for RFA Sections* describes the maximum point value for each RFA section.

Table 4. Maximum Point Value for RFA Sections

Application Component	Total Point Value
Agency Capability Part 1: Applicant Capability	50
Agency Capability Part 2: Community Assessment Analysis	50
Total	**100**

STAGE THREE: NOTIFICATION OF DECISION

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

STAGE FOUR: GRANT MODIFICATIONS

CDPH/CTCP reserves the right to reject any proposed project or project component(s). Following the award notification, CDPH/CTCP may require modifications to the application as a condition of the award. Upon completion and approval of application documents, the grant documents will be submitted to CDPH for execution. All grant document modifications must be complete and accepted by the date listed in Table 2. Tentative RFA Timeline and Award Schedule or CDPH/CTCP may withdraw the grant award. Work may not commence until the grant is fully executed and any work done before the full execution of the grant will be deemed voluntary.

C. APPLICATION SELECTION CRITERIA

Table 5. *Scoring Criteria and Rating Points* provides the selection criteria and the associated point value that will be used to evaluate and score applications.

Table 5. Scoring Criteria and Rating Points

PART 1: APPLICANT CAPABILITY SECTION		
Application Component	**Scoring Criterion**	**Point Value**
Agency Overview	Does the Applicant describe their mission, the length of operation in the community, overall	5

	governance, organizational structure, and sources of funding?	
Agency History, Record of Accomplishments, and Productive Relationships	Does the Applicant provide and promote equitable healthcare services to low-income, uninsured, and underinsured Californians? Does the Applicant also provide at least one recent example (within the last five years) of implementing a QIP including the primary goal, intervention results, duration of the QIP, date initiated, and the outcomes?	10
Program Coordinator	Does the Applicant describe the educational background and professional experience of the designated Program Coordinator and does their background and professional experience demonstrate skill and capacity with project management, an understanding of wellness programs, and experience working with the population?	5
In-Kind Support and Organizational Commitment	Does the Applicant provide a compelling explanation for how clinic leadership will support full engagement of staff and foster commitment to system change?	10
Organizational Start Up	Does the Applicant describe the location for the proposed project and the capability and resources to begin implementation of activities within two (2) weeks of the grant start date?	5
Administrative Staffing	Does the Applicant identify sufficient administrative staffing for activities such as contract and grant management, invoicing, and tracking of contractual, administrative, and fiscal controls?	3
Fiscal and Contract Grant Compliance	Does the Applicant demonstrate two (2) years of satisfactory performance with administrative, fiscal, and program management of government and/or non-government funds and activities including administrative, fiscal, program, and evaluation functions such as timely and accurate completion of percent effort,	2

	submission of fiscal, program, evaluation documentation, and compliance with government requirements?	
Audit History	Does the Applicant sufficiently document their fiscal and programmatic audit history within the past two (2) years? The following information is included when applicable: • Description of the frequency of audits, dates of audits, and summaries of findings; • An explanation of any negative audit findings and their resolution; • If the Applicant was audited by a governmental agency within the last two (2) years, the name of the government agency, agency's contact person and phone number, the year the audit was conducted, and the audit findings and resolution are provided.	4
Tax Debtor List Requirements	Does the Applicant include documentation of compliance with Tax Debtor List Requirements?	1
Letters of Reference	Did the Applicant submit two (2) Letters of Reference from separate entities on the reference provider's letterhead that collectively speak to the Applicant's ability to implement the ATCP project, to fulfill the fiduciary and grants management functions, and to establish and maintain collaborative relationships with community partners? And do each of the letters include the following: • The correct RFA name and number (RFA CG: 22-10008 Advancing Tobacco Cessation in Community Clinics); • The address, telephone number, email, name, and title of the letter's author; • A description of the capacity in which the reference provider worked with the Applicant.	5

	Note: If the Applicant is currently receiving or has received funding from a governmental agency, other than CTCP, within the last two (2) years, one (1) of the references is from one (1) of these agencies. Letters of Reference may not be from the Applicant's subcontracting partners.	
	Subtotal	**50**
PART 2: COMMUNITY ASSESSMENT ANALYSIS SECTION		
Community Assessment Analysis: Identify Population and Geographical Communities	Does the Applicant include the required two (2) statements in the Community Assessment Analysis narrative? • "This project will primarily address the following priority population of focus: Low-income, underinsured, and uninsured individuals." • "This project will primarily work in the following geographical communities: (*identify the county jurisdictions to be served and describe the demographics of the community*)."	2
Community Assessment Analysis: Current Tobacco Cessation Approach	Does the Applicant describe the current tobacco cessation approach, including the following? (1) the current processes by which tobacco cessation is managed, including identification of tobacco users, referral for treatment, and any follow-up services; (2) the capacity to use the clinic's current EHR system to assess each of the tobacco cessation metrics.	10
Community Assessment Analysis: Patient Population	Does the Applicant provide sufficient data about the number and demographics of adult patients served yearly at the community clinic and the tobacco use prevalence rate?	10
Community Assessment Analysis: Current tobacco	Does the Applicant sufficiently describe the current tobacco use policy at the community clinic site whether it is written or informal?	10

use policy and lifestyle programs		
Community Assessment Analysis: Current lifestyle programs	Does the Applicant describe current programs for patients providing counseling or information regarding nutrition, physical activity, and stress management either alone or in conjunction with tobacco cessation, and describe whether one or more topic areas are targeted and provide the context (e.g., program offered to all patients; prediabetes program; hypertension control program focused on lifestyle)?	10
Community Assessment Analysis: Overall Readiness, Assets	Does the Applicant demonstrate an overall readiness of the community clinic to implement ATCP, including any organizational assets?	8
	Subtotal	**50**

PART VI. AWARD ADMINISTRATION INFORMATION

A. RFA DEFINED

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

B. RFA CANCELLATION AND ADDENDUMS

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

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

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

C. IMMATERIAL DEFECT

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

application or excuse the successful Applicant from full compliance.

D. GROUNDS TO REJECT AN APPLICATION

An Application shall be rejected if:

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

E. NOTICE OF AWARDS

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

F. APPEAL PROCESS

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

2. An Applicant may appeal the award decision. The Applicant must submit a notice of intent to appeal to CTCPCompetitiveGrants@cdph.ca.gov by 5:00 p.m. (PT) on the date listed in Table 3. Tentative RFA Timeline and Award Schedule. The Applicant shall then have five (5) calendar days to file a detailed written statement specifying the grounds for the appeal and send the Appeal Letter to:

U.S. Mail	**Courier** (e.g., FedEx)
Maria Ochoa, MPA, Assistant Deputy Director (or designee) Center for Healthy Communities California Department of Public Health MS 7206 P.O. Box 997377 Sacramento, CA 95899-7377 Phone: (916) 449-5500	Maria Ochoa, MPA, Assistant Deputy Director (or designee) Center for Healthy Communities 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 Assistant Deputy Director or his/her designee, a hearing may be held. The decision of the Assistant Deputy Director or his/her designee shall be final. There is no further administrative appeal. Appellants will be notified of decisions regarding the appeal in writing within fifteen (15) working days of the hearing date or the consideration of the written material submitted, if no hearing is conducted.

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

G. DISPOSITION OF APPLICATIONS

1. Upon application opening, all documents submitted in response to this RFA will become the property of the State of California and will be regarded as public records under the California Public Records Act (PRA) (Government Code Section 6250 et seq.) and subject to review by the public.
2. Application packages may be returned only at the Agency's expense, unless such expense is waived by CDPH/CTCP.

H. INSPECTING OR OBTAINING COPIES OF APPLICATION MATERIALS

Persons wishing to view or inspect any application or award related materials must follow the California Public Records Act (CPRA) process.

PART VII. IMPORTANT ADMINISTRATIVE DETAILS

A. COST OF DEVELOPING THE APPLICATION

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

B. AWARDEE REQUIREMENTS

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

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

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

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

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

5. The Awardee is required to expend the grant funds to implement the agreed upon **Appendix 1:** *Prescribed Work Plan* and consistent with **Appendix 6:** *Budget Cost Sheet* and **Appendix 11:** *Local Lead Agency and Competitive Grantee Administrative and Policy Manual.* The Local Lead Agency and Competitive Grantee Policy Manual is also located in OTIS under the Training Tab and User Manual, where users are be able to view and download the latest version of the policy manual as a PDF file.

C. AWARDEE REQUIRED DOCUMENTS

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

1. The Payee Data Record (STD 204) and Payee Data Record Supplement (STD 205), if applicable, to determine if the Awardee is subject to state income tax withholding pursuant to California Revenue and Taxation Code Sections 18662 and 26131.
2. All pages of the Contractor Certification Clauses (CCC 04/2017), which is a Department of General Services form.
3. Evidence of commercial general liability insurance.
4. Establish the Headquarters for State Travel Reimbursement for budgeted staff and subcontractors/consultants.
5. Board Resolution – all local government agencies are required to submit a Board Resolution with each grant. Resolutions must be submitted after notice of award

and prior to full execution of grant. Resolutions must indicate local government approval of the grant.

D. STANDARD PAYROLL AND FISCAL DOCUMENTS

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

E. PROGRESS REPORTS

1. The Awardee is required to submit three progress reports on time, complete, through the OTIS, and in conformance with CDPH/CTCP instructions.
2. The final progress report is due on the last day of the grant term. The final progress report is to be a cumulative report that summarizes all activities and outcomes during the term of the grant.
3. In collaboration with UCD HLCI, each ATCP clinic will participate in the development and production of a Final Evaluation Report (FER), which will include a description of the facility where the project was implemented, project staff, the QI Plan, activities conducted, policies and protocols adopted and implemented, challenges and barriers, lessons learned, and how tobacco use reduction and other wellness policies will be sustained in the future. The report will address performance in the specified tobacco cessation metrics and other evaluation components comparing baseline and follow-up assessments. It will also provide a discussion of the findings whether improvement, regression, or no change is observed for a particular metric. Results of the assessment of the tobacco-free clinic policy comparing baseline and follow-up time points will be included in the FER. The FER will be submitted with the final progress report.
4. If the Awardee fails to submit timely, complete progress reports documenting satisfactory progress, CDPH/CTCP will withhold payment of invoices and may terminate the grant.

F. INVOICES

1. **Documentation:**

   The Awardee is required to maintain backup documentation for all expenditures and provide the backup documentation for an invoice if requested by the CDPH/CTCP. The Awardee shall maintain for review and audit purposes, adequate documentation of all expenses claimed. All invoice detail, fiscal records, or backup documentation shall be prepared in accordance with generally accepted accounting principles.

CDPH/CTCP has the right to request documentation at any time to determine an agency's allowable expenses.

2. **Submission of Invoices:**

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

G. DISPUTE RESOLUTION, CDPH RIGHTS, AND GRANT TERMINATION

1. **Resolution of Differences Between RFA and Contract Language:**

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

2. **CDPH Rights:**

   In addition to the rights discussed elsewhere in this RFA, CDPH/CTCP reserves the right to do any of the following:

   a. Modify any date or deadline appearing in this RFA.

   b. Issue clarification notices, addenda, alternate RFA instructions, forms, etc. If this RFA is clarified, corrected, or modified, CDPH/CTCP intends to post all clarification notices and/or RFA addenda on CDPH/CTCP TCFOR website.

   c. CDPH/CTCP reserves the right to fund any or none of the applications submitted in response to this RFA. CDPH/CTCP may also waive any immaterial deviation in any application. CDPH/CTCP waiver of any immaterial deviation shall not excuse an application from full compliance with the grant terms if a grant is awarded.

   d. CDPH/CTCP reserves the right to withdraw any award or request modifications to the Work Plan and/or Budget of any application component(s) as a condition of the grant award.

3. **Termination:**

   CDPH/CTCP reserves the right to terminate the grant if the application submitted, awarded, negotiated, and approved by CDPH/CTCP as a result of this RFA is not implemented satisfactorily, or if work is not completed by the due dates prescribed in the grant's Work Plan.

PART VIII. REFERENCES

A. REFERENCES

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2. Centers for Disease Control and Prevention. Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) – Smoking-Attributable Mortality (SAM). https://chronicdata.cdc.gov/Health-Consequences-and-Costs/Smoking-Attributable-Mortality-Morbidity-and-Econo/ezab-8sq5. Updated August 13, 2020. Accessed September 14, 2021.

3. Centers for Disease Control and Prevention. CDC WONDER. https://wonder.cdc.gov. Accessed September 14, 2021.

4. Legislative Analyst Office. *2019-20 Budget: California Spending Plan - Health and Human Services Spending Plan*. Budget and Policy Post October 2019 March 25, 2020]; Available from: https://lao.ca.gov/Publications/Report/4104.

5. UCLA Center for Health Policy Research. AskCHIS 2019. Currently insured and poverty level. Available at https://ask.chis.ucla.edu. Exported on September 14, 2021.

6. Vuong, T., et al., *California Tobacco Facts and Figures 2019*. May 2019, California Department of Public Health, California Tobacco Control Program: Sacramento, CA.

7. UCLA Center for Health Policy Research. AskCHIS 2019. Current smoking status by currently insured and by poverty level. Available at https://ask.chis.ucla.edu. Exported on September 14, 2021.

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