Request for Application #24-10056

Advancing Tobacco Cessation in Community Clinics Project (ATCP) Cohort 3

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CALIFORNIA TOBACCO PREVENTION PROGRAM
(CDPH/CTPP)

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PART I. FUNDING PURPOSE

A. INITIATIVE OVERVIEW

This Request for Application (RFA) is intended to fund up to ten (10) community clinics that provide primary care including Federally Qualified Health Centers (FQHCs), Health Center Program Look-Alikes (HCLAs), and other clinics serving populations with low income or lacking health insurance. 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. HCLAs meet similar HRSA requirements and receive many of the benefits associated with FQHCs, but don't receive HRSA funding. The purpose of the Advancing Tobacco Cessation in Community Clinics Project (ATCP) Cohort 3 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 through a whole health approach that includes: active living, healthy eating, and stress management; (3) equip clinic staff to engage in tobacco cessation efforts with linkages to Kick It California (California Tobacco Cessation Counseling Provider) or other evidence-based, tobacco cessation counseling service; and (4) establish, report on, and advance in specific quality improvement and other performance metrics.

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

1. Implement an evidence-based, quality improvement plan (QIP) to increase the effectiveness of tobacco cessation efforts.
2. Optimize use of the clinic's data systems to enable 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 a whole health approach to cessation that includes stress management, active living, and healthy eating.
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 will be delivered remotely by HLCI.
4. Make tobacco use a vital sign, screening every patient for tobacco use at every visit.
5. As part of the QIP, establish a tobacco treatment workflow that addresses screening, treatment, follow-up, and documentation.
6. Implement a whole health approach to cessation that addresses stress management, active living, and healthy eating.
7. Participate in all HLCI evaluation activities including:
    - Reporting on tobacco cessation metrics (see below);
    - Participating in staff key respondent interviews;
    - Providing effective outreach to patients about online surveys and focus groups; 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.

<u>Tobacco Cessation Metrics</u>

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 Strategic 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 middle of the third month (10/15/2024) of the project. A baseline sample will be selected and evaluated from among all adult (>18 years old) clinic patients seen within a 12-month period, composed of the 11 months preceding and the first month of the project (09/01/2024-08/31/2025).
3. During the grant period, clinics must identify a second sample drawn from among all adult patients seen within a 12-month period (09/01/2024-08/31/2025). Using this

sample, clinics must provide to UCD HLCI staff a follow-up performance report. The report is due no later than the middle of the 15th month of the project (10/15/2025).

The reports will provide tobacco cessation metrics, as listed below.

1. Percentage of patients whose tobacco use status is documented.
2. Percentage of patients who are documented as having reported tobacco use.
3. Percentage of tobacco-using patients (TUPs) who are documented as receiving advice to quit.
4. Percentage of TUPs who are documented as having been referred to and/or prescribed treatment.
5. Percentage of TUPs who are documented as having received treatment, among those referred to and/or prescribed treatment.
6. Percentage of TUPs who are documented as having received treatment.

7a. Percentage of TUPs who reported no tobacco use at last screening in period.
7b. Percentage of TUPs who have successfully quit tobacco (abstinent at >6 months).

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

B. ENDING THE TOBACCO EPIDEMIC

For more than 30 years, the California Department of Public Health/California Tobacco Prevention Program (CDPH/CTPP), formerly known as the California Tobacco Control Program (CTCP), has administered a comprehensive policy, system, and environmental change program. The Program changes social norms relating to tobacco use to make tobacco undesirable, unacceptable, and inaccessible.

Building on decades of success, CDPH/CTPP has shifted its focus from "controlling" the industry-created tobacco epidemic to ending it. CDPH/CTPP seeks to transform California by eradicating the tobacco industry's manipulative, predatory, and deadly influence to equitably increase the health, environmental, and economic well-being of California's diverse populations.

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 were $13.29 billion in 2009, and of this California taxpayers spend $3.58 billion dollars each year to treat smoking-related disease through Medicaid.[4] To put this in perspective, the fiscal year

2021-2022 budget for CDPH to address public health issues was only $4.7 billion.[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 CTPP began in 1989, adult smoking prevalence has declined by 59.1 percent from 23.7 percent (1988) to 9.7 percent (2022).[6] 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.[7] These high-risk groups suffer disproportionately from tobacco-related illnesses and death despite the progress made in reducing adult tobacco use in California. Nearly 56 percent of adult California smokers made a quit attempt in 2021.[8]

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

In an effort to reduce tobacco use and the resultant disproportionate economic, morbidity and mortality burden among low-income California population groups, CDPH/CTPP is reaching out specifically to community clinics through this grant opportunity. The purpose of this RFA is to improve the effectiveness of tobacco cessation in community clinics through innovative, system-based approaches using evidence-based 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.[9]

We Can Do Better

Community clinics are an essential part of the safety net healthcare system, serving low-income patients, the underinsured and uninsured, many of whom are tobacco users. Community clinics 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.[10]

HRSA lists more than 2,500 community clinic sites located in more than 50 counties and operated by various nonprofit and county organizations. In addition, there are many other community clinics across the state that are not HRSA-affiliated. 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 2*: 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/CTPP effort to fulfill its fourth goal of promoting tobacco cessation statewide, see **Appendix 3:** *California Tobacco Prevention Program Goals*.

C. FUNDING 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 August 1, 2024, through January 31, 2026. The Agreement term may change if the CDPH/CTPP makes the award earlier than expected or if CDPH/CTPP 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/CTPP 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 prevention environment.

2. **Funding Availability**

   The total maximum amount to be distributed among all Awardees is anticipated to be $810,000.00 for approximately ten (10) projects for 18 months. The maximum funding awarded for each application is $81,000.00. Grantees will be reimbursed for implementing and satisfactorily completing the prescribed Work Plan as listed in **Appendix 1:** *Prescribed Work Plan.*

Table 1. *Maximum Budget Per Fiscal Year* displays the maximum budget per Awardee for each fiscal year term. Unexpended funds do not carry over from one fiscal year to the next fiscal year. The state 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/CTPP funding priorities and/or legal or administrative limitations. 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. Continued funding for the Agreement will be dependent upon successful Applicant performance. CDPH/CTPP reserves the right to initiate revisions as necessary to redistribute funds between fiscal years to meet the needs of the State.

Table 1. Maximum Budget Per Fiscal Year

Start Date	End Date	Fiscal Year	Payment not to Exceed
08/01/2024	06/30/2025	FY 24/25	$49,500
07/01/2025	01/31/2026	FY 25/26	$31,500
Total			$81,000

3. **Funding Augment**

   CDPH/CTPP reserves the right to negotiate additional work with the successful applicant that is consistent with the work components identified in **Appendix 1:** *Prescribed Work Plan* 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 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).

5. **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).

D. ELIGIBILITY CRITERIA

1. Organizational Type

a. Eligible entities are community clinics providing primary care including FQHCs,

HCLAs, and other clinics serving populations with low income or lacking health insurance. The clinic must be located in California. 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 application. Either certification from the State of California, Office of Secretary of State, or a Letter from the Department of Treasury, Internal Revenue Service (IRS) classifying the agency as a non-profit agency is acceptable proof. For examples, see **Appendix 4:** *Sample Non-Profit Status Letter*.

c. Funding shall support a single primary care clinic site providing services in adult medicine (including internal medicine or family medicine). The applicant site does not have to provide adult medicine services, exclusively.

d. Clinic organizations funded by a previous ATCP RFA are eligible to apply as long as the current applicant clinic site was not previously engaged in the ATCP.

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 5:** *Certification of Non-Acceptance of Tobacco Funds*).

E. FUNDING RESTRICTIONS

This RFA will not fund the following:

- Provision of direct medical care, including the provision 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/CTPP or another source.
- Purchase or improvement of land, or building alterations, renovations or construction.
- Fundraising activities.
- Lobbying or election-related activities.
- 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/CTPP 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.
- Purchase of office equipment.

PART II. KEY ACTIONS DATES AND RESOURCES

A. TIMELINE AND AWARD SCHEDULE

Key dates are presented in **Table 2.** *Tentative RFA Timeline and Award Schedule*. CDPH/CTPP reserves the right to adjust any date and/or time as necessary. Date and time adjustments will be posted to the CDPH/CTPP 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	**March 5, 2024**
OTIS Open for Application Input	March 8, 2024
Informational Webinar	March 12, 2024, 10:00 – 11:30 am
Last Day to Submit Written Questions	**March 15, 2024, 5:00 pm**
Responses to Written Questions Posted	March 22, 2024
Applications Due	**April 16, 2024, 5:00 pm**
Notice of Intent to Award Posted	May 9, 2024

Key Action	Date (All Times in Pacific Time)
Notice of Intent to Appeal Letter Due	**May 16, 2024, 5:00 pm**
Final Announcement of Awards*	May 17, 2024
Grant Modification Finalization	May 24, 2024
Grant Document Finalization	June 25, 2024
Grant Start Date	**August 1, 2024**
Grant End Date	January 31, 2026

CDPH/CTPP can revise dates and/or release an addendum at any time during the RFA process.

**Final Awards cannot be made until all appeals have been resolved. It is the Applicant's responsibility to check for notices and addenda for this RFA on the TCFOR website throughout the RFA process.*

B. INFORMATIONAL WEBINAR

An optional virtual Informational Webinar will be conducted to assist those intending to apply. 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 date and time of the Informational Webinar is identified in **Table 2.** *Tentative RFA Timeline and Award Schedule*. Registration for the Informational Webinar and the access code is posted on the *TCFOR website*.

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

1. **What is OTIS?**

   OTIS is a secure, passcode protected knowledge management system that is used to submit applications, review and score applications, modify the Scope of Work (SOW) 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 create an OTIS "User Account," see the **Appendix 6:** *Tobacco Control Funding Opportunities and Resources (TCFOR) User*

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 7:** *Instructions for Accessing the OTIS Applicant Training Course.*

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. Email Assistance: Email CTPP-KMU@cdph.ca.gov for OTIS technical assistance.

D. APPLICATION SUBMISSION

Applications are due by the date and time listed in **Table 2.** *Tentative RFA Timeline and Award Schedule*. Applications must be submitted through OTIS. Applications submitted by any other means will not be accepted. Applications received after the due date/time will not be reviewed. Applicants will be required to establish and verify a unique PIN for each OTIS account holder. PIN verification is required prior to Application submission in OTIS. CDPH Security and Privacy guidelines outline that a lost or forgotten PIN may only be retrieved via phone call to CDPH/CTPP. A PIN cannot be verified via email. Submission before the deadline date is advised in case you experience technical difficulties or verifying your PIN 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 the submission of an application that does not meet minimum submission requirements (e.g., required forms not completed).

For technical assistance regarding PIN verification, the use of the TCFOR or OTIS websites, contact the support team, via email at CTPP-KMU@cdph.ca.gov. Please do not wait until the submission due date to seek assistance from CDPH/CTPP as the support staff may be assisting others with requests and may not be available.

E. APPLICANT QUESTIONS AND REPORTING OF ERRORS IN THE RFA

CDPH/CTPP 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/CTPP will not respond to questions directed to individual CDPH/CTPP 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 apply 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 the RFA**
   a. Submit written questions or report errors by email (CTPPCompetitiveGrants@cdph.ca.gov) with the subject line "CTPP RFA CG 24-10056." Oral questions will not be accepted.
   b. CDPH/CTPP 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/CTPP.
   c. Submit written questions to CDPH/CTPP 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/CTPP**
   a. CDPH/CTPP reserves the right to seek clarification of any inquiry received and to answer only questions considered relevant to this RFA. At its discretion, CDPH/CTPP may consolidate and/or paraphrase similar or related inquiries.
   b. Questions and answers received through the process outlined above will be published on the TCFOR website on the date identified in **Table 2.** *Tentative RFA Timeline and Award Schedule*.
   c. CDPH/CTPP may issue an addendum to address errors in the RFA until the application submission deadline. These will be posted on the TCFOR website.

PART III. COMPLETING THE OTIS APPLICATION

The application requirements include the following sections: Contact Information, Agency Capability, Scope of Work: Community Assessment Analysis, Budget, and Additional Documents.

A. CONTACT INFORMATION

Completing the Contact Information is required and not scored. The purpose of this section is to collect information about the Applicant, the geographic service area of the proposed project, and key staff for the proposed project. Complete the following areas directly in OTIS:

1. **Agency & Contract Information:**
   Provide the Applicant's Agency Name, Project Name, Federal Identification Number, mailing address, physical address, phone, fax, website, and email.

2. **Contact Information:**
   Provide specific contact information for the Project Director, Primary Tobacco Contact, Agency Fiscal Officer or Day-to-Day Fiscal Contact, and Official Agency Signatory. All roles should be filled by different people associated with the Application.

B. AGENCY CAPABILITY

PART 1: COMPLETING THE AGENCY CAPABILITY SECTION (REQUIRED AND SCORED)

This section provides instructions on the Applicant's ability to successfully 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 8:** *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. Specify site name and address.

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

b. 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.

c. 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.

d. 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.

e. 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/CTPP, 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: 24-10056 Advancing Tobacco Cessation in Community Clinics Cohort 3).
   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 8:** *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."

      "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 at the Community Clinic Site

      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 site, 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.

C. 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 that are already uploaded and completed in OTIS. These sections match **Appendix 1:** *Prescribed Work Plan*.

D. BUDGET REQUIREMENTS

Budget Requirements section is required but not scored. Requirements for the budget are provided below.

1. Applicants are required to complete and upload **Appendix 9:** *Budget Cost Sheet* into OTIS under the Additional Documents section. Please utilize the Budget Cost Sheet Reference Guide on page 2 of **Appendix 9:** *Budget Cost Sheet* for guidance when completing your budget.

2. Applicants must ensure that the total dollar amount for each FY does not exceed the maximum amounts allowed in the RFA (see **Table 1.** *Maximum Budget Per Fiscal Year*).

3. Applicants are required to include the following position in **Table 3**. *Required Staffing and Minimum Duties* in the **Appendix 9:** *Budget Cost Sheet* to fulfill the prescribed Work Plan listed in **Appendix 1:** *Prescribed Work Plan*.

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/CTPP and HLCI 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. This position must participate in trainings and meetings outlined in the Work Plan and maintain timely communication with HLCI.

E. ADDITIONAL DOCUMENTS

Submitting the Additional Documents is required and not scored.

The purpose of the Additional Documents is to provide the CDPH/CTPP with supplemental information regarding the Applicant and will substantiate the CTPP agreement requirements. Provide the following additional documents as described below. See **Appendix 7:** *Instructions for Accessing the OTIS Applicant Training Course: Creating Your Application/Plan*, module “Additional Documents” for more information.

1. **Additional Tobacco Prevention 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 prevention 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 – no document upload required).

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

   Complete and upload **Appendix 5:** *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 4:** *Sample Non-Profit Status Letter*.

4. **Franchise Tax Board Entity Status Letter:**

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

PART IV. APPLICATION SELECTION PROCESS AND CRITERIA

This section explains the application review process which is described in four (4) stages. The stages are *Stage One*: Administrative and Completeness Screening, *Stage Two*: Application Scoring, *Stage Three*: Notification of Decision, and *Stage Four*: Grant Modifications.

Each application will be reviewed, evaluated, and scored based on the responses to the information requested in this RFA. By submitting an Application, the Applicant agrees that CDPH/CTPP is authorized to verify any information and any references named in the application. Applications received by CDPH/CTPP 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.

A. STAGE ONE: ADMINISTRATIVE AND COMPLETENESS SCREENING

In Stage One, Applications will be reviewed for on-time submission and compliance with the administrative requirements and completeness. The OTIS electronic time stamp will be used to verify on-time submission. A late or incomplete application and/or an application from a non-eligible entity will be disqualified and eliminated from further evaluation.

For the purpose of administrative screening, required Additional Documents include:

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

Omission of any required document, failure to use required formats for response, and/or failure to respond to any requirement may lead to rejection of the application. CDPH/CTPP 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.

Applicants who do not pass Stage One will not proceed to Stage Two.

B. 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/CTPP 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/CTPP-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**

Application Scoring 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 governance, organizational structure, and sources of funding?	5
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

PART 1: APPLICANT CAPABILITY SECTION		
Application Component	**Scoring Criterion**	**Point Value**
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, submission of fiscal, program, evaluation documentation, and compliance with government requirements?	2
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	5

PART 1: APPLICANT CAPABILITY SECTION		
Application Component	**Scoring Criterion**	**Point Value**
	community partners? And do each of the letters include the following: • The correct RFA name and number (RFA CG: 24-10056 Advancing Tobacco Cessation in Community Clinics Cohort 3); • 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. *Note: If the Applicant is currently receiving or has received funding from a governmental agency, other than CTPP, 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		
Application Component	**Scoring Criterion**	**Point Value**
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 use policy and lifestyle programs	Does the Applicant sufficiently describe the current tobacco use policy at the community clinic site whether it is written or informal?	10
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	10

PART 2: COMMUNITY ASSESSMENT ANALYSIS SECTION		
Application Component	**Scoring Criterion**	**Point Value**
	context (e.g., program offered to all patients; prediabetes program; hypertension control program focused on lifestyle)?	
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**

C. STAGE THREE: NOTIFICATION OF DECISION

Upon successful completion of the review process, CDPH/CTPP will post a notice of intent to award funds on the TCFOR website. Each Applicant will be notified in writing of the funding decision. Upon written request to CDPH/CTPP, Applicants may receive a copy of the scoring summary page that provides the score and overall strengths and weaknesses of their application. Written requests must be emailed to CTPPCompetitiveGrants@cdph.ca.gov.

D. STAGE FOUR: GRANT MODIFICATIONS

CDPH/CTPP reserves the right to reject any proposed project or project component(s). Following the award notification, CDPH/CTPP 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/CTPP 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.

PART V. AWARD ADMINISTRATION INFORMATION

A. RFA DEFINED

The competitive method used for this procurement of services is a Request for Application (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/CTPP 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/CTPP 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/CTPP may waive any immaterial defect or deviation contained in an Applicant's application. CDPH/CTPP'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 date and time listed in **Table 2.** *Tentative RFA Timeline and Award Schedule.*
2. It is not submitted through OTIS in the mandatory format described.
3. It contains false or intentionally misleading statements or references, which do not support an attribute or condition contended by the Applicant.
4. It intends 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.
5. It contains confidential information.
6. It does not literally comply with the RFA, contains caveats, variations or deviations that conflict with the RFA, or it is otherwise non-responsive.
7. There is a conflict of interest.
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. 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 CDPH/CTPP has committed an error in the bid process sufficiently material to justify invalidation of its proposed award, the Grant shall not be awarded until either the appeal has been withdrawn or CDPH has decided the matter. An example of a material error would be, among others, failure of the CDPH/CTPP to follow pertinent State statutes and regulations of the provisions of this RFA. When scores of an Evaluation Committee are at issue, more than the opinion of the appellant that scores should have been different, or that different scores could have been awarded based on the same information, is required to invalidate scoring decisions. Appeals submitted without proof of a material error as described above will be rejected. 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 CTPPCompetitiveGrants@cdph.ca.gov by 5:00 p.m. (PT) on the date listed in **Table 2**. *Tentative RFA Timeline and Award Schedule*. The Applicant shall then have five (5) calendar days to file a detailed written statement specifying the grounds for the appeal and send the Appeal Letter to:

U.S. Mail	**Courier** (e.g., FedEx)
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. The decision of the Assistant Deputy Director or their designee shall be final. Appellants will be notified of decisions regarding the appeal in writing within fifteen (15) working days of the consideration of the written material submitted.
4. Upon resolution of any appeal and subsequent award of the Grant, the Awardee will be required to complete and submit to the CDPH/CTPP the required documents listed in Part VI, B. Awardee Required Documents.

F. DISPOSITION OF APPLICATIONS

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

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

G. 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 VI. 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 REQUIRED DOCUMENTS

Upon award of the Grant, the Awardee will be required to complete and submit:

1. The Payee Data Record (STD 204) and Payee Data Record Supplement (STD 205), if applicable. The STD 204 is required when receiving payment from the State of California in lieu of Internal Revenue Service (IRS) W-9 or W-7. It is used to determine if the agency is subject to state income tax withholding pursuant to California Revenue and Taxation Code Sections 18662 and 26131. No payment shall be made unless a completed STD 204 has been returned to CDPH/CTPP. This form is required. The STD 205 is used to provide remittance address information if different than the mailing address on the STD 204. This form is optional. These forms can be found in OTIS under Additional Documents.
2. The Contractor Certification Clauses (CCC 04/2017), which is a Department of General Services (DGS) form required for doing business with the State of California. This form is required and can be found in OTIS under Additional Documents.
3. The Certificate of Liability Insurance, which must identify evidence of $1,000,000 Commercial General Liability Insurance and Workers' Compensation. If applicable, a certification of self-insurance signed by the authority to bind the agency may suffice. CDPH/CTPP must be listed as the Certificate Holder as follows:

   California Department of Public Health/California Tobacco Prevention Program
   MS 7206, P.O. Box 997377
   Sacramento, CA 95899-7377

4. The Identifying Headquarters for Staff Travel Reimbursement, which is a requirement by the State Controller's Office (SCO) which requires all invoices reimbursing for mileage, specifically in the course of conducting state business, establish a headquarters address for each employee receiving reimbursement. The agency is required to list the name of the employee, subcontractor and/or consultant who is authorized to travel and receive reimbursement for mileage under this project. This form can be found in OTIS under Additional Documents.
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 the Grant. Resolutions must indicate local government approval of the Grant.

C. AWARDEE REQUIREMENTS

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

1. All CDPH/CTPP-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/CTPP-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/CTPP 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 9:** *Budget Cost Sheet*, **Appendix 10:** *CTPP Policy Manual* and **Appendix 11:** *CTPP Administrative Manual.* The Local Lead Agency and Competitive Grantee Policy and Administrative Manuals are also located in OTIS under the Training Tab and User Manual, where users are be able to view and download the latest versions of the manual as PDF files.

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/CTPP 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/CTPP 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/CTPP. 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/CTPP 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 Awardee incurs expenses for the previous work period and is then reimbursed by invoice(s) submitted to CDPH/CTPP 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/CTPP 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/CTPP intends to post all clarification notices and/or RFA addenda on CDPH/CTPP TCFOR website.

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

   d. CDPH/CTPP 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/CTPP reserves the right to terminate the Grant if the application submitted, awarded, modified, and approved by CDPH/CTPP 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 VII. REFERENCES

1. U.S. Department of Health Human Services. (2014). *The health consequences of smoking.* U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

2. Centers for Disease Control and Prevention. (2014). *Best practices for comprehensive tobacco control programs – 2014.* U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

3. Centers for Disease Control and Prevention. (2016). *National Center for Health Statistics State and Territorial Data* [Data set.] https://www.cdc.gov/nchs/fastats/state-and-territorial-data.htm.

4. Centers for Disease Control and Prevention. (2020). *Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) – Smoking-Attributable Expenditure (SAE)* [Data set]. https://chronicdata.cdc.gov/Health-Consequences-and-Costs/Smoking-Attributable-Mortality-Morbidity-and-Econo/ezab-8sq5.

5. Campaign for Tobacco Free Kids. (2022, January). *The toll of tobacco in California*. Retrieved October 4, 2022, from https://www.tobaccofreekids.org/problem/toll-us/california.

5. Legislative Analyst Office. (2021, October). *The 2021-22 California Spending: Health*. https://lao.ca.gov/Publications/Report/4465#california-department-of-public-health.

6. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. (2022, September). *BRFSS Prevalence & Trends Data* [Data set]. Retrieved October 4, 2022, from https://www.cdc.gov/brfss/brfssprevalence.

7. Vuong, T., et al. (2019). *California Tobacco Facts and Figures 2019.* California Department of Public Health, California Tobacco Control Program.

8. UCLA Center for Health Policy Research. (2021). *AskCHIS 2021: Stopped smoking for 1 or more days in past year to quit* [Data set]. Retrieved October 5, 2022, from https://ask.chis.ucla.edu.

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10. Centers for Disease Control and Prevention. (2020). *Tobacco Cessation Change Package: A Million Hearts Action Guide*. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.