California Department of PublicHealth | CALIFORNIA TOBACCO PREVENTION PROGRAM UNDO

22 March 2024

Questions & Answers

Request for Applications (RFA) Competitive Grant (CG): #24-10056, Advancing Tobacco Cessation in Community Clinics Project (ATCP) Cohort 3

1. **Question: If the Applicant was a part of the Advancing Tobacco Cessation in Community Clinics Project (ATCP) Cohort 1 (CG #22-10008) or Cohort 2 (CG #23-10030), can they apply for Cohort 3 (CG #24-10056)?**

   Answer: Yes. An agency funded in ATCP Cohort 1 and/or Cohort 2 is eligible to apply for Cohort 3 as long as the specific clinic site for Cohort 3 is different than the clinic site funded in the previous Cohorts.

2. **Question: Is a license free public health clinic eligible to apply?**

   Answer: Yes. Eligible entities for this RFA are community clinics providing 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. The clinic must be located in California. Additionally, 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*.

3. **Question: Is the Applicant required to provide a specific subpopulation with high rates of smoking and tobacco use for its Quality Improvement Plan (QIP), instead of their QIP being applied across their entire health center census?**

   Answer: No. The Applicant is not required to provide a specific subpopulation with high rates of smoking and tobacco use for its QIP. This funding opportunity allows for FQHCs, HCLAs, and other clinics serving populations with low income or lacking health insurance to apply to reduce tobacco use within their funded clinic population. The eligibility criteria of the application does not limit this funding opportunity to a clinic that has a high rate of smoking or tobacco use, however the Applicant will need to identify the specific clinic's site and it's current tobacco prevalence rate.

4. **Question: If the agency has multiple clinic sites, are they permitted to focus on all primary care clinics, instead of only one site?**

   Answer: No. This funding opportunity supports a single primary care clinic site that is providing adult medicine (including internal medicine or family medicine). Applicants will need to identify which site location that they will be focusing on for each application.

5. **Question: Is there a maximum allowable indirect cost rate?**

   Answer: Yes. For this RFA, the Indirect Cost Rate (ICR) may not exceed a maximum of 25% of the Total Personnel Services (Personnel Costs plus Fringe Benefits Cost) or 15% of Total Allowable Direct Costs. Please review **Appendix 11:** *CTPP Administrative Manual*, Section 1005 – Indirect Cost Rate (ICR), Page 42, which further describes ICR and how it is calculated.

6. **Question: For the Letter of Reference section in the RFA, is it mandatory for an Applicant to obtain a letter from CDPH/CTPP if the Applicant has received funding from CDPH/CTPP?**

   Answer: No. It is not mandatory for an Applicant to obtain a Letter of Reference from CDPH/CTPP if they are currently receiving or have previously received funding.

7. **Question: For the Letter of Reference section in the RFA, is it mandatory for an Applicant to obtain a letter from a government agency, if the Applicant has received funding from government agencies?**

   Answer: Yes. It is mandatory for an Applicant to obtain a Letter of Reference from a governmental agency, other than CDPH/CTPP, if they are currently receiving or have previously received funding within the last two (2) years. Of the two (2) required Letters of Reference for this RFA, one (1) should be from these government agencies. The additional required Letter of Reference 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. Please do not include Letters of Reference from the Applicant's parent organization or subcontracting partners.