**California Tobacco Control Program**
**2010-13 Local Lead Agency Comprehensive Tobacco Control Plan Guidelines**

**Work Statement**

**NOTE: This section only contains instructions specific to the requirements of this procurement, together with scoring criteria. This section MUST be read in conjunction with the *Application/Proposal/Plan Requirements and Instructions* section of this procurement which contains the general instructions for responding to all California Department of Public Health, California Tobacco Control Program (CTCP) procurements.**

## Plan Requirements and Instructions

Each local lead agency (LLA) must complete the following ten components for their Comprehensive Tobacco Control Plan (Plan) to be considered complete. For each component, the following information is included: Component Description, Point Values, and either Minimum Requirements, for those worth 0 points, or Scoring Criteria, for sections to be scored. Further explanations and detailed instructions are found in the *Application/Proposal/Plan Requirements and Instructions* section on the Tobacco Control Funding Opportunities and Resources (TCFOR) Web site (http://tcfor.catcp.org) under the LLA Guidelines funding opportunity.

- Agency Contact Information
- Evaluator Selection
- Demographic Profile
- Media Profile
- Coalition Functioning
- Coalition Membership
- Communities of Excellence (CX) Needs Assessment
- Scope of Work (SOW), including:
  - Intervention Activity Plan
  - Materials Development
  - Evaluation Design
- Narrative Summary and Theory of Change
- Budget Justification

## General Instructions

### I. Agency contact information: 0 Points

Component Description: Provide basic contact information for the agency and the agency's project director, fiscal contacts, health officer, and signatory.

Instructions: Complete instructions are found in: *Application/Proposal/Plan Requirements and Instructions*, pages 2-3.

Minimum Requirements: Information is complete and accurate.

## II. Evaluator Information: 0 Points

Component Description: The Local Program Evaluator (LPE) enters his/her contact information and a description of his/her evaluation training in the LPE Directory.

Instructions:

- Evaluator Profile
  The LPE must complete the profile in the electronic LPE Directory accessed at http://www.tcsotis.org/public/evaluator/. Complete instructions are located in the section *Application/Proposal/Plan Requirements and Instructions,* pages 6-9.
- Evaluator Certification of Plan
  The LPE certifies the amount of time he/she spent with the LLA providing consultation on the SOW evaluation plans. Every plan must include this certification, even if the evaluator is a member of the LLA staff.

Minimum Requirements:

- The LPE must certify that he/she provided a minimum of four hours of consultation in the development of the SOW evaluation plans.
- The LLA must link a LPE to their plan.

## III. Demographic Profile: 0 Points

Component Description: This data provides a general description of the local health jurisdiction's demographics. It helps reviewers by providing some context for the SOW.

Instructions: Complete instructions are found in section *Application/Proposal/Plan Requirements and Instructions*, page 3.

Minimum Requirements:
Geographic characteristics of the local health jurisdiction are identified and are appropriate.

## IV. Media profile: 0 Points

Component Description: The information in this component provides a description of the top five most commonly used media outlets in the LLA's geographic region. The description provides the name of the outlet, the format (radio, television, print media, etc.), and the primary language of the outlet. The purpose of this information is to provide reviewers a general understanding of the media capacity of the local health jurisdiction.

Instructions: See *OTIS User Guide,* Section C: Background Information, pages 35-37.

Minimum Requirements:
Properly identifies the top five major media outlets serving the local health jurisdiction.

## V. Coalition Information: 5 Points

Component Description: Coalition information is given by the completion of two forms, the Coalition Functioning form and the Coalition Membership form. The Coalition Functioning form provides general information about the structure and function of each coalition administered or maintained by the LLA. The Coalition Membership form describes the composition of the overall coalition, including the demographic and/or cultural representation of each member.

Instructions:

- Coalition Functioning Form
  This form needs to be completed for each coalition administered or maintained by the LLA under the Proposition (Prop) 99-funded Comprehensive Tobacco Control Plan (not other CTCP grants). The following information is to be included:
  - Name of coalition
  - Year founded
  - Chair and co-chair (if applicable)
  - Coalition type
  - Coalition by-laws or formalized procedures
  - Coalition membership by ethnic/racial and priority population representation
  - Coalition size
  - Indicate if the coalition has a separate budget
  - Meeting frequency
  - Names of subcommittees
  - Coalition member recruitment methods
  - Coalition membership orientation process
  - Results of most recent coalition functioning survey
  - Date for the next coalition survey and the instrument to be used to assess the coalition functioning
  - Description of coalition member roles
  - Task Plan for conducting the 2013-16 Communities of Excellence needs assessment

- Coalition Membership Form
  This form needs to be completed for each coalition administered or maintained by the LLA under the Prop 99-funded Comprehensive Tobacco

Control Plan (not other CTCP grants). The following information is to be included:

- Coalition member name or identification number and agency affiliation
- Constituency represented
- Ethnicity/race
- Priority Population representation/expertise

Scoring Criteria:

- Coalition Functioning Form
  - Demonstrates there is a fully functioning adult coalition with by-laws or formalized operating procedures by including:
    - An organizational structure
    - A mission statement
    - Roles and responsibilities of coalition members and the designated coalition chair who is not an LLA or health department employee
    - Evidence of in-person meetings
    - Coalition appointment, membership length, and meeting frequency
    - The formal process for recruiting and orienting new coalition members
    - How coalition leadership periodically provides training on working effectively as a coalition and reviews and updates operational procedures based on input from coalition members
    - The method(s) for routine and rapid communication
    - Demonstrates that a coalition member assessment is given at least every 18 months; this assessment monitors coalition functioning and member satisfaction using assessment instruments identified by CTCP or other entities acceptable to the coalition
    - Demonstrates that the LLA provides staff with logistical aid, training, budget support, and other assistance needed by the coalition

- Coalition Membership Form
  - Demonstrates diverse coalition membership which includes community representation extending beyond traditional health, education, and social service organizations
  - Demonstrates cultural, ethnic, and/or other priority populations are represented in proportion to their overall population in the geographical area served
  - Demonstrates participation and involvement of local community organizations with special experience or expertise in community health education against tobacco use and representation of high risk populations

## VI. CX Needs Assessment: 15 Points

Component Description: This component summarizes the CX Needs Assessment findings for each indicator and asset reviewed. Included are the

data sources used, the people involved with, and identification of any special population needs by the assessment.

Instructions:
See *Communities of Excellence in Tobacco Control Module 2: Conducting a CX Needs Assessment* for explicit instructions on how to complete worksheet forms. This, along with other resources, can be found on Partners at http://tcspartners.org/CX_Subsite/CX.cfm.

See the *OTIS User Guide*, Section C: Background Information, Indicator Worksheet and Asset Worksheet for data entry instructions, pages 62-102.

Specific CX Needs Assessment and minimum workload requirements described in these guidelines are based on the three-year projected Prop 99 budget allocation according to the three tiers described below. Please see *Appendix: 2010-13 LLA Allocation Table*. The funding tiers are as follows:

Tier 1:
Local health jurisdictions projected to receive a budget allocation of $1,000,000 or more over the three-year Plan period

Tier 2:
Local health jurisdictions projected to receive a budget allocation of more than $500,000 and less than $1,000,000 over the three-year Plan period

Tier 3:
Local health jurisdictions projected to receive a budget allocation of less than $500,000 over the three-year Plan period

2010-13 LLA Funding Tiers

| Tier 1 | Tier 2 | Tier 3 | | | |
|---|---|---|---|---|---|
| Los Angeles | Alameda | Alpine | Imperial | Monterey | Shasta |
| Orange | Fresno | Amador | Inyo | Napa | Sierra |
| San Bernardino | Long Beach | Berkeley | Kings | Nevada | Siskiyou |
| San Diego | Riverside | Butte | Lake | Pasadena | Solano |
| San Francisco | Sacramento | Calaveras | Lassen | Placer | Stanislaus |
| Santa Clara | Sonoma | Colusa | Madera | Plumas | Sutter |
| | | Contra Costa | Marin | San Benito | Tehama |
| | | Del Norte | Mariposa | San Joaquin | Trinity |
| | | El Dorado | Mendocino | San Luis Obispo | Tulare |
| | | Glenn | Merced | San Mateo | Tuolumne |
| | | Kern | Modoc | Santa Barbara | Ventura |
| | | Humboldt | Mono | Santa Cruz | Yolo |
| | | | | | Yuba |

The 2010-13 CX Needs Assessment requirements, by tier, are described as follows:

LLA 2010-13 Communities of Excellence Requirements by Tier

| Tier 1 | Tier 2 | Tier 3 |
|---|---|---|
| • Must assess a total of 17 indicators and assets<br>• Assess all 13 core indicators and assets<br>• Plus an additional 4 indicators and/or assets of the LLA's choice<br>• If no casino in jurisdiction, the LLA can assess another indicator or asset of choice | • Must assess a total of 14 indicators and assets<br>• Select 11 from the core indicators and assets with at least 1 in each of the following areas:*<br>• Counter Pro-Tobacco Influences (CPTI)<br>• Reduce Exposure to Secondhand Smoke (SHS)<br>• Reduce the Availability of Tobacco<br>• Social Capital Asset or Cultural Diversity and Cultural Competency Asset<br>• Plus an additional 3 indicators and/or assets of the LLA's choice | • Must assess a total of 11 indicators and assets<br>• Select 8 from the core indicators and assets with at least 1 in each of the following areas:*<br>• CPTI<br>• Reduce Exposure to SHS<br>• Reduce the Availability of Tobacco<br>• Social Capital Asset or Cultural Diversity and Cultural Competency Asset<br>• Plus an additional 3 indicators and/or assets of the LLA's choice |

*If the LLA has a casino in its jurisdiction, indicator 2.2.25 must be assessed.

The core indicators and assets for the 2010-13 Comprehensive Tobacco Control Plan period are as follows:

CPTI

1.1.6 Number and type of tobacco company sponsorship at public and private events, including entertainment and sporting venues (e.g., county fairs, rodeos, motor sports, other sporting events, parades, concerts, museums, dances, festivals, businesses)

-or-

Number of public and private entertainment and sporting venues with a voluntary policy that regulates tobacco company sponsorship (e.g., county fairs, rodeos, motor sports, other sporting events, parades, concerts, museums, dances, festivals, businesses)

-or-

Number of communities with a policy that imposes a specific ban or restrictions on time, place, and manner of tobacco company sponsorship and

marketing consistent with the First Amendment and Food and Drug Administration tobacco control legislation at public, entertainment, and sporting venues (e.g., county fairs, rodeos, motor sports, other sporting events, parades, concerts, museums, dances, festivals, businesses)

-or-

1.1.11 Number and type of tobacco use, tobacco advertising, and SHS depiction by the entertainment industry (e.g., movies, music videos, television [TV], music, etc.)

-or-

Number of elected officials, parent organizations, health groups, and others that have adopted resolutions and voluntary policies that promote a socially responsible depiction of tobacco use, tobacco advertising, and SHS by the entertainment industry (e.g., movies, music videos, TV, music)

Reduce Exposure to SHS

2.2.6 Number of outdoor restaurant, bar, and mobile catering businesses with a voluntary policy that designates the outdoor dining, bar, and service line as smoke-free

-or-

Number of communities with a policy that designates the outdoor dining, bar and service line of mobile catering businesses as smoke-free

2.2.13 Number of multi-unit housing (MUH) owners and/or operators with a voluntary policy that restricts smoking in individual units (including balconies and patios)

-or-

Number of communities with a policy that restricts smoking in the individual units of MUH (including balconies and patios)

2.2.25 The number of businesses with a voluntary policy that designates American Indian casino/leisure complexes as smoke-free

-or-

Number of American Indian tribal governments with a policy that designates casino/leisure complexes as smoke-free

Reduce the Availability of Tobacco

3.2.1 The number of communities with a tobacco retail licensing policy that earmarks a portion of the license fee for enforcement activities

-or-

3.2.4 Number and type of venues/events (e.g., county fairs, rodeos, motor sports, other sporting events, parades, concerts, museums, dances, festivals, business) with a voluntary policy that prohibits the distribution of free or low-cost tobacco and nicotine products, coupons, coupon offers, gift certificates, gift cards, rebate offers or other similar offers for tobacco and nicotine products

-or-

Number of communities with a policy that prohibits the distribution of free or low-cost tobacco and nicotine products, coupons, coupon offers, gift

certificates, gift cards, rebate offers or other similar offers for tobacco and nicotine products

3.2.7 The number of independent/chain pharmacy stores, health care facilities or businesses that engage in the delivery of direct health care services that have a voluntary policy to NOT sell tobacco products

-or-

Number of communities with a policy that bans the sale of tobacco products wherever prescription medications are sold and dispensed

-or-

Number of communities with a policy that prohibits the issuance of a tobacco retail license to any business or facility that engages in the delivery of direct health care services to consumers including, but not limited to, such activities as dispensing prescription medications, providing health screenings, and direct health care services provided by a licensed health care professional

Promote Tobacco Cessation Services

4.2.4 Number of alcohol and drug treatment programs, mental health treatment programs, migrant clinics, and other health or social service programs that have implemented evidence-based tobacco cessation treatment, consistent with the U.S. Public Health Service Clinical Practice Guidelines, Treating Tobacco Use and Dependence (2008 Update)

Social Capital Assets

2.1 Number, type, and availability of technical assistance and resources including, but not limited to, advocacy, coalition building, participatory community planning, community assessment, community organizing, cessation, CPTI, enforcement, evaluation, legal, SHS, social determinants of health, and tobacco availability

2.7 Number and quality of collaborative partnerships with health, education, social, environmental, business, political, and other organizations and agencies to address tobacco control and social determinants of health

Cultural Diversity and Cultural Competency

3.1 Number and diversity (i.e., ethnic, cultural, sexual orientation) of partners participating in coalition or advisory committee is relative to their proportion in the community

3.7 Extent to which a tobacco control program implements organizational policies and practices that promote and institutionalize the provision of culturally competent and linguistically appropriate services for diverse populations, including organizational values that articulate commitment to cultural competency, participatory collaborative planning, provision of community capacity building, translation policies, staff diversity, and formative research/surveillance within diverse communities

Scoring Criteria:

- Demonstrates quantitative and qualitative data sources were used to support assessment findings and included comments to justify ratings.
- Demonstrates the identification of priority population tobacco control needs that are relevant to the demographics of the local health department.
- Demonstrates coalition members were involved in the CX process.

## VII. SOW: Objectives, Intervention, Evaluation, and Materials Development: 40 Points

Component Description: The SOW is the three-year plan consistent with the requirements provided in these Guidelines and is based upon the 2009 CX Needs Assessment findings.

The SOW provides a detailed "road map" that describes:

- Objectives–specific goals
- Interventions–the methods by which they will be achieved
- Evaluation Plans–how the effort will be measured

Specifically, the SOW identifies objectives, activities to achieve the objectives, an evaluation design and evaluation plan for each objective, target audiences, timelines, responsible parties, products that are subject to copyright, a percent deliverable tied to tangible products or services to be produced or conducted, and tracking measures that will be used to verify completed activities.

### 1. Objectives

Instructions:
Develop a three-year scope of work consistent with the requirements provided in these Guidelines. The requirements are listed below. Further instructions can be found in the *Application/Proposal/Plan Requirements and Instructions*, page 11.

**Minimum Scope of Work Requirements for Tier 1:**

- Four Objectives
- One objective in each of the following three Priority Areas:
- CPTI
- Reduce Exposure to SHS
- Reduce the Availability of Tobacco
- One objective based on any Asset of the LLA's choice
- One objective must be a policy objective
- Can be a resolution, legislative policy, or voluntary policy
- Must be policy adoption or policy adoption and implementation if no resolution, legislative policy, or voluntary policy was formally enacted as a result of the 2007-10 Comprehensive Tobacco Control Plan

- May be policy implementation only if a resolution, legislative policy, or voluntary policy was formally enacted as a result of the 2007-10 Comprehensive Tobacco Control Plan
- Completion of Midwest Academy Chart is to be included as an activity for all policy objectives
- Designate at least two objectives as primary objectives
- Designate the remaining objectives as non-primary objectives
- No more than ten percent of the overall budget can be allocated to direct cessation services

**Minimum Scope of Work Requirements for Tier 2:**

- Four Objectives
- One objective in each of the following three Priority Areas:
- CPTI
- Reduce Exposure to SHS
- Reduce the Availability of Tobacco
- One objective based on any Asset of the LLA's choice
- One objective must be a policy objective
- Can be a resolution, legislative policy, or voluntary policy
- Must be policy adoption or policy adoption and implementation if no resolution, legislative policy, or voluntary policy was formally enacted as a result of the 2007-10 Comprehensive Tobacco Control Plan
- May be policy implementation only if a resolution, legislative policy, or voluntary policy was formally enacted as a result of the 2007-10 Comprehensive Tobacco Control Plan
- Completion of Midwest Academy Chart is to be included as an activity for all policy objectives
- Designate at least one objective as a primary objective
- Designate the remaining objectives as non-primary objectives
- No more than ten percent of the overall budget can be allocated to direct cessation services

**Minimum Scope of Work Requirements for Tier 3:**

- Three Objectives
- Two objectives selected from the following three Priority Areas (the two may not be from the same Priority Area):
- CPTI
- Reduce Exposure to SHS
- Reduce the Availability of Tobacco
- One objective based on any Asset of the LLA's choice
- One objective must be a policy objective
- Can be a resolution, legislative policy, or voluntary policy
- Must be policy adoption or policy adoption and implementation if no resolution, legislative policy, or voluntary policy was formally enacted as a result of the 2007-10 Comprehensive Tobacco Control Plan

- May be policy implementation only if a resolution, legislative policy, or voluntary policy was formally enacted as a result of the 2007-10 Comprehensive Tobacco Control Plan
- Completion of Midwest Academy Chart is to be included as an activity for all policy objectives
- Designate at least one objective as a primary objective
- Designate the remaining objectives as non-primary objectives
- No more than ten percent of the overall budget can be allocated to direct cessation services

Scoring Criteria:

- Includes at least the minimum number of objectives required for the correct funding tier with the appropriate number designated as primary evaluation objectives
- Includes at least one policy objective
- Objectives are clearly defined with who or what is expected to change, how much change is expected to occur (without including ranges); where the change is expected to occur, and when the change is expected to occur

**2. Intervention Activities**

Component Description: The Intervention Activity Plan reflects an understanding of the role community norms have in influencing tobacco-use related behaviors. It reflects a coordinated and integrated approach that includes a variety of activities to accomplish the objective.

Instructions: Complete instructions are found in: *Application/Proposal/ Plan Requirements and Instructions*, pages 11-13.

Scoring Criteria:

- Activities provide the detail of what, how much, how often, and where
- Activities are quantifiable
- Activities reflect the CX Needs Assessment findings including those identified for priority populations
- Activities describe appropriate timelines, copyright, program deliverable percentages, responsible parties, and tracking measures to verify completion of activities
- The Intervention Activity Plan reflects appropriate coordination and collaboration with CTCP statewide training and technical assistance contractors, statewide advocacy campaigns coordinated by CTCP contractors and promotion of statewide 800 numbers (e.g., California Smokers' Helpline, Stop Tobacco Access to Kids Enforcement Act)
- For each activity that involves developing an original material, the Material Development Form is completed. It is demonstrated that the steps for material development will include checking with the Tobacco Education Clearinghouse of California to verify if a material already exists

and contacting TEAM Lab @USC for assistance on developing that item, conducting appropriate field/pilot testing, ensuring information is factually correct and cited, obtaining appropriate model, photo and copyright releases, and reflects the use of professional production values

- The Intervention Activity Plan reflects an understanding of the role community norms have in influencing tobacco-use related behaviors. It reflects a coordinated and integrated approach that includes a variety of activities to accomplish the objective
- The Intervention Activity Plan includes start and end dates for all activities representing their logical sequential order. Activities build upon each other and some must be completed before others can start

**Evaluation Plan**

Component Description: Evaluations measure the extent to which the objectives were achieved, provide information that will inform and improve the intervention, and disseminate the findings to the community, key opinion leaders, and/or public health professionals working in tobacco control.

Instructions: An evaluation must be conducted for each objective in the SOW. It needs to describe the evaluation design, sampling strategy, sample sizes, types of evaluation activities proposed, data collection methods, data analysis, and dissemination of findings.

At least ten percent of the overall budget must be allocated to evaluation.

Evaluations must be appropriate to the designation of objectives as "primary" or "non-primary" objectives.

- Primary Objective
- Requires an in-depth evaluation plan and a final evaluation report consistent with the guidelines described in "*Tell Your Story - Guidelines for Preparing a complete, High Quality Final Evaluation Report.*"
- Non-primary Objective
- Requires an evaluation plan that will measure what was done and the resulting outcome. A brief evaluation report is required for each non-primary objective which is also described in "*Tell Your Story - Guidelines for Preparing a complete, High Quality Final Evaluation Report.*"

**NOTE: The OTIS Evaluation Guide includes suggested objectives, evaluation activity plans, evaluation designs, and data collection procedures for CX indicators that address new and innovative areas (e.g., MUH). This guide is tailored to local tobacco control intervention projects.**

Complete instructions are found in: *Application/Proposal/Plan Requirements and Instructions*, pages 13-15.

Scoring Criteria:

- An appropriate evaluation plan is included for each objective in the SOW. The evaluation plan is appropriate in terms of the evaluation design, sampling strategy, sample size, type of evaluation activities proposed, start and end dates, data collection methods, data analysis, and dissemination of findings.
- The evaluation measures the extent to which each objective was achieved, provides information that will inform and improve the intervention, and disseminates the findings to the community, key opinion leaders, or public health professionals working in tobacco control as appropriate.
- Includes an in-depth evaluation plan and provides a Final Evaluation Report for at least two primary objectives for LLAs in Tier 1 and at least one primary objective for LLAs in Tiers 2 and 3. Non-primary objectives include the submission of a Brief Evaluation Report.
- The evaluation plan assigns appropriate timelines, copyright, program deliverable percentages, responsible parties, and tracking measures to verify completion of activities.
- The quality of the objectives and evaluation plans indicates a qualified Local Program Evaluator provided at least four hours of consultation to the LLA.

## VIII. Narrative Summary and Theory of Change: 10 Points

Component Description: The narrative includes the following four narrative fields, each of which must be expounded upon:

- Community Assessment Analysis
- Major Intervention Activities
- Theory of Change
- Evaluation Summary Narrative

Instructions: Complete instructions are found in: *Application/Proposal/Plan Requirements and Instructions*, page 15.

Scoring Criteria:

- Data, community needs assessment findings–specifically the CX Needs Assessment - and other information are synthesized, provide justification for the indicators and/or assets selected and objectives identified, and the analysis is appropriate for the specific community(ies) and target populations including priority populations identified
- Narrative provides reasonable, realistic, and appropriate intervention activities that build on each other to achieve each objective
- Describes a reasonable rationale explaining why the proposed activities are the best approach to achieving the objectives
- Describes a reasonable, realistic, and appropriate evaluation plan for each objective

## IX. Budget Justification: 30 points

Component Description: The Budget Justification is to be a narrative discussion of the project cost within the required eight line item categories. The line item categories are presented in the same sequence as they appear on the contract budget exhibit. The Budget Justification is required to provide sufficient detail so there is a clear understanding of why the expense is necessary and how the cost is calculated. Developing the budget justification requires translating the proposed SOW into the various costs necessary to complete realistic activities that support completion of objectives. Prepare the budget justification by planning for changes that may occur due to increased or decreased activity during the SOW timeline.

Instructions: Develop a three-year budget justification consistent with the requirements provided in these Guidelines. Requirements listed below. Further instructions can be found in: *Application/Proposal/Plan Requirements and Instructions.* Additionally, refer to *OTIS User Guide, Section F. Budget Information,* for data entry instructions.

### A. Budget Categories:

#### 1. Personnel Costs

Within the duties description identify the lead staff person responsible for overseeing and coordinating evaluation activities. Indicate a minimum ten percent full time equivalent for this lead staff person. A ten percent minimum effort is equivalent to four hours per week toward total project evaluation.

#### 2. Fringe Benefits

#### 3. Operating Expenses

#### 4. Equipment Purchases

- Equipment purchases beyond the CTCP minimum software/hardware specifications as outlined in the Appendix: Computer Hardware/Software Minimum Specifications will be considered.

#### 5. Travel/Per Diem and Training

CTCP Travel/Training line item–optional trainings may include:

- Health Inequities Institute training in September 2010 (fiscal year [FY] 2010-11), and
- LLA Guidelines Technical Assistance Meeting in FY 2012-13.

Required CTCP Travel/Per Diem and Training line item–required trainings include:

- Project Directors' Meetings are currently scheduled for September 2011 (FY 2011-12) and approximately February-March 2013 (FY 2012-13). Budget for at least one staff member to attend this meeting in each of these FYs.
- CX Training: Budget $750 per person for one to two staff to attend in FY 2012-13.
- LLA Guidelines Information Meeting: Budget $750 per person for one to two staff and the project evaluator to attend in FY 2012-13.
- Annual Capitol Information and Education Days: Budget $750 per person (for two days) for one to two staff and/or coalition members to attend in each fiscal year. In FY 2010-11 the training will be a one day event with an optional meet and greet the night before. In FYs 2011-12 and 2012-13 the length of the trainings is yet to be determined.

**6. Subcontracts/Consultants**

If an LLA intends to subcontract out 60 percent or more of their tobacco control allocation to one agency to implement their comprehensive tobacco control plan, then the subcontractor is required to enter a sub-budget. If this applies to your application, you must check the sub-budget box and select a subcontractor from the drop down menu. The identified subcontractor will receive notification by OTIS that they need to enter budget information. If the subcontractor does not appear in the list, you must request a user account so the subcontractor will have access to OTIS.

**7. Other Costs**

**8. Indirect Expenses**

Indirect Expenses must not exceed a maximum of 15 percent of the Total Personnel Expenses (Salary Expenses plus Fringe Benefits) for LLAs.

## B. Fiscal Year(s):

The three State FY budget periods (July 1-June 30) for this Plan period are:

Year one: FY 2010-11 (July 1, 2010-June 30, 2011)
Year two: FY 2011-12 (July 1, 2011-June 30, 2012)
Year three: FY 2012-13 (July 1, 2012-June 30, 2013)

### C. Budget Justification Total Amount:

Each fiscal year allocation amount and the total amount for all three years is provided in *Appendix: 2010-13 LLA Allocation Table,* the total budget justification may not exceed the yearly and total amount provided.

Scoring Criteria:

- Position titles or terms used for budgeted responsible parties in the SOW are consistent with those used in the budget justification (e.g., personnel classification, subcontractor/consultant titles or names).
- Propose reasonable personnel and consultant costs, given the qualifications of the individuals and needs of the project.
- Provide funding for a project director or project coordinator at a time base sufficient to provide overall programmatic management and administrative oversight to the project (refer to Policy Manual, Chapter 400, Policy #03, *"Staffing, Administrative and Travel Requirements"* for additional information).
- Designates one staff employee as the lead on project evaluation and coordinates the efforts of all evaluation staff, evaluation consultants or subcontractors hired to perform evaluation activities.
- The designated evaluation lead must provide a ten percent minimum full time equivalent to project evaluation.
- Propose reasonable operating expenses.
- Budget for all required travel/training, and include sufficient project travel/training to support implementation of the SOW activities.
- Evident that the Other Costs budget category is consistent with and supports the activities in the SOW (e.g., educational materials, advocacy campaign materials, behavior modification materials, media advertising placement, and sponsorships).
- Provide the level of detail requested in the budget justification instructions including reasonable narratives that explain the need for the budgeted line items.
- Propose a reasonable budget justification for the quality and quantity of activities in the SOW.

## X. Additional Documents

### A. Non-Prop 99 Incoming Tobacco Control Funds

This form provides a brief description of additional funds the LLA has available for non-Prop 99 tobacco control activities (e.g., American Legacy Foundation, Prop 10, Master Settlement Agreement, etc.)

*Note: Do not co-mingle any other tobacco monies in the trust account. The separate interest-bearing account is only for Prop 99 allocations.*

Input Instructions:
Refer to the *OTIS User Guide, Section G: Additional Documents*, for data entry instructions.

**B. Administrative/Collaborative Activities (Optional)**

**LLAs are not required to describe routine administrative and collaborative activities** in the SOW since these activities are largely captured under the Coalition Activities Form and the Collaboration Tracking Form of the progress report. However, LLAs who want to document these activities may do so with this form. Information provided in the section would refer to activities such as participation in a CTCP workgroup, joint school projects or collaboration with voluntary agencies, procurement processes, subcontract monitoring, supervising staff, analyzing legislation, responding to constituency correspondence, etc.

Input Instructions:
Refer to the *OTIS User Guide, Section G: Additional Documents,* for data entry instructions.

**C. Project Abstract**

***(To be completed AFTER your Comprehensive Tobacco Control Plan has been approved)***

The information provided in this document will be used to create the Project Directory that is accessed by the public and other CTCP-funded projects. This document is to be completed after CTCP has notified you that your Comprehensive Tobacco Control Plan has been approved. Completing this document prior to receiving approval may require additional changes to the document should CTCP change/delete any proposed activities.

Input Instructions:
Refer to the *OTIS User Guide, Section I: Project Abstract,* for data entry instructions.