California Department of Public Health (CDPH)
California Tobacco Control Program (CTCP)
California Tobacco Control I-Clearinghouse (CTCIC)
Request for Proposals (RFP) 10-10046

Section III: Application/Proposal Requirements and Instructions

NOTE: The term Primary Agency refers to the agency responding to the Request for Applications (RFA) or Request for Proposals (RFP). The Primary Agency is the agency that has overall administrative, program, evaluation, and fiscal accountability for the submission of the application or proposal, negotiation of the final scope of work (SOW) and budget, and submission of all contract-related documents and reports.

NOTE: The Requirements and Instructions in this section apply to all RFA/RFPs and must be read in conjunction with the additional, specific Instructions contained in the Section II: Work Statement for the RFA/RFP to which you are applying.

I. GENERAL REQUIREMENTS

- **CAREFULLY READ AND FOLLOW ALL INSTRUCTIONS** for this RFA/RFP.
- **THIS RFA/RFP SUBMISSION WILL UTILIZE THE ONLINE TOBACCO INFORMATION SYSTEM (OTIS).** Log-in instructions and application instructions are included in this document.

A. **UPON COMPLETION OF THE APPLICATION/PROPOSAL, DOWNLOAD AND PRINT THE COMPLETED DOCUMENTS FOR YOUR FILES**. Click on the "Report" link in OTIS to download and print copies of completed forms including Agency Contact Information, Agency Capability, SOW, Narrative, and Budget Justification.

NOTE: Some reports, such as the SOW and Budget Justification, should be printed in landscape orientation in order to capture the full content.

B. **DO NOT ASSUME** that the reviewers have any knowledge of your agency's history or previous tobacco control programs administered by your agency. It is the responsibility of the Primary Agency to demonstrate an understanding of the services to be delivered as described in the Section II: Work Statement, and to ensure that any subcontractors and/or consultants have the capacity to implement all SOW activities in an efficient manner and for a reasonable budget.

II. SUBMISSION INSTRUCTIONS

This section contains the basic instructions for application/proposal submission. All of the instructions should be reviewed thoroughly. Supplementary documents are outlined below and should be utilized when preparing your application/proposal. If inconsistencies exist between these documents and this RFA/RFP, the RFA/RFP instructions shall take precedence.

Supplementary Documents

OTIS User Guide, available at the Help section of the OTIS Web site.
http://www.tcsotis.org

OTIS Evaluation Guide, available at:
http://www.cdph.ca.gov/programs/Tobacco/Documents/CTCPOtisEvalGuide07.pdf

The Policy Section of the CTCP *Administrative and Policy Manual*, available at:
http://www.cdph.ca.gov/programs/Tobacco/Documents/CTCPPolicyManual2008.pdf

Tell Your Story: Guidelines for Preparing a Complete High Quality Evaluation Report, available at:
http://www.cdph.ca.gov/programs/tobacco/Documents/CTCPTellYourStory.pdf

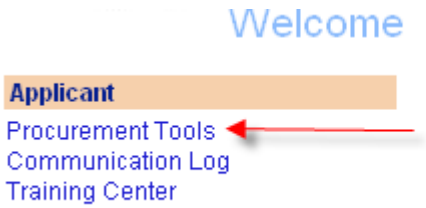
Communities of Excellence in Tobacco Control, Module 4, available at:
http://www.cdph.ca.gov/programs/Tobacco/Documents/CTCPCX2006-Module4.pdf

To begin the submission process, login to the OTIS Web site at: http://tcsotis.org/

Refer to Section IV: General Application/Proposal Information for further details.

Note: An OTIS User Guide and OTIS Training Tutorials can be found within the OTIS Web site.

Once logged in, find the Applicant section at the top left of the page, and click on Procurement Tools



This leads to the Combined Overview – Project List by Procurement. Locate the correct funding opportunity. Click the "View Project" link in the Action(s) column. This takes you to the Application Index where you will need to complete all sections.

A. **"My Agency" and Contact Information Index**

1. **My Agency**

   Component Description: The "My Agency" form gathers basic information about the Primary Agency such as the agency's name, contact information, Federal Employer Identification Number, and the health jurisdiction within which the agency is located. Within the "My Agency" form you can also request additional OTIS user accounts.

   Instructions: The "My Agency" link is located in the footer of the page. Click this link then choose "Edit Agency Information" and complete the form or confirm that all information is correct. For out-of-state Primary Agencies, identify the health jurisdiction in which the California office for this project will be located. When completed, click "Save Information." Click "Return to My OTIS."

To return to the Application Index, click “Procurement Tools” in the left column to find the Procurement List; select the correct funding opportunity. In the Action column, click the “View Project” link to continue entering information.

2. **Contact Information**

Component Description: These forms gather contract information for: Agency and Contract, Project Director, Fiscal Contacts, and Agency Signatory.

NOTE: Primary Agencies required to serve the entire state should select “Statewide” for “Health Jurisdictions This Project Works In,” select “Statewide (All Regions)” for “Region(s) This Project Works In.”

Instructions: Click “View” in the Action(s) column to enter each section. Click on “Edit Information.” When complete, save information to move to next section.

NOTE: For general instructions on what information to enter, see the OTIS User Manual, Section B, within the Documents section located in the Help and Training Center.

Select Help (top right on each page) → Choose Documents → ‘Jump To’ drop down → OTIS User Guide – Application

When all areas of this section are completed, click the “Background Information” link in the left column.

B. **Background Information Index**

1. **Demographic Profile**

Component Description: The Demographic Profile provides information regarding the general demographics of the area to be served by the proposed project. Once the My Agency form is completed, OTIS will populate the form with U.S. Census data for the geographic area identified in the My Agency form.

Instructions: Complete the two required fields on the Demographic Profile form.

- “Is there an American Indian casino within the geographic service area of this project?” Choose the Yes or No radio button.

NOTE: Primary Agencies required to serve the entire state are to choose "Yes."

- Health Jurisdiction Characteristic: identify the geographic characteristic of the health jurisdiction that best describes the geographic area to be served by the project (i.e., rural, suburban, urban, or statewide).

2. **Applicant Capability Index**

Component Description: This section describes the qualifications of the Primary Agency (and its subcontractors and/or consultants, if applicable) to meet the requirements outlined in the Section II: Work Statement and defines overall agency competencies with administering government funds, fiscal systems to ensure appropriate use of funds, accountability with delivering projects on time and within budget, and overall agency capacity related to start-up, and equipment. Responses to Scenario questions related to the RFA/RFP focus may be included in the Applicant Capability Section as well. Narrative descriptions, letters of reference, and Program Evaluator information are all considered and most are rated as part of the Agency's Capability.

NOTE: The Primary Agency is not required to utilize subcontractors and/or consultants if the agency possesses the capability to accomplish the entire SOW in-house.

NOTE*:* Pursuant to Health and Safety Code Section 104445, preference shall be given to current contractors that have demonstrated effectiveness and capacity in providing tobacco education services.

Instructions:

Program Experience, Organizational Start-Up, Administrative/Fiscal Experience, Equipment and Letters of Reference

a. Click "View" in the right column to see the detailed question. Click "Edit Answer" to open the text box. When finished entering information, click "Save Information" to return to the previous page. Click "Return to Applicant Capability Index" to move to the next question.

   Refer to Section II: Work Statement for any additional questions/requirements and for scoring criteria.

b. For Letters of Reference, click “Add Letter of Reference” then enter the Letter Author and click “Browse” to upload the actual letter. Each letter must be entered separately.

Refer to Section II: Work Statement for any additional questions/requirements.

C. **Evaluator Information Index**

Plan Evaluator Description: Most RFA/RFPs require the Primary Agency to demonstrate that they worked with a qualified individual, designated as the Plan Evaluator, to design the evaluation plan. The Plan Evaluator is required to complete a profile describing their qualifications and certify the extent of involvement in designing the evaluation plan. The Plan Evaluator completes and submits their Qualifications Profile and Certification Form independent of the Primary Agency’s application via the Plan Evaluator Directory (a database external to the OTIS database). Once completed and submitted, these forms are electronically linked to the Primary Agency’s application through the process described below. Once the Plan Evaluator is selected and the application is submitted, this information *cannot* be changed.

Project Evaluator Description: After an award has been made, the Primary Agency is required to continue to work with a qualified Project Evaluator on the implementation of the evaluation plan. In most cases, the Project Evaluator will be the same individual as the Plan Evaluator. However, during the term of a project, there may be turnover in the individual providing this service. Therefore, the Project Evaluator represents the individual currently assisting with the implementation of the evaluation. The identity and selection of the *Plan Evaluator* can only be changed during the grant term of a project through a formal revision request made to CTCP.

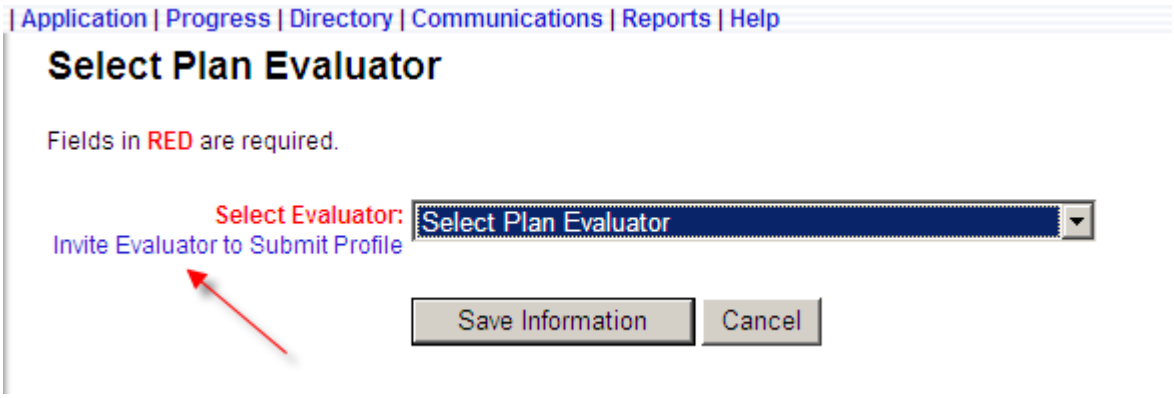
Evaluator Minimum Requirements: Plan and Project Evaluator must demonstrate:

- One course in study design or one year of experience determining the study design for an evaluation.
- One course in evaluation or one year of experience planning and implementing an evaluation.
- Two courses in statistics or one year of experience analyzing data for an evaluation.

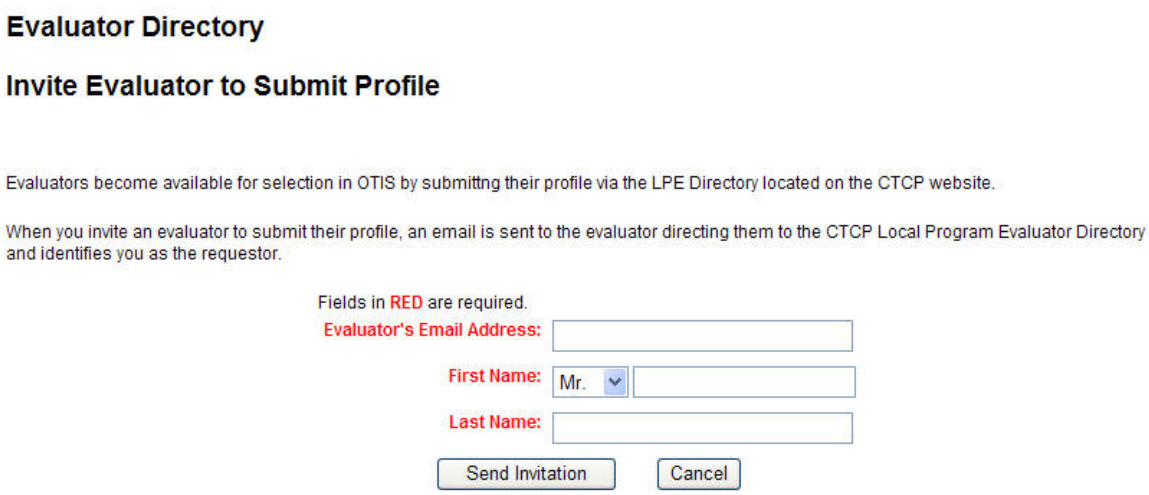
1. **Evaluator Profile**

Click on “Evaluator Information” in the left column to get to the Evaluator Information Index page. Click “View” to open Evaluator Selection.

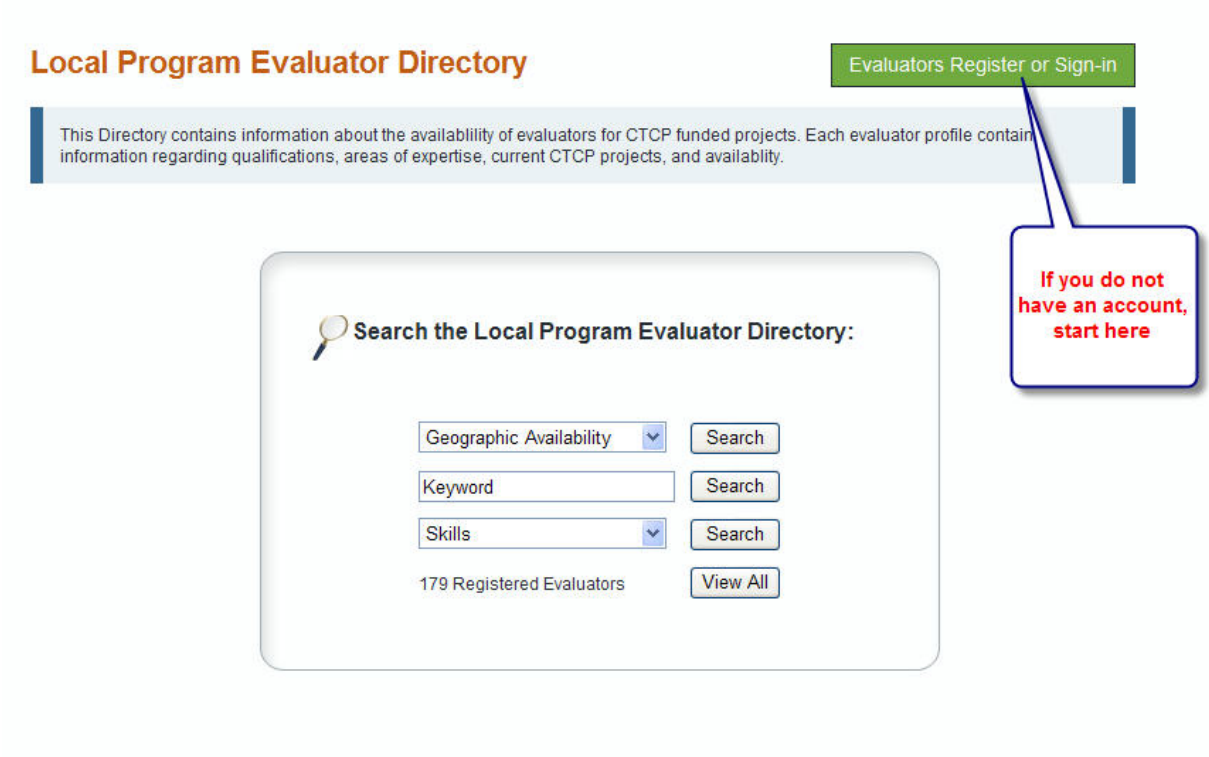
You may now identify and select both the Plan Evaluator <u>and</u> Project Evaluator by using the ”Select Plan Evaluator” drop-down menu. In most cases, this will be the same individual. Once the Plan Evaluator is selected, they will receive email verification.



<u>Plan and Project Evaluator</u>: From the drop-down menu, select the person who will be the plan or project evaluator. If the name of your evaluator does not appear in the menu, click on the link to “Invite Evaluator to Submit Profile.”

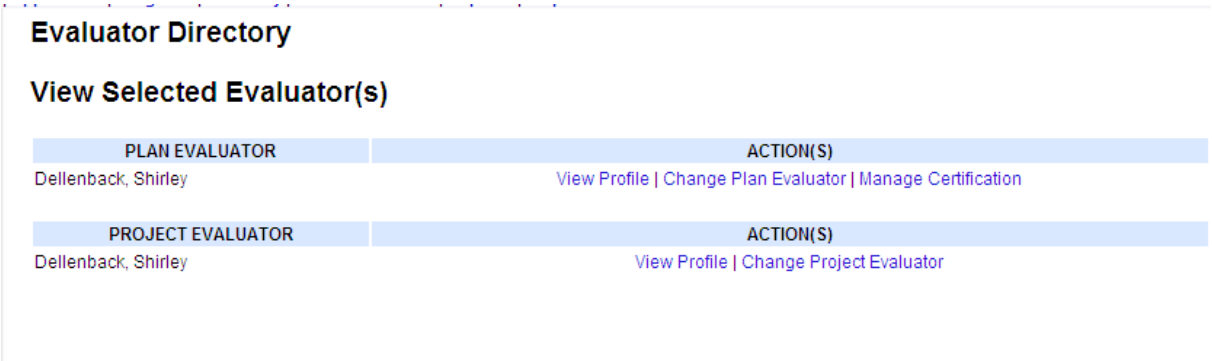


When an evaluator is invited to submit their profile, an automatic e-mail is sent directing them to the Program Evaluator Directory. The e-mail identifies you as the requestor. The Plan or Project Evaluator **MUST** complete the profile in the electronic Directory, which can be accessed at: http://www.tcsotis.org/public/evaluator/. The profile describes experience, qualifications, skills, and availability, and tobacco-related publications.



New Plan and Project Evaluators need to register and complete the profile. Once the Plan or Project Evaluator completes the profile within the Directory and has received an e-mail confirmation that the action is complete, the Primary Agency will then be able to find the evaluator's name in the drop-down menu and select this individual for inclusion on the application. No e-mail indication is sent to the Primary Agency when the evaluator has completed the form within the Directory, so make sure that your evaluator contacts you when this action is completed.

Once this action is complete and you have selected the evaluator by using the drop-down menu, you can View the Profile, Change Plan Evaluator, or Manage Certification



Evaluator Directory

View Selected Evaluator(s)

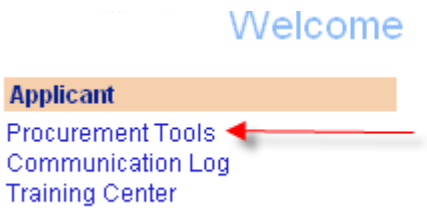
PLAN EVALUATOR	ACTION(S)
Dellenback, Shirley	View Profile | Change Plan Evaluator | Manage Certification

PROJECT EVALUATOR	ACTION(S)
Dellenback, Shirley	View Profile | Change Project Evaluator

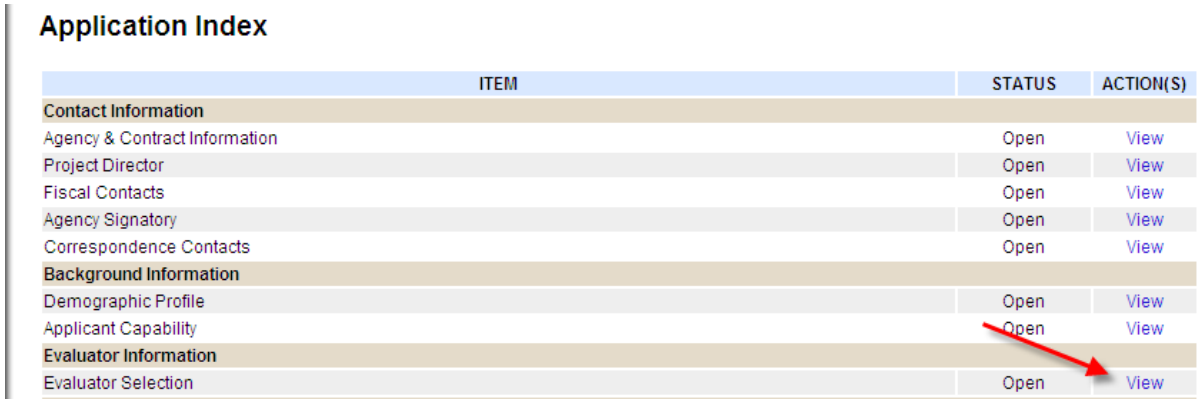
2. **Evaluator Certification Form**
   Your Plan Evaluator must obtain an OTIS username and password to complete their plan evaluation functions, and to process their Evaluator Certification Form. If your evaluator is new to OTIS, see the instructions in the Related Materials section on the Tobacco Control Funding Opportunities Web site for "Requesting a New User Account for OTIS."

   Once the Plan Evaluator has completed their work they will fill out the Evaluator Certification Form. This form is to be completed by the Plan Evaluator; it describes and certifies the amount of time and assistance the Plan Evaluator provided in the preparation of the proposal. There may be a minimum number of hours of consultation required—refer to the Section II: Work Statement for the RFP to which you are applying for details.

   To access the electronic Evaluator Certification Form, the Plan Evaluator logs into OTIS, then selects "Procurement Tools" from the Applicant section.



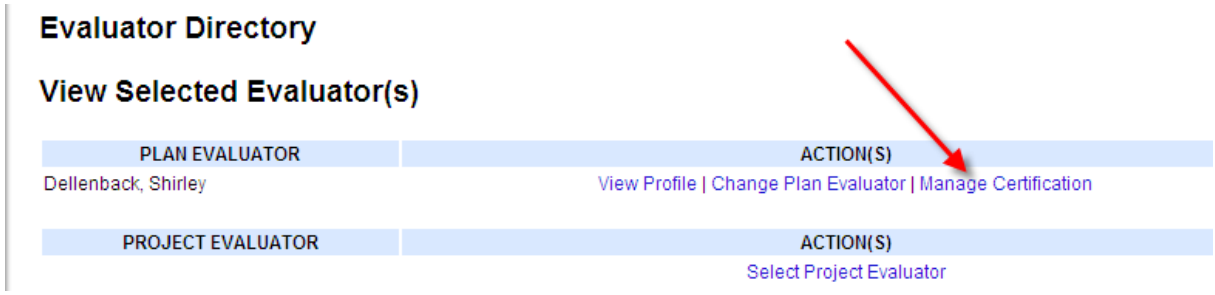
Within the Application Index select “View Project” for the correct proposal. Select “View” for Evaluator Selection.



Application Index

ITEM	STATUS	ACTION(S)
Contact Information		
Agency & Contract Information	Open	View
Project Director	Open	View
Fiscal Contacts	Open	View
Agency Signatory	Open	View
Correspondence Contacts	Open	View
Background Information		
Demographic Profile	Open	View
Applicant Capability	Open	View
Evaluator Information		
Evaluator Selection	Open	View

Select Manage Certification.



Evaluator Directory

View Selected Evaluator(s)

PLAN EVALUATOR	ACTION(S)
Dellenback, Shirley	View Profile | Change Plan Evaluator | Manage Certification

PROJECT EVALUATOR	ACTION(S)
	Select Project Evaluator

Click “Add Evaluator Certification;” fill in all applicable answers and click “Submit Certification.”

Every Primary Agency must include this certification, even if the Plan Evaluator is a member of the Primary Agency’s staff. This action must be completed prior to final submission of the proposal.

D. SOW, Evaluation, and Narrative Summary

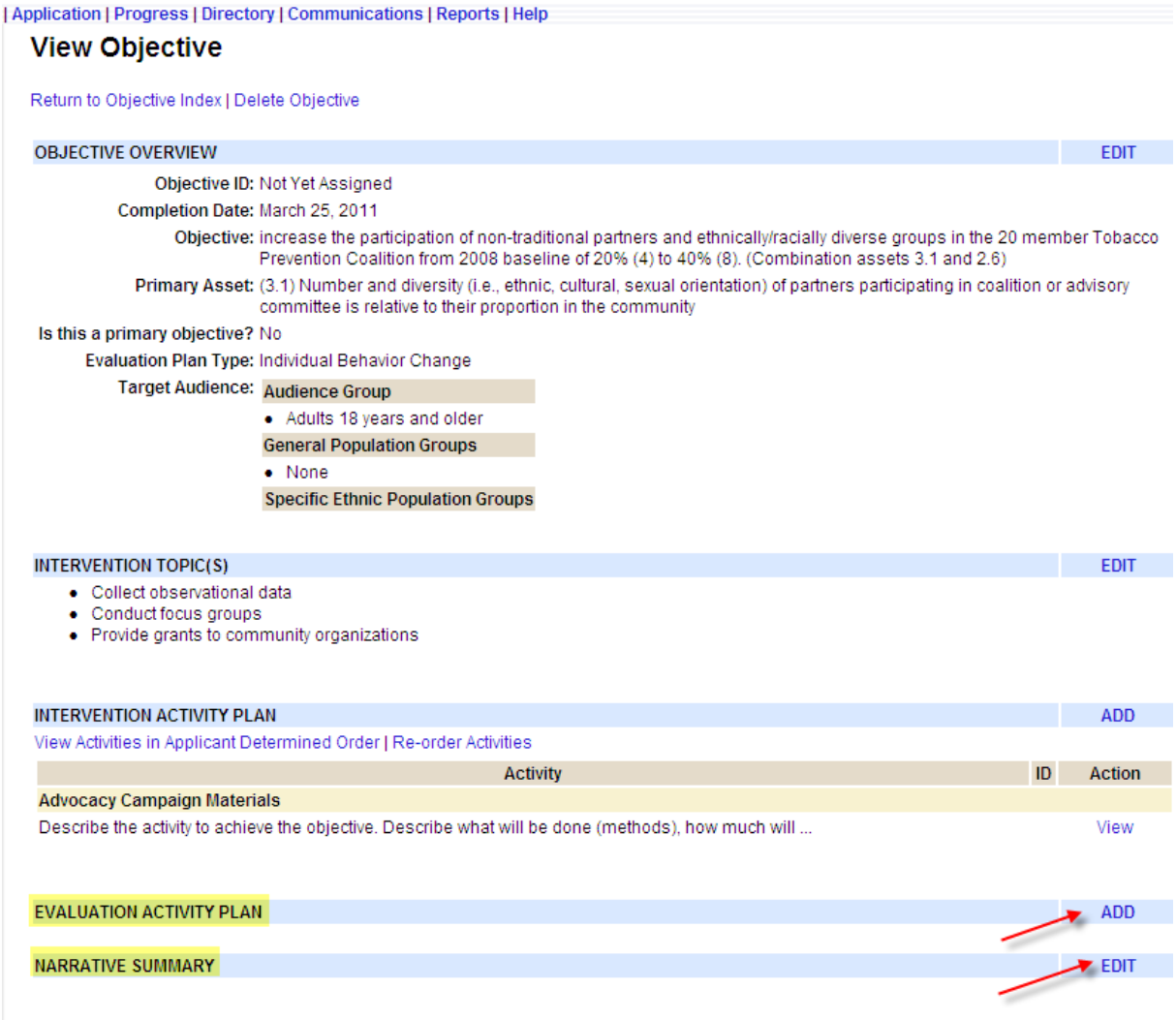
SOW Index

To add an Objective, start here:

You may also use the "Add Objective using Wizard" link, if applicable. The Objective Wizard pre-populates various fields, some of which can be edited.

To add Intervention Topics and Intervention Activity Plan, use the Edit and Add functions.

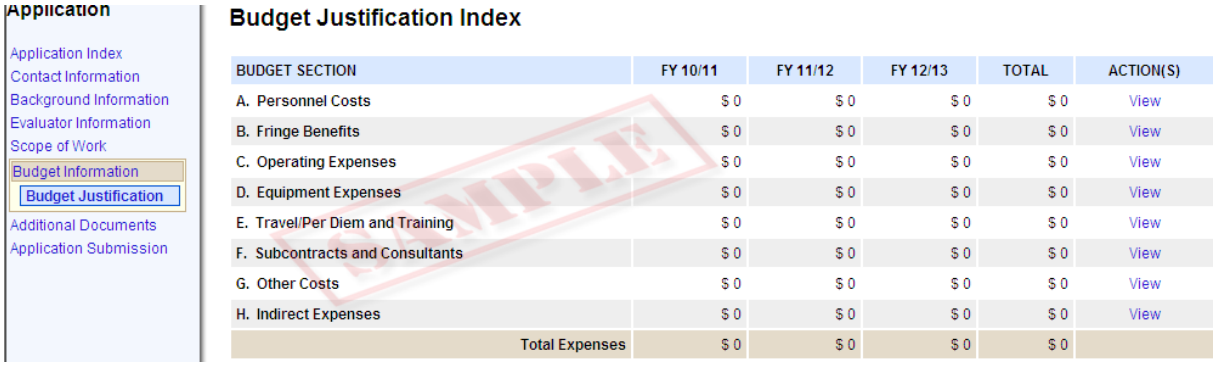
To add the Evaluation Activity Plan and the Narrative Summary use the Add and Edit functions.



E. Budget Information

To start entering the Budget Justification information, under Application, select "Budget Information":

Click on "View" to display the Budget Justification Index.



BUDGET SECTION	FY 10/11	FY 11/12	FY 12/13	TOTAL	ACTION(S)
A. Personnel Costs	$ 0	$ 0	$ 0	$ 0	View
B. Fringe Benefits	$ 0	$ 0	$ 0	$ 0	View
C. Operating Expenses	$ 0	$ 0	$ 0	$ 0	View
D. Equipment Expenses	$ 0	$ 0	$ 0	$ 0	View
E. Travel/Per Diem and Training	$ 0	$ 0	$ 0	$ 0	View
F. Subcontracts and Consultants	$ 0	$ 0	$ 0	$ 0	View
G. Other Costs	$ 0	$ 0	$ 0	$ 0	View
H. Indirect Expenses	$ 0	$ 0	$ 0	$ 0	View
Total Expenses	$ 0	$ 0	$ 0	$ 0	

Click on "View" to display each Budget Justification category line items.

NOTE: <u>This display is for informational purposes only.</u> The 36-month contract term will cover four State Fiscal Years (FY) budget periods as note below. OTIS will display the four FY columns when opened for proposal input.

- Year One: FY 2010-11 (November 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)
- Year Four: FY 2013-14 (July 1, 2013-October 31, 2013)

<u>Refer to Section II: Work Statement, for instructions for completing the Budget Justification</u>.

F. Additional Documents

Additional Documents Index

ITEM	STATUS	ACTION(S)
Additional Documents		
Additional Tobacco Control Funding	Open	View
Administrative/Collaborative Activities	Open	View
Proof of Non-Profit Status	Open	View
Certification of Non-Acceptance of Tobacco Company Funds	Open	View
Conflict of Interest Compliance Certification	Open	View

In this section, you will enter information into the Additional Tobacco Control Funding and Administrative Collaborative Activity forms. These forms are optional.

There are three documents that you **must** upload into the Additional Documents Section of your OTIS proposal. These are 1) Proof of Non-Profit Status; 2) Certification of Non-Acceptance of Tobacco Industry Funds, and 3) Conflict of Interest Compliance Certificate.

Refer to Section II: Work Statement, for instructions for completing the Additional Documents section in OTIS.

G. Application Submission

MyOTIS | Procurement Tools | Application | Progress | Directory | Communications | Reports | Help

Application

- Application Index
- Contact Information
- Background Information
- Evaluator Information
- Scope of Work
- Budget Information
- Additional Documents
- Application Submission

Plan Submission

Your plan is not ready for submission.

CRITERIA	STATUS	SECTION
Contacts must be selected.	Unsuccessful	Project Director/Primary Tobacco Contact Fiscal Officer/Fiscal Contact Agency Signatory
Three letters of reference submitted.	Unsuccessful (Currently 0)	Applicant Capability
Evaluator Certification submitted.	Successful	
A minimum of 1 objective must be designated as a primary objective.	Unsuccessful (Currently 0)	Scope of Work
A primary objective cannot be based on an asset only.	Successful	

Information

This screen lists a “Status” for each criterion in the plan. Each Status must display a green “Successful” before the overall application can be submitted. The black “Warning” suggests that some information is missing; however, this can be bypassed.