Appendix: 2013-17 Local Lead Agency (LLA) Comprehensive Tobacco Control Plans Phase I (2013-2014) Paper Submission Instructions and Submission Checklist Cover Sheet

PAPER SUBMISSION INSTRUCTIONS

Paper Submission Instructions:

- **Plans must be received at CTCP 5:00 p.m. PT, January 15, 2013.** Clearly indicate **"2013-14 Local Lead Agency Comprehensive Tobacco Control Plan"** on the outside of the mailing envelope.

- Submit one original (clearly marked "original") and three (3) copies of all required Plan documents. It is the sole responsibility of the LLA to ensure that CDPH/CTCP receives the required number of copies of the Plan by the above deadline.

- Attach a completed and signed Submission Checklist Cover Sheet (found on page 8 of these instructions) to the front of the plan that is clearly marked "original." Do not attach the checklist to the three (3) copies.

- Mail Plans through the United States Postal Service or a private delivery system such as FedEx, DHL, or United Parcel Service. Certification of delivery will not be sent by CDPH/CTCP.

- Postmarks will not be accepted as proof of delivery. No exceptions will be made. Please note that it will take an additional 48 hours for USPS mail to reach CTCP from the central mailroom. On the day the package is received at CTCP, it will be date stamped and this will be considered the official "delivery date". Every attempt is made to deliver overnight packages to CTCP the same day they are received.

- Fax and E-mail documents will not be accepted. No exceptions will be made.

- Hand deliveries will not be accepted. No exceptions will be made.

- All late or incomplete Plans will be considered non-responsive, resulting in a delay in the review and approval of these Plans. Late submissions will be documented and reported. No exceptions will be made.

- No changes, modifications, corrections, or additions may be made to submitted Plans once received by CDPH/CTCP for review. No exceptions will be made.

Send Completed Plans to:

Mailing Address:
California Department of Public Health
CDIC/California Tobacco Control Program
MS 7206
P.O. Box 997377
Sacramento, CA 95899-7377

Overnight Delivery:
California Department of Public Health
CDIC/California Tobacco Control Program
MS 7206
1616 Capitol Avenue, Suite 74.516
Sacramento, CA 95814

Questions and Answers:

- **Where do I find the Submission Checklist Cover Sheet?**
  Refer to page 8 and print that page. This is the cover sheet that must be attached to the original copy of your plan.

- **What are the required documents for Plan submission?**
  Required documents for Plan submission consist of Agency Certification form, Contact Information, Demographic Profile, Media Profile, Coalition Functioning form, Coalition Membership form, Local Program Evaluator, Scope of Work, Budget Justification, and Additional Tobacco Control Funding form.

- **Where do I find these required documents?**
  All required documents can be found in OTIS, under Reports. Simply log into your OTIS account, click Procurement Tools, click View Project, click Reports at the top, click Plan on the left, and click View Reports to find the latest plan version.
  Here, you will see all current OTIS documents available for download in Word-version. Use these downloaded documents as templates to create the new Plan. Download the documents from OTIS and save each as a Word document.

- **Where do I find instructions and help for completing each document?**
  To help guide you through each document, CTCP staff has developed specific document instructions (see below). Please refer to the *OTIS User Guide* within your OTIS account for a complete set of options and selections for completing fields. The *OTIS User Guide* can be found in the Help section of your OTIS account.
  https://otis.catcp.org/index.cfm?fuseaction=help.documentsIndexmain
  Also, the revised *Work Statement* on the TCFOR website details required information for these documents.
- **How will my Plan be distinguished from all other Plans?**
  All submitted plan documents must display the same header information for your health jurisdiction. Update the OTIS-generated header with the following information:

- Procurement Name: Local Lead Agency 2013-2017 Guidelines
- Contract Number: CTCP-13- (insert the last 2 or 3 digits of the current agreement number)
- Contract Term: 07/01/2013 - 06/30/2014
- Effective Date: 07/01/2013
- Agency Name: (insert local health department name)
- Project Name: (insert project name)
- Project Type: Local Lead Agency
- Plan Version ID: 0.1
- Report Generated: (leave blank)

Specific Document Instructions:

- Submission Checklist Cover Sheet (located on page 8 of this document) - to ensure your submission is complete, update and print all required documents, listed as A-J below. The Project Director must sign the checklist. Attach the checklist to the top of the Plan clearly marked "original." Do not attach the checklist to the three (3) copies of the Plan.

A. Agency Certification – update Agency Representative Name/Title, Coalition Chair Name/Title, and Dates. The Coalition Chair must sign this form.

B. Contact Information – update information for Project Director, Primary Tobacco Contract, Agency Fiscal Officer, Day-to-Day Fiscal Contact, Health Officer, Director of health, and Official Agency Signatory.

C. Demographic Profile – Please address the following:
   - Use *Appendix: American Indian Casinos in California* posted on TCFOR to answer Yes or No to "Is there an American Indian casino within the geographic service area of the project?"
   - For Health Jurisdiction Name, Health Jurisdiction Characteristic, and Region, report the same information as provided in the 2010-13 work plan.
   - Use *Appendix: Demographic Profile Data* posted on TCFOR to update the "Three Largest Communities and Population" and "Race/Ethnicity" with the most current 2010 Census Data. Report percentages for American Indian, Asian (Total), Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, African American, White, and Hispanic/Latino.

- Please note, “Proportion of Unmarried-Partner Households” is not calculated in the 2010 Census Data. Leave this section as is, to reflect the 2000 Census Data in your local jurisdiction.

D. Media Profile – update Local Radio Stations, Local Television Stations, Newspapers, and language based on the project’s knowledge of media outlets in the local health jurisdiction. Refer to *OTIS Manual C. Background Info*, pages 35-37 for specific instructions on media type, language selections, and media outlet names.

E. Coalition Functioning – update sections A-C as necessary. Refer to page 8 in the *Work Statement* for a detailed list of the required information. Refer to *OTIS Manual C. Background Info*, pages 38-57.
   - For the Task Plan, assign 07/13-12/13 for all projected completion periods.

F. Coalition Membership – update membership to reflect current and new coalition members. Refer to page 9 in the *Work Statement* for a list of the required information for each member. Refer to *OTIS Manual C. Background Info*, pages 58-61.

G. Local Program Evaluator (also known as Evaluator Certification) –
   - Update the hours and text as necessary to reflect the amount of work the Local Program Evaluator contributed for the development of the work plan.
   - Evaluator must sign and date this document. A scanned copy of the signature is acceptable, as some evaluators are not local.
   - Ensure the Local Program Evaluator is listed in the Local Evaluator Directory. The directory website is https://otis.catcp.org/public/evaluator/.

H. Scope of Work – for each objective, include the objective, Intervention Plan, Evaluation Plan, and Narrative Summary. Refer to *OTIS Manual E. Scope of Work* in your OTIS account, under the Help section, for specific instructions and selection options for the following:
   - Under Objective Overview:
     - Update completion dates to reflect 01/14-06/14. Update objective language. Refer to *OTIS Manual E. Scope of Work, page 127*, for information on appropriate objective statements
     - Assign priority type and priority area. Refer to *OTIS Manual E. Scope of Work, pages 127-128* for selection options.

        - Update primary indicator/asset and secondary indicator/asset (if applicable). Refer to the *2012 CX Indicators – Asset List*, posted on TCFOR, to use the most current indicator and asset numbers and language.
        - Update target audiences. Refer to *OTIS Manual E. Scope of Work, page 132-133* for a list of audience selections.
        - Designate all objectives as non-primary objectives.
        - Update evaluation plan type. Refer to the *Evaluation Plan Type Definitions* document in OTIS, under the Help section, to select the appropriate Evaluation Plan Type for the intervention plans and the evaluation plans. https://otis.catcp.org/index.cfm?fuseaction=help.documentsIndexmain
    - Update Intervention Topics to reflect scope of work interventions. Refer to *OTIS Manual E. Scope of Work, pages 156-159* for a list of intervention topics.
    - Under Intervention Activity Plan, update all activities with the following:
        - Update intervention activity numbers with 2 digits only to reflect Objective # and Activity #. Do not use the OTIS convention of numbering. The first number is the objective and the second number is simply the next assigned activity (e.g. 1-1, 1-2, 1-3, etc.)
        - Update activity language. Refer to *OTIS Manual E. Scope of Work, pages 162-165*, for guidance on appropriate activity statements.
        - Update intervention category. Choose from categories coordination and collaboration, community education, behavior modification material, educational materials development, media activities, policy activities, sponsorship activities, school-based education, or training/technical assistance activities. Refer to *OTIS Manual E. Scope of Work, pages 166-170,* for definitions of these categories.
        - Update copyright and program deliverable percentages. Refer to *OTIS Manual E. Scope of Work, page 171,* for an explanation on how to assign appropriate percentages.
        - Update start date periods and completion date periods with 07/13-12/13 and/or 01/14-06/14.
        - Update tracking measures with submit/on-file designations and responsible parties with budget type. Refer to *OTIS Manual E. Scope of Work, page 178-180*, for an explanation on these fields and appropriate designations.

- Under Evaluation Activity Plan, evaluation activity fields are different based on the type of activity. Refer to the *Appendix: Scope of Work Template (MS Word Format)* and *OTIS Manual E. Scope of Work,* pages 192-297, for guidance on completing the evaluation plan and evaluation activities. Evaluation activities may include collection of outcome data, focus group, key informant interview, public opinion poll, education/participant survey, youth tobacco purchase survey, policy record, media activity record, data collection training, other, and brief evaluation report.
    - Update evaluation activity numbers should include 'E' in the middle and should reflect objective # and activity # (e.g. 1-E-1, 1-E-2, etc.)
    - Please note, *Appendix: Scope of Work Template (MS Word Format)* provides the necessary fields for all evaluation activities.
- Under Narrative Summary, update the Community Assessment Analysis, Major Intervention Activities, Theory of Change, and Evaluation Summary Narrative for each objective. Refer to *OTIS Manual E. Scope of Work,* pages 298-304, for guidance and examples of the narrative summary. Also, refer to the LLA guidelines procurement site on TCFOR for additional information and examples of the narrative summary. The webinar is posted under Related Materials, entitled *Narrative Summary and Theory of Change.*
- For the Retail Data Collection Objective, transfer (cut and paste) the objective into the same format as the other objectives (using *Appendix: Scope of Work Template (MS Word Format)* provided on TCFOR.)

I. Budget Justification – include one column for FY 13/14 (a "total" column is not needed). Under Budget Section, update the eight budget category totals and include formulas and descriptions as specified in the *Work Statement* and *Application/Proposal/Plan Requirements and Instructions* posted on TCFOR. Please double-check all calculations.

J. Additional Tobacco Control Funding Form – all LLAs must submit this form, even if the project is not receiving additional funds.
    - If the project is not receiving funds, simply state "No Additional Funds."
    - If the project is receiving additional funds, include Project Title, Agency, Amount, Funding Period Start, Funding Period End, and Activity Description.

If you have any questions regarding this template or the paper submission instructions, please contact your assigned Program Consultant and/or Procurement Manager.

Submission Checklist Cover Sheet

The items included on the checklist are **required** to be submitted as part of the 2013-17 (Phase I 2013-14) LLA Comprehensive Tobacco Control Plan and should be presented in the order noted on this form. If any items are omitted from the Plan, the Plan will be considered incomplete and result in a delay in the review and approval of your Plan.

In total, the mailed envelope should include one (1) clearly marked "original" of the entire plan plus three (3) copies of the entire plan. The entire plan consists of A - J, as listed below.

Check all boxes, sign, and attach this checklist to the Plan clearly marked "original". Do not attach this checklist to the three copies. Keep a copy of the completed checklist for your records.

- ☐ Signed Submission Checklist Cover Sheet (Project Director signs this page)
- ☐ A. Signed Agency Certification form (Coalition Chair signs)
- ☐ B. Contact Information
- ☐ C. Demographic Profile
- ☐ D. Media Profile
- ☐ E. Coalition Functioning
- ☐ F. Coalition Membership
- ☐ G. Signed Local Program Evaluator (Evaluator signs)
- ☐ H. Scope of Work:
    - Objective 1
    - Objective 2
    - Objective 3
    - Objective 4 (Tier 3 LLA only and optional for Tier 1 and Tier 2 LLAs)
- ☐ I. Budget Justification
- ☐ J. Additional Tobacco Control Funding form

I certify the Plan includes all listed documents and ordered as noted. I certify the envelope includes one (1) clearly marked "original" of the entire Plan with this Submission Checklist form on top and three (3) additional copies of all required Plan documents.

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Signature (Project Director) Local Lead Agency Name Date