Paper Submission Instructions

2013-17 LLA Comprehensive Tobacco Control Plan

Phase I

January 3, 2013

Agenda

- Why Paper Submissions?
- When Is Your Plan Due?
- What to Submit?
- Navigating OTIS & Submission Instructions
- Resources
- Reminders
- CDPH/CTCP Mailing Address

Why Paper Submissions?

When Is Your Plan Due?

- Phase I Plans Due at CTCP: **January 15, 2013, 5 P.M. PST**
- Snail mail OK; postmarks will NOT be accepted
  - *Note: It takes an additional 48 hours for 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."*
- Overnight delivery recommended
- Fax or Email submissions will NOT be accepted
- Hand deliveries will NOT be accepted

All Phase I plans must be received by **5:00 P.M. PST, January 15, 2013** at CDPH/CTCP. Clearly indicate "2013-17 Local Lead Agency Comprehensive Tobacco Control Plan" on the outside of the mailing envelope.

- 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 mail to reach CTCP from the central mailroom. On the day the package is received at CTCP, it will be date stamped and this is the official "delivery date".** Overnight delivery is recommended.
- 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.

For complete instructions, please reference the **"Appendix: 2013-17 Local Lead Agency (LLA) Comprehensive Tobacco Control Plans Phase I (2013-2014) Paper Submission Instructions and Submission Checklist Cover Sheet"** posted on TCFOR: https://tcfor.catcp.org/index.cfm?fuseaction=opportunities.viewOpp&oppID=35

What to Submit?

- Submit **one original** and **three (3) copies** of the entire Plan. It is the sole responsibility of the LLA to ensure that CDPH/CTCP receives the required number of copies of the Plan by the deadline.
- Include **Submission Checklist Cover Sheet**
  - Located on TCFOR
  - Completed and signed Submission Checklist Cover Sheet should be included on the front of the plan that is clearly marked "original." Do not attach the checklist to the three copies.

In total, the mailed packet should include one original (clearly marked "original") of the entire plan and three (3) copies of the entire plan. **The entire plan** consists of documents A-J listed on slide 7.

Submission Checklist Cover Sheet can be found on the Tobacco Control Funding Opportunities and Resources (TCFOR) website: https://tcfor.catcp.org/index.cfm?fuseaction=opportunities.viewOpp&oppID=35. The title of the document is **"Appendix: 2013-17 Local Lead Agency (LLA) Comprehensive Tobacco Control Plans Phase I (2013-2014) Paper Submission Instructions and Submission Checklist Cover Sheet."**

The **Project Director** should sign the Submission Checklist Cover Sheet.

What to Submit?

Submission Checklist Cover Sheet

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 and 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 (this page)
- ☐ A. Signed Agency Certification Form
- ☐ B. Contact Information
- ☐ C. Demographic Profile
- ☐ D. Media Profile
- ☐ E. Coalition Functioning
- ☐ F. Coalition Membership
- ☐ G. Signed Local Program Evaluator (also known as Evaluator Certification)
- ☐ H. Scope of Work:
  - o Objective 1
  - o Objective 2
  - o Objective 3
  - o Objective 4 (Tier 3 LLA only and optional for Tier 1 and Tier 2 LLAs)
- ☐ I. Budget Justification
- ☐ J. Additional Tobacco Control Funding

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) copies of the entire Plan.

Project Director Signature Required

Signature (Project Director) Date

Paper Submission Instructions and Submission Checklist Cover Sheet
Local Lead Agency Guidelines
California Department of Public Health
California Tobacco Control Program
Page 8

All items included on the checklist are **required** to be submitted as part of the Phase I, 2013-17 LLA Comprehensive Tobacco Control Plan and should be presented in the order noted on the checklist. 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.

Check all boxes, sign, and attach the 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.

What to Submit? Continued

A. Agency Certification
B. Contact Information
C. Demographic Profile
D. Media Profile
E. Coalition Functioning
F. Coalition Membership
G. Local Program Evaluator
H. Scope of Work
I. Budget Justification
J. Additional Tobacco Control Funding

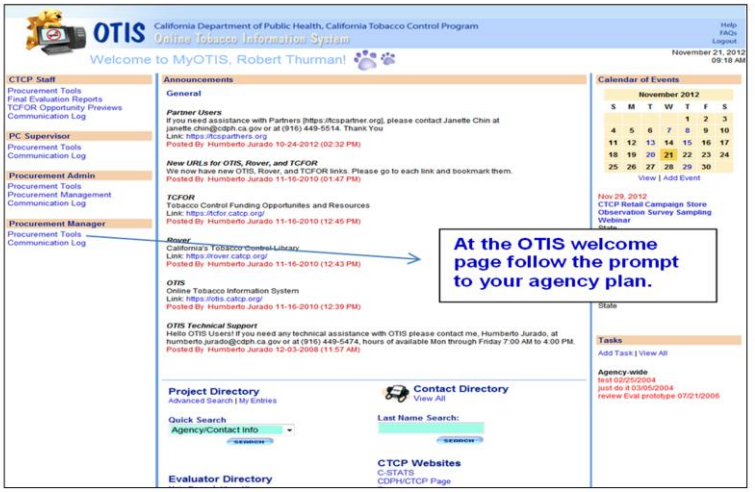
Per the Submission Checklist Cover Sheet, these are the documents that you will need to submit as part of the Phase I, 2013-17 LLA Comprehensive Tobacco Control Plan.

Q: Where do you find these documents and what do you do?

A: Use your current plan in OTIS.

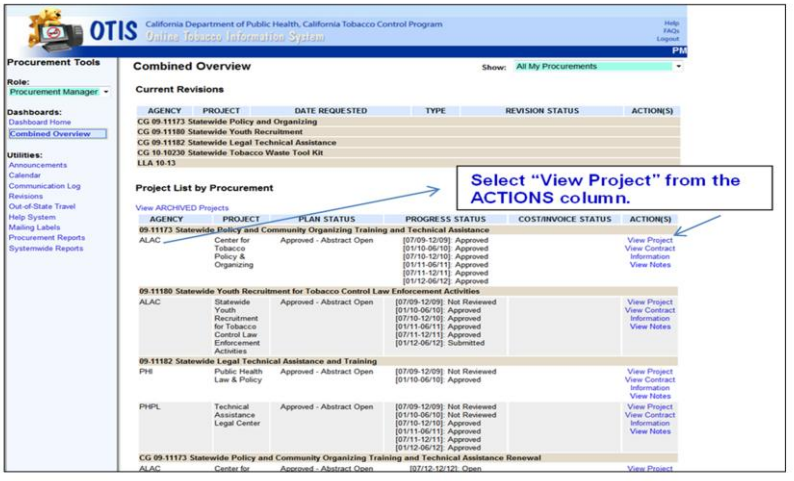
All required submission documents (A-J) can be found in OTIS. The next six slides will show you where you can find them. These documents will be for your current plan; however they are available in a modifiable Word 2000 format, which you can download and update with new information related to the Phase I plan. Once you download the Word 2000 documents, they will be in an .html format so please make sure to resave them (using the Save As function) as either a .doc or .docx file type. Please see slide 15 for additional information.

Navigating OTIS

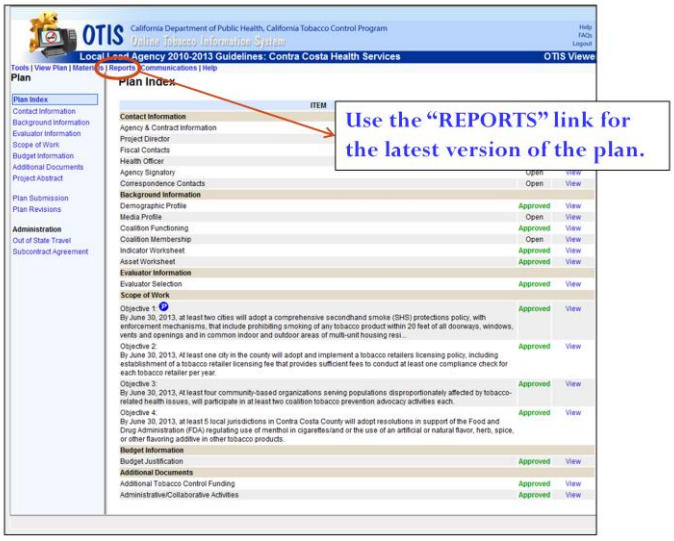


Follow the links on slides 9-14 to find your agency's current plan. Your current plan will serve as a backbone to your FY 13/14 plan. Click on **Procurement Tools** to get started.

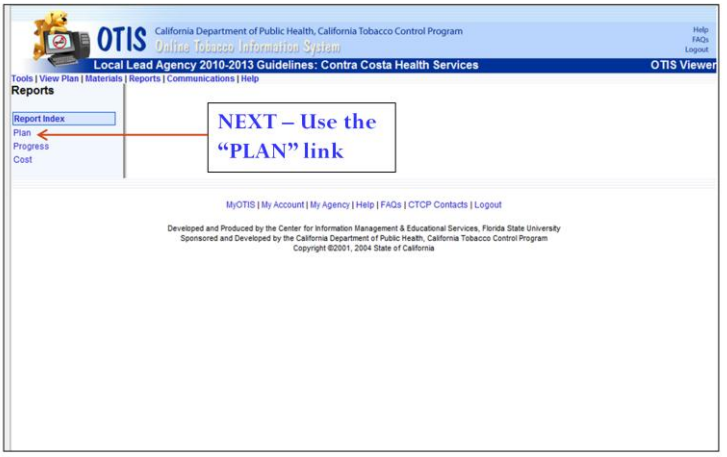
Click on **View Project**



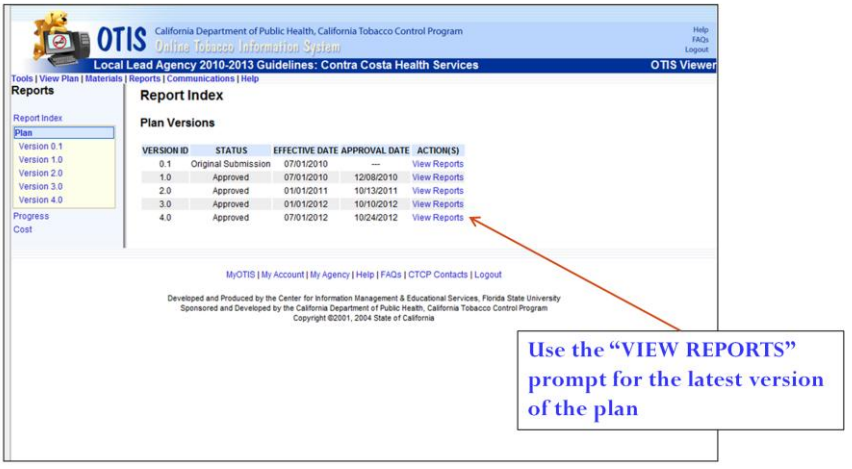
Click on **Reports**



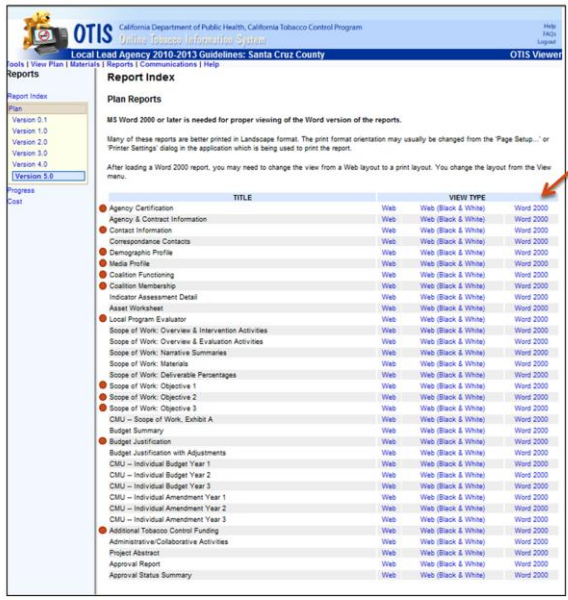
Click on **Plan**



Click on **View Reports** for the latest approved plan version



Download – Save – Change – Print

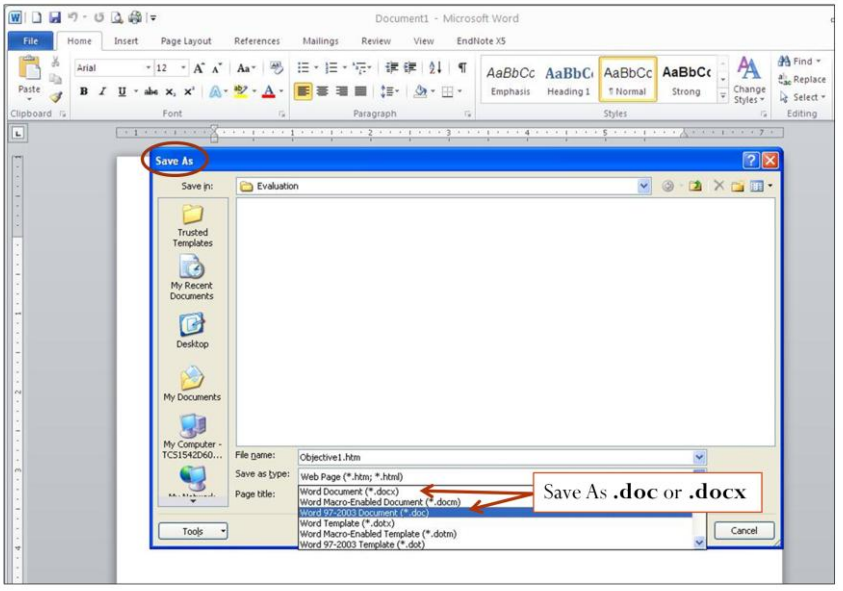


Download the Microsoft Word version of the Report.

This is what you'll see on your screen next. Please note that the red dots denote those documents that will need to be submitted with your Phase I, 2013-17 LLA Comprehensive Tobacco Control Plan.

To edit each document with the most up-to-date information, **download the modifiable Word 2000** version. The Word 2000 documents that you download from OTIS will be in the **.html** format. Please make sure to resave them (using the **Save As** function) as a Microsoft Word document (either **.doc** or **.docx** file type is appropriate). Please see the next slide for guidance.

Saving the Word document



In the “Save as type” drop down menu, select .doc or .docx to save your document as a Microsoft Word document.

OTIS-Generated Header

Example of what you will see:

Procurement Name: Local Lead Agency 2010-2013 Guidelines
Contract Number: CTCP-10-XX
Agency Name: Apple County Health Services Agency
Project Name: Tobacco Education Program
Project Type: Local Lead Agency

Contract Term: 07/01/2010 - 06/30/2013
Effective Date: 07/01/2012
Plan Version ID: 5.0
Report Generated: ~~12/20/2012 10:38 AM~~

Update the highlighted sections:

- Procurement Name: Local Lead Agency **2013-2017** Guidelines
- Contract Number: CTCP-**13**-XX
- Contract Term: **07/01/2013 - 06/30/2014**
- Effective Date: **07/01/2013**
- Plan Version ID: **0.1**
- Report Generated: **(leave blank)**

Each Word 2000 document that you download will contain an OTIS-generated header. You will need to update each header with Phase I plan information.

A. Agency Certification

Agency Certification

Procurement Name: Local Lead Agency 2010-2013 Guidelines
Contract Number: CTCP-10-XX
Agency Name: Apple County Health Services Agency
Project Name: Tobacco Education Program
Project Type: Local Lead Agency

Contract Term: 07/01/2010 - 06/30/2013
Effective Date: 07/01/2012
Plan Version ID: 5.0
Report Generated: 12/20/2012 10:38 AM

I hereby affirm that the statements contained in the application package are true and complete to the best of my knowledge and accept as a condition of a contract, the obligation to comply with the applicable state and federal requirements, policies, standards, and regulations. I recognize that this is a public document and open to public inspection.

In addition, I understand that if audited and it is found that these funds have been used for personnel, equipment, operating or other expenses for programs other than the tobacco control program, the agency I represent may be held liable and required to repay the funds and/or future funding may be withheld by the California Department of Public Health, California Tobacco Control Program.

Agency Representative Name/Title: John Doe, Project Director
Date: October 29, 2012 (08:41 AM)

The individual noted below, as the Coalition Chair, has reviewed the application and has had an opportunity to provide input.

Coalition Chair Name/Title: Jackie Smith, Senior Health Education Specialist
Date: October 29, 2012 (08:41 AM)

Coalition Chair Signature Required

Please make sure to update the highlighted sections in the header and verify that all remaining information is still accurate.

Procurement Name: Local Lead Agency 2013-2017 Guidelines
Contract Number: CTCP-13-XX
Contract Term: 07/01/2013 - 06/30/2014
Effective Date: 07/01/2013
Plan Version ID: 0.1
Report Generated: (leave blank)

In addition, please note that the Coalition Chair is required to sign this form.

B. Contact Information

Contact Information

Procurement Name: Local Lead Agency 2010-2013 Guidelines
Contract Number: CTCP-10-XX
Agency Name: Apple County Health Services Agency
Project Name: Tobacco Education Program
Project Type: Local Lead Agency

Contract Term: 07/01/2010 - 06/30/2013
Effective Date: 07/01/2012
Plan Version ID: 5.0
Report Generated: 12/20/2012 11:02 AM

Project Director **Name:** John Doe **Address:** **Email:** **Phone:** **Fax:** **Cell:**	**Primary Tobacco Contact** **Name:** John Doe **Address:** **Email:** **Phone:** **Fax:** **Cell:**
Agency Fiscal Officer **Name:** John Doe **Address:** **Email:** **Phone:** **Fax:** **Cell:**	**Day-to-Day Fiscal Contact** **Name:** John Doe **Address:** **Email:** **Phone:** **Fax:** **Cell:**
Health Officer **Name:** John Doe **Address:** **Email:** **Phone:** **Fax:** **Cell:**	**Director of Health** **Name:** John Doe **Address:** **Email:** **Phone:** **Fax:** **Cell:**
Official Agency Signatory **Name:** John Doe **Address:** **Email:** **Phone:** **Fax:** **Cell:**	

To ensure that the most current information is being given to CTCP, please update the highlighted sections in the header and fill in the contact information for your LLA's Project Director, Primary Tobacco Contact, Agency Fiscal Officer, Day-to-Day Fiscal Contact, Health Officer, Director of Health, and the Official Agency Signatory.

Procurement Name: Local Lead Agency 2013-2017 Guidelines
Contract Number: CTCP-13-XX
Contract Term: 07/01/2013 - 06/30/2014
Effective Date: 07/01/2013
Plan Version ID: 0.1
Report Generated: (leave blank)

C. Demographic Profile

Demographic Profile

Procurement Name: Local Lead Agency 2010-2013 Guidelines
Contract Number: CTCP-10-XX
Agency Name: Apple County Health Services Agency
Project Name: Tobacco Education Program
Project Type: Local Lead Agency

Contract Term: 07/01/2010 - 06/30/2013
Effective Date: 07/01/2012
Plan Version ID: 5.0
Report Generated: 12/20/2012 11:32 AM

Is there an American Indian casino within the geographic service area of this project? No

Health Jurisdiction

Health Jurisdiction Name: Apple
Health Jurisdiction Characteristic: Suburban
Region: Central Coast Region
Three Largest Communities and Population:

Community	Population
Apple	54,593
Orange	44,265
Lemon	38,456

Race/Ethnicity 2000 Census Data:

Ethnic / Racial Group	Percent of County Population
American Indian	0.46%
Asian (Total)	3.31%
Asian Indian*	0.36%
Chinese*	0.75%
Filipino*	0.88%
Japanese*	0.73%
Korean*	0.26%
Vietnamese*	0.14%
African American	0.85%
White	65.52%
Hispanic/Latino	26.79%

* These proportions are out of the total Asian Population

Proportion of Unmarried-Partner Households with Same Sex Householder/Partner within the County 2000 U.S. Census 1.12%

Please make sure to update the highlighted sections in the header and address the following:

- Answer Yes or No to "Is there an American Indian casino within the geographic service area of the project?." Refer to **Appendix: American Indian Casinos in California** posted on TCFOR for a list of casinos by county.
- For Health Jurisdiction Name, Health Jurisdiction Characteristic, and Region, report the same information as in the 2010-13 work plan.
- Use **Appendix: Demographic Profile Data** to update the "Three Largest Communities and Population" and "Race/Ethnicity" with the most current 2010 Census Data. Include percentages for American Indian, Asian (Total), Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, African American, White, and Hispanic/Latino.
- Please note, the **"Proportion of Unmarried-Partner Households"** was not collected in the 2010 Census. Leave this section as is, to reflect the 2000 Census Data in your local jurisdiction.

Procurement Name: Local Lead Agency 2013-2017 Guidelines
Contract Number: CTCP-13-XX
Contract Term: 07/01/2013 - 06/30/2014
Effective Date: 07/01/2013
Plan Version ID: 0.1
Report Generated: (leave blank)

D. Media Profile

Media Profile

Procurement Name: Local Lead Agency 2010-2013 Guidelines
Contract Number: CTCP-10-XX
Agency Name: Apple County Health Services Agency
Project Name: Tobacco Education Program
Project Type: Local Lead Agency

Contract Term: 07/01/2010 - 06/30/2013
Effective Date: 07/01/2012
Plan Version ID: 5.0
Report Generated: 12/20/2012 12:10 PM

Local Radio Station	Language
KJLP	Spanish
KMEG	English
JPEG	English
PNGG	English

Local Television Station	Language
KABC (33)	English
KKPL (15)	English
KRSM (13)	Spanish

Newspaper	Language
Grape Times	English
Mayan College Voice	English
Capitol Times	English
El Sol	Spanish

Please update the highlighted sections in the header as well as your local radio/television stations and newspapers as necessary.

Procurement Name: Local Lead Agency 2013-2017 Guidelines
Contract Number: CTCP-13-XX
Contract Term: 07/01/2013 - 06/30/2014
Effective Date: 07/01/2013
Plan Version ID: 0.1
Report Generated: (leave blank)

E. Coalition Functioning

Review & Update sections A-C:

A. Coalition Overview
B. Operating Procedures
C. Recruitment / Training / Communication / Assessments
   - Communities of Excellence and Comprehensive Tobacco Control Plan Development *(see next slide)*

Please review and update sections A-C as necessary. Refer to the Work Statement for a list of information required for submission, which includes a Task Plan for the 2014-17 Communities of Excellence Needs Assessment and Plan Development.

Procurement Name: Local Lead Agency 2013-2017 Guidelines
Contract Number: CTCP-13-XX
Contract Term: 07/01/2013 - 06/30/2014
Effective Date: 07/01/2013
Plan Version ID: 0.1
Report Generated: (Leave Blank)

Communities of Excellence and Comprehensive Tobacco Control Plan Development

Communities of Excellence and Comprehensive Tobacco Control Plan Development

Task	Who is Responsible	Projected Completion Period
Attend CX Training	Project Coordinator	07/12-12/12
Review prior Plan and plan development process, what worked well, what needs improvement	Project Director	07/12-12/12
Educate the coalition about CX and Plan development process	Project Coordinator	07/12-12/12
Identify additional indicators to assess	Project Coordinator	07/12-12/12
Identify and assign coalition members to rate indicators and assets	Project Coordinator	07/12-12/12
Identify and organize existing data by relevance to the indicators and assets	Project Coordinator	07/12-12/12
Identify resource people beyond coalition members to provide additional information for the CX assessment	Project Director	07/12-12/12
Solicit information on local tobacco control efforts & results of CTCP grantees and other agencies working in the LHJ including populations served, scope of work objectives, agency mission statements, by-laws, local project data	Project Director	07/12-12/12
Provide training on completion of indicator & assets needs assessment forms to coalition members	Project Coordinator	07/12-12/12
Complete indicator & assets needs assessment worksheets	Project Coordinator	07/12-12/12
Prioritize indicators & assets. Select those that will be developed into objectives & the focus/goal to be accomplished	Project Director	01/13-06/13
Draft objectives	Project Coordinator	01/13-06/13
Share draft objectives with coalition & obtain ideas for major strategies to accomplish objectives	Project Coordinator	01/13-06/13
Assign objectives to staff to take lead to draft program activities, timelines, who's responsible, tracking measures	Project Director	01/13-06/13
Assign evaluation plan development for each objective	Project Director	01/13-06/13
Assign responsibility for completion of other portions of the Plan, e.g., coalition information, narrative, budget, etc.	Project Coordinator	01/13-06/13
Complete draft Plan & Budget	Project Director	01/13-06/13
Submit final Plan & Budget to CTCP	Project Coordinator	01/13-06/13

Make sure to update the "Projected Completion Period" in the *Communities of Excellence and Comprehensive Tobacco Control Plan Development* section. The Projected Completion Period for all tasks in the table should be **07/13-12/13**.

The CX training will be held on 9/26-27/2013 in Sacramento.

F. Coalition Membership

Coalition Membership

Procurement Name: Local Lead Agency 2010-2013 Guidelines
Contract Number: CTCP-10-XX
Agency Name: Apple County Health Services Agency
Project Name: Tobacco Education Program
Project Type: Local Lead Agency

Contract Term: 07/01/2010 - 06/30/2013
Effective Date: 07/01/2012
Plan Version ID: 5.0
Report Generated: 12/20/2012 12:55 PM

Coalition Name: Tobacco Education Coalition

Member	ID	Constituency	Ethnicity / Race	Priority Population Representation
Tobacco Education Program		Local Lead Agency	Hispanic/Latino	None
Parks and Recreation		Environmental	Caucasian	None
Individual		Community Member	Caucasian	None
Police Department		Law Enforcement	Hispanic/Latino	None
Individual		Community Member	Caucasian	None
American Cancer Society		Voluntary Health	Caucasian	None
Individual		Community Member	Caucasian	None

Please update the highlighted fields in the header and update/remove/add coalition members as needed.

Procurement Name: Local Lead Agency 2013-2017 Guidelines
Contract Number: CTCP-13-XX
Contract Term: 07/01/2013 - 06/30/2014
Effective Date: 07/01/2013
Plan Version ID: 0.1
Report Generated: (leave blank)

Note: this image does not show a complete list of coalition members. Your list will be substantially longer.

G. Local Program Evaluator

Local Program Evaluator

Plan Evaluator	John Doe Address: Phone: Email:
Project Evaluator	Jackie Smith Address: Phone: Email:

LOCAL PROGRAM EVALUATOR ROLE IN THE PREPARATION OF THE EVALUATION DESIGN

I, **John Doe**, hereby affirm that I provided **6** hours of evaluation consultation to the **Apple County Health Services Agency, Local Lead Agency 2010-2013 Guidelines** in the development of the evaluation components of the Scope of Work submitted with this application package. I agree that the California Tobacco Control Program may contact me to verify my consultation on the evaluation and to negotiate changes prior to the approval of the Scope of Work.

	Role as it Relates to the Objectives (required -- check as many as apply)
	Reviewed only the **PRIMARY** objectives in the proposed scope of work to ensure that they identify: 1) who or what is expected to change or benefit, 2) what/how much change or benefit is expected, 3) where the change will occur, and 4) when the change will occur by.
X	Reviewed **ALL** the primary and non-primary objectives in the proposed scope of work to ensure that they identify: 1) who or what is expected to change or benefit, 2) what/how much change or benefit is expected, 3) where the change will occur, and 4) when the change will occur by.
	Reviewed **MOST or SOME** of the primary and non-primary objectives in the proposed scope of work to ensure that they identify: 1) who or what is expected to change or benefit, 2) what/how much change or benefit is expected, 3) where the change will occur, and 4) when the change will occur by.
	Did not review the objectives in the proposed scope of work
	Role as it Relates to the Evaluation Plan (e.g., sampling, process measures--key informant interviews, focus groups, etc.) (required -- check as many as apply)
	Prepared the evaluation design for **ALL** the primary objectives
	Prepared the evaluation design for **ALL or MOST** of the non-primary objectives
X	Provided advice only to the agency
	Role as it Relates to Survey Methods and Instrument Design/Selection (e.g., population survey, observation survey focus group, key opinion leader interview, etc.) (required -- check as many as apply)
X	Recommended the survey methods for **ALL** primary objectives
	Recommended the survey methods for **ALL or MOST** non-primary objectives
	Did not provide recommendations about survey methods
	Role as it Relates to Analysis (required -- check as many as apply)
	Planned the analysis for **ALL** primary objectives
	Planned the analysis for **ALL or MOST** of the non-primary objectives
X	Provided advice only to the agency about the analysis
	Did not provide recommendations about analysis
	Other Services Provided in the Preparation of the Evaluation Plan or Scope of Work
	Submitted by John Doe - December 08, 2009

Your evaluator must sign this form!

Update the Plan/Project Evaluator fields as well as any other relevant fields. Update the hours of evaluation consultation provided to reflect the amount of work the Local Program Evaluator spent on the development of this plan.

Your Local Program Evaluator must sign and date this form. If your evaluator lives out of the area, he/she needs to sign/date this form, scan/pdf it and send it to you. You will then have to print out a copy with the signature on it and submit that copy with your plan.

Please ensure your Local Program Evaluator is listed in the Local Evaluator Directory, especially if you are changing evaluators. You can check if your evaluator is in the directory here: https://otis.catcp.org/public/evaluator/

H. Scope of Work

- Each objective should include the following sections:
  - Objective Overview
  - Intervention Activity Plan
  - Evaluation Activity Plan
  - Narrative Summary (including Community Assessment Analysis, Major Intervention Activities, Theory of Change, and Evaluation Summary Narrative)
- Retail Objective
  - Tailor to your County's needs, assign % deliverables
  - Reformat the Retail Objective using the Scope of Work template provided on TCFOR (*see next slide for a screenshot of the template*)

Refer to **OTIS Manual E. Scope of Work** or **Evaluation Plan Type Definitions** for specific instructions and options for putting together your scopes of work. Both documents can be found in OTIS; follow this link https://otis.catcp.org/index.cfm?fuseaction=help.documentsIndexmain –OR– Go to the **Help** section of OTIS (see menu at the bottom of the OTIS welcome page), then click on **Documents**.

As with all of the other OTIS documents, please be sure to update the OTIS-generated header with the information related to this new procurement.

Procurement Name: Local Lead Agency 2013-2017 Guidelines
Contract Number: CTCP-13-XX
Contract Term: 07/01/2013 - 06/30/2014
Effective Date: 07/01/2013
Plan Version ID: 0.1
Report Generated: (Leave Blank)

Scope of Work: Objective Template

Scope of Work: Objective

Procurement Name: Local Lead Agency 2013-2017 Guidelines
Contract Number: CTCP-13-XX
Contract Term: 07/01/2013 - 06/30/2014
Agency Name:
Effective Date: 07/01/2013
Project Name:
Plan Version ID: 0.1
Project Type: Local Lead Agency

Objective Overview

Objective:
Objective ID:
Primary Indicator/Asset:
Secondary Indicator/ Asset:
Is this a primary objective? No
Evaluation Plan Type:
Target Audience: **Audience Group**
•
General Population Groups
•

Intervention Topic(s)

•

The scope of work objective template is located on the TCFOR website and is titled **Appendix: Scope of Work Template (MS Word format)**: https://tcfor.catcp.org/index.cfm?fuseaction=opportunities.viewOpp&oppID=35. It follows the typical OTIS format and was created to help you with the reformatting of the Retail Objective and the development of new objectives.

The Retail Objective posted on TCFOR should be converted from the format on TCFOR to an OTIS-like format. Please use this template to do so. The template contains all of the required sections that need to be filled out for each objective. Use the 'copy & paste' function to create more activity boxes to input your activities.

Please ensure that each document displays the OTIS-generated header and includes the following information:

Procurement Name: Local Lead Agency 2013-2017 Guidelines
Contract Number: CTCP-13-(insert the last 2 or 3 digits of your current contract 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)

Objective Example

Scope of Work: Objective

Procurement Name: Local Lead Agency 2013-2017 Guidelines
Contract Number: CTCP-13-XX
Contract Term: 07/01/2013 - 06/30/2014
Agency Name:
Effective Date: 07/01/2013
Project Name:
Plan Version ID: 0.1
Project Type: Local Lead Agency

Objective Overview

Objective: By June 30, 2014, plan, coordinate, and implement data collection related to the Statewide Retail Environment Campaign in tobacco retail stores, including, but not limited to, questions on price, flavors, discounts/promotions, and storefront advertising.

Objective ID:

Primary Indicator/Asset: 2.5 Adult Engagement in Tobacco Control: The extent of adult engagement in problem identification, intervention development, and evaluation to support tobacco-related policy, system, and environmental change.

Secondary Indicator/ Asset: 2.4 Youth Engagement in Tobacco Control: The extent of youth engagement in problem identification, intervention development, and evaluation to support tobacco-related policy, system, and environmental change.

Is this a primary objective? No

Evaluation Plan Type: Other with measureable outcome

Target Audience:

Audience Group

- Advocates
- Coalitions
- College Students/faculty/staff
- Tobacco Retailers

General Population Groups

-

Intervention Topic(s)

- Collect "other" process data
- Collect observational data
- Conduct data collection training
- Conduct education/participant surveys
- Conduct focus groups
- Create and/or disseminate newsletter

See OTIS Manual E. Scope of Work, pgs. 132-133

See OTIS Manual E. Scope of Work, pgs. 156-159

For guidance regarding selecting the right **Evaluation Plan Type** for your intervention plan, please see the **Evaluation Plan Type Definitions** document in the Evaluation Resources in OTIS: https://otis.catcp.org/index.cfm?fuseaction=help.documentsIndexmain. If you're signed in to OTIS, this direct link should take you straight to the document: https://otis.catcp.org/help/files/Evaluation%20Plan%20Type%20Definitions.pdf

Please visit the **OTIS Manual E. Scope of Work** to access all of the Target Audience and the Intervention Topics lists: https://otis.catcp.org/help/files/Scop%20of%20Work.pdf (pgs. 132-133 for the target audience lists and pgs. 156-159 for the intervention topics list)

Scope of Work: Activity Template

Activity #	
Activity:	
Intervention Category:	
Copyright:	
Program Deliverable Percentage:	
Start Date Period:	07/13-12/13
Completion Date Period:	01/14-06/14
Tracking Measures:	Measure Submit
Responsible Parties:	Responsible Party Budget Type

The scope of work template includes 20 intervention activity templates. Please fill in as many as you need and delete the ones you don't use. For your convenience, templates are also included for <u>each type</u> of evaluation activity.

Please note that there are only two acceptable Start and End Date Periods for activities in this procurement: **07/13-12/13** and/or **01/14-06/14**.

Activity Numbering
Intervention Activities:
Objective # – Activity #
Evaluation Activities:
Objective # -E- Activity #

Activity Example

Activity 1-5

Activity:	Conduct 4-6, 20 to 30 minute educational presentations on smoke-free multi-unit housing to community-based organizations or groups identified in the Midwest Strategy process as potential supporters.. Invite members to participate in education and information activities (i.e. assist at community education booths, distribute petitions, conduct surveys, provide testimony at policy meetings, etc.)
Intervention Category:	Community Education Activities
Copyright:	No
Program Deliverable Percentage:	3.00%
Start Date Period:	07/13-12/13
Completion Date Period:	01/14-06/14
Tracking Measures:	**Measure** / **Submit** Presentation Material / Yes Presentation Log / On-File
Responsible Parties:	**Responsible Party** / **Budget Type** Project Director / Budgeted Coalition Members / Non-Budgeted

Only two options under Submit: "Yes" or "On File"

Only two options under Budget Type: "Budgeted" or "Non-Budgeted"

Activity Numbering: The intervention activities should be numbered with the objective number followed by the activity number (e.g., 1-1, 1-2). The evaluation activities should be numbered with the objective number, followed by the letter 'E' and then the activity number (e.g. 1-E-1, 1-E-2).

Tracking Measures: For any activity with a percent deliverable greater than zero, a tracking measure will need to be submitted (put "Yes" in the submit column) to substantiate completion of that activity.

Responsible Parties: There are only two options for the budget type. Each activity needs to have at least one budgeted party assigned to it.

For further instructions, please see the **Appendix: 2013-17 Local Lead Agency (LLA) Comprehensive Tobacco Control Plans Phase I (2013-2014) Paper Submission Instructions and Submission Checklist Cover Sheet** posted on TCFOR: https://tcfor.catcp.org/index.cfm?fuseaction=opportunities.viewOpp&oppID=35.

Intervention Activity Categories

- Coordination/Collaboration Activities
- Community Education Activities
- Educational Materials Development
- Behavior Modification Materials
- Media Activities
- Policy Activities
- Sponsorship Activities
- Training/Technical Assistance Activities

These are the eight (8) major intervention categories. The categories provide a means for your staff and CTCP to readily locate certain types of interventions. Consider using as many of these categories as possible to ensure that your new plan/intervention is comprehensive.

I. Budget Justification

Progress
Cost

TITLE	VIEW TYPE		
Agency Certification	Web	Web (Black & White)	Word 2000
Agency & Contract Information	Web	Web (Black & White)	Word 2000
Contact Information	Web	Web (Black & White)	Word 2000
Correspondance Contacts	Web	Web (Black & White)	Word 2000
Demographic Profile	Web	Web (Black & White)	Word 2000
Media Profile	Web	Web (Black & White)	Word 2000
Coalition Functioning	Web	Web (Black & White)	Word 2000
Coalition Membership	Web	Web (Black & White)	Word 2000
Indicator Assessment Detail	Web	Web (Black & White)	Word 2000
Asset Worksheet	Web	Web (Black & White)	Word 2000
Local Program Evaluator	Web	Web (Black & White)	Word 2000
Scope of Work: Overview & Intervention Activities	Web	Web (Black & White)	Word 2000
Scope of Work: Overview & Evaluation Activities	Web	Web (Black & White)	Word 2000
Scope of Work: Narrative Summaries	Web	Web (Black & White)	Word 2000
Scope of Work: Materials	Web	Web (Black & White)	Word 2000
Scope of Work: Deliverable Percentages	Web	Web (Black & White)	Word 2000
Scope of Work: Objective 1	Web	Web (Black & White)	Word 2000
Scope of Work: Objective 2	Web	Web (Black & White)	Word 2000
Scope of Work: Objective 3	Web	Web (Black & White)	Word 2000
CMU – Scope of Work, Exhibit A	Web	Web (Black & White)	Word 2000
Budget Summary	Web	Web (Black & White)	Word 2000
Budget Justification	Web	Web (Black & White)	Word 2000
Budget Justification with Adjustments	Web	Web (Black & White)	Word 2000
CMU – Individual Budget Year 1	Web	Web (Black & White)	Word 2000
CMU – Individual Budget Year 2	Web	Web (Black & White)	Word 2000
CMU – Individual Budget Year 3	Web	Web (Black & White)	Word 2000
CMU – Individual Amendment Year 1	Web	Web (Black & White)	Word 2000
CMU – Individual Amendment Year 2	Web	Web (Black & White)	Word 2000
CMU – Individual Amendment Year 3	Web	Web (Black & White)	Word 2000
Additional Tobacco Control Funding	Web	Web (Black & White)	Word 2000
Administrative/Collaborative Activities	Web	Web (Black & White)	Word 2000
Project Abstract	Web	Web (Black & White)	Word 2000
Approval Report	Web	Web (Black & White)	Word 2000
Approval Status Summary	Web	Web (Black & White)	Word 2000

Select the Word version of the Budget Justification

MyOTIS | My Account | My Agency | Help | FAQs | CTCP Contacts | Logout

Developed and Produced by the Center for Information Management & Educational Services, Florida State University
Sponsored and Developed by the California Department of Public Health, California Tobacco Control Program
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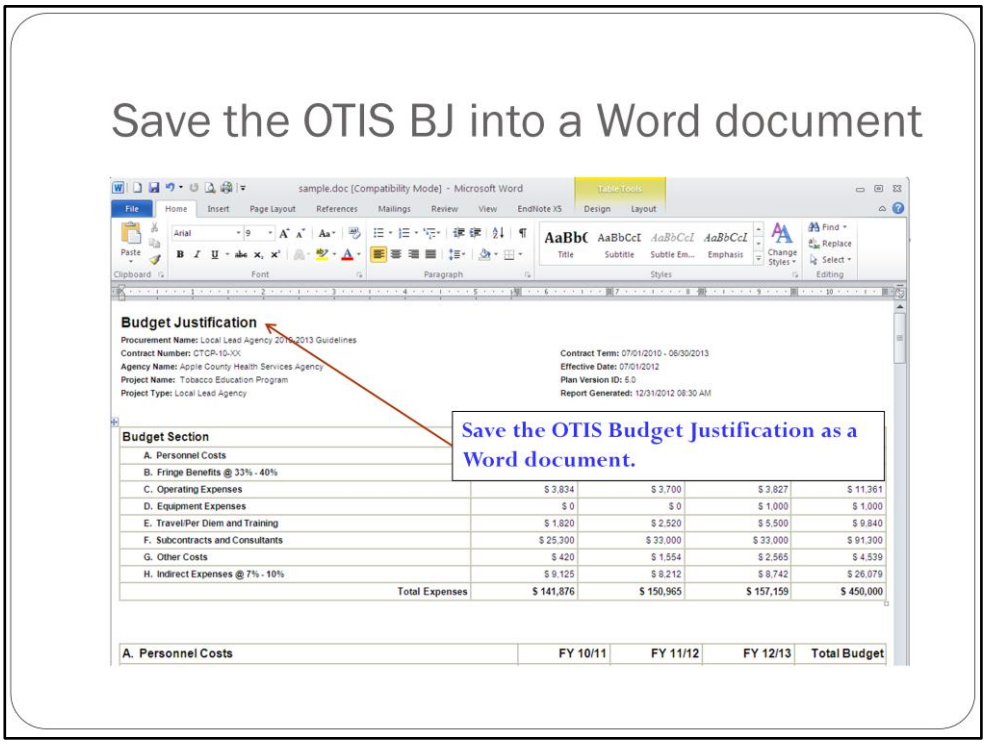
Select the Word 2000 version of the Budget Justification.



The Word 2000 documents that you download from OTIS will be in the **.html** format. Please make sure to resave them (using the **Save As** function) as a Microsoft Word document (either **.doc** or **.docx** file type is appropriate). For guidance, please see slide 15.

You may now revise the word document.
Delete any unnecessary columns.

Budget Justification

Procurement Name: Local Lead Agency 2010-2013 Guidelines
Contract Number: CTCP-10-XX
Agency Name: Apple County Health Services Agency
Project Name: Tobacco Education Program
Project Type: Local Lead Agency
Contract Term: 07/01/2010 - 06/30/2013
Effective Date: 07/01/2012
Plan Version ID: 5.0
Report Generated: 12/28/2012 08:30 AM

Budget Section	FY 10/11	FY 11/12	FY 12/13	Total
A. Personnel Costs	$ 74,948	$ 74,800	$ 75,275	$ 225,023
B. Fringe Benefits @ 33% - 40%	$ 26,429	$ 27,179	$ 27,250	$ 80,858
C. Operating Expenses	$ 3,834	$ 3,700	$ 3,827	$ 11,361
D. Equipment Expenses	$ 0	$ 0	$ 1,000	$ 1,000
E. Travel/Per Diem and Training	$ 1,820	$ 2,520	$ 5,500	$ 9,840
F. Subcontracts and Consultants	$ 25,300	$ 33,000	$ 33,000	$ 91,300
G. Other Costs	$ 420	$ 1,554	$ 2,565	$ 4,539
H. Indirect Expenses @ 7% - 10%	$ 9,125	$ 8,212	$ 8,742	$ 26,079
Total Expenses	**$ 141,876**	**$ 150,965**	**$ 157,159**	**$ 450,000**

Delete the budget justification columns for FY 10/11, FY 11/12, and Total – they are not needed for your plan update

Please update the highlighted fields in the OTIS-generated header and delete any unnecessary columns. You will only need one column (FY 13/14) for this plan.

Procurement Name: Local Lead Agency 2013-2017 Guidelines
Contract Number: CTCP-13-XX
Contract Term: 07/01/2013 - 06/30/2014
Effective Date: 07/01/2013
Plan Version ID: 0.1
Report Generated: (leave blank)

Change the dates to FY 13/14

Budget Justification

Procurement Name: Local Lead Agency 2013-2017 Guidelines
Contract Number: CTCP-13-XX
Agency Name: Apple County Health Services Agency
Project Name: Tobacco Education Program
Project Type: Local Lead Agency

Contract Term: 07/01/2013 - 06/30/2014
Effective Date: 07/01/2013
Plan Version ID: 0.1
Report Generated:

Budget Section	FY 13/14
A. Personnel Costs	$ 75,000
B. Fringe Benefits @ 33% - 40%	$ 10,000
C. Operating Expenses	$ 5,000
D. Equipment Expenses	$ 5,000
E. Travel/Per Diem and Training	$ 5,000
F. Subcontracts and Consultants	$ 20,000
G. Other Costs	$ 20,000
H. Indirect Expenses @ 7% - 10%	$ 10,000
Total Expenses	$ 150,000

A. Personnel Costs	FY 13/14

Change the dates on the BJ to update the document for the FY 13/14 budget justification.

Please rename your only budget column as **FY 13/14**.

The word document is ready to input new budget information.

Budget Justification

Procurement Name: Local Lead Agency 2013-2017 Guidelines
Contract Number: CTCP-13-XX
Agency Name: Apple County Health Services Agency
Project Name: Tobacco Education Program
Project Type: Local Lead Agency

Contract Term: 07/01/2013 - 06/30/2014
Effective Date: 07/01/2013
Plan Version ID: 0.1
Report Generated:

Budget Section	FY 13/14
A. Personnel Costs	$ 75,000
B. Fringe Benefits @ 33% - 40%	$ 10,000
C. Operating Expenses	$ 5,000
D. Equipment Expenses	$ 5,000
E. Travel/Per Diem and Training	$ 5,000
F. Subcontracts and Consultants	$ 20,000
G. Other Costs	$ 20,000
H. Indirect Expenses @ 7% - 10%	$ 10,000
Total Expenses	$ 150,000

A. Personnel Costs	FY 13/14

Your OTIS budget justification is ready to be revised according to your FY 13/14 plan activities.

Your budget justification is ready to be revised. Under Budget Section, update the 8 budget category totals.

Update each BJ category to match your SOW.

Budget Justification

Procurement Name: Local Lead Agency 2013-2017 Guidelines
Contract Number: CTCP-13-XX
Agency Name: Apple County Health Services Agency
Project Name: Tobacco Education Program
Project Type: Local Lead Agency

Contract Term: 07/01/2013 - 06/30/2014
Effective Date: 07/01/2013
Plan Version ID: 0.1
Report Generated:

Budget Section	FY 13/14
A. Personnel Costs	$ 75,000
B. Fringe Benefits @ 33% - 40%	$ 10,000
C. Operating Expenses	$ 5,000
D. Equipment Expenses	$ 5,000
E. Travel/Per Diem and Training	$ 5,000
F. Subcontracts and Consultants	$ 20,000
G. Other Costs	$ 20,000
H. Indirect Expenses @ 7% - 10%	$ 10,000
Total Expenses	$ 150,000

A. Personnel Costs	FY 12/13
Title: Project Director **Salary Calculation:** $2,950 - $3,950 (bi-weekly) x 0.95 FTE x 26 pay periods = $75,000 - $76,700 per FY. **Duties Description:** Project Director provides direct administration, supervision and leadership	$ 75,000

Update the information for each category

Please update all 8 budget category sections and include formulas and descriptions as specified in the Work Statement and Application/Plan Requirements. Please double-check all calculations.

Check your math and totals.

Budget Justification

Procurement Name: Local Lead Agency 2013-2017 Guidelines
Contract Number: CTCP-13-XX
Agency Name: Apple County Health Services Agency
Project Name: Tobacco Education Program
Project Type: Local Lead Agency

Contract Term: 07/01/2013 - 06/30/2014
Effective Date: 07/01/2013
Plan Version ID: 0.1
Report Generated:

Budget Section	FY 13/14
A. Personnel Costs	$ 75,000
B. Fringe Benefits @ 33% - 40%	$ 10,000
C. Operating Expenses	$ 5,000
D. Equipment Expenses	$ 5,000
E. Travel/Per Diem and Training	$ 5,000
F. Subcontracts and Consultants	$ 20,000
G. Other Costs	$ 20,000
H. Indirect Expenses @ 7% - 10%	$ 10,000
Total Expenses	**$ 150,000**

A. Personnel Costs	FY 13/14

Your budget justification will not total automatically – be sure to check your math and formulas.

Work with your PM to update your FY 13/14 *BUDGET JUSTIFICATION*.

Budget Justification

Procurement Name: Local Lead Agency 2013-2017 Guidelines
Contract Number: CTCP-13-XX
Agency Name: Apple County Health Services Agency
Project Name: Tobacco Education Program
Project Type: Local Lead Agency

Contract Term: 07/01/2013 - 06/30/2014
Effective Date: 07/01/2013
Plan Version ID: 0.1
Report Generated:

Budget Section	FY 13/14
A. Personnel Costs	$ 75,000
B. Fringe Benefits @ 33% - 40%	$ 10,000
C. Operating Expenses	$ 5,000
D. Equipment Expenses	$ 5,000
E. Travel/Per Diem and Training	$ 5,000
F. Subcontracts and Consultants	$ 20,000
G. Other Costs	$ 20,000
H. Indirect Expenses @ 7% - 10%	$ 10,000
Total Expenses	**$ 150,000**

Call your PM for TA to update your BJ – and work with your PM to revise your FY 13/14 category expenses.

A. Personnel Costs	FY 13/14

J. Additional Tobacco Control Funding

Additional Tobacco Control Funding
Procurement Name: Local Lead Agency 2010-2013 Guidelines
Contract Number: CTCP-10-XX
Agency Name: Apple County Health Services Agency
Project Name: Tobacco Education Program
Project Type: Local Lead Agency

Contract Term: 07/01/2010 - 06/30/2013
Effective Date: 07/01/2012
Plan Version ID: 5.0
Report Generated: 12/27/2012 09:30 AM

Any other tobacco control funds (e.g., Prop 99, Prop 10, MSA, private foundation) our agency receives are listed below.	
Project Title	
Agency	
Amount	
Funding Period Start	
Funding Period End	
Activity Description	

All LLAs must submit and report additional Non-Prop 99 funding, even if they are not being funded with additional monies.

- If the project is not receiving funds, simply state **"No Additional Funds."**
- If the project is receiving additional funds, include the funder, project, funding amount, current contract term, and description.

Please make sure to also update the highlighted fields in the header.

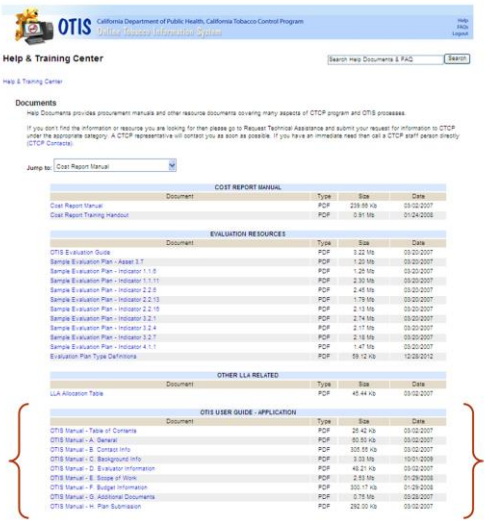
Procurement Name: Local Lead Agency 2013-2017 Guidelines
Contract Number: CTCP-13-XX
Contract Term: 07/01/2013 - 06/30/2014
Effective Date: 07/01/2013
Plan Version ID: 0.1
Report Generated: (leave blank)

Resources

- TCFOR: https://tcfor.catcp.org/
- OTIS Manual: https://otis.catcp.org/index.cfm?fuseaction=help.documentsIndexmain
- PC/PM
- Scope of Work Objective Template

- Follow the submission instructions posted for your procurement on TCFOR.
- Review the OTIS Manual: https://otis.catcp.org/index.cfm?fuseaction=help.documentsIndexmain –OR– Go to the **Help** section of OTIS (see menu at the bottom of the OTIS welcome page), then click on **Documents** to access the OTIS Manual (see next slide for a screenshot of the Help & Training Center page in OTIS).
- Talk to your PC/PM.
- Utilize the scope of work objective template when reformating the Retail Objective and creating new objectives for your plan. The template can be found on TCFOR as one of the recently-added appendices ("**Appendix: Scope of Work Template (MS Word format)**").

OTIS Manual



Please sign in to OTIS first, then click on https://otis.catcp.org/index.cfm?fuseaction=help.documentsIndexmain.

Reminders

- Submit one original and three (3) copies of your Phase I Plan
  - Submission Checklist Cover Sheet should accompany the plan that is clearly marked "original." Do not attach the checklist to the three copies.
- Don't forget about the three (3) required signatures:
  - Submission Checklist Cover Sheet – Project Director
  - A. Agency Certification – Coalition Chair
  - G. Local Program Evaluator – Your plan evaluator

In total, the mailed packet should include one original (clearly marked "original") of the entire plan and three (3) copies of the entire plan. The entire plan consists of documents A-J listed on slide 7. A completed and signed Submission Checklist Cover Sheet should accompany the plan that is clearly marked "original." Do not attach the checklist to the three copies. All of the items included on the checklist are required to be submitted as part of your Phase I, 2013-17 LLA Comprehensive Tobacco Control Plan and should be presented in the order noted on the checklist. Keep a copy of the completed checklist for your records.

The Project Director needs to sign/date the Submission Checklist Cover Sheet. The Coalition chair needs to sign/date the Agency Certification document and your plan evaluator needs to sign/date the Local Program Evaluator form. If your evaluator is not from your local area, a scanned copy of the form with the signature on it will be accepted.

Reminders

Phase I plans are due at CTCP on

January 15, 2013, 5 P.M. PST

Please read the Phase I Submission Instructions carefully. The instructions document is located on TCFOR: https://tcfor.catcp.org/index.cfm?fuseaction=opportunities.viewOpp&oppID=35. The title of the document is **"Appendix: 2013-17 Local Lead Agency (LLA) Comprehensive Tobacco Control Plans Phase I (2013-2014) Paper Submission Instructions and Submission Checklist Cover Sheet."**

- 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 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".** Overnight delivery is recommended.
- 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.

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

Clearly indicate "2013-17 Local Lead Agency Comprehensive Tobacco Control Plan" on the outside of the mailing envelope.

Please make sure to include the "**MS 7206**" designation as without it the delivery of your package to CTCP might be further delayed.

Questions?

To ask a question, please unmute your phone by pressing *6
OR
Type your question in the WebEx chat box