2013-2017 PHASE II LOCAL LEAD AGENCY COMPREHENSIVE TOBACCO CONTROL PLAN GUIDELINES

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CALIFORNIA TOBACCO CONTROL PROGRAM

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California Department of Public Health
California Tobacco Control Program
2013-2017 Phase II Local Lead Agency Comprehensive
Tobacco Control Plan Guidelines

I. INTRODUCTION

A. BACKGROUND

In November 1988, California voters approved passage of the Tobacco Tax and Health Protection Act of 1988, also known as Proposition 99 (Prop 99). This initiative increased the state cigarette tax by 25 cents per pack and added an equivalent amount on other tobacco products. Revenue from Prop 99 was designated for tobacco-related research, health education and promotion, and health care services.

The enabling legislation for the California Tobacco Control Program (CTCP) includes Assembly Bills (AB) 75 (Chapter 1331, Statutes of 1989), AB 99 (Chapter 278, Statutes of 1991), AB 816 (Chapter 195, Statutes of 1994), AB 3487 (Chapter 199, Statutes of 1996), Senate Bill (SB) 960 (Chapter 1328, Statutes of 1989), SB 99 (Chapter 1170, Statutes of 1991), SB 493 (Chapter 194, Statutes of 1995; the annual State Budget; California Health and Safety Code (HSC) Sections 104350-104480, 104500-104545; and the Revenue and Taxation Code Section 30121-30130. The enabling legislation, various codes, and the annual State Budget provide legislative authority for programs administered by the California Department of Public Health (CDPH), CTCP.

The HSC Sections 104375, 104380, 104400, and 104405 through 104415 designate local health departments within California as the Local Lead Agency (LLA) for the 61 health jurisdictions and describe the administration, provision of funds and services of the comprehensive tobacco control program administered by LLAs. These statutory provisions require LLAs to periodically develop and submit a comprehensive tobacco control plan (Plan), and to follow guidelines (Guidelines) issued by CDPH/CTCP based on legislative enactment. Each LLA must obtain the involvement of local community organizations in the development of the Plan.

Statutory provisions require the Plan to provide jurisdiction-specific demographic information; local data on smoking and tobacco use; a description of program goals, objectives, activities, target populations and evaluation and a set of fiscal requirements which include budget cost information and estimates for plan activities including staffing configurations, office workstations and on-line needs. Additionally, LLAs are required to use a uniform knowledge management system, the Online Tobacco Information System (OTIS); which permits comparisons of workload, unit costs, and outcome measurements on a statewide basis. These Guidelines provide instructions to the LLAs for the development and submission of a Plan consistent with legislative requirements.

B. PURPOSE AND GOALS

PURPOSE

The purpose of these Guidelines is to direct each of the 61 designated tobacco control LLAs in the development of the Plan as required by HSC. The 2013-17 Plan consists of two phases: Phase I, for the term July 1, 2013 to June 30, 2014 and Phase II, for the term July 1, 2014 to June 30, 2017. These Guidelines are specific to the development of the Phase II of the 2013-2017 Plan. For the purpose of these Guidelines, Phase II of the 2013-17 Plan will be referred to as the 2014-17 Plan.

GOALS

The overarching goals for the LLAs in the development, submission, and implementation of the Plan for Fiscal Years (FY) 2014-17 are consistent with the legislative enactments, HSC, and CDPH/CTCP LLA Guidelines requirements. LLAs are expected to:

1. Coordinate local services and statewide initiatives between Prop 99 funded agencies, government agencies, voluntary health organizations, schools, community-based organizations, and others involved in tobacco control in order to maximize resources and avoid duplication.

2. Identify and plan for the diverse ethnic and cultural differences of each community.

3. Collaborate with diverse partners to bring more skills, ideas, and resources to tobacco control efforts.

4. Focus on community-norm change strategies, instead of individual behavior change.

5. Build the capacity of local communities and agencies to address tobacco control activities and tobacco-related disparities.

6. Mobilize the community to support educational, policy, and enforcement activities.

7. Strategically use media and public relations to support or increase the effectiveness of tobacco control interventions.

8. Institutionalize programs into existing social and health service delivery systems.

9. Actively promote the statewide toll-free number for the California Smokers' Helpline (1-800-NO-BUTTS) and the Stop Tobacco Access to Kids Enforcement (STAKE) Act (1-800-5 ASK-4-ID).

10. Communicate and collaborate with statewide grantees and contractors to avoid duplication in the development of materials, to develop sound policies, and to implement effective community organizing strategies.

C. ELIGIBILITY

1. As provided for in HSC Section 104400, LLAs are required to accept these funds and to implement a comprehensive tobacco control program.

2. Only those agencies funded as a result of the process identified in HSC Section 104380 (i) are eligible for these funds.

D. NON-COMPLIANCE

Pursuant to HSC Section 104380 (i):

1. The Department shall conduct a fiscal and program review on a regular basis.

2. If the Department determines that any LLA is not in compliance with LLA legislative requirements, the LLA shall submit to the Department, within 60 days, a plan for coming into compliance.

3. The Department may withhold funds from LLAs that are not in compliance with legislative requirements. The Department may terminate the agreement with the noncompliant LLA, recoup any unexpended funds from the noncompliant LLA, and reallocate both the withheld and recouped funds to provide services available under this section to the jurisdiction of the noncompliant agency through an agreement with a different governmental or private nonprofit agency capable of delivering those services based on the Department's LLA Guidelines for local Plans and a process determined by the Department. The Department may encumber and reallocate these funds no sooner than three months after the date of the first notification that the Department has determined the LLA to be out of compliance with statutory requirements.

E. KEY ACTION DATES

TENTATIVE SCHEDULE

Key activities and times are presented in **Table 1**. This is a tentative schedule. Any updates to this schedule will appear as an addendum.

TABLE 1. TENTATIVE SCHEDULE 2013-17 PHASE II LLA GUIDELINES

Activity	Action Date
Release Phase II Guidelines	October 8, 2013
Phase II Guidelines Training	October 28-31, 2013
Phase II Plans Due	December 17, 2013, 5:00 P.M.
Review and Score Phase II Plans	January 15-16, 2014
Phase II Plan Negotiations	March 3-April 4, 2014
Phase II Plan Start Date	July 1, 2014
Phase II Plan End Date	June 30, 2017

F. COMPREHENSIVE TOBACCO CONTROL PLAN TERM

1. The term for the Plan (for Phase I and Phase II) is July 1, 2013 to June 30, 2017.

2. The term for the Phase II Plan is July 1, 2014 to June 30, 2017.

3. A FY Allocation Agreement will be sent to the LLA confirming the allocation for each FY as provided for by the State Budget.

G. AVAILABLE FUNDING/PROJECT ALLOCATIONS

Pursuant to HSC Section 104380, FY funds are allocated prospectively for each quarter in accordance with allocation percentages in HSC Section 104380 (d). Each LLA will receive a FY allocation to implement and evaluate a Plan that serves its local health jurisdiction. CTCP grouped LLAs into three funding tiers to describe differences in work performance requirements based on the anticipated annual allocation; **Table 2** lists each LLA by tier.

CTCP projects the LLA allocation for each of the three fiscal years of the Phase II Plan period using the HSC Section 104380 (a) - (d) formulas and estimated tobacco tax revenues, factoring in declines or increases in tobacco consumption. LLAs will be notified of changes to the allocation projections and CDPH/CTCP will work with LLAs to make adjustments to their scope of work and budget should there be a change in the allocation based on fluctuations in tobacco tax revenue, the State budget appropriation, or court decisions.

The maximum allocation for each FY is provided in the LLA Allocation Table published by CDPH/CTCP (see Appendix 1, *2013-17 LLA Funding Allocation Table*). Unexpended funds may be carried forward in FY 2013/14, 2014/15 and 2015/16 and according to procedures

provided by CDPH/CTCP. All funds not fully expended by June 30, 2017 will revert back to the Prop 99 Health Education Account.

Prospective payments shall be deposited into an interest-bearing, insured trust account used exclusively for Prop 99 allocations and interest earned. The interest earned on prospective payments is not included in the FY budget allocation projections. Interest earned is reported twice during the fiscal year in the Cost Report. LLAs may use funds from interest earned to purchase items in the approved scope of work in accordance with CTCP procedures in the *LLA Administrative & Policy Manual, Section III, Chapter 400, Policy #4*. Refer to Appendix 2, *Administrative and Policy Manual for Local Lead Agencies and Competitive Grantees* for guidance or access CTCP Partners at https://www.tcspartners.org for manual resources.

The three State FY budget periods (July 1 - June 30) for the Phase II Plans are:

FY 2014-15 (July 1, 2014 - June 30, 2015)

FY 2015-16 (July 1, 2015 - June 30, 2016)

FY 2016-17 (July 1, 2016 - June 30, 2017)

H. Funding Tiers

Table 2. LLA 2013-17 Funding Tiers

Tier 1	Tier 2	Tier 3
Local health jurisdictions projected to receive a budget allocation of less than $200,000 per year.	Local health jurisdictions projected to receive a budget allocation of more than $200,000 and less than $1,000,000 per year.	Local health jurisdictions projected to receive a budget allocation of $1,000,000 or more per year.
Alameda, Alpine, Amador, Berkeley, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Long Beach, Madera, Marin, Mariposa, Mendocino, Merced (California Health Collaborative), Modoc, Mono, Monterey, Napa, Nevada, Pasadena, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Ventura, Yolo, Yuba	Orange, San Diego, San Francisco, Santa Clara	Los Angeles

II. PLAN REQUIREMENTS

The LLA Plan is to conform to the requirements, by funding tier, described in **Table 3**. Requirements are described based on the funding tier. **Table 3** lists the minimum Scope of Work (SOW) requirements for Tiers 1, 2, and 3 respectively.

TABLE 3. MINIMUM REQUIREMENTS BY TIER

Requirement	Tier 1	Tier 2	Tier 3
Media Profile: Minimum number of major media outlets required to be identified.	**4**	**4**	**4**
CX Needs Assessment - Core Indicators/Assets: Required number of **core** indicators and assets to be assessed (See Appendix 3, for the *Core and Recommended Indicators and Assets* list).	**9**	**9**	**9**
CX Needs Assessment – Non-Core Indicators/Assets: Required number of **LLA selected** indicators and assets to be assessed. A list of *Core and Recommended Indicators and Assets* is provided (see Appendix 3, *Core and Recommended Indicators and Assets)*; however, the LLA can select indicators or assets that are not included in the list provided by CTCP. See Appendix 4, *2012 Communities of Excellence Indicators and Assets* and Appendix 5, *Communities of Excellence in Tobacco Control, A Communities of Excellence Needs Assessment Guide.* **Note**: Plans with a CX Needs Assessment that scores below 8 points will be required to conduct a re-assessment before their Plan may be approved.	**2**	**4**	**7**
Objectives: Minimum total number of objectives required to be included in the SOW. **Note**: All objectives in the SOW must be based on an asset or indicator that was assessed during the 2013 CX Needs Assessment.	**3**	**3**	**4**

Requirement	Tier 1	Tier 2	Tier 3
Primary Objectives: Minimum number of objectives required to be designated as *primary* objectives **Note**: Any objective designated as a *primary* objective requires the completion and submission of a Final Evaluation Report. Any *non-primary* objective requires the completion and submission of a Brief Evaluation Report. See Appendix 6, *Tell Your Story: Guidelines for Preparing a Complete, High Quality Evaluation Report* for instructions.	**1**	**1**	**2**
Priority Areas to be Addressed: Minimum number of objectives required to be included in the Plan from the following Priority Areas: • Limit tobacco promoting influences • Reduce exposure to secondhand smoke, tobacco smoke residue, tobacco waste, and other tobacco products • Reduce the availability of tobacco **Note**: The objectives have to be selected from different priority areas.	**2**	**2**	**3**
Policy/System Change Objectives: Minimum number of objectives required to focus on a Policy (legislative policy or voluntary policy) or Systems Change Outcome **Note**: The objective must be designated as a *policy adoption only* or *policy adoption and implementation* objective. For each policy-based objective or Systems Change objective, completion of the Midwest Academy Strategy Chart must be included as an activity in the SOW.	**1**	**1**	**2**
Asset Objectives: The minimum number of objectives to be based on any Asset. **Note**: The Asset selected is the LLA's choice.	**1**	**1**	**1**

Requirement	Tier 1	Tier 2	Tier 3
***Healthy Stores for a Healthy Community* Campaign Objectives**: Minimum number of objectives required to focus on the retail environment. **Note**: An LLA may only include an objective focusing on Indicator 1.2.8 Healthy Community Incentive in communities where a local tobacco retail license ordinance has previously been adopted and implemented. Objectives that use voluntary policy approaches in the retail environment cannot be considered as fulfilling the requirements for the *Healthy Stores for a Healthy Community* Campaign-related objective. See Appendix 7, 2014-2017 *Healthy Stores for a Healthy Community Campaign Indicators* for a list of indicators relevant to the *Healthy Stores for a Healthy Community* campaign.	**1**	**1**	**1**
***Healthy Stores for a Healthy Community* Campaign Evaluation Activities** LLAs are to include the following evaluation activities in FY 2015-2016: • Conduct retail data collection training • Conduct retail observation surveys per the random selection provided by CTCP • Media activity record • Conduct key informant interviews per the sample size provided by CTCP • Conduct public intercept surveys per the sample size provided by CTCP See Appendix 8, *Required Healthy Stores for a Healthy Community Campaign Activities* for further details.	**X**	**X**	**X**
Coalition Functioning: The LLA demonstrates the existence of a fully functioning adult coalition with by-laws or operational procedures.	**X**	**X**	**X**

Requirement	Tier 1	Tier 2	Tier 3
Coalition Membership: The structure of the coalition demonstrates diverse cultural and racial/ethnic community representation and involvement of local community organizations with expertise in working with/representing priority populations.	X	X	X
Collaboration: Participate in the Capitol Information and Education Days (I&E days) and other CTCP-sponsored events.	X	X	X
Direct Cessation Services: The maximum amount of the overall budget that may be allocated to the provision of direct cessation services is 10 percent.	X	X	X
Local Program Evaluator: Demonstrate that the individual designated as the Local Program Evaluator has completed: 1) at least one course in study design or one year of experience determining the study design for an evaluation; 2) one course in evaluation or one year of experience planning and implementing an evaluation; and 3) two courses in statistics or one year of experience analyzing data for an evaluation.	X	X	X
Evaluation: The Project Director or Coordinator must direct a minimum of 10 percent of a full-time position to overseeing evaluation activities and the minimum amount of percent deliverables that are required to be directed towards the Evaluation Plan is 10 percent.	X	X	X
Budget: The budget and budget justification must be prepared in accordance with the instructions provided in Appendix 9, *Budget Justification Instructions.*	X	X	X
Administrative and Policy Manuals: SOW activities and administration of the project must be performed consisted with the *Policy Manual for Local Lead*	X	X	X

Requirement	Tier 1	Tier 2	Tier 3
Agencies and Competitive Grantees and the *Local Lead Administrative Manual*. See Appendix 2, *Administrative and Policy Manual for Local Lead Agencies and Competitive Grantees.*			
Supplanting: These funds may not be used to duplicate or supplant existing tobacco use prevention or cessation efforts funded by other local, state, federal, or private funding sources. Objectives and activities included in the SOW must clearly be distinguishable from other tobacco control efforts funded in the jurisdiction, (e.g., Community Transformation, Tobacco Use Prevention Education).	**X**	**X**	**X**

A. Instructions For Completing The Plan

Plans shall be submitted through OTIS. OTIS is a secure, password-protected, uniform knowledge management system. OTIS is used to submit Plans, review and score Plans, negotiate the SOW and budget, and submit and approve progress and cost reports. The system is accessible 24 hours a day, 7 days a week and provides access to several reports and a communication system.

Instructions for completing each component of the Plan are available in the OTIS online tutorial. The tutorial explains how to use the system and instructions for completing each of the application components listed below.

B. Complete The Contact Information*

1. My Agency*

2. Application Contacts*

C. Background Information

1. Media Profile*: Identify the major media markets using the OTIS online instructions.

2. Coalition Functioning: Complete each section of this form according to the OTIS online instructions

3. Coalition Membership: Complete each section of this form according to the OTIS online instructions

4. Communities of Excellence Assessment: Complete this section according to the Communities of Excellence in Tobacco Control Needs Assessment Guide

   a. Social Disparities Capacity Assessment

   b. Indicator Assessment

   c. Asset Assessment

5. Demographic and Tobacco-Related Disease Profile*: Complete this section according to the OTIS online instructions.

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* Refers to items that are required to be completed and submitted, but are not used to score the Plan.

D. EVALUATOR INFORMATION

1. Select the Plan Evaluator. See the OTIS online Creating Your Application/Plan tutorial, found in the Training Courses Section under the Help tab.

2. After the Plan Evaluator is selected, this individual must complete and submit the "Certification of the Evaluator's Role in Preparing the SOW." See the OTIS online; *Creating Your Application/Plan* tutorial, found in the OTIS Training Courses Section under the Help tab.

E. SCOPE OF WORK

1. Complete the following items pursuant to the OTIS online *Creating Your Application/Plan* tutorial, found in the Training Courses Section under the Help tab:

    a. Project Objective

    b. Identify if this is a "Primary Objective."

    c. Identify the Priority Area and Indicators/Assets associated with the objective

    d. Identification of Target Audiences

    e. Identify the Evaluation Design for the objective.

    f. Identify Summary Intervention Topics appearing in the SOW

    g. In a brief narrative format, describe the series of activities to be implemented to achieve the objective. Each activity is to briefly describe and quantify what will be done, how much will be done, and who will be involved. For each activity the following information is to be provided:

        1. Copyright*

        2. Assignment of a Percent Deliverable*

        3. Assignment of Start/End Dates

        4. Assignment of Responsible Parties

        5. Assignment of Tracking Measures to document completion of activities

2. Designate one objective as the primary objective. A primary objective is one that will receive an in-depth evaluation that addresses elements such as the project background, activities conducted to achieve the objective, intervention target(s), evaluation methods, findings, conclusion and recommendations.

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* Refers to items that are required to be completed and submitted, but are not used to score the Plan.

3. For each policy objective, include: 1) an activity to conduct a strategic planning session utilizing the Midwest Academy Strategy Chart; and 2) an activity to disseminate any final policies adopted by a county, city, tribe, or official board (e.g., fair board, school board, transit board) to CTCP's Strategic Planning and Policy Unit. A strategic policy planning session for all policy objectives must be conducted during the first three (3) months of the SOW.

4. The SOW must reflect coordination/collaboration with other local or statewide tobacco control partners such as Local Lead Agencies (LLAs), the California Smokers' Helpline, the Center for Tobacco Cessation, the Center for Tobacco Policy and Organizing (Center), ChangeLab Solutions, California Youth Advocacy Network, the Tobacco Control Evaluation Center, and the Capacity Building Network.

F. EVALUATION PLAN

1. Prepare the evaluation plan by completing the evaluation data collection forms as appropriate to each objective and as described in the OTIS online *Creating Your Application/Plan* tutorial, found in the Training Courses Section under the Help tab. The evaluation plan may include the following types of evaluation activities: Focus Groups, Key Informant Interviews, Public Opinion Polls/Intercept Surveys, Education/Participant Surveys, Policy Records, Media Activity Records, Evaluation-Related Training, Youth Tobacco Purchase Survey, Outcome Data Collection, and Other Evaluation Activities.

2. For each evaluation activity complete the following information:

   a. Copyright*

   b. Assignment of a Percent Deliverable*

   c. Assignment of Start/End Dates

   d. Assignment of Responsible Parties

   e. Assignment of Tracking Measures to document completion of activities

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* Refers to items that are required to be completed and submitted, but are not used to score the Plan.

3. Complete the Evaluation Reporting Section as described in the OTIS online *Creating Your Application/Plan* tutorial, found in the Training Courses Section under the Help tab. Describe how the evaluation data will be analyzed and disseminated, designate the progress report periods in which Interim and Final/Brief Evaluation Reports will be submitted to CTCP, assign a percent deliverable for report documents, and describe any limitations or challenges anticipated with completing the evaluation. Similar to the other activities, complete Tracking Measures and Responsible Parties.

G. NARRATIVE SUMMARY

1. Complete the Narrative Summary as described in the OTIS online *Creating Your Application/Plan* tutorial, found in the Training Courses Section under the Help tab.

2. Community Assessment Analysis: Describe any available data, needs assessment findings, and conclusions that justify and support the proposed objectives and activities.

3. Major Intervention Activities: In narrative form, describe the intervention activities to be implemented and that are outlined in the SOW.

4. Theory of Change: Describe the basic assumptions (or theory of change) that explain why the proposed activities are the best approach to achieve the objectives. Refer to Appendix 10, *Theory at a Glance: A Guide for Health Promotion Practice*, National Cancer Institute (2005).

5. Evaluation Summary: In narrative form, describe how the project will be evaluated including a brief summary of the evaluation design, evaluation activities, and the rationale for the evaluation plan.

H. BUDGET AND BUDGET JUSTIFICATION

1. Develop a three-year budget that identifies the cost associated with the implementation of the SOW.

    a. Adhere to the requirements and criteria provided in this section and the budget instructions provided in: Appendix 9*, Budget Justification Instructions,* and the OTIS web based training (see Appendix 11, *Instructions for Accessing the OTIS Training Course*).

    b. Ensure the total dollar amount, for each FY, does not exceed the amount identified in the Appendix 1*, LLA Allocation Table*.

    c. Utilize the eight budget categories provided in the OTIS budget justification index (*See* Appendix 9, *Budget Justification Instructions* for guidance).

    d. Verify that each activity in the SOW (that results in an expenditure of funds) is reflected in the budget.

2. Develop a budget justification that clearly describes how the costs identified for each FY were determined.

    a. Provide easy to follow formulas to substantiate how costs were calculated.

    b. Provide an explanation when zero funds or insufficient funds are budgeted for a standard cost (i.e., in-kind personnel or rent).

    c. Provide an explanation when costs vary per FY.

3. For the 36-month period, LLAs are required to budget for these line item categories in addition to those required in Appendix 9, *Budget Justification Instructions*.

    a. Personnel Costs

        1. Within the duties, identify the lead staff person responsible for overseeing and coordinating evaluation activities. Indicate a ten percent full-time equivalent minimum effort (equal to 4 hours oversight per week).

    b. Fringe Benefits

        1. Refer to Section 20 of Exhibit D(S): Special Terms and Conditions in the Allocation Agreement section of the TCFOR webpage which provides guidance for allowable expenses in Fringe Benefits. See Appendix 12, *CTCP TCFOR User Instructions* additional TCFOR information.

    c. Travel, Per Diem and Training.

        1. Under the Required CTCP travel/training section, budget $1,250 to $1,350 for each Project Directors' Meeting, and budget according to geographical proximity for other required travel. Assume all CTCP required trainings will take place in Sacramento.

        2. Project Directors' Meetings are currently scheduled for FY 2015-16 (Fall) and FY 2016-17 (Spring).

        3. Capitol Information & Education Days are currently scheduled for FY 2014-15 (Spring), FY 2015-16 (Spring) and FY 2016-17 (Spring).

        4. A Healthy Stores for a Healthy Community Data Collection Training is currently scheduled for FY 2015-16 (Spring)

        5. CX Needs Assessment training is currently scheduled for FY 2016-17 (Fall).

        6. Optional CTCP Travel:

a. Youth Quest FY 2014-15 (Spring), FY 2015-16 (Spring), FY 2016-17 (Spring).
b. National Conference on Tobacco or Health (Future dates unavailable). National Spit Tobacco Conference (Future dates unavailable). Note: Out of State Travel to national conferences requires CTCP prior approval based on justification; such as: conference presenter, panel member, or accepted poster.

d. Indirect Expenses

1. Indirect Expenses must not exceed a maximum of 25 percent of the Total Personnel Services (Personnel Costs plus Fringe Benefits) or 15 percent of Total Allowable Direct Costs. **Note**: CDPH is finalizing negotiated changes in the indirect cost rate methodology. This change will apply to all local health departments. An indirect cost rate of either a maximum of 25 percent of Total Personnel Services or a maximum of 15 percent of Total Allowable Direct Costs will be allowed. A single local health department rate will be approved for all CDPH funded programs. An addendum to these budget justification instructions will be issued by CDPH prior to LLA Allocation Agreement approval. State Contracting Manual 3.06 restrictions on subcontract administrative overhead fees will apply – if selecting Total Allowable Direct Costs as the ICR basis, only the first $25,000 for each subcontract may be included in the calculation of Total Allowable Direct Costs.

Additional Budget Justification information may be obtained in the following Appendices:

Appendix 13, *CTCP PL 12-01 ACM and BMM Guidelines*
Appendix 14, *CTCP PL 12-02 Guidelines for Purchasing Handheld Devices*
Appendix 15, *CTCP PL 12-03 Allowed Policy Activities*
Appendix 16, *Computer Software Minimum Specifications*
Appendix 17, *Comparable State Civil Service Classifications*

I. ADDITIONAL DOCUMENTS

The purpose of the Additional Documents is to provide CTCP with supplemental information regarding your agency. Your information concerning agency administrative/collaborative activities, additional tobacco control funds, non-acceptance of Tobacco Company funding, indirect cost recovery and conflict of interest compliance will substantiate CTCP agreement requirements.

1. Additional Tobacco Control Funding (online form)*

2. Proof of Non-Profit Status (uploaded documentation by applicant, only applicable to non-governmental non-profit agencies)*

3. Certification of Non-Acceptance of Tobacco Company Funding (uploaded form, only applicable to non-governmental non-profit agencies)*

4. Administrative/Collaborative Activities (online form)

5. Conflict of Interest Compliance Certification (online form)*

6. Explanation of Indirect Expenses (online form)

7. OMB A-87 Cost Allocation Plan or Comparable Document (uploaded documentation by agency)

II. EVALUATION PROCESS AND CRITERIA

A. ABOUT THIS SECTION

This section explains how the Plans will be evaluated. It describes the evaluation stages and the scoring of all Plans. Each Plan will be evaluated and scored based on responses to the information requested in these Guidelines. By submitting a Plan, the Agency agrees that the CDPH/CTCP is authorized to verify any and all information. Plans received by CTCP are subject to the provisions of the “California Public Records Act” (Government Code, Section 6250 et seq.) and are not considered confidential upon completion of the selection process.

* Refers to items that are required to be completed and submitted, but are not used to score the Plan.

B. Plan Review Process

Stage One: Administrative and Completeness Screening

CDPH/CTCP will review Plans for on time submission and compliance with administrative requirements and completeness. The OTIS electronic time stamp will be used to verify on-time submission. Projects that submit a late or incomplete Plan will be considered non-compliant and funds may be withheld.

Stage Two: Plan Review (100 points)

Each Plan passing Stage One will be evaluated and scored according to the selection criteria by a review committee on a scale of 0 to 100 points. The review committee may include representatives of CDPH, voluntary health organizations, government organizations, public and private non-profit organizations, and state colleges and universities. Plans with a score of 75 or more will receive a notation of "Pass" in OTIS. Plans with a score of less than 75 points will receive a notation of "Fail" in OTIS. Regardless of Pass/Fail designation, each LLA Plan will be negotiated to achieve an acceptable plan that meets all Guideline requirements.

Stage 3: Notification of Decision

CTCP will provide each LLA, a written copy of their consensus review tool summary page which provides the score and overall strengths and weaknesses of their Plan.

Stage 4: Plan Negotiation

Following the award notification, Plan negotiations will be scheduled. This may consist of online, telephone, or face-to-face meetings.

C. PLAN SCORING

The following Plan components will be scored. The maximum point value for each section of the Plan is as follows:

PLAN COMPONENT	TOTAL POINT VALUE
Coalition Information • Coalition Functioning • Coalition Membership	10
Communities of Excellence Needs Assessment	15

Scope of Work
• Intervention Plan
  ○ Objective(s)
  ○ Identification of Priority Area and Indicators/Assets
  ○ Target Audiences
  ○ Identification of Summary Intervention Topics
  ○ Activities
  ○ Start/End Dates
  ○ Tracking Measures
  ○ Responsible Parties
  ○ Copyright*
  ○ Percent Deliverables*
	23

• Evaluation Plan
  ○ Evaluation design
  ○ Evaluation activities which describe the sampling strategy, sample size, data collection methods, target audiences, data analysis, and dissemination of findings.
  ○ Evaluation reporting
  ○ Dissemination of findings
  ○ Start/End Dates
  ○ Tracking Measures
  ○ Responsible Parties
  ○ Copyright*
  ○ Percent Deliverables*
  ○ Plan Evaluator Profile and Selection
  ○ Plan Evaluator Certification
	17

Narrative Summary • Community Assessment Analysis • Major Intervention Activities • Theory of Change • Evaluation Summary Narrative	10

* Refers to items that are required to be completed and submitted, but are not used to score the Plan.

PLAN COMPONENT	TOTAL POINT VALUE
Budget and Budget Justification • Budget consisting of the following eight categories: 1. Personnel Costs 2. Fringe Benefits 3. Operating Expenses 4. Equipment Expenses 5. Travel/Per Diem and Training Costs 6. Subcontracts and Consultant Costs 7. Other Costs 8. Indirect Costs – See **Note** on page 17 • Budget Justification clearly describes how the costs associated with the implementation of the SOW were determined for each FY.	25
Total for all components	**100**

D. SCORING CRITERIA

This section provides the criteria and the associated point value which will used to evaluate and score plans.

COALITION FUNCTION AND MEMBERSHIP – 10 POINTS

Criterion	Point Value
The LLA demonstrates the existence of a fully functioning adult coalition with by-laws or operational procedures including: • An organizational structure • A mission statement • Roles and responsibilities of coalition members and the designated coalition chair who is not a LLA or department employee • Evidence of regular meetings (either in-person or via teleconference or web-conference) • Coalition appointment, membership length, and meeting frequency • A formal process for recruiting and orientating new coalition members • The provision of periodic training to coalition members • System for routine and rapid communication • An assessment of the coalition's satisfaction with operations and activities was completed within the last 18 months.	5

Criterion	Point Value
• The LLA staff provide logistical and budget support to facilitate the work of the coalition	
The coalition's membership demonstrates: • Diverse community representation which extends beyond traditional health, education, and social service organizations • Cultural, racial/ethnic diversity in proportion to the overall population in the geographic area served • 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	5
Total	**10**

CX NEEDS ASSESSMENT – 15 POINTS

Criterion	Point Value
Demonstrates the use of quantitative and qualitative data to support assessment findings and provides **sufficient** comments to justify and support the ratings	7
The Social disparities Capacity Assessment and narrative describe the LLA's strengths and weaknesses that can be leveraged or improved through the addition of scope of work activities that reach out to engage priority population groups in an effective and culturally relevant manner	5
Demonstrates that coalition members were involved in the CX process	3
Total	**15**

SOW: OBJECTIVES AND INTERVENTION PLAN – 23 POINTS

Criterion	Point Value
The SOW is consistent with the Minimum Requirements identified in **Table 3** for the relevant Tier. The Objectives in the SOW clearly define 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.	5
The Application provides a well-organized, detailed and comprehensive SOW accurately describing target audiences and intervention topics, how much work will be done, where activities will occur, who are the parties responsible for activities (e.g., staff, subcontractors, consultants and volunteers); includes appropriate deliverables for each activity and tracking measures are submitted accordingly; includes	7

Criterion	Point Value
appropriate start/end dates for each activity and the activities progress in a sequential, chronologically appropriate order; and the proposed activities are sufficient (quantity and magnitude-wise) for the objective to be achieved.	
The Intervention Activity Plan demonstrates an understanding of the role community norms have in influencing tobacco-use related behaviors and it uses a coordinated and integrated approach with a variety of activities to accomplish the objective.	7
The Intervention Activity Plan demonstrates coordination and collaboration with CTCP statewide training and technical assistance agencies, statewide advocacy campaigns, and promotion of statewide 800 numbers (e.g., California Smokers' Helpline, Stop Tobacco Access to Kids Enforcement Act), where appropriate.	4
Total	**23**

SOW: EVALUATION PLAN, EVALUATOR INFORMATION: EVALUATOR QUALIFICATIONS/ EVALUATOR CERTIFICATION – 17 POINTS

Criterion	Point Value
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, data collection methods, data analysis, dissemination of findings; includes appropriate tracking measures; assigns appropriate timelines, copyrights, program deliverable percentages, responsible parties, and tracking measures to verify completion of activities and start/end dates.	8
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.	4
A Final Evaluation Report is included for each primary objective and a Brief Evaluation Report is included for each non-primary objective.	3
The quality of the objectives and evaluation plans indicates a qualified LPE provided at least four hours of consultation on the development of the SOW.	2
Total	**17**

NARRATIVE SUMMARY – 10 POINTS

Criterion	Point Value
The Community Assessment Analysis: Provides a community needs assessment which justifies the indicators and/or assets selected and the objectives included in the Intervention Plan: ○ Incorporates and synthesizes findings from the 2013 CX Needs Assessment. ○ For the *Healthy Stores for a Healthy Community* campaign objective, the CX Needs Assessment incorporates findings from activities performed under the *Healthy Stores for a Healthy Community* Objective in the 2013-2017 Phase I work-plan.	4
The Major Intervention Categories analysis demonstrates that the objectives and activities are appropriate to the specific community(ies) and that high priority sub-communities or populations needs are addressed based on need.	2
The Theory of Change provides a reasonable rationale explaining why the proposed activities are the best approach to achieving the objectives.	2
The Evaluation Summary describes provides a reasonable, realistic, and appropriate evaluation plan for each objective.	2
Total	**10**

BUDGET AND BUDGET JUSTIFICATION - 25 POINTS

Criterion	Point Value
The proposed budget is balanced between personnel and program expenses to support the implementation of the proposed SOW and adheres to the instructions provided in: Appendix 9, *Budget Justification Instructions,* OTIS web based training	5
The proposed budget justification clearly describes how the costs associated with the implementation of the proposed SOW were determined. The narrative reflects: • Easy to follow formulas to substantiate how the costs were calculated (monthly/unit rates are provided). • Accurate calculations and detailed descriptions/explanations for each of the eight line items and the corresponding sub-line items identified in the OTIS Budget Justification.	6
The proposed salary/wages/rates for in-house personnel, subcontracted personnel, and consultants are budgeted	3

according to formal education, professional experience, level of responsibility, and/or percentage of time in relationship to the overall budget. Salaries that appear “high” are substantiated with a detailed justification.	
The proposed subcontract personnel and consultant costs are reasonable, directly support the proposed SOW, and are consistent with the needs of the project and level of responsibility.	3
Travel and Per Diem costs are reasonable and necessary based on the proposed SOW. All required trainings are budgeted as instructed and clearly justified based on local health jurisdiction’s proximity to the event.	4
Operating Expenses, Equipment Expenses, Other Costs, Fringe Benefits, and Indirect Expenses are reasonable, necessary, and support the quantity and quality of activities to be performed in the proposed SOW. The narrative includes: detailed description of the expense, justification for the need, and easy to follow formulas to substantiate how the costs were calculated.	4
Total	**25**