Utah Department of Health

Tobacco Prevention and Control Program

Utah Tobacco Disparity Networks

Request for Proposals for Grant Funding

Funding Period: January 1, 2016 to June 30, 2020

Released September 2015
# TABLE OF CONTENTS

**SECTION I. OVERVIEW** ............................................................................................................. 3

**SECTION II. SCOPE OF WORK** ................................................................................................. 8

**SECTION III. PROPOSAL REQUIREMENTS** ............................................................................... 10

**SECTION IV. ADMINISTRATIVE REQUIREMENTS** ..................................................................... 14

**SECTION V. PROPOSAL EVALUATION** ...................................................................................... 15

**SECTION VI. SOLICITATION PROCEDURES** ............................................................................ 18

**SECTION VII. GRANT PROCEDURES** ....................................................................................... 19

**ATTACHMENTS**
A. WEB RESOURCES
B. TPCP STRATEGIC PLAN (ABBREVIATED)
C. COVER PAGE
D. TABLE OF CONTENTS
E. BUDGET WORKSHEET
F. BUDGET JUSTIFICATION
G. YOUTH INVOLVEMENT WORKSHEET
H. GRANTEE ASSURANCES
I. UTAH CODE 63-97-401
J. ACTION PLAN TEMPLATE
SECTION I. OVERVIEW

The Utah Department of Health and the Utah Tobacco Prevention and Control Program wishes to continue to reduce tobacco-related disparities by seeking applications to fund up to six Tobacco Prevention and Control Disparity Networks for five years.

A. Background Information

The mission of the Utah Tobacco Prevention and Control Program (TPCP) is to provide technical expertise, support and coordination at state and community levels to prevent and reduce tobacco use among all population groups in the state of Utah.

The TPCP adopts the four primary goals of the Centers for Disease Control and Prevention (CDC) Office of Smoking and Health (OSH), which are:

1. Prevent the initiation of tobacco use among youth
2. Promote quitting among adults and youth
3. Eliminate exposure to secondhand smoke
4. Identify and eliminate tobacco-related disparities among population groups

Utah’s smoking rate has seen significant declines in recent years. In fact, Utah is the first state in the nation to meet the Healthy People 2020 goal of decreasing adult smoking to less than 12%. In 2014, our adult and youth tobacco use rates remain the lowest in the nation. Despite significant declines, tobacco use remains a public health challenge in Utah. Approximately 190,000 Utahans use tobacco and an estimated one-third of those tobacco users will die from tobacco-related diseases (cancer.org). The prevalence of tobacco use varies significantly among different population groups and work remains to ensure that all population groups reach this goal. Socio-demographic characteristics such as race, ethnicity, geographic location, income and education level, gender, and sexual orientation correlate with persistent health disparities. Among racial and ethnic groups, cigarette smoking prevalence is highest in American Indian and African American communities. Smoking rates among members of Utah’s LGBTQ community and among Medicaid clients are significantly higher than the state average of 9.5% (BRFSS 2014). In this RFP “disparities” refers to the gaps that exist between specific populations in terms of tobacco use, including e-cigarette use, tobacco industry marketing, health effects and access to culturally and linguistically appropriate cessation services. In a state with low smoking rates, identifying those at increased risk and eliminating disparities is critical.

In 2002, the TPCP convened a diverse group of community representatives to strategically plan how to better address the CDC’s fourth goal area. This group developed Working Together to Bridge the Gap: A Strategic Plan to Identify and Eliminate Tobacco-Related Disparities in Utah, (the Strategic Plan). The Strategic Plan outlines goals and strategies to help the TPCP and its partners better identify and eliminate tobacco-related disparities. The Strategic Plan provides the framework for this RFP and can be viewed at www.tobaccofreeutah.org/strategicplan.pdf.

Utah’s Ethnic Networks for Tobacco Prevention and Health were created in 2004 in response to goals and objectives outlined in the Strategic Plan. Based on population size, prevalence and risk rates, and other criteria, the African American, Pacific Islander, Native American and Hispanic/Latino populations were chosen to represent Utah’s Ethnic Networks.
In 2010, the TPCP announced that the former Ethnic Network structure would be replaced by the Tobacco Control Disparity Networks, adding a fifth network to serve LGBTQ communities.

Since 2010, the Ethnic Networks and Disparity Networks have expanded tobacco prevention and control efforts by mobilizing communities and extending impact and outreach to their populations. Over the past 10 years, the Ethnic and Disparity Networks have enhanced the utilization, innovation and cultural and linguistic competency of TPCP programs, resources and services. The Networks have improved participation in tobacco prevention efforts by underserved populations.

Many of the goals and strategies identified in the Strategic Plan have evolved and new priorities have emerged. In this RFP for FY2016-2020, TPCP aims to continue funding up to six Community-Based Organizations (CBOs), building on the work that the previous Disparity Networks accomplished in FY2011-2015.

### Percent of Utah Adults Who Smoke Cigarettes by Race/Ethnicity 2013-2014 (Combined Data, Age-adjusted)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Current Smokers</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>18.6%</td>
</tr>
<tr>
<td>American Indian</td>
<td>18.2%</td>
</tr>
<tr>
<td>Asian</td>
<td>6.5%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>10.1%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>9.1%</td>
</tr>
<tr>
<td>White</td>
<td>9.8%</td>
</tr>
</tbody>
</table>

### Percent of Utah Adults Who Smoke Cigarettes by Sexual Orientation 2013-2014 (Combined Data, Age-adjusted)

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Current Smokers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay/Lesbian/Bisexual</td>
<td>15.0%</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>9.5%</td>
</tr>
</tbody>
</table>
B. Purpose of the Request for Proposals

This RFP seeks agencies that have the capacity to expand tobacco prevention and control efforts to disparately affected population groups.

Up to six grants will be awarded to six different applicants. Organizations that represent communities that are disproportionately targeted by the tobacco industry and/or have high tobacco use rates and/or are at high risk of tobacco use are eligible to apply for this grant. The grants will be awarded to organizations that represent the following communities:

- African American/Black,
- American Indian/Alaska Native,
- Hispanic/Latino,
- LGBTQ,
- Pacific Islander,
- Other:

  The sixth grant is open to any organization that can show evidence that the community they serve is disparately affected by tobacco. Examples of eligible organizations are those whose mission is to serve any racial/ethnic, refugee, rural, low income, low education, or mentally/physically disabled communities.

Priority will be given to grassroots community-based organizations that can demonstrate capacity to mobilize, organize, and reach communities statewide.

One grant per disparate population group will be awarded on a competitive basis. A target population and the need for tobacco control and prevention efforts in that population must be clearly identified. Applicants will be competing with other applicants addressing the same population group, except for the sixth unspecified grant where applicants propose to work with a population other than African American/Black, Native American, Hispanic/Latino, Pacific Islander or LGBTQ communities. Those applicants will compete with all others.

Applicants may apply jointly with other agencies; however, the roles of each of the participating agencies must be clearly identified. If an agency is seeking funding to address more than one population, it must submit a separate application for each population group.

C. Availability of Funds

Applicants may apply for funding between $45,000 and $50,000 per year. Organizations applying for the Hispanic/Latino population may apply for funding between $75,000 and $90,000 per year. The amount of funding awarded will vary based on the strength of the application, population size, demonstrated risk, tobacco use rate and need for services. Budgets will also be compared across applicants and higher scores will be given to applicants that can justify meeting grant requirements using a smaller budget. TPCP may negotiate budgets. All funding is based on TPCP available funding.

D. Eligible Applicants

Organizations that meet the following criteria are eligible to apply for this RFP:

1. Maintain a commercial tobacco-free workplace as evidenced by current organizational policies;
2. Not currently accepting revenues from the tobacco industry;
3. Non-profit Community Based Organizations (CBOs) serving communities in Utah;
4. Able to demonstrate success carrying out services similar to those identified in this RFP;
5. Able to demonstrate broad ties throughout Utah and have the ability to engage the community to achieve Network goals (See Action Plan pg. 12);
6. Able to provide services outlined in the scope of work according to the timeline outlined in this RFP;
7. Demonstrate a long-term commitment to achieving positive wellness and/or social well-being outcomes for the population identified in the application; and
8. Demonstrate meaningful community participation in past or current organizational activities.

Hispanic/Latino population applicants:

In addition to the eligibility criteria above, applicants submitting applications to work with the Hispanic/Latino population will share one award and must also meet the following qualifications:

1. Two to three CBOs must apply as co-applicants with the common goal of working together to achieve work plan goals and objectives;
2. The award must be shared between the co-applicants with one identified lead agency;
3. Demonstrate how work plan activities will be divided among all CBOs;
4. Provide transparent breakdown of budget expenses and how much each organization will receive for completion of goals and activities;
5. Demonstrate that CBOs are physically located in two to three geographic regions of Utah to reach the greatest amount of Hispanics/Latinos living in Utah; and
6. Demonstrate how each organization will be strategically assigned to a geographic region where high percentages of Hispanics/Latinos live in Utah.

E. Scope of Project

The scope of this project is to expand tobacco prevention and cessation efforts and eliminate secondhand smoke exposure among disparately affected populations.

The overall purpose of the Grantee is to mobilize communities so that tobacco prevention and cessation reaches all Utahans. Awarded agencies will be responsible for establishing/enhancing a Disparity Network, conducting a needs assessment and participating in education, advocacy, and tobacco-free policy efforts that benefit disparately affected populations.

Over the five year grant period, each Grantee will also implement a method for distributing tobacco-related information to their community and provide support and technical assistance to the TPCP and TPCP partners on tobacco-related issues unique to their population. The Grantees will also provide the TPCP with feedback on activities and interventions to ensure cultural and linguistic appropriateness. Additionally, Grantees are encouraged to holistically address tobacco-related issues and demonstrate how tobacco increases risk for other health problems and chronic diseases affecting their community.
Additional details about the deliverables in this contract and other requirements are described in Section II. Scope of Work.

F. Administrative Guidance

This RFP contains basic information and the requirements that applicants must meet in order to be considered for funding. The information in this RFP is intended to help applicants write grant proposals and is not intended to limit content or ideas. Applicants are at liberty to expand upon the required specifications. Vague and general applications will be considered non-competitive and may result in disqualification.

1. To help applicants successfully complete their proposals, the TPCP will host a teleconference to address the RFP. Participation on the teleconference is strongly recommended. It is the applicant’s responsibility to contact Angelica Nash at anash@utah.gov or (801) 538-6533 to RSVP for the teleconference and arrange teleconference accommodations prior to the workshop.

2. Following the teleconference, applicants may submit questions regarding the RFP or funding process via email to Angélica Nash at anash@utah.gov by close of business Wednesday, October 13, 2015. All questions and answers will be available via email to all RFP recipients by close of business Friday, October 16, 2015.

3. Applicants should review Attachment A for useful community and national organization websites to utilize existing resources and to help complete their proposals.

G. RFP Timeline and Proposal Submission

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFP posting on TPCP website</td>
<td>September 29, 2015</td>
</tr>
<tr>
<td>RFP teleconference</td>
<td>October 7, 2015</td>
</tr>
<tr>
<td>Questions due</td>
<td>October 13, 2015</td>
</tr>
<tr>
<td>Responses posted</td>
<td>October 16, 2015</td>
</tr>
<tr>
<td><strong>Proposals due</strong></td>
<td><strong>October 26, 2015</strong></td>
</tr>
<tr>
<td>Oral presentations (if needed)</td>
<td>November 16 &amp; 17, 2015</td>
</tr>
<tr>
<td>Award notices</td>
<td>November 23, 2015</td>
</tr>
<tr>
<td>Contract start date</td>
<td>January 1, 2016</td>
</tr>
<tr>
<td>(Depending on the speed of contract negotiation and processing)</td>
<td></td>
</tr>
</tbody>
</table>

The original proposal and eight copies must be received prior to 5:00 p.m. on Oct 26, 2015.

Please mail to:
Angelica Nash
Utah Department of Health
Tobacco Prevention and Control Program
P.O. Box 142106
Salt Lake City, UT 84114-2106

Hand deliver or send by FedEx, etc. to:
Angelica Nash
Utah Department of Health – Cannon Building
288 N. 1460 W.
Salt Lake City, UT 84114
Late proposals will not be considered. Faxed or emailed copies will not be accepted.

SECTION II. SCOPE OF WORK

A. Services to be Provided

For the duration of the grant, the Grantee will provide all services, including but not limited to, the following:

a. Establish or enhance a comprehensive statewide Disparity Network involving the disparately affected population in order to expand the reach of tobacco prevention and control interventions to all Utahans (Year 1 of grant). The Network should engage members of the targeted community statewide and should reach the diversity of communities within the population specified by the proposals during the entire funding cycle;

b. Create a sustainability plan for the Network (Year 1 of grant);

c. Conduct a community needs assessment (Year 2 of grant);

d. Build and maintain relationships with a variety of agencies that represent and provide services to your specific population (Years 3-5 of grant);

e. Participate in and conduct community education, advocacy and tobacco-free policy activities (All years of grant);

f. Maintain a visible and sustainable Network by providing consultation between Grantees, TPCP, and TPCP partners. Maintain membership lists and a directory of tobacco prevention and control advocates (All years of grant);

g. Work with TPCP to ensure funded programs, activities, marketing materials and dissemination strategies are culturally and linguistically appropriate (All years of grant);

h. Work with Local Health Departments to identify and address specific tobacco-related disparity needs (All years of grant);

i. Educate state and local opinion leaders about the importance of eliminating tobacco-related disparities by strengthening tobacco policies (All years of grant);

j. Pursue media opportunities to promote accomplishments of the Network as well as available resources (All years of grant);

k. Under the guidance of the TPCP, submit an annual action plan that describes goals and activities to be completed for each funding year;

l. Present a budget that is linked to annual action plans;

m. Adhere to reporting requirements outlined in Section IV; and
n. Work with TPCP liaison and evaluators throughout the grant cycle and complete a five year evaluation at the end of the grant period. **All services and activities will be negotiated by the TPCP contract and monitored on a regular basis.**

### B. Strategic Planning

The following table describes the framework envisioned for the Grantee over the five year grant period.

<table>
<thead>
<tr>
<th>Year</th>
<th>Coalition Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td><strong>Coalition Building</strong></td>
</tr>
<tr>
<td>Year 2</td>
<td><strong>Community Needs Assessment and Planning</strong></td>
</tr>
<tr>
<td>Years 3-5</td>
<td><strong>Community Mobilization</strong> (Education, Advocacy, and Policy)**</td>
</tr>
</tbody>
</table>

#### Year 1
- Grantee will develop or enhance a comprehensive statewide Disparity Network to address tobacco in the targeted population.
- The statewide Disparity Network will serve as the backbone for the remaining four years of the funding cycle.
- The Disparity Network will develop a sustainable infrastructure including mission and vision statements, goals and objectives, bylaws and basic procedures, and member recruitment and maintenance strategies.
- Grantee will establish a working relationship with at least two LHDs and develop a strategy to support LHD outreach to the community.

#### Year 2
- Grantee will enlist Network members to develop and conduct a needs assessment to review existing data and collect tobacco-related information such as attitudes, knowledge, beliefs, risk, etc. in order to establish baseline data.
- Data gathered from the community needs assessment will provide the Network with evidence to support activities carried out in Years 3-5.
- Grantee will work with TPCP staff to develop an appropriate community needs assessment, plan dissemination strategies, and analyze collected data.
- Grantee will develop a three year strategic plan that will provide the framework for activities during Years 3-5.
- **Attachment B** includes an abbreviated list of TPCP’s five year strategic plan. Grantee should be innovative and plan according to needs and priorities identified in the community needs assessment, but should also be compatible with the TPCP’s goals and objectives.
- Grantee will establish a working relationship with at least two LHDs and develop a strategy to support LHD outreach to the community.

#### Years 3-5
- Grantee will focus on mobilizing communities by educating their communities and key opinion leaders on tobacco-related issues and priorities, advocating for tobacco prevention and cessation efforts, and passing and supporting tobacco-free policies that reduce exposure to secondhand smoke and increase opportunities for cessation and prevention within the specified populations.
• The Network and the community needs assessment will provide the framework for the activities carried out in Years 3-5.
• Grantee will establish a working relationship with at least two LHDs and develop a strategy to support LHD outreach to the community.
• At the end of Year 5, Networks will work with TPCP Evaluators to reassess baseline data and review Network progress and overall outcomes.
SECTION III. PROPOSAL REQUIREMENTS

A. Instructions

These instructions describe the format that proposals must follow to be considered complete and receive full evaluation.

- Use 8 ½” x 11” white paper only, typed, with 1” margins. Number each page of the proposal. Type font size is to be no less than 12 and Times New Roman is preferred. Lines are to be double-spaced.

- Submit the proposal and all required supporting information in one package. Folders and binders are not desired.

- The proposal should be assembled in the order listed below, beginning with the Cover Page as the top page of the proposal.

- One original and eight copies of the proposal must be submitted by the due date and time. Late proposals will not be accepted.

B. Items to Include in the Proposal

Submit all materials in the order listed below. Page limits and samples are included when relevant. Unless otherwise specified, no particular format is required. To request an electronic version of any attachment send an email request to Angelica Nash at anash@utah.gov.

1. Cover Page

   Use Attachment C.

2. Table of Contents

   The Table of Contents should follow the same headings and organization as specified in this RFP. Use Attachment D.

3. Executive Summary (1 page maximum)

   The purpose of the Executive Summary is to give reviewers a concise overview of the proposal.

   a. Briefly describe:
      i. Type of organization and the specific population served
      ii. The need for tobacco control in the specific population
      iii. Desire and ability to meet the requirements of this RFP
      iv. Key organizations that will be partners to the Network

4. Demonstration of Need for Funding (2 pages maximum)
The ability to demonstrate the population’s tobacco use and risk rates and need for services will determine award and funding amount.

a. Tobacco Use and Risk – Demonstrate the population’s tobacco use and risk rates. Local, state, national and/or quality anecdotal data can be used to help make the case. Sub-group data such as gender, age, or cultural specific data can also be used. Cite sources.

b. Need for Services – Explain the need for tobacco control in the community. What resources already exist? What resources do not exist? Why is it important to expand existing resources or fill in gaps with new resources to better serve the specific population?

c. Population Specifics – What is the size of the population? How dispersed is the population? What is the level of difficulty in mobilizing or gathering the population? Explain in terms of geography, language, and historical differences or conflicts.

5. Organizational Capacity (10 pages maximum)

This requirement demonstrates the general capacity of the applicant to manage and administer grant work and its experience in mobilizing communities.

a. Experience

i. Provide background information about your organization, including how its mission is complementary to that of the TPCP.

ii. Describe at least one and up to three specific experiences where your organization has mobilized a community for a particular cause.

iii. Describe your organization’s direct experience with the target population you have specified in your application.

iv. Describe what is unique about your organization that will lead to capacity building and sustainability of the Network.

v. Describe your organization’s ability to address the diversity within the population you specified in your proposal. For example, are there multiple communities within the specified population and how you will reach them?

vi. Describe your organization’s experience convening, facilitating, building and maintaining workgroups, coalitions, and networks.

vii. Describe your organization’s ability to remain abreast of health-related information and proven strategies.

viii. Describe how your Network will serve as a consultant to the TPCP to improve its programs for cultural and linguistic competency.

ix. Describe any challenges you foresee and how you will overcome them.

b. Business Information

i. If your organization is not located in the Salt Lake Valley, provide information on how you will be able to stay in close contact with the TPCP.

ii. Describe your fiscal and administrative ability to manage a state government contract or grant funds.

iii. Submit a copy of your organization’s smoke or tobacco free worksite policy or a letter of commitment from the organization’s president or executive
director to develop and implement one before the date of this award (not included in page limit).

c. Subcontractors

i. Describe the agencies, organizations and/or individuals with whom you are currently collaborating including, but not limited to: national, state, local, academic, governmental, non-governmental, non-profit, and private. Describe how your organization has formed these partnerships. Identify other organizations you will invite to join the Network and list why and how they will be a critical partner.

ii. Describe your plans to encourage TPCP partners and contractors to participate in the Network.

d. Organizational Chart

i. Include a copy of your organizational chart (not included in page limit). Outline staff positions and responsibilities of existing or anticipated staff that will be responsible for conducting the project.

ii. Describe how your organization will be able to accommodate changes if awarded the grant. (i.e. How will an employee already working at 100% be capable of working on these grant initiatives?)

6. Sustainability Plan (3 pages maximum)

a. Describe how you will establish a comprehensive Network using members from the target population and other invested individuals, including health and tobacco prevention and control advocates.

b. Describe how the Network will be able to fulfill the requirements of the grant as well as address the specific needs of the population.

c. Describe how the Network will be able to expand over time and adapt to shifting community needs and resources.

d. Describe how the Grantee will regularly evaluate its efforts and progress within the community.

e. Describe how the Grantee will work within the community’s culture and values and how it will incorporate the diversity within the targeted population.

7. Action Plan

Using Attachment K and the following guiding statements, propose an action plan with specific action steps that are SMART (specific, measureable, attainable, realistic, and timely). This action plan will be linked to your proposed budget. To ensure that proposed action steps are aligned with TPCP’s goals and objectives review Attachment B for an abbreviated list of TPCP’s strategic plan.

a. How you will establish or strengthen a comprehensive and sustainable community coalition that involves disparately affected populations and is focused on tobacco prevention and control for the specified population?

b. How you will build and maintain relationships with agencies that represent and provide services to your specific population?
c. How you will maintain a visible and sustainable Network by providing consultation between Grantees, TPCP, and TPCP partners?

d. How you will work with TPCP to ensure funded programs, activities, marketing materials and dissemination strategies are culturally and linguistically appropriate?

e. How you will work with at least two local health departments each year to identify and address specific tobacco-related disparity needs?

f. How you will pursue media opportunities to promote accomplishments of the Network as well as available resources to your specific population?

g. How you will work with and educate local and state opinion leaders about eliminating tobacco-related disparities?

All services and activities will be negotiated by the TPCP contract liaison on a regular basis.

8. Budget and Budget Justification

Provide a line item budget and detailed justification for the remainder of fiscal year 2016 and fiscal year 2017. The budget should be consistent with proposed activities. Use Attachment E and Attachment F for guidance in completing both the line item budget and justification. Applicants who demonstrate an ability to meet grant requirements at a low cost will receive a higher score, though low cost is not the highest priority.

9. Youth Involvement Worksheet

All agencies proposing to involve youth in program activities must complete Attachment G - Youth Involvement Worksheet.

10. Grantee Assurances and Utah Code

Complete and submit Attachment H - Grantee Assurances and Attachment I - Utah Code.

11. References

Include names, addresses and phone numbers of three agencies or clients who could be contacted and would be able to describe your organization’s ability to reach the specified population and meet the demands of this grant.

12. Memorandum of Understanding (MOU)

Applicants are required to include 3-5 MOUs from existing or future partners. MOUs should explain how the partner agency is committed to working with the applicant and should include time, resources, experience, etc., that the partner is willing to commit. MOUs should also indicate how the partner agency views the applicant’s capability of meeting the RFP requirements.

13. Attachments

Include attachments with your proposal as necessary.
SECTION IV: ADMINISTRATIVE REQUIREMENTS

A. Reports

1. Monthly Invoices
   Grantees will be required to submit monthly itemized invoices to Angelica Nash at anash@utah.gov. All billings and fees are subject to approval and audit by the State.

2. Monthly Progress Reports
   Grantees will be required to submit monthly progress reports via email to anash@utah.gov by the 10th of each month. Progress will be reviewed and payment will be issued based upon progress toward completing activities proposed in the action plan.

3. End of the Year Report
   Grantees will be required to submit an End of the Year Report that describes successes in reaching activities outlined in the action plan or barriers for not reaching activities.

B. Training Requirements

Grantees will be required to attend a minimum of four trainings each year sponsored by the TPCP during the contract period.

C. Meeting Requirements

Grantees will be required to participate in meetings with the TPCP and other funded Networks in person or via conference call. A meeting schedule will be agreed upon by each of the funded Networks and the TPCP. Grantees will be required to participate in quarterly meetings with the other funded Networks. Grantees may also be recruited to be involved in TPCP committees and workgroups.

D. Site Visits

Grantees will be required to participate in a minimum of two site visits annually. Site visits provide an opportunity for the TPCP to review grant requirements, provide progress report feedback, participate in Grantee meetings and attend community events. Site visits provide the TPCP an opportunity to get an accurate picture of Grant activities.

E. Term of Grant and Grantee Requirements

The projected start date for the contract is December 1, 2015. The grant will extend from December 1, 2015 to June 30, 2020. The contract may be extended, at the discretion of the UDOH, for up to four additional years. Grant extension depends upon satisfactory performance and availability of funding and priorities set through TPCP’s strategic planning process. The UDOH has the authority to terminate the contract at any time during the contractual period. At the termination of the grant, agencies representing the Tobacco Networks will transfer all Tobacco Network records to the TPCP.
SECTION V. PROPOSAL EVALUATION

The Tobacco Prevention and Control Program (TPCP) will conduct a comprehensive, fair, and impartial evaluation. A Proposal Evaluation Committee of approximately seven people selected by the TPCP will evaluate applications. The Evaluation Committee may include persons not employed by the UDOH, including experts in the field of tobacco use reduction and members of racial/ethnic communities or other relevant groups. The Evaluation Committee will evaluate the proposals and rank them according to the scoring system described below.

Emphases will be placed on the following three criteria:
1. Strength of application
2. Ability to organize and mobilize communities
3. Demonstrated need for tobacco prevention and control among the specified population

The Department reserves the right to contact and evaluate information from any known reference that may have pertinent information concerning the bidder’s ability to perform these activities.

A. Compliance Review

Each proposal received by the TPCP by October 7, 2015 at 5:00 pm will be reviewed for completeness and compliance with the requirements provided in this RFP and outlined in Section III. All proposals that fail to address all requirements, in the judgment of the TPCP, shall be deemed non-responsive and shall receive no further consideration.

B. Scoring of Proposals

Proposals will be scored on a scale of 0 to 100 points. To be considered for funding, proposal must receive an average score of 60 points. Maximum point values and evaluation criteria for each section are as follows:

1. Strength of the Application
   (a) Clear, concise and complete
   (b) Follows outlined instructions
   15 points possible

2. Demonstrated Need
   (a) Demonstrates tobacco use rates and risk rates for a specific population and uses appropriate data
   (b) Demonstrates the population’s need for tobacco prevention and control efforts
   (c) Demonstrates the size of the population and other relevant information pertaining to the culture and history of the population
   25 points possible

3. Organizational Capacity
   (a) Provides background information about the organization including mission statement and uniqueness that will lead to capacity building and sustainability
   (b) Demonstrates ability to organize and mobilize communities by providing at least 3 specific experiences in working with the identified population
   (c) Demonstrates capabilities to receive and expend funds, manage and report on project activities, and hire and supervise staff
   35 points possible
(d) Demonstrates ability to convene, facilitate, build and maintain a Network
(e) Demonstrates ability to keep abreast of tobacco prevention and control information and resources
(f) Describes plans for ensuring cultural and linguistic appropriateness of TPCP programs
(g) Describes challenges that may arise and problem-solving strategies
(h) Describes subcontractors and current partners and how you will incorporate TPCP partners in Network activities
(i) Memorandums of Understanding from partners are included. MOUs explain how partners will work with applicant on proposed activities
(j) Copy of the organization’s smoke or tobacco free policy or a letter of commitment from the executive director to implement a policy before the award date
(k) Copy of organizational chart and how the organization will be able to accommodate if awarded the grant

4. Annual Action Plan and Sustainability Plan 15 points possible

(a) Solid plan and detailed description of how the applicant proposes to accomplish the grant requirements
(b) Addresses all performance standards
(c) Utilizes work plan format for development and implementation
(d) Submits a sustainability plan in addition to the annual action plan

5. Budget & Budget Justification 10 points possible

(a) Proposes cost-effective work
(b) Includes sufficient funds allocated to support key program elements
(c) Includes sufficient justification of line items identified in the Budget Worksheet
(d) Budget line items clearly linked to proposed activities

C. Oral Presentation

An oral presentation may be required for this RFP. All applicants should prepare to give a 10 to 15 minute formal oral presentation on relevant past experience with community involvement and mobilization. However, not all applicants will be asked to present. Applicants will first be scored on their written proposals. The top two highest scoring applicants from each population group may then be contacted by TPCP to arrange an oral presentation appointment. Responses become an official part of the proposal and will be evaluated. An oral presentation scoring sheet will be issued to selected applicants. It is anticipated that oral presentations will occur on October 29 and 30, 2015 so please plan accordingly.

D. Award Recommendation

The TPCP will notify all applicants of the award decision within two weeks of the funding decision. Upon award the TPCP will initiate the contract process. The TPCP may negotiate workplans and budgets with the successful applicants prior to grant initiation date.
E. Disqualification

Any attempt by an applicant to influence a member of the Review Committee during the proposal review and evaluation process will result in the elimination of the Grantee’s offer from consideration. However, applicants are encouraged to ask for any necessary clarification of the contract requirements or application process.

The Utah Department of Health reserves the right to cancel an award if, in its sole discretion, any interest disclosed from any source could give the appearance of conflict of interest or cause speculation as to the objectivity of the program.
SECTION VI. SOLICITATION PROCEDURES

A. Reservation of UDOH Rights

The UDOH reserves all rights regarding this RFP, including the right:

1. To amend or cancel this RFP without liability if it is in the best interest of the public to do so;

2. To reject any and all proposals received by reason of this request upon finding that it is in the best interest of the public to do so;

3. To waive any minor irregularity, informality, or non-conformance with the provisions or procedures of this RFP, and to seek clarification from the Proposer, if required;

4. To reject any proposal that fails to substantially comply with all prescribed solicitation procedures and requirements;

5. To negotiate a final grant within the Scope of Work described in this RFP, and to negotiate separately in any manner necessary to serve the best interest of the public;

6. To amend any grants that are a result of this RFP;

7. To extend any grants that are a result of this RFP without an additional solicitation process;

8. To engage Grantees by selection or procurement independent of this RFP process and/or any grants/contracts/agreements under it;

9. To contract with a community agency that has a given level of specialized skill, knowledge and resources. Qualifications, performance history, expertise, knowledge and the ability to exercise sound professional judgment are primary considerations in the selection process. Community agencies should be aware that the lowest cost is not the highest priority;

10. Of copyright on all materials produced as a result of grants awarded due to this RFP.
SECTION VII. GRANT PROCEDURES

Any interpretation, correction, or change to this RFP will be made by the TPCP through written amendment sent by the UDOH. Interpretations, corrections, or changes to this RFP made in any other manner will not be binding, and community agencies shall not rely upon such interpretations, corrections, or changes.

A. Use of Funds

Funds may not be used:

1. To engage in any lobbying or political activity, including the support of, or opposition to, candidates, ballot questions, referenda, or similar activities.

2. To engage in litigation with any tobacco manufacturer, retailer, or distributor, except to enforce:
   - Provisions of the Master Settlement Agreement
   - Title 26, Chapter 38, Utah Clean Air Act
   - Title 26, Chapter 42, Civil Penalties for Tobacco Sales to Underaged Persons
   - Title 77, Chapter 39, Sale of Tobacco and Alcohol to Underaged Persons.

3. To provide Nicotine Replacement Therapies to youth.

4. To conduct hypnosis, relaxation, biofeedback, aversion, or other homeopathic cessation therapies in the absence of other proven effective behavioral counseling strategies.

5. As a substitute for tobacco industry sponsorship of event or organizations.

B. Appeal of Award

All applicants will be notified of their award status. An applicant that claims to have been adversely affected by the selection of a competing agency shall have fourteen (14) calendar days after receiving status notification to submit a written appeal to Angelica Nash. The TPCP shall not consider an appeal submitted after the deadline.

C. Breach of Grant Requirements

If an agency fails to comply with grant requirements, including failing to file reports in a timely fashion, using any portion of the funds for restricted activities, or failing to comply with the requirements set forth in Utah Code 36-97-401, the agency must repay the funds received under this funding source to the State and will be disqualified from receiving funds under this funding source in any subsequent fiscal year. See Attachment N for a copy of Utah Code 63-97-401.

D. Withdrawal

If an applicant wishes to withdraw a submitted proposal, it must be withdrawn prior to the proposal due date. A written request to withdraw must be signed by the applicant and submitted to the TPCP on or before the due date.
E. Release of Information

No information shall be given to any applicant (or any other individual) relative to their standing with other applicants, or the nature of their proposal, during the RFP process.

F. Public Information

The successful applicant’s proposal shall be made public information after award of grant. If any part of a proposal is considered a trade secret, the applicant must clearly designate that portion as confidential in order to obtain protection from disclosure. Public Records Law shall determine if the confidential information claimed to be exempt is in fact exempt from disclosure.

G. Cost of Proposal Preparation

All costs incurred in preparing and submitting a proposal in response to this RFP is the responsibility of the applicant and will not be reimbursed by the TPCP.

H. Grant Obligation

All applicants that submit a proposal in response to this RFP understand and agree that the TPCP is not obligated thereby to enter into an agreement with any applicant and has no financial obligation to any applicant.

I. Award Negotiation

The state may accept an applicant’s initial proposal by award of a contract with or without discussion to clarify proposals that are reasonably capable of receiving an award. Discussions may explore applicant’s understanding of requirements, qualifications, ability to perform the work successfully, and compensation. Discussions may result in non-material changes to the RFP or proposals. The State may also ask for best and final offers from bidders whose proposals are reasonably capable of receiving an award or negotiate with the apparently successful applicant. During any of these processes, the content of competing proposals will not be disclosed.

a. If discussions result in a need for material change to the RFP or to proposals, the State will issue written requests for best and final offers, specifying the information to which each applicant is requested to respond. The request will specify the place, time, and date for receiving the written offers. If an applicant does not submit a notice of withdrawal or a timely best and final offer, the applicant’s proposal will be considered its best and final offer. If necessary, the State may issue a subsequent request for best and final offers. Best and final offers will then be re-evaluated.

b. The State may convene a negotiating team and negotiate with the apparently successful applicant if negotiation is in the best interest of the State. If a negotiated proposal is acceptable to both parties, a contract may be awarded. If the parties are unable to agree, the State may terminate the negotiations in writing and negotiate with the next ranked applicant.
Attachment A: WEB RESOURCES

National Tobacco Control Networks
www.naatpn.org
www.Keepitsacred.org/network
www.lgbttobacco.org
latinotobaccocontrol.org

Grant Writing Resources
A Proposal Writing Short Course
www.fdncenter.org/learn/shortcourse/prop1.html
The Grantsmanship Center
www.tgci.com
Writing SMART objectives

Other
www.tobaccofreeutah.org/
waytoquit.org
dejeloya.org
www.tobaccofreekids.org
www.cdc.gov/tobacco

TPCP 2015 Annual Report
http://www.tobaccofreeutah.org/pdfs/tpcpfy15report.pdf
Attachment B: ABBREVIATED TPCP STRATEGIC PLAN 2015-2020

Collaboration with TPCP
1. Assist TPCP Youth Coordinator and TPCP LHD Liaisons oversee the implementation of a statewide policy initiative.
2. Assist TPCP in working with the Division of Substance Abuse and Mental health.
3. Assist TPCP in promoting quitting and quit services through media campaigns.
4. Assist TPCP in developing targeted campaigns to promote the waytoquit.org site.
5. Assist TPCP Disparity Network Coordinator with external partners that have been affected by tobacco use to educate the community’s decision makers and leaders.
6. Assist TPCP in increasing capacity among local and state staff by continuing to provide ongoing training and technical assistance through annual meetings, webinars and other methods as needed.

Collaboration with Local Health Departments
1. Assist Local Health Departments with Alternative Schools to pass comprehensive policies and implement prevention activities and anti-tobacco curriculum.
2. Assist Local Health Departments in developing and implementing a policy initiative statewide.
3. Assist Local Health Departments in promoting the Utah Tobacco Quit Line and other cessation services and increase use of quit services.

Collaborations with TPCP and Local Health Departments
1. Assist TPCP and Local Health Departments in developing and updating culturally and linguistically appropriate resource materials and media to be used statewide to promote cessation services and educate health care providers.
2. Work with TPCP, Local Health Departments to ensure all messages to the community include one or more priorities identified from the Policy Agenda, specifically: Raise the price of tobacco products.

Collaborations with TPCP, Local Health Departments and Environmental Sanitation Program
1. Work with TPCP, Local Health Departments and Environmental Sanitation Program in the Tobacco-free environments workgroup.
2. Work with TPCP, Local Health Departments and Environmental Sanitation Program to develop and update culturally and linguistically appropriate resource materials and media to be used statewide to promote tobacco-free environments and educate the public and decision makers about the dangers of exposure to SHS and defective tobacco control interventions to address exposure to SHS.
3. Work with TPCP, Local Health Departments, and Environmental Sanitation Program to develop and update culturally and linguistically appropriate resource materials and media to be used statewide to educate the public and decision makers about the benefits of increasing tobacco prices.
Attachment C: COVER PAGE

1. **Proposer Information**

Agency Name: ____________________________________________________________
Address: ________________________________________________________________
City, State, Zip: __________________________________________________________
Telephone: ____________________ Fax: ______________

Name and title of the person(s) authorized to represent the Proposer in any negotiations and sign any contract that may result:
Name: ___________________________________ Title:___________________________
Name: ___________________________________ Title:___________________________

2. **Contact Information**

Primary Contact Person: ____________________ Title:________________________
Agency Name: ___________________________________________________________
Address: ________________________________________________________________
City, State, Zip: __________________________________________________________
Telephone: __________________________ Fax: _____________________________
E-mail Address: ________________________________

3. **Proposal Information**

Project Title(s): _________________________________________________________
Target Group: ____________________________________________________________

Total Budget Amount Requested: $_______________
Attachment D: TABLE OF CONTENTS

Cover Page

Table of Contents

Executive Summary .........................................................................................................................#

Demonstration of Need of Funding .............................................................................................#

Organizational Capacity ..............................................................................................................#

Sustainability Plan ......................................................................................................................#

Action Plan ...................................................................................................................................#

Budget and Budget Justification ....................................................................................................#

Youth Involvement Worksheet (if applicable) ..............................................................................#

Grantee Assurances and Utah Code ..............................................................................................#

Letters of Support .......................................................................................................................#

Attachments (if applicable)
Attachment E: 7 month- BUDGET WORKSHEET

<table>
<thead>
<tr>
<th>Agency Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Grant Number: 102417</td>
</tr>
<tr>
<td>agency address</td>
</tr>
<tr>
<td>TPCP Disparity Networks Funding Cycle December 1, 2015 - June 30, 2020</td>
</tr>
</tbody>
</table>

### I PERSONNEL

<table>
<thead>
<tr>
<th>A. Salaries/Wages</th>
<th>Hours</th>
<th>Rate/Hr</th>
<th>Total Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Salaries from mm/dd/yy to mm/dd/yy</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Benefits</th>
<th>Percentage</th>
<th>Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco grant employee benefits</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Benefits from mm/dd/yy to mm/dd/yy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Personnel Subtotal $0.00 $0.00 $0.00

### II NON-PERSONNEL

<table>
<thead>
<tr>
<th>A. Travel (in state and out of state)</th>
<th>Miles</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Travel from mm/dd/yy to mm/dd/yy</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Supplies (please itemize)</th>
<th>Number</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Supplies from mm/dd/yy to mm/dd/yy</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Equipment</th>
<th>Number</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total equipment from mm/dd/yy to mm/dd/yy</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D.</th>
<th>Number</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total from mm/dd/yy to mm/dd/yy</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Telephone</th>
<th>Number</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Telephone from mm/dd/yy to mm/dd/yy</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F. Postage</th>
<th>Number</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Postage from mm/dd/yy to mm/dd/yy</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. Printing and Copying</th>
<th>Number</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Printing and Copying from mm/dd/yy to mm/dd/yy</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Non-Personnel Subtotal $0.00 $0.00 $0.00

Personnel (I) and Non-Personnel (II) Grand Total for June 2012 $0.00 $0.00 $0.00
# Attachment E: Annual BUDGET WORKSHEET

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Total requested</th>
<th>Total Donated (In-Kind/Match)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Grant Number: 102417</td>
<td>Program Costs for mm yy</td>
<td></td>
</tr>
<tr>
<td>TPCP Disparity Networks Funding Cycle July 1, 2016 - June 30, 2020</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### I PERSONNEL

<table>
<thead>
<tr>
<th>A. Salaries/Wages</th>
<th>Hours</th>
<th>Rate/Hr</th>
<th>Total Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Salaries from mm/dd/yy to mm/dd/yy</td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco grant employee benefits</td>
</tr>
<tr>
<td>$0.00</td>
</tr>
<tr>
<td>Total Benefits from mm/dd/yy to mm/dd/yy</td>
</tr>
<tr>
<td>Personnel Subtotal</td>
</tr>
</tbody>
</table>

### II NON-PERSONNEL

<table>
<thead>
<tr>
<th>A. Travel (in state and out of state)</th>
<th>Miles</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Travel from mm/dd/yy to mm/dd/yy</td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Supplies (please itemize)</th>
<th>Number</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Supplies from mm/dd/yy to mm/dd/yy</td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Equipment</th>
<th>Number</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total equipment from mm/dd/yy to mm/dd/yy</td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D.</th>
<th>Number</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total from mm/dd/yy to mm/dd/yy</td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Telephone</th>
<th>Number</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Telephone from mm/dd/yy to mm/dd/yy</td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F. Postage</th>
<th>Number</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Postage from mm/dd/yy to mm/dd/yy</td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. Printing and Copying</th>
<th>Number</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Printing and Copying from mm/dd/yy to mm/dd/yy</td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Non-Personnel Subtotal | $0.00 | $0.00 | $0.00 |

| Personnel (I) and Non-Personnel (II) Grand Total for June 2012 | $0.00 | $0.00 | $0.00 |
Attachment F: BUDGET JUSTIFICATION

All budget line items need to be included in the budget justification.

**Personnel**

Justify how each position will be used to fulfill the project Action Plan. Suggested Format:

Name/Title or Position: Description of job responsibilities related to the grant

**Travel**

Justify any in- and out-of-state travel. Outline how travel expenses are associated with your Action Plan. Be specific. Remember to include necessary travel reimbursement for required TPCP meetings and trainings.

**Supplies**

Describe how supply costs are associated with your Action Plan.

**Equipment**

Describe the type and number of equipment requested. Justify how this equipment and the amount of equipment requested will be used to complete work plan activities.

**Subcontractors**

For each subcontractor include the following:

*Name of subcontractor:* (If not yet known, what method will be used to select the subcontractor e.g., bids, RFP’s, Sole source, etc.

*Method of Selection:*

*Person in your agency who will supervise the subcontract:*

*Period of Performance:* (Time period of the subcontract)

*Scope of Work:* (Including tasks and deliverables)

*Amount of Award:*

**Telephone**

Describe how telephone costs are associated with your Action Plan.

**Postage**

Describe how postage is associated with your Action Plan.
**Printing & Copying**

Describe how printing and copying costs are associated with your Action Plan. List major printing and copying jobs detailing how these jobs are also associated with program evaluation.

**In-kind/Matching**

Explain the scope of in-kind and matching donations.
Please indicate how youth will be involved in your project in the following areas.

<table>
<thead>
<tr>
<th>Youth involvement: Describe the process you plan to use to recruit youth to participate in your program that will assure the program is culturally sensitive, diverse, and offers a positive focus inclusive of all youth.</th>
</tr>
</thead>
</table>
| **How will this project empower youth?**
| **How will youth feel a sense of ownership?** |
| **Youth roles in program planning:** What roles will youth play during the development phase of your program? Please list the major tasks you anticipate youth will be involved in. |
| **Youth roles in program delivery:** What roles will youth play during the implementation phase of your program? Please list the major tasks you anticipate youth to be involved in. Describe how the project location will be accessible by youth. |
| **Youth roles in program evaluation:** What roles will youth play to improve your program? Please list the major tasks you anticipate youth to be involved in. |
| **Ongoing expectations of youth:** Once your program is up and running, what kind of on-going involvement do you anticipate by youth? Please indicate the frequency and duration of this involvement. |
Attachment H: GRANTEE ASSURANCES MADE TO THE UTAH DEPARTMENT OF HEALTH

GRANTEE ASSURANCES FOR SUBGRANTEES TO THE UTAH DEPARTMENT OF HEALTH

The assurances given below are material representations of fact upon which reliance is placed in entering into Agreements with the Utah Department of Health. As the duly authorized representative of the proposed Grantee, I certify that the legal business name and form of the proposed Grantee is as follows (check all that apply):

Business Name: ____________________________
Address: __________________________________
Phone Number: ____________________________

☐ Local Public Procurement Unit under the Utah Procurement Code (UCA § 63G-6-103-14)
☐ College or University  ☐ Indian Tribal Government  ☐ Other Governmental Entity (describe):
☐ Sole Proprietor/Individual  ☐ Professional Corporation
☐ For-profit Corporation  ☐ Non-profit Corporation (I.R.C. § 501(c)(3))
☐ Partnership  ☐ Limited Partnership
☐ Limited Liability Company  ☐ Association/Consortium (describe):

I certify that the proposed Grantee:

1. has obtained Dunn and Bradstreet Data Universal Numbering System (DUNS) number ____________________, and has a current registration within the Central Contractor Registration (CCR) database. The DUNS number is obtained by contracting Dunn and Bradstreet at (800) 244-3867 or via the internet, http://www.dnb.com; CCR registration is at http://www.ccr.gov.

2. has completed Internal Revenue Service form W-9, Request for Taxpayer Identification Number and Certification, and is attached to this document. Electronic copy of this document is available at the following web address: http://www.irs.gov/pub/irs-pdf/fw9.pdf

3. has the institutional, managerial, and financial capability to ensure proper planning, management, and completion of the project described in the Grant(s) with the Utah Department of Health and has in place the fiscal control and accounting procedures sufficient to meet the financial reporting, accounting records, internal control, budget control, allowable cost, source documentation, and cash management requirements of the federal OMB Circular A-110, Attachment F - Standards for Financial Management Systems as cited in Table 1 depending upon the appropriate business form of the Grantee.

4. shall comply with all applicable federal and State of Utah regulations concerning cost principles, audit requirements, and grant administration requirements, cited in Table 1. All federal and state principles and requirements cited in Table 1 are available on the Web at the addresses indicated, and by signing this document the proposed Grantee acknowledges receipt of these documents.

<table>
<thead>
<tr>
<th>Proposed Grantee</th>
<th>Federal and State Principles and Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cost Principles</td>
</tr>
<tr>
<td>State or Local Govt. &amp; Indian Tribal Govts.</td>
<td>OMB Circular A-87</td>
</tr>
<tr>
<td>Hospitals</td>
<td>46 CFR 74</td>
</tr>
<tr>
<td>College or University</td>
<td>OMB Circular A-21</td>
</tr>
<tr>
<td>Non-Profit Organization</td>
<td>OMB Circular A-122</td>
</tr>
<tr>
<td>For Profit Organization</td>
<td>48 CFR 31</td>
</tr>
</tbody>
</table>
a. Unless specifically exempted in the Grant's special provisions, the proposed Grantee must comply with applicable federal cost principles and grant administration requirements if state funds are received. If a Grant is awarded, the Grantee shall also provide the Department with a copy of all reports required by the State of Utah Legal Compliance Audit Guide (SULCAG) as defined in Chapter 2a, Title 51, UCA. A Grantee who receives federal, state, or local government funds may be subject to federal and State of Utah reporting and audit requirements. Copies of required reports shall be sent to the Utah Department of Health, Bureau of Financial Audit, Box 144602, Salt Lake City, Utah 84114-4602.

b. Federal audit requirements demand that organizations that expend $500,000 or more in a year in federal financial assistance shall have a single or program specific audit conducted for that year. SULCAG requires the filing of reports with the State Auditor by all counties, cities, towns, school districts, and non-profit corporations that receive at least 50 percent of its funds from federal, state, or local government entities. The Grantee will assure compliance with these requirements and will initiate the process by providing the following data:

1. Grantee’s accounting year:
   From ____________ To ____________

2. Funding projected from Federal, State, or Local governments:
   Amount $_________ Percent of Total Revenues _____%

3. Single Audit:
   Performed last year Yes ☐ No ☐
   Required for current year Yes ☐ No ☐

4. Grantee’s representative for financial matters:
   Name ____________________________________________
   Title ___________________________________________ Phone No. ____________________________

5. has established safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

6. shall comply with all applicable requirements of all other laws, executive orders, regulations and policies governing this program.

7. to the best knowledge and belief of the proposed Grantee and its principals, the proposed Grantee and its principals:
   (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, excluded from covered transactions by any Federal Department or Agency, or associated with a terrorist organization (http://epis.gov);
   (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
   (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph 6(b) of this certification; and
   (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default;

By submitting this proposal, the proposed Grantee agrees to include without modification the clauses contained in paragraph 7(a) through (d) with contractors, in all lower tier covered transactions and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76. Should the proposed Grantee not be able to provide this certification, an explanation, signed by the proposed Grantee as to why certification cannot be provided, should be attached to this document.
8. is in compliance with government-wide guidance on lobbying restrictions (31 U.S.C. § 1352) and that:
   (a) no federal funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing
   or attempting to influence an officer or employee of any federal agency, a member of Congress, an officer or
   employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal
   contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative
   agreement, or the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan,
   or cooperative agreement.
   (b) if any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or
   attempting to influence an officer or employee of any federal agency, a member of Congress, an officer or employee
   of Congress, or an employee of a member of Congress in connection with the federal contract, grant, loan, or
   cooperative agreement, the Grantee shall complete and submit Federal Standard Form LLL, “Disclosure Form to
   report Lobbying,” in accordance with its instructions.

9. has disclosed all public officers or employees who are related parties to the proposed Grantee. As used in this
   paragraph, “related parties” means any person related to the proposed Grantee by blood, marriage, partnership,
   common directors or officers, or 10% or greater direct or indirect ownership in a common entity. (Disclosure is to be
   made by attaching a separate sheet to this document listing all public officers and employees who are related parties
to the proposed Grantee.)

10. has complied with the Public Officers’ and Employees’ Ethics Act, § 67-16-10, UCA, which prohibits actions that may
    create or that are actual or potential conflicts of interest. It also provides that “no person shall induce or seek to
    induce any public officer or public employee to violate any of the provisions of this act.”

---------------------------------------------
AUTHORIZED AGENT OF PROPOSED GRANTEE

Signature ___________________________________________ Date __________

STATE OF ______________________ | SS.
COUNTY OF ______________________ |

On this ______ day of __________, 20____, ____________________________ personally appeared
before me and executed the above certification in my presence.

---------------------------------------------
NOTARY PUBLIC

Residing at: __________________________

My Commission Expires: __________________________
If the proposed Grantee is a corporation the following Corporate Acknowledgment must be completed.

I, [Name], certify that the following are authorized agents of [Name of Corporation] and are duly authorized by authority of said corporation to sign the above assurances and the Grant on behalf of the corporation.

<table>
<thead>
<tr>
<th>Authorized Agent of Corporation **</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print or Type: Name and Title</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Authorized Agent of Corporation **</th>
<th>Title</th>
</tr>
</thead>
</table>

Corporate Secretary Signature date

** (Note: authorized agent of Corporation must not be Corporate Secretary)

CORPORATION SEAL
Attachment I: UTAH CODE 63-97-401

Utah Code 63-97-401. Requirements for tobacco programs.
(1) To be eligible to receive funding under this chapter for a tobacco prevention, reduction, cessation, or control program, an organization, whether private, governmental, or quasi-governmental, shall:
   (a) submit a request to the Department of Health containing the following information:
      (i) for media campaigns to prevent or reduce smoking, the request shall demonstrate sound management and periodic evaluation of the campaign's relevance to the intended audience, particularly in campaigns directed toward youth, including audience awareness of the campaign and recollection of the main message;
      (ii) for school-based education programs to prevent and reduce youth smoking, the request shall describe how the program will be effective in preventing and reducing youth smoking;
      (iii) for community-based programs to prevent and reduce smoking, the request shall demonstrate that the proposed program:
         (A) has a comprehensive strategy with a clear mission and goals;
         (B) provides for committed, caring, and professional leadership; and
         (C) if directed toward youth:
            (I) offers youth-centered activities in youth accessible facilities;
            (II) is culturally sensitive, inclusive, and diverse;
            (III) involves youth in the planning, delivery, and evaluation of services that affect them; and
            (IV) offers a positive focus that is inclusive of all youth; and
      (iv) for enforcement, control, and compliance program, the request shall demonstrate that the proposed program can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 19;
   (b) agree, by contract, to file an annual written report with the Department of Health. The report shall contain the following:
      (i) the amount funded;
      (ii) the amount expended;
      (iii) a description of the program or campaign and the number of adults and youth who participated;
      (iv) specific elements of the program or campaign meeting the applicable criteria set forth in Subsection (1)(a); and
      (v) a statement concerning the success and effectiveness of the program or campaign;
   (c) agree, by contract, to not use any funds received under this chapter directly or indirectly, to:
      (i) engage in any lobbying or political activity, including the support of, or opposition to, candidates, ballot questions, referenda, or similar activities; or
      (ii) engage in litigation with any tobacco manufacturer, retailer, or distributor, except to enforce:
         (A) the provisions of the Master Settlement Agreement;
         (B) Title 26, Chapter 38, Utah Indoor Clean Air Act;
(C) Title 26, Chapter 42, Civil Penalties for Tobacco Sales to Underage Persons; and
(D) Title 77, Chapter 39, Sale of Tobacco and Alcohol to Underage Persons; and
(d) agree, by contract, to repay the funds provided under this chapter if the organization:
   (i) fails to file a timely report as required by Subsection (1)(b); or
   (ii) uses any portion of the funds in violation of Subsection (1)(c).

(2) The Department of Health shall review and evaluate the success and effectiveness of any program or campaign that receives funding pursuant to a request submitted under Subsection (1). The review and evaluation:
   (a) shall include a comparison of annual smoking trends;
   (b) may be conducted by an independent evaluator; and
   (c) may be paid for by funds appropriated from the account for that purpose.

(3) The Department of Health shall annually report to the Health and Human Services Appropriations Subcommittee on the reviews conducted pursuant to Subsection (2).

(4) An organization that fails to comply with the contract requirements set forth in Subsection (1) shall:
   (a) repay the State as provided in Subsection (1)(d); and
   (b) be disqualified from receiving funds under this chapter in any subsequent fiscal year.

(5) The attorney general shall be responsible for recovering funds that are required to be repaid to the State under this section.

(6) Nothing in this section may be construed as applying to funds that are not appropriated under this chapter.
## Attachment J: ACTION PLAN TEMPLATE

**Agency/Grantee Name:**

### Goal 1: How you will establish or strengthen a comprehensive and sustainable community coalition that involves disparately affected populations and is focused on tobacco prevention and control for the specified population?

<table>
<thead>
<tr>
<th><strong>Outcome Objective:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(What is expected to occur as a result of your project? Need to be SMART objectives - specific, measurable, achievable, relevant, time-framed)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Action Steps</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Action steps should relate to achieving the goal. You can create as many action steps as necessary.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start/End Date</th>
<th>Responsible Personnel</th>
<th>Process Evaluation or Indicator of Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Goal 2: How you will build and maintain relationships with agencies that represent disparately affected populations?

<table>
<thead>
<tr>
<th><strong>Outcome Objective:</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Action Steps</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Start/End Date</th>
<th>Responsible Personnel</th>
<th>Process Evaluation or Indicator of Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Goal 3:** How you will maintain visible and sustainable Networks by providing consultation between Networks, TPCP, and TPCP partners? How will you partner with the other Networks?

<table>
<thead>
<tr>
<th>Outcome Objective:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action Step</strong></td>
</tr>
<tr>
<td>a.</td>
</tr>
<tr>
<td>b.</td>
</tr>
<tr>
<td>c.</td>
</tr>
</tbody>
</table>

**Goal 4:** How you will ensure that all TPCP funded programs, activities, marketing materials and dissemination strategies are culturally and linguistically appropriate?

4. **Outcome Objective:**

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Start/End Date</th>
<th>Responsible Personnel</th>
<th>Process Evaluation or Indicator of Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Goal 5:** How you will work with at least two (2) local health departments each year to address specific tobacco-related disparity needs? (During the five year grant period, all 13 LHDs should be reached)

**Outcome Objective:**

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Start/End Date</th>
<th>Responsible Personnel</th>
<th>Process Evaluation or Indicator of Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Goal 6: How you will pursue media opportunities to promote accomplishments of the coalition as well as available resources?

6. Outcome Objective:

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Start/End Date</th>
<th>Responsible Personnel</th>
<th>Process Evaluation or Indicator of Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Goal 7: How you will work with and educate local and state opinion leaders about eliminating tobacco-related disparities?

7. Outcome Objective:

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Start/End Date</th>
<th>Responsible Personnel</th>
<th>Process Evaluation or Indicator of Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>