

STATE OF ALASKA
Department of Health and Social Services
Division of Public Health
Chronic Disease and Health Promotion



REQUEST FOR GRANT PROPOSALS
Tobacco Prevention and Control Community Grant Program
FOR FY 2014 thru 2017
Grants and Contracts Support Team

IMPORTANT NOTICE: This RFP and all appendices are available for download from the State's *Online Public Notice* website located at: <http://aws.state.ak.us/OnlinePublicNotices/>. Applicants are responsible for monitoring this website for any subsequent changes or amendments that may be issued regarding this solicitation.

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SECTION ONE GRANT PROGRAM INFORMATION

1.01 Introduction and Program Description

Applicants should refer to this section of the Request for Proposals (RFP), for a description of requested services and instructions for program proposal requirements.

The Department of Health and Social Services, Division of Public Health (DPH), is requesting proposals from eligible applicants to provide Tobacco Prevention and Control services for the State of Alaska in FY2014 thru 2017. Program Services are authorized under AS 44.29.020, AS 47.05.010, and 7 AAC 78. Access State of Alaska statutes and regulations at <http://www.law.state.ak.us/doclibrary/doclib.html> or through the contact person listed in Section B(5) of this RFP.

Tobacco use remains Alaska's leading preventable cause of disease and death. More Alaskans die as a result of tobacco use than from infectious diseases, alcohol, car accidents, illegal drugs, murders and suicides combined. Tobacco use exacts an enormous burden on the State of Alaska and its residents, causing premature death and millions of dollars of avoidable medical care expenditures. The single best thing that Alaskans who use tobacco can do to improve their health and the health of those around them is to quit using any tobacco products.

The Centers for Disease Control and Prevention (CDC) has identified tobacco use as one of the most important "winnable battles" in public health – priorities with large-scale impact on health and known, effective strategies to address them. The CDC offers guidance to states about how to reduce the burden of tobacco use through comprehensive tobacco prevention and control programs described in *Best Practices for Comprehensive Tobacco Control Programs- 2007*. These evidence-based, comprehensive, sustained statewide tobacco control programs have been shown to reduce smoking rates, tobacco-related deaths, and diseases caused by smoking.

Tobacco use remains a critical health issue in Alaska and disproportionately affects Alaska Native adults and youth, individuals of low socioeconomic status (SES), and young adults, leading to health inequities or disparities for these groups. According to the 2010 Behavioral Risk Factor Surveillance System, 41% percent of Alaska Native adults smoke, compared to 18% of non-Native adults. Alaska Native youth are also more likely to smoke than their non-Native peers (26% vs. 11%). For non-Native adults, smoking prevalence among adults of lower socioeconomic status is 31% (vs. 15% among higher SES). Thirty-two percent of young adults (ages 18-29) smoke vs. 20% among adults ages 30-54. Smoking rates also vary by region, with some of the highest rates found in Northern/Northwest/Interior and Southwestern Alaska regions.

However, Alaska has made considerable progress in reducing the burden of tobacco use by implementing a comprehensive tobacco prevention and control program consistent with CDC guidelines. Since the inception of the program in 1996, adult smoking rates have declined significantly to 21% in 2010, and youth smoking rates have been more than cut in half, to 14% in 2011. The declines in adult prevalence alone result in more than 31,000 fewer smokers and an estimated 7,800 fewer tobacco-related deaths and \$290 million savings in future health care costs within the State of Alaska.

The State of Alaska Tobacco Prevention and Control (TPC) Program has achieved success by implementing an evidence-based comprehensive tobacco prevention and control program, including a tobacco Quit Line, counter-marketing media, and grants to promote tobacco-free policies in community programs, schools and healthcare organizations.

These program elements combine to address the four goals of the TPC program:

- prevent the initiation of tobacco use among youth;
- promote cessation for tobacco users;
- eliminate exposure to secondhand smoke (SHS); and
- identify and eliminate tobacco use disparities.

Until now, the TPC program has offered three separate grant programs to fund work by community organizations, healthcare systems and K-12 schools toward these four goal areas. Beginning in FY14, the TPC provides a comprehensive, regional funding scenario to encourage all types of organizations to approach and coordinate tobacco control and prevention at the community level. Grantees will be working collaboratively on evidenced based strategies that change the community context around tobacco use within their Public Health Region and at a statewide level.

The TPC Program expects to fund up to 2 organizations in each of the six (6) Public Health/ Labor Market Regions (Public Health Regions) to support comprehensive tobacco prevention and control efforts as well as approximately 2 organizations with a statewide focus. Funded organizations will work toward evidenced based strategies that change the community context around tobacco use and will be expected to coordinate their work with other funded organizations in their region. Each funded grantee and local leaders will join together on a regional coalition to leverage resources and ensure comprehensive tobacco prevention and control strategies are being effectively implemented across the region. Applicants that would like to be considered to lead the regional coalition will self-select, supported by other regional grantees, to organize all local activities into a comprehensive effort.

Some funded applicants will work toward one or more goal(s) and evidence- based strategies at a statewide level. Statewide applicants will propose similar strategies as regional grantees utilizing a scaled version of activities to reach a broader population. For example, organizations could choose to work with behavioral health organizations across the state to implement tobacco-free campuses or provide resources and information for tribes across the state to adopt tobacco-free workplaces. Statewide grantees will coordinate efforts with other TPC funded and non-funded partners across the state.

The Public Health Regions are: Anchorage/ Mat-Su, Gulf Coast, Southwest, Interior, Northern, Southeast and Southwest. For more information see also Public Health/ Labor Market Regions Map, Attachment 3.

Grant funded organizations will be supported in carrying out their work-plans, including the provision of training and technical assistance and subject matter expertise as needed. A workbook with resources and examples relevant to building a work-plan for this RFP are available to support applicants in preparing their proposals. Please see Attachment 1. Regional tobacco prevention and control profiles have also been prepared for each of the Public Health Regions. Please see attachments 2 and 3.

Additional resources on tobacco use in Alaska and the TPC Program that may be useful in preparing applications are listed below.

All data on the burden of tobacco use in Alaska is retrieved from:

Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention

and Health Promotion. *Alaska Tobacco Facts 2012 Update*.
http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/2012_alaska_tobacco_facts.pdf

Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *Tobacco in the Great Land, A Portrait of Alaska's Leading Cause of Death, 2012 Update*. Anchorage, AK: Alaska Department of Health and Social Services; 2012. Available at http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/2012_TobaccoInGreatLand.pdf

Alaska Department of Health and Social Services, Division of Public Health, Center for Health Data and Statistics, *Informed Alaskans*. Available at <http://www.hss.state.ak.us/dph/infocenter/ia/default.htm>

For more information on the tobacco prevention and control strategies and the Alaska TPC Program please see the following:

Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs—2007*. Atlanta: U.S. Department of Health and Human Services, Office on Smoking and Health; October 2007. Available at http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2007/BestPractices_Complete.pdf

Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. *A Decade of Progress: Tobacco Prevention and Control in Alaska, FY 2010-2011*. <http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/TobaccoARFY10.pdf>

Tobacco Program Technical Assistance and Support Resources www.tobaccofreealaska.com
Mission 100 Technical Assistance and Systems Change Support Resources www.mission100alaska.com

Alaska Tobacco Control Alliance www.alaskatca.org

1.02 Program Goals and Anticipated Outcomes

As part of a continued, sustainable, evidence-based statewide tobacco prevention and control program for the state of Alaska, the TPC Program seeks to support comprehensive regional tobacco prevention and control efforts to achieve the following goals, in priority order:

- eliminating exposure to secondhand smoke
- prevent the initiation of tobacco use
- promote cessation among current tobacco users

Addressing health disparities is a high priority for the TPC Program. In this solicitation, the TPC Program requires grantees to identify and address disparities in tobacco use within each of the three goals above.

To support comprehensive regional tobacco prevention and control efforts in the above goal areas, the TPC Program plans to fund local and statewide organizations (community-based organizations, healthcare systems,

and schools) to implement evidence-based tobacco prevention and control strategies that change community rules, norms, and practices around tobacco use.

Section 1.03 contains a list of evidence-based strategies, organized by program goal. The strategies are designed primarily to change systems, thereby achieving the maximum sustained public health benefit. Applicants must select goals and corresponding strategies from the list in Section 1.03. While the specific goals and strategies selected will vary by region or at the statewide level, all applicants must address the following strategies in their proposals:

Grantees must work toward:

- The highest priority for the TPC Program at this time is promoting 100% smokefree public places, statewide. **All proposals must reflect some level of effort toward this priority and applicants must select at least one of the seven strategies in goal area 1 (Complete Minimum Responsiveness Criteria 4.01c)**
- All applicants must also select strategy 3.1 (page 12), the promotion of resources for tobacco cessation. At a minimum, applicants must describe plans to promote Alaska's Tobacco Quit Line (**Complete Minimum Responsiveness Criteria 4.01d**).
- In order to build, maintain, and further develop local capacity for tobacco control all applicants must address all eight of the capacity building strategies listed in section 1.03 (Strategies 4.1-4.8, pages 12-15) in their proposals.

In addition, grantees may also select:

- Additional strategies in goal area 1, eliminate exposure to SHS;
- One or more strategies in goal area 2, prevent the initiation of tobacco use;
- Additional strategies in goal area 3, promote cessation among current tobacco users.

To accomplish these strategies, funded applicants will be expected to incorporate the following approaches into their work:

Promotion of Systems Change

The TPC Program is focusing efforts on population-based strategies that change the rules, social norms, and practices in places where people gather, to encourage positive, tobacco-free communities. As such, this RFP does not provide funding for intensive individual-level interventions. Specific activities undertaken in each strategy should contribute to changes in systems and policy. The 7-step policy change framework in Attachment 1 will guide planning and activity selection for each strategy.

Partnerships and Collaboration

To achieve a tobacco-free Alaska, schools, health centers, and community organizations are expected to collaborate and submit a proposal that is reflective of comprehensive tobacco prevention and control programming in each region. Community level systems change cannot occur with one agency or individual

working in isolation. By working collaboratively in communities and across the region, grantees will leverage resources to affect greater change.

Each funded applicant will be expected to organize partners in their communities by building and supporting new and/or existing community coalitions to establish plans of action, draw leaders into tobacco prevention and control activities, and promote local tobacco control policies and ordinances.

Funded applicants will also be expected to collaborate and to extend their efforts to support work that may be outside their primary area of interest. For example, schools may focus mostly on prevention but should also support community-level work eliminating secondhand smoke; similarly, healthcare systems may focus primarily on the implementation of clinical practice guidelines, but should also support eliminating secondhand smoke exposure at the community and state wide level.

In order to create a synergy of tobacco prevention and control activities throughout their region each funded grantee will be required to engage with other grantees, community coalitions, stakeholders, TPC Program staff and associated contractors, and the Alaska Tobacco Control Alliance (ATCA), the statewide tobacco prevention coalition. One grantee per region will self-identify as the regional coalition leader, and be supported by the their peer grantee partners, as part of their statewide coordination of activities (Strategy 4.4, see page 13). Statewide grantees will be expected to collaborate with other funded and non-funded organizations across the state, including but not limited to overlapping community TPC grantees, other health and wellness coalitions, regional partners as applicable, TPC Program staff, Mission 100 partners and workgroup members as well as associated contractors.

Funded applicants will be expected to participate in regional coalitions within the six (6) Public Health/ Labor Market Regions of: Anchorage/ Mat-Su, Gulf Coast, Interior, Northern, Southeast, and Southwest (see Public Health/ Labor Market Regions Map, Attachment 3). The regional coalitions will be required to meet, at a minimum, on a quarterly basis to address disparities impacting the region, ensure media communication strategies align and support one another, and share successes while working together to address challenges. By coordinating efforts, grantees will effectively implement comprehensive tobacco prevention and control strategies across the entire region.

In order to ensure that local and regional efforts are coordinated with those at the statewide level, funded applicants will be required to participate in statewide tobacco prevention and control activities. Proposals and work-plan must include descriptions of existing and potential local, regional, and statewide collaboration. For specific requirements, see strategies 4.2- 4.4, pages 12-14.

Data-driven planning

The TPC Program supports “data-driven” programming, which means that strategy and intervention decisions should be based on data that describes tobacco use and local needs. The Regional Profiles (see link in Table of Contents – Attachment 2) are intended to be a resource for applicants in identifying goals and strategies based on tobacco use burdens and local policies. Funded grantees will be expected to utilize data in all aspects of planning and implementing their work. As such, further local and regional assessment will be required in year one of the funding cycle. See strategy 4.5 (page 14) for details on data-driven planning requirements.

Identifying and Addressing Disparities; Promoting Health Equity

As previously discussed, addressing health disparities and promoting health equity is a high priority for the TPC Program and Section of Chronic Disease Prevention and Health Promotion (CDPHP). Health equity is aligned with the acknowledgement and respect for diversity within a community. The TPC program requires grantees to consider the diversity of communities, and to identify disparities that may be associated with that diversity. In this context, disparities can be considered as extremely high rates of tobacco use, exposure, or burden of tobacco-related disease within a specific sub- population. However, we acknowledge that disparities are often the result of underlying conditions such as education, income, poverty, and housing, as well as access to safe places to play and be active and the availability of transportation, good schools, and nutritious food.

As part of the data-driven planning process described above, applicants must identify disparities in their service region, and address those disparities through each of their strategies. Funded grantees will be expected to coordinate their work to address the disparities with that of other organizations that serve the disparate population in the region and the state. For example, if a regional grantee wants to address young-adult disparities they could select tobacco-free campus policies in colleges and vocational schools in their region and partner with other organizations who serve the young adult population.

The Section of Chronic Disease Prevention and Health Promotion, Division of Public Health in Alaska has set a goal to lower tobacco use rates among young adults (age 18-29), Alaska Natives, and Alaskans of low socio-economic status by 5% by 2017. To achieve this, the TPC has identified key priorities in each region, which are listed in the program workbook (Attachment 1). The TPC Program has also identified disparities and priority populations for tobacco prevention and control at the statewide level. For more information on statewide strategies to address tobacco use within priority populations, please review the Leadership for Eliminating Alaska Disparities materials at <http://www.hss.state.ak.us/dph/chronic/tobaccodisparities.pdf>.

Media Advocacy and Public Education

Community-based media advocacy and public education efforts play an important role in the policy change framework mentioned above and described in detail in Attachment 1. Applicants must complete a Media Advocacy Plan (Attachment 6) specifying media advocacy and public education activities to accomplish their proposed goals. In addition, funded grantees will be required to submit an annual Media Advocacy Plan which will be used to assure effective and coordinated communications planning and technical assistance throughout the course of the grant cycle.

1.03 Program Services/Activities

Grantees are required to adhere to program requirements and service standards.

As stated previously, this solicitation is for work to achieve the following goals (in priority order), with a focus on identifying and eliminating disparities within each of these goals:

- eliminate exposure to secondhand smoke
- prevent the initiation of tobacco use
- promote cessation among current tobacco users

A fourth goal of this RFP is to support local capacity to address tobacco use through strategies 4.1-4.8 (pages 12-

15).

Applicants should select their goals and specific strategies within those goals from the lists provided below. All applicants (including regional and statewide) MUST select a) at least one strategy from Goal Area 1, b) all capacity building strategies in Goal 4, and c) promote Alaska's Tobacco Quit Line (strategy 3.1). Applicants may also propose additional work in Goal Areas 1, 2, and 3 as capacity allows. Organizations that choose to work on optional strategies must present a realistic budget to accommodate additional work. Statewide applicants should describe in their proposal how to would scale the work to accomplish strategies on the statewide level.

For each strategy chosen in Goals 1-3, applicants must specify the following:

- One or more "SMART" objectives that describe the results to be achieved. Further description and examples of "SMART" objectives can be found in the program workbook (Attachment 1).
- The specific location(s) and/or organization(s) where the proposed work will take place.
- Specific activities to be undertaken within each strategy. Activities should be based on the steps outlined in the systems and policy change framework in Attachment 1. Sample activities are provided in the program workbook.
- The disparate populations that will be affected by work in the strategy. The selection of disparate populations should demonstrate an understanding of data and community needs.

Goal 1. Eliminating exposure to secondhand smoke:

The 2006 Surgeon General's Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, concludes there is no safe level of exposure to secondhand smoke. The TPC Program's highest priority strategy for the next four years is to provide public education and support to ensure all workplaces in Alaska are smokefree. This priority was chosen because smokefree workplace policies have been shown to reduce tobacco use, support smokers' attempts to quit, are instrumental in preventing youth initiation and protecting the public and employees from exposure to secondhand smoke. While some communities have passed smokefree workplace laws, many Alaskan workers are still exposed to tobacco smoke while they are at their jobs.

To protect all workers and public from exposure to tobacco smoke, communities can enact uniform 100% smokefree air policies. Smokefree workplaces can be achieved through public policy promotion or organizational policy adoption. Grantees can support communities and organizations to reduce exposure to secondhand smoke through educating community members, the general public and decision makers with resources and technical assistance on implementation or enforcement. No SOA grant funds may be used toward lobbying or fundraising activities.

Eliminating exposure to secondhand smoke public policy strategies include:

- 1.1 Promote uniform local 100% smokefree air in order to protect all workers and the public from exposure to tobacco smoke. These should cover all workplaces and public places, including restaurants, bars, and gaming areas.

1.2 Promote uniform tribal 100% smokefree air in order to protect all workers, tribal members, and the public from exposure to tobacco smoke. These should cover all workplaces and public places, including restaurants, bars, and gaming areas.

1.3 Promote uniform statewide 100% smokefree air in order to protect all workers and the public from exposure to tobacco smoke. These should cover all workplaces and public places, including restaurants, bars, and gaming areas.

Eliminating exposure to secondhand smoke organizational policy strategies include:

1.4 Work with healthcare campuses (tribal health, community health centers, behavioral health, substance abuse, hospital, etc) to implement and enforce tobacco-free campuses.

1.5 Work with community colleges, vocational schools, universities, and other learning facilities to implement and enforce tobacco-free campuses. Note: K-12 school policy work should be addressed through strategy 2.2

1.6 Work with public and private organizations to support smokefree multi-unit housing

1.7 Work with organizations to implement and enforce tobacco-free campuses

Goal 2. Prevent the initiation of tobacco use:

Preventing young people from starting to use tobacco is the best way to reduce the chances of becoming addicted to tobacco as adults, and suffering long-term consequences. Efforts that focus on increasing the price of tobacco and promoting smokefree or tobacco-free public spaces help to prevent youth initiation of tobacco use.

Pricing strategies include:

2.1 Work with community leaders to increase the price of tobacco products. This may include increases in the excise tax on cigarettes with an equivalent tax increase on the prices of Other Tobacco Products (e.g., smokeless, cigars, pipe, dissolvables). It may also include minimum price laws or public policies restricting incentives such as coupons or “two for one” promotions.

Tobacco- Free environment strategies include:

2.2 Support implementation and enforcement of tobacco free school district policies that are consistent with Alaska’s Model Tobacco-Free Schools Policy recommendations (see www.tobaccofreealaska.com). This may include promoting standardized, evidence based SAMSHA- approved tobacco prevention curriculum within school districts, assisting with the development of supportive interventions, and supporting participation in school-based youth surveys.

Goal 3. Promote cessation among current tobacco users

Quitting tobacco provides health benefits at any age. Physical addiction, learned behaviors and social norms work together to make quitting tobacco extremely difficult. The following strategies are designed to enhance

access to quitting resources, increase the number of quit attempts among tobacco users and improve the efficacy of quit attempts. The strategies are broken into three categories: a) cessation support strategies, b) health care system change strategies (within the health care, behavioral treatment, dental, or military health systems), and c) the promotion of tobacco dependence treatment. For more information on Clinical Practice Guidelines, please see <http://www.ahrq.gov/path/tobacco.htm#clinicians>.

Cessation support strategies include:

3.1 Promote public awareness regarding the health benefits of tobacco cessation and resources for tobacco cessation, including Alaska's Tobacco Quit Line and other local cessation resources.

All grantees are required to promote Alaska's Tobacco Quit Line in addition to any identified local cessation resources. The Quit Line is a free telephone-based counseling service available to all Alaskans. 1.800. QUIT NOW will provide individualized counseling services and up to eight weeks free of nicotine replacement therapy (patch or gum). Applicants must describe their plans to promote the Quit Line in their workplans.

System change strategies include:

3.2 Engage all healthcare systems to implement tobacco control policies consistent with *the U.S. Public Health Services Clinical Practice Guidelines Treating Tobacco Use and Dependence*, including work with systems to ask, advise, refer and document tobacco use and follow-up while minimizing barriers to treatment.

Promote coverage of tobacco dependence treatment strategies include:

3.3 Work with large employers to improve employee health plans to provide and promote utilization of comprehensive coverage of recommended tobacco dependence treatments, including promoting quitting and healthcare benefits that support quitting.

Goal 4. Capacity Building for Tobacco Control:

Establishing local-level capacity for tobacco control builds leadership, gathers resources and skills to achieve outcomes, and may produce more culturally-competent efforts than those conducted only from the state level. ALL eight of the following strategies are required for all grantees, to build and maintain local-level capacity for tobacco control. Please see the description of each capacity building strategy for specific requirements.

4.1 Staff and Training Requirements

Each grantee must maintain a minimum of one 0.95 FTE Coordinator, with additional staff as needed. Staff associated with this project are encouraged to refrain from the use or sponsorship of tobacco and the tobacco industry. See Section 2.02 for further staffing requirements.

Grant program staff is required to attend a minimum of training events per year. At a minimum, each grant coordinator will attend an annual Orientation in Anchorage, two 2.5 day annual trainings in Anchorage, and participate in regular webinar training series, as well as actively engage in quarterly regional meetings (via teleconference or web based conference). In addition, grantees are encouraged to budget for at least one national training to stay up to date on the latest research and strategies for tobacco prevention and control. Grantees are strongly encouraged to budget for additional staff and community partners to participate in training events. For more information see Section 2.02.

4.2 Local Coalition Building

Each grantee will coordinate recruiting, developing relationships with, and maintaining a local coalition. The coalition should include a group of influential and relevant partners, stakeholders, and champions to advocate for change. Grantees that overlap service areas must partner to facilitate one coalition as appropriate.

Grantees are expected to coordinate and collaborate with community partners and stakeholders including internal and external colleagues, contractors, community leaders, advocates, and representatives from throughout the community.

Applicants with an existing local coalition must attach the community coalition information form (Attachment 4). Applicants that do not have a local coalition must describe their plans to develop a local coalition in their application.

In addition, a minimum of three (3) memorandums of agreement or letters of support from community or regional based partners are a required part of this application. Please see Attachment 5 for a sample.

4.3 Regional coalition participation:

Each grantee will be part of a regional coalition. Regional coalitions are required to meet at a minimum of once per quarter either through teleconference, web-based communications (Skype, Go-To Meeting, etc), or in-person as applicable. During quarterly meetings, coalitions will address develop data-driven strategies to coordinate efforts across the region. Grantees should budget for attendance at each regional meeting with staff time and equipment. Applicants that self-select to be the regional coalition leader should budget additional time and resources as appropriate.

In their proposals applicants must describe any existing coordinated tobacco prevention and control efforts they are involved in at the regional level. All applicants (including those not currently involved in regional tobacco prevention and control work) must describe how their work will contribute to a comprehensive regional tobacco prevention and control effort. Applicants must also describe how regional collaboration could enhance the work they are proposing.

Statewide grantees will be expected to collaborate with other funded and non-funded organizations across the state including but not limited to overlapping community coalitions, regional partners as applicable, TPC Program staff and associated contractors. Applicants proposing work on a statewide level must describe any existing tobacco prevention and control partnerships across the state as well as any future plans to collaborate with additional partners.

4.4 Statewide Coordination

In order to ensure that local and regional efforts are coordinated with those at the statewide level, funded applicants will be required to participate in statewide tobacco prevention and control activities.

In their proposals, applicants must identify their planned participation in a minimum of three statewide activities to coordinate and support efforts at the statewide level. Activities include:

1. Actively participate in a LEAD workgroup through bi-monthly meetings
 - Goal 1: Promote tobacco free tribal resolutions in your region

- Goal 2: Promote Ask, Advise, Refer in community health centers or other health systems serving primarily low socio-economic populations
 - Goal 3: Promote tobacco free college, vocational school, and trade school campuses
 - Goal 4: Promote tobacco cessation and tobacco-free campus policies in mental health & substance abuse treatment programs
2. Promote the TPC/Alaska Association of School Boards model tobacco-free K-12 school policy to school districts in your region
 3. Work with the Mission 100 team to promote comprehensive tobacco policies to organizations in your region
 4. Support ATCA membership from your region
 5. Support coalition members and local youth in ATCA workgroups and/or ATCA youth leaders
 6. Educate your local elected officials on what tobacco prevention activities are going on in their region
 7. Serve as the facilitator for your regional coalition collaboration
 8. Coordinate your organization adopting the TPC model smokefree or tobacco-free workplace policy

4.5 Data-driven programming

Communities are expected to use local needs and data to “drive” all strategy and intervention decisions, as well as to gain support for the importance of tobacco prevention and control programs. Applicants must briefly (less than one page) describe the process used to initially review data in preparation for submitting this proposal. This description should include:

- What data sources were perceived as most valuable in describing tobacco use or risk factors in the region, including Regional Profiles (see link in Table of Contents – Attach 2) and other data references?
- Who participated in the review of data?
- What conclusions were drawn by those who reviewed data?
- Identified data gaps- where is more information needed for planning effective tobacco control efforts in the region?

Throughout the course of this funding cycle grantees will be expected to assemble and apply data and information that builds their capacity to do work in any of the program goal areas. Grantees may also be asked to participate in data collection as part of regional or statewide data collection efforts.

4.6 Health Equity

Addressing health disparities and promoting health equity is a high priority for the TPC Program. All applicants must describe disparities in the region they are proposing to serve. A summary of disparities in the service region should include:

- Description of the disparate population(s) identified (e.g., age, gender, location, race/ethnicity)
- Size of the disparate population
- Data on tobacco use/exposure/burden in this disparate population(s), or summary of other reasons why this population(s) were identified as having disparities.

In addition, as discussed previously, work plans must clearly explain how the each strategy chosen will impact disparate populations.

4.7 Media Advocacy:

Community-based media advocacy and public education efforts play an important role in influencing community rules, social norms, and practices around tobacco use. Applicants should include media advocacy and public education activities for each strategy in their workplans. Applicants must also submit a Media Advocacy Plan that lists strategic goals for using mass media (earned and paid) to educate the public about a problem, its impact on the community, and the need for a policy or systems change to address the problem. See Attachment 6.

4.8 Emerging opportunities:

The TPC Program anticipates that important opportunities to bring tobacco control to public debate or attention can occur throughout the course of this grant cycle.

New regulations are being currently put in place associated with FDA regulation of tobacco, and these may result in opportunities to address tobacco in the retail environment that are not currently defined.

Throughout the course of this grant cycle, grantees may be asked to expand work to include retail environments or other emerging issues. Training and technical assistance will be provided for any emerging issues and support materials, such as the applicant workbook, will be updated as appropriate.

Guidelines

To support grantees in meeting grant goals and objectives, the TPC Program provides training support and technical assistance to grantees under this grant program. Funded grantees must maintain open communication and work with technical assistance, training and other TPC Program contractors throughout the course of the funding period. All work plans and supporting documents (including community coalition forms and media advocacy plans) are required to be approved by the TPC Program on a yearly basis as a collaborative effort.

Proposals must demonstrate a thorough understanding of the grant program goals and outcomes anticipated by the Department and proposed projects should meet or exceed anticipated minimums described in this RFP. Proposals must include a description of proposed activities that support the goals and outcomes to be employed in the project and address all requirements set forth in this RFP.

1.04 Program Evaluation Requirements and Reporting

Applicants must complete the strategy overview worksheet (Attachment 7) that indicates planned strategies. Applicants must also complete the attached project work plan form; providing requested detail on any strategy in which they plan to work.

Grantees will be required to report quarterly on their work in each strategy, including work done in each step of the policy framework. Quarterly and annual reports of progress toward objectives will also be required. For additional detail on required reporting please see the grant workbook (Attachment 1).

In addition to routine reporting, grantees will spend a portion of year 1 completing additional local assessments in order to build capacity or contribute to regional or statewide data collection. Grantees must work with the TPC

Program Evaluation Team, Grant Program Managers, and Technical Assistance consultants on all assessments, data collection efforts, or evaluation projects.

1.05 Target Population and Service Area

Proposals must clearly describe the population targeted by the project, including the area or communities that will be served. Proposals will be evaluated for compatibility with the intended target population identified in this document.

Applicants must include a description of their organization's service area, including communities and population they intend to serve within this grant agreement. Statewide applicants must include a description of the target population to be served, including focused outreach in any particular region, communities, or disparate populations. The narrative should include the following information:

- A description of the geographic area to be served
- A description of the population size and demographic characteristics of the population(s) you will serve
- A description of the political authorities in the region (municipalities, tribal authorities) as well as which areas are unincorporated
- A description of the historical, political, economic and socio-cultural influences of your community as they relate to tobacco use
- A description of the burden of tobacco use within your community, region, or proposed service area. The description should include tobacco prevalence rates and the identification of disparate populations for tobacco control. Include information on tobacco-related disease and disability.
- A description of the target population(s) to be served, utilizing relevant data to describe needs with respect to tobacco control issues in the community.
- A description of potential partner organizations, including health care centers, large employers, community or health organizations and health or wellness coalitions.
- In the case where an applicant had previously received funding from the TPC Program, describe progress towards past grant objectives.

This RFP is intended to cover every region of Alaska and to fund grantees working on a statewide level. The Regional Profiles (see link in Table of Contents – Attach 2) are a resource for regional tobacco data and information. Additional regional data resources include *Informed Alaskans- Alaska Health Profiles* found at <http://www.hss.state.ak.us/dph/infocenter/ia/default.htm>

1.06 Program Funding

Funds available for this grant are anticipated to total approximately \$5,500,000 in state General Funds. The TPC Program anticipates awarding approximately \$400,000 per organization to include approximately 12 regional grantees and 2 statewide grantees, for a total of 14 for this grant cycle.

Proposed Budget: The proposal must contain both a detailed and narrative budget for the first fiscal year of the grant which is fully compliant with the limitations described in 7 AAC 78.160 (Costs) and that supports program staffing and service delivery requirements stated in this RFP. Appendix C - Budget Detail & Narrative Form and Instructions, provides applicants with a formatted Excel workbook and instructions for completing a project budget. More detailed instructions can be accessed in the DHSS Budget Guidelines available on line at <http://dhss.alaska.gov/fms/grants/Documents/DHSS%20Budget%20Guidelines.pdf>

If the proposed budget includes indirect costs, 7 AAC 78.160(p) requires a copy of the agency's current federally approved Indirect Cost Rate Agreement. Agencies having current grant agreements with DHSS can review, in eGrants, the Indirect Cost Rate Agreement information on file. Agencies which do not have current grant agreements with the Department must provide a copy of the Indirect Cost Rate Agreement as an attachment to the proposal.

SECTION TWO APPLICANT QUALIFICATIONS

2.01 Required Experience

Applicants are required to submit or have on file current documentation to demonstrate eligibility to apply for a grant less than 7 AAC 78.030. Verify that necessary documents are on file with the department by reviewing your organization on eGrants or by contacting the individual identified in B(5). Documents may be submitted with your grant application or sent prior to the application deadline to the contact named in Section B(5). In addition, all applicants must

- 1) Be a member of, or provide evidence they are forming, a local and regional tobacco prevention and control coalitions,
- 2) Provide evidence that they will engage and involve their coalitions when designing and implementing their proposal and strategic plan for this solicitation.
- 3) Support statewide clean indoor air initiatives through selecting strategies in Goal Area 1.
- 4) Promote Alaska's Tobacco Quit Line.
- 5) Proposals should demonstrate the continuation of any previous coalition activities.

The applicant will provide a brief overview of prior experience providing same or similar services to the target population. If the applicant is not a current or prior year grantee of DHSS or this program, the proposal must include references and documentation of the successful delivery of same or similar services to the target population, and include a copy of their most recent audit.

Provide a brief history that demonstrates sustainable fiscal and administrative capacity, capability and responsibility.

Subcontractors may be used to support work under this grant. If an applicant intends to use subcontractors, the applicant must identify in the proposal the names of subcontractors and the portions of the work the subcontractors will perform.

2.02 Program Staffing Requirements

Program staffing levels must be commensurate with meeting the program goals, anticipated outcomes, and activities/strategies for service delivery appropriate to the proposed project. As noted earlier, at a minimum one 0.95 FTE coordinator will be dedicated to this project and supported with funding from this award.

Describe your organization's staffing, including qualifications and number of staff required to achieve the proposed outcomes. As appendices to the proposal, applicants must provide job descriptions for each position funded through the grant program, as well as resumes for each of the key staff, which will include, at minimum,

the Tobacco Control Coordinator.

- 1) All applicants will employ a minimum of one 0.95 FTE grant coordinator to work on this project.
- 2) Coordinators are required to attend Orientation, semi-annual training conferences in Anchorage and web based training opportunities sponsored by the TPC Program.
- 3) Staff associated with this project is strongly encouraged to refrain from the use or sponsorship of tobacco and the tobacco industry.

Duties of a Tobacco Control Coordinator include, but are not limited to: knowledge of tobacco health hazards, ability to develop a strategic plan to guide program efforts, measurable outreach to community members and organizations, ability to recruit supporters to the local or regional coalitions, facilitate community efforts to pass comprehensive tobacco control policies, and report all program activities to the TPC Program on a quarterly basis. Applicants that hire a new grant coordinator or staff without tobacco prevention and control experience in Alaska must arrange for appropriate staff training and provide a training plan with the proposal. All grant coordinators must receive orientation training from state TPC Program staff and will be encouraged to pursue additional state and national-level training opportunities.

Applicants are expected to describe the agency's employee orientation process and the staff training plan including training for disparate populations served and how both are accomplished for staff in outlying service areas.

2.03 Administrative, Management, and Facility Requirements

The proposal must support the applicant's ability to responsibly administer the grant, including a description of the resolution of any prior year audit exceptions.

The applicant will be required to demonstrate that the administrative infrastructure necessary to support the project exists within the agency or through collaborations that support efficiencies. Executive and administrative staff must be qualified, as indicated by their professional and educational experience detailed in the attached resume(s).

The applicant must attach a current organizational chart showing the relationship of this project to the other functions within the organization. Successful grant applicants will be required to submit additional agency information with submission of their signed grant agreement, if that information is not current and already on file with DHSS, Grants & Contracts Support Team.

The applicant must address potential safety concerns for both clients and staff in the management of services proposed in response to this RFP.

All applicants for DHSS grants should have an emergency response and recovery plan for the safe evacuation of clients and staff, and that provides for other potential safety concerns. This plan is mandatory for grantees providing residential and/or critical care services (see Appendix B, DHSS Assurances).

2.04 Support/Coordination of Services

Applicants must coordinate with partners necessary to provide adequate supports to the clients served through their proposed project. The proposal includes a list of agencies, and identifies the relevant contact persons

within those agencies, that will be providing resources necessary to the effective delivery of proposed services (Attachment 4).

Provide tangible demonstration of necessary partnerships and cooperative agreements as appendices to the proposal, internal as well as external. A minimum of three (3) memorandums of agreement or letters of support from community and regional based partners are a required part of this application. Please see Attachment 5 for samples. A current letter of support from the administration of the applying organization must be included in the proposal, and demonstrate the leadership's understanding of work to be conducted, the application of funds towards a .95 FTE, and travel and training requirements as a condition of this award. The letter of support must be signed by the CEO AND division or department head in which the program will reside. Attach copies of agreements, which must be current and specifically address the services to be provided in this program.

SECTION THREE GENERAL INSTRUCTIONS FOR PROPOSAL SUBMISSION

3.01 Eligibility (Who May Apply)

Applicants must be eligible to apply under 7 AAC 78.030 (Eligible Applicants). They include nonprofit organizations; public school districts; municipalities or other political subdivisions of the state; other State agencies; and Alaska Native Tribes. See Section 3.02 of this RFP for additional eligibility information specific to the program and this solicitation. The following documentation of eligibility is required for Nonprofit Corporations or Alaska Native Tribal applicants:

- a. **A Nonprofit Corporation or a Nonprofit Subsidiary of a Nonprofit Corporation.** The agency must be listed on the United States Internal Revenue Service's most recent register of Tax-exempt organizations, or be listed as a Nonprofit Corporation in good standing in the Alaska Department of Commerce, Community and Economic Development's Corporation's Database. Nonprofit subsidiaries must also submit a letter from the parent organization confirming nonprofit status, or must have a current letter on file with the DHSS, Grants and Contracts Support Team.
- b. **An Alaska Native entity as defined in 7 AAC 78.950(1).** The entity must submit with their application a legally binding resolution waiving the entity's sovereign immunity from suit, using Appendix G. This form is designed to encompass the multi-year grant duration period identified in section 3.09. To be eligible for consideration, the resolution must include authorization compliant with the tribe's constitution:
 1. Federally recognized tribes for which the tribal constitution grants authority to the tribal council to waive sovereign immunity and enter into a grant agreement on behalf of the tribe.
 2. Federally recognized tribes for which the tribal constitution requires a majority vote of the tribal membership to waive sovereign immunity and enter into a grant agreement.

Applicants must also submit, or have on file with DHSS, a current governing board member list with titles, contact information, and terms of office. The list must include emergency contact information outside

the applicant agency for one or more responsible officers of the governing board.

Applicants who have a previous contract or grant to help write this current RFP will be precluded from submitting a proposal unless a written statement of refusal of the contract or grant funds is attached. Proposals submitted without this statement shall be deemed non-responsive.

3.02 Minimum Responsiveness

To be considered responsive to this request for proposals, all proposals will be reviewed to determine if they meet the following minimum responsiveness requirements:

- a. The applicant must meet the eligibility requirement stated above in Section 3.01.
- b. Proposals must be received on or before the deadline stated in Section 3.07 at the address stated in Section 3.04.
- c. The applicant must select at least one strategy from Goal Area 1. (Attachment)
- d. The applicant will promote Alaska's Tobacco Quit Line. (Attachment)

If a proposal meets the above minimum criteria, it will be considered minimally responsive for purposes of evaluation under 7 AAC 78.090 (Review of Proposals). If it fails to meet any one of the criteria, it will be rejected. Once determined to be responsive, it will then be evaluated according to the criteria in Section 4 Submission Requirements and Criteria for Proposal Review.

3.03 Acceptance of Terms

By submitting a proposal, an applicant accepts all terms and conditions of this Request for Proposals including all appendices and attachments and guidelines identified in this RFP; 7 AAC 78 and any other applicable statutes or regulations. Copies of these may be accessed through the contact person listed in Section 3.04 in this RFP.

If a grant is awarded, this RFP and the applicant's proposal become part of the grant agreement. The applicant will be bound by the provisions contained in their proposal, unless the Department agrees that specific parts of the proposal are not part of the agreement.

Proposals and other materials submitted in response to this RFP become the property of the State and may be returned only if the State allows. Proposals are public documents and may be inspected or copied by anyone after grants have been awarded.

3.04 Number of Copies, Mailing Address, and Notice of Intent to Apply

Submit one original and six copies of the proposal to the contact person at the address below. Only the proposal indicated as the original will be reviewed to determine if the proposal is responsive. The applicant is responsible for the format and content of the original and all copies. Proposals must be received at the address provided below, on or before the deadline stated. Proposals will not be accepted by fax or email, the fax number and email address below are provided solely for contact purposes.

It is the applicant's responsibility to verify delivery service with the courier of choice in order to get the

proposal to the Grants and Contracts Juneau Office on or before the deadline stated in Section 3.07.

Information received after the proposal deadline could result in additional compliance conditions, adjustments to the amount of funding, or may delay the beginning date of the grant.

MAILING ADDRESS:

Britten M. Burkhouse, Grants Admin. III
Department of Health & Social Services
Grants & Contracts Support Team
P.O. Box 110650
Juneau, Alaska 99811-0650

PHYSICAL ADDRESS:

Britten M. Burkhouse, Grants Admin. III
Department of Health & Social Services
Grants & Contracts Support Team
State Office Building, Suite 760
333 Willoughby Avenue
Juneau, Alaska

PHONE: (907) 465-4938

FAX: (907) 465-8678

EMAIL: Britten.Burkhouse@alaska.gov

Note: U.S. Post Office will **not** deliver to the physical address listed above.

Relay Alaska provides assisted communication services at the following numbers:
from a TT Phone: 1 800 770-8973; from a Voice Phone: 1 800 770-8255

3.05 Proposal Length and Format

Proposals that exceed the required limits or that do not meet the required format, may be considered non-responsive. At minimum, each page shall have top, bottom, right and left margins of 1 inch. The font used must be no smaller than 12-point proportional type, or 10 characters to the inch (pitch) for fixed width type. All pages must be numbered and single-sided. Include a table of contents, which provides page references for each of the required proposal sections listed in Section 4, as well as for any appendices or attachments.

3.06 Inquires and Protest

Applicants should immediately review this Request for Proposals for defects and questionable or confusing content. Questions about the RFP that can be answered by directing the applicant to a specific section in the RFP may be answered verbally by the contact person in Section 3.04. Questions that cannot be answered by directing an applicant to a specific section of the RFP may be declared to be of a substantive nature. The applicant will be directed to state the question **in writing**. Questions of a substantive nature must be **received, in writing**, at the address listed in Section 3.04 **no less than ten days before the deadline for receipt of proposals, (see Summary of Processes & Deadlines, Section 3.07)**. This will allow issuance of any necessary amendments to all prospective applicants.

Any protests based on any omission or error in the content of the RFP will be disallowed if these faults have not been brought to the attention of the Contact Person in Section 3.04, **in writing, by deadline indicated below**.

Applicants are responsible for monitoring the State's *Online Public Notice* website located at: <http://aws.state.ak.us/OnlinePublicNotices/> for any subsequent clarifications or amendments that may be issued regarding this solicitation.

3.07 Summary of Processes and Deadlines

Request for Proposals (RFP) Issuance Date:	March 11, 2013
Pre-proposal Teleconference:	March 20, 2013, 11a.m.
Call 907-791-2345 passcode 81826# to join the teleconference	
Deadline for written inquiries or protests of the RFP:	April 9, 2013
Deadline for receipt of proposals:	4:00 p.m., April 19, 2013
Proposal Evaluation Committee:	TBD
Project Period Begins:	July 1, 2013

To be considered for funding, proposals must be received on or before 4:00 p.m. Alaska Prevailing Time, on the date indicated above at the Grants & Contracts Juneau Office. Both mailing and physical addresses are provided above in Section 3.04. **Proposals delivered by fax or email will not be accepted.**

Information received after the proposal deadline will not be considered and may result in the proposal being declared non-responsive and will not be forwarded to PEC for evaluation.

3.08 Proposal Costs

The Department of Health and Social Services will not be responsible for any expenses incurred by the applicant prior to the authorized grant performance period. All costs of responding to this RFP are the responsibility of the applicant.

3.09 Duration of Grant

This RFP is for a 4-year period, beginning FY 14, July 1, 2013, through June 30, 2014. At the discretion of the Department of Health and Social Services, a project funded under this RFP may be considered for continued funding in subsequent program year(s), FY 2015 through FY 2016. The decision to continue funding for the subsequent year(s) of the 4 -year grant cycle is based on the following general conditions:

- a. the Department's judgment that there is a continued need for the grant project service;
- b. the grantee's satisfactory performance during the previous grant year;
- c. the availability of sufficient grant program funds, and whether continuation of the financing is consistent with public health and welfare; and
- d. the ability of the grantee and the Department to agree on any adjustments in payments or service.

Proposals submitted in response to this RFP must contain a detailed plan for services in the first year of the grant, and should include a brief outline of services planned in subsequent years. This includes a budget for year one of the grant only. Funding in the subsequent year(s) will require submission and

approval of documents needed to update service plans, evaluation measures and budgets. Grantees will be notified by Grants and Contracts of specific submission requirements necessary to qualify for consideration of continued funding.

3.10 Proposal Review

Following the deadline for receipt of proposals, DHSS staff will verify all submission requirements have been met. No amendments or corrections will be accepted after the deadline unless they are in response to a request from the contact person named in this RFP. Proposals will be reviewed as follows:

- a. Proposals will be evaluated in a manner that will **avoid disclosure of contents to competing offerors** before notice grant of award has been issued.
- b. DHSS staff will evaluate each grant proposal for minimum responsiveness and other technical requirements, and eliminate nonresponsive proposals from consideration by a PEC.
- c. Using the criteria set out in this RFP and 7 AAC 78.100 (Criteria for Review of Proposals), DHSS staff will evaluate each responsive proposal based on the contents of the proposal as well as relevant documentation and information regarding the applicant that is available to the Department. Recommendations regarding whether each proposal should be financed, and at what level, will include consideration of the following:
 1. a history of the applicant's compliance with grant requirements, to include records of program performance, on-site program reviews, and prior year audits;
 2. priorities in applicable State health and social services plans;
 3. requirements of applicable State and federal statutes; and
 4. municipal ordinances or regulations applicable to the grant program.
- d. If there are multiple responsive proposals for which there is insufficient money to fully fund, or supplementary expertise is deemed necessary to the review of proposed services, the Department may appoint a Proposal Evaluation Committee (PEC) as an additional advisory body. PEC members will initially evaluate proposals, independently of other committee members. Then as a committee, they will meet in a **closed session** (7 AAC 78.090 Review of Proposals) to further review proposals and develop recommendations. The PEC will include in their review, consideration of staff recommendations and discussion of each proposal's merits. Recommendations will include approval or disapproval for award, modifications to the proposed project, special compliance conditions, and ranking proposals in priority order.
- e. All advisory recommendations, including staff recommendations, and if applicable the recommendations of the Proposal Evaluation Committee, as well as all other review materials will be submitted for consideration by the Director of the Division, who will make recommendations to the Commissioner of the Department of Health and Social Services or the Commissioner's designee.

3.11 Final Decision Authority

Recommendations, including those from any PEC that may be held, **are advisory only**, the final decision whether to approve or disapprove grant award, the amount of each award, and whether to impose special conditions or modifications rests with the Commissioner or Commissioner's designee.

PLEASE NOTE: The final decision may include additional considerations, such as the lack of or duplication of services in certain locations, or alternative services that may be available; a critical need for services by vulnerable populations; and matters of health, life and safety. *The Department has the responsibility to ensure public monies are utilized in a manner that protects the interests of the people of the State and retains the right to make final awards that ensure responsible distribution of grant funds.*

3.12 Notification of Grant Award and Appeals

Within fifteen (15) days after the decision regarding grant awards, the applicant will be notified of the final funding decision, and any conditions of award or modifications. Following any necessary negotiations for revisions to the proposed budget and scope of services, applicants will be issued a grant agreement. This formal agreement will contain specific performance and reporting requirements consistent with Department policy and procedure and 7 AAC 78 (Grant Programs).

Per 7 AAC 78.305 (Request for Appeal), an applicant may appeal a final grant award decision. Requests for hearing must be addressed to the Commissioner, and received in writing at the address below, within 15 days after the applicant receives notification of the decision. The request must contain the reasons for the appeal and must cite the law, regulation, or terms of the grant upon which the appeal is based.

Send appeal to:

William J. Streur, Commissioner
Department of Health & Social Services
P.O. Box 110601
Juneau, Alaska 99811-0601

with a **copy** to the Grants Administrator named Section 3.04 above.

3.13 Cancellation of the RFP/Termination of Award

Contingent upon funding appropriations and the Governor's approval, the Department may fund proposals from eligible applicants. The Department of Health and Social Services may withdraw this competitive Request for Proposals at any time and reserves the right to refrain from making an award when such action is deemed to be in the best interest of the State. Funds awarded for a grant as a result of this RFP may be withheld and the grant terminated by written notice from the grantor to the grantee at any time for violation by the grantee of any terms or conditions of the grant award, or when such action is deemed by the grantor to be in the best interest of the State.

SECTION FOUR SUBMISSION REQUIREMENTS/CRITERIA FOR PROPOSAL

Tobacco Prevention & Control Community Grant Program

The following pages contain the criteria by which the proposal will be evaluated.

IMPORTANT INSTRUCTION TO APPLICANTS:

1. Enter the name of the applicant agency.
2. Check the type of entity eligibility under which application is being made in the boxes below.
3. Complete column B in sections 1-2 and column C in sections 3-6 in the tables on the following pages by entering the page number of the proposal where the requested information is addressed.
4. Please do not write in shaded areas, shaded areas are to be completed by DHSS reviewers.
5. Applicants MUST submit the completed Section 4 of the RFP with each copy of their proposal.

Enter Applicant Agency Name:			
Check Applicant Eligibility Type:	<input type="checkbox"/>	Nonprofit, or Subsidiary	<input type="checkbox"/>
	<input type="checkbox"/>	Alaska Native Entity (Tribe)	<input type="checkbox"/>
			<input type="checkbox"/>
			Government

Columns	A	B
[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN B]		
4.01 Minimum Responsiveness Criteria	Requirement Met?	Page Number
Minimum Responsiveness Requirements – Proposals that fail to meet the minimum responsiveness requirements below will be eliminated from consideration per 7 AAC 78.090(b)(2).		
a. Applicant is eligible per 7 AAC 78.030, and documentation is submitted with application, or is on file with G&CST as described in Section 3.01 of this RFP	Yes/No	
b. Proposal was received on or before the deadline specified in Section 3.07, at the address stated in Section 3.04.	Yes/No	
c. The applicant selected at least one strategy from Goal Area 1. (Attach 7)	Yes/No	
d. The applicant will promote Alaska’s Tobacco Quit Line. (Attach 7)	Yes/No	

[SHADED AREAS TO BE COMPLETED BY REVIEWER]	
Total Score _____	<input type="checkbox"/> Staff Reviewer <input type="checkbox"/> PEC-Member
Reviewer's Name _____ Date _____ Summarize special conditions of award and any modifications needed to the proposed project.	



Columns	A	B
[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN B]		
4.02 Technical Requirements	Requirement Met?	Page Number
per 7 AAC 78.060, 78.090(b) and 78.100		
a. Grant Application form - Appendix A, is complete, including the other agency grant funding information, and is signed and dated by a person authorized to enter into legal agreements on behalf of the applicant.	Yes/No	
b. The format and length of the proposal complies with the requirements of Section 3.05.	Yes/No	
c. DHSS Assurances form - Appendix B, is signed and dated by an authorized person.	Yes/No	
d. The applicant historically maintains required standards as demonstrated in quality assurance reviews, licensing or certification standards, etc.	Yes/No	
e. Financial Audits are current and prior year audit exceptions, if any, are resolved.	Yes/No	
f. The proposal contains current applicable organizational documents, or current documents are on file with DHSS/G&CST.	Yes/No	
g. Current Governing Board Member List with details as instructed in Section 3.01	Yes/No	
h. Federally approved Indirect Cost Rate Agreement, if applicable.	Yes/No	
i. Current resumes for the Chief Executive and Chief Financial Officers.	Yes/No	
j. Proposed facilities are safe and appropriate to the purpose of the program.	Yes/No	
k. Work Plan Form	Yes/No	
l. Strategy Overview Worksheet	Yes/No	
m. Community Coalition Form	Yes/No	
n. Media Advocacy Plan	Yes/No	
[ADDITIONAL REVIEWER COMMENT]		

Columns	A	B	C
[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN C]			
4.03 Program Goals, Outcomes, Activities, Evaluation, and Population	Points Possible	Points Awarded	Page Number
as described in Sections 1.01 through 1.05			

a. Proposal demonstrates a thorough understanding of grant program goals and anticipated outcomes.	20		
b. Applicant briefly (less than one page) described the process used to initially review data in preparation for submitting this proposal.	15		
c. Applicant identified disparities in their service region, and addresses those disparities through each of their strategies.	15		
d. Proposed outcomes are achievable and compatible with program goals and planning documents.	15		
e. For each strategy chosen in Goals 1-3, applicant addressed the following: <ul style="list-style-type: none"> • One or more “SMART” objectives that are logical and reasonable. SMART objectives describe the results to be achieved. • The specific location(s) and/or organization(s) where the proposed work will take place. • Specific activities to be undertaken within each strategy. Activities should be based on the steps outlined in the 7 step system change framework. • The disparate populations that will be affected by work in the strategy. The selection of disparate populations should demonstrate an understanding of data and community needs. 	60		
f. Proposed activities are well developed, reasonable & support program intent.	30		
g. Proposals and work-plan include descriptions of existing and potential local, regional, and statewide collaboration.	20		
h. Applicant attached community coalition information and described their plans to develop or maintain a local coalition in their application. If proposing work on a statewide level, applicant described any existing tobacco prevention and control partnerships across the state as well as any future plans to collaborate with additional partners.	30		
i. Applicant described any existing coordinated tobacco prevention and control efforts they are involved in at the regional level. Identified potential partners and described how their work will contribute to a comprehensive regional tobacco prevention and control effort.	25		
k. Applicant identified their planned participation in a minimum of three statewide activities to coordinate and support efforts at the statewide level. Planned activities are appropriate and align with grant strategies and objectives.	10		
l. Applicant included a Media Advocacy Plan and listed public communication activities within each strategy. Media activities are reasonable and logical to accomplish grant strategies and objectives.	10		
m. The target population/service area is clearly defined and meets the intent of the RFP, including communities and population they intend to serve within this grant agreement. Statewide applicants must include a description of the target population to be served, including focused outreach in any particular region, communities, or disparate populations.	20		

[ADDITIONAL REVIEWER COMMENT]

Columns **A** **B** **C**
 [SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN C]

4.04 Proposed Budget	Points Possible	Points Awarded	Page Number
and project viability as described in Section 1.06 and 2.03			
a. Budget detail and narrative are completed as instructed, are internally consistent, compliant with cost restrictions and support any necessary allocation of resources among target populations /service locations.	15		
b. The proposal clearly demonstrates that the project is achievable with demonstrated resources.	10		
c. The proposed budget supports a minimum of one 0.95 FTE Grant Coordinator and travel (as appropriate) to one Grantee Orientation and two 2.5 day biannual trainings in Anchorage.	10		
[ADDITIONAL REVIEWER COMMENT]			

Columns **A** **B** **C**
 [SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN C]

4.05 Qualifications, Compliance, Experience, Staffing, Management, and Facilities	Points Possible	Points Awarded	Page Number
as described in Sections 2.01 through 2.03			
a. The applicant’s previous experience in successfully providing the same or similar services meets the requirements of the RFP, as demonstrated by history with DHSS or through documentation from other grantors/funders.	5		
b. Key staff providing services are qualified and competent as demonstrated by professional credentials and resume(s).	10		
c. The proposed staff orientation and training plan is adequate for program needs.	10		
d. Job descriptions for key personnel include the duties and qualifications necessary to support the intent of the RFP.	5		
e. The proposal demonstrates adequate administrative capacity to meet reporting and management needs.	5		
f. The proposal describes how the proposed location/facilities will provide access to the target population and enhance success of the project.	10		
[ADDITIONAL REVIEWER COMMENT]			

	A	B	C
Columns	Points Possible	Points Awarded	Page Number
[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN C]			
4.06 Demonstration of Support and Service Coordination			
as described in Section 2.04			
a. The proposal provides tangible documentation of partnerships, both current and specific to the proposed services. Proposal contains the minimum required 3 MOUs.	20		
b. The proposal includes a letter of support from the applying agency's administration documenting understanding of work to be completed and associated staff and training requirements.	20		
b. The proposal identifies agencies, and names the relevant contact persons within those agencies, that will be providing resources necessary to the effective delivery of proposed services.	10		
[ADDITIONAL REVIEWER COMMENT]			

SECTION FIVE APPENDICES

- 5.01 A. DHSS Grant Application Form**
- 5.02 B. DHSS Assurances Form**
- 5.03 C. Budget Detail and Narrative Form and Instructions**
- 5.04 D. Single Audit Requirements (information appendix)**
- 5.05 G. Resolution for a Waiver of Sovereign Immunity**
- 5.06 I. DHSS Regional Map**

SECTION SIX ATTACHMENTS

- 6.01 1. FY14 TPC RFP Workbook**
- 6.02 2. FY14 TPC Regional Profiles:**
<http://dhss.alaska.gov/dph/Chronic/Pages/Tobacco/default.aspx>
- 6.03 3. FY14 TPC PH Regions Map**
- 6.04 4. FY14 TPC Community Coalition Form**
- 6.05 5. FY14 TPC Sample MOU**
- 6.06 6. FY14 TPC Media Advocacy Plan (MAP)**
- 6.07 7. FY14 TPC Tobacco Control Action Plan**
- 6.08 8. FY14 TPC Statewide Coordination Checklist**
- 6.09 9. FY14 TPC Statement of Refusal**