The Fund for a Healthy Nevada

Tobacco Prevention and Control

Request for Applications

State Fiscal Years 2018-2019

Department of Health and Human Services
Division of Public and Behavioral Health
Bureau of Child, Family and Community Wellness
Chronic Disease Prevention and Health Promotion

STATE OF NEVADA

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Division of Public and Behavioral Health

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Background

The Fund for a Healthy Nevada (FHN) was created in 1999 under Nevada Revised Statute (NRS) 439.620 using a portion of the state's share of the Master Settlement Agreement (MSA) with the tobacco industry. The Nevada State Division of Public and Behavioral Health (DPBH) has been budgeted $950,000 for State Fiscal Years (SFY) 18-19 from this source to allocate to "programs that are consistent with the guidelines established by the Centers for Disease Control and Prevention (CDC) of the United States Department of Health and Human Services relating to evidence-based best practices to prevent, reduce or treat the use of tobacco and the consequences of the use of tobacco (NRS 439.630(1) (f))."

Senate Bill (SB) 421, passed in June 2011, revised the legislation under which the FHN will be administered. SB 421 resulted in the following changes.

- The Trust Fund for Public Health was eliminated. The money in the Trust Fund will be transferred to the FHN, increasing the FHN share of the MSA to 60%.
- The provision specifying the percentages of available revenues to be allocated from the FHN to specific programs was eliminated. Beginning with the State Fiscal Year (SFY) 2014-2015 budgeting process, the Department of Health and Human Services (DHHS) is required to consider recommendations submitted by the Grants Management Advisory Committee (GMAC), the Nevada Commission on Aging (CoA), and the Nevada Commission on Services for Persons with Disabilities (CSPD) when proposing a plan for allocation of FHN funds to programs. The GMAC, CoA, and CSPD must seek community input on needs when developing their recommendations.
- The provision related to Children's Health was revised to broaden the kinds of projects that may be supported with these funds. The revised legislation covers "programs that improve the health and well-being of residents of this state, including, without limitation, programs that improve health services for children."

Grant Period

The grant period for this Request for Applications (RFA) is State Fiscal Year (SFY) 18-19 – beginning July 1, 2017 and ending June 30, 2019. An interim report will be required to determine funding for SFY 19.

Eligible Applicants

Non-profit and public agencies (including local governmental agencies, universities, and community colleges) can apply if interested in providing services which address tobacco control among Nevada residents. Please note the restrictions outlined by NRS 439.630(1) (f) which directs that funding shall be allocated to the following by contract or grant:

(1) To the district board of health in each county whose population is 100,000 or more for expenditure for such programs in the respective county;

(2) For such programs in counties whose population is less than 100,000; and

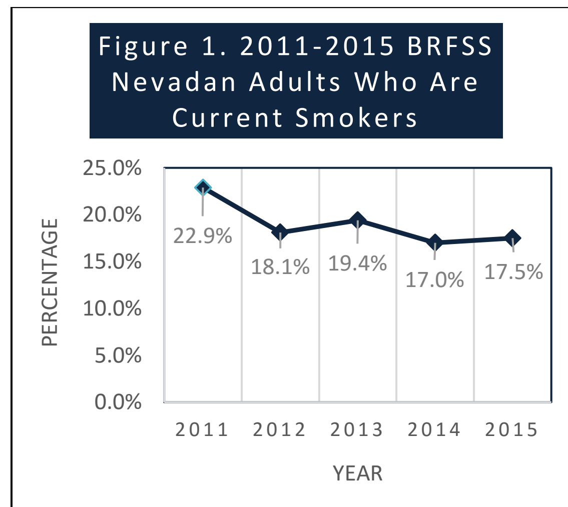
(3) For statewide programs for tobacco cessation and other statewide services for tobacco cessation and for statewide evaluations of programs which receive an allocation of money pursuant to this paragraph, as determined necessary by the Division and the district boards of health.

This RFA is seeking applicants under Parts (1) and (2) of the cited statute above to administer tobacco control programs. Part (3) has already been addressed through a competitive bid process. **Applicants who do not qualify under Part (1) or (2) will not have their application reviewed.**

There are three components to this funding opportunity. Applicants may apply for any of the three components. However, applicants only applying for Component 3 (Surveillance) will not be considered if any other applicant is likely to be awarded under either the first or second component and has also applied for Component 3.

Problem/Burden

Tobacco use is the single most preventable cause of disease, disability, and death in the United States. According to the Centers for Disease Control and Prevention (CDC), more than 480,000 people die of smoking-related illnesses in the United States each year.[1] Each day, an estimated 2,100 youth and young adults who have been occasional smokers become daily cigarette smokers.[2] Behavioral Risk Factor Surveillance System (BRFSS) data shows a significant portion of Nevada adults smoke cigarettes (Fig 1). According to the CDC, 41,000 Nevada children will die prematurely from smoking if current smoking rates persist. Annual health care costs in Nevada directly caused by smoking total $1.08 billion.[3]



[1] Centers for Disease Control and Prevention, Smoking & Tobacco Use Fast Facts. Retrieved December 12, 2016: https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/

[2] U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Retrieved December 20, 2016: https://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm

[3] Campaign for Tobacco-Free Kids, Toll of Tobacco in the United States. Retrieved December 12, 2016: http://www.tobaccofreekids.org/

Disparities in tobacco use remain across multiple population groups. Many groups including people with mental disabilities, racial/ethnic groups, lesbian, gay, bisexual, and transgender communities, and those with physical disabilities are more likely to use tobacco, struggle with quitting, or be exposed to secondhand smoke while having less access to available cessation resources. As a result they are more likely to suffer from preventable tobacco-related disease, disability, and death.[4] Similar to other health disparities, tobacco-related disparities are in part caused and perpetuated by the unequal distribution of social determinants of health, including income and educational attainment.[5] Communities may experience disparities in need of identification or attention which have previously gone unaddressed.

Definitions and General Purpose

The purpose of the funding associated with this RFA is to administer tobacco prevention and control consistent with CDC guidelines to improve the health and well-being of residents of Nevada. To accomplish this, objectives and activities to be funded must reflect and incorporate the state and national tobacco prevention and control goals, and evidence-based interventions as detailed in the guidebook, *Best Practices for Comprehensive Tobacco Control Programs—2014* (simply referred to as the "*Best Practices* Guidebook" hereafter*)*.

Program activities may not duplicate activities supported by other funding sources and grants. However, proposed program activities may support existing or ongoing efforts that produce separate measurable and reportable outputs or deliverables attributable to FHN funding.

Throughout this document, the words "application" and "proposal" may be used interchangeably. Both refer to the documents that applicants will submit in response to this RFA

Best Practices Guidebook

Evidence-based, statewide tobacco control programs that are comprehensive, sustained, and accountable have been shown to reduce smoking rates, as well as tobacco-related diseases and deaths. A comprehensive, statewide tobacco control program is a coordinated effort to establish smoke free policies and social norms, to promote and assist tobacco users to quit, and to prevent initiation of tobacco use.[6] An understanding of the same framework of tobacco control interventions will allow for increased effectiveness, coordination, and the possibility of combining efforts which will necessitate that grantees design programs as outlined by the *Best Practices* Guidebook.

To obtain a copy of this document, visit:

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[4] Legacy for Health, *Tobacco as a Social Justice Issue*. Retrieved January 1, 2015: http://www.legacyforhealth.org/content/download/2830/43307/file/LEG-Social%20Justice%20Brochure-WEB_052313.pdf.

[5] Legacy for Health, *Tobacco-Related Health Disparities.* Retrieved January 1, 2015: http://www.legacyforhealth.org/our-issues/tobacco-related-health-disparities.

[6] U.S. Centers for Disease Control and Prevention (CDC), *Best Practices for Comprehensive Tobacco Control Programs – 2014*, Atlanta, GA: U.S. Department of Health and Human Services (HHS), January 2014. U.S. Centers for Disease Control and Prevention (CDC), *Best Practices for Comprehensive Tobacco Control Programs – 2014*, Atlanta, GA: U.S. Department of Health and Human Services (HHS), January 2014.

www.cdc.gov/tobacco or www.thecommunityguide.org/tobacco

Refer to this resource as needed when developing activities in response to this RFA.

2017-2018 State and National Tobacco Prevention and Control Goals

The goals outlined by CDC and currently being supported by the Nevada Tobacco Prevention and Control Program are:

I. Preventing initiation among youth and young adults
II. Eliminating nonsmokers' exposure to secondhand smoke
III. Promoting quitting among youth and young adults

Additionally, "identifying and eliminating disparities among population groups" remains a cross-cutting goal to be addressed within each of the three goals listed. Activities addressing disparate populations will receive additional consideration for funding.

Components of RFA

There are three funding opportunity components as outlined below (Table 1).

Table 1 Summary of RFA components and funding priorities

Component	Funding Priority	# of Awards (est.)	Pending Annual Amount Available (est. max.)
1	• Prevent initiation among youth and young adults • Promote smoke-free jurisdictions • Statewide collaboration	3 to 5	$665,000 (includes minimum $30,000 for statewide collaboration)
2	Promote health systems changes to support tobacco cessation	2 to 5	$105,000
3	Surveillance of tobacco-use and disparities	1	$45,000

The number of awards [above] reflects the range the DPBH Tobacco Prevention and Control Program (TPCP) is targeting to be awarded. This is subject to change depending on the actual number of applications submitted in response to this RFA. Applicants are welcome to apply for any or all the components. For advantageous considerations regarding Component 3, it is advised to also submit a strong application for either Component 1 or 2.

Component 1

Component 1 funding is to be allocated to address state and national tobacco prevention and control Goals I and II. This component should employ "environmental approaches that promote health and

support and reinforce healthful behaviors statewide and in communities (see page 21 of *Best Practices* Guidebook).”

Activities aligned around Goal I may include multiple strategies and be organized to support up to, but no more than, three stated objectives. For Goal II, this RFA narrows the scope of activities to support one specific objective that should identify a county or city (or another type of jurisdiction may substitute) with the intention of promoting the public health benefits of implementing a comprehensive smoke-free (or tobacco-free) policy with the identified jurisdiction. Activities may focus on the early stages of working towards such an objective. Assessing readiness through surveys or efforts to gather information from stakeholders, the local business community, or key decision-makers would be appropriate. Goal II activities that do not support this objective will not be funded and may result in negative scoring if included. Organizations are encouraged to include well-developed activities for either or both goals as part of their application. Only one of the goals must be addressed to be eligible for this component.

Statewide Collaboration Initiative Requirement

To increase the possibility of combining efforts and coordinating with other grantees on tobacco control initiatives, Component 1 requires applying organizations to either be a current participating member or to become a member of the Nevada Tobacco Prevention Coalition (NTPC). NTPC’s mission is to: “improve the health of all Nevadans by reducing the burden of tobacco use and nicotine addiction.[7]” Continued support and development of the coalition is crucial to facilitating statewide strategic planning to advance both Goals I and II within Component 1. This requirement may require applying organizations to coordinate with NTPC. Additionally, applying organizations are encouraged to seek an opportunity to participate in NTPC activities by joining at least one workgroup or team assigned to a specific objective. The DPBH TPCP will not facilitate this part of the process. Information regarding NTPC is publicly available.

To provide basic funding for this initiative, the local health authorities in the two counties of populations of more than 100,000 should coordinate to allocate $30,000 for the purpose of supporting NTPC via a fiscal agent, or other means, with the stipulation the local health authorities consult the DPBH TPCP and other grantees of this RFA regarding decision-making on using these funds. The funding granted for this purpose through the local health authorities will be independent of their individual applications and noted as such for the purpose of evaluating applications.

Component 2

Component 2 funding will be allocated to support a complementary strategy supporting Goal III:

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[7] Nevada Tobacco Prevention Coalition, *Mission and Priorities.* Retrieved February 10, 2017: http://www.tobaccofreenv.org/about/mission-priorities/.

- **Promote health systems changes to support tobacco cessation**

This CDC-developed strategy also aligns with state efforts to improve health services to benefit the health and well-being of Nevadans. Note that other aspects of Goal III are currently addressed at the state level through collaborations with the Nevada Tobacco Quitline and the North American Quitline Consortium. This RFA affords the opportunity to assess and improve health systems at the local community level.

Additionally, this component should employ “health system interventions to improve the effective delivery and use of clinical and other preventive services in order to prevent disease, detect diseases early, and reduce or eliminate risk factors, and mitigate or manage complications (see page 21 of *Best Practices* Guidebook).”

Activities should focus on steps establishing provider reminder systems which prompt healthcare providers to screen and, as appropriate, refer patients to tobacco cessation services. In most cases, leveraging existing Electronic Health Record (EHR) systems in regions or local communities to refer to the Nevada Tobacco Quitline and monitor provider performance will be the most impactful method to address this component’s strategy. Large-scale healthcare provider trainings may only be a funded activity after a health systems change has been implemented, and only potentially in SFY 19. Local health authorities or public health oriented organizations with a history of working on tobacco cessation may designate funds in SFY 18 to develop technical expertise and train staff on health information technology as it relates to this component.

Applying for Component 1 and Component 2 will afford flexibility with the overall budget. Up to 50 percent of the award attributable to Component 2 may be used in either SFY 18 or SFY 19 with the Component 1 Award being adjusted to balance the budget.

Component 3

This component is to provide activities to conduct surveillance and provide a mechanism to identify disparities. Secondarily, it will provide evaluation to demonstrate the impact of tobacco control efforts being made in each of the three state and national tobacco prevention and control goal areas. This component should employ “epidemiology and surveillance to gather, analyze, and disseminate data and information and conduct evaluation to inform, prioritize, deliver, and monitor programs and population health (see page 21 of *Best Practices* Guidebook).”

For this component, the DPBH TPCP seeks proposals to survey disparate populations, youth, or young adults in SFY 18. For SFY 19, the DPBH TPCP is requesting the Adult Tobacco Survey (ATS) be conducted at a state level. The instrument for the ATS will be provided by the state and will require an opportunity for input from key partners to adjust the survey. For both surveys, the proposed level of data by region and the potential for useful data analyses to identify disparities will be funding considerations.

A minimum of $30,000 will be allotted for the ATS in SFY 19. There is also the potential for budget flexibility if it is deemed necessary by the DPBH TPCP to begin preliminary ATS planning in SFY 18, if an attributable deliverable could be produced in that fiscal year.

Available Funding

Subject to legislative authorization, the DPBH will be budgeted for $950,000 to allocate to programs "…to prevent, reduce or treat the use of tobacco and the consequences of the use of tobacco (NRS 439.630(1) (f))." Available funding, after administrative costs and a previously awarded contract, is estimated to be in the range of $675,000 to $815,000 for SFY 18. The funding figures below reflect the potential amounts that may be **annually** awarded to each grantee by Component (Table 2).

Table 2 Annual funding amounts for FHN RFA SFY 18-19

Component	Organization Type	Min. Award Amount	Max. Award Amount
1	Local health authority (population over 100,000 or more)	$120,000	$375,000
	Non-profit and/or public agency (population less than 100,000)	$35,000	$120,000
Statewide collaboration	Local health authority (population over 100,000 or more) to be contracted	$30,000	TBD
2	Both types	$12,000	$30,000
3	Both types	$30,000	$45,000

Awards for Component 1 will be the most sensitive to the factors of burden, disparities, and population size. Applicants unable to provide budgets within the amounts listed may be disqualified before the formal award process begins.

Application and Award Process

Contact for Application Questions

All technical questions regarding work plans and submission may be directed to David Olsen at: dolsen@health.nv.gov

Award Process

Applications will be reviewed according to the following process.

1. Staff from the State of Nevada, Division of Public and Behavioral Health, Chronic Disease Prevention and Health Promotion Section will review applications to ensure that minimum

standards are met. Submissions must include applicant information, a project narrative (Appendix C), a work plan (Appendix E), a proposed budget (Appendix F), and answers to all RFA components including the submission checklist (Appendix D).

Proposals will be disqualified if they are received after the deadline and may be disqualified if they:

- Are not eligible under any state or federal statute or requirement of this RFA;
- Are missing any of the required application elements;
- Do not conform to standards for character limits, type size, margins, and the prohibition on attachments; or
- Are submitted by an entity that is financially unstable as evidenced by information gleaned from the Fiscal Management Checklist and accompanying fiscal documents.

2. The Evaluation Committee will review and score the application in accordance with the Scoring Guide in Appendix B. Based on the application scores received by the Evaluation Committee, recommendations will be given to the GMAC and subgrants will be announced after May 12, 2017 (date subject to change). The estimated date for distribution of funds is July 1, 2017.
3. Final funding decision will be made by the GMAC based on the following factors:
   - Reasonable distribution of the recommended grant awards among the north, south, and rural parts of the state;
   - Conflicts or redundancy with other federal, state, or locally funded programs, or supplanting (substitution) of existing funding;
   - Availability of funding; and
   - Consideration of the recommendations of the Evaluation Committee.

Applicants will be notified of their application status after the recommendations have been made by the Evaluation Committee and GMAC. The State of Nevada, Division of Public and Behavioral Health, Nevada Tobacco Prevention and Control Program staff will conduct negotiations with the applicants recommended for funding to address any specific issues identified by the Evaluation Committee and/or GMAC. Scopes of Work will then be adapted from finalized work plans. Adjustment of the budget and activities may be required at that time.

All questions and concerns must be resolved before a subgrant will be awarded. **<u>All funding is contingent upon availability of funds.</u>** Upon successful conclusion of negotiations, the State of Nevada, Division of Public and Behavioral Health, Nevada Tobacco Prevention and Control Program will complete and distribute notices of subgrant award, general conditions, subgrant assurances, and subgrant instructions.

Funding decisions made by the Evaluation Committee and the GMAC are final. There is no appeals process. The proposed timeline for application and award is detailed on Table 3, page 9.

Table 3 Proposed timeline for application and award

Milestone	Date(s)*
RFA available	March 7, 2017
Notice of Intent due	March 16, 2017
Applications due	**April 18, 2017**
Application Review by DPBH TPCP staff	April 19-25, 2017
Application Review and Scored by Evaluation Committee	April 26-May 5, 2017
GMAC Review and Recommendations	May 10, 2017
Finalize work plans for subgrants	May 31, 2017
The DPBH TPCP disseminates funding	July 1, 2017

*Dates are subject to change.

The DPBH TPCP is not responsible for any costs incurred in the preparation of applications. All applications become the property of the Division of Public and Behavioral Health, Nevada Tobacco Prevention and Control Program. The DPBH TPCP, in coordination with the GMAC, reserves the right to accept or reject any or all applications. Projects awarded funding are those deemed to be in the best interest of the people of the State of Nevada. **Submit the required notice of intent before grant writing. This does not assure eligibility, but may assist with identifying non-eligible applicants.**

Application Instructions

NOTE: Failure to follow these instructions may result in disqualification of the application.

General Formatting

- Applicant must use the provided project narrative, work plan, and budget templates.
- Applicant must address each project narrative section except for the optional sections. If a question does not apply to your organization or application, then you must at least respond “Not applicable”.
- For the project narrative and work plan, font must be in Calibri 11 or 12 point size. Margins must match that of the template (1” margins).
- Unsolicited materials will **not** be accepted. This includes support letters, cover pages, cover letters, brochures, newspaper clippings, photographs, media materials, etc.
- Applicants will be asked to attach specific documents and forms to the application. Refer to the checklist at the end of the application template (Appendix D).
- Attachments must be typed or computer-generated and formatted similar to the application. Only the following file types will be accepted: Word (.doc, .docx); Excel (.xls, .xlsx); and PDF (.pdf).

Notice of Intent

A brief email is sufficient for this requirement and should be sent to both email addresses below: dolsen@health.nv.gov and jbonk@health.nv.gov

This notice of intent is required to be sent by email **no later than March 16, 2017 5:00PM Pacific Time**. The notice of intent should specify the components for which the agency or program intends to apply.

Project Narrative Instructions

A template for the project narrative is included in Appendix C (Part II). **Each component an agency or program applies for will require a separate project narrative.** However, there are four sections each noted with an asterisk which applicants may duplicate if they are applying for more than one component. For the convenience of the application reviewers, it is appreciated if applicants indicate they are copying an entire section verbatim by noting it at the beginning of the text area. In total, there are ten sections in the project narrative template, eight are required and the last two are optional. Character limits are set which are intended to limit narrative to approximately five pages or less. It is recommended to refer to the "scoring guide" found in Appendix B as part of the process of completing the project narrative. Note that the "Strategies/Activities" section should complement the work plan submitted with the application and provide a two-year outline of activities specific to a single component.

Appendix C is available as a Word (.doc, .docx) file type to agencies or programs that submit a notice of intent. Please note that the Application Information (Part I) and Certification (Part III) will only need to be completed for submission once.

Work Plan Instructions

All applications must include a work plan summarizing objectives and activities for the first year. Only one work plan should be submitted per application, regardless of the components included. The work plan should be organized to clearly show the goals and strategies associated with the component(s) of this RFA are being addressed. The template is available as a Word (.doc, .docx) file type to agencies or programs that submit a notice of intent.

Budget Instructions

All applications must include a detailed project budget for the first year of the grant. Only one budget should be submitted per application, regardless of the components an agency or program is applying for. The template is available as an Excel (.xls, .xlsx) file type as Appendix F to agencies or programs that submit a notice of intent. Applicants **must** use the budget form. **Do not override formulas**.

The column for unit cost, quantity, and totals on the budget narrative should include only funds requested in this application. Budget items funded through other sources should be included in the budget narrative description. **Ensure that all figures add up correctly and totals match within and between all forms and sections.**

Budget Requirements

Proposals funded in part or whole under NRS 439.630(1) (l) must: “Develop policies and procedures for the administration and distribution of contracts, grants and other expenditures to state agencies, political subdivisions of this State, nonprofit organizations, universities, state colleges and community colleges. **A condition of any such contract or grant must be that not more than 8 percent of the contract or grant may be used for administrative expenses or other indirect costs.** The procedures must require at least one competitive round of requests for proposals per biennium.”

Part of the reporting process requires attendance at an annual meeting alternating between regional locations. **Budgeting the travel to attend this meeting is a requirement in order to be considered for Component 1.** Other applicants are not required to attend this meeting. More details regarding the annual meeting can be found in the section pertaining to reporting requirements (Appendix A).

Incentives to increase response rates of surveys is an allowable expense. **Prior approval is required.** For grantees directly conducting surveys, it is recommend pre-paid incentives ranging from $1 to $5 are used. Further information about the prior approval process and incentive guidelines are available upon request.

Food is generally not an allowable expense outside of travel. **Prior approval is required for non-travel food purchases.** Per Diem rates or less should be followed and written documentation of approval should accompany reimbursement requests. Approval will only be given on a case-by-case basis for activities directly relating to youth prevention policies. An estimated number of meals with planned locations for the requested period should be provided with an approval request. A grantee, contractor, or subgrantee may not exceed more than 5 percent of their total FHN budget (or annual maximum of $2,000, whichever is less) for food expenses unrelated to travel.

Other expenses generally not allowable include cessation materials and items to be distributed to the general public. Supplies and materials supporting youth prevention or promoting smoke-free jurisdiction activities should target decision-makers or directly assist youth advocates with policy education.

As stated in the sections detailing Components 2 and 3, applying for Component 2 or 3 in conjunction with Component 1 will afford flexibility in the overall budget. Up to 50 percent of the award attributable to Component 2 or 3 may be used in either SFY 18 or SFY19 with the Component 1 Award being adjusted to balance the budget.

Fee-for-Service Budgets

Applicants who wish to request funding based on a Fee-for-Service budget, instead of a Categorized budget, are invited to do so. A Fee-for-Service budget is based on the unit cost of providing a service. For instance, a meal program might determine that, overall, it costs $3 to provide one meal to one client. If the intent were to provide 3,500 meals over the course of the grant period, then the funding request would be $10,500.

A Categorized budget must still be developed and submitted in order to demonstrate how the applicant arrived at the unit cost. Evaluation will be based on the applicant's explanation of costs, allowability and allocability of costs, and the reasonableness of costs. If the application is approved for funding, then reimbursement process will be based on units of service instead of the cost of salaries, supplies, occupancy, etc. Reimbursement will be limited to the number of units actually provided (not proposed), with maximum reimbursement limited to the total grant award.

Additional Resources (In-Kind, Volunteer, or Cash Donations)

Additional resources are not required as a condition of this funding, but will be a factor in the scoring. Such resources might include in-kind contributions, volunteer services, or cash contributions. In-kind items must be non-depreciated or new assets with an established monetary value.

Definition of In-Kind: Any property or services provided without charge by a third party to a second party are In-Kind contributions.

First Party: Funding Source administered by the GMU

Second Party: The grantee (and sub-grantee of project supported by the grant)

Third Party: Everyone else

If the grantee (second party) provides the property or services, then it is considered "cash" contributions, since only third parties can provide "In-Kind" contributions.

When costing out volunteer time, remember to calculate the cost based on the duties, not the volunteer's qualifications. For example, an attorney may donate his/her time to drive clients a certain number of hours per month but the donation must be calculated on the normal and expected pay received by drivers, not attorneys.

Program Income

Program income means gross income earned by the recipient that is directly generated by a supported activity or earned as a result of the grant award. For programs receiving federal funds, program income shall be added to funds committed to the project and used to further eligible project or program objectives.

A program may charge reasonable fees/subsidies/costs to be paid by recipients of services. Any estimated cash income generated in such a way must be identified and reported on Budget Form 4 in Column I – "Program Income." Attach an explanation of how recipient costs are determined (e.g., a copy of the organization's sliding fee scale calculations).

SUBMISSION INSTRUCTIONS

An electronic copy of all application parts attached to an email is required and should be sent to both: dolsen@health.nv.gov and jbonk@health.nv.gov

If there are concerns with email limitations, then a hard copy of the application may be hand-delivered or mailed to:

Tobacco Prevention and Control Program
Nevada Division of Public and Behavioral Health
4150 Technology Way, Suite 210
Carson City, NV 89706

Applications must be received no later than **Tuesday, April 18, 2017 5:00PM Pacific Time**. A notice of receipt will be issued via email. Late submissions will be disqualified. Nevada Division of Public and Behavioral Health is not responsible for lost or late mail or email delivery.

APPENDIX A – PROJECT REQUIREMENTS

Reimbursement Method

Payments to grantees funded through Categorized Budgets will be based on quarterly reimbursement of actual expenditures incurred. Expenses must be included on the approved budget, allocable to the subgrant, and allowable under all applicable statutes, regulations, policies, and procedures. Payments to applicants whose proposals are funded through Fee-for-Service budgets will be based on the actual units of services provided.

Reporting Requirements

The initial reporting template will be provided and completed by the grantee based on information from the grantee's approved work plan. Grantees will be required to submit quarterly progress reports approximately 15 days following the end of each month and maintain evaluation comments from prior quarter's reports within a fiscal year. The evaluation comments should be addressed within subsequent reports as appropriate. After each quarterly submission, the grantee's reports will be emailed with evaluation comments at least six weeks before the next report is due.

Grantees will be required to participate on four technical assistance (TA) calls each fiscal year with or without additional partners or stakeholders. An annual partner meeting may substitute for one of these calls. The reporting and TA call schedule is illustrated in Table 4.

Table 4 Proposed schedule for Quarterly report and TA call

SFY	Quarter Period	Due Date for Quarterly Report	Date and Time for TA call
18	Quarter 1 (July 1-September 30, 2017)	October 16, 2017	September 8, 2017 10:00 AM
18	Quarter 2 (October 1-December 31, 2017)	January 15, 2018	December 8, 2017 10:00 AM
18	Quarter 3* (January 1-March 31, 2018)	April 16, 2018	March 9, 2018 10:00 AM
18	Quarter 4 (April 1-June 30, 2018)	June 15, 2018	July 13, 2018 10:00 AM
19	Quarter 1 (July 1-September 30, 2018)	October 15, 2018	September 14, 2018 10:00 AM
19	Quarter 2 (October 1-December 31, 2018)	January 15, 2019	January 11, 2019 10:00 AM
19	Quarter 3 (January 1-March 31, 2019)	April 15, 2019	March 8, 2019 10:00 AM
19	Quarter 4 (April 1-June 30, 2019)	June 17, 2019	July 12, 2019 10:00 AM

*Interim report to determine SFY 19 funding.

Grantees receiving funding to work on Component 1 will be required to attend an annual two-day meeting. Component 1 applicants must budget for this event accordingly. Likely grantees will receive a survey or opportunity to provide input to finalize meeting details. Below is a tentative schedule for these partner meetings (Table 5).

Table 5 Tentative schedule for partner meetings

SFY	Proposed Meeting Location	Tentative Date Range
18	TBD (Las Vegas, rural, or other)	February – May 2018
19	Carson City or Reno	February – March 2019

211 Information and Referral

In order to provide a single point of entry to assist consumers and families with reliable, appropriate information, referral and assistance, a statewide tobacco helpline has been established in Nevada. All grantees **will be required** to provide agency and program information to the 2-1-1 service provider. Go to the Nevada 211 website -- https://nevada211.communityos.org/cms/node/9 -- to learn how to submit or revise information.

Target Populations

The funds to be awarded will come from the Fund for a Healthy Nevada (FHN), commonly known as "Disability Services."

Proposals funded in part or in whole under NRS 439.630(1) (g) must consist of "programs that improve the health and well-being of residents of this State." *(Note that this NRS also provides for programs that improve health services for children, but these kinds of programs are not a focus in this RFA.)*

In addition, these grants should be targeted to low-income populations <u>to the extent practicable</u>. Applicants will need to describe how the proposed project will identify, target, and verify low-income populations within the narrative section of the application.

APPENDIX B – SCORING GUIDE

Scoring Guide*	Total Points
Narrative	
Purpose: Addresses the burden of tobacco?	3
Outcomes: 1) Extent to which applicant clearly identifies the outcomes they expect to achieve by the end of the project period; **2)** Outcomes indicate intended direction of change (i.e., increase, decrease, maintain)	5
Strategies/Activities: 1) Two-year outline of strategies and activities to be implemented to achieve project outcomes is clear, concise and feasible; **2)** Strategies referenced or proposed are evidence-based and consistent with *Best Practices* Guidebook	20
Collaborations: Participation in an organization that addresses tobacco policy issues specific to the state of Nevada and other partnerships established to assist with tobacco control efforts	5
Burden, Disparities and Population Characteristics: Extent to which the applicant describes the specific target or priority population(s) in their jurisdiction; utilization of data and activities to identify or address disparities	12
Evaluation/Reporting: 1) Proposed evaluation focus; prior or potential use of evaluation findings; **2)** History and description of grant reporting experience; timeliness of reporting.	15
Organizational Capacity, Staff and Fiscal Controls: 1) Capacity of program management and staffing to assist with achieving objectives and meeting deliverables; **2)** Ability to coordinate and collaborate with state chronic disease prevention and health promotion programs and external partners; **3)** Capacity to engage the public and decision-makers about tobacco-related issues and disparities and implement the most effective evidence-based interventions and strategies; **4)** Established fiscal controls and overall effectiveness described	25
Work Plan	
Work plan is logical and organized; all required work plan components included (outputs, indicators, and completeness of template)	10
Objective and activities employ SMART (specific, measureable, attainable, reportable, timely) criteria	10
Extent activities use evidence-based interventions to address the specific component/goals/strategies in the work plan	25
Potential impact or reach of key activities	20
Disparities addressed and appropriate target populations identified	15
Supports RFA requirements [examples below] • Component 1, Goal 1 includes a specific youth or young adult prevention policy output • Component 2 results in a health systems improvement(s)	25
Budget	
Budget instructions followed.	15
Extent the budget supports the work plan and associated RFA components.	20
History of spending grants funds with the DPBH TPCP, adhering to guidelines and oversight, and timely submission of requests for reimbursements [only applicable for current or former awardees].	25

*Note that the general scoring guide is provided to primarily assist with the process of writing the project narrative and work plan. There 225 to 250 points possible are an estimate and not final as the evaluation committee has not convened to determine all considerations that may be part of scoring.

APPENDIX C – PROPOSAL CONTENT

This appendix is available as a Word (.doc, .docx) file type available after submitting a notice of intent.

I. APPLICANT INFORMATION

Agency Name	
Legal Name	
Also Known As	
Mailing Address	
City, State, Zip Code	
Main Organization Phone	
Main Organization Fax	
Organization Email Address	
Website Address	
Indicate One – Non-Profit or For-Profit Organization	
Accreditation and Expiration Date (if applicable)	
Tax Identification Number	
Primary Organization Contact, Land and Cell Phone Numbers, Email	
Primary Program Contact, Land and Cell Phone Numbers, Email	
Primary Fiscal Contact, Land and Cell Phone Numbers, Email	
NAME OF PROGRAM OR TITLE OF PROJECT for which funds are requested	
Amount of Funding Requested	

II. PROJECT NARRATIVE TEMPLATE

For each component, provide an overview of the proposed program or project using the following template.

Project Narrative Template
1-Purpose (500 character limit):
2-Outcomes (2,000 character limit):
3-Strategies/Activities (2,000 character limit):
4-Collaborations (1,000 character limit)*:
5-Burden, Disparities and Population Characteristics (3,000 character limit):
6-Evaluation/Reporting (3,000 character limit)*:
7-Organizational Capacity, Staff and Fiscal Controls (3,000 character limit)*:
8-Component-Specific Funding Request (30 character limit):
9-[Optional] Leveraging of Funds (2,000 character limit)*:
10-[Optional] Additional Information (2,000 character limit):

*Applicants submitting for more than one component may copy the same corresponding narrative verbatim for these sections or may tailor narrative for the component as appropriate. The sections without an asterisk should be specifically written for one component.

Note that character limits are **"with spaces"**.

III. CERTIFICATION

Verify that your organization has read, understands, and agrees to the instructions and requirements as listed in this document. An authorized official of the applicant organization must sign and date below.

____   ____________________

Signature, Title   Date

State of Nevada
Department of Health and Human Services
Division of Public and Behavioral Health
Request for Applications
Fund for a Healthy Nevada

APPENDIX D – CHECKLIST

Submission Checklist

□ Appendix C – Proposal Content
□ Page 19 – Signed Certification
□ Appendix D – Submission Checklist
□ Appendix E – Work Plan Template (available after submitting notice of intent)
□ Appendix F – Budget (available after submitting notice of intent)
□ Memorandums of Understanding with partner agencies (if applicable)
□ Agreements with sub-awardees (if applicable)
□ Current List of Board of Directors or Other Governing Board (if applicable) including affiliations and terms of office
□ Auditor's Letter and Schedule of Findings and Questioned Costs from most recent OMB A-133 Audit (if agency receives more than $500,000 annually in federal funds)
□ Most recent Financial Status Report or Financial Statement (if OMB A-133 Audit not applicable)

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