

The Fund for a Healthy Nevada

Tobacco Control Program

Request for Applications

State Fiscal Years 2022-2023



**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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1.0

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Background

The Fund for a Healthy Nevada (FHN) was created in 1999 by Nevada Revised Statute (NRS) 439.620 using a portion of the state's share of the Master Settlement Agreement (MSA) with the tobacco industry. Based on the current state budget, the Nevada Division of Public and Behavioral Health (DPBH) is projecting a budget of \$950,000 for State Fiscal Year 2022 (SFY22) and State Fiscal Year 2023 (SFY23) from FHN 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 is administered, resulting 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 in the SFY 2014-2015 budgeting process, the Department of Health and Human Services (DHHS) was 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 FHN. 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."

Project Period

The project period for this Request for Applications (RFA) will span two State Fiscal Years: 2022 and 2023. Year One of the award begins July 1, 2021 and ends June 30, 2022. Year Two of the award begins July 1, 2022 and ends June 30, 2023. All awards are subject to funding availability. Year Two of the awards are contingent on awardee progress and interim reporting in Year One.

Eligible Applicants

Only local health districts in Clark and Washoe Counties may apply for funds to address tobacco control within those two county jurisdictions. For other counties, any non-profit and public agencies (including local government agencies, universities, and community colleges) may apply if interested in providing services which address tobacco control among Nevada residents. For details, please refer to the

restrictions outlined by NRS 439.630(1)(f) which directs funding to 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 evaluation 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 Paragraphs (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.

Problem/Burden

Tobacco use is the single most preventable cause of disease, disability, and death in the United States. According to 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 According to the 2017-2019 Nevada High School Youth Risk Behavior Survey (YRBS) Comparison Report, e-cigarette use among high school students in Nevada rose from 15.0% in 2017 to 22.5% in 2019.³ The Behavioral Risk Factor Surveillance System (BRFSS) data shows a nonsignificant decrease (from 16.3% to 15.7%) in Nevada adults who reported they currently smoke when comparing 2014 data to 2019.⁴ 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 \$1.1 billion.⁵

Definitions and General Purpose

The purpose of the funding associated with this RFA is to administer tobacco control services consistent with CDC guidelines to improve the health and well-being of Nevada residents. To accomplish this, objectives and activities to be funded must reflect and incorporate the state and national tobacco control

¹ Centers for Disease Control and Prevention, Smoking & Tobacco Use Fast Facts. Retrieved December 3, 2020: 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 3, 2020: https://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm

³ University of Nevada, Reno, 2017-2019 Nevada High School YRBS Comparison Report. Retrieved December 3, 2020: <https://scholarworks.unr.edu//handle/11714/7350>

⁴ Centers for Disease Control and Prevention, BRFSS Prevalence & Trends Data. Retrieved December 3, 2020: <https://www.cdc.gov/brfss/index.html>

⁵ Smoke and Tobacco Use, Extinguishing the Tobacco Epidemic in Nevada. Retrieved December 3, 2020: <https://www.cdc.gov/tobacco/about/osh/state-fact-sheets/nevada/index.html>

goals and evidence-based interventions as detailed in the guidebook, *Best Practices for Comprehensive Tobacco Control Programs—2014 (Best Practices Guidebook)*.

Best Practices Guidebook

Evidence-based, statewide tobacco control programs that are comprehensive, sustainable, 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 recipients design programs as outlined by the *Best Practices Guidebook*.

To obtain a copy, visit:

https://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm

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

2022-2023 State and National Tobacco Control Goals

The goals outlined by CDC and currently being promoted by the Nevada Tobacco Control Program (TCP) to address the burden of tobacco use are:

- I. Prevent initiation among youth and young adults
- II. Eliminate exposure to secondhand smoke
- III. Promote quitting among adults and youth
- IV. Identify and eliminate tobacco-related disparities

“Identify and eliminate tobacco-related disparities” is a cross-cutting goal to be addressed within each of the first three goals listed above. Additionally, the strategic priorities outlined by CDC and currently being promoted by the TCP are:

- State and Community Interventions
- Mass-Reach Health Communication Interventions
- Tobacco Use and Dependence Treatment Interventions
- Surveillance and Evaluation

State tobacco control work is guided by the Nevada Tobacco Control Plan, a five-year strategic plan, which supports the State and National Control Goals. The Tobacco Control Plan outlines strategies Nevada tobacco control stakeholders are working on through 2023 and can be found online:

http://dpbh.nv.gov/Programs/TPC/Tobacco_Prevention_and_Control_-_Home/

Recently, the TCP has developed a Sustainability Plan to increase the number of traditional and non-traditional partners while cultivating connections between the program and its existing stakeholders.

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.

Proposals are to support this plan through requirements associated with both components detailed in this RFA. Applicants may request an electronic copy of the Sustainability Plan.

Leveraging Funding

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 measurable and reportable outputs or deliverables attributable to FHN funding.

Use of the Terms Application and Proposal

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

Components of the RFA

There are two funding opportunity components as outlined in Table 1.

Table 1. Summary of RFA components and funding priorities

Component	Goals and Priorities	# of Awards	Estimated Annual Amount Available
1	<ul style="list-style-type: none"> • Prevent initiation among youth and young adults • Promote smoke-free jurisdictions • Promote quitting among youth • Increase quality referrals to the state quitline 	3 to 5	\$765,000 Maximum
2	<ul style="list-style-type: none"> • Statewide collaboration 	1	\$35,000 Minimum

The number of awards [above] is subject to change depending on the actual number of applications submitted. Applicants are welcome to apply for any or all components. For advantageous considerations regarding Component 2, it is advised to also submit a strong application for Component 1. If possible, the TCP will award Component 2 to an applicant which is also awarded for Component 1.

Component 1

Component 1 funding will be allocated to address State and National Tobacco Control Goals. This component should prioritize employing “environmental approaches that promote health and support and reinforce healthful behaviors statewide and in communities,” to the extent possible, for the majority of the objectives proposed in the applicant’s work plan (see page 21 of the *Best Practices Guidebook*).

Activities aligned with Goal I should be organized to support up to, but no more than, four objectives. Three objectives are provided, and the applicant also has the option to reuse a past objective if they

choose and applicable for the organization. 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 within 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. Alternatively, activities may focus on the implementation of anticipated policies to build on prior work. In support of Goal III, applicants will need to develop activities for at least one required objective and then they may also choose to address a second objective designed to build on previous work to promote electronic referrals to the quitline from health systems or providers. Table 2 below provides additional information to help guide applicants in developing their work plans.

Table 2. Objectives and Work Plan Guidance

CDC Goal	#	Objective	Work Plan Guidance
I. Prevent initiation among youth and young adults	1.1	By June 30, 2022, partners and youth will educate decision makers and the public on the benefits of at least X policy solutions to address e-cigarette use among youth and young adults.	Either Objective 1.1 or 1.2 is required. May also choose both. If the applicant is working on this objective under CDC funding, they will need to develop activities distinct and specific to this proposal. One key activity should include partnering with another organization capable of effectively educating decision makers.
	1.2	By June 30, 2022, partners and youth will educate decision makers and the public on the benefits of one (1) statewide policy to restrict the sale of flavored tobacco products including product which contain menthol.	Either Objective 1.1 or 1.2 is required. May also choose both. One key activity should include partnering with another organization capable of effectively educating decision makers.
	1.3	Through June 30, 2022, continue promoting counter marketing campaigns to reach at least X youth and/or young adults with messages about the dangers of experimentation with tobacco products, including e-cigarettes and other emerging tobacco products.	Optional objective. Only existing campaigns should be supported through this objective. Applicants should note what existing campaigns they are planning to promote such as “Behind the Haze” or “Let’s Talk Vaping.” Other existing counter-marketing campaigns are also eligible to be included under this objective.
	1.4	[Updated objective from a previous work plan which addresses Goal I, selected by applicant if they have history working in tobacco prevention.]	Optional. If applicants choose, those with experience in tobacco control and prevention are invited to update one of their previously used objectives as long as there is not an overlap with Objectives 1.1, 1.2, or 1.3.

II. Eliminate exposure to secondhand smoke	2.1	By June 30, 2022, increase the number of jurisdiction-wide smoke/tobacco-free policies within [insert county or city name] from X to Y.	Required objective, applicants may strengthen the objective by specifying a comprehensive tobacco-free policy.
III. Promote quitting among adults and youth	3.1	By June 30, 2022, facilitate referrals from at least X providers who serve youth and/or young adults to the <i>My Life, My Quit</i> Program.	Required objective. Activities may focus on education, promotion, and/or developing referral mechanisms. The quitline vendor is willing to provide education to support organizations working on this objective.
	3.2	By June 30, 2022 engage [insert specific health system] providers and staff to increase the conversion rate of their electronic referrals from XX% to YY%. (The overall baseline is 3.78% for the state. The quitline vendor recommends planning on a modest increase of about 1%.)	Optional objective. May specify up to three health systems. Selected health system(s) must already electronically refer to the state quitline. The conversation rate of electronic referrals is defined by the number of enrolled participations divided by the number of electronic referrals. Specific data may be requested from the quitline vendor through the TCP. Activities should focus on educating providers to prepare participants for quitline outreach and services. The quitline vendor is willing to provide education to support organizations working on this objective.

For most objectives, applicants will need to set realistic, numerical measures in place of the “X” or “Y” placeholders in the table above. Minor changes to the objectives may be needed and applicants should add details where possible. Applicants should focus on working within the guidelines of the RFA for the purposes of the proposed work plan. Objectives may be altered and finalized later as part of the award process.

Applicants are encouraged to include well-developed activities for all three goals as part of their proposed work plan. Overall, no more than seven activities per each objective should be used and it is recommended to only list five key activities per objective to the extent the applicant finds it practical. In total, an applicant’s work plan should have between three to seven objectives.

Additionally, applicant organizations are required to include at least one paid Health Equity Internship to work on activities listed in their proposed plans for each year they are awarded. It is recommended applicants consider intern candidates having either a background or educational interest in a priority population facing health inequities or disparities according to their communities needs assessment and local data. Internships are to be for at least fifty hours but may be longer at the discretion of the applicant. Awardees will be encouraged to be open to a broad range of candidates for this internship such as seniors in high school, recent high school graduates, those who have recently received their General Educational

Diploma, as well as undergraduate and graduate college students. Awardees will receive guidance to use this internship as an opportunity to grow and improve partnerships in support of the Sustainability Plan.

Finally, to increase the possibility of combining efforts and coordinating with other awardees on tobacco control initiatives, Component 1 requires applicant organizations be a current participating member or to become a member of the Nevada Tobacco Prevention Coalition (NTPC). Additionally, applicant organizations are encouraged to participate in NTPC activities by joining at least one committee.

Component 2: Statewide Collaboration Initiative

Like Component 1, Component 2 requires applicant organizations to be a current participating member or to become a member of the NTPC. The Coalition'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 NTPC is crucial to facilitating statewide strategic planning to advance the State and National Tobacco Control Goals. This component of the RFA may require applicant organizations to coordinate with NTPC. The Nevada TCP will not facilitate this part of the process. For more information or to contact NTPC visit: www.tobaccofreenv.org.

To provide basic funding for this initiative, the RFA is seeking an applicant to develop of budget at least \$35,000 to support NTPC. Only applicants which were not selected to support NTPC through FHN funding in the previous biennium will be considered for this component. Applicants interested in this initiative may request a sample scope of work to develop as part of their work plan.

Available Funding

Subject to legislative authorization, the DPBH is projecting \$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 funding statewide tobacco cessation services, is estimated to be approximately \$800,000 for SFY22 (July 1, 2021 – June 30, 2022).

Awards for Component 1 will account for the burden of tobacco use (based on smoking rates and population size) and maintaining the infrastructure for adequate tobacco control program staff. Funding requests should be based on a formula of one dollar (\$1) for each smoker and funding already committed to program infrastructure. Applicants should estimate appropriate Component 1 funding requests by using 2019 BRFSS data to estimate the number of smokers within their geographical boundaries and population estimates provided by the US Census Bureau or state or local government demographer source. The TCP and evaluation committee for this RFP will carefully review proposed budgets for infrastructure. Applicants previously awarded from the prior RFA should include estimates to maintain the same number of tobacco control staff and associated costs such as indirect. These applicants should not include costs related to tobacco control staff funded by local funding sources or grants, including the CDC National and State Tobacco Control Program Cooperative Agreement. Additionally, applicants are

⁷ Nevada Tobacco Prevention Coalition, *Mission and Priorities*. Retrieved December 3, 2020: <http://www.tobaccofreenv.org/about/mission-priorities/>

recommended to note staff and infrastructure costs associated with SFY21 state funding for which applicants would like considered to be funded on contingency based on the uncertainty of the overall state budget for the next biennium. New applicants, who historically have not received these funds, may use the suggested amount of \$40,000 to allocate towards infrastructure.

Funds awarded for Component 2 should be estimated based on recommendations from the board or fiscal agent of NTPC or its successor organization. The minimum amount of funding estimated to maintain NTPC is \$35,000. However, applicants are encouraged to develop a realistic budget based on the needs of the organization even if funding is limited and the proposed budget may not be fully funded.

Scoring will only impact the burden portion of the formula for funding Component 1. Determining the funding allocated for infrastructure and Component 2 will be at the discretion of the Evaluation Committee. Guidelines to estimate applicant funding requests are provided in Table 3 below:

Table 3. Annual funding amounts for FHN RFA State Fiscal Years 2022-2023

Component	Funding Guideline
1	<ul style="list-style-type: none"> • Formula-based: \$1.00 x total population x smoking prevalence x the applicant score + estimated infrastructure budget • Estimates range from \$40,000 to \$215,000 for infrastructure budgets; the target for the infrastructure budget will vary greatly depending on the organization applying and if contingency infrastructure is included
2	<ul style="list-style-type: none"> • \$35,000 minimum • May apply for more funds with accompanying rationale supported by the budget and work plan

Application and Award Process

Application Questions

Questions about the application may be submitted via email to Lily Helzer, Chronic Disease Prevention and Health Promotion Section Manager, lhelzer@health.nv.gov.

Award Process

Applications received by the deadline, February 5, 2021, will be processed as follows:

Technical Review

Staff from the State of Nevada, Division of Public and Behavioral Health, Chronic Disease Prevention and Health Promotion (CDPHP) Section will review applications to ensure minimum standards are met. Submissions must include applicant information and a project narrative ([Appendix C](#)), a work plan (Appendix E to be provided after Notice of Intent), a proposed budget (Appendix F to be provided after

Notice of Intent), 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:

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

CDPHP Evaluation Committee

The Evaluation Committee will be comprised of a panel of three scorers. Nevada TCP and the GMAC will each provide a tobacco subject matter expert. The third scorer will be provided by a program impacted by tobacco control issues housed within the CDPHP but supervised outside the TCP. The Evaluation Committee will review and score the application in accordance with the Scoring Guide in [Appendix B](#). Based on the application scores determined by the Evaluation Committee, funding recommendations from GMAC will be reported to the CDPHP and then relayed to awardees in March 2021 (month subject to change). The estimated date for distribution of funds is July 1, 2021.

Final Decisions

Recommendations from the Evaluation Committee regarding final funding decision will be made based on the following factors and considerations outlined below:

- Availability of funding;
- Need for additional statewide tobacco cessation services;
- Applicant scores;
- Past performance and outcomes;
- Local burden and disparities;
- Local tobacco control program infrastructure needs;
- Reasonable distribution of awards among the north, south, and rural parts of the state;
- Feasibility of amending awards or issuing additional awards; and
- Conflicts or redundancy with other federal, state, or locally funded programs, or supplanting (substitution) of existing funding.

Notification and Negotiation Process

The Evaluation Committee will recommend successful applicants to the GMAC, which in turn recommends applicants to the Department of Health and Human Services Director's Office. Upon approval, applicants will be notified of their award status. The State of Nevada, Division of Public and Behavioral Health, Nevada Tobacco Control Program staff will conduct negotiations with the applicants recommended for funding to address any specific issues identified by the Evaluation Committee 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 funding is contingent upon availability of funds. Upon successful conclusion of negotiations, the State of Nevada, Division of Public and Behavioral Health, Nevada Tobacco Control Program will complete and distribute Notices of Award, general conditions, assurances, and instructions.

The proposed timeline for application and award is detailed in Table 4.

Table 4. Proposed timeline for application and award

Milestone	Date(s)*
RFA available	December 22, 2020
Notice of Intent due	January 12, 2021
Applications due	February 5, 2021
Application review and scored by Evaluation Committee	February 8-26, 2021
GMAC recommendations	March 2021
Report funding results	March 2021
Finalize work plans for awards	April 2021
CDPHP disseminates funding	July 1, 2021

*subject to change

Nevada TCP is not responsible for any costs incurred in the preparation of applications. All applications become the property of the State of Nevada, Division of Public and Behavioral Health, Nevada Tobacco Control Program. Nevada TCP 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.

Application Instructions

Failure to follow these instructions may result in disqualification of the application. Applicants are encouraged to participate on the RFA Technical Assistance call which will cover information about the application process. Applicants can assign appropriate representatives to participate on the call.

General Formatting

- Applicant must use the provided project narrative, work plan, and budget templates.
- 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 Calibri 11-point. 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 their 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:

lhelzer@health.nv.gov and ztariq@health.nv.gov

The Notice of Intent is required to be sent by email **no later than Tuesday, January 12, 2021, 11:59PM Pacific Standard Time (PST)**. The Notice of Intent should specify the components for which the agency or program intends to apply.

Project Narrative Instructions

All applicants applying for Component 1 funding must include a project narrative. A template for the project narrative is included in [Appendix C \(Part II\)](#). In total, there are six sections in the project narrative template. Character limits are intended to restrict narratives to approximately three pages or less. It is recommended to refer to the “Scoring Guide” in [Appendix B](#) while completing the project narrative. Note the “Strategies/Activities” section should complement the work plan submitted with the application and provide a two-year outline of activities.

[Appendix C](#) is available as a Word (.doc, .docx) document to agencies or programs that submit a Notice of Intent.

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) document to agencies or programs that submit a Notice of Intent. It is recommended to only list five key activities under each objective. No more than eight activities should be listed in the work plan for any single objective.

Budget Instructions

All applications must include detailed project budgets for both state fiscal years. The budgets should be an accurate representation of the funds needed to carry out the proposal. The budget template is available as an Excel (.xls, .xlsx) file 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 not be included in the budget narrative description. **Ensure 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 to be considered for funding. If travel is not feasible due to a public health crisis or any other reason, then applicants will receive guidance on how to adjust their budgets as part of the award process.** More details regarding the annual meeting can be found in the section pertaining to reporting requirements ([Appendix A](#)).

Proposals are also required to budget for at least one internship to address health equity as part of the activities in corresponding work plans. Rate of pay and related costs such as equipment for an intern position are at the discretion of the applying organization. The minimum number of intern hours which should be budgeted for is fifty (50 hours).

Incentives are typically considered gifts and thus are often unallowable. However, an incentive can be provided to increase response rates of surveys and is an allowable expense in that case. **Prior approval is required for incentives.** For awardees directly conducting surveys, it is recommended pre-paid incentives ranging from \$1 to \$5 are used. Further information about the prior approval process and incentive guidelines is 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 (as set by the U.S. Government Services Administration) or less should be followed and written documentation of approval should accompany reimbursement requests. Approval for food purchases will only be given on a case-by-case basis for activities directly relating to youth tobacco prevention policies. An estimated number of meals with planned locations for the requested period should be provided with an approval request. An awardee, contractor, or subrecipient may not exceed more than 5% 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 tobacco cessation materials and items to be distributed to the general public instead of youth.

SUBMISSION INSTRUCTIONS

An electronic copy of all application components attached to an email is required and should be sent to both: lhelzer@health.nv.gov and ztariq@health.nv.gov

Applications must be received no later than Friday, February 5, 2021, at 11:59PM PST. A notice of receipt will be issued via email within three business days of submission. Please contact Lily Helzer, lhelzer@health.nv.gov immediately if a notice of receipt is not obtained three business days after

submission. **Late submissions will be disqualified.** The Nevada Division of Public and Behavioral Health, Nevada Tobacco Control Program is not responsible for lost or failed email delivery.

APPENDIX A – PROJECT REQUIREMENTS

Reimbursement Method

Payments to awardees funded through categorized budgets will be based on quarterly or monthly reimbursement of actual expenditures incurred. Expenses must be included on the approved budget, allocable to the award, and allowable under all applicable statutes, regulations, policies, and procedures.

Reporting Requirements

The initial reporting template will be provided and completed by the awardee based on information from the awardee’s approved work plan. Awardees will be required to submit quarterly progress reports approximately 15 days following the end of each quarter 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 awardee’s reports will be emailed to them with evaluation comments at least six weeks before the next quarterly report is due.

Awardees will be required to participate on four group technical assistance (TA) calls each fiscal year with or without additional partners or stakeholders. An annual partner meeting may substitute for one group call. The reporting and TA call schedule is illustrated in Table 5.

Table 5. Proposed schedule for quarterly reports and group TA calls

SFY	Quarter Period	Due Date for Quarterly Report	Date and Time for group TA call
22	Quarter 1 (July 1-September 30, 2021)	October 15, 2021	September 10, 2021 10:00 AM
22	Quarter 2 (October 1-December 31, 2021)	January 15, 2022	December 10, 2021 10:00 AM
22	Quarter 3* (January 1-March 31, 2022)	April 15, 2022	March 11, 2022 10:00 AM
22	Quarter 4 (April 1-June 30, 2022)	July 15, 2022	June 10, 2022 10:00 AM
23	Quarter 1 (July 1-September 30, 2022)	October 15, 2022	September 9, 2022 10:00 AM
23	Quarter 2 (October 1-December 31, 2022)	January 15, 2023	December 9, 2022 10:00 AM
23	Quarter 3 (January 1-March 31, 2023)	April 15, 2023	March 10, 2023 10:00 AM
23	Quarter 4 (April 1-June 30, 2023)	July 15, 2023	June 9, 2023 10:00 AM

*Interim report used to determine and confirm SFY 23 funding.

Awardees will be required to attend an annual two-day meeting. Applicants must budget for this event accordingly. Likely awardees will receive a survey or opportunity to provide input to finalize meeting details. Below is a tentative schedule for these partner meetings (Table 6).

Table 6. Tentative schedule for partner meetings

SFY	Proposed Meeting Location	Tentative Date Range
22	TBD (Las Vegas, rural, or virtual)	January – June 2022
23	Carson City or Reno	January – March 2023

211 Information and Referral

To provide a single point of entry to assist consumers and families with reliable, appropriate information, referral and assistance, a statewide resource helpline has been established in Nevada. All awardees **will be required** to provide agency and program information to the 2-1-1 service provider. Go to the Nevada 211 website -- <https://www.nevada211.org/> -- to learn how to submit or revise information.

APPENDIX B – COMPONENT 1 SCORING GUIDE

Scoring Guide	Total Points
<u>Narrative (20 points)</u>	
Purpose: Addresses and articulates the burden of tobacco?	3
Funding Request: Appropriate amount requested, and 2019 BRFSS Smoking Prevalence data was used to determine population burden? (Y/N)	2
Client Demographics (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	5
Year 1 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 <i>Best Practices Guidebook</i>	5
Year 2 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 <i>Best Practices Guidebook</i>	5
<u>SFY 22 Work Plan (100 points)</u>	
Work plan is logical and organized; all required work plan components included (outputs, indicators, and completeness of template)	10
Objective(s) consistently use SMART (specific, measurable, attainable, relevant, 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	15
Disparities addressed, and appropriate target populations identified	15
Supports RFA requirements [examples below] <ul style="list-style-type: none"> Objective listed under Goal 1 results in a specific output which relates to policy impacting youth or youth adults Objective listed under Goal 3 results in youth being referred to the <i>My Life, My Quit</i> Program. 	25
<u>SFY 22-23 Budgets (30 points)</u>	
Budget instructions followed	6
Extent the budgets support the work plan and RFA priorities and requirements	12
History of spending funds with the CDPHP, adhering to guidelines and oversight, and timely submission of requests for reimbursements [only applicable for current or former awardees]	12

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

APPENDIX C – PROPOSAL CONTENT

This appendix is available as a Word (.doc, .docx) document 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	
Total Amount of Funding Requested for Two Years	

II. PROJECT NARRATIVE TEMPLATE

Provide an overview of the proposed program or project using the following template.

Component 1 Project Narrative Template
<u>1-Purpose (500-character limit)</u>
<u>2- Annual Funding Request Breakdown* (500-character limit)</u> Tobacco use burden (show formula): Program infrastructure (and specify number of positions supported): Total request:
<u>3-Client Demographics (1,500-character limit)</u>
<u>4-Year 1 Strategies/Activities (2,000-character limit)</u>
<u>5-Year 2 Strategies/Activities (2,000-character limit)</u>

*Only Component 1 funding should be included in the project narrative

Note that character limits are **“with spaces”** and should restrict the project narrative to three or less pages.

III. CERTIFICATION

Verify 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
Tobacco Control Program
Request for Applications
Fund for a Healthy Nevada

APPENDIX D – CHECKLIST

Required Submission Items:

- Signed Certification
- Appendix C – Proposal Content
- Appendix D – Submission Checklist
- Appendix E – Work Plan (Template available after submitting a Notice of Intent)
- Appendix F – Budget (Template available after submitting a Notice of Intent)

Optional Submission Items:

- 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 \$750,000 annually in federal funds)
- Most recent Financial Status Report or Financial Statement (if OMB A-133 Audit not applicable)

Note: Optional items are not needed for applicants awarded through the FHN RFA for State Fiscal Years 2020-2021 by the TCP. However, optional items may be required later during the award process at the request of the TCP.

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