

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



REQUEST FOR GRANT PROPOSALS

**TOBACCO PREVENTION AND CONTROL (TPC)
COMMUNITY GRANTS PROGRAM
FOR FY 2007-2009**

Grants & Contracts Support Team
State Office Building, 333 Willoughby Avenue, Suite 760
P.O. Box 110650
Juneau, AK 99811-0650

IMPORTANT NOTICE:

Only applicants who have submitted a "Notice of Intent to Apply" to the contact person listed in Section B (5) by the stated deadline will be notified of changes or amendments to the RFP.

Karleen Jackson
Commissioner

Dr. Richard Mandsager, Director
Nancy Cornwell, Program Manager
Tobacco Prevention and Control

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**DEPARTMENT OF HEALTH AND SOCIAL SERVICES
STATE OF ALASKA**

**SECTION A: GRANT PROGRAM INFORMATION
TOBACCO PREVENTION AND CONTROL (TPC)
COMMUNITY-BASED GRANTS**

Applicants should refer to this Section of the RFP, for a description of requested services and instructions for program proposal requirements.

(1) PROGRAM DESCRIPTION, INTRODUCTION & HISTORY

Under the authority of AS 44.29, AS 47.050.010 and 7AAC 78 DHSS Grant Programs, the Department of Health and Social Services (DHSS), through the Division of Public Health, is requesting proposals from eligible applicants to provide tobacco prevention and control services for the State of Alaska in FY 2007. Contingent upon funding appropriations, the department will fund proposals from eligible applicants to establish, facilitate and strengthen local tobacco prevention and control alliances, and promote local and regional policy initiatives that address the following four program goals:

- Eliminate exposure to secondhand smoke (SHS);
- Prevent the initiation of tobacco use among youth;
- Promote quitting among adults and youth; and
- Identify and eliminate tobacco-related disparities among specific populations groups.

Copies of the authorizing statutes and regulations cited above can be accessed through the State of Alaska's Document Library and Legal Resources at <http://www.law.state.ak.us/doclibrary/doclib.html>.

In 1994, the State of Alaska instituted a Tobacco Prevention and Control (TPC) Program through funding from the federal Centers for Disease Control and Prevention (CDC). In 1999, the CDC established the National Tobacco Control Program (NTCP). This program provides funding to implement projects in the four program goal areas listed above. The CDC and the Task Force on Community Preventive Services (TFCPS) state that community programs can best achieve these goals through population-based, policy-focused strategies. NTCP information from the CDC, TFCPS, and tobacco prevention and control programs in other states indicates that these strategies should incorporate counter-marketing campaigns, alliance-building efforts, community-level education and training, and outcome measurement.

a. Program Goals & Anticipated Outcomes

The State of Alaska TPC Program has promoted the establishment and facilitation of local and regional tobacco prevention and control alliances that implement science-based, policy-focused strategies that eliminate exposure to SHS, prevent the initiation of tobacco use among young people, and promote quitting among adults and youth. Policy work undertaken in each of these areas should include efforts to identify and eliminate tobacco-related disparities experienced by specific population groups in the service area. Applicants are encouraged to refer to *The Guide to Community Preventive Services* at <http://www.thecommunityguide.org/tobacco/default.htm>

The long-term goal of the state TPC Program is to eliminate morbidity and mortality related to tobacco use among Alaskan residents and to reduce the economic burden of treating tobacco-related illnesses. The CDC has identified community-based programs as a vital component of a comprehensive tobacco prevention and control program.

A **primary objective** of community-based grants shall be to develop and/or maintain a local or regional alliance that is actively involved in designing and carrying out tobacco prevention and control strategies. In addition, applicants are expected to develop project objectives that are “S.M.A.R.T” (Specific, Measurable, Achievable, Relevant, and Time-Framed), and specific to the community(ies) they propose to serve. **Expected project outcomes** include the creation, implementation, and enforcement of population-based policies that 1) protect community residents from secondhand smoke, 2) discourage youth from starting to use tobacco, and 3) promote cessation among tobacco users. Applicants may propose to work in any or all of the three areas listed above and should also clearly explain how the strategies they pursue will contribute to the identification, reduction, and eventual elimination of tobacco-related disparities within their service area.

Applicants must demonstrate a thorough understanding of the grant program goals in the development and presentation of their project goals. The proposal must demonstrate a thorough understanding of the outcomes anticipated by the Department; and proposed projects must meet or exceed the anticipated outcomes described herein.

b. Identified Need – Target Populations, Service Delivery Area, Communities To Be Served

Research at the state and national level provides compelling evidence of the need for tobacco prevention and control activities in Alaska. Tobacco use remains the single most preventable cause of premature death in the United States with 600 deaths annually in Alaska. Tobacco use and exposure (i.e., secondhand smoke and fetal nicotine exposure) contribute to mortality and morbidity from cancer, coronary heart disease, chronic obstructive pulmonary disease, sudden infant death syndrome, middle ear infections, and low birth weight. Use of smokeless tobacco is also hazardous, as it causes oral cancer and can lead to nicotine addiction. In addition, smokeless tobacco use is associated with cancers of the esophagus, larynx, stomach, and with cardiovascular disease.

Exposure to secondhand smoke (SHS) has also been linked to a variety of adverse health outcomes. The Surgeon General, the U.S. Environmental Protection Agency (U.S. EPA), and the National Research Council (NRC) have found SHS to be casually associated with respiratory illnesses including lung cancer, childhood asthma, and lower respiratory tract infections as well as middle ear infections in infants. Although recent ordinances passed in several Alaskan communities ensure that many workplaces in Alaska are smoke-free, large numbers of Alaskans, including a significant number of children, continue to be exposed involuntarily to SHS daily.

Assessment and Analysis of Need

The TPC Program seeks to fund local and regional grantees that will address the morbidity and mortality associated with tobacco use and exposure in their communities. Proposals **must** explain and document the problem the program is designed to alleviate. This statement of need should include:

- Background information on the need for tobacco prevention and control activities in their community(ies)
- Available prevalence data specific to their community or region.
- A list and assessment of existing tobacco prevention and control policies for each goal area in which work will be done

Identification of Target Populations

Target populations include those identified by the CDC and the United States Surgeon General as being at high risk for tobacco-related morbidity and mortality. These populations include youth, Alaska Natives, pregnant women, low-income population segments, those with relatively low educational attainment, and people living in rural areas.

The proposed project must define the population that will be targeted by the proposed project and the boundaries of community or region. Provide as much demographic information as possible (gender, ages, ethnicity) on the target group to be served by the project.

c. Initiatives And Strategies For Service Delivery

Formation of a Tobacco Prevention and Control Alliance

These grants are designed to facilitate the development of policies that create and maintain tobacco free environments, prevent the initiation of tobacco use among young people, and promote quitting. The formation or maintenance of a local or regional tobacco prevention and control alliance is an essential strategy that must be undertaken by all applicants. Local and regional alliances should include a diverse membership that is dedicated to reducing the negative health and economic consequences associated with tobacco use. When possible, the alliance will include representation from:

- Health care organizations
- Individual health care providers (Public Health Nurses, Community Health Aides/Practitioners, etc.)
- Local or regional tribal organizations
- Businesses or business groups
- Elected officials
- Schools
- Local health, volunteer, and social service organizations
- Local religious communities
- Ethnic organizations
- Other community groups or interested citizens

Grantees and local alliance members will actively work to design, implement, and maintain population-based policies in one or more of the following areas: 1) eliminate exposure to SHS; 2) prevent the initiation of tobacco use among youth; and 3) promote quitting among tobacco users. In addition, identifying and eliminating tobacco-related disparities shall be included in each component in which applicants propose to work.

Appropriate strategies for each of these goal areas are given below. Funding from this program is designated for public education efforts and cannot be used for lobbying.

Eliminate Exposure to Second Hand Smoke (SHS)

Acceptable initiatives to eliminate exposure to SHS include:

- The development of laws and regulations that prohibit tobacco use in public places.
- The development and implementation of voluntary smoke-free policies in worksites, including restaurants and bars, and community and/or tribal facilities.
- Increasing the strength or enforcement of existing laws and regulations that restrict tobacco use in public places.
- Other initiatives proposed by applicants that are supported by a strong justification and action plan.

Strategies for these initiatives may include but are not limited to:

- Media or counter-marketing campaigns that increase knowledge, attitudes and support for the creation and active enforcement of smoke-free policies.
- Community mobilization to conduct an outreach campaign on smoking in homes and private vehicles.
- Collection of data regarding public knowledge and attitudes about secondhand smoke.

Applicants must include a strategy for identifying and addressing disparities related to secondhand smoke exposure among different population groups.

Prevent the Initiation of Tobacco Use Among Youth

Acceptable initiatives to prevent the initiation of tobacco use among youth include:

- Increasing the unit price for tobacco products.
- Supporting comprehensive tobacco free school district policies;
- Decreasing access by restricting and enforcing tobacco sales to minors.
- Restricting tobacco advertising, promotion, and sponsorship of youth events.
- Other initiatives proposed by applicants that are supported by a strong justification and action plan.

Strategies for these initiatives may include but are not limited to:

- Media or counter-marketing campaigns that increase anti-tobacco attitudes and reduce susceptibility to youth initiation.
- Targeted outreach to specific youth populations.
- Community-based education efforts that support policies to reduce initiation.

Applicants must include a strategy for identifying and addressing disparities related to the prevention of tobacco use initiation among youth.

Promote Cessation Among Adults and Youth

Acceptable initiatives to promote cessation include:

- Increasing the unit price for tobacco products;
- Encouraging that smoking cessation coverage is included in insurance packages offered by local employers;
- Other initiatives proposed by applicants that are supported by a strong justification and action plan.

Strategies for these initiatives may include but are not limited to:

- Media or counter-marketing campaigns that increase awareness, knowledge and support for policies that support cessation.

- Promotion of available cessation resources, such as the Alaska Tobacco Quitline.
- Targeted outreach programs to specific populations.

Applicants must include a strategy for identifying and addressing disparities related to the promotion of cessation among adults and youth.

Other Strategies

Other strategies directed at changing social norms around tobacco use will be considered if they are supported by a strong justification and action plan.

All applicants must provide evidence that the strategies they have selected are appropriate for the community(ies) they will be working with. To do this, applicants must explain how the strategies they propose will meet the identified need for tobacco prevention and control within their community(ies) and must demonstrate that those strategies are appropriate for the target population in their community or region.

d. Program Evaluation Requirements

Long-Term Policy Objectives Plan

Applicants must submit with their proposal a Long-Term Policy Objectives Plan that includes documentation of their long-term, intermediate, and short-term policy objectives, as well as the indicators, data sources, and baseline measures for each objective (Appendix K-1).

Action Plan

Applicants must also submit an Action Plan for each of their short-term objectives using the FY07 Action Plan form (Appendix K-2). The action plan will include detailed information on the strategies that applicants will use to achieve their objectives.

Action Plan Narrative

Applicants must additionally submit an Action Plan Narrative, including a broad description of the Action Plan and how it will be implemented, demonstrating how activities support the accomplishment of grantee goals. The Action Plan Narrative should include any description of barriers to implementation and how they will be managed, as well as a description of how key stakeholders are engaged and informed about the action plan. Narratives should be approximately 2-3 pages.

Quarterly Reporting Requirements

Funded grantees will be required to submit quarterly narrative reports and action plan revisions documenting progress toward their stated policy objectives utilizing a format provided by state TPC Program staff. Funded grantees will also be required to submit quarterly fiscal reports as specified in the DHSS Grant Agreement. Quarterly warrant requests will be issued based upon receipt and approval of these reports.

f. Program Funding – Budget Development

This program is funded through a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and the State of Alaska Department of Health and Social

Services (DHSS), as well as multi-state Master Settlement Agreement (MSA) funding and state tobacco tax revenues. The TPC Program's community grant budget for this FY 2007 solicitation is up to \$1,600,000. Funding levels will vary depending on the population of the community or region to be served, and will range from \$70,000 to \$170,000 for base funding for a 12-month funding period (July 1, 2006 – June 30, 2007).

To avoid duplication of services, only a single grant will be funded for each community or region. Because the TPC Community Grants Program relies on an alliance model, applicants that share common regional areas are encouraged to collaborate in a single proposal, and communities or regions with populations of less than 2,000 must collaborate with other communities in order to apply. Applicants **must** include letters of support or cooperative agreements from other local organizations working in tobacco prevention and control in the communities they propose to serve. The agreements must be current and specific to the tobacco prevention and control program.

Baseline Funding

	Population Served	Baseline Funding
Tier 1	Community/Region with population of 2,000 or more*	\$70,000
Tier 2	Urban area with population of 60,000 or more	\$105,000

* Communities with a population of less than 2,000 must form an alliance with other neighboring communities in order to apply.

- Up to \$4,000 can be added to base funding for travel for one staff member to attend two grantee trainings in Anchorage (one in Fall 2006, one in Spring 2007).
- Up to \$2,000 can be added to base funding for travel for one staff member to attend one in-state or national tobacco prevention conference.
- Tier 1 applicants are eligible to apply for \$3,500 per additional community (subject to TPC program approval) up to a maximum of four. They are also eligible to apply for up to \$4,000 for one visit by one staff member to each of the additional approved communities.

Applicants should include the estimated cost of travel, as accurate as possible, when applying for the travel funds described above. **The TPC Program will NOT fund all applicants to the maximum amount; all travel costs are subject to TPC review and approval.**

Applicants may budget for other travel in addition to the travel described above; however, such travel must be included using the base funding described above and will not increase the overall grant award.

Baseline Funding Example 1:

A Tier 1 applicant proposes to provide services in a total of four communities. The total population in the four communities exceeds 2,000. The maximum funding that the applicant is eligible to apply for is:

Baseline funding for 1 community	\$70,000
Travel to two grantee trainings	\$ 4,000
Travel for in-state or national conference	\$ 2,000

Funding for 3 additional communities	\$10,500
Travel for staff visits to all 4 communities	<u>\$ 4,000</u>
	\$90,500

Baseline Funding Example 2:

A Tier 2 applicant is submitting a proposal. The maximum baseline funding the applicant can apply for is:

Baseline funding for 1 community	\$105,000
Travel to two grantee trainings	\$ 4,000
Travel for in-state or national conference	<u>\$ 2,000</u>
	\$111,000

Again, the TPC Program will NOT fund all applicants to the maximum amount. Full travel costs are shown here only as an example. All travel costs are subject to TPC review and approval.

Supplemental Funding

If sufficient funding is available after baseline proposals have been funded, the following supplemental proposals will be considered:

- Tier 1 applicants proposing to serve 4 communities may apply for supplemental funding to serve up to four additional communities (total of 8). The supplemental funding rate is \$3,500 per additional community (subject to TPC program approval). They are also eligible to apply for up to \$4,000 for one visit by one staff member to each of the additional approved communities. A separate budget, budget narrative, action plan, and action plan narrative for these additional communities **must** be submitted with the proposal in order to be considered for supplemental funding. These supplemental proposals will be awarded only if funds are available after the baseline proposals have been funded.
- Tier 2 applicants proposing to serve areas with populations over 120,000 are eligible for supplemental funding not to exceed \$35,000. A separate supplemental budget, budget narrative, action plan, and action plan narrative **must** be included in order to be considered for supplemental funding. These supplemental proposals will be awarded only if funds are available after baseline proposals have been funded.

Supplemental Funding Example 1:

A Tier 1 applicant proposes to provide services in a total of six communities. The total population in the six communities exceeds 2,000. The maximum baseline funding that the applicant can apply for is \$90,500. The applicant must submit a separate budget narrative, action plan and action plan narrative for supplemental funding that cannot exceed:

Funding for 2 additional communities	\$ 7,000
Travel for a staff visit to the 2 additional communities	<u>\$ 4,000</u>
Maximum supplemental funding	\$11,000

Supplemental Funding Example 2:

A Tier 2 applicant proposes to provide services to a region with a population over 120,000. The maximum baseline funding that the applicant can apply for is \$111,000. The applicant must submit a separate budget narrative, action plan and action plan narrative for supplemental funding that cannot exceed:

Maximum supplemental funding	\$ 35,000
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Detailed Budget and Budget Narrative

Proposals must contain both a detailed and narrative budget for the first fiscal year of the grant. The detailed and narrative must include any required match, and matching funds must be fully compliant with the limitations described in 7 AAC 78.160. The budget must support project staffing and service delivery requirements stated in this RFP. More detailed instructions for completing and formatting the required detailed and narrative budgets are provided in Appendix C, Budget Preparation Guidelines.

Applicants must submit with their proposals certain organizational documents that apply to proposed budgets. The status of organizational documents on file for your agency can be verified at <http://www.hss.state.ak.us/das/grants/GrantsDisplay.cfm>. If the proposed budget includes travel, applicants must submit with the application, or have on file with the Department, a Travel Policy and Procedure that is compliant with 7 AAC 78.160(h) or (i) (See Appendix F1). If the proposed budget includes subcontracts or equipment costs, applicants must submit or have on file with the Department a Purchasing Practices and Procedures that is compliant with 7 AAC 78.180 and 7 AAC 78.270 (See Appendix F2). If the proposed budget includes indirect costs, the applicant must include with the application a copy of the most recent federally-approved Indirect Cost Rate Agreement as required in 7 AAC 78.160(p).

Matching Requirements

Although there is no requirement for matching funds, applicants are strongly encouraged to provide unrestricted funds to match 1% of staff time budgeted. Restrictions to allowable matching funds are as follows:

- Federal grant funds may not be used to match federal funds awarded through this grant program.
- State grant funds may not be used to match funds awarded through this program.
- Grant Income, Medicaid, and other third party receipts may be used as a match.
- Local match may include in-kind contributions from volunteers, as well as donations of supplies, equipment, and space, and other items of value for which the applicant does not incur a cost.
- Local Cash match may include local tax receipts, municipal revenue sharing, cash donations, and other local sources of cash receipts.

Match that is proposed by an applicant and included in the budget may be used in the consideration of award, regardless of whether it exceeds the minimum suggested match. Any proposed match considered as a factor in the recommendation to award will be included in resulting grant agreements and grantees will be expected to honor the match commitment.

Final funding amounts will be determined based on the evaluation criteria listed in Section C of this RFP. The Director of Public Health will make final funding recommendations to the DHSS Commissioner.

(2) APPLICANT QUALIFICATIONS

a. Applicant Eligibility Requirements

Applicants are required to submit or have on file current documentation to demonstrate eligibility to apply for a grant under 7 AAC 78.030. See <http://www.hss.state.ak.us/das/grants/GrantsDisplay.cfm> for verification that necessary documents are on file with the department. 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, eligibility for the Tobacco Prevention and Control Community Grant require that all applicants must

- 1) Be a member, or provide evidence they are forming, a local tobacco prevention and control alliance, and
- 2) Provide evidence that they will engage and involve their alliances when designing and implementing their proposal and strategic plan for this solicitation. Proposals should demonstrate the continuation of any previous alliance activities.

b. Required Experience

Proposals should include evidence of the applicant's success in administering collaborative community-based projects, particularly grant-funded projects. Evaluation of proposals will include consideration of the applicant's history of compliance with grant requirements; and previous experience in providing the same or similar services. The history of compliance will include a summary of audits and successful resolution of any audit exceptions.

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. New coordinators must receive orientation training from state TPC Program staff and will be encouraged to pursue additional state and national-level training opportunities.

c. Program Staffing Requirements

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 Project Director.

- 1) All applicants should propose to employ at least a .75 FTE project coordinator (exceptions with strong justification may be approved on a case by case basis)
- 2) Coordinators are required to attend bi-annual training conferences in Anchorage sponsored by the TPC Program.
- 3) Staff associated with this project are encouraged to refrain from the use or sponsorship of tobacco and the tobacco industry.

d. Administrative And Management Requirements

By submitting a proposal for this grant, an applicant certifies their ability to meet the administrative and reporting requirements of this grant program.

The proposal must include:

- 1) An organization chart that clearly shows the lines of authority within the organization or the organizational component within which the proposed program is located.

By submitting a proposal, an applicant certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any State or Federal department or agency. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

e. Facility Requirements

Facilities proposed for delivery of services must meet current fire code, safety and ADA standards and be located where clients of the program services have reasonable and safe access. Applicants should describe how access is provided to clients and how that will enhance the success of the project. All applicants 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).

(3) REQUIRED SUPPORT/COORDINATION OF SERVICES

Applicants should be able to show evidence that they are a lead partner or facilitator of a local tobacco prevention and control alliance if one currently exists.

The applicant must provide tangible evidence of support from other local organizations working in tobacco prevention and control and cooperative agreements as appendices to the proposal. Agreements must be current and specifically address the services to be provided.

The proposal should include any evidence and/or a summary of alliance meetings, strategic planning, collaborative agreements, and general community support.

(4) ADDITIONAL PROGRAM REQUIREMENTS

By submitting a proposal to provide these services, the applicant agrees to provide the services within the provisions the DHSS Assurances attached as Appendix B; as well as 7 AAC 78.040 and guidelines provided in this RFP, as adopted by the Division of Public Health, and the FY 2007 Special Conditions of the Grant Award.

SECTION B: GENERAL INFORMATION

Applicants should refer to this section of the RFP for a description of the general conditions of proposal submission, evaluation process and grant award.

(1) ELIGIBILITY (WHO MAY APPLY)

Eligible applicants include nonprofit organizations; municipalities and Regional Educational Attendance Areas or other political subdivisions of the state; other State agencies; Alaska Native Tribes, or a combination of these entities. Service areas must include at least 2,000 people. See Section A of this RFP and Item (2) below for additional eligibility information specific to this program and this solicitation.

Alaska Native Tribes applying under their tribal status must submit a Waiver of Sovereign Immunity (Appendix H) specific to this grant program.

(2) MINIMUM RESPONSIVENESS

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

- a. Applicant must meet the Eligibility requirement stated above in Section B(1).
- b. Proposals must be received on or before the deadline stated in Section B(4) at the address stated in Section B(5).
- c. Applicants must include background information on the need for tobacco prevention and control activities in their community(ies), including any available prevalence data specific to their community or region as well as any existing tobacco prevention and control policies.
- d. Proposal must target one or more of the four CDC goals: prevent initiation of tobacco use among young people, eliminate exposure to secondhand smoke, promote cessation among adults and youth, identify and eliminate tobacco-related disparities.
- e. Applicant must complete a Budget and Budget Narrative in the format requested in Appendix C.
- f. Applicants must complete an Action Plan in the format requested in Appendix K-1, and an Action Plan Narrative.
- g. Applicants must complete a Long Term Policy Objectives Plan.
- h. Applicant must include a description of the community or region they propose to serve.

If a proposal meets the above minimum criteria, it will be considered minimally responsive for purposes of evaluation under 7 AAC 78.090. 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 C, Submission Requirements and Criteria for Proposal Review.**

(3) ACCEPTANCE OF TERMS

By submitting a proposal, an applicant accepts all terms and conditions of this Request for Proposals (RFP) including all appendices and attachments and guidelines identified in this RFP; 7 AAC 78 and any other applicable statutes, regulations. Copies of these may be accessed through the contact person listed in Section B(5), or through the web address(es) identified 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.

(4) DEADLINE FOR SUBMITTAL

To be considered for funding, proposals must be received on or before 4:30 pm April 10, 2006 at the Grants & Contracts Juneau Office. Both mailing and physical addresses are provided below in B(5). **Proposals delivered by Telefax or email will not be accepted.** A dated receipt from the U.S. Postal Service or a private courier service, that clearly establishes a guaranteed date of delivery within this deadline, may be accepted in lieu of a proposal only for the purpose of establishing responsiveness to the deadline for submittal.

Except in the instance described above, or in response to the State's request as stated in Item (11) of this Section of the RFP, information received after the proposal deadline will not be considered and may result in the proposal being declared non-responsive. A declaration of non-responsiveness will result in the proposal not being considered for funding.

(5) NUMBER OF COPIES, MAILING ADDRESS & REGISTRATION

Submit one (1) original and four (4) copies of the proposal to the DHSS agency 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.** If delivered with the proposal, an acknowledgment of receipt will be returned to the applicant.

Mailing Address:

Nancy Cooperrider, Grants Administrator
Department of Health & Social Services
Grants & Contracts Support Team
P.O. Box 110650
Juneau, Alaska 99811-0650

Physical Address:

Nancy Cooperrider, Grants Administrator
Department of Health & Social Services
Grants & Contracts Support Team
State Office Building, Suite 760
333 Willoughby Avenue
Juneau, Alaska 99801

PHONE: (907) 465-4738

FAX: (907) 465-8678

EMAIL: Nancy_Cooperrider@health.state.ak.us

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

Relay Alaska provides assisted communication services from a TT Phone: 1-800-770-8973, or from a Voice Phone at 1-800-770-8255

Organizations that intend to apply for these grants must complete and return the enclosed "Notice of Intent to Apply" form, Appendix G of this RFP by March 20, 2006, to be notified of changes or amendments to the RFP.

(6) PROPOSAL LENGTH and FORMAT

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. Include a table of contents, which provides page references for each of the required proposal sections listed in Section C of this RFP, as well as for any attachments or appendices.

A proposal, exclusive of the budget and narrative, proposal appendices and any letters of support shall not exceed 25 pages in length.

(7) INQUIRIES and PROTESTS

Applicants should immediately review this Request for Proposals (RFP) for defects and questionable or confusing content. All inquiries about the RFP must be submitted in writing either by email or by fax to the Contact Person in Section B(5) by March 22, 2006. Two types of questions generally arise. One may be answered by directing the questioner to a specific section of the RFP. These questions may be answered by the Contact Person over the telephone. The contact person will make that decision. Questions that cannot be answered by directing an applicant to a specific section of the RFP will be answered in writing. The responses will be posted on the State’s “Online Public Notice” website on March 27, 2006. These questions may be declared to be of a substantive nature that may result in the issuance of an amendment to the RFP.

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 writing, by 4:30 PM, April 10, 2006.**

Responses to these questions and any other amendments or clarifications of the RFP will be faxed, electronically mailed, or mailed if no fax number or email address is available, only to applicants who have registered with the Contact Person named in Section B (5) by the deadline stated in this Section. For your convenience in registering, a Notice of Intent to Apply Form is attached to this Request for Proposals as Appendix G.

(8) SUMMARY OF PROCESSES and DEADLINES

	<u>Date</u>
Request for Proposals (RFP) Issuance Date:	March 10, 2006
Deadline for Notice of Intent to Apply Form:	March 20, 2006
Pre-proposal Teleconference	10:00 AM March 22, 2006
Deadline for written inquiries to the RFP:	March 22, 2006
On-Line Posting of Responses to Written Inquiries	March 27, 2006
Deadline for protests to the RFP	March 31, 2006
Deadline for receipt of proposals:	4:30 pm, April 10
Proposal Evaluation Committee to meet prior to:	May 5, 2006
Project Period Begins:	July 1, 2006

*Note: Those who wish to participate in the pre-proposal teleconference must contact Ken Southerland at 907 269-3424 by 4:30 PM, March 21, 2006. Mr. Southerland will arrange for your participation by phone.

(9) PROPOSAL COSTS

The Department of Health and Social Services will not be responsible for any expenses incurred by the grantee prior to the authorized grant performance period. All costs of responding to this RFP, including travel expenses to attend Proposal Evaluation Committee meetings, are the responsibility of the applicant.

(10) DURATION OF GRANT

This RFP is for a one year period, July 01, 2006 through June 30, 2007 (FY2007) and, 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 years, FY2008 (July 01, 2007 through June 30, 2008) and FY2009 (July 01, 2008 through June 30, 2009). The decision to continue funding for subsequent years of the three-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 subsequent years will require submission and approval of documents needed to update service plans, evaluation measures and budgets. Grantees will be notified by the Division of specific submission requirements necessary to qualify for consideration of continued funding.

(11) PROPOSAL REVIEW

Procedures – Following the deadline for receipt of proposals, program staff will verify that all submission requirements have been met. No amendments or corrections will be accepted after the deadline, unless they are in response to the State's request. Proposals will be reviewed as follows:

- a. In accordance with 7 AAC 78.090, department staff will evaluate each grant proposal for minimum responsiveness and other technical requirements, and eliminate nonresponsive proposals from consideration. Using the criteria set out in this RFP and 7 AAC 78.100, other applicable statutes, regulations, and guidelines; staff will conduct a written evaluation of 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 for funding will include consideration of on-site program reviews, histories of compliance with grant requirements, prior year audits and the appropriate allocation of resources.

b. 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 requested services, the department will appoint a Proposal Evaluation Committee (PEC) as an additional advisory body. Using the criteria set out in the RFP and 7 AAC 78.100, members of the PEC will evaluate proposals, independently of other committee members. Then as a committee they will meet 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. **Although, this meeting is open to all interested persons, public testimony will not be taken.**

c. All advisory recommendations, including staff recommendations, and the recommendations of the Proposal Evaluation Committee, if applicable; and 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.

(12) FINAL DECISION AUTHORITY

The Commissioner of the Department of Health and Social Services will make the final decision on grant awards, taking into consideration all advisory recommendations, the criteria established in 7 AAC 78.100, priorities in related state health and social services plans, the requirements of applicable state and federal statutes and regulations, relevant municipal ordinances or regulations, the distribution of services and the availability of funds. The Commissioner will decide to approve or disapprove award, the amount of each award and whether modifications or special conditions are necessary.

(13) NOTIFICATION OF GRANT AWARD and GRANT AGREEMENT

Within fifteen (15) days after the Commissioner's final decision regarding grant awards, applicants will be notified of the grantor's intent to fund their program or provided a notice of rejection of the proposal. Following any necessary negotiations for revisions to the proposed budget and scope of services, successful applicants will be issued a Grant Agreement. This formal agreement will contain specific performance and reporting requirements consistent with Department policy and procedure, and grant regulations, 7 AAC 78.

(14) APPEALS

Per 7 AAC 78.305, an applicant or grantee may appeal a final grant award decision under 7 AAC 78.093, or a decision eliminating an applicant from consideration under 7 AAC 78.090(b)(2). 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.

Karleen Jackson, Commissioner
Department of Health & Social Services
P.O. Box 110601
Juneau, Alaska 99811-0601

The Commissioner will review the request for appeal and, within 15 calendar days after receipt of the request, advise the appellant of acceptance or rejection of the appeal. If the appeal is rejected, the applicant will be informed of the reason for the rejection.

If the appeal is accepted, the Commissioner will (1) find that the appeal has merit and remedy the problem by whatever means within the commissioner's authority; or (2) appoint a hearing officer to hear the appeal under 7 AAC 78.310.

Based on a hearing conducted in accordance with 7 AAC 78.310; or upon a review the appellant's appeal on the basis of the written submission of the appellant and the grant agency, the hearing officer will submit a written recommendation to the Commissioner. The Commissioner's decision on the appeal is the final administrative decision of the department.

(15) CANCELLATION OF THE RFP/TERMINATION OF AWARD

The Commissioner of the Department of Health and Social Services may withdraw this 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 C: SUBMISSION REQUIREMENTS and CRITERIA for PROPOSAL REVIEW

The following pages contain the criteria by which proposals will be evaluated, and the maximum possible points for each. Applicants are cautioned to carefully review this section for criteria upon which proposals will be evaluated.

IMPORTANT INSTRUCTION TO APPLICANTS: Applicants are directed to enter the name of their agency and check the type of entity eligibility under which application is being made in the boxes below. Applicants must also complete column C by entering the page number of their proposal where the relevant information for that criterion can be found; and follow the formatting directions as instructed in Section B(6). Applicants must also submit the completed Section C of the RFP with each copy of their proposal. Failure to follow these directions, will affect the ability of staff and the PEC to evaluate a proposal, and may result in a proposal being found non responsive and/or being scored low. Applicants, please do not write in shaded areas as they are to be completed by reviewers.

Enter Applicant Agency Name:			
Check Applicant Eligibility Type:	<input type="checkbox"/>	Alaska Native Tribe	<input type="checkbox"/>
		Government	<input type="checkbox"/>
		Non-Profit or Subsidiary	<input type="checkbox"/>

[SHADED AREAS TO BE COMPLETED BY REVIEWER]			
Total Score _____	Staff Reviewer	<input type="checkbox"/>	PEC Member <input type="checkbox"/>
Reviewer's Name _____		Date _____	

[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN C]

	Columns	A	B	C
1. Minimum Responsiveness Criteria - Proposals that fail to meet the minimum responsiveness requirements below will be eliminated from consideration per 7 AAC 78.090(b)(2).	Yes/No	Requirement Met?	Page Number	
a. Proposal includes or agency has on file the required documentation demonstrating eligibility status under 7 AAC 78.030	Yes/No			
b. Proposal was received on or before the deadline stated in Section B(4) at the address stated in Section B(5).	Yes/No			N/A
c. Proposal includes background information on the need for tobacco prevention and control activities in their community(ies), including any available prevalence data specific to their community or region as well as any existing tobacco prevention and control policies.	Yes/No			

d. Proposal targets one or more of the four CDC goals: prevent initiation of tobacco use among young people, eliminate exposure to secondhand smoke, promote cessation among adults and youth, identify and eliminate tobacco-related disparities.	Yes/No		
e. Proposal includes a Budget and Budget Narrative in the format requested in Appendix C.	Yes/No		
f. Proposal includes Long Term Policy Objectives Plan (Appdx K-1)	Yes/No		
g. Proposal includes a complete Action Plan in the format specified in Appendix K-2 of the RFP as well as an Action Plan Narrative	Yes/No		
h. Proposal includes a description of the community or region they propose to serve.	Yes/No		

[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN C]

	Columns	A	B	C
2. Other Technical Requirements per 7 AAC 78.060, 78.090(b) and 78.100 - Application & Organizational Documentation	Yes/No	Requirement Met?	Page Number	
a. Grant Application (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. Applicant has submitted a signed DHSS Assurances Form (Appendix B)	Yes/No			
c. Federal Assurances & Certification form, Appendix E1, is completed, signed and dated by a person authorized to enter into legal agreements on behalf of the applicant.	Yes/No			
d. The format and length of the proposal complies with the requirements of Section B(6)	Yes/No			N/A
e. Proposal includes completed State of Assurance – Refusal of Tobacco Industry Funds (Appdx J)	Yes/No			
h. The proposal contains current applicable organizational documents listed below, or verification that documents are on file with department: Verify at http://www.hss.state.ak.us/das/grants/GrantsDisplay.cfm	-----	-----	-----	-----
Insurance policies applicable to services proposed	Yes/No			
Current Governing Board Member List	Yes/No			
Federally approved Indirect Cost Rate Agreement, if applicable	Yes/No			
Signed Appendix F-1 or Travel Policy compliant with 7 AAC 78.160	Yes/No			
Signed Appendix F-2 or Purchasing Policy compliant with 7 AAC 78.180 & 78.270	Yes/No			
[ADDITIONAL REVIEWER COMMENT]				

[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN C]

Columns	A	B	C
3. Applicant Experience & History of Compliance with Grant Requirements per 7 AAC 78.100(2)(B).	Yes/No	Requirement Met?	Page Number
a. Proposal includes evidence of the applicant’s success in administering collaborative community-based projects, particularly grant-support programs, and complying with grant/contractual requirements (e.g., financial, data collection, effective delivery of services)	Yes/No		
b. Has this agency submitted audits required for other grant programs and have any prior year audit exceptions been resolved?	Yes/No		
c. For applicants who have received TPC grants in the past, reporting is complete, and timely and previous year activities have met proposed outcomes, and demonstrated effective delivery of services?			
[ADDITIONAL REVIEWER COMMENT]			

[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN C]

Columns	A	B	C
4. Project Strategies, Objectives and Budgets 7 AAC 78.100	Points Possible 90	Points Awarded	Page Number
a. Proposal goals are consistent with the four CDC goals	20		
b. Proposal gives background information on the need for tobacco prevention and control activities in their community(ies), including any available prevalence data specific to their community or region and an assessment of existing tobacco prevention and control policies.	5		
c. Proposal clearly defines the target population to be served.	10		
d. The objectives submitted for each proposed goal area are policy-focused as well as specific, measurable, achievable, relevant, and time-framed	10		
e. Evidence is given that the strategies proposed for each policy objective will meet the identified need and contribute to the desired outcome.	10		
f. Proposal demonstrates how the strategies they have selected are appropriate for the community and linked to program strategies.	10		
g. Proposal includes a strategy for identifying and addressing disparities within each goal area, or provides evidence of the absence of disparities	5		
h. Budget and budget narrative are internally consistent, achievable with demonstrated resources, compliant with program cost restrictions and support any necessary allocation of resources among target populations, or service locations.	2		
i. Proposed budget is appropriate for the population size, geographic region, and level of proposed activities.	3		
j. The Action Plan contains a timeline for project implementation that is both reasonable and compliant with grant program timelines.	5		

k. The Action Plan Narrative is 2-3 pages and contains: 1) a broad description of the Action Plan and how it will be implemented, demonstrating how activities support the accomplishment of grantee goals; 2) a description of any barriers to implementation and how they will be managed; and 3) a description of how key stakeholders are engaged and informed about the action plan	10		
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[ADDITIONAL REVIEWER COMMENT – continue on backside as needed]

[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN C]

	Columns A	B	C
5. Applicant Qualifications- Criteria Relating to Personnel, Management and Facilities 7 AAC 78.100(2)	Points Possible 25	Points Awarded	Page Number
a. Proposal indicates the hiring or maintenance of trained staff and/or includes a plan to adequately train staff through attendance at bi-annual grantee training conferences and through other local and statewide TBC events. Staff 's competency is demonstrated by job descriptions and resumes of key staff.	5		
b. Proposal demonstrates adequacy of administrative support and staffing by providing documentation of necessary professional credentials and an organization chart that clearly shows the lines of authority within the organization or the organizational component within which the proposed program is located.	5		
c. Proposal specifies hiring at least a .75FTE program coordinator in the budget or provides strong justification for less time. Budget includes funding for the coordinator to attend bi-annual training conferences in Anchorage.	10		
d. Proposed match is fully supported by tangible evidence. If applicable, a project funded by multiple sources has listed overall resources on the completed application Form 5437.	5		

[ADDITIONAL REVIEWER COMMENT – continue on backside as needed]

[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN C]

Columns	A	B	C
6. Demonstration of Support/Involvement and Service Coordination 7 AAC 78.100(3)	Points Possible 45	Points Awarded	Page Number
a. Proposal provides evidence that the applicant is an alliance member or includes a plan to promote and/or facilitate a local or regional alliance that promotes local policy change in tobacco prevention and control	15		
b. Proposal involves the local alliances in strategic planning process	5		
c. Proposal shows tangible evidence of active support from the community and key community leaders and working relationships with collaborative partners, including copies of cooperative agreements describing the process of working together. These documents are current and specific to the proposed project.	10		
d. When two or more communities are to be served, proposal clearly defines the communities or regions to be served and includes documentation of support for the applicant from each community in which the applicant proposes to provide services.	15		

[ADDITIONAL REVIEWER COMMENT – continue on backside as needed]