

2006-2007 Request for Applications (RFA) for Local Community-Based and Minority-Based Partnerships in Tobacco Prevention and Cessation Implementation Grant (Part 2 of 2 RFA)

The Indiana Tobacco Use Prevention and Cessation Executive Board (ITPC) seeks to fund grantees at the local level to coordinate the local community-based and minority-based component of Indiana's tobacco prevention and cessation program. These coalitions have submitted and had the Part 1, Planning Grant approved by ITPC.

This RFA is an invitation for communities to join together to make the Indiana Tobacco Use Prevention and Cessation Executive Board's vision.... *To significantly improve health in Indiana and reduce the disease and economic burden tobacco use places on Hoosiers of all ages...*a reality for the State of Indiana.

Coalitions should refer to ITPC's 2006-2007 Request for Application Workshop notebook and Regional Training for additional resources.

IMPLEMENTATION GRANT

The 2006-2007 partnership grants will be awarded in two parts. Part 1 of the RFA was the PLANNING GRANT APPLICATION that required applicants to demonstrate that the lead agency had the capacity and coalition structure necessary to develop and maintain a strong tobacco prevention and cessation program. Part 1 outlined the first part of the application in which lead agencies would be eligible for 3 months of funding (July 1 to September 30, 2005).

Part 2 is the IMPLEMENTATION GRANT APPLICATION and includes the work plan. This work plan must be approved to receive the remaining funds for SFY 2006 (October 1, 2005 to June 30, 2006) and 100% of SFY 2007 (July 1, 2006 to June 30, 2007) funds.

Lead Agencies/Applying Coalitions must develop the work plan and submit Part 2 application components by October 21, 2005.

ITPC has established the grant amount in your contract. The work plan (and amended budgets) must be based on the specified grant amount.

APPLICANT ELIGIBILITY-Part 2

Only the Lead Agencies that were approved in Part 1 are eligible for Part 2 at this time. The Lead Agency requirements remain the same. The Lead Agency is expected to participate in developing the Implementation Grant (Part 2).

What is a Lead Agency?

- **The Lead Agency is the Fiscal Agent.** There is no separate Fiscal Agent and Lead Agency allowed.
- **Lead Agency must have a Federal Identification Number.** In order to receive grant funds, the Federal Identification Number used must be registered to the Lead Agency. ITPC will not accept a Lead Agency using another organization's Federal Identification Number.
- **Lead Agency Responsibilities.** The Lead Agency is responsible for the following:
 - **Financial Responsibilities**
 - Serve as the fiscal officer for the grant
 - Submit Quarterly Fiscal and Program Reports by due dates
 - Respond timely to periodic information requests
 - Register with the Indiana Secretary of State
 - Fulfill the terms of the contract
 - Establish a separate account or ledger for grant funds
 - Participate in monitoring engagement with the State Board of Accounts (paid for by ITPC)
 - Conduct an audit to be paid by grant recipient (if required by law)
 - Additional financial information may be requested from all applicants
 - **Programmatic Responsibilities**
 - Participate actively in the preparation of the work plan
 - Demonstrate collaborations with other key partners in the preparation of the work plan
 - Agree to serve as the key contact point for required reporting to ITPC
 - Submit Quarterly Fiscal and Program Reports by due dates
 - Ensure that the partnership is represented at partner meetings, trainings, conference calls, cluster meetings, community assessments, preparation of part 1 and part 2 of this request for applications, evaluation activities, etc.
 - Assure that all grant related staff (coalition coordinator) participate in all training events
 - Participate in all evaluation and accountability activities including monitoring of subcontracts and mini grants
 - Disseminate, promote, and conduct the youth tobacco survey data collection and results to school administrators

Lead Agency and Coalition Relationship

Although the lead agency plays a critical coordination and leadership role in the implementation of this grant, the coalition and related partners are the Community Program. It is through the collaborative effort of this diverse group of committed organizations, and its resources that work is accomplished and goals met. Coalition members are responsible for

selecting the lead agency. The lead agency is responsible for supporting the coalition throughout the grant.

The coalition and its member organizations will carry out many of the activities outlined under Part 1 and Part 2 of the RFA, therefore, the lead agency plays an essential role in providing staff time and support to the coalition. The lead agency must:

- Assure that a qualified coalition coordinator is employed full or part time to this program. Additional staff may be hired based on the needs of the coalition.
- Assure that resources are available for the coalition that may include meeting accommodations and notices, logistical assistance, etc.
- Assure that a communication mechanism is developed and maintained to keep coalition members informed of activities and events.
- Assure that the coalition's member organizations are provided opportunities to develop specific experience in tobacco prevention and cessation interventions.

Contract Requirements

The tobacco control program must strategically review the four intervention areas, however the coalition does not have to address all four interventions in the work plan. The four intervention areas are:

1. Decrease youth smoking rates
2. Increase proportion of Hoosiers not exposed to secondhand smoke
3. Decrease adult smoking rates
4. Protect and maintain a state and local infrastructure necessary to lower tobacco use rates

The contract requirements for Part 2 Implementation Grant are found on pages 13-18.

GRANT DESCRIPTION –PART 2 IMPLEMENTATION PHASE

The Implementation Grant consists of 4 sections with several forms and attachments.

Section 1: Grant Cover Sheet, Summary of Coalition Partners, Verification Form and Part 1 forms

This section provides information on your lead agency and coalition coordinator, as well as an updated list of coalition partners on Form H. This information may have changed since submitting Part 1 of the application. Please be sure to add up the number of partner organizations on your coalition. This is important for ITPC to share the total number statewide. Verify all coalition representatives and organizational members who assisted in working on the work plan on Form R. Finally, submit any forms from Part 1 that your ITPC Regional Program Director asked your coalition to revise.

Section 2: Community Cessation Network

Complete Form S and Form T that describe the current cessation services provided in your community. With the upcoming launch of the Indiana Tobacco Quitline, it is important that the quitline cessation specialists have current information on services available throughout Indiana to refer callers to a local program if they are ineligible to receive quitline services.

Section 3: 2006-2007 Work Plan

Complete a work plan form for the indicators your coalition chooses to work on. You must type in the Intervention Area Number and Name as these vary by indicator.

Section 4: Budget

The budget section describes the operation costs to continue tobacco control programming and development of strategic work plan through June 30, 2007. Also included is the Community-Minority Request to Amend Approved Budget form. If the submitted budget is different from the approved budget that was attached to the contract, please submit the completed Request To Amend form with the necessary budget documents with the application. ITPC will need one extra copy of the Request to Amend Approved Budget form, old budget and revised budget.

FUNDING

It is anticipated that 50% of SFY 2006 funding (July 1 to December 30, 2005) will be available to approved coalitions to be used for the PLANNING GRANT period. The IMPLEMENTATION GRANT funding, January 1, 2006 – June 30, 2007, will be awarded to PLANNING GRANT partnerships that have submitted and received approval for a work plan designed for community change within the prescribed time period.

The Lead Agency serves as the Fiscal Agent, the Fiscal Agent is the Lead Agency. The Lead Agency/Fiscal Agent is the organization that ITPC has entered into the contract with and this organization bears the fiduciary responsibility over the both the program activities and funding received. Funds will be paid to the Lead Agency in five payments: July 2005 (up to 25% of total grant dollars available to the county), and if the subsequent work plan is approved, the remaining funds will be dispersed in installments for the remaining grant dollars awarded. The balance of the awards will be paid to the Lead Agency only if the Lead Agency is current with all reporting requirements as stipulated by ITPC as follows:

- 25% of state fiscal year 2006 funding awarded approximately August 2005;
- 25% of state fiscal year 2006 funding awarded in October 2005;
- 50% of state fiscal year 2006 funding in January 2006;
- 50% of state fiscal year 2007 funding in July 2006; and
- 50% of state fiscal year 2007 funding in January 2007.

Lead Agencies that are current ITPC grantees must satisfy all reporting requirements from the previous grant cycle and be in compliance with all contractual guidelines in order to be considered for future funding. Any outstanding issues, errors, or reporting irregularities reported to ITPC by the State Board of Accounts resulting from a Monitoring Engagement or subsequent audit, must be corrected prior to consideration for future funding. All current ITPC grantees must be up to date on quarterly reporting; program and fiscal reports, and have responded in writing to any requests for additional information resulting from a review by the State Board of Accounts.

New and existing Lead Agencies will be required to sign the contract, submit a W-9 form, a Direct Deposit form, and audited financial statements, if applicable, prior to receiving any disbursements. All non-governmental entities are required to submit audited financial statements. All funds paid by ITPC will be directly deposited in to the Lead Agency's banking account.

The contract period starts on July 1, 2005 and ends on June 30, 2007. **If a plan of implementation is not submitted by October 21, 2005 for review, the planning grantee will be in violation of the contract agreement.** Any planning grant funds remaining in the possession of the planning grant partnership as December 31, 2005, in the absence of an implementation plan for review, must return any unspent funding to ITPC. If the planning grantee has submitted a plan for review, the revisions must be completed and accepted prior to December 31, 2005. The planning grantee will not be given any further disbursements until a plan has been accepted and approved by ITPC. **All grants are contingent upon the availability of funding.**

BUDGET EXPLANATION

Description of Budget Line Items

The following line items should be included if applicable. Use the budget form provided or a similar format. Explanation of budget items must be submitted on a separate page or incorporated into a budget form.

1. Personnel

a. Salaries and Wages

For each staff position proposed, include the title of the position, percentage of time (FTE), annual salary, and number of months salary requested, and a summary of the job description or responsibilities. Staff position(s) paid by community- or minority-based partnership funds must be dedicated only to tobacco use prevention activities approved in the work plan.

Tobacco programming activities must occur during the calendar quarter for which the staff is being paid salaries and wages. Paid staff must document hours worked and summarize activities performed on a daily log. Salaries and wages paid to staff must be for hours worked in the same calendar quarter and evidenced by the daily log.

Salary and wage increases for staff can only be applied after an individual has worked toward approved plan goals for more than 12 months. A cap on annual salary increases is limited to the consumer price index – all urban consumers, as published by the U.S. Department of Labor, Bureau of Labor Statistics Data (www.bls.gov) or 3% of the current approved salary and wages, whichever percentage is less. Please apply the percentage, not to exceed the 3% limit, as applicable, by checking the year and month that corresponds with the one-year anniversary of the staff person in question. Please remember that the earliest date staff could have been actively employed is the date of the final signature on the grant contract. The final signature date is the date the contract is considered fully executed

b. Fringe Benefits

For each position, indicate the rate and compute the amount charged for fringe benefits usually and customarily provided by the Lead Agency for employees. ITPC grant funding cannot be used to provide benefits in excess of those normally and customarily offered to all employees. If the Lead Agency does not provide fringe benefits to all employees, ITPC grant dollars cannot be used to

provide benefits not normally and customarily offered. Please refer to the human resources department of your lead agency for guidance on this budget line item.

2. Travel

Expenditures for travel will be limited to the rate customarily paid by the agency or the current rate being paid by the State of Indiana, whichever is the lesser. A chart summarizing the maximum reimbursement amounts from the State of Indiana's, Financial Management Circular No. 97-1.1 effective March 1, 1997, revised January 2004, is included for reference with Form 0 - Budget Worksheet.

a. In-state or Out-of-state Travel

Expenses incurred to attend tobacco use prevention and cessation trainings, conferences and meetings are permitted. Present the following for each event: Description of the event or conference; rationale for attending (this should connect directly to the partnership's vision and program activities); anticipated follow-up from the event after you return to the community; budget estimate (travel, lodging, meals, registration fees, other expenses.)

3. Supplies

Supplies may include: office supplies, meeting supplies, or other supplies, including those supplies not specifically excluded. The purchase of tobacco use prevention educational supplies should be consistent with the goals and objectives of the Tobacco Use Prevention and Cessation Executive Board. Include a narrative justification outlining the intended use and incorporation of the supplies into the local program.

4. Contractual

Descriptions of contracts for program activities must be included along with budget information. (Contracts for administrative activities such as out of agency printing, etc., do not need to be described.) On the budget form or on another page describe for each contract the following information: 1) scope of work including tasks and deliverables, 2) time period of the contract, 3) person in the agency who will supervise or manage the sub-recipient contract, 4) name of the contractor or, if not yet known, what method will be used to select the contractor, e.g. bids, RFPs, mini-grants, sole source, etc.

The subcontract / mini-grant agreement formats provided by the Tobacco Prevention and Cessation Agency should serve as a boilerplate to collect information on subcontractors or mini-grantees. If additional space is needed to explain the details of a contract please attach and reference these documents within the body of the subcontract or mini-grant agreements. The boilerplate contract documents provided are not intended to be the sole source of information for executing a contract for goods or services.

5. Other

This category can include costs for items such as telephone, rent, copying, printing, postage, mailing, publications, and public and professional education costs. If the agency or organization has an approved indirect cost plan, costs may not be included in the **Other** category if they are included in the indirect charge.

Rent to be paid for space for tobacco prevention and cessation programming activities cannot exceed the fair market value for the space. Document how the rental expense was determined and retain this documentation in the records.

Cell phone expense paid from tobacco grant funds must be for calls to conduct tobacco prevention and cessation business. To be reimbursed for cell phone calls, the grantee must have an approved line item in the budget for cell phone expense and provide itemized billing receipts with tobacco prevention and cessation phone calls highlighted. The reimbursement can only be for the calls to conduct tobacco prevention and cessation business. No reimbursement will be issued for cell phone expenses without itemized billing for calls that can be documented for tobacco prevention and cessation activities. To direct pay a vendor for cell phone expenses you must have itemized billings, highlight the calls for tobacco grant programming activities and only pay for the calls that are for tobacco grant programming activities. If you contract for a flat fee for cell phone expenditures, you must still get itemized billing, highlight the calls that are for tobacco programming activities and calculate the percentage of the total expense that was incurred to conduct tobacco grant programming activities. Only charge the tobacco grant for the percentage of tobacco grant program calls applicable.

6. Paid Media

Advertising and communication media must utilize the media campaign imaging and the common messages developed by the Indiana Tobacco Use Prevention and Cessation Executive Board. Advertising and communication expenses for paid media cannot exceed 5% of the total grant amount awarded.

7. Furniture and Equipment

Office furniture, equipment and computer/software upgrades, are allowable, provided they are reasonable expenditures relative to the work proposed and were not purchased in a previous year. All equipment purchased with grant funds, which cost \$500 or more, shall remain the property of the Indiana Tobacco Prevention and Cessation Agency and shall not be sold or disposed of without written consent from the Indiana Tobacco Prevention and Cessation Agency. All office furniture, equipment and computer/software upgrades purchased which cost \$500 or more must be listed on a fixed assets listing, see sample document in appendix.

8. Indirect Charges

Indirect charges will vary according to need and are payable to the lead agency/fiscal agent only. Indirect costs are not an allowable expense for mini-grant recipients or subcontractors. All costs incurred by mini-grantees or subcontractors must be direct costs to provide goods or services. Organizations may budget up to a maximum of 5% of the total direct cost amount for indirect costs. This amount is an integral component of the total grant award. The total charges that are included in the approved indirect cost rate may not be listed as direct costs in the budget. Typical examples of indirect costs may include central service costs, accounting personnel services, the costs of operating and maintaining facilities, etc. Check with the fiscal office to see if you are allowed to include an Indirect Charge, and to see what costs are categorized as “indirect” for the organization.

9. Additional Conditions

The Grantee agrees to abide by the following additional conditions:

- a. That grant funds and program income shall not be expended for:
 1. Construction of buildings, building renovations;
 2. Depreciation of existing buildings or equipment;
 3. Contributions, gifts, donations, dues to societies, organizations, or federations;
 4. Entertainment;
 5. Automobile purchases, rental and/or leases;
 6. Interest and other financial costs;
 7. Fines and penalties;
 8. Bad debts;
 9. Contingency funds;
 10. Food; and
 11. Political contributions.

- b. All disbursements are required by law to be fully itemized. IC 4-10-11-1 states that payments shall not be approved by any officer or officers authorized to approve the same, unless so itemized, and when invoices are presented for payment, they shall be accompanied by said itemized accounts and statements. Other state statutes requiring fully itemized state payments include the following:

IC 5-11-10-1 Disbursements on itemized claims only.

IC 4-10-12-1 Claim vouchers must show expenditure is for purpose appropriated.

Information necessary to sufficiently itemize payments ranges from listing specific contract program detail to providing unit costs, quantity, and description for each item or service received. Adequate information must be provided to substantiate hourly billing, such as activities performed and cost per hour. If reference is made to a vendor invoice, statement, or bill, it should be attached. Blank or incomplete invoices should never be certified or paid by Grantees.

Public funds may not be used to pay for personal items or for expenses that do not relate to the functions and purposes of the tobacco grant program. Personal long distance calls are not allowed to be charged to the grant. Cellular phone service, which is paid for with grant funds, is for the sole benefit of the program for which grant funds have been received. Grantees have a responsibility to monitor cellular phone expenses to ensure they are not paying for airtime that is not needed. Cellular phone service is paid only via reimbursement with detailed billing.

Dues and subscriptions paid from public funds should be for institutional memberships; i.e. in the name of the organization, or grantee's organization name, not an individual's name.

No checks can be issued for cash to pay expenditures. Checks must be made out to the subcontractor, mini-grantee and/or supplier.

No petty cash funds can be established.

Grantees must reimburse staff for travel expenditures, no advance payments without specific written permission from ITPC.

Grantees are responsible for collecting any overpayment or duplicate payments made. Repayment should be sought immediately once an overpayment has been identified.

Grantees are obligated to collect, document and retain all such information necessary to certify invoices submitted for payment for goods or services received. Grantees have the duty to pay properly documented invoices in a timely fashion.

- c. The Grantee will maintain a fixed assets listing as prescribed in the budget explanation. See attached sample of listing.
- d. Grantees will account for tobacco grant funds separately from other organization funds and will reconcile the tobacco grant fund account monthly. At the end of the quarter the fund and account statement must reconcile to the quarterly fiscal report submitted to ITPC.
- e. That acceptance of any services offered under this Grant Agreement shall be voluntary on the part of the individual to whom such services are offered and that acceptance of any services shall not be a prerequisite to eligibility for the receipt of any other services under the Grant Agreement.
- f. That any proposed changes in the target population served under this Grant Agreement or any proposed changes in geographic location of service sites must be submitted in writing to the Tobacco Prevention and Cessation Agency.
- g. That funding is contingent upon providing individualized data files in a file structure specified by the Indiana Tobacco Prevention and Cessation Agency. Grantee will submit said data files to the Indiana Tobacco Prevention and Cessation Agency no later than the 30th day after the end of the month in which the Grantee's quarterly report is due according to a specific schedule determined by the Indiana Tobacco Prevention and Cessation Agency. The data provided by the Grantee will be used to perform statistical and evaluative functions, and other reporting requirements.
- h. That changes in line items in the budget will be requested in writing and approved by a duly authorized representative of the Indiana Tobacco Prevention and Cessation Agency prior to implementation.
- i. That payment is contingent upon timely receipt of required client data in accordance with procedures and schedules established by the Indiana Tobacco Prevention and Cessation Agency, a copy of which is available upon request.
- j. That all income generated by grant funds shall be added to the grant fund balance in the period in which it is earned and is subject to the same

requirements as the basic grant monies. All grant monies must be invested in types of investments as directed by current statute, IC 5-13-9-1 thru 5. Please refer to the current statute for guidance.

- k. To adopt and enforce a no smoking policy in project facilities at all times.
- l. Within 30 days after the end of the fiscal year, the designated Lead Agency must file Form E-1 with the Indiana State Board of Accounts so the audit requirements can be determined and communicated to the agency. For additional information please contact Mike Bozyski, Supervisor for Not-for-Profit Corporations at 232-2525 or www.ai.org/sboa/monthlye.html to review the information on-line.

SAMPLE FIXED ASSETS LEDGER SHEET AS OF JANUARY 1, 2004

For items costing in excess of \$500.00 each

Description of Asset	Date Purchased	Purchase Price	Serial Number	State Tag Number	Location of Asset	Personnel Assigned To
NEC Laptop, Model: VM5FBEE-10B-000, DOC ID: Versa Lxi	5/24/2001	\$3,101.06	15DC00290	580001	ISTA Central Office 150 W. Market St., Suite 406, Copy Center Cabinet #1	Celesta Bates
NEC Laptop, Model: VM5FBEE-108-000, DOC ID: Versa Lxi	5/24/2001	\$3,101.06	15DC00289	580002	ISTA Central Office, 150 W. Market St., Suite 406, Copy Center Cabinet #1	Celesta Bates

SUBMITTING AN APPLICATION

The original and five (5) copies of the completed RFA Part 2 must be received by October 21, 2005 at:

Indiana Tobacco Prevention and Cessation Agency
 Community and Minority-based Program Grant Administrator
 ISTA Building
 150 W. Market St., Suite 406
 Indianapolis, IN 46204

ALSO, PLEASE REMEMBER TO SUBMIT AN EXTRA COPY OF THE COMMUNITY-MINORITY REQUEST TO AMEND APPROVED BUDGET FORM AND ALL ASSOCIATED BUDGET DOCUMENTS IF APPLICABLE.

PLEASE DO NOT SEND APPLICATIONS IN NOTEBOOKS, SPIRAL BINDERS, WITH TABS OR DIVIDERS. PLEASE SECURE THE APPLICATION FORMS IN ORDER WITH A BINDER CLIP.

APPLICATION CHECKLIST

APPLICATION SECTION	COMPONENTS	COMPLETED
Cover Sheet, Coalition Summary, Verification Form, and Updates from Part 1	Cover Sheet	<input type="checkbox"/>
	Form H-Summary of Coalition Partners (from part 1)	<input type="checkbox"/>
	Form R - Verification of Work plan Development by Local Coalition Team	<input type="checkbox"/>
	Any forms from Part 1 asked to revise	<input type="checkbox"/>
Cessation Survey	Form S-Community Cessation Program Summary	<input type="checkbox"/>
	Form T-Community Cessation Program Referral Questionnaire	<input type="checkbox"/>
Work plan	Work plan forms	<input type="checkbox"/>
Budget-24 month budget	Form O- Budget Worksheet	<input type="checkbox"/>
	Form P -Budget Narrative	<input type="checkbox"/>
	Request to Amend Approved Budget, if applicable	<input type="checkbox"/>
	Current Budget, Revised Budget, if applicable	<input type="checkbox"/>
	One Extra Copy of Request to Amend Approved Budget and related documents	<input type="checkbox"/>
	Mini-grants or Subcontract Forms and Proposals (optional)	<input type="checkbox"/>
	One Extra Copy of Mini-grants or Subcontract Forms and Proposals (optional)	<input type="checkbox"/>

REVIEW PROCESS

A team consisting of members of the Indiana Tobacco Use Prevention and Cessation Executive Board, its staff, and a group of tobacco use prevention and health experts will review the proposals. The committee will review application to ensure that the work plan meets the contract requirements of this implementation grant application.

Applications will be reviewed by the following criteria:

- Part 1 changes requested by the Review Team
- Application meets all contract requirements (see pages 13-18)
- Application shows a focus on policy change
- Comprehensive, well-rounded focus and plan (i.e. approach to schools, approach to cessation)
- Achievable, measurable objectives
- Strength of coalition
- Partnership approach to achieving objectives
- Input from coalition in writing work plan
- Appropriateness of the (revised) budget
- Appropriateness of the mini-grant and/or subcontract proposals

TIMELINE FOR SUBMITTING WORK PLAN (RFA PART 2)	
August 22, 2005	RFA Part 2 released
August 24, 2005	Central regional training, Kokomo, IN
August 25, 2005	Northern regional training, Plymouth, IN
August 30, 2005	Southwest regional training, Terre Haute, IN
August 31, 2005	Southeast regional training, Seymour, IN
October 21, 2005	Work plan due to ITPC
October 2005	25% of SFY 2006 funding dispersed ¹
January 2006	50% of SFY 2006 funding dispersed ²
July 2006	50% for SFY 2007 funding dispersed
January 2007	50% for SFY 2007 funding dispersed

¹ Disbursement of these funds is contingent on 2004-2005 grant close out with all reports (program and fiscal) up to date.

² Disbursement of these funds is contingent on approval of the RFA Part 2.

Contract requirements for ITPC community-based and minority-based partnerships for use of ITPC funds

If your coalition decides to work on the indicators below, the contract requirements under each indicator must be evident in the submitted work plan and specific outcomes must be demonstrated throughout and at the end of the contract period.

Contract requirements for ALL community-based and minority-based partners

The work plan must demonstrate the following:

- Outreach to pregnant women and women of child bearing age at risk for poor birth outcomes
- Outreach to at least one of the disparately affected groups identified in part one of the RFA. (See INDICATOR 15) This is in addition to pregnant women, if this was listed as a disparately affected population in your community
- Conduct local tie-in to statewide ITPC media events such as the release of new data.
- Conduct the youth tobacco survey in your local schools, if selected
- Communicate, disseminate, and promote the youth tobacco survey data collection and results to all school administrators
- Educate legislators about health care cost of tobacco use to the State and how to address that problem
- Demonstrate collaboration throughout the work plan with ITPC funded minority-based partnership (or ITPC community based partnership) in your community, if applicable.
- Attend all required ITPC trainings

MINORITY-BASED PARTNERSHIPS CONTRACT REQUIREMENTS

- Identify and work with at least one minority employer to create a smoke free environment at the work site
- Recruit at least ten churches to participate in the IBE Faith-based program sponsored by NAATEN for tobacco prevention and cessation. Recruit a team per church to the training and implement the program
- Participate in the targeted blitz to young adult minority males in the month of March
- Identify and educate local policymakers about how tobacco companies target communities of color

COMMUNITY INDICATORS

INTERVENTION AREA 1: DECREASE YOUTH SMOKING RATES

INDICATOR 1:

Increase the proportion of Indiana school districts that support and implement a comprehensive school strategy against tobacco use.

Contract Requirements for Indicator 1:

- Focus on all five (5) components of the CDC's recommendation for comprehensive school-based tobacco use prevention.
 - POLICY: Proportion of school districts in the county that implement 100% tobacco free policies for the entire school campus. This policy applies to students, faculty, staff and visitors and is effective 24 hours day/ 7 days a week
 - INSTRUCTION/CURRICULUM: Proportion of schools that provide intensive tobacco use prevention instruction in junior high/middle school years, with reinforcement in high school, using a curricula that provides instruction on the negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use and refusal skills. Ninth grade must be one of the grades selected for instruction/focus
 - PARENT EDUCATION: Proportion of school districts that demonstrate a plan to educate and involve parents/ families in support of tobacco-free lifestyles.
 - TEACHER TRAINING: Proportion of school districts that provide tobacco use prevention specific training for teachers
 - CESSATION FOR PARENTS, YOUTH, AND STAFF: Proportion of school districts that support cessation interventions for students and staff who use tobacco

- Use the Tobacco Free School Toolkit developed for Indiana tobacco control partners. There are 5 pieces to the toolkit that can be used in working with schools. Coalitions, with each school district they are work with, must complete assessment at www.tobaccofreeschoolkit.com
- Conduct the youth tobacco survey in your local schools, if selected. Communicate, disseminate, and promote the youth tobacco survey data collection and results to school administrators
- If coalitions choose to work with 4th-5th graders; funds may only be applied to the Tar Wars program (due to limited resources)
- Collaborate with the Coordinated School Health Leadership team, if applicable for your community:
 - Brown County Schools
 - Batesville Community School Corporations
 - Southern Wells Community Schools
 - Indianapolis Public Schools
 - Goshen Community Schools
 - Middlebury Community Schools
 - Greencastle Community School Corporation
 - Vigo County School Corporation
 - Evansville Vanderburgh School Corporations
 - Greenfield Community Schools

INDICATOR 2:

Extent of community activism among youth to support community change that includes youth involved in the VOICE movement

Contract requirements for Indicator 2:

- Complete the Adult Ally training (the adult who is the primary individual working with youth)
- Participate with youth in at least one capacity building session a year (i.e. ITI Summer Conference and/or Hub Sessions)
- List top three places and/or local events to recruit youth, and include activities that focus on hard-to-reach youth
- Commit to focus on anti-industry messaging rather than only a healthy lifestyle message
- Complete a Voice media advocacy and communication plan
- Submit brief action plans to your hub director following your Voice event as plans will be collected into a database to share ideas with other Voice hubs
- Participate in at least one ITPC generated statewide initiative each year
- Bring at least 3 youth to the statewide Youth Summit
- Continuously work one-on-one with the Hub coordinator to help build your County's local Voice movement.

INDICATOR 3:

Extent of compliance with laws related to tobacco sales to youth

Contract requirements for Indicator 3:

- Follow Alcohol and Tobacco Commission protocol and report data collected to ATC, if funding is provided for compliance checks

INTERVENTION AREA 2: INCREASE PROPORTION OF HOOSIERS NOT EXPOSED TO SECONDHAND SMOKE

INDICATOR 4:

Proportion of tobacco free campus policies for hospitals, health care centers, and clinics

INDICATOR 5:

Proportion of smoke free policies for worksites, including restaurants and bars

INDICATOR 6:

Proportion of smoke free policies for government buildings, grounds and vehicles

INDICATOR 7:

Proportion of school districts with tobacco-free campuses

Contract requirements for Indicator 7:

- See requirements under Indicator 1.

INDICATOR 8:

Proportion of smoke free policies for community organizations

INDICATOR 9:

Extent of tobacco control policies on university/college campuses. This includes indoor and outdoor spaces such as student housing, classroom buildings, and athletic facilities

INDICATOR 10:

Proportion of smoke free policies for indoor and outdoor recreational facilities (e.g., fairgrounds, amusement parks, playgrounds, sport stadiums, etc.)

Contract requirements for Indicators 4-10:

- Use the model policies provided by ITPC
- Agree to the fundamentals of secondhand smoke policy document
- Complete the community readiness profile before beginning a community-wide SHS campaign
- Compile a data base of supporters and organizations to involve in community action events
- Develop and implement an education plan that includes training, presentations, and outreach for the community, business leaders, and other key stakeholders.

INTERVENTION AREA 3: DECREASE INDIANA ADULT SMOKING RATES

INDICATOR 11:

Extent of the availability of appropriate tobacco cessation services in the community for adults and youth

INDICATOR 12:

Proportion of health care providers and health care systems that have fully implemented the Public Health Service guidelines for cessation

Contract requirements for Indicators 11 and 12:

- Continue to base payment on the number of participants served for all cessation subcontracts
- All individuals and organizations (including mini-grants and subcontractors) must follow the following requirements:
 - Complete an ITPC approved smoking cessation certification. (Cessation training will be available in both a web-based format and face-to-face format. The face-to-face format will be offered 2-3 times between September-March. Certification is not a replacement for smoking cessation programs [i.e. Freedom from Smoking] but confirms the Public Health Service guidelines for treating nicotine dependency are met.)
 - Complete an ITPC approved minimum data set on individuals completing cessation services and programs. Data will be collected through a web-based system. Participants must be contacted for follow up as outlined in the minimum data set requirements
 - Ensure that a portion of time is devoted to the following critical activities:
 - Identify and recruit health care professionals to complete the brief counseling training and refer to appropriate community cessation resources
 - Increase the number of hospitals and clinics with 100% smoke-free campus policies
 - Increase the number of hospitals and clinics to adopt policies to ensure that all smokers are identified, reminded to quit, and receive brief counseling
 - Conduct outreach to the county's top employers to educate employers on the benefits of smokefree policies and employee cessation benefits
 - Identify and promote at least one cessation success story through local media every six months

INDICATOR 13:

Proportion of worksites that provide employer-sponsored cessation support for employees who use tobacco

Contract requirements for Indicator 13:

- Conduct outreach to the county's top employers to educate employers on the benefits of smokefree policies and employee cessation benefits

INTERVENTION AREA 4: PROTECT AND MAINTAIN A STATE AND LOCAL INFRASTRUCTURE NECESSARY TO LOWER TOBACCO USE RATES

INDICATOR 14:

Extent of participation by partners within the broad-based coalition

Contract requirements for Indicator 14:

- Outline a coalition development and/or maintenance plan that involves participation from all sectors (education, health care, civic, faith, business, and youth) of the community.
- Develop communication channels and outreach between the coalition and:
 - Local health department
 - Hospital
 - Community health center
- Collaborate with the Coordinated School Health Leadership team, if applicable for your community:
 - Brown County Schools
 - Batesville Community School Corporations
 - Southern Wells Community Schools
 - Indianapolis Public Schools
 - Goshen Community Schools
 - Middlebury Community Schools
 - Greencastle Community School Corporation
 - Vigo County School Corporation
 - Evansville Vanderburgh School Corporations
 - Greenfield Community Schools

INDICATOR 15:

Extent of participation by groups representing disparately affected (i.e. hard to reach) populations in the community.

Contract requirements for Indicator 15:

- Must conduct outreach, identify and recruit organizations that work with disparately affected groups to fill coalition gaps (as mentioned in RFA part 1) and to work on anti-tobacco activities in two or more of the following institutions:
 - Faith-based community
 - Employers in blue collar and service industries
 - Young adult minority men
 - GED participants
 - Community Health Centers
 - <http://www.in.gov/isdh/programs/community/awards.htm>
 - Career Centers
 - Work One Centers (Provide a wide range of employment and training services. Also connect you with other family and work-related organizations that may be available in your area)
 - http://www.in.gov/dwd/workforce_serv/workone/index.html

Application Forms

**Section 1: Grant Cover Sheet, Summary of Coalition Partners,
Verification Form and Part 1 forms**

This section provides information on your lead agency and coalition coordinator, as well as an updated list of coalition partners on Form H. This information may have changed since submitting Part 1 of the application. Please be sure to add up the number of partner organizations on your coalition. This is important for ITPC to share the total number statewide. Verify all coalition representatives and organizational members who assisted in working on the work plan on Form R. Finally, submit any forms from Part 1 that your ITPC Regional Program Director asked your coalition to revise.

Forms to complete in this section:

- Cover Sheet
- Form H - Summary of Coalition Partners (from part 1)
- Form R - Verification of Work plan Development by Local Coalition Team
- Other forms from Part 1, if applicable

Tobacco Prevention and Cessation Program

July 1, 2005-June 30, 2007

Implementation Grant – RFA Part 2

Application Cover Sheet

Application for Local Community-Based Partnerships

OR

Application for Local Minority-Based Partnerships

Lead Agency Information

Lead Agency Name:

County:

Lead Agency Contact, Director or CEO:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

Email:

Federal Identification Number:

Primary Contact Information

Primary Contact to ITPC:

Primary Contact Address if different from above:

City:

State:

Zip Code:

Telephone:

Fax:

Email:

Signature of Primary Contact:

Contract amount awarded for July 2005-June 2007: \$

Form H-Summary of Coalition Partners

Please provide a list of partner organizations by sector.

- Education
 - Partner

- Health Care
 - Partner

- Faith
 - Partner

- Civic
 - Partner

- Business
 - Partner

- Youth
 - Partner

TOTAL NUMBER OF PARTNER ORGANIZATIONS _____

Section 2: Community Cessation Network

Please complete Form S and Form T that describe the current cessation services provided in your community. With the upcoming launch of the Indiana Tobacco Quitline, it is important that the quitline cessation specialists have current information on services available throughout Indiana to refer callers to a local program if they are ineligible to receive quitline services.

Forms to complete in this section:

- Form S – Community Cessation Program Summary
- Form T – Community Cessation Program Referral Questionnaire (complete one for each cessation partner)

Form S- Community Cessation Program Summary

Please provide the name of each partner organization in the cessation network.

1.

2.

3.

**Form T-Community Cessation Program Referral Questionnaire
For Indiana's Tobacco Quitline
(Complete all four pages of Form T for each cessation partner)**

County(ies): _____

Name of Organization: _____

Cessation Coordinator: _____

Street Address: _____

City/State/Zip: _____

What are your business hours? _____ Days: _____ Hours: _____

Business Phone: _____ FAX: _____

E-mail: _____ Web site: _____

List the names and professional background for each facilitator/cessation specialist currently providing services in your cessation program (*i.e. leading groups or counseling clients*). List any additional facilitators/cessation specialists on a separate sheet of paper.

Name	Professional preparation/background	Degree/Credentials
<i>e.g. Robert Rodriguez</i>	<i>e.g. Substance Abuse Counselor</i>	<i>MD, PH.D, RN, CDCII, etc.</i>

DESCRIPTION OF SERVICES

1. How frequently do you offer your tobacco cessation program? *(Circle all that apply.)*
 - A. Weekly
 - B. On a regularly scheduled basis (e.g. every Thursday night)
 - C. Whenever a group can be formed
 - D. On demand
 - E. Other *(Specify: _____)*

2. Which of the following topics does your cessation program address? *(Circle all that apply.)*
 - A. Problem solving techniques
 - B. Skills training (such as coping skills)
 - C. Stress management (such as relaxation exercises)
 - D. Basic information on tobacco use and successful quitting strategies
 - E. Encouragement to talk about the quitting process
 - F. Use of self-help materials
 - G. Relapse prevention (how to recognize and avoid relapse)
 - H. Direct contact with a clinician for support
 - I. Social support during program
 - J. Social support outside of program
 - K. Aversive techniques (rapid smoking, rapid puffing, other smoking exposure)
 - L. Other *(Specify: _____)*

3. Which of the following services does your cessation program offer? *(Circle all that apply.)*
 - A. Individual face-to-face counseling
 - B. Group counseling
 - C. We initiate telephone calls for client counseling
 - D. We respond to telephone calls for client counseling
 - E. Self-help materials
 - F. Acupuncture
 - G. Hypnosis
 - H. Other *(Specify: _____)*

4. What language(s) are cessation services provided in? *(Circle all that apply.)*
 - A. English
 - B. Spanish
 - C. Other *(Specify: _____)*

5. Which of the following self-help materials does your program offer? *(Circle all that apply.)*
 - A. None
 - B. Brochures
 - C. Books
 - D. Audio tapes and or Video tapes
 - E. Materials from the internet
 - F. Other *(Specify: _____)*

PHARMACOLOGICAL THERAPIES

6. Does your program recommend and/or provide any of the following pharmacological therapies? *(Mark an X; only one response per line.)*

Type of Therapy	Provide with program	Recommend but not provided	Neither	Who provides funding (please list)
Nicotine gum				
Nicotine patch				
Nicotine inhaler				
Nicotine nasal spray				
Bupropion (Zyban)				
Clonidine (Catapress)				
Nortriptyline (Aventyl or Pamelor)				
Non-nicotine herbal remedies				
Other pharmacological therapies (list)				

7. Do you provide any assistance to your clients to purchase or obtain pharmacological therapies?
 A. No
 B. Yes

If Yes:

7a. How is this assistance dispensed? *(Circle all that apply.)*

- A. Directly to client (i.e. product is given to client from cessation provider)
- B. Using a coupon for a specific facility (store, pharmacy, physician)
- C. Using a coupon for any facility (anywhere the product is sold)

7b. What is the cost for this assistance to the client?

- A. No cost (free to client)
- B. Discount (client pays part of the cost)
- C. Varies, depending on the client's income (e.g. a sliding scale: some clients pay 10%, others pay 75%)

7c. Are these resources available to people with tobacco cessation coverage through their health insurance plan?

- A. No
- B. Yes

DELIVERY OF PRODUCTS AND SERVICES

- 8. Where are your cessation services delivered? *(Circle all that apply.)*
 - A. At the main address (listed on the first page of this survey)
 - B. At offsite locations (please list the locations on a separate page)

- 9. Is childcare available during times when cessation services are offered?
 - A. No
 - B. Yes (if yes, is there a charge for the child care?)

- 10. Is your program offered at a site accessible to people with physical disabilities (e.g. wheelchair users, etc.)?
 - A. No
 - B. Yes

- 11. When are services provided? *(Circle all that apply.)*
 - A. Mornings
 - B. Afternoons
 - C. Evenings
 - D. Weekends

- 12. How do people register for your cessation services? *(Circle all that apply and please specify the contact person and phone # or address, if applicable.)*
 - A. By phone _____
 - B. In person _____
 - C. By mail _____
 - D. By referral from insurance provider
 - E. By email _____
 - F. Other (*Specify:* _____)

- 13. For each client, what is the average duration of an entire program? *(Record duration in numbers of sessions per period of time, e.g. one session per week for six weeks.)*

Number of sessions ____ Time per session ____ Number of weeks _____
= Total hours in program _____
Other (*Specify:* _____)

- 14. Do you charge a fee for your cessation program?
 - A. No
 - B. Yes

If Yes:

14a. How much do you charge for cessation services? _____

Section 3: 2006-2007 Work Plan

Please complete a work plan form for the indicator your coalition chooses to work on. You must type in the ITPC Intervention Area Number and Name as these vary by indicator. Use as many forms as needed. Not more than one indicator per form, please.

Forms to complete in this section:

- Work Plan – You must type in the ITPC Intervention Area Number and Name

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WORK PLAN FORM

Intervention Area:

Community Indicator: (one indicator per sheet)	Indicator Number:
---	--------------------------

SMART Objective for indicator:

2005 Indicator status (Baseline measurement for this indicator):

Please list how you measured this indicator, include data source:

Activities by Strategy Area	Partner Organization(s) Responsible for Tasks	Date of activities							
		SFY 2006				SFY 2007			
		CY 2005		CY 2006				CY 2007	
		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
Identify and recruit partners/Training •									
Public Awareness/Community Education •									
Media Advocacy •									
Policy Advocacy •									
Enforcement/Compliance •									
Data Collection •									
Supplemental Funding •									

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Section 4: Budget

The section describes the operation costs to continue tobacco control programming through June 30, 2007.

Forms to be completed in this section:

- Form O – Budget Worksheet
- Form P – Budget Narrative Form
- Community-Minority Request to Amend Approved Budget
- One Extra Copy of Request to Amend Approved Budget and Related documents
- Community-Minority Grant Agreement Lead Agency Subcontract (optional)
- Community-Minority Grant Agreement Lead Agency Mini-Grant Contract (optional)
- One Extra Copy of Mini-grants and Subcontract Forms and Proposals (optional)

NOTE: The Regional Director must approve your budget amendment through the normal process of approval (regional director and CFO) before the amended budget is official. The Regional Director must also approve all subcontracts and /or mini-grants even when they are submitted as a part of this application. Therefore, approval of the work plans and budget does not automatically approve the subcontracts and/or mini-grants. When submitting the budget amendment, a current budget worksheet and an amended budget worksheet must be submitted with the “Request to Amend Budget” form.

There is a line item for paid media to consider during Part 2 of the RFA.

Form O-Budget Worksheet

	Expenses
1. Personnel	
a. Salaries/Wages %FE Annual Salary Wage #Months	
1. (Position Title)	
2. (Position Title)	
TOTAL SALARIES/WAGES >	
b. Fringe Benefits	
1. (Position Title)	
2. (Position Title)	
TOTAL FRINGE BENEFITS >	
2. Travel	
a. In-State	
b. Out-of-State	
TOTAL TRAVEL >	
3. Supplies	
a.	
b.	
TOTAL SUPPLIES >	
4. Contracts	
a.	
b.	
TOTAL SUBCONTRACTS >	
5. Other	
a.	
b.	
TOTAL OTHER >	
6. Paid Media (not to exceed 5% of total grant awarded)	
a.	
b.	
TOTAL Paid Media >	
7. Furniture & Equipment	
a.	
b.	
TOTAL FURNITURE & EQUIPMENT >	
TOTAL DIRECT COSTS >	
8. INDIRECT COSTS (Include if you have an indirect cost component. Maximum of 5% of the total direct cost requested is allowed.)	
TOTAL BUDGET JULY 2005-JUNE 2007. AMOUNT REQUESTED CANNOT EXCEED SPECIFIED COUNTY ALLOCATION	

- Note: 1. Line items must be explained in a narrative Budget Justification
2. Costs such as central services, rent, and accounting can be budgeted in either #5 or #8, but not both.

Form P-Budget Narrative

Personnel:

Travel:

Supplies:

Contracts:

Other:

Paid Media:

Furniture and Equipment:

Indirect Costs:

Summary of Travel Allowances

- 1. Overnight Travel:** The subsistence allowance for in-state travel is \$26.00 per day.

Example:

	<u>SUBSISTENCE IN-STATE</u>	<u>SUBSISTENCE OUT-OF-STATE</u>
Before 12:00 pm Departure	\$26.00	\$32.00
Between 12:00 pm and 4:30 pm Departure	\$13.00	\$16.00
After 4:30 pm Departure	\$0.00	\$0.00
Before 12:00 pm Return	\$13.00	\$16.00
After 12:00 pm Return	\$26.00	\$32.00

- 2. Meals provided are to be listed and deducted as follows:**

	<u>IN-STATE</u>	<u>OUT-OF-STATE</u>
Breakfast	\$6.50	\$8.00
Lunch	\$6.50	\$8.00
Dinner	\$13.00	\$16.00

- 3. ONE DAY TRIPS:**

	<u>IN-STATE</u>	<u>OUT-OF-STATE</u>
Gone less than 12 hours	\$0.00	\$0.00
Gone more than 12 hours	\$13.00	\$16.00
Leave before 6a.m. and return after 6p.m.	\$19.50	\$24.00

WHEN A MEAL IS PROVIDED, NO SUBSISTENCE WILL BE REIMBURSED FOR THAT MEAL.

- 4. MILEAGE**

	<u>IN-STATE</u>	<u>OUT-OF-STATE</u>
First 500 miles	\$0.34	\$0.34
501 – 2500 miles	\$0.17	\$0.17

- 5. LODGING**

\$79.00/\$83.00

Effective July 1, 1999, revised January 1, 2004, the maximum rate for In-State, outside of the Indianapolis Metropolitan area, lodging will be \$79.00 per night per person plus applicable taxes and inside of the Indianapolis Metropolitan area, lodging will be \$83.00 per night per person plus applicable taxes.



www.itpc.in.gov

COMMUNITY - MINORITY GRANT
REQUEST TO AMEND APPROVED BUDGET

County _____

Grantee _____

Grant Number: _____

Address _____

City _____ Zip Code _____

Reporting Period change would take effect in if approved: _____

Telephone: _____ - _____ Fax: _____ - _____

Name of Individual requesting change: _____

Signature: _____ Date: _____

Description of change requested: _____

Reason for change: _____

Please attach a copy of the previously approved budget and a copy of the revised budget reflecting the desired change. Be specific when explaining the change requested and the reason for the change. Attach additional sheets if necessary.

HOW DOES THE PROPOSED CHANGE IMPACT YOUR APPROVED PROGRAM?

Recommend for approval: Yes _____ No _____

COMMENTS: _____

x

Community Grants Program Director Date

x

Contract Administrator Date

Please mail or Fax to:
Community Grants Program Director
IN Tobacco Prevention & Cessation

**Community-Minority Grant Agreement
Lead Agency Sub-contract**

County: _____ Lead Agency: _____

Grant number: _____

Name of person with Lead Agency that will supervise or manage the sub-contractor: _____

Name of sub-contracting agency (or individual): _____

Name of responsible person with sub-contractor: _____

Address: _____

City: _____ Zip _____

Telephone: _____ Fax: _____ Email: _____

Time period of sub-contract: _____

Cost of performing sub-contract: _____

** Funds received by the sub-contractor pursuant to this Agreement shall be used only to institute services described in the Grant Agreement between ITPC and the Lead Agency. Should it be determined by ITPC that the sub-contractor has used funds inconsistent with the Grant Agreement then the Lead Agency could be required to reimburse ITPC. Should the Lead Agency be required to make such reimbursement the sub-contractor may be required to reimburse the Lead Agency.

Scope of work to be performed through this sub-contract, including tasks and deliverables:

Description of how this sub-contract will further the goals of the county's work plan which is on file with ITPC:

Signature of primary contact with Lead Agency: _____

Date: _____

Signature of responsible person with the sub-contractor: _____

Date: _____

**Community-Minority Grant Agreement
Lead Agency Mini-Grant Contract**

County: _____ Lead Agency: _____

Grant number: _____

Name of person with Lead Agency that will supervise or manage the mini-grant recipient: _____

Name of mini-grant recipient (agency or individual): _____

Name of responsible person with mini-grant recipient: _____

Address: _____

City: _____ Zip _____

Telephone: _____ Fax: _____ Email: _____

Time period of mini-grant contract: _____

Cost of performing mini-grant contract: _____

** Funds received by the mini-grant recipient pursuant to this Agreement shall be used only to institute services described in the Grant Agreement between ITPC and the Lead Agency. Should it be determined by ITPC that the mini-grant recipient has used funds inconsistent with the Grant Agreement then the Lead Agency could be required to reimburse ITPC. Should the Lead Agency be required to make such reimbursement the mini-grant recipient may be required to reimburse the Lead Agency.

Scope of work to be performed through this mini-grant contract, including tasks and deliverables:

Description of how this mini-grant contract will further the goals of the county's work plan which is on file with ITPC:

Signature of primary contact with Lead Agency: _____

Date: _____

Signature of responsible person with the mini-grant recipient: _____

Date: _____