# LOCAL LEAD AGENCY

# GUIDELINES

# FOR A

# 2007-2010

# COMPREHENSIVE TOBACCO CONTROL PLAN

## Issued February 5, 2007

**California Department of Public Health**
**Tobacco Control Section**
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# I. INTRODUCTION

## A. Statement of Purpose and Organization of the Guidelines

The purpose of the Guidelines is to direct Local Lead Agencies (LLAs) in the development of the 2007-2010 Comprehensive Tobacco Control Plan (CTCP) as required by the Health and Safety (H&S) Code, Section 104350-104480 and Section 104500-104545. The California Department of Public Health/Tobacco Control Section (CDPH/TCS) is responsible for issuing Guidelines, and providing training, technical assistance and consultation to assist LLAs in preparing and approving their CTCPs.

## B. Legislative Authority

California's Tobacco Control Program (TCP) was developed in response to the passage of Proposition (Prop) 99, the Tobacco Tax and Health Protection Act of 1988, by California voters. This referendum increased the state cigarette tax by 25 cents per pack (from 10 cents to 35 cents per pack) and added an equivalent amount on other tobacco products. The new revenues were earmarked for programs to reduce smoking, to provide health care services to indigents, to support tobacco-related research and to fund resource programs for the environment. The money is deposited according to the following formula: 20 percent is deposited in the Health Education Account (HEA); 35 percent in the Hospital Services Account; 10 percent in the Physician Services Account; 5 percent in the Research Account; 5 percent in the Public Resources Account; and 25 percent in the Unallocated Account (Revenue and Taxation Code 30124).

Programs funded by the Health Education and Research accounts are overseen by the legislatively mandated Tobacco Education and Research Oversight Committee (TEROC). In performing this mandate, TEROC provides advice to CDPH/TCS, the University of California, and the California Department of Education (CDE) regarding the administration of the Prop 99-funded programs. TEROC also publishes and periodically updates a state master plan for tobacco control and tobacco-related research, and makes recommendations to California's Legislature for improving Prop 99-funded tobacco control and tobacco-related research efforts in California.

The HEA funds both community and school health education programs to prevent and reduce tobacco use. The HEA is jointly administered by CDPH/TCS, which receives approximately two-thirds of the funding, and the CDE, which receives approximately one-third of the funding available in the account. CDPH/TCS is responsible for supporting a statewide tobacco control program, and provides funding for local health departments, competitively selected community-based organizations, a statewide media campaign, and an extensive evaluation of the entire TCP. CDE administers school-based funding to grades 4 through 8 based on an allocation method, and to grades 9 through 12 through a competitive grant program.

H&S Code (Sections 104400 through 104415) designates each county or city health department as the lead agency (LLA) for its local health jurisdiction and describes the agency responsibilities. LLAs are legislatively mandated to periodically submit a comprehensive tobacco control plan to CDPH/TCS, and to obtain the involvement of local community organizations in the development of that plan. The legislation requires that the plan provide demographic information; local data on smoking and tobacco use; a description of program goals, objectives, target populations, activities and evaluation; budget cost estimates for program activities; budget information including staffing configurations; and computer hardware and software needs and plans. Additionally, the enabling legislation requires local health departments to use a uniform management data and information system, which will permit comparisons of workload, unit costs and outcome measurements on a statewide basis.

The enabling legislation for Prop 99 includes Assembly Bills (AB) 75 (Chapter 1331, Statutes of 1989), AB 99 (Chapter 278, Statutes of 1991), AB 816 (Chapter 195, Statutes of 1994), AB 3487 (Chapter 199, Statutes of 1996), Senate Bills (SB) 99 (Chapter 1170, Statutes of 1991), SB 960 (Chapter 1328, Statutes of 1989), SB 493 (Chapter 194, Statutes of 1995); the annual State Budget; the H&S Code, Sections 104350-104480, 104500-104545; and the Revenue and Taxation Code, Sections 30121-30130. The enabling legislation, the various codes, and the annual State Budget provide legislative and funding authority for programs administered by CDPH/TCS to:

- Conduct health education interventions and behavior change programs at the state level, in the community and other non school settings

- Apply the most current research and findings

- Give priority to programs that demonstrate an understanding of the role community norm change has in influencing behavioral change regarding tobacco use.

## C. The California Tobacco Control Program Priorities

The TCP's aim is to change the broad social norms around the use of tobacco by "indirectly influencing current and potential future tobacco users by creating a social milieu and legal climate in which tobacco becomes less desirable, less acceptable, and less accessible." The social norm change model is based on the concepts that "the thoughts, values, morals and actions of individuals are tempered by their community" and "durable social norm change occurs through shifts in the social environment of local communities, at the grass roots level."

Under this social norm change paradigm, the TCP focuses its tobacco control activities on these priority areas:

1. Countering pro-tobacco influences (CPTI) in the community: working to curb tobacco product retail advertisements (ads) and marketing practices, tobacco industry sponsorship, and the depiction of tobacco products in the entertainment industry.
2. Reducing the exposure to secondhand smoke (SHS): initiatives that employ a policy and advocacy approach to restricting smoking in public and private places (emerging areas include policies associated with Indian casinos, multi-unit housing, and outdoor venues).
3. Reducing tobacco availability: supporting enforcement of the existing law that prohibits selling tobacco to minors, elimination of free tobacco product sampling, licensing of tobacco retailers, and establishment of tobacco-free pharmacies.
4. Promoting cessation services: as a complement to the social norm change paradigm, the TCP supports operation of the California Smokers' Helpline, as well as supporting community-based cessation programs.

## D. California Tobacco Control Program Progress and Challenges

The TCP has been enormously successful. Adult smoking prevalence declined from 24.9 percent in 1994 to 14.0 percent in 2005 which reflects a 21.3 percent overall decline. Tobacco consumption has declined by nearly 60 percent (57.5 percent) in California from fiscal year (FY) 1989-1990 to FY 2004-2005 while in the rest of the United States (U.S.) it has only declined by 24.0 percent. Youth smoking prevalence has also declined dramatically in California, although smoking prevalence rose from 13.2 percent in 2004 to 15.4 percent in 2006. Regardless, California has a significantly lower youth smoking prevalence compared to the rest of the U.S., and in 2004 was the second lowest in the nation.

Declines in smoking and consumption have translated into real health gains for Californians. Accelerated reductions have been documented in California for both heart disease deaths and lung cancer incidence rates. From 1988-2002, lung and bronchus cancer rates in California declined at four times the national rate of decline.

Despite the tremendous accomplishments of the TCP, there are still approximately 3.8 million adult and 200,000 youth smokers in California. In fact, the number of smokers in California exceeds the entire population of the state of Oregon. Additionally, the smoking burden is not shared equally across California populations and communities. Low-income, African-American men and women, American Indians, white men, Korean men, enlisted military personnel, lesbian, gay, bisexual, and transgender, young adults, rural populations, the mentally ill, and other groups experience tobacco use rates much higher than the general population. As a result, tobacco use is linked to more than $15.8 billion a year in tobacco-related costs and lost productivity, and more than 43,000 Californians die each year from tobacco-related diseases.

Additional information about the tobacco use problem and successes in California may be found in the 2006 California Tobacco Control Update: The Social Norm Change Approach, available at: www.dhs.ca.gov/tobacco/publications.

## E. Local Lead Agency Program Overview

Each of the 58 county and 3 city health departments are designated as "Local Lead Agencies" by Prop 99 enabling legislation H&S Code 104400-104415. As the lead tobacco control agency at the community level, the LLA is responsible for coordinating information, referral, outreach, and education activities within their respective health jurisdiction. Each LLA is responsible for fostering and involving a community coalition to engage in grassroots community mobilization activities that promote social norm changes and educate the public on health issues related to tobacco use and tobacco industry strategies that promote tobacco use. In general, LLAs take the lead on coordinating local community policy development, facilitate enforcement of tobacco control laws, and provide local tobacco cessation services.

Since 2000, CDPH/TCS has integrated the use of Communities of Excellence (CX) in Tobacco Control into LLA and competitive grant funding procurements. CX is a community planning framework used to systematically assess tobacco-control-related needs and capacity of a community, set priorities, and develop a plan of action. Each LLA and their coalition(s) will utilize the CX needs assessment to conduct background research related to several community-level tobacco control indicators and assets, numerically rating community progress in relation to the community indicators and assets, and then prioritizing the needs in order to develop a comprehensive community tobacco control plan. Community indicators represent environmental or community level measures. In general, they are based on observations or aspects of the community other than those associated with individuals. Community assets represent factors that promote and sustain tobacco control efforts in the community by facilitating tobacco control work. Assets include funding availability, adult and youth community activism, and awareness of and sensitivity to cultural diversity.

More information about CX is available in the following documents available at www.dhs.ca.gov/tobacco/publications:

- California Department of Health Services /Tobacco Control Section. 2006. *Communities of Excellence in Tobacco Control Implementation Guide, Module 1: Introduction to Communities of Excellence*. Sacramento, CA: CDHS/TCS.

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- California Department of Health Services /Tobacco Control Section. 2006. *Communities of Excellence in Tobacco Control Implementation Guide, Module 2: Conducting a Communities of Excellence Needs Assessment.* Sacramento, CA: CDHS/TCS.
- California Department of Health Services /Tobacco Control Section. 2006. *Communities of Excellence in Tobacco Control Implementation Guide, Module 3: Priority Populations Speak about Tobacco Control.* Sacramento, CA: CDHS/TCS.
- California Department of Health Services /Tobacco Control Section. 2006. *Communities of Excellence in Tobacco Control Implementation Guide*, *Module 4*: *Developing a Tobacco Control Intervention and Evaluation Plan*. Sacramento, CA: CDHS/TCS.

### Local Program Evaluation Overview

Local program evaluation is a core and valued component of every TCP which furthers understanding of the community norm change strategy. CDPH/TCS does not anticipate that diminishing resources will decrease the value and level of importance placed on local program evaluation. Evaluation is considered vital to ensuring implementation of interventions that have the greatest health impact. To that end, it is TCS' policy that we do not penalize contractors for the failure to achieve objectives. Evaluation results do not affect an agency's current funding or their ability to secure future funding. However, failing to complete intervention and evaluation deliverables or other programmatic requirements such as timely and accurate submission of progress and cost reports does impact current and future funding.

Local program evaluation will answer the "What works?" question. Unless local programs evaluate and communicate their results, there would not be answers to this question. While some answers to the "What works?" question may come from large research studies, more often than not, established local tobacco control programs know what works in their communities. Local projects are in the trenches and on the cutting edge of tobacco control efforts. They are trying to figure out how to address emerging tobacco control problems such as:

- New tobacco industry marketing strategies such as bar night promotions, direct mail campaigns, coupons, and in-store promotions;
- The problem of drifting tobacco smoke in multi-unit housing complexes;
- The problem of smoking in American Indian gaming facilities;
- The problem of hookah use, particularly among college students; and
- The problem of tobacco industry sponsorship and corporate donations to sporting events, the arts, and to leadership organizations, social service agencies, and others.

Evaluation must be a key component to local tobacco control program efforts. When local tobacco control programs evaluate their efforts and share their findings through reports, case studies, the media, and state or national conferences, other local programs benefit. When the evaluation results concerning clean indoor air policies, efforts to raise tobacco taxes, priority population strategies, and telephone tobacco cessation quit-lines are shared, other state, national, and international tobacco control programs benefit.

In addition to improving the effectiveness and efficiency of the tobacco control movement, local program evaluation will help programs to:

- Modify and improve their efforts;
- Identify those strategies and interventions that do not work or are too labor intensive for the pay-off;
- Justify the need for further funding;
- Demonstrate the need for stronger policy interventions; and
- Galvanize community support for strong policy interventions.

Finally, local tobacco control evaluation is a form of program accountability. As a result of unfriendly public records requests, tobacco industry lawsuits, and high-visibility public relations campaigns aimed at discrediting tobacco control efforts in California, local tobacco control program evaluation has become the standard of practice in a field that operates much more defensively than other public health programs. Local tobacco control programs do not have the luxury of simply trusting that their hard work results in meaningful outcomes; it must be demonstrated and shared widely.

CDPH/TCS is providing technical assistance resources to aid local projects in the development of appropriate and cost-effective evaluation designs. The *OTIS Evaluation Guide* provides background on evaluation terminology, sample objectives, and evaluation designs for the core indicators. This document can be downloaded at:
http://www.dhs.ca.gov/tobacco/documents/eval/OTISEvaluationGuide.pdf

CDPH/TCS requires that evaluation be integrated into the program planning process for the 2007-2010 CTCP. The evaluation is to be planned at the time each objective is developed and the intervention is designed.

**The Tobacco Control Evaluation Center**

To help you link the indicators and assets detailed in *Communities of Excellence in Tobacco Control Implementation Guide, Module 2* to local program evaluation, the CDPH/TCS funds the Tobacco Control (TC) Evaluation Center which provides training, feedback and oversight on the evaluation plan portion of the Scope of Work (SOW).

The TC Evaluation Center provides individual telephone technical assistance, group training and technical assistance opportunities, evaluation resources for

## I. INTRODUCTION

preparing case study and evaluation reports, and evaluation protocols for common objectives, and will serve as a central repository of evaluation survey instruments, protocols and survey question items. Additionally, the TC Evaluation Center is responsible for rating Final Evaluation Reports for primary objectives. Reports receiving a medium or high rating are available through the Tobacco Education Clearinghouse of California (TECC).

# II. ADMINISTRATIVE AND PROGRAM REQUIREMENTS

The following are administrative and program requirements of LLAs:

## A. Administration Requirements

LLAs are required to:

**1.** Expend funds in accordance with the LLA allocation agreement and negotiated line item budget. See Appendix 6 for the terms of the allocation agreement. If changes in line items, salary ranges, or staffing patterns need to be made, the LLA must request a budget revision. It is at the discretion of CDPH/TCS whether or not to approve the requested budget revision.

**2.** Deliver the services as stated in the SOW. This includes conducting the stated activities, developing the identified educational materials, etc. If changes need to be made in the SOW, the LLA must contact CDPH/TCS to discuss the issue and request a SOW revision. It is at the discretion of CDPH/TCS whether or not to approve the request.

**3.** Meet allocation agreement requirements (including progress reports, cost reports, evaluation reports etc.) satisfactorily. It is at the discretion of CDPH/TCS to decide to withhold Prospective Payment Invoices and/or recover payment of funds prior to the LLA correcting the deficiency.

**4.** Refer to and comply with the *LLA Administrative and Policy Manual*. This manual is referenced in the allocation agreement terms and, as such, is an agreement document. The SOW and Budget must be consistent with the policies and procedures found in the *Policy Section* of that manual. Please review the *Policy Section* and pay particular attention to those policies addressing incentives, promotional items, sponsorship, and lobbying. The Policy Section is also posted on the CDPH/TCS web site, and PARTNERS at: www.dhs.ca.gov/tobacco and http://www.tcspartners.org/.

**5.** Maintain accounting records that reflect actual expenditures (including, but not limited to: accounting books, ledgers, payroll records, signed time sheets, etc.) and follow standard accounting procedures and practices that properly reflect all direct and indirect expenses related to this allocation agreement. These records shall be kept and made available for three (3) years from the allocation agreement termination date and after final payment is received from the State.

**6.** Maintain accurate records regarding program implementation, which document the number of people served, materials developed, activities conducted, etc. It is expected that these documentation records may include, but will not be limited to: activity logs, sign-in sheets, meeting minutes, survey and evaluation data, etc. It is recommended that the LLA establish documentation files by objective or major activities. Planning minutes, media outreach, and sign-in sheets, etc., are best filed in the objective-specific file as activities are completed. These records shall be kept and made available for three (3) years from the allocation agreement termination date and after final payment is received from the State.

**7.** Have proficient personnel to submit to CDPH/TCS timely, accurate and complete progress reports and cost reports every six (6) months using the forms and format provided by CDPH/TCS.

**8.** Hire program and fiscal/administrative staff with the appropriate training and experience to fulfill all program-related deliverables as well as to fulfill payroll, accounting and administrative procedures.

**9.** Maintain the current *LLA Administrative and Policy Manual* and the *OTIS User Guide*. These manuals contain the CTCP guidelines, CDPH/TCS Policies, and procedures for administrative tasks such as progress reports, cost reports, etc.

## B. Program Requirements

LLAs are required to:

**1.** Coordinate local services and statewide initiatives between Prop 99-funded agencies, government agencies, voluntary health organizations, schools, community-based organizations and others involved in tobacco control to maximize resources and avoid duplication.

**2.** Create and maintain a culturally and ethnically diverse community coalition representative of the demographics of the community.

**3.** Recognize and plan for the diverse ethnic and cultural differences of each community.

**4.** Collaborate with diverse partners to bring more skills, ideas and resources to tobacco control.

**5.** Focus on community-norm change strategies instead of individual behavior change.

**6.** Build the capacity of local communities and agencies to address tobacco control activities.

**7.** Mobilize the community to support educational, policy and enforcement activities.

## II. Administrative and Program Requirements

**8.** Strategically use media and public relations.

**9.** Institutionalize programs into existing social and health service delivery systems.

**10.** Actively promote statewide toll-free numbers for the California Smokers' Helpline (1-800-NO-BUTTS) and the Stop Tobacco Access to Kids Enforcement Act (1-800-5 ASK-4-ID).

**11.** Communicate and collaborate with statewide contractors (see Appendix 1) to avoid duplication in the development of materials, to develop sound policies, and implement effective community organizing strategies.

**12.** Participate in annual Capitol Information and Education (I&E) days.

**13.** Build the SOW around the CX needs assessment findings and the following four priority areas and two community assets:

- Counter Pro-Tobacco Influences
- Reduce Exposure to SHS
- Reduce the Availability of Tobacco
- Promote Tobacco Cessation Services (optional)
- Cultural Diversity and Cultural Competency Asset
- Other Assets (optional)

**14.** Develop and implement a CTCP that includes at least one objective in each of the following Priority and Asset areas: Counter Pro-tobacco Influences, Reduce Exposure to SHS, Reduce the Availability of Tobacco, and Cultural Diversity and Cultural Competency.

**15.** Limit the percentage of deliverables allocated to the delivery of **direct** cessation services to no more than ten percent. The reason for this is that CDPH/TCS funds direct cessation services through the California Smokers' Helpline, and community-based competitive grants. Additionally, many voluntary and for-profit providers provide direct cessation services, and many public and private health insurers include a tobacco cessation benefit. Direct cessation services are those cessation services considered to be the provision of face-to-face cessation classes, support groups, internet cessation, or relapse prevention support provided through face to face, telephone or electronic means, and the dissemination of self-help materials. Activities to motivate cessation, to improve the accessibility of cessation services through training and technical assistance, or to develop cessation related materials are not considered to be direct services.

## II. Administrative and Program Requirements

**16.** Conduct an evaluation of local program effectiveness for each objective:
- Involve a qualified evaluator in SOW development;
- Designate at least ten percent of program deliverables towards evaluation;
- Evaluate measurable outcomes; and
- Prepare evaluation reports for primary and non-primary objectives according to the document, *Tell Your Story: Guidelines for Preparing a Complete High Quality Evaluation Report.* This document can be found at: http://www.dhs.ca.gov/tobacco/documents/eval/TellYourStory.pdf

# III. GENERAL INFORMATION

## A. General Allocation Agreement Information

### 1. Projected Allocations - Fiscal Years 2007-2010

Using the formula outlined in the enabling legislation, approximately $16,215,000 will be allocated to the LLAs in FY 2007-2008, $15,890,700 in FY 2008-2009, and $15,572,886 in FY 2009-2010 (see Appendix 2, "2007-2010 LLA Funding Allocation Table").

CDPH/TCS will notify you regarding any subsequent changes to the allocations made by the Legislature or Courts and request plan revisions.

Interest earned on prospective payments or generated revenue will not be included in the budget projections. Interest and generated revenue will be reported only through the Cost Report process for the FYs noted above.

### 2. Allocation Agreement Term

All LLA allocation agreements and plans will be funded for the time period of July 1, 2007 through June 30, 2010.

### 3. Noncompliance

If an LLA is non-compliant with the CTCP, Section 104400 of the Health and Safety Code provides the CDPH/TCS authority to terminate the LLA's agreement and recoup any unexpended funds. CDPH/TCS may reallocate the unexpended funds to provide services through an agreement with a different governmental or private nonprofit agency capable of delivering the services as described in the Guidelines.

### 4. Budgeting Enforcement Activities

As in the past, LLAs may continue to use their Prop 99 allocation to address CX enforcement/compliance indicators in their community, as long as these funds are not used for direct enforcement (enforcement efforts that combine compliance checks with the issuing of citations). For example, LLAs can continue to use Prop 99 funds to collaborate with and educate law enforcement, as well as to conduct data collection activities such as youth tobacco purchase surveys and/or observational signage surveys to monitor compliance with state and/or local tobacco control laws.

## B. Submission Information

1. LLAs must submit a new CTCP for the period of July 1, 2007 through June 30, 2010, electronically through the Online Tobacco Information System (OTIS) by 5 p.m. on **April 20, 2007**. It is the LLA's responsibility to ensure its computer hardware and software will allow for electronic submission by the date due. LLAs must include all the information requested in the electronic filing process. Specific instructions for each component of the plan submission process are provided in the *OTIS User Guide*. Review the plan carefully for completeness prior to submission. The OTIS User Guide is available at: http://www.tcsotis.org/. If you are new to your agency and do not have an OTIS user account identification, please contact TCS at (916) 449-5500.

## C. Information Meeting and Technical Assistance Session

1. **Information Meeting (*Mandatory*).** An Information Meeting to describe the program and budget requirements for the 2007-2010 CTCP has been scheduled. The meeting will include tobacco-related content workshops, and an orientation for new LLA staff. **At least one individual from each LLA is required to attend**. However, CDPH/TCS recommends that two to three LLA staff participate. We encourage the Project Director (or person responsible for writing the SOW), the fiscal staff person (or person responsible for building the Budget), and the project evaluator to attend the meeting.

   **Registration information is available on PARTNERS at *http://www.tcspartners.org***

   **Date:** **February 7-8, 2007**
   **Start Time:** **7:30 a.m. - 8:30 a.m. Registration and Continental Breakfast**
   **Location:** **Radisson Hotel, Sacramento**
   500 Leisure Lane
   Sacramento, CA 95815
   Reservations: (800) 333-3333
   Telephone: (916) 922-2020
   **End Time:** **February 8, 2007 at 3:30 p.m.**

2. **Technical Assistance *(Optional)*.** A Technical Assistance session has been scheduled to assist the LLAs in refining their objectives, intervention activities, evaluation plans, and preparing their budget. Though attendance is optional, LLAs are encouraged to bring draft documents and use this time to seek individualized technical assistance prior to submitting their 2007-2010 CTCP to CDPH/TCS.

**III. General Information**

| | |
|---|---|
| **Date:** | **March 6-7, 2007** |
| **Time:** | **8:30 a.m. - 4:00 p.m. (both days)** |
| **Location:** | **Sacramento Hilton Garden Inn** |
| | 2540 Venture Oaks Way |
| | Sacramento, CA 95833-3200 |
| | (916) 568-5400 |

## D. Review Process

Each CTCP will be evaluated by a peer review committee. The review committee may include representatives from voluntary health organizations, government agencies, public and private non-profit organizations and state colleges and universities. The Coalition membership and functioning, CX needs assessment, intervention and evaluation plan, narrative summary including the theory of change, and budget justification will be rated on a scale of 0 to 105 points.

The score that a LLA Plan receives will not impact an agency's funding since each LLA is legislatively required to administer a tobacco control program and receives its funding as a result of an allocation agreement. The purpose of scoring LLA CTCPs is to help CDPH/TCS: 1) identify additional training and technical assistance needed, 2) track agency performance over time, and 3) evaluate the relationship between the quality of plans and quality of implementation to outcomes among California's LLAs.

The maximum point value of each component of the plan is as follows:

| | |
|---|---|
| 1. Coalition Membership and Functioning | 10 points |
| 2. CX Needs Assessment | 15 points |
| 3. Scope of Work: Intervention, Evaluation, and Materials Development | 40 points |
| 4. Narrative Summary and Theory of Change | 10 points |
| 5. Budget Justification | 30 points |
| | 105 points |

Each agency may receive, upon written request to CDPH/TCS, their consensus review tool summary page which provides the overall score and the overall plan strengths and weaknesses.

Following the review, CDPH/TCS will contact each agency to negotiate the Intervention and Evaluation Plan and the Budget/Budget Justification portions of the CTCP.

- Agencies are expected to submit their revised Plan to CDPH/TCS within ten working days of the negotiation. If a Plan includes an objective for which the

CX indicator/asset assessment is missing or lacks data comments to support the rating, the agency may be asked to revise the CX needs assessment.
- If the identified Local Program Evaluator (LPE) working with the agency lacks the minimum qualifications identified in these Guidelines, the agency will be required to hire or contract with an individual meeting the minimum qualifications within 120 days of plan approval.
- If the minimum coalition membership and functioning requirements are not met, the agency will be required to demonstrate progress towards meeting the minimum requirements in the first six month progress report. This progress is to be reported in the progress report Administrative/Collaborative section. Failure to demonstrate progress will result in withholding prospective payments until progress is made.

## E. Tentative Timeline

Please note that this timeline is subject to change.

CDPH/TCS will approve the plan in increments. As such, the LLA will be allowed to implement approved components of the plan, rather than waiting for final approval. Through OTIS, CDPH/TCS will provide the LLA with comments related to items that need to be revised or clarified before approval. Conference calls will supplement the written comments. In-person negotiations will be arranged if necessary. This process will occur during the Negotiations/Revisions timeframe noted below. All plan components must be approved no later than September 30, 2007.

Prospective payment invoices for the July-September 2007 period will be released as soon as CDPH/TCS has a signed Acceptance of Allocation Agreement and a signed state budget. The October-December 2007 prospective payment invoice may be withheld from processing if the allocation agreement is not signed and/or the plan is not completely approved by September 30, 2007.

| | |
|---|---|
| Guidelines Released | February 5, 2007 |
| LLA Guidelines Training (required) | February 7-8, 2007 |
| Technical Assistance Sessions (optional) | March 6-7, 2007 |
| Online Plans due to TCS | April 20, 2007 |
| LLA Review Conducted | April 27 – May 27, 2007 |
| Allocation Agreements Mailed to LLAs | May 30, 2007 |
| Negotiations/Revisions | May 30 – June 29, 2007 |
| Allocation Agreement Start Date | July 1, 2007 |

# IV. COMPREHENSIVE PLAN REQUIREMENTS

## A. General Requirements

1. **Policy Section**
The SOW and Budget are to be consistent with the policies and procedures found in the Policy Section of the CDPH/TCS *LLAs Administrative and Policy Manual* referred herein as the *Policy Section,* located at http://www.dhs.ca.gov/tobacco.

2. **CAREFULLY READ ALL INSTRUCTIONS on subsequent pages and in the OTIS User Guide, located at http://www.tcsotis.org/**. Submit your plan no later than **5 p.m. on April 20, 2007**. This must include all the information requested in the electronic filing process. Specific instructions for each component of the plan submission process are provided in the *OTIS User Guide*. Review the plan carefully for completeness, accuracy, spelling, and grammar prior to submission. If a CTCP is not submitted by the due date, the July 2007 prospective payment will be withheld. Additionally, review and approval of the CTCP will be delayed. This may impact an agency's ability to receive its full allocation for the first year since work and budget expenditures are not authorized for unapproved portions of the SOW.

3. **DO NOT ASSUME** the reviewers have prior knowledge of your agency or programs administered by your agency. The responsibility is on the applicant to demonstrate an understanding of the services to be delivered under the intended contract, and the ability to design and carry out efficient services that are budgeted.

4. **Download and print a complete copy of the application for your files.** Use the Report link in OTIS to access the completed plan. Please note, some reports should be printed in landscape in order to capture the full report.

## B. Organization of the Comprehensive Tobacco Control Plan

1. The CTCP components are listed below. The following information is described for each component: Component Description, Maximum Point Value, Minimum Requirements for the component, and instructions for completing the component. Each CTCP will be reviewed and evaluated in relationship to the Minimum Requirements.

   - Agency Contact Information
   - Evaluator Information
   - Demographic Profile

- Media Profile
- Coalition Functioning
- Coalition Membership
- CX Assessment Indicator Worksheets and Assets Worksheet
- SOW, including Intervention Activity Plan, Materials Development, Evaluation Design and Activities, and Narrative
- Budget Justification
- Additional Documents
    - Non-Prop 99 Incoming Tobacco Control Funds
    - Administrative/Collaborative Activities *(Optional)*
    - Project Abstract ***(Note: This will be completed AFTER your CTCP is approved by CDPH/TCS. This information will be used to create the public access project directory.)***

## C. Instructions

**General Instructions/Requirements**
The CTCP will be reviewed and evaluated to ensure that it is consistent with the Administrative and Program Requirements for the 2007-2010 LLA CTCP, as well as the minimum requirements identified for scored CTCP components. Other considerations include:

- Forms completed, accuracy, and consistency with the *LLA Guidelines* and the *OTIS User Guide*.
- The online application process will not accept an incomplete CTCP.

**1. Agency Contact Information**

Component Description: Provide basic contact information for the agency, project director, fiscal contacts, health officer, and agency signatory. This contact information will be used by CDPH/TCS to send official correspondence and documents to the agency and to schedule conference calls or meetings.

Maximum Point Value: 0

Minimum Requirements:
- Information is complete and accurate.

Instructions:
- Following the instructions in the OTIS User Guide, complete the agency contact information, project director, fiscal contacts, health officer, and agency signatory.
- See the *OTIS User Guide*, Section B: Contact Information for data entry instructions.

## IV. Comprehensive Plan Requirements

### 2. Evaluator Information

Component Description: The LPE provides information related to his/her evaluation training, expertise, and contact information. The LPE certifies that he/she participated in the development of the evaluation plan. The LLA links a LPE identified in the LPE Directory with their CTCP.

- Evaluator Profile
  The LPE must complete the profile in the electronic Local Program Evaluator Directory accessed at www.dhs.ca.gov/tobacco. The profile describes the LPE's experience, qualifications, skills, availability, and tobacco-related publications. Once the profile is completed, LLAs can access the Directory to identify and select their LPE.

- Evaluator Certification
  The LPE certifies the amount of time he/she spent with the LLA providing consultation on the SOW evaluation plans. Every CTCP must include this certification, even if the evaluator is a member of the LLA staff.

Maximum Point Value: 0

Minimum Requirements:
- The LPE must demonstrate:
  - One course in study design or one year of experience determining the study design for an evaluation.
  - One course in evaluation or one year of experience planning and implementing an evaluation.
  - Two courses in statistics or one year of experience analyzing data for an evaluation.
- The LPE must certify that he/she provided a minimum of four hours of consultation in the development of the SOW evaluation plans.
- The LLA must link a LPE to their CTCP.

Instructions:
- The LPE must complete or update his/her profile within the LPE Directory accessed at www.dhs.ca.gov/tobacco and must certify that he/she participated in the development of the SOW evaluation plans.
- If a LLA is retaining their current LPE, the LLA must ensure that their LPE updates their profile and contact information in the LPE Directory.
- The LLA must view and select an evaluator from the LPE Directory or OTIS, in order to electronically invite a LPE to complete their profile and the certification. See the *OTIS User Guide*, Section D: Evaluator Information for data entry instructions.

## IV. Comprehensive Plan Requirements

3. **Demographic Profile**

Component Description: The information in this component provides a general description of the local health jurisdiction's demographic profile. It is included in the CTCP to give reviewers a broad overview of the local health jurisdiction in a standardized format, in order to place the SOW in context. Data on the population of the three largest communities, racial/ethnic data, and same sex partner household data are from the 2000 U.S. Census. This data is auto-entered by OTIS and may not be modified. The LLA is responsible for identifying whether the health jurisdiction represents a rural, urban, or suburban community.

Maximum Point Value: 0

Minimum Requirements:

- Geographic characteristic of the local health jurisdiction is identified and appropriate.

Instructions:

- See the *OTIS User Guide*, Section C: Background Information, and Demographic Profile for data entry instructions.

4. **Media Profile**

Component Description: The information in this component provides a description of the top five (5) major media outlets. The description provides the name of the outlet, the format (radio, television, print media, etc.), and the primary language of the outlet. The purpose of this information is to provide reviewers a general understanding of the media capacity of the local health jurisdiction.

Maximum Point Value: 0

Minimum Requirements:

- At a minimum, identifies the top five major media outlets serving the local health jurisdiction, provides information about the name of the outlet, the format of the media, and the primary language for media dissemination by the outlet.

Instructions:

- See the *OTIS User Guide*, Section C: Background Information, and Media Profile for data entry instructions.

5. **Coalition Membership and Functioning**

Component Description: The Coalition Functioning form provides general information about the structure and function of each coalition administered or maintained by the LLA. The Coalition Membership form describes the composition of the overall coalition, describing the demographic and/or cultural representation of each member.

Maximum Point Value: 10 points

Minimum Requirements:

**Tobacco Control Coalition Functioning Requirements**

- Evidence of a fully functioning adult coalition with by-laws or operating procedures that provide:
  - The organizational structure
  - A mission statement
  - A definition of roles and responsibilities of members which reflects meaningful roles for the coalition members and identifies an individual who is not a member of the LLA staff or health department as the coalition chair
  - Coalition appointment, membership length, and meeting frequency (the coalition must meet periodically in person)
  - The formal process for recruiting and orienting new coalition members
  - How the coalition leadership periodically provides training on working effectively in a coalition and reviews and updates operational procedures based on input from coalition members
  - The method(s) for routine and rapid communication

- Evidence of a coalition member assessment at least every 18 months, to monitor coalition functioning and member satisfaction using assessment instruments identified by CDPH/TCS or others acceptable to the coalition.
- Evidence that the LLA provides staff with logistical assistance, training, budget support, and other assistance needed by the coalition.
- The following information should be included for each coalition maintained by the LLA under the Prop 99-funded CTCP (not other TCS grants):
  - Name of Coalition
  - Year founded
  - Chair and Co-chair (if applicable)
  - Coalition type
  - Coalition By-laws or Formalized Procedures
  - Coalition membership by ethnic/racial and priority population representation
  - Coalition size
  - Identification if the coalition has a separate budget
  - Meeting frequency

- Names of Subcommittees
- Coalition member recruitment methods
- Coalition membership orientation process
- Results of most recent coalition functioning survey
- Date for the next coalition survey and the instrument to be used to assess the coalition function
- Description of coalition member roles
- Task Plan for conducting the 2010-2013 CX Needs Assessment

**Coalition Membership Requirements**

Each coalition should provide the following information:

- Evidence of diverse membership that includes community representation which extends beyond traditional health, education, and social service organizations. Membership should include cultural, ethnic, or other priority populations in proportion to the overall population in the geographical area served.
- Evidence of the participation and involvement of local community organizations with special experience or expertise in community health education against tobacco use and representation of high risk populations.

Instructions:

- Coalition Membership Form: See the *OTIS User Guide*, Section C: Background Information, and Coalition Membership for data entry instructions.
  - Complete this form for each coalition administered, coordinated, or maintained by the LLA (e.g., one form for each adult coalition or youth coalition).
  - In the data entry field, "Agency or Group Represented on the Coalition," do not list personal names of individuals (i.e., Jane Smith). List the specific agency or group, (e.g., American Lung Association, health care provider) the person is affiliated with. If the member is a community member at large, you may use the term "individual."
- Coalition Functioning Form: See the *OTIS User Guide*, Section C: Background Information, and Coalition Functioning for data entry instructions. Complete this form for each coalition administered, coordinated or maintained by the LLA.

6. **Communities of Excellence Assessment**

Component Description: This component summarizes the CX needs assessment findings for each indicator and asset assessed, including providing information on the data sources used in the assessment, the people involved with the assessment, and identification of any special population needs.

Maximum Point Value: 15 points

Minimum Requirements:

- LLAs that received less than $1 million over the 2004-2007 plan period must review a minimum of 13 community indicators and assets.
    - Required indicators to assess: 1.1.6, 2.2.13, 2.2.16, 3.2.1, 4.1.1
    - Required assets to assess: 2.3, 2.4, 2.5, 3.6, 3.7
- LLAs that received greater than $1 million over the 2004-2007 plan period must review a minimum of 15 community indicators and assets. *Please Note: Counties include Alameda, Los Angeles, Orange, Riverside, Sacramento, San Diego, San Bernardino, San Francisco, and Santa Clara.* Please see Appendix 3 for 2004-2007 LLA Funding Allocation Table.
    - Required indicators to assess: 1.1.6, 1.1.11, 2.2.6, 2.2.13, 2.2.16, 3.2.1, 3.2.4, 3.2.7, 4.1.1
    - Required assets to assess: 2.3, 2.4, 2.5, 3.6, 3.7
- CX Indicator Worksheets must be completed and reported in OTIS for each indicator and asset assessed (see *Module 2* at http://www.tcspartners.org/Main/WebSite/cx2006).
- Of the minimum indicators and assets required for assessment, LLAs with casinos in their jurisdiction must assess and report on indicator 2.2.25. *Please Note: Counties include Amador, Butte, Colusa, Contra Costa, Del Norte, Fresno, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Madera, Mendocino, Modoc, Placer, Riverside, San Bernardino, San Diego, Santa Barbara, Shasta, Sonoma, Tehama, Tulare, Tuolumne, and Yolo.* Please see Appendix 4 for the full list of American Indian Casinos by County.
- Identification of the community to which the findings relate and Identification of ethnic or other priority populations that have specific needs.
- Evidence of coalition member involvement in the CX assessment process.
- Evidence that quantitative and qualitative data sources were used to support assessment findings including comments to justify and support the ratings.

Instructions:

- See *Communities of Excellence in Tobacco Control Module 2*: Conducting a CX needs assessment for explicit instructions on how to complete worksheet forms.
- See the *OTIS User Guide*, Section C: Background Information, Indicator Worksheet and Asset Worksheet for data entry instructions.

## IV. Comprehensive Plan Requirements

### 7. Scope of Work: Intervention, Evaluation, and Materials Development

Component Description: The SOW provides a detailed “road map” that describes what is to be accomplished, how it will be accomplished, and how the intervention will be evaluated. It identifies the objectives, an Intervention Activity Plan for each objective, an Evaluation Design and Evaluation Plan for each objective, target audiences, timelines, responsible parties, products that are subject to copyright, a percent deliverable tied to tangible products or services to be produced or conducted, and tracking measures that will be used to verify completed activities. The Materials Development Form is a supplementary form to the SOW. It is completed when original materials are developed by the project (i.e., educational, advertising, promotional, or incentive items). These original materials have the potential for use and distribution statewide and involve a high quality development process. The Materials Development Form is used by the TECC to direct proactive materials development technical assistance. It is submitted by local projects to TECC with the material in order for the material to be evaluated by the Materials Review Committee for the appropriateness of the material’s inclusion in the TECC sales catalog.

Maximum Point Value: 40

Minimum Requirements:

- A minimum of four objectives are required. These must address the following goal areas and they must be consistent with the CX needs assessment findings: 1) Counter Pro-Tobacco Influences, 2) Reduce Exposure to SHS, 3) Reduce the Availability of Tobacco, and 4) Cultural Diversity and Cultural Competency.
- Objectives must state:
  - Who or what is expected to change
  - What or how much change is expected (do **not** use ranges to describe the amount of change expected)
  - When the change will be completed
  - Where the change will occur
- The Intervention Activity Plan for each objective consists of a series of activities that will lead to the accomplishment of the objectives. Each activity consists of a brief narrative description that describes:
  - **What** will be done (e.g., presentations, community forum, letter writing campaign, brochure, training, radio ad).
  - **Who** will be impacted by the activity, or who it is for (e.g., community service organizations, high school students, coalition members, smokers).
  - **How much** will be done. Ranges may be used in activities to quantify how much of an activity will be done. This may include: 1) quantifying how much of something will be done, produced, or disseminated, (e.g., one to three news releases or five to ten

presentations); 2) the length of the activity (e.g., 15-30 minute presentation, 30–40 page tool kit, 30-second radio spot); 3) the audience size (e.g., a presentation for 10-20 people, a training for 30–40 people); or 4) the frequency of an event (e.g., twice a year, annually).

- **Where** activities will occur. As appropriate, a description of the geographic location or site where activities will occur, such as in specific neighborhoods, events, casinos, pharmacies, etc.

- The Intervention Activity Plan reflects an understanding of the role community norms have in influencing tobacco-use related behaviors. It reflects a coordinated and integrated approach that includes a variety of activities to accomplish the objective.
- The Intervention Activity and Evaluation Plan reflects appropriate coordination and collaboration with CDPH/TCS statewide training and technical assistance contractors, statewide advocacy campaigns coordinated by CDPH/TCS contractors, and promotion of statewide 800 numbers (e.g., California Smokers' Helpline, Stop Tobacco Access to Kids Enforcement Act).
- The Intervention Activity and Evaluation Plan includes timelines that reflect a sequential ordering of activities demonstrating that activities build upon each other and that some activities must be completed before others.
- The Intervention Activity and Evaluation Plan identifies responsible parties (budgeted or non-budgeted) who are assigned to complete activities. The position title or term used to designate a responsible party in the SOW is identical to the position title or term used in the budget and identifies tracking measures that will verify the completion of activities. (It is recommended that you provide no more than two tracking measures for each activity.)
- The Intervention Activity and Evaluation Plan assigns a program deliverable to tangible products or services to be developed or conducted as part of the SOW. Deliverable percentages assigned are in increments of 0.5 percent (e.g., 0.5 percent, 1.0 percent, 1.5 percent, 2.0 percent, etc).
- At least ten percent of the program deliverables are allocated to evaluation.
- An appropriate evaluation plan is required for each objective in the SOW. The evaluation plan must be appropriate in terms of the evaluation design, sampling strategy, sample sizes, types of evaluation activities proposed, data collection methods, data analysis, and dissemination of findings. The evaluation should measure the extent to which the objective was achieved, provide information that will inform and improve the intervention, and disseminate the findings to the community, key opinion leaders, or public health professional working in tobacco control.

**Comment [AR1]:** I think these evaluation plan criteria need a little work to get at how appropriate are the activities for the objective and the budget.

## IV. Comprehensive Plan Requirements

- The quality of objectives and evaluation plans demonstrate a qualified program evaluator provided at least four hours consultation to the LLA.
- For LLAs that received less than $1 million over the 2004-2007 plan period, a primary evaluation plan is required for two (2) of the required objectives. For LLAs that received greater than $1 million over the 2004-2007 plan period, a primary evaluation is required for three (3) objectives. *Counties with greater than $1 million allocated during the 2004-2007 plan period include: Alameda County, Los Angeles County, Orange County, Riverside County, Sacramento County, San Diego County, San Bernardino County, San Francisco County, and Santa Clara County.* Please see Appendix 3 for 2004-2007 LLA Funding Allocation Table. Primary evaluation relates to a required objective (e.g., objectives addressing CPTI, SHS, availability, or cultural diversity/competency) that will receive an in-depth evaluation such as experimental, quasi-experimental or a high level case study. Agencies are required to format their Final Evaluation Report (FER) for each primary objective according to the document *Tell Your Story*: *Guidelines for Preparing a Complete High Quality Final Evaluation Report* available on OTIS V2, the TC Evaluation Center website, and at www.dhs.ca.gov/tobacco/publications. The document addresses how to prepare a FER, and contains a sample report for users' reference.
- The evaluation design and evaluation plans for non-primary objectives describes evaluation activities that will measure what was done and the resulting outcome.
- For each activity that will involve developing an original material, the Materials Development form is completed and it is evident that steps for materials development will include checking with TECC for assistance on the development of that item, confirming non-duplication of the item, appropriate field/pilot testing, ensure that information is factually correct and cited, obtains appropriate model, photo, copyright releases, and uses professional production values.
- Materials identified for development reflects substantive original works, supports the overall goals of the objective and are integrated into the proposed program.

Instructions:

- Refer to *CX module 4; OTIS User Guide, Section E: Scope of Work,* for data entry instructions; *and the OTIS Evaluation Guide* at http://www.dhs.ca.gov/tobacco/documents/eval/OTISEvaluationGuide.pdf.

## IV. Comprehensive Plan Requirements

- Complete the Materials Development Form for each substantive original material. This part of the SOW form is to be completed for educational, media, promotional and incentive materials. See Appendix 5.

## IV. Comprehensive Plan Requirements

Figure 1: Scope of Work Flow Chart

**Review CX Assessment Forms to Identify Potential Objectives for the 2007-2010 SOW**

**Required Objective: Regardless of funding allocation, each Scope of Work must reflect a minimum of one objective for each of the three major priority areas and cultural diversity/competency asset. Each objective must be created with an evaluated indicator or asset. While reflecting TCS priorities, core CX indicators are not required for an objective.**

| Priority Area | Minimum Number of Required Objectives |
|---|---|
| CPTI | 1 |
| Reduce Exposure to SHS | 1 |

### Activity Plan

- Develop activities for each objective
- Designate timelines
- Designate who is responsible for completing the activities
- Assign percent allocation for each deliverable produced
- Assign copyright

### Evaluation

- Develop an evaluation plan for each objective in your Scope of Work to ascertain the extent to which the objective was achieved

### Primary Evaluation for Required Objectives

As defined by funding allocation, a primary evaluation plan is required for two (2) of the required objectives (e.g., objectives addressing CPTI, SHS, availability, or cultural diversity/competency). LLAs receiving greater than $1 million over the 2004-2007 plan period are required to conduct a primary evaluation of three (3) objectives. Primary evaluation relates to a required objective that will receive an in-depth evaluation such as experimental, quasi-experimental or a high level case study. Interim evaluation reports will be submitted with the biannual progress reports and a final evaluation report will also be required for each primary evaluation objective.

## IV. Comprehensive Plan Requirements

### 8. Narrative Summary and Theory of Change

The Narrative summarizes the CX needs assessment findings, the intervention, the theory of change, and the evaluation plan.
Component Description: The Theory of Change is the basic assumption(s) about why the proposed interventions should work.

Maximum Points: 10

Minimum Requirements:

- The CX needs assessment findings are described for each objective, including the identification of priority population needs
- For each objective, a rationale is provided that describes the underlying Theory of Change (http://www.nci.nih.gov/theory/pdf). A Theory of Change should be:
  - Logical
  - Consistent with everyday observations
  - Similar to those used in previous successful program examples you have read or heard about
  - Supported by past research in the same area or related ideas
- Reasonable, realistic and appropriate evaluation plans are evident for each objective.

Instructions: Refer to *OTIS User Guide, Section E: Scope of Work, Narrative Summary* for data entry instructions*; and Theory at a Glance at http://www.nci.nih.gov/theory/pdf*

### 9. Budget Justification

Component Description: the Budget Justification component:
1) describes and justifies the expenditures associated with the activities in the SOW; and, 2) helps evaluate the SOW and Budget. Only use whole numbers and round to the nearest dollar. When preparing the Budget Justification take into consideration changes that may occur due to programmatic or administrative needs. For example, the number of staff may increase/decrease as program intensity fluctuates.

Maximum Points: 30

Minimum Requirements:

- Position titles or terms used for budgeted responsible parties in the SOW are consistent with those used in the budget justification (e.g., personnel classification, subcontractor/consultant titles or names).
- Propose reasonable personnel and consultant costs, given the qualifications of the individuals and needs of the project.
- Provide funding for a minimum of 75 percent project director or project coordinator. (A project director of less than 100 percent must be

justified in the budget justification and is subject to the consideration and approval by CDPH/TCS on a case-by-case basis.)

- Designates one staff employee as the lead on project evaluation and coordinates the efforts of all evaluation staff, evaluation consultants or subcontractors hired to perform evaluation activities.
- The designated evaluation lead must provide a ten percent (10%) minimum full time equivalent (FTE) to project evaluation.
- Propose reasonable operating expenses, including sufficient travel.
- Evident that the Other Costs budget category is consistent with and support the activities in the SOW (e.g., educational materials, promotional items, incentives, media advertising placement, and sponsorships).
- Provide the level of detail requested in the budget justification instructions including reasonable narratives that explain the need for the budgeted line items.
- Propose a reasonable budget justification for the quality and quantity of activities in the SOW.

Instructions:

- The budget justification consists of the following categorical line items:

**Personnel Costs** *(includes all positions, salaries, and time base)*

- *NOTE: Management and fiscal positions that are less than ten percent must be included in the Indirect Costs category.*
- Allocate a minimum of ten percent of the lead person's time towards overseeing evaluation activities.

**Fringe Benefits**

- May include items such as medical, dental, long-term disability, life insurance, payroll taxes, workers compensation insurance (insurance coverage only—no claims paid), etc.
- *NOTE: Fringe benefits does not include employee leave such as vacation, sick leave, jury duty, military leave, etc.*

**Operating Expenses**

- **TCS Communications Network (PARTNERS) and OTIS**
  This is a required line item. You must budget for this line item or inform CDPH/TCS how you intend to access the Internet in order to participate in PARTNERS and work in OTIS.
- **Space Rent/Lease**. Include the standard costs for your program.
- **Other.** Include any other agency-defined subcategories.

## IV. Comprehensive Plan Requirements

**Equipment Purchases**

Comment [AR2]: What about scanners?

- All equipment purchases regardless of dollar amount or type, must be budgeted in the Equipment Expenses category and follow procedures as outlined in the Policy Manual.
- All equipment purchases must be justified and will be reviewed on a case-by-case basis.
- Any computer purchases must meet current computer hardware/software minimum specifications as outlined in the Policy Manual.

**Travel/Per Diem and Training**

- **Project Travel/Training:** Budget for project travel/training for budgeted staff which supports implementation of the SOW activities. If LLA is conducting trainings as a part of their SOW activities, budget costs here.

**TCS Travel/Training**

It is recommended that you budget for one to two staff (or coalition members as appropriate) to attend two to five TCS trainings per FY at $750 per person. Over the next three years, trainings may include the following topics:

- Tobacco Related Disease Research Program (TRDRP) Conference in FY 2007-2008 (Fall 2007 in Sacramento)
- LLA Guidelines Technical Assistance Meeting in FY 2009-2010 (Spring 2010)
- Rural Leadership Conference

**Required TCS Travel/Training**

The following required meetings/training must be attended by an LLA representative. If attendance does not occur, the LLA will not be allowed to spend/move the budgeted travel to other line items in the Budget. Therefore, the unspent monies will be returned to the State at the end of the agreement.

- **Project Directors' Meeting (PDM):** Budget $1,200 per person for one to two staff to attend the PDM in FYs 2007-2008 (Spring 2008) and 2009-2010 (Fall 2009).
- **CX Training:** Budget $750 per person for one to two staff to attend the CX training in FY 2009-2010 (Fall 2009).
- **LLA Guidelines Information Meeting:** Budget $750 per person for one to two staff and the project evaluator to attend the Information Meeting in FY 2009-2010 (Winter 2010).
- **Annual Capitol I&E (Spring):** Budget $750 per person for one to two staff and/or coalition members to attend the annual Capitol I&E Days.

**Out-of-State Travel *(Optional)***: Identify any possible out-of-state trips. Include the amount budgeted, number of staff and purpose. However, final approval of any out-of-state travel will be contingent upon participating in the conference as a presenter, panel member, speaker, etc.

**National Conference on Tobacco or Health *(optional)***
Budget $1,500 per person ($1,100 travel/per diem and $400 registration) for one to two program staff to attend the National Conference in FY 2007-2008. The National Conference on Tobacco or Health will be held in Minneapolis, Minnesota on October 24-26, 2007.

- **Subcontracts/Consultants** *(includes consultants and subcontract services)*

- **Other Costs** *(Review the Policy Manual for use of Educational Materials, Promotional Items, Incentives, Media, and Sponsorships. All items must be referenced in the SOW and justified in the line item narratives.)*
  - Educational Materials
  - Promotional Items
  - Incentives
  - Media
  - Sponsorships
  - Any other agency-defined subcategories

- **Indirect Costs** *(overhead costs which cannot exceed 15 percent of Personnel + Fringe)*

Additional Instructions Notes:
- CDPH/TCS will approve LLA Project Director's Association dues for each FY. If dues were pre-paid in the last agreement for any of the FYs, budget only for the unpaid years. Place this expense in the line item appropriate for your county accounting system.

- The budget information contained in the above categories is very specific to these categories and, per department requirements, cannot be budgeted in any of the other categories. You may add subcategories to Operating Expenses, Subcontracts/Consultants, and/or Other Costs using your agency-defined subcategories. You will need to provide a justification for each line item you add to either of these categories that defines, describes, and justifies the additional subcategories.

Input Instructions:
- Refer to the *OTIS User Guide, Section F: Budget Information,* for data entry instructions.

**10. Additional Documents**

a. **Non-Proposition 99 Incoming Tobacco Control Funds** ~~Non-Proposition 99 Incoming Tobacco Control Funds~~

This form provides a brief description of additional funds the LLA has available for non-Prop 99 tobacco control activities (e.g., American Legacy Foundation, Prop 10, Master Settlement

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Agreement (MSA), etc.)~~additional funds the LLA has available for non-Prop 99 tobacco control activities (e.g., American Legacy Foundation, Prop 10, Master Settlement Agreement [MSA], etc.).~~

| |
|---|
| Note: Do not co-mingle any other tobacco monies in the trust account. The separate interest-bearing account is only for Prop 99 allocations. |

Input Instructions:
- Refer to the *OTIS User Guide, Section G: Additional Documents*, for data entry instructions.

**b. Administrative/Collaborative Activities (Optional)**

**LLAs are not required to describe routine administrative and collaborative activities** in the SOW since these activities are largely captured under the Coalition Activities Form and the Collaboration Tracking Form of the progress report. However, LLAs who want to document these activities may do so with this form. Information provided in the section would refer to activities such as participation in a CDPH/TCS workgroup, joint school projects or collaboration with voluntary agencies, procurement processes, subcontract monitoring, supervising staff, analyzing legislation, responding to constituency correspondence, etc.

Input Instructions:
- Refer to the *OTIS User Guide, Section G: Additional Documents,* for data entry instructions.

**c. Project Abstract**
***(To be completed AFTER your CTCP has been approved)***

The information provided in this document will be used to create the Project Directory that is accessed by the public and other CDPH/TCS-funded projects. This document is to be completed after CDPH/TCS has notified you that your CTCP has been approved. Completing this document prior to receiving approval may require additional changes to the document should CDPH/TCS change/delete any proposed activities.

Input Instructions:
- Refer to the *OTIS User Guide, Section I: Project Abstract,* for data entry instructions.