



REQUEST FOR PROPOSALS

Rhode Island Tobacco Free Youth Initiative

RHODE ISLAND DEPARTMENT OF HEALTH
Division of Community, Family Health and Equity

Applications are due at:

*Rhode Island Department of Health
Attention: Benvinda Santos
Tobacco Control Program
3 Capitol Hill, Room 408
Providence, RI 02908*

by:

3:00 p.m. (EST) on Friday, August 21, 2015

*All applicants submitting a proposal are encouraged to attend
a Technical Assistance Workshop to be held on*

Wednesday, July 29, 2015 from 2:30 p.m. – 4:00 p.m.

at

*Warwick Public Library, Large Conference Room
600 Sandy Lane, Warwick, RI*

All questions and answers from Workshop will be posted on the Department of Health's website at <http://www.health.ri.gov/rfp/> as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

No other communication with State parties regarding this RFP will be permitted

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REQUEST FOR PROPOSAL

Rhode Island Tobacco Free Youth Initiative

SECTION 1: INTRODUCTION

The Rhode Island Department of Health (HEALTH), Division of Community, Family Health and Equity's (CFHE) Tobacco Control Program (RITCP), is soliciting proposals from qualified community-based, private, public, or non-profit organizations for work to reduce youth tobacco use and for work to effectuate municipal policy change in communities that are not already performing similar work supported by RITCP funds. Strategies solicited include engaging and mobilizing youth at-risk of tobacco use (Refer to [2014 Rhode Island Youth Tobacco Use Data Report](#) and [Rhode Island Functional Analysis of Cultural Identity Report](#) for Rhode Island at-risk youth definitions) alongside community stakeholders to implement local and statewide tobacco control activities that reduce youth access to tobacco products in the retail environment.

Approximately \$120,000 is available to fund up to but not limited to four agencies at \$30,000 per agency to implement the work for one contract year. The initial contract period will begin approximately October 1, 2015 – September 30, 2016 and is considered Year 1 of the project. Contracts may be renewed for up to two additional 12-month periods based on agency performance and the availability of funds. The Scope of Work is described in Section 3 of this Request for Proposals (RFP). All applicant agencies are required to include a verifiable ten percent (10%) in-kind match.

Four communities currently have contracts with RITCP for similar work, and the RITCP is intending to use this RFP opportunity to add up to four additional communities where similar work can be expanded. Strong consideration will be given to agencies that have demonstrated success in organizing community members inclusive of youth to effect positive change in municipal policy areas and to agencies that are not currently receiving RITCP funds to do municipal policy work in tobacco control.

SECTION 2: BACKGROUND AND PURPOSE

The Division of Community, Family Health and Equity's Tobacco Control Program (RITCP) aims to promote health and prevent chronic disease and death among all Rhode Islanders using multiple strategies to reduce tobacco initiation and use, and exposure to second-hand smoke. RITCP informs policy decisions that support and reinforce tobacco-free living in home and community environments, making it harder for people to start using and continue using tobacco and nicotine products, and easier to quit.

RITCP works with federal, state, and local partners to make tobacco-free living the norm, with a focus on those communities that experience disparities in health outcomes. The RITCP aligns its' goals with the Center for Disease Control and Prevention (CDC) goals of (1) preventing initiation of tobacco use among young people; (2) eliminating non-smokers' exposure to secondhand smoke (3) promoting quitting among adults and young people; and (4) eliminating tobacco-related disparities.

Rhode Island is a proven national leader in reducing youth and adult smoking prevalence. We have the fourteenth lowest adult smoking prevalence rate in the United States at 17.4% and the second lowest youth smoking prevalence rate at 8%. Rhode Island's tobacco cigarette excise tax is currently the third highest in the nation at \$3.50 a pack. In 2004, Rhode Island put in place a smoke-free workplace law to protect the public from secondhand smoke and in 2009 a law that mandated cessation treatment services be covered by health insurance companies.

Tobacco use, however, continues to be the single most preventable cause of death, disease and disability in the United States. Nearly half a million Americans die prematurely from tobacco use each year, and annual economic

costs attributed to secondhand smoke have reached nearly \$300 billion. For every person who dies from tobacco use, 20 more people suffer from one or more serious tobacco-related illness, including numerous types of cancer, heart disease, and respiratory illnesses.

More than 80% of all adult tobacco users begin smoking before the age of 18, and 90% do so before leaving their teens. As such, adolescence is a critical time during which protection against tobacco use experimentation and uptake is imperative. There are 25 million 12 to 17 year olds in the United States. Roughly 10 million (40 percent) are at risk of taking the first puff or continuing to smoke and becoming regular smokers. Nearly three million middle and high school students smoke. Use of other forms of tobacco and nicotine products by youth is on the increase as well. Electronic cigarette experimentation and recent use doubled among U.S. middle and high school students during 2011–2012, and in 2014 electronic cigarette use by teens surpassed cigarette smoking for the first time.

HEALTH’s Tobacco Control Program is committed to providing RI youth with tools and opportunities for affecting policy and social norms change around tobacco initiation and use in their communities. RITCP is focused on engaging at-risk youth including those that identify by peer crowd whereby they share similar cultural interests, as well as other disparate groups often defined by education, income, gender and ethnicity. Using best practice interventions, aligned with Centers for Disease Control and Prevention (CDC) goals, Rhode Island continues to reduce youth tobacco use.

While Rhode Island’s youth cigarette smoking rate is the second lowest in the country, there is still much work to be done. Rhode Island is one of four states in which the prevalence rate for high school cigar use surpasses cigarette use. Also, high school past month hookah use has now reached over 13%. In addition, RI has a youth cigarette purchase rate of over 28 percent, among the highest in the country.

Table A

RI High School Cigarette Smoking Rate	8.0%
RI High School Students Who Smoke Cigars	9.4%
RI High School Students Using Hookah in the Past 30 Days	13.1%
RI Youth Smokers Who Purchased Tobacco Products in a Store or Gas Station	28.7%
RI Youth, under 18, who become new daily smokers each year	700

Sources: Rhode Island Youth Behavioral Risk Survey & Campaign for Tobacco Free Kids Fact Sheets http://www.tobaccofreekids.org/facts_issues/toll_us/rhode_island

Agencies funded through this Request For Proposal will work in partnership with HEALTH towards zero youth tobacco use by engaging and mobilizing youth at risk of tobacco use, alongside community stakeholders, to implement local and statewide tobacco control strategies that reduce youth access to tobacco products in the retail environment, as outlined in Centers for Disease Control and Prevention’s Best Practices User Guide: Youth Engagement–State and Community Interventions (<http://stacks.cdc.gov/view/cdc/5628>).

Activities outlined in agency responses must be recognized strategies that: include youth and develop leadership from within the at-risk population; have demonstrated effectiveness based on the principles of scientific evidence, including systematic uses of data and information systems; employing the appropriate use of behavioral science theory in order to explicitly demonstrate effectiveness that has been found to be successful in practice; are designed to improve health outcomes with sustainable effects on policy, systems, and the environment; and, are considered a best practice approach according to the CDC.

SECTION 3: SCOPE OF WORK

The overall goal of the Rhode Island Tobacco Control Program is to prevent youth tobacco initiation, promote cessation services, reduce exposure to secondhand smoke and identify and eliminate disparities.

According to the Center for Disease Control and Prevention's (CDC), Best Practices for Comprehensive Tobacco Control Program - 2014, state and community interventions for preventing tobacco use among youth includes; "stronger local laws directed at retailers, active enforcement of retailer sales laws, and retailer education and reinforcement". Focusing our efforts on reducing access to tobacco products, and reducing tobacco promotion and marketing that encourages youth tobacco and nicotine use at the retail point of sale (POS), is an effective and compelling tobacco control strategy. In partnership with cities and towns, Rhode Island aims to transform the retail environment so that smoking becomes less desirable, acceptable and accessible, especially to youth.

The scope of work must identify and develop a comprehensive approach that engages and develops leadership among at-risk youth, creates an action-oriented network focused on achieving the POS environmental change, and mobilizes at-risk youth, other relevant coalition members, and other stakeholders to execute a specific community-level point-of-sale policy change initiative. Efforts should be coordinated with local Health Equity Zone in your area as appropriate.

Priority Population

Therefore, the goal is to advance toward zero youth tobacco use in Rhode Island by engaging and mobilizing youth at-risk of tobacco use alongside community stakeholders to develop and implement local and statewide tobacco control environmental change campaigns that reduce youth access to tobacco products in the retail environment. Youth at-risk for tobacco use include those that are identified as priority populations in the [2014 Rhode Island Youth Tobacco Control Data Report](#) and those identified by peer crowd whereby they share similar cultural interests, as well as other disparate groups often defined by education, income, gender and ethnicity. A Functional Analysis of Cultural Identity by Rescue Social Change identified two priority teen social cultural groups in RI: hip hop and alternative. Please review the [Reducing Youth Tobacco Use in Rhode Island: A Functional Analysis for Cultural Interventions report](#) for further details.

Approach

Addressing youth access to tobacco products in the retail environment is referred to as a point-of-sale strategy (POS). POS strategies enhance state and local tobacco control efforts by reducing exposure to tobacco products in stores. For instance, a multi-policy approach of putting in place a local tobacco retail license policy, in concert with local restrictions on flavored tobacco products and discounts, can reduce youth initiation and access to tobacco products. This was the framework the City of Providence employed successfully with their tobacco retail point of sale (POS) initiative implemented during 2012-2013. In addition, by putting in place a local tobacco retail license cities and towns can consider additional POS strategies of specific interest to their communities. Please refer to the [Point-of-Sale Strategies: A Tobacco Control Guide report](#) for more information about strategies that address youth access in the retail setting.

Agencies should utilize a comprehensive framework inclusive of the following components (Table B), and related tools, to organize and achieve environmental change. This framework is structured to effectively foster environmental change by tying activities to five essential components. Components of this framework can be repeated for successive environmental change initiatives.

Table B
Comprehensive Environmental Change Framework*

Component I: Information Gathering
Identify the local priority issues related to youth access that you plan to address. Gather information to make the case for change and support your chosen work plan initiatives.

Component II: Environmental Campaign Strategy
Using the information gathered, develop a campaign strategy with tactics that build awareness and educate the community using multiple media modes, inclusive of social media, meetings, events, educational presentations, and activities that prompt change.

Component III: Coalition Building & Broadening
Mobilize and engage youth from other agencies, community members and decision makers to strengthen local and statewide environmental change. Engage members in various activities that build support for priority areas. Connect with HEZ coalition and enforcement groups in your region.

Component IV: Campaign Implementation
Implement campaign strategies that build support and educate the public. Assess strategies for effectiveness and or changes.

Component V: Enforcement
Monitor policy implementation process and educate the public about the new policy using multiple media and communication modes and events that engage the community and help spread the word about the change.

Component IV: Evaluation
Measure progress and lessons learned throughout environmental change process.

*Modified by the RITCP

The Standardized Tobacco Assessment of Retail Settings (STARS) is a national survey tool whereby community partners or youth can collect retail store tobacco product observation data. The assessment focuses on tobacco product price, promotion, flavor and placement of specific brands of cigarettes, little cigars, cigarillos, snus, snuff, electronic cigarettes, dissolvable tobacco, and other tobacco products. STARS serves to educate decision makers, community-based organizations and individuals as to the prevalence of tobacco products in retail settings, and inform policy decision making in regard to limiting youth access to these deadly products. STARS is user friendly. STARS training materials are available online, and HEALTH can assist with training and technical assistance. STARS does not include or involve tobacco youth compliance checks.

SECTION 4: DELIVERABLES

Proposals must identify two Point of Sale (POS) environmental change priorities, the cities/towns where the work will occur, and which evidence-based strategies engaging at-risk youth will be used to achieve the desired outcome.

Proposals must provide a timeline of activities, identify responsible staff, align activities with each component of the Comprehensive Environmental Change Approach presented in **Table B**, and ensure that activities are evidence-based and framed as SMART (Specific, Measurable, Achievable, Realistic, and Time-oriented) objectives.

By the end of Year One, funded agencies will have minimally completed:

Administration and Management

- A work plan that outlines key deliverables and time lines in collaboration with RITCP within 30 days of the award
- A midyear site visit
- Work collaboratively with RITCP, Tobacco Free Rhode Island, HEZ equity zones (if one exists in your region), and other partners
- Attendance at RITCP-sponsored meetings and trainings
- Monthly invoices and reports by the 10th of each month

Component I: Information Gathering

- Collection of retail store observation data about cigarettes and other tobacco products using the STARS survey tool to make the case for environmental change, i.e. key informant interviews, collect personal stories, photo voice projects.
- Surveys and interviews of at-risk and other youth, decision makers and other stakeholders and grassroots supporters to measure their understanding of youth tobacco use, and assess their readiness to act
- Power mapping to identify opportunities and challenges and engage key decision makers and influencers to serve as champions of proposed changes

Component II: Develop Environmental Change Campaign Strategy

- A campaign strategy plan inclusive of communications/media advocacy strategy, addressing at least components I-V of the comprehensive framework described herein

Component III: Coalition Building & Broadening

- The mobilization of an engaged core group of at least 5 to 10 at-risk youth (ages 13-17) that provide leadership for and partnership on campaign execution. They have enrolled and attended HEALTH's youth empowerment trainings, and participated in developing an annual statewide youth summit (to be announced).
- The creation of a coalition or network inclusive of at-risk youth and other relevant community stakeholders to work toward POS environmental change and coordinate efforts with HEZ Equity zones in your area/region and enforcement groups.
- The creation of large-scale events to build awareness and support for change
- A partnership with Tobacco Free Rhode Island (TFRI) on change strategies and initiatives
- The documentation of personal stories that support change locally and can be used to support the environmental change solution

Component IV: Campaign Implementation

- The execution of campaign and media plans seeking technical assistance, as needed
- Participation in statewide coordinating committee for two nationally recognized tobacco control events statewide – Kick Butts Day (March 16, 2016) and World No Tobacco Day (May). Kick Butts Day will be the 3rd Annual Zombie Day Walk. Funded agencies will have assisted with the overall execution of both events

- The coordination and execution of at least two events in addition to the nationally recognized tobacco control days - Kick Butts Day and World No Tobacco Day
- In coordination with coalition or network, secured passage of at least one prioritized environmental change initiative that reduces youth access to tobacco in the retail environment
- At least one published opinion editorial or article

Component V: Enforcement

- Development of an enforcement plan with relevant enforcement stakeholders
- Development of communications materials to educate public about new policy, i.e. opinion editorial in local news

Component VI: Evaluation

- The execution of an evaluation plan to measure progress and lessons learned throughout the environmental change goal process
- A case study report to share process, accomplishments, lessons learned and provide technical assistance to others engaging in the process.

SECTION 5: ELIGIBILITY REQUIREMENTS

Eligible applicants must be community-based, private, public or non-profit agencies who are in good standing with the federal government. Applicants for this grant must have an existing youth engagement infrastructure, meaning they directly engage youth in critical roles to advance community initiatives; have experience engaging and empowering at-risk youth (ages 13-17); have experience building and maintaining coalitions or networks; have proven success mobilizing a coalition or network to implement policy and environmental change locally or at the state level; possess campaign development and implementation experience of health promotion issues; work collaboratively; and possess the ability to use media advocacy effectively. Strong consideration will be given to agencies that are not currently receiving RITCP funds to do similar work.

In addition, the applicant organization understands the importance of making tobacco and nicotine less desirable, acceptable and accessible to youth. Also, it is encouraged that the proposal represents a regional approach to complete deliverables, inclusive of activities in several communities, to most effectively achieve successful environmental changes and to most efficiently engage at-risk youth leaders.

Proposals must include a Project Coordinator who will be responsible for overseeing all activities described in the Scope of Work. This Coordinator must have experience working with at-risk youth and show flexibility in developing youth-led initiatives, organizing and mobilizing grassroots networks for environmental change and executing large scale community events. The Coordinator must be dedicated to environmental change efforts and able to frame tobacco control as a social justice issue.

The agency selected as a result of this request will be responsible to the Director of HEALTH. The scope of the work may be modified by HEALTH prior to beginning work on a given task. To ensure compliance, HEALTH shall regularly monitor the activities under this contract. The contractor must provide access to any and all materials relevant to the evaluation and monitoring activities and requirements described herein. The contractor will be responsible for supervision, performance and adherence to contractual language of all its subcontractors. The State will retain total discretion of all administrative decisions regarding the management and billing of and/or receipt of payments for services rendered. The contractor must have sufficient liability insurance coverage and/or be bonded.

SECTION 6: ADMINISTRATIVE INFORMATION

All applicants submitting a proposal are encouraged to attend a Technical Assistance Workshop to be held on Wednesday, July 29, 2015 from 2:30 p.m. – 4:00 p.m. at the Warwick Public Library, Large Conference Room, 600 Sandy Lane, Warwick, RI

All questions and answers will be posted on the Department of Health's website at <http://www.health.ri.gov/rfp/> as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. No other communication with State parties regarding this RFP will be permitted.

SECTION 7: PROPOSAL SUBMISSION

All applicants must submit their proposals on or before the date and time listed on the cover page of this solicitation. Proposals (**an original plus five [5] copies**) should be mailed or hand-delivered in a sealed envelope marked "**RFP – Rhode Island Tobacco Free Youth Initiative**" to:

*Rhode Island Department of Health
Attention: Benvinda Santos, Tobacco Control Community Coordinator
Division of Community, Family Health and Equity
3 Capitol Hill, Room 408
Providence RI 02908*

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Rhode Island Department of Health by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed or emailed to HEALTH will not be considered.

The proposal must be typed, 12 Times Roman or an equivalent font, English, double-spaced, paginated, 1-inch margins, one-sided, and submitted in the proper sequence. Proposals should not exceed 10 pages, excluding the Proposal Checklist, Agency Information Page, Cover Letter, Budget, Budget Narrative, and other Attachments.

PROPOSAL CHECKLIST (1 page)

Include the checklist found in Appendix B to ensure your agency submits all the required documents.

AGENCY INFORMATION PAGE (1 page)

Include the Agency information Page on Appendix C to provide information about your agency and contact person.

COVER LETTER (1 page)

The applicant must include a signed cover letter on official organization letterhead from an agent who is authorized to sign contracts on behalf of the applicant.

APPLICANT DESCRIPTION (up to 2 pages)

In this section, the applicant should explain why their organization/practice is an appropriate choice to implement the project services. Also, provide a detailed description of the organization/practice as follows: Capability, Capacity and Qualifications of the Agency – Applicants must be community-based, private, public, or non-profit agencies who are in good standing with the federal government. Applicants for this grant must have an existing youth engagement infrastructure, meaning they directly and regularly engage youth in critical roles to advance change around relevant issues in their communities; have demonstrated experience engaging and empowering at-risk youth (ages 13-17); have experience building and maintaining coalitions or networks; have proven success mobilizing a coalition or network to implement policy and environmental change locally, regionally or at the state level; possess campaign development and implementation experience of health promotion issues; work collaboratively; and possess the ability to use media advocacy effectively.

- Type (e.g. public/private, for profit/not-for-profit);
- Governing or management structure (e.g. Boards, Advisory Committees, etc.);
- History (date established, major accomplishments etc.);
- Mission and vision;

- Staffing; type of track record in serving at risk youth, implementing policy change on the local or state level and serving tobacco control priority populations;
- Any prior experience with the HEALTH's Tobacco Control Program.

PROJECT NARRATIVE (up to 8 pages)

The information contained in this section will be heavily considered during the evaluation and selection of applicants. Requested information should address the contract period of October 1, 2015 – September 30, 2016 and cover the elements outlined below.

Project Administration and Staffing

Provide staff resumes (as attachments) and describe qualifications and experience of key staff who will be involved in this project, including their experience working with community organizing, event execution, youth engagement and development, contract oversight and fiscal management. Clearly identify the youth group(s), youth leaders, and or youth program that will be involved.

Scope of Work

The narrative should clearly identify two Point of Sale (POS) environmental change priorities, the cities/towns where the work will occur, and align activities with each component of the Comprehensive Environmental Change Approach presented in **Table B**. The scope of work should clearly outline each phase and the activities intended.

Ensure activities are evidence-based and framed as SMART (Specific, Measurable, Achievable, Realistic, and Time-oriented) and engage at-risk youth to achieve the desired outcome.

Activities should include the nationally recognized tobacco control days – Kick Butts Day Zombie Walk in March. World No Tobacco Day in May and other key events proposed to engage youth.

It is encouraged that the proposal represents a regional approach to completing deliverables, inclusive of activities in several communities, to most effectively achieve successful environmental changes, and to most efficiently engage at-risk youth leaders.

BUDGET AND BUDGET NARRATIVE

Project Budget

The project budget is a listing of all project expenses. Please refer to the Sample Budget Worksheet (Appendix D) to prepare the financial budget. Please include your agency's required, verifiable ten-percent in-kind match in your financial budget.

The project budget describes in detail the expenses of the program and consists of a financial budget and a budget narrative. The total cost of the Rhode Island Tobacco Free Youth Initiative is not to exceed \$30,000 per agency over the 12-month period for Year 1 beginning approximately October 1, 2015 – September 30, 2016. All applicant agencies are required to include a verifiable ten percent (10%) in-kind match. In the Project Budget and Budget Narrative (Appendix B), provide details (breakdown) for each proposed expense as listed below in Allowable Expenses for Year One. Submit a Project Budget and a Budget Narrative for a 12-month period.

Funding allocations for this project is based on federal and state fiscal year 2016 funding levels. All allocations and subsequent awards within the project period are estimated. Actual total awards and individual contract funding levels may vary from that listed, or funding may be withdrawn completely, depending on availability of federal and state funding, and as directed by the Centers for Disease Control and Prevention (CDC).

Applicants are also required to discuss future sources of program funding within their budget narratives. Applicants are advised that HEALTH is not responsible for any expenses incurred by the Applicant prior to the contract award. The components of both the financial budget and the budget narrative are described below.

The following is a description of allowable project expenses:

Personnel: Indicate each staff name and position for this project. Show percentage of time allocated to this project, the hourly rate, and the total salary allocated for this work.

Fringe Benefits: Include those benefits normally provided by an organization. Percent and detailed breakdown of each benefit is required, such as FICA, unemployment, workers compensation, medical, dental, vision, vacation time, personal time, sick leave, etc. Also indicate the fringe benefit rate for the organization.

In-State Travel: Reimbursement for mileage expenses is not to exceed \$0.575/mile. Reimbursement of travel expenses is allowed for activities related to this project only. Transportation to and from large scale events may include Kick Butts Day-Zombie Walk and World No Tobacco Day.

Out-of State Travel: Reimbursement for out-of-state travel to attend tobacco control youth leadership conferences and/or the bi-annual tobacco control conference sponsored by the CDC.

Supplies: List office and program supplies allocated to the project. Refreshments and food are not allowable expenses.

Other: Include any proposed youth stipends, bus passes for youth, youth training and event incentives, etc.

Indirect / Administrative Cost: Expenditures may not exceed 10% of direct costs, excluding consultants. This includes cost of office space, rental space, utilities, computer access for data management, etc. Funds may not be used for capital expenses.

Duplication of Services/Cost Avoidance

Applicants must be certain to assure HEALTH that the funds to be utilized associated with this scope of work are not duplicated in other areas of the agency. These funds are specific to the agreed-upon scope of work via this contract and therefore should be utilized to service populations in need as specified in the RFP.

Budget Narrative: The budget narrative must clearly explain the purpose of each item listed in the financial budget and include a description of matching funds that represent no less than 10% of the total proposed budget. Please refer to the Sample Budget Narrative (Appendix E) for further guidance.

a. **Justification of Project Expenses**

The budget narrative must clearly explain the purpose of each line item listed in the financial budget.

b. **Matching Funds**

The budget narrative must include a description of matching funds that represent no less than 10% of the total proposed budget. These funds may be in-kind.

SECTION 8: EVALUATION AND SELECTION OF APPLICANTS

Proposals will be reviewed by a Technical Review Committee comprised of staff from the Department of Health's Division of CFHE. To be eligible for funding under this RFP, the Technical/Cost Proposal must receive a minimum of 70 out of a maximum of 100 points (70%). Proposals scoring less than 70 points will not qualify for further consideration. Points will be assigned based on the applicant's clear demonstration of abilities to apply appropriate strategies to complete the work, create innovative solutions and quality of past performance in similar projects. Applicants may be required to submit additional written information or be asked to make an oral presentation before the technical review committee to clarify statements made in their proposal.

The Department of Health reserves the exclusive right to select the organizations it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s). Proposals will be reviewed and scored based upon the following criteria:

0-20 points	Applicant Description & Background The applicant provided a detailed description of the type of organization; governing or management structure, type of track record in serving at risk youth, racial and ethnic minority populations; and prior experience with the RI Department of Health's Division of CFHE. The applicant explained why their organization/practice is an appropriate choice to implement the project services. The applicant demonstrated evidence of an existing youth infrastructure, successful youth engagement, experience advancing community initiatives, building and mobilizing coalitions or networks, experience implementing policy and environmental change locally or at the state level, campaign development and implementation experience of health promotion issues and possess the ability to use media advocacy effectively. Strong consideration will be given to agencies that are not currently receiving Rhode Island Tobacco Control Program funds to do similar work.
0-10 points	Project Administration and Staffing Plan The applicant has demonstrated that the staff and or youth group proposed for the project is qualified and capable of implementing the program's responsibilities and activities.
0-40 points	Scope of Work: Goals and Objectives Outlined Using the Phase Base Approach The indicated two POS strategies that will be achieved. Applicant includes youth throughout the proposed scope of work. The Scope of Work has clearly outlined the objectives and activities that will be implemented using the phase based approach noted in the RFP. Activities are <u>SMART</u> (Specific, Measureable, Attainable, Realistic and have a Time line) and include key tobacco control events. The Scope of Work includes evaluation components – key outcomes for each phase.
0-30 points	Budget & Budget Narrative The applicant has submitted a budget and budget narrative that reflects appropriate expenses and is cost effective. The Budget is clear and the narrative is detailed and accurate.

SECTION 9: REPORTING REQUIREMENTS

- During the first contract year, an annual work plan is due within 30 days of the contract award notice.
- Funded agencies will be required to submit a monthly activity report to reflect activities conducted by the 10th of each month following the delivery of services using a template provided by the RITCP.
- The activity report is to be accompanied by a monthly invoice and appropriate supporting documentation.
- Each following year, the annual work plan is due by November 1st or 30 days after the grant renewal date.
- In addition, an end of year report documenting major accomplishments, lessons learned, and barriers to the work is required at the close of each contract year.

SECTION 10: REQUIRED ATTACHMENTS

- Attachment 1: Copy of 501(c)(3) Non-Profit Status
- Attachment 2: A completed and signed W-9 downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
- Attachment 3: Agency Cover letter

- Attachment 4: Agency Information Page
- Attachment 5: Project Budget
- Attachment 6: Budget Narrative
- Attachment 7: Staff resumes and job descriptions
- Attachment 8: DUNS number and an active registration in the federal System for Award Management (SAM)

All federal grant subawardees must have an organizational DUNS number and an active registration in the federal System for Award Management (SAM). A hard copy of your organizational SAM registration must be included in your proposal.

Instructions to print out your organizational DUNS registration:

1. Go to the SAM web site at <https://www.sam.gov>
2. Select Search Records
3. Enter your DUNS number in the DUNS Number Search box, and select Search
4. On the search results, click the View Details box for your entity
5. On the left menu, select Entity Record
6. Select the Print button on the right to make a hard copy of the record

If your organization does not currently have a DUNS number, please follow the instructions below to obtain a DUNS number and register your organization in SAM prior to submitting your proposal.

STEP 1: Obtain DUNS Number

If requested by phone (1-866-705-5711), DUNS is provided immediately. If your organization does not have one, you will need to go to the Dun & Bradstreet website at <http://fedgov.dnb.com/webform> to obtain the number. DUNS number Webform requests take 1-2 business days.

STEP 2: Register with SAM

If you already have a TIN, your SAM registration will take 3-5 business days to process. If you are applying for an EIN, please allow up to 2 weeks. Ensure that your organization is registered with the System for Award Management (SAM) at <https://www.sam.gov>. If your organization is not, an authorizing official of your organization must register. SAM registration takes three to five business days or up to two weeks. When your registration is complete, follow the instructions above to print your registration record and include it in your proposal.

SECTION 11: CONCLUDING STATEMENTS

Notwithstanding the above, the State reserves the right not to award this contract, or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further. The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

The State’s General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded to the RFP. The State’s General Conditions of Purchases/General Terms and Conditions can be found at the following URL: <https://www.purchasing.ri.gov/RIVIP/publicdocuments/ATTA.pdf>

SECTION 12: APPENDICES

Appendix A - CLAS LANGUAGE

Cultural Competence

Cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes. Competence in cross-cultural functioning means learning new patterns of behavior and effectively applying them in appropriate settings.

Limited English Proficiency

Under the authority of Title VI of the Civil Rights Act of 1964, Presidential Executive Order No. 13166 requires that recipients of federal financial assistance ensure meaningful access by persons with limited English proficiency (LEP) to their programs and activities. A 2002 report from the U.S. Department of Justice, *Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, provides guidance on uniform policies for all federal agencies to implement Executive Order No. 13166. Further, the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) issued by the Federal Office of Minority Health in 2004 outline mandates, guidelines, and a recommendation for the provision of language access services, culturally competent care, and organizational supports for cultural competence in health care settings. CLAS Standards 4-7 (see below) are mandates and address language access services that should be provided by every organization that receives federal funding, whether directly or indirectly.

Effective immediately, all vendors who contract with HEALTH must perform the following tasks and provide documentation of such tasks upon request of a HEALTH employee:

1. The supports and services provided by vendor shall demonstrate a commitment to linguistic and cultural competence that ensures access and meaningful participation for all people in the service area or target population. Such commitment includes acceptance and respect for cultural values, beliefs and practices of the community, as well as the ability to apply an understanding of the relationships of language and culture to the delivery of supports and services. Vendor shall have an education, training and staff development plan for assuring culturally and linguistically appropriate service delivery.
2. Vendor shall have a comprehensive cultural competency plan that addresses the following: 1) the identification and assessment of the cultural needs of potential and active clients served, 2) sufficient policies and procedures to reflect the agency's value and practice expectations, 3) a method of service assessment and monitoring, and 4) ongoing training to assure that staff are aware of and able to effectively implement policies.
3. Vendor shall have a plan to recruit, retain and promote a diverse staff and leadership team, including Board members, representative of the demographic characteristics of the populations served.
4. Vendor shall assure equal access for people with diverse cultural backgrounds and/or limited English proficiency, as outlined by the Department of Justice, *Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*. Vendor shall provide language assistance services (i.e. interpretation and translation) and interpreters for the deaf and hard of hearing at no cost to the client.

National Standards for Culturally and Linguistically Appropriate Services in Health Care

Culturally Competent Care (Standards 1-3)

Standard 1

Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2

Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3

Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Language Access Services (Standards 4-7)

Standard 4*

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5*

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6*

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7*

Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Organizational Supports for Cultural Competence (Standards 8-14)

Standard 8

Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9

Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10

Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11

Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12

Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13

Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14

Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

*** Mandates**

11-28-11

Appendix B - PROPOSAL CHECKLIST

Name of Applicant Organization: _____

- The proposal is written according to the RFP specifications.
- The proposal is typed, 12 Times Roman or an equivalent font, English, double-spaced, paginated, 1-inch margins, one-sided, and submitted in the proper sequence, adhering to the following outline:
 - Proposal Checklist
 - Agency Description (no more than 2 pages)
 - Project Narrative (no more than 8 pages)
 - Attachments as required and needed

REQUIRED ATTACHMENTS

- Attachment 1: Evidence of Non-Profit Status (copy of 501c3)
- Attachment 2: Completed and signed W-9
- Attachment 3: Agency Cover Letter (1 Page)
- Attachment 4: Agency Information Form
- Attachment 5: Project Budget (1 page)
- Attachment 6: Project Budget Narrative (1 page)
- Attachment 7: Staff Resumes and Job Descriptions
- Attachment 8: DUNS # and Organizational SAM Registration

Appendix C – AGENCY INFORMATION PAGE

Organization/Agency Name:		
Street Address:		FEIN #:
City/Town:	State: Rhode Island	Fax:
Phone:	Zip Code:	Website Address:
Organization Executive Director Name:		Phone & Extension #:
Organization Fiscal Administrator Name:		Phone & Extension #:
Project Contact Name:		Phone & Extension #:
Project Contact Email:		Amount Requested:

Organization/Agency Authorized Signature

Title

Date

Appendix D - SAMPLE BUDGET WORKSHEET

Use this format to submit your budget. All items included in this Budget Form must be fully explained in the Budget Narrative. The Organization In-Kind Contribution may not be less than 10% of the requested funding.

Project Title: Rhode Island Tobacco Free Youth Initiative		
Funding Period: October 1, 2015- September 30, 2016		
Expense Category	Grant Request	Organization In-Kind Contribution (10% match)
Personnel (Name, Hourly rate, # Hours)	\$ 0	\$ 0
Fringe Benefits (break down)	\$ 0	\$ 0
In-State Travel/Mileage	\$ 0	\$ 0
Out-of-State Travel	\$ 0	\$ 0
Supplies	\$ 0	\$ 0
Other	\$ 0	\$ 0
TOTAL BUDGET REQUEST	\$ 0	\$ 0

Appendix E - SAMPLE BUDGET NARRATIVE WORKSHEET

(Please use the following sample as a guide only)

A. Justification of Budget Expenses

- Personnel -
 - Joe Smith, Project Director (PD) - This position is needed to provide overall administrative oversight for the project. 35 hours per week @ \$30/hour.
 - Mary Jones, Program Coordinator - This position is needed to provide coordination for the daily activities of the project. 20 hours per week @ \$25/hour.
- Fringe Benefits - Taxes and fringe @ 30% are calculated as follows: Social Security 6.20%, Medicare 2.45%, Workmen's Comp 4.54%, Unemployment Insurance 4.46%, Dental Insurance 1.00%, Life Insurance .68%, Pension 10.67%.
- In-State Travel – Reimbursement for mileage expenses @ \$0.575/mile. Reimbursement for transportation to and from Kick Butts Day-Zombie Walk and World No Tobacco Day.
- Out-of-State Travel – Reimbursement for Project Director to attend the bi-annual tobacco control conference sponsored by the CDC (provide details of expenses).
- Supplies - Supplies as needed for outreach and event include poster boards, Kick Butts Day make-up, make up remover, folders, markers.
- Other - bus passes for youth, stipends at \$20/per event per 10 teens to support activities of the grant.

B. Possible Future Sources of Funding

During the program year, we will apply for funding from the following foundations. Please list any other funding sources.