



REQUEST FOR PROPOSALS

RHODE ISLAND DEPARTMENT OF HEALTH
Division of Community Health and Equity
Center for Health Promotion
Tobacco Control Program

Eliminating Tobacco Disparities – A Community Led Approach

RFP#: 2022RIDOH002

*Applications are due by:
Friday, November 26, 2021 at 4pm (EST)*

*Email Request for Proposals to:
Morgan Orr, Interim Program Manager, Epidemiologist, Program Evaluator
Tobacco Control Program morgan.orr@health.ri.gov*

Questions concerning this solicitation must be emailed to Morgan Orr at the Department of Health at morgan.orr@health.ri.gov no later than November 12, 2021. Questions should be submitted in a *Microsoft Word* attachment. Please reference the “**RFP: Eliminating Tobacco Disparities**” on all correspondence. Questions received, if any, will be posted on the RIDOH website 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 PROPOSALS
Rhode Island Department of Health
Division of Community Health & Equity
Center for Health Promotion
TOBACCO CONTROL PROGRAM

Eliminating Tobacco Disparities – A Community Led Approach

SECTION 1: INTRODUCTION

The Tobacco Control Program at the Rhode Island Department of Health (RIDOH) is soliciting applications from Rhode Island agencies/organizations to implement strategies and activities aimed to reduce tobacco-use disparities. The awarded community-based agency henceforth recognized as the Local Lead Agency (LLA) shall implement community-based policy, systems and environmental change strategies to reduce tobacco use disparities among individuals that identify as Lesbian, Gay, Bisexual, Transgender, or Queer/Questioning (LGBTQ+). These populations are disparately affected by tobacco and nicotine use and dependence and, in some instances, secondhand smoke (SHS) exposure. The LLA will partner with RIDOH to develop appropriate strategies and interventions to be implemented. The initial 16-month contract period will be from January 1, 2022 through April 28, 2023. RIDOH reserves the right to renew awards on an annual basis for up to three (3) additional 12-month periods depending upon successful performance and available funds.

RIDOH is seeking a LLA that can increase community capacity to address tobacco use and dependence for LGBTQ+ individuals and improve health equity in the community. RIDOH is looking for the development and implementation of evidence-based or innovative initiatives that utilize and are responsive to state and local data to address tobacco use and treatment in the LGBTQ+ community. Development of strong collaborative partnerships between federal, state and community partners is required.

Priority should be given to planning and implementing strategies that can be evaluated to demonstrate effectiveness in reducing tobacco use disparities among LGBTQ+ populations with potential for these strategies to be replicated statewide. Such strategies might include implementing 100% tobacco free policies in places that serve LGBTQ+ populations; implementing tobacco screening and referral to services protocols while ensuring services are culturally appropriate, responsive, and safe for this population; increasing the availability of tobacco cessation services in the community and limiting access and increasing the price of tobacco products at retail point of sale.

This is a Request for Proposals, not a Request for Quotes. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to cost; there will be no public opening and reading of responses.

**Instructions and Notification to applicant entity:
Instructions and Notifications to Vendors:**

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this RFP are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP may be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP or for providing oral or written clarification of its content, shall be borne by the vendor. The State assumes no responsibility for these costs even if the RFP is cancelled or continued.
4. Proposals are considered to be irrevocable for a period of not less than 180 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated in the proposal.
6. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.
7. The purchase of goods and/or services under an award made pursuant to this RFP will be contingent on the availability of appropriated funds.
8. Vendors are advised that all materials submitted to the Division of Purchases for consideration in response to this RFP may be considered to be public records as defined in R. I. Gen. Laws § 38-2-1, et seq. and may be released for inspection upon request once an award has been made.

Any information submitted in response to this RFP that a vendor believes are trade secrets or commercial or financial information which is of a privileged or confidential nature should be clearly marked as such. The vendor should provide a brief explanation as to why each portion of information that is marked should be withheld from public disclosure. Vendors are advised that the Division of Purchases may release records marked confidential by a vendor upon a public records request if the State determines the marked information does not fall within the category of trade secrets or commercial or financial information which is of a privileged or confidential nature.

9. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
10. By submission of proposals in response to this RFP vendors agree to comply with R. I. General Laws § 28-5.1-10 which mandates that contractors/subcontractors doing business with the State of Rhode Island exercise the same commitment to equal opportunity as prevails under Federal contracts controlled by Federal Executive Orders 11246, 11625 and 11375.

Vendors are required to ensure that they, and any subcontractors awarded a subcontract under this RFP, undertake or continue programs to ensure that minority group members, women, and persons with disabilities are afforded equal employment opportunities without discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, or disability. Vendors and subcontractors who do more than \$10,000 in government business in one year are prohibited from engaging in employment discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, or disability, and are required to submit an “Affirmative Action Policy Statement.”

Vendors with 50 or more employees and \$50,000 or more in government contracts must prepare a written “Affirmative Action Plan” prior to issuance of a purchase order.

- a. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation.
- b. Vendors further agree, where applicable, to complete the “Contract Compliance Report” <http://odeo.ri.gov/documents/odeo-eeo-contract-compliance-report.pdf> as well as the “Certificate of Compliance” <http://odeo.ri.gov/documents/odeo-eeo-certificate-of-compliance.pdf> and submit both documents, along with their Affirmative Action Plan or an Affirmative Action Policy Statement, prior to issuance of a purchase order.

For further information, contact the Rhode Island Equal Employment Opportunity Office, at 401-222-3090 or via e-mail at odeo.eeo@doa.ri.gov.

11. In accordance with R. I. Gen. Laws § 7-1.2-1401 no foreign corporation has the right to transact business in Rhode Island until it has procured a certificate of authority so to do from the Secretary of State. This is a requirement only of the successful vendor(s). For further information, contact the Secretary of State at 401-222-3040.
12. In accordance with R. I. Gen. Laws §§ 37-14.1-1 and 37-2.2-1 it is the policy of the State to support the fullest possible participation of firms owned and controlled by minorities (MBEs) and women (WBEs) and to support the fullest possible participation of small disadvantaged businesses owned and controlled by persons with disabilities (Disability Business Enterprises a/k/a “DisBE”) (collectively, MBEs, WBEs, and DisBEs are referred to herein as ISBEs) in the performance of State procurements and projects. As part of the evaluation process, vendors will be scored and receive points based upon their proposed ISBE utilization rate in accordance with 150-RICR-90-10-1, “Regulations

Governing Participation by Small Business Enterprises in State Purchases of Goods and Services and Public Works Projects”. As a condition of contract award vendors shall agree to meet or exceed their proposed ISBE utilization rate and that the rate shall apply to the total contract price, inclusive of all modifications and amendments. Vendors shall submit their ISBE participation rate on the enclosed form entitled “MBE, WBE and/or DisBE Plan Form”, which shall be submitted in a separate, sealed envelope as part of the proposal. ISBE participation credit will only be granted for ISBEs that are duly certified as MBEs or WBEs by the State of Rhode Island, Department of Administration, Office of Diversity, Equity and Opportunity or firms certified as DisBEs by the Governor’s Commission on Disabilities. The current directory of firms certified as MBEs or WBEs may be accessed at <http://odeo.ri.gov/offices/mbeco/mbe-wbe.php>. Information regarding DisBEs may be accessed at <http://www.gcd.ri.gov/>.

For further information, visit the Office of Diversity, Equity & Opportunity’s website, at <http://odeo.ri.gov/> and see R.I. Gen. Laws Ch. 37-14.1, R.I. Gen. Laws Ch. 37-2.2, and 150-RICR-90-10-1. The Office of Diversity, Equity & Opportunity may be contacted at, 401-574-8670 or via email Dorinda.Keene@doa.ri.gov.

13. In the RIVIP Vendor Certification Cover Form, Section 4, Question 11, bidders shall certify agreement to the State’s contract terms. However, in accordance with Section 220-RICR-30-00-13.3(C)(3) of the General Conditions, the Vendor may submit in their bid or proposal, “[q]ualified or conditional offers which impose limitations of the Vendor’s liability or modify the requirements of the solicitation, offers for alternate specifications, or offers which are made subject to different terms and conditions, including form contracts, other than those specified by the State.” However, qualified or conditional offers “may be, at the sole discretion of the State Purchasing Agent:
Rejected as being non-responsive; or,
Set aside in favor of the requirements set forth in the solicitation (with the consent of the Vendor); or,
Accepted, if the State Purchasing Agent determines in writing that such acceptance is in the best interest of the State.”
By submitting a conditional or qualified offer, the Vendor bears the risk of their bid or proposal being considered non-responsive. In the event the State receives a conditional or qualified offer, the State reserves the right to adjust evaluation points in an RFP procurement, conduct a best and final offer process offering the same terms to all vendors, and/or reject a qualified/conditional proposal as being non-responsive at any time during the review process. The Vendor should not assume that any further negotiation will occur upon selection.
14. Insurance Requirements – In accordance with this solicitation, or as outlined in Section 13.19 of the General Conditions of Purchase, found at <https://rules.sos.ri.gov/regulations/part/220-30-00-13> and General Conditions - Addendum A found at <https://www.ridop.ri.gov/documents/general-conditions-addendum-a.pdf> the following insurance coverage shall be required of the awarded vendor(s):

General Requirements:

14a) Liability - combined single limit of \$1,000,000 per occurrence, \$1,000,000 general aggregate and \$1,000,000 products/completed operations aggregate.

14b) Workers compensation - \$100,000 each accident, \$100,000 disease or policy limit and \$100,000 each employee.

14c) Automobile liability - \$1,000,000 each occurrence combined single limit.

14d) Crime - \$500,000 per occurrence or 50% of contract amount, whichever is greater.

Professional Services:

14e) Professional liability (“errors and omissions”) - \$2,000,000 per occurrence, \$2,000,000 annual aggregate.

14f) Environmental/Pollution Liability when past, present or future hazard is possible - \$1,000,000 per occurrence and \$2,000,000 aggregate.

14g) Working with Children, Elderly or Disabled Persons – Physical Abuse and Molestation Liability Insurance - \$1 Million per occurrence.

Information Technology and/or Cyber/Privacy:

14h) Technology Errors and Omissions - Combined single limit per occurrence shall not be less than \$5,000,000. Annual aggregate limit shall not be less than \$5,000,000.

14i) Information Technology Cyber/Privacy – minimum limits of \$5,000,000 per occurrence and \$5,000,000 annual aggregate. If Contract Party provides:

a) key back office services Contract Party shall have a minimum limit of \$10,000,000 per occurrence and \$10,000,000 annual aggregate;

b) if Contract Party has access to Protected Health Information as defined in HIPAA and its implementing regulations, Personal Information as defined in R.I. Gen. Laws § 11-49.3-1, et seq., or as otherwise defined in the Contract (together “Confidential Information”), Contract Party shall have as a minimum the per occurrence, per annual aggregate, the total rounded product of projected number of persons data multiplied by \$25 per person breach response expense per occurrence; but no less than \$5,000,000 per occurrence, per annual aggregate; or,

c) if Contract Party provides or has access to mission critical services, network architecture and/or the totality of confidential data \$20,000,000 per occurrence and in the annual aggregate.

Other: Specify insurance type and minimum coverage required, e.g. builder’s risk insurance, vessel operation (marine or aircraft):

14j) Other - Specify insurance type and minimum coverage required

15. HIPAA - Under HIPAA, a “business associate” is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A “business associate” also is a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA protected health information. Therefore, if a Contractor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement.
16. Eligible Entity - In order to perform the contemplated services related to the Rhode Island Health Benefits Exchange (HealthSourceRI), the vendor hereby certifies that it is an “eligible entity,” as defined by 45 C.F.R. § 155.110, in order to carry out one or more of the responsibilities of a health insurance exchange. The vendor agrees to indemnify and hold the State of Rhode Island harmless for all expenses that are deemed to be unallowable by the Federal government because it is determined that the vendor is not an “eligible entity,” as defined by 45 C.F.R. § 155.110.

SECTION 2: CONTRACTOR AND SUBRECIPIENT DETERMINATION AND REQUIREMENTS

The term applicant entity is indicated throughout the RFP as a general term to cover sub-recipients and contractors. RIDOH has determined that the nature of the relationship in which RIDOH will enter in as a result of the RFP is a:

Sub-recipient Contractor

Definitions can be found in Appendix VIII.

For sub-recipient relationships, the following items are required to be submitted or acknowledged as part of a responsive proposal:

- DUNS Number**
- Active registration in the federal System for Award Management (SAM)**

A hard copy of your organizational SAM registration must be included in your proposal.

If an agency has more than one DUNS number, please use the DUNS number associated where the primary place of performance will take place.

Instructions to print out your organizational DUNS registration:

1. Go to the SAM web site at <https://sam.gov/content/home>
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 <https://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/EIN, your SAM registration will take **3-5 business days** to process. If you are applying for a TIN/EIN, please allow up to 2 weeks. Ensure that your organization is registered with the System for Award Management (SAM) at <https://sam.gov/content/home>. If your organization is not registered, 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 3: BACKGROUND AND PURPOSE

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 480,000 Americans die from smoking or exposure to secondhand smoke. There is no risk-free level of exposure to tobacco smoke. 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.

Although cigarette smoking has declined significantly since 1964, disparities in tobacco use remain across groups defined by race, ethnicity, education level, and other social and demographic factors. These disparities are due largely in part to well-documented, historical tobacco industry targeting of sub-populations. The LGBTQ+ community is no exception to this targeting with concerted efforts to promote tobacco use, especially menthol cigarettes, in this market through advertisements in gay publications to influence social norms, sponsorship of LGBTQ+ promotional events and most infamously, Project “SCUM” (Sub-Culture Urban Marketing) to increase cigarette sales targeted to gay men and homeless individuals through concentrating tobacco advertisements and displays in communities and retailers.^{1,2}

These efforts have manifested in Rhode Island, leading to adults who identify as LGB having a higher prevalence of current cigarette smoking (20.4%) when compared to the general population (13.3%) according to 2019 Rhode Island Behavioral Risk Factor Surveillance System (BRFSS) data. Nationally, more LGBT smokers (36%) report using menthol cigarettes compared to heterosexual individuals (29%), which are often easier to initiate and more difficult to quit,³ presenting further challenges in cessation despite LGBT individuals indicating a similar willingness to quit compared to the general population. Other population groups in Rhode Island have been disproportionately impacted by tobacco use, including but not limited to those with

¹ Goebel, K, et al., “Lesbians and gays face tobacco targeting,” *Tobacco Control*, 3: 65-67, 1994.

² RJ Reynolds. Project SCUM. Legacy Tobacco Documents Library. December 12, 1995. Access Date: October 19, 2002. Bates No.: 518021121/1129. <http://legacy.library.ucsf.edu/tid/mum76d00>

³ Fallin A, Goodin AJ, King BA. Menthol Cigarette Smoking among Lesbian, Gay, Bisexual, and Transgender Adults. *American Journal of Preventive Medicine*, 2015;48(1):93-7

Medicaid as their primary form of insurance, individuals with behavioral health conditions, and low-socioeconomic status individuals.

Despite the decline in cigarette smoking, emerging tobacco products such as electronic nicotine delivery systems (ENDS) or e-cigarettes, continue to addict youth to nicotine, potentially increasing the odds of subsequent cigarette smoking especially among previous non-cigarette or ENDS users. High school-aged youth in Rhode Island disproportionately use ENDS products (30.1%) when compared to Rhode Island adults (6.0%) according to both Youth Risk Behavior Survey (YRBS) and BRFSS data from 2019. Unsurprisingly, tobacco use disparities among these high school aged youth persist with more youth that identify as LGBT currently smoking cigarettes (10.2%) and currently using ENDS (37.6%) compared to non-LGBT youth. For further information regarding tobacco use and disparities please refer to Appendix IV, the *Burden of Tobacco Use in Rhode Island*. *Note: Both national and Rhode Island data are not comprehensive to assess all sexual orientation and gender identity. As such data presented as “LGB” or “LGBT” are used respectively as a result of data available for analyses.*

Individuals that identify as LGBTQ+ often face not only reduced access to healthcare and health services generally, but also do not always receive culturally appropriate care. This is true for tobacco treatment as well; LGB individuals are five times more likely to never intend on calling a smoking cessation quitline, and gay, bisexual, and transgender men are 20% less likely than heterosexual men to be aware of quitlines.⁴ Occupational exposures, such as bartenders or servers working in LGBT venues are disproportionately exposed to secondhand smoke⁵ and are subsequently at an increased risk of negative tobacco-related health outcomes such as lung cancer and chronic obstructive lung disease. In addition, secondhand tobacco smoke exposure is more common among non-smoking lesbian women than among non-smoking straight women.⁴

Rhode Island’s success in advancing tobacco control prevention efforts includes having the 4th highest cigarette excise tax at \$4.25 per pack, ENDS prohibition in the Public Health and Workplace Safety Act (2018), being the 3rd state to issue final regulations to prohibit the sales of all flavored ENDS products (including mint/menthol) (2020) and passing recent Statewide legislation (2021) mirroring the 2019 Federal legislation permitting retailers to sell tobacco products, including ENDS and vaping products to only individuals 21 and older. Rhode Island has a strong history of community led tobacco control efforts. From providing education and information to community partners seeking to pass local level policies such as restricting tobacco discounting and sales of flavored tobacco products in Providence (2013) and one hundred percent of Rhode Island’s Public Housing Authorities implementing smoke-free policies in advance of the rule from the U.S. Department of Housing and Urban Development (2018).

The Rhode Island Tobacco Control Program (TCP) works to create changes in social, political, and physical environments to make it more difficult for people to start using, and to continue using, tobacco and nicotine products. The TCP focuses on the following four Centers 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

⁴ <https://www.cdc.gov/tobacco/disparities/lgbt/index.htm>

⁵ Burns EK, Deaton EA, Levinson AH. Rates and Reasons: Disparities in Low Intentions to Use a State Smoking Cessation Quitline. *American Journal of Health Promotion*, 2011; 25, No. sp5:S59-65

among adults and young people; and (4) eliminating tobacco-related disparities. TCP's aims to: expand smoke free environments; facilitate capacity building for policy change; provide technical assistance to communities and organizations; and limit youth access to tobacco and nicotine products. The Rhode Island TCP and its partners inform tobacco related policy decisions with science-based information and education, and advocate for strategies that will reduce adult and youth smoking rates and provide access to cessation treatment services for individuals that want to quit.

Eligibility:

- 1) Applicants must be an agency/organization located in Rhode Island and serving a Rhode Island community. A community is defined as a city, county, parish, or jurisdiction/sub-jurisdiction.
- 2) The agency/organization must have a completed a community health needs assessment within the past five years, or plan to implement and analyze a new community health needs assessment in the first five months of award to inform a strategic action plan and detailed work plan. The community health needs assessment is required to be included with the application if previously conducted.
- 3) The local lead agency must have a demonstrated track record of successfully working with the selected population affected by tobacco-related disparities and demonstrate impact/improvement in at least one social determinants of health.

SECTION 4: SCOPE OF WORK, CONTRACT REQUIREMENTS AND TERMS

The initial 16-month period is expected to begin approximately January 1, 2022 through April 28, 2023. Required activities for the initial project period is outlined below.

Required Activities – January 2022 to April 28, 2023:

January 2022-April 28, 2022

1. The agency/organization will partner with a local Rhode Island Regional Coalition (Prevention Coalition) and Tobacco Free Rhode Island (TFRI), a statewide network of organizations and individuals working to reduce tobacco and nicotine use, to develop strategic policies and priorities. Engage as applicable with CDC-funded Networking2Save technical assistance organizations. Please see Appendix V.
2. Develop a coalition or engage a current coalition. The coalition must include representatives from the following groups:
 - a. Community stakeholders.
 - b. Community leaders.
 - c. Local public health-focused entities.
 - d. Multi-disciplinary and diverse community partners - e.g., health care systems, housing, businesses, faith-based organizations, and education.

3. Submit a letter of support to RIDOH that includes a description of the selected agency/organization's role in support of the proposed project. This letter will be transmitted by RIDOH to CDC.
4. Develop and provide a Memorandum of Understanding or Memorandum of Agreement signed by the coalition.
5. If applicable: Collaborate with RIDOH, local coalition and community stakeholders to submit to CDC a community health needs assessment that provides specific information about the community and LGBTQ+ population. If a needs assessment currently exists, it should have been completed within the last five years and should include demographic characteristics, health status, community profile, existing tobacco control policies, and available healthcare systems. Data sources used to define and describe the targeted population should be cited.

April 29, 2022- October 31, 2022

By October 31, 2022, the agency/organization in the capacity as the local lead agency will develop and implement appropriate policy, systems and environmental (PSE) strategies and activities and will complete the following:

1. Collaborate with Rhode Island TCP, coalition, and community stakeholders to develop the following:
 - A three-year strategic plan.
 - Detailed work plans and culturally appropriate policy, systems, and environmental (PSE) strategies and activities which seek to improve health equity.
2. Establish objectives and a baseline for the selection population.
3. Implement strategies and activities and adjust action plans as appropriate.
4. Collaborate with Rhode Island TCP and CDC to determine the number of people within the selection population that will be reached by the PSE strategies and activities.

November 1, 2022- April 28, 2023

By April 28, 2023, the agency/organization in the capacity as the local lead agency, in collaboration with the coalition and community stakeholders, the recipient will complete the following activities:

1. Build new relationships and strengthen current relationships.
2. Engage the community leaders, stakeholders, organizations.
3. Provide and engage in training opportunities.
4. Conduct data collection.
5. Conduct a joint readiness assessment with Rhode Island TCP and coalition members

The agency/organization in the capacity as the local lead agency and with support from the TCP, will establish annual objectives, strategies, and activities.

The agency/organization in the capacity as the local lead agency will participate in applicable CDC training (budget for travel should be allocated).

General Description

RIDOH is seeking to partner with an agency/organization to mitigate and alleviate tobacco use disparities for LGBTQ+ identifying individuals. The participating agency/organization will utilize state and local data including a community health needs assessment to inform a community driven strategic plan. This is approximately a three-year project period with future year funding subject to the approval of CDC and funds availability. RIDOH is seeking high impact strategies that can be evaluated to show effectiveness and be replicated statewide.

Strategic Plan and Work Plan - Collaborative Building, Needs Assessment, and Evaluation

The agency/organization will utilize the results of the community health needs assessments to create a three-year strategic plan and detailed work plan. The strategic action plan will guide efforts to implement policy and environmental change strategies and activities which seek to limit tobacco related disparities and improve health equity for LGBTQ+ identifying individuals. The agency/organization will also work closely with TCP evaluator to evaluate the effectiveness of each selected strategy.

- A. Develop expansive community collaborative and capacity to address tobacco and nicotine use and implement strategies to mitigate its impact on LGBTQ+ identifying individuals and the community.
 - a. The agency/organization is to engage diverse representation from groups who have experience with supporting members of the LGBTQ+ community including representation from Prevention Coalitions and TFRI.
 - b. The agency/organization is to engage as applicable with CDC funded Networking2Save technical assistance organizations.
 - c. Other engaged stakeholder groups should include LGBTQ+ identifying individuals in the community and community leaders. Additionally, including sector partners such as health care systems, housing, businesses, faith-based organizations, and education.
 - d. As a subset of this collaborative, the agency/organization is to create or expand a community workgroup/committee that is responsible for project deliverables, progress tracking, and reporting back to the full agency/organization collaborative on a regular basis.
 - e. Participate in training opportunities.
- B. Partner with RIDOH to develop a comprehensive, community-led three-year strategic plan.
 - a. The strategic plan will include a detailed work plan and culturally appropriate policy and environmental change strategies and activities which seek to mitigate the impact of tobacco disparities in the LGBTQ+ community.
 - b. The agency/organization will engage diverse stakeholders in the development of the strategic plan and work plan.
 - c. Strategic planning is to incorporate findings from other recently conducted community health needs assessments.
- C. Develop a Work Plan

- a. The work plan will be developed in partnership with RIDOH and be informed by both the community collaborative membership and the community health needs assessment.
- b. The detailed work plan will include culturally appropriate policy and system change strategies and activities.
- c. The work plan is to include SMART objectives (specific, measurable, attainable, relevant, and timely), evidence-based and/or innovative initiatives, practices, and other details such as clear timelines for completion and staff assignments.
- d. RIDOH must approve the work plan prior to implementation.

D. Evaluation

- a. Conduct qualitative and quantitative data collection and analysis.
- b. Integrate evaluation strategies that can inform best-practices for community-level tobacco control efforts.
- c. Develop a best practice document/publication based on lessons learned.
- d. Conduct joint readiness assessments. CDC will provide technical assistance for conducting a readiness assessment.
- e. Collaborate with the TCP evaluator to develop and implement a comprehensive evaluation plan and tracking of the initiatives over the course of the project period.
- f. Collaborate with CDC and RIDOH to determine the minimum number of LGBTQ+ identifying individuals that will be reached by policy and systems change activities.

E. Sustainability

- a. Work with the collaborative and other key partners to develop a sustainability plan that will ensure grant initiatives are institutionalized and replicated.

Contract Requirements

Throughout the funding period, all grantees agree to:

- a. Submit monthly invoices and appropriate backup documentation by the 10th of each month to RIDOH.
- b. Submit monthly reports and an annual evaluation report, using RIDOH approved template.
- c. Maintain technical (computer and electronic communication) capacity, including email and direct access to the internet.
- d. Convene regular collaborative meetings and workgroups.
- e. Collaborate with RIDOH on the utilization of community-level data.
- f. Attend and present at regular meetings held by RIDOH, as necessary.
 - 1. Updates/check-ins/site visits.
 - 2. Evaluation technical assistance sessions.
 - 3. Tobacco Free Rhode Island workgroup meetings.
 - 4. Other relevant tobacco-control work groups
- g. Work with RIDOH to develop and implement a comprehensive evaluation plan.
- h. Work with RIDOH and partners to develop a sustainability plan.

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 Sub-Recipients who contract with RIDOH must perform the following tasks and provide documentation of such tasks upon request of a RIDOH employee:

1. The supports and services provided by Sub-Recipient 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. Sub-Recipient 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

SECTION 5: PROPOSAL

A. Technical Proposal

The following sections must be completed in response to the RFP. Each section should be submitted using the format presented herein.

Cover page

A Cover Page must be completed and included as part of the application. The individual authorized to sign on behalf of the organization must sign this cover page.

Table of Contents

A Table of Contents must be completed and list all section titles with page numbers including attachments.

Project Narrative (10-page maximum)

The information contained in this section should constitute the bulk of the project proposal. The requested information should address the entire contract period beginning December 1, 2021, but not to exceed April 28, 2023. The Project Narrative must be submitted according to the following format:

Part A – Population to be Served and Problem Statement (1-page maximum)

This section must include:

- A general description of the community/neighborhood (geographic location) impacted by the proposal including the demographic characteristics of residents.

- A general description of the identified need and impact of disparities in the target community.

Part B – Community Readiness (5-page maximum)

Part B1: Local Lead Agency/Coordinating Agency

This section must include:

- A description of how this project will fit within the mission and work of the organization.
- A statement regarding the agency/organization’s understanding of tobacco and nicotine use and dependence and SHS exposure and its impact on the LGBTQ+ community.
- Documentation of demonstrated ability to connect with organizations that serve the LGBTQ+ community and/or with organizations that address tobacco use and secondhand smoke exposure to reduce tobacco disparities and promote health equity.
- Description of how the applicant has historically implemented policy, systems, and environmental change strategies.
- Demonstration of the applicant’s evaluation capacity and experience.
- Documentation of demonstrated track record of success working with individuals from the LGBTQ+ community and demonstrated impact/improvement in at least one or more social determinants of health. Examples include the following:
 - Access to health care services
 - Access to social support services
 - Safe housing
 - Access to healthy food options
 - Access to transportation
 - Job opportunities
 - Active living opportunities
 - Public safety
- A discussion of any efforts the agency/organization has led in mobilizing diverse collaboratives and stakeholders in making decisions about the community and implementing a local action plan.

Part B2: Community Collaborative Description

This section must include:

- Partnership with both Tobacco Free Rhode Island and the Regional (prevention) Coalition(s) that serve your community. If this partnership does not yet exist, please detail your plans to engage with these vital partners.
- Collaborative members/organizations with prior experience serving individuals from the LGBTQ+ community; demonstrated ability to connect with and serve these populations.
- Committee/Workgroup membership (or plans for membership) and structure.

Part B3: Previous Work and Current Climate

- Briefly describe all tobacco use and dependence and SHS exposure related community assessment efforts that have been done to date and provide a copy if available. If so, please include:
 - A general overview of the community health needs assessment process, i.e., how community residents were involved in these assessment efforts and the specific methods utilized.
 - Any key findings, including issues, challenges, and assets identified and the extent to which specific gaps in environmental and system policies, services, and resources have been identified.
 - Key priorities and next steps that have been identified, and how these will be incorporated into this project.
 - Detail community resources and investments that this project can leverage.
 - List local organizations that provide tobacco treatment services.
- Include any other relevant information about the current climate in the community and how that may positively or negatively affect this project.

Part C: Proposed Activities (2-page maximum)

The agency/organization must have conducted/have access to or plan to conduct a comprehensive community health needs assessment that provides specific information about the community and the LGBTQ+ community. If already conducted, the needs assessment should have been completed within the last five years and should include demographic characteristics, health status, community profile, existing tobacco control policies, and available health care systems, institutions, and organizations. Data sources used to describe health factors in local communities may be found at:

- County Health Rankings <https://www.countyhealthrankings.org/>
- City Health Dashboard <https://www.cityhealthdashboard.com/>
- Community Commons <https://www.communitycommons.org/>
- Census Quick Facts <https://www.census.gov/quickfacts/fact/table/US/PST045219>

This section must describe the specific strategies that will be used to:

- Assess and bridge any identified gaps in capacity/collaborative building.
- Develop or enhance a SMART work plan that is responsive to identified needs, gaps, and emerging trends.
- Select specific evidence-based and/or innovative initiatives that address tobacco use and dependence and SHS exposure impacts on LGBTQ+ identifying individuals and the community.
- Implement and evaluate initiatives that are responsive to the work plan and emerging data.
- Create a plan for sustainability and replicability.
- Attach a work plan that spans the first project period of the contract (of 17 months from December 2021 through April 2023) consistent with the required activities in the Scope of Work section as required by CDC.

Part D – Project Administration and Staffing Plan (2-page maximum)

This section should describe the supervision and management of the proposed project.

1. Indicate all staff that will be funded through this proposal and the percentage of time that each staff member will allocate to the project activities. The specific work responsibilities of each staff member should be fully described with emphasis on the duties each staff member will assume to support the projects funded through this grant. Please include experience in the field of contract oversight, evaluation, and fiscal management. One staff person from the agency/organization should be designated as the Project Director and as such should assume responsibility for all project activities and reporting requirements. Job descriptions and resumes (when available) for project staff must be included in the appendices of the proposal. Please describe the degree to which staff is experienced in implementing PSE change strategies and working with the LGBTQ+ community and include a brief description of similar projects undertaken as those in the RFP.

2. Describe the role of each committed member of the collaborative who will be responsible for the implementation of project initiatives. Include project contributions such as space and equipment, funds, and in-kind assistance (the relationship between RIDOH and the local lead agency, under Delegated Authority require a financial commitment of at least a 10% verifiable match). Describe how organizations selected for the project are representative of the target population and community served. Please include Letters of Commitment and/or memorandums of agreement from key partners.

B. Cost Proposal

Funding allocations for the Local Lead Agency (LLA) is estimated based on federal fiscal year two (April 29, 2021-April 28, 2022) 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). Please note that applicants must provide a minimum of 10% of the total project costs in non-federal in-kind funds.

The applicant must prepare a Cost Proposal for a 16-month term (1/1/2022 to 4/28/2023). Applicants must provide a justification for all expenses included. Line items are to be accurate and budget and budget narrative descriptive and complete. Submitted budget and supporting documentation must appropriately reflect agency's financial capacity to implement the project in a timely manner.

Project Budget

The project cost proposal describes in detail the expenses of the program and consists of two parts—a **Budget Table** and a **Budget Narrative** (see Appendix II and III) The first year of the contract would span 16 months (January 2022 through April 2023) and this performance period should be reflected in the project budget. The components of each are described below.

Budget Table: The budget table is a listing of all project expenses. Please use the Budget Worksheet included in the Appendix II to prepare your budget. Note: refreshments are not allowable expenses.

Budget Narrative: The budget narrative should include a justification of all project expenses. The budget narrative must clearly explain the purpose of each item listed in the financial budget.

ALLOWABLE EXPENSES

1. Personnel: Indicate each staff name and position for this project. Show percentage of time allocated to this project, the total annual salary and hourly rate, the personnel costs being requested under this RFP, and the percentage of time that will be in-kind.
2. Fringe Benefits: Include those benefits normally provided by an organization. Percent and detailed breakdown of each benefit are required, such as FICA, unemployment, worker's compensation, medical, dental, vision, vacation time, personal time, sick leave, etc. Also indicate the fringe benefit rate for the organization.
3. Consultants/Speakers: List each consultant/speaker individually, specifying the hourly rate and number of hours. Only expenses for functions related to this project may be included.
4. Travel: Local travel only is allowed. Reimbursement for mileage expenses is not to exceed \$0.56/mile or the current rate effective for Rhode Island state employees. Reimbursement of travel expenses is allowed for activities related to this project only.
5. Printing/Copying: Include the cost of duplicating educational materials to be distributed during the contract year. The duplication or printing of flyers, brochures, booklets, information sheets, and other educational materials related to the project should be included.
6. Supplies: List office and program supplies allocated to the project. Refreshments are not an allowable expense.
7. Telephone/Internet: Include telephone expenses associated with the project at a cost per month.
8. Educational/Resource Materials: List books, curricula, videos, or other resource materials to be purchased for program use.
9. Postage: Indicate postage expenses allocated to the project.
10. Facilities/Rental Expense: Indicate the cost of office space (rental) and other facility expenses incurred because of this project (e.g., rental of program space).

11. Other/Special Initiatives: List additional expenses (incentives, etc) that are not included in another budget category.
12. Subcontracts with Other Organizations: Payments to not-for-profit community-based organizations and private for-profit entities that provide services to the applicant organizations in support of funded project activities are allowable. A memorandum of agreement must be provided for each subcontract.
13. Administrative Cost: May be up to 10% of total direct costs or based upon organization's federally negotiated indirect cost rate.

Funds may not be used for capital expenses.

Applicants are advised that RIDOH is not responsible for any expenses incurred by the Applicant prior to the contract award.

DUPLICATION OF SERVICES/COST AVOIDANCE

Applicants must be certain to assure RIDOH 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.

C. ISBE Proposal

See Appendix VII for information and the MBE, WBE, and/or Disability Business Enterprise Participation Plan form(s). Bidders are required to complete, sign and submit these forms with their overall proposal. Please complete separate forms for each MBE, WBE and/or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.

SECTION 6: EVALUATION AND SELECTION

Applications will first be reviewed administratively for completeness, responsiveness, and eligibility. A proposal will be disqualified at this point if it does not meet the basic requirements set forth in the RFP. Qualified proposals will be evaluated by a Technical Review Committee, which will be comprised of state government staff as required by state procurement policies.

Applications will be evaluated competitively by the Technical Review Committee for adherence to the RFP and other federal and state requirements. Applicant experience, capacity to provide services, and the strength and relevance of the proposed program of services will be assessed. The following list outlines the relevant evaluation items and their maximum scores. Each proposal will receive a rating score (maximum 106 points) with a minimum score of 55 points for Technical and 60 points total (technical and cost) for consideration.

Criteria	Possible Points
Project Narrative: Technical Proposal (Parts A-D)	20 Points
Approach and Quality of Project Work Plan	35 Points
Evaluation Plan	5 Points
Project Staff and Organization	10 Points
Total Possible Technical Points	70 Points
Cost Proposal	30 Points
Total Possible Evaluation Points	100 Points
ISBE Participation*	6 Bonus Points
Total Possible Points	106 Points

The applicant with the highest total score will be considered first for possible funding. Based on the Technical Review Committee’s evaluation and assigned scores, a recommendation for tentative awards will be made. Once approved, RIDOH will begin negotiations with the recommended Sub-Recipient to finalize the contractual agreements.

Applications which are incomplete in any material respect will be deemed non-responsive and will not be considered.

The review process consists of the following steps:

1. All proposals will undergo a preliminary review by RIDOH to determine that minimum proposal submission requirements are met. A proposal may be disqualified at this point if it does not meet the basic requirements set forth in this RFP by not submitting the components as listed in this RFP.
2. Proposals will be reviewed by a Technical Review Committee comprised of not less than 3 RIDOH staff.
3. The Technical Review Committee will meet to review each proposal according to established evaluation criteria and guidelines. Each proposal will be rated based on the Proposal Evaluation Form score (maximum 106 points). An applicant must obtain a minimum Technical Score of 55 out of a maximum 70 points (78.57%) to move on to the Cost Proposal Section. To be eligible for funding under this RFP, the Technical and Cost Proposals together must receive a minimum of 60 out of a maximum of 100 points (60%). Any proposals scoring less than 60 points will not qualify for further consideration.
4. Points will be assigned based on the applicant’s clear demonstration of the agency’s abilities to complete the work, apply appropriate strategies to complete the work, create innovative solutions and quality of past performance in similar projects.
5. Based upon the individual ratings assigned to each proposal by the Technical Review Committee, the proposals will be ranked in order of priority for funding by the entire team. The applicants with the highest total scores will be considered first for possible funding.
6. The Technical Review Committee will submit the rank-ordered recommendations and overall comments to the Director of Health and/or designee.
7. Only one proposal will be accepted from each applicant. All costs of preparing the proposal are the sole responsibility of the applicant. RIDOH is not responsible for any costs incurred by the applicant that are related to the preparation or submission of the

proposal or any other activities undertaken by the applicant related in any way to this RFP.

***Cost Proposal Evaluation:**

The vendor with the lowest cost proposal shall receive one hundred percent (100%) of the available points for cost. All other vendors shall be awarded cost points based on the following formula:

$$(\text{lowest cost proposal}/\text{vendor's cost proposal}) \times \text{available points}$$

For example, if the vendor with the lowest cost proposal (Vendor A) bids \$65,000 and Vendor B bids \$100,000 for monthly costs and service fees and the total points available are thirty (30), Vendor B's cost points are calculated as follows:

$$\$65,000/\$100,000 \times 30 = 19.5$$

***ISBE Participation Evaluation:**

a. Calculation of ISBE Participation Rate

1. ISBE Participation Rate for Non-ISBE Vendors. The ISBE participation rate for non-ISBE vendors shall be expressed as a percentage and shall be calculated by dividing the amount of non-ISBE vendor's total contract price that will be subcontracted to ISBEs by the non-ISBE vendor's total contract price. For example, if the non-ISBE's total contract price is \$100,000.00 and it subcontracts a total of \$12,000.00 to ISBEs, the non-ISBE's ISBE participation rate would be 12%.
2. ISBE Participation Rate for ISBE Vendors. The ISBE participation rate for ISBE vendors shall be expressed as a percentage and shall be calculated by dividing the amount of the ISBE vendor's total contract price that will be subcontracted to ISBEs and the amount that will be self-performed by the ISBE vendor by the ISBE vendor's total contract price. For example, if the ISBE vendor's total contract price is \$100,000.00 and it subcontracts a total of \$12,000.00 to ISBEs and will perform a total of \$8,000.00 of the work itself, the ISBE vendor's ISBE participation rate would be 20%.

b. Points for ISBE Participation Rate:

The vendor with the highest ISBE participation rate shall receive the maximum ISBE participation points. All other vendors shall receive ISBE participation points by applying the following formula:

$$(\text{Vendor's ISBE participation rate} \div \text{Highest ISBE participation rate}) \times \text{Maximum ISBE participation points}$$

For example, assuming the weight given by the RFP to ISBE participation is 6 points, if Vendor A has the highest ISBE participation rate at 20% and Vendor B's ISBE participation rate is 12%, Vendor A will receive the maximum 6 points and Vendor B will receive $(12\% \div 20\%) \times 6$ which equals 3.6 points.

General Evaluation:

Points shall be assigned based on the vendor's clear demonstration of the ability to provide the requested goods and/or services. Vendors may be required to submit additional written information or be asked to make an oral presentation before the TEC to clarify statements in the proposal.

RIDOH 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);
- award a contract with or without further discussions of the proposals submitted;
- request additional written information or ask applicant to make an oral presentation before the technical review committee to clarify statements made in their proposal;
- establish a later effective date in the contract if circumstances are such that it is in the State's best interest to delay it, or if funding availability is undetermined;
- verify the contents of a proposal submitted by an applicant. Misleading or inaccurate responses shall result in rejection of the proposal;
- to obtain and consider information from other sources concerning an applicant, including the applicant's product or services, personnel, and the applicant's capability and performance under other RIDOH contracts, other state contracts, and contracts with private entities. RIDOH may use any of this information in evaluating an applicant's proposal.

SECTION 7: QUESTIONS

Questions concerning this solicitation must be e-mailed to Morgan Orr at RIDOH at morgan.orr@health.ri.gov no later than the date and time indicated on page one of this solicitation. No other contact with State parties is permitted. Please reference **RFP: Eliminating Tobacco Disparities** on all correspondence. Questions should be submitted in writing in a Microsoft Word attachment in a narrative format with no tables. Answers to questions received, if any, shall be posted on the RIDOH website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SECTION 8: PROPOSAL CONTENT

Proposals shall include the following:

- One completed and signed Rhode Island W-9 (included in the original copy only) downloaded from the Division of Purchases website at:
<http://www.purchasing.ri.gov/rivip/publicdocuments/fw9.pdf>
- Original signed version of MBE, WBE, and/or Disability Business Enterprise Participation Plan. Please complete separate forms for each MBE/WBE or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.
- Technical Proposal - Respond to all information as required and described in the Technical Proposal section of this solicitation. Follow all page limits listed in Technical Proposal section.
- Cost Proposal - A signed cost proposal responding to all the information as required and described in Cost Proposal of this solicitation. The cost proposal shall be submitted using the templates provided in this solicitation.

Formatting of proposal should consist of the following:

- Typed documents that are single-spaced with 1” margins on white 8.5”x 11” paper using a black font of 12-point Times New Roman or 12-point Calibri.
- Pages that are sequentially numbered in the footer, starting with number 1 on the first page of the narrative (this does not include the cover page or table of contents), including all forms and attachments.
- The Vendor’s name on every page, including attachments.

SECTION 9: PROPOSAL SUBMISSION

Interested vendors must submit proposals to provide the goods and/or services covered by this RFP on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time shall not be accepted.

Email proposal to Morgan Orr at morgan.orr@health.ri.gov by Friday, November 26, 2021 at 4pm.

An applicant’s submission of a proposal constitutes acceptance of the terms, conditions, criteria and requirements set forth in the RFP and operates as a waiver of any and all objections to the contents of the RFP. By submitting a proposal, an applicant agrees that it will not bring any claim or have any cause of action against Health or the State of Rhode Island based on the terms or conditions of the RFP or the procurement process.

SECTION 10: 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 applicant entities clearly in consideration for award.

If a vendor is selected for an award, no work is to commence until a purchase order is issued by the Division of Purchases.

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://rules.sos.ri.gov/regulations/part/220-30-00-13>

SECTION 11: APPENDICES

- APPENDIX I: Application Cover Sheet
- APPENDIX II: Sample Budget Table
- APPENDIX III: Sample Budget Narrative
- APPENDIX IV: The Burden of Tobacco Use in Rhode Island

APPENDIX V:	Networking2Save: CDC's National Network Approach to Preventing and Controlling Tobacco-related Cancers in Special Populations CDC Resources
APPENDIX VI:	Tobacco Related Resources
APPENDIX VII:	Proposer ISBE and MBE, WBE, and/or Disability Business Enterprise Participation Plan Form
APPENDIX VIII:	Definitions



Appendix I: Application Cover Sheet

<i>Agency Name:</i>		
<i>Address:</i>		
<i>FEIN:</i>		
<i>Type of Organization:</i>		
<i>Priority Population Selected:</i>		
<i>Executive Director:</i>		
Phone:	Email Address:	
<i>Chair, Board of Directors:</i>		
Phone:	Email Address:	
<i>Finance or Accounting Director:</i>		
Phone:	Email Address:	
<i>Medical Director (if applicable):</i>		
Phone:	Email Address:	
<i>Project Manager:</i>		
Phone:	Email Address:	
<i>Project Period</i>	From: 1/1/2022	To: 4/28/2023
<i>Proposed Service Area(s):</i>		

In response to this Request for Proposals (RFP) for funding to support Personal Responsibility Education Program, please accept the accompanying application. I hereby certify that, to the best of my knowledge, the program and budgetary information supplied in support of this application is accurate, complete, and current for the award period of January 2022-April 28, 2023.

I additionally certify that I am duly authorized to submit this application on behalf of the governing body of (organization name).

Authorized Signature

Date

Appendix II: Sample Budget Table

ADDENDUM I

Budget

Agency Name: _____

Title of Agreement: Eliminating Tobacco Disparities – A Community Led Approach

Period of Performance: January 2022-April 2023

The Contractor estimates that the budget for allowable expenses for work to be performed under this Agreement is as follows:

Expense Category	Approved Budget Time Period
1. Personnel	\$6,534.00
2. Fringe Benefits	\$1,901.00
3. Consultants	\$30,000.00
4. In-State Travel	\$450.00
5. Out-of-State Travel	\$1,000.00
6. Printing/Copying	\$700.00
7. Supplies	\$800.00
8. Telephone/Internet	\$1,200.00
9. Education/Resource Materials	\$1,000.00
10. Postage	\$1,000.00
11. Other (listed separately)	
Incentives	\$200.00
12. Equipment	\$3,412.00
13. Subcontracts	\$8,000.00
Sub-Total	\$56,346.00
Total	\$56,346.00

It is understood and agreed that the amounts indicated above for the several line items are estimates of expenditures to be incurred by the Contractor on behalf of this Agreement and to be claimed by the Contractor for reimbursement under this Agreement. It is further understood and agreed that actual variations shall not in themselves be cause for disallowance of reimbursement by RIDOH; provided, however, that the Contractor shall notify and obtain the approval of the contract officer, in writing, if expenditures to be claimed for reimbursement in any line item above shall begin to vary significantly from the estimate given above; and provided further, that unless permission of the contract officer shall have been obtained in advance, no expenditure shall be claimed by the Contractor for reimbursement by RIDOH under this Agreement if such expenditure shall have been incurred in a line item category not listed above. All transfer of funds between budget line items require prior written approval by RIDOH.

Appendix III: Sample Budget Narrative

Guidelines for submitting Budgets & Budget Narratives

1. Budget must be submitted in Word Format New Times Roman 10 pt.
2. The first period of performance of the contract would span 16 months (from January 2022-April 2023).
3. Refer to the Budget Justification (allowable expenses) sheet when completing your Budget Narratives (sample below) and Budget Tables. Note: refreshments are not allowable expenses.

Budget Narrative

Agency Name: _____

Title of Agreement: Eliminating Tobacco Disparities – A Community Led Approach

Period of Performance: December 2021-April 2023

PERSONNEL		\$6,534.00
<u>Sally Smith, Director</u>	<u>\$2,132.00</u>	
\$24.79 per hour for 86 hours		
Ms. Smith will work with community partners to achieve the goals and objectives of this proposal. She will attend monthly trainings/meetings as required by the RFP.		
<u>John Jones, Assistant Systems Development</u>	<u>\$2,178.00</u>	
\$33.76 per hour for 64.50 hours		
Mr. Jones will specifically review operating protocols related to systems development, implementation, and operation performance.		
<u>John Doe, RN, C. MS, Project Coordinator</u>	<u>\$2,224.00</u>	
\$51.72 per hour for 43 hours		
Mr. Doe will assume responsibility for oversight of the project and all project-reporting requirements.		
FRINGE BENEFITS		\$1,901.00
Fringe is calculated at 29.1% of personnel and includes FICA, Life/Disability, Health, Payroll/ Unemployment Taxes, Pension Expense and Worker's Compensation Insurance		
CONSULTANTS		\$30,000.00
<u>Sue Smith, PhD, Psychologist for RI Hospital</u>		
\$150.00 per hour for 200 hours		
Dr. Smith will provide technical assistance with reports, data collection and infrastructure of the ABC Home		
IN-STATE TRAVEL		\$450.00
Mileage reimbursement for all staff members to be calculated at \$0.56/mile or the current rate effective for Rhode Island state employees. In this example, \$0.535/mile for 842 miles		
OUT-OF-STATE TRAVEL		\$1,000.00
2 Staff members to attend annual meeting in Atlanta, GA. All travel related reimbursement must follow State or RI Travel Guidelines for reimbursement		
PRINTING/COPYING		\$700.00
Printing expenses for printing of monthly flyers, brochures, and information sheets		
SUPPLIES		\$800.00
General office supplies to include paper, pens, file folders, etc.		
TELEPHONE/INTERNET		\$1,200.00
Cell phones for 2 staff associated with this contract at \$50/mo. for 12 months		

Appendix IV: The Burden of Tobacco Use in Rhode Island

Tobacco Use and Disparate Populations

Adult Current Cigarette Smoking	Rhode Island (%), 2019	National (%), 2018
Overall Smoking Rate	13.3	15.5
Low SES (LT High School Education)	21.4	24.8
Frequent mental distress	25.2	29.5
Household Income <\$25,000	24.6	--
Ever had Depressive Disorder	21.2	26.0
LGB	20.4	--
Disabled populations	20.6	--
Veterans	15.3	17.0
African American	13.8	17.4
Hispanic/Latinx	11.5	12.3

Current Tobacco Use

High School, 2019	%
E-Cigarettes	30.1
Frequent* E-Cigarette Use	10.2
Daily E-Cigarette Use	7.3
Cigars	5.1
Cigarettes	4.2
Smokeless	2.5
Middle School, 2019	
E-Cigarettes	6.4
Adults, 2018	
Cigarettes	14.6
E-Cigarettes	5.5

*20 or more days before survey

Deaths Attributed to Smoking in Rhode Island

- Adults that die each year from their own smoking: **1,800**
- Today's children and teens (<18) who will die prematurely from smoking: **16,000**

Smoking-Caused Monetary Costs for Rhode Island per Year

- Annual healthcare costs: \$640 million
- Medicaid costs: \$216.8 million
- Losses in productivity: \$458.9 million

Appendix V: Networking2Save: CDC’s National Network Approach to Preventing and Controlling Tobacco-related Cancers in Special Populations CDC resources

Networking2Save: CDC’s National Network Approach to Preventing and Controlling Tobacco-related Cancers in Special Populations supports a consortium of national organizations to advance the prevention of commercial tobacco use and cancer in populations experiencing tobacco- and cancer-related health disparities.

The consortium is jointly funded by CDC’s [Office on Smoking and Health](#) and [Division of Cancer Prevention and Control](#). It is intended to enhance the quality and performance of specific public health programs, data and information systems, practice and services, partnerships, and resources that focus on tobacco- and cancer-related health disparities in special populations.

This partnership provides leadership on and promotion of evidence-based approaches for preventing commercial tobacco use and cancer. Strategies and activities will focus on—

1. Network administration and management.
2. Training and technical assistance.
3. Engagement of the priority populations in national, state, tribal, territorial interventions.
4. Mass-reach health communications that complement OSH, DCPC, and other CDC-funded chronic disease programs.

The funded organizations include:

National Network	Population of Focus	Awardee Organization
ASPIRE Network	Asian American/Native Hawaiian/Pacific Islander	Asian Pacific Partners for Empowerment, Advocacy, & Leadership (APPEAL)
Geographic Health Equity Alliance (GHEA)	Geographically defined	Community Anti-Drug Coalitions of America (CADCA)
National African American Tobacco Prevention Network	African American	National African American Tobacco Prevention Network (NAATPN), Inc.
National Behavioral Health Network for Tobacco and Cancer Control (NBHN)	Mental or substance use disorders	National Council for Behavioral Health
National LGBT Tobacco-Related Cancer Network	Lesbian, gay, bisexual, and transgender (LGBT)	National LGBT Cancer Network
National Native Network (Keep It Sacred)	American Indian and Alaska Native	Inter-Tribal Council of Michigan, Inc.
Nuestras Voces (Our Voices) Network	Hispanic/Latino	National Alliance for Hispanic Health
SelfMade Health Network	Low Socioeconomic Status	Patient Advocate Foundation

Appendix VI: Tobacco Related Resources

Evidence-Based Guides

Best Practices for Comprehensive Tobacco Control Programs-2014

Best Practices User Guide: Health Equity

Best Practices User Guide: Cessation

<https://www.cdc.gov/tobacco/stateandcommunity/index.htm>

Lesbian, Gay, Bisexual, and Transgender Persons and Tobacco Use

<https://www.cdc.gov/tobacco/disparities/lgbt/index.htm>

Cigarette Smoking and Tobacco Use Among People of Low Socioeconomic Status

<https://www.cdc.gov/tobacco/disparities/low-ses/index.htm>

Secondhand Smoke (SHS) Facts

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_facts/index.htm

U.S. Department of Health and Human Services. *Smoking Cessation. A Report of the Surgeon General.* <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf>

U.S. Department of Health and Human Services. A Report of the Surgeon General.

The Health Consequences of Smoking: 50 Years of Progress. https://e-cigarettes.surgeongeneral.gov/documents/2016_SGR_Full_Report_non-508.pdf

Local Resources

Rhode Island Department of Health Tobacco Control Program

https://health.ri.gov/programs/detail.php?pgm_id=33

Rhode Island Prevention Resource Center

<https://www.riprc.org/>

Rhode Island Regional Coalitions

<https://www.riprevention.org/index.php>

Tobacco Free Rhode Island

<http://tobaccofree-ri.org/index.htm>

Live Smoke Free Rhode Island (includes housing)

<http://www.livesmokefree.ri.gov/housing/index.html>

Appendix VII: Proposer ISBE Responsibilities and MBE, WBE, and/or Disability Business Enterprise Participation Form

1. Proposer's ISBE Responsibilities (from 150-RICR-90-10-1.7.E)

1. Proposal of ISBE Participation Rate. Unless otherwise indicated in the RFP, a Proposer must submit its proposed ISBE Participation Rate in a sealed envelope or via sealed electronic submission at the time it submits its proposed total contract price. The Proposer shall be responsible for completing and submitting all standard forms adopted pursuant to 105-RICR-90-10-1.9 and submitting all substantiating documentation as reasonably requested by either the Using Agency's MBE/WBE Coordinator, Division, ODEO, or Governor's Commission on Disabilities including but not limited to the names and contact information of all proposed subcontractors and the dollar amounts that correspond with each proposed subcontract.
2. Failure to Submit ISBE Participation Rate. Any Proposer that fails to submit a proposed ISBE Participation Rate or any requested substantiating documentation in a timely manner shall receive zero (0) ISBE participation points.
3. Execution of Proposed ISBE Participation Rate. Proposers shall be evaluated and scored based on the amounts and rates submitted in their proposals. If awarded the contract, Proposers shall be required to achieve their proposed ISBE Participation Rates. During the life of the contract, the Proposer shall be responsible for submitting all substantiating documentation as reasonably requested by the Using Agency's MBE/WBE Coordinator, Division, ODEO, or Governor's Commission on Disabilities including but not limited to copies of purchase orders, subcontracts, and cancelled checks.
4. Change Orders. If during the life of the contract, a change order is issued by the Division, the Proposer shall notify the ODEO of the change as soon as reasonably possible. Proposers are required to achieve their proposed ISBE Participation Rates on any change order amounts.
5. Notice of Change to Proposed ISBE Participation Rate. If during the life of the contract, the Proposer becomes aware that it will be unable to achieve its proposed ISBE Participation Rate, it must notify the Division and ODEO as soon as reasonably possible. The Division, in consultation with ODEO and Governor's Commission on Disabilities, and the Proposer may agree to a modified ISBE Participation Rate provided that the change in circumstances was beyond the control of the Proposer or the direct result of an unanticipated reduction in the overall total project cost.

2. MBE, WBE, AND/OR Disability Business Enterprise Participation Plan Form:

Attached is the MBE, WBE, and/or Disability Business Enterprise Participation Plan form. Bidders are required to complete, sign and submit with their overall proposal in a sealed envelope. Please complete separate forms for each MBE, WBE and/or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF ADMINISTRATION
ONE CAPITOL HILL
PROVIDENCE, RHODE ISLAND 02908**

MBE, WBE, and/or DISABILITY BUSINESS ENTERPRISE PARTICIPATION PLAN				
Bidder's Name:				
Bidder's Address:				
Point of Contact:				
Telephone:				
Email:				
Solicitation No.:				
Project Name:				
<p>This form is intended to capture commitments between the prime contractor/vendor and MBE/WBE and/or Disability Business Enterprise subcontractors and suppliers, including a description of the work to be performed and the percentage of the work as submitted to the prime contractor/vendor. Please note that all MBE/WBE subcontractors/suppliers must be certified by the Office of Diversity, Equity and Opportunity MBE Compliance Office and all Disability Business Enterprises must be certified by the Governor's Commission on Disabilities at time of bid, and that MBE/WBE and Disability Business Enterprise subcontractors must self-perform 100% of the work or subcontract to another RI certified MBE in order to receive participation credit. Vendors may count 60% of expenditures for materials and supplies obtained from an MBE certified as a regular dealer/supplier, and 100% of such expenditures obtained from an MBE certified as a manufacturer. This form must be completed in its entirety and submitted at time of bid. Please complete <u>separate forms</u> for each MBE/WBE or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.</p>				
Name of Subcontractor/Supplier:				
Type of RI Certification:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Disability Business Enterprise			
Address:				
Point of Contact:				
Telephone:				
Email:				
Detailed Description of Work To Be Performed by Subcontractor or Materials to be Supplied by Supplier:				
Total Contract Value (\$):		Subcontract Value (\$):		ISBE Participation Rate (%):
Anticipated Date of Performance:				
I certify under penalty of perjury that the forgoing statements are true and correct.				
Prime Contractor/Vendor Signature		Title		Date
Subcontractor/Supplier Signature		Title		Date

Appendix VIII: Definitions

Sub-recipient - a non-Federal entity (i.e. applicant entity) that receives a sub-award from a pass-through entity (RIDOH) to carry out part of a Federal program.

Contractor – a non-Federal entity that receives a contract, typically known as a vendor.

Pass-through entity for purposes of this RFP is the State of Rhode Island, Department of Health which carries out a Federal award as a recipient.

Sub-award - an award provided by a pass-through entity (i.e. RIDOH) to a sub-recipient (i.e. applicant entity) for the sub-recipient to carry out part of a Federal award received by the pass-through entity. A sub-award may be provided as a contract agreement.