

Round Two

Communities Putting Prevention to Work (CPPW)

Changing Tobacco Norms in Saint Louis County

Request For Proposal (RFP) Instructions

- I. Introductory Statement:
 - **a.** Program Background: Saint Louis County was awarded \$7,593,110 by the U.S. Centers for Disease Control and Prevention (CDC) to implement a program through March, 2012, called "Changing Tobacco Norms in Saint Louis County". The general goals of this Program are to:
 - Decrease secondhand smoke exposure in Saint Louis County
 - Increase smoking cessation services for current smokers
 - Reduce smoking initiation and tobacco use among young people
 - **b.** Program Objectives: To accomplish these goals, the program has developed specific objectives approved by the CDC. These objectives include:
 - 1. By February 2012, increase the proportion of public school districts throughout Saint Louis County that are consistent with the National Association of School Boards of Education (NASBE) Gold Standard for comprehensive tobacco-free policies from 20% in 2007 to 100%.
 - a. Desired elements: Develop tobacco policy that meets NASBE Gold Standard by completing the following:
 - i. Target specific school or set of schools in St. Louis County.
 - ii. Target schools which have weak policies.

iii. Provide advocacy training for students to promote policy change.

Note: You may obtain a NASBE Gold Standard model policy and a copy of the Public and Private School District Baseline Policy Assessment from our website at:

http://www.stlouisco.com/YourGovernment/CountyDepartments/Health/RequestsforProposals

- 2. By February 2012, increase the proportion of private K-12 schools in high-risk County Council Districts 1, 2, 3, and 4 in Saint Louis County that are consistent with National Association of School Boards of Education (NASBE) Gold Standard for comprehensive tobacco-free policies from 0% to 100%.
 - a. Desired elements: Develop tobacco policy that meets NASBE Gold Standard by completing the following:
 - i. Target schools in County districts 1, 2, 3 and 4 (see map of Saint Louis County Council Districts on page 17).
 - ii. Provide advocacy training for students to promote policy change.

Note: You may obtain a NASBE Gold Standard model policy and a copy of the Public and Private School District Baseline Policy Assessment from our website at: http://www.stlouisco.com/YourGovernment/CountyDepartments/Health/RequestsforProposals

- 3. By February 2012, increase the number of calls by Saint Louis County residents to the Missouri Quitline by 50%.
 - a. Desired elements:
 - Target specific demographic group to receive Quitline information
 - ii. Determine specific venues for reaching for reaching the targeted demographic group.
- 4. By February 2012, ensure that 80% of county employers in high-risk County Council Districts 1, 2, 3, and 4 with 50+ employees provide smoking cessation services to employees.
 - a. Desired elements:
 - Target employers in County Council Districts 1, 2, 3, and 4 with 50 or more employees (see map of Saint Louis County Council Districts on page 17).
 - Provide smoking cessation services in community and nonworksite settings, provided that direct services are delivered to at least 50 persons in Saint Louis County and that the program is evidenced based.

- iii. Target community-based and non-worksite programs to populations with particularly high smoking prevalence (e.g., new Americans, African-Americans, low-income).
- iv. Use evidence-based smoking cessation program, such as the American Lung Association's Freedom from Smoking.
- v. We encourage applicants under this objective to provide NRT products to program participants as part of their cessation programs.
- vi. Include plans for marketing the program and recruiting participants.
- **II. Eligibility:** Any not-for-profit, for-profit, governmental, educational and faith-based organization or corporation may apply for grant funding. Applicants must have demonstrated experience in providing services or conducting business in Saint Louis County.
- **III. Funding Guidelines**: Under the CPPW program, Saint Louis County DOH expects to award a total of \$1.5 million to community partners. Grant applications may be for any amount, with a minimum award of \$10,000 and a maximum award of \$100,000.

No applicant organization may submit more than one application for funding and cannot request an amount that exceeds 25% of its current operation budget. Saint Louis County DOH has the right to negotiate with selected applicants to determine the final amount of the grant award.

IV. Inquiries: Direct all inquiries in writing to: CPPW.doh@stlouisco.com
A list of frequently asked questions (FAQ) along with responses will be posted at http://www.stlouisco.com/YourGovernment/CountyDepartments/Health/RequestsforProposals

Schedule for the Request for Proposal (RFP) Process:

Application available	Tuesday, March 1, 2011
Application deadline	Friday, March 25/4:00 p.m., 2011
Committee review	Monday, April 4, 2011
Anticipated award	Friday, April 8 , 2011
Projected start date	Monday, April 25, 2011

Proposal Submission Criteria: Proposals must be received by **4:00 p.m.** on March 21, 2011 on March 25th, 2011. No proposals will be accepted after the closing date and time. Proposals can be either mailed, hand delivered, or emailed electronically, but only one delivery method may be used. For applications delivered by hand or regular mail, include one original and two copies. For electronic applications, all parts of the application must be included in a single email.

Send applications to:

Saint Louis County Department of Health C/O Jamie Opsal 111 S. Meramec, 3rd floor Clayton, MO. 63105-1711

Email: jopsal@stlouisco.com

V. Funds CAN be used for:

- a. Staff Salaries and Benefits
- b. Supplies
- c. Local Travel
- **d.** Printing
- e. NRT
- **f.** Other expenses necessary to support the proposed activities. The Saint Louis County Department of Health will consider other expenses necessary to support the proposed activities.

VI. Funds <u>CANNOT</u> be used for:

- **a.** Lobbying: influencing any member of a legislative body, any government official, any employee who may participate in the formulation of legislation, or constituent on a specific piece of legislation or budget appropriation with the intention of promoting a call to action.
- b. Travel Outside the Saint Louis Area
- **c.** Fundraising
- d. Revenue-Generating Events
- e. Gifts
- f. Research
- g. Furniture or Equipment
- h. Construction
- i. Food
- j. Clinical Care or Prescription Drugs
- k. Services or Activities Outside the Saint Louis County Area

- VII. ARRA Reporting: Funding for this grant is provided by the American Recovery and Reinvestment Act (ARRA) of 2009. The Recovery Act includes funds for community based prevention and wellness strategies that support specific, measurable health outcomes to reduce chronic disease rates and reduce health disparities. The ARRA is also designed to stimulate economic recovery in various ways, including preserving and creating jobs and promoting economic recovery. Those selected for grants must comply with all requirements specified in Division A of the ARRA (Public Law 111-5), including reporting requirements outlined in Section 1512 of the Act. These requirements include:
 - Reporting any jobs created or jobs retained as a result of this grant funding.
 - Obtaining a DUNS number. Organizations that do not currently have a DUNS number may apply for one by going to http://fedgov.dnb.com/webform. At the point of registration, you may be asked for the prime recipient's DUNS #. Saint Louis County's is 075913061.
- VIII. Confidentiality and Privacy: The vendor understands that all material supplied to the county may be subjected to public disclosure under the Freedom of Information Act and Missouri Sunshine laws. Any information disclosed to the proposal responder shall not be used, reproduced, appropriated, or otherwise disseminated to anyone other than the county.
- **IX. Written Agreement Required:** The selected applicant must be willing to enter into a written agreement with Saint Louis County. Release of grant funds is contingent upon the execution of a formal contract.
- X. Parts of the Proposal Checklist: All the following must be included in your proposal. Proposal should follow the same order as a-e above.
 - **a.** Proposal Cover Sheet (Page 7) document will be posted on website to download.
 - **b.** Proposal Narrative (Page 8-10)
 - **c.** Work Plan Table (Page 12--13) document will be posted on website to download.
 - **d.** Budget Sheet (Page 14) document will be posted on website to download.
 - **e.** Budget Justification (Page 15-16)
 - **f.** County Council Districts (page 17)



Communities Putting Prevention to Work (CPPW)

Changing Tobacco Norms in Saint Louis County

Request for Proposal (RFP) Application

- Cover Sheet
- Application Narrative
- Work Plan
- Budget Sheet
- Budget Justification
- Application Scoring

Communities Putting Prevention to Work (CPPW)
Community Grants-Cycle 1



For Internal Use Only: Date Received:

Reference Number:

2010 Application Cover Sheet			ALTH			
Name of Applicant Organization:			Legal name (if di	ifferen	t from Applicant):	
Address:			City		State Zip	
Primary Contact and Title:	Telephone (area code)		Fax (area code)		E-mail Address:	
Secondary Contact and Title:	Telephone (area code)		Fax (area code))	E-mail Address:	
Federal Tax ID (EIN) Number:	Organ Webs	ization ite:	Project Title:			
Printed Name and title of person authorized by organization to sign grant award agreement if						
application is approved by the Saint Louis County Department of Health:						
Printed Name and Title of organization's Chief Executive Officer (CEO):						
Signature of CEO:			Date:			

Application Narrative

Directions: The application narrative Sections (I-VII) may not exceed ten pages and all pages of the application narrative should be typed with double spaced lines, one inch margins, and a minimum 12 point font. <u>Pages must be numbered</u>.

- **I. Program Summary:** Please provide the following in one page or less.
 - a. Name of organization
 - b. Programs/services to be delivered
 - c. Population to be served
 - d. Amount requested

II. Organizational Description:

- a. Description of Applicant(s)/Organization
 - i. Mission statement
 - ii. Relevant experience and qualifications
 - iii. Kind of Organization
 - 1. For Profit
 - 2. Not-for-profit
 - 3. Government
 - 4. School
 - 5. Faith based
 - 6. Other
 - iv. Current Litigation: Do you currently have any outstanding significant litigation with:
 - 1. Existing or prospective customers?
 - 2. Other businesses?
 - 3. Any U.S. government?
- b. Please provide your Data Universal Number (DUNS) number (see page 4 Roman numeral VIII for instruction on how to obtain a DUNS number).

III. Population:

- a. Describe the Demographics of the population to be served
- b. Number of people to be served.
- c. Geographic area to be served by zip code.
- d. Indicate the prevalence of tobacco use in the population to be served.
- e. Describe your previous experience working with a disparate population if applicable. If you have not worked with this disparate population in the past, explain how you will gain access and work with this population.

IV. Roles and Responsibilities:

- a. Names (if known) and title of key staff or volunteers assigned to this project.
- b. Responsibilities related to project of key staff.
- c. Qualifications of key staff/volunteers.
- d. How many of these positions will be newly created positions or retained positions as a result of grant funding. ("<u>Jobs created</u>" is a new position created and filled or an existing unfilled position that is filled, and is funded by the grant. "<u>Jobs retained</u>" is an existing position that is now funded by the grant.).
- e. Describe any outside partners to be included in this project and their role.

V. Evaluation:

- a. Evaluation of the program proposed by grantees is required. A description regarding how you will evaluate your program is required and should include the following:
 - i. Provide information regarding the sample (who the intervention targets)
 - ii. Describe how the data will be collected **to evaluate the program** (i.e. specific tools or methods) for each of the objectives outlined in the work plan.
 - iii. Provide any additional information on the data to be collected as outlined in your Work Plan.
- b. Grantees will be also be required to work with the Center for Tobacco Policy Research at Washington University in St. Louis to collect data to be used to evaluate the combined impact of the strategies funded under this program. The type of information that will be required is dependent on the program objective addressed. The data required for each objective is outlined in Table 1. and should be incorporated into grantee's evaluation efforts. Grantees will also be asked to participate in interviews regarding the overall CPPW initiative.

Objective	Data required for evaluation*
By February 2012, increase the proportion of public school districts throughout St. Louis County that are consistent with the National Association of School Boards of Education (NASBE) Gold Standard for comprehensive tobacco-free policies from 20% in 2007 to 100%.	Monthly activity tracking form** CPPW network survey ***
By February 2012, increase the proportion of private K-12 schools in high-risk County Council Districts 1, 2, 3, and 4 that are consistent with National Association of School Boards of Education (NASBE) Gold Standard for comprehensive tobacco-free Saint Louis County that are consistent with the NASBE* Gold Standard for comprehensive tobacco-free policies from 0% to 100%.	Monthly activity tracking form** CPPW network survey.

By February 2012, increase the number of calls by Saint Louis County residents to the Missouri Quitline by 50%.	CPPW network survey
By February 2012, ensure that 80% of county employers in high-risk County Council Districts 1, 2, 3, and 4 with 50+ employees provide smoking cessation services to employees.	Pre and post intervention worksite policy assessment Pre and post intervention participant survey Participant attendance tracking Delivery of NRT CPPW network survey***

^{*} Data collection tools will be provided by the Center for Tobacco Policy research to collect data

VI. Financial Profile:

- a. A current annual budget is required for organizations that have an annual budget of less than \$300,000. For organizations that have an annual budget of \$300,000 or more, just include a statement to that effect.
- b. Describe the funding sources of your organization and percentage of total budget. (Example: Grants, fundraising, private donations, fee for service, etc).
- c. List any grants or contracts received in the past three years and the amount.
- d. List any matching funds. Matching funds are not required for this grant. However, if you do intend to use non-grant funds for your grant project, indicate on Budget Sheet.

VII. Sustainability:

a. Describe funding strategies to sustain program or services funded under this grant after grant period has ended.

^{**} Information is collected on a monthly basis

^{***} Information will be collected two (2) times over the course of the year.

- **VIII. Work Plan Chart:** Complete chart on page 13. (A copy is available on our website to download). Use as many pages as necessary. For each objective use a separate work plan chart. See example on page 12.
 - a. Description of goal to be implemented: (Choose any of the three goals listed below on your work plan. Do not create a new goal).
 - i. Decrease second hand smoke exposure in Saint Louis County.
 - ii. Increase smoking cessation services for current smokers.
 - iii. Reduce smoking initiation and tobacco use among young people.
 - b. List specific Community Action Plan Objective(s) to be addressed from the list on pages 1-2 of the RFP instructions. For each objective create a new work chart.
 - i. How will these program **activities**/events/actions address the specific objective.
 - ii. Describe expected **outcomes** of the project in measurable terms. What action or behavior will change as a result of the project.
 - iii. Describe how you are **measuring** the action or behavior change.
 - iv. List who is **responsible** by title and individual name (if known) of the person who is primarily responsible for directing this activity.
 - v. Indicate the **timeline** of each activity. Include the initiation date and the proposed completion date. (Example: April 12, 2011 through February 28, 2012.)

IX. Attachments:

- a. Include current annual budget. If current organizational budget is less than \$300,000 provide a current annual budget and balance sheet. The applicant shall be prepared to provide, on request, a complete set of audited financial statements. We reserve the right to request additional financial information about your organization.
- b. Non for profit organizations need to provide 501 C 3 documentation.
- c. Partnerships: List any partners that you plan on working collaboratively with on the project to help implement your plan.
- d. Letters of support. Applicants may submit up to three letters of support.

Budget Sheet

Instructions: Complete and submit this budget sheet with your application. A copy of this budget sheet is available online at:

http://www.stlouisco.com/YourGovernment/CountyDepartments/Health/RequestsforProposals

CPPW Community Grant Budget					
Budget Categories	Amount	*Matching Funds			
	Requested	(not required)			
A. Salaries and Wages					
B. Benefits					
C. Travel		~O`			
D. Supplies (Items under					
\$5,000.00 per unit)		*			
E. Other					
F. Total Direct Expense	7/ /				
(Total of A-E)	Ø, ,				
G. Indirect Expense					
H. Total Amount					
Requested (sum of F					
and G)					

• Matching Funds: Complete this column only if you intend to contribute nongrant funds to your proposed project.

Budget Justification

Instructions: Provide a written budget justification for the grant funds you are requesting, following the outline below. The justification should include a brief explanation of the cost items in your budget and a calculation for how you are determining those costs.

A. **Salaries & Wages**: Complete the chart on page below for each position that will be funded by this project. A copy will be on line to download for your application.

Name of employee if known	Position Title	Annual Salary for This Position	FTE% of time this employee will spend on the project	Total annual salary for this position (Column 3 X Column 4)	Is this a newly- created position? ("Jobs created")	Is this a retained position? ("Jobs retained") ⁱⁱ
			4 4			

[&]quot;Jobs created" is a new position created and filled or an existing unfilled position that is filled, and is funded by the grant.

A funded job is defined as one in which the wages or salaries are either paid for or will be reimbursed with grant funding.

- B. **Benefits:** Include payroll taxes, employer provided benefits such as health insurance. Describe how fringe benefits are calculated for this project.
 - a. Example: Taxes and benefits are calculated at 22% of salary. Total salary for this project is $$28,000 \times .22 = $6,160$ total fringe benefits.

[&]quot;Jobs retained" is an existing position that is now funded by the grant.

- C. **Travel:** Explain how travel costs are calculated. Grant funds can be used for local travel only. Saint Louis County will reimburse up to .50 per mile.
 - a. Example: Health Educator attending worksite for tobacco cessation presentation. 5 Miles from place of employment to place of presentation and back for total of 10 miles traveled multiplied by a rate of .50 per mile= \$5.00 per presentation X 8 presentations = \$40 for travel..
- D. **Supplies**: Any purchases under \$5,000.00 per unit. Explain how the costs of supplies are calculated. Supplies include printing, postage, medical supplies, NRT, educational supplies, computer, etc. Not allowed prescriptions and clinical care.
 - a. Example: 100 binders @ \$4.00 each to be distributed to smoking cessation class participants = \$400.00.
- E. **Other:** Describe in detail any other type of expenses not listed above or not included in Indirect Expense as defined below and explain how the costs are calculated for the contract period.
 - a. Examples of Other expenses include staff training costs, stipends, and subcontracts.
- F. Total Direct Expense: Total of all expenses of A-E.
- G. **Indirect Expense:** Includes general organizational expenses such as executive management time, finance, human resources or other support services, liability insurance, facility rent or lease, telephone and utilities in support of employees who provide services directly related to the project. For this project applicants may charge no more than 8%.

*Matching Funds: Matching Funds are not required for this grant. However, if you do intend to use non-grant funds for your grant project indicate on budget sheet.