State of Alaska
Department of Health and Social Services
Division of Public Health

Request for Proposals
Tobacco Prevention and Control (Community Based Grants)
For FY2024 Through FY2026

Grants and Contracts

NOTICE: Proposals will ONLY be accepted through GEMS. Applicants are responsible for reviewing the GEMS homepage at https://gems.dhss.alaska.gov/ for details regarding agency registration and availability of technical assistance. Log into GEMS through myAlaska, https://my.alaska.gov/Welcome.aspx to begin the application process. Once you are logged into GEMS, guidance and instruction are available in the Documents tab and from the film strip icon. Applicants are responsible for monitoring GEMS or the State Online Public Notices site for any changes or amendments that may be issued regarding this solicitation.

Relay Alaska provides assisted communication services at 711 or 1-800-770-8973 from a TTY phone, and at 1-800-770-8255 from a voice phone.

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PROPOSAL DUE DATE: April 7, 2023, 3:59 PM
DEADLINE FOR WRITTEN INQUIRIES: March 28, 2023, 3:59 PM
PROJECT PERIOD BEGINS: July 1, 2023

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Application Groups

Application Group Name	Description
Application Group 2: Regional Tobacco Prevention Policy and Coalition Development	Organizations serving regional communities to promote and implement evidence-based tobacco prevention and control policy, while establishing a new regional coalition or enhancing an existing coalition to strengthen tobacco prevention partnerships and promote education in communities within their region. One grant per public health region will be awarded to support tobacco prevention and control efforts and regional coalitions. This group will also have the option to sub-grant to one sub-grantee in their region per year. Application budgets are not to exceed $205,000.00.
Application Group 1: Health Systems Change for Tobacco Cessation	Health Systems or Health care systems supporting internal health systems change for tobacco cessation by implementing or improving evidence-based change concepts and ideas as defined by the Million Hearts® Change Package for Tobacco Cessation. A health system or health care system is an organization of people, institutions, and resources that deliver health care services to meet the health needs of a target population. Up to seven grants to health systems in Alaska for purposes of implementing proven systems and strategies within their system to improve care for patients who use tobacco. Individual awards for this application group shall not exceed $145,000.00 per fiscal year.

Amendments

Amendment 1 Amendment 1 **Posted: 3/21/2023**

Explanation

Pre-Proposal teleconference overview, answers to written inquiries and updated criterion 4.04(2)(d).

Additional Information

Please see the 'Attachments' section of the solicitation to locate the document titled Attachment 1 for Pre-proposal and written inquiries. Criterion 4.04(2)(d) has been updated to reflect three (3) Memorandum of Agreements instead of one (1).

Amendment 2 Amendment 2 **Posted: 3/22/2023**

Explanation

Additional answers to written, follow-up questions.

Additional Information

Please see the 'Attachments' section of the solicitation to locate the document titled Attachment 2.

Amendment 3 Amendment 3 **Posted: 3/30/2023**

Explanation

This amendment serves to extend the deadline to April 7, 2023 at 3:59 PM AKST. An upload document capability has been added to criterion 4.04(4). If you have submitted an application, you may withdraw your application, make any modifications, and re-submit.

Section 1 Grant Program Information

1.01 Introduction and Program Description

The Department of Health (DOH), Division of Public Health (DPH), is requesting proposals from eligible applicants to provide Tobacco Prevention and Control (Community Based Grants) services for the State of Alaska in FY2024 through FY2026. Program Services are authorized under 7 AAC 78 Grant Programs. Additional governing statutes are 7AAC 78 - Grant Programs, AS 44.29.020; AS 47.05.010. State of Alaska statutes and regulations are accessible at the Department of Law Document Library or through the contact person identified on the cover page of this Request for Proposals (RFP).

The Tobacco Prevention and Control (TPC) program is located within the Department of Health, Division of Public Health, in the Section of Chronic Disease Prevention and Health Promotion (CDPHP). The TPC program addresses the burden of tobacco use in Alaska by following the five components of a comprehensive tobacco control program outlined by the Centers for Disease Control and Prevention (CDC):

1. State and Community Interventions
2. Mass-Reach Health Communication Interventions
3. Cessation Interventions
4. Surveillance and Evaluation
5. Infrastructure, Administration, and Management

The State of Alaska Tobacco Prevention and Control Program comprehensive components have shown success in significantly reducing adult and high school student smoking rates. In 2018, the State implemented a smokefree workplace law that offers secondhand smoke protections for workers throughout Alaska. While these successes are celebrated, youth use of electronic cigarettes has increased significantly, and few gains have been made in reducing smokeless tobacco use among youth and adults. The State also continues to exhibit significant disparities among specific populations such as Alaska Native people, pregnant women, young adults (18-29), people who experience substance use disorders or mental illness, the Lesbian, Gay, Bisexual, and people within the low socioeconomic status category. Disparities in tobacco use are also seen between the seven public health regions of Alaska. To build on previous accomplishments and address ongoing challenges, the TPC program intends to fund organizations to support health systems change for tobacco cessation as well as community-based grants for tobacco prevention and education to support social and environmental change around tobacco use and perceptions.

With over half of Alaskans who smoke wanting to quit, promotion of state quit lines and population-level health systems change are proven methods in supporting those who are ready to quit. Trends have shown that provider conversations continue to be a primary driver for quit line enrollments in Alaska. According to the 2022 Alaska Online Adult Tobacco Survey, most tobacco users have seen a medical provider in the past year, but fewer than half reported being advised to quit. Most tobacco users agreed that provider advice was effective at encouraging them to quit when provided. Among Alaskans who smoked and were advised to quit, for all provider types, a majority reported that “the health care provider who advised me to quit was effective at encouraging me to quit smoking”.

The Alaska Smokefree Workplace law has greatly contributed to the health of Alaskans but indoor secondhand smoke exposure for both adults and youth still remains an identified issue. In Alaskan communities, it is estimated that half of renters reside in housing without smokefree housing policies. In 2019, about a quarter of all Alaskan high school students reported being exposed to secondhand smoke indoors. About a quarter of Alaskan high school students use e-cigarettes and about a third use any type of tobacco product. Individuals who experience behavioral health conditions have been shown to have higher chances of smoking, stressing the importance of smokefree campuses and integration of cessation resources within behavioral health treatment settings. Youth prevention

policy, including model school policy, and smokefree policy implementation through community organizations and regional coalitions can reduce rates of use and exposure among Alaskans.

Please review the two (2) Application Groups listed in the solicitation carefully, as responding to the incorrect solicitation may result in not being funded. Applicants may apply for both Application Groups. It is up to the applicant to submit a proposal(s) to the correct Application Group(s) as described below:

Application Group 1: Health Systems Change for Tobacco Cessation

Health Systems or Health care systems supporting internal health systems change for tobacco cessation by implementing or improving evidence-based change concepts and ideas as defined by the Million Hearts® Change Package for Tobacco Cessation. A health system or health care system is an organization of people, institutions, and resources that deliver health care services to meet the health needs of a target population. Up to seven grants to health systems in Alaska for purposes of implementing proven systems and strategies within their system to improve care for patients who use tobacco. **Individual awards for this application group shall not exceed $145,000.00 per fiscal year**.

Awardees from this application group will engage within their healthcare systems to implement tobacco control policies consistent with the US Public Health Service Clinical Practice Guidelines for Treating Tobacco Use and Dependence, including working with systems to ask, advise, refer and document tobacco use and follow-up while minimizing barriers to treatment. They will be required to implement at least two (2) change concepts from the Millions Hearts® Change Package. Direct tobacco dependence treatment is not a funded activity under this award. **Awardees are required to fund a minimum 0.5 FTE for the Health Systems Change Coordinator position.**

Awarded healthcare systems should work to conduct a readiness assessment to inform the selection and implementation of at least two (2) change concepts and ideas from the Million Hearts Tobacco Cessation Change Package:

- Key Foundations: Making Tobacco cessation a practice and system priority and create a supportive environment for cessation.
- Equipping Care Teams: Equip all staff to Engage in Tobacco Cessation Efforts
- Screening: Approaches and tools that promote consistent universal screening for tobacco use
- Treatment Resources: Approaches and tools to help ensure that patients for clients who use tobacco are consistently advised to quit, assessed for willingness to make a quit attempt, and offered assistance in quitting tobacco use.
- Referral and Follow Up: Approaches and tools for arranging and follow-up for patients who use tobacco and for providing referral to internal or external resources that can serve as an adjunct to treatment provided by clinician

OR

Application Group 2: Regional Tobacco Prevention Policy and Coalition Development

Organizations serving regional communities to promote and implement evidence-based tobacco prevention and control policy and regional coalition development. **Application budgets are not to exceed $205,000.00**.

Awardees from this application group will promote evidence-based tobacco prevention and control policy in their region while establishing a new regional coalition or enhancing an existing coalition to strengthen tobacco prevention partnerships and promote education in communities within their region. More information on coalitions can be found in the RFP attachments. **Awardees are required to fund a minimum 0.95 FTE for the Tobacco**

Prevention Coordinator position. Unless otherwise agreed upon between the grantee and grant manager after a community assessment is completed, grantees will be required to select a maximum of one (1) youth prevention strategy and maximum of one (1) secondhand smoke strategy. They will also be required to promote cessation resources, the Alaska Tobacco Quit Line, and Live Vape Free in their regions. Grantees must also be able to adjust strategies to address emergent tobacco trends within their communities. For the menu of strategies and their descriptions, please refer to the RFP Workbook.

Awardees in Group 2 will also have the option for one (1) sub-grant from their TPC award to an external, community-led organization per awardee, per year to support a focused intervention to address an identified tobacco related disparity within their community or region as demonstrated through Tobacco Facts, Regional Profiles, and/or community health assessments. Examples of populations in Alaska which experience disproportionate burdens from tobacco include young adults, the Lesbian Gay Bisexual community, pregnant women, people within the Low socioeconomic status category, Alaska Native people, and people who experience mental illness or substance use disorders. All sub awardees must be identified in the grant with contact information to ensure direct receipt of State of Alaska communications for trainings and technical assistance. Sub awardees will be encouraged to periodically participate in grant management calls with the awardee and assigned grant manager.

Awarded Community Organizations should work to:

- Develop, facilitate, and sustain a regional coalition to support tobacco prevention and control
- Identify regional needs and implement evidence-based policy approaches for youth tobacco prevention and secondhand smoke
- Engage affected communities in tobacco prevention and control policy work
- Empower partners to sustain implemented policy changes through training and assistance
- Conduct community education through media, presentations, and partnership meetings
- Promote cessation resources and the Alaska Tobacco Quit Line

1.02 Program Goals and Anticipated Outcomes

The proposed project must demonstrate a thorough understanding and support of the grant program goals and outcomes anticipated by the Department. Projects must meet or exceed anticipated minimum outcomes described in this RFP.

The TPC program follows the model outlined in the CDC's 2014 Best Practices for Comprehensive Tobacco Prevention and Control Programs. The model, drawing on the tobacco prevention and control literature and outcomes in states across the country, has four primary goals:

1. Prevent youth from starting tobacco use.
2. Protect the public from exposure to secondhand smoke (SHS).
3. Promote cessation of tobacco use among youth and adults.
4. Identify and eliminate tobacco-related disparities and achieve health equity.

To support comprehensive tobacco prevention and control efforts in the above goal areas, the TPC program intends to fund local and regional organizations (e.g., community-based organizations, healthcare systems, schools) to implement evidence-based tobacco prevention and control strategies that improve health systems and practices for serving tobacco users, increase community knowledge and awareness, and promote social and environmental change around tobacco use.

In Year 1, awarded coordinators, and sub-award coordinators if applicable, will be required to finalize strategies*no*

later than the end of Quarter 3 once they have completed Quarter 2 deliverables.

The following Quarter 1 deliverables must be approved by the TPC program no later than September 30, 2023:

Application Group 1: Health Systems Change for Tobacco Cessation: Complete the Brief Intervention Training and Behavioral Health Module.

Application Group 1: Health Systems Change for Tobacco Cessation ***and*** *Application Group 2: Regional Tobacco Prevention Policy and Coalition Development:* Complete the self-paced modules for Evidence Based Public Health Training Series.

The following Quarter 2 deliverables must be approved by the TPC program no later than December 31, 2023:

Application Group 1: Health Systems Change for Tobacco Cessation: Complete the Organizational and Community Assessment Report

Application Group 2: Regional Tobacco Prevention Policy and Coalition Development: Complete the Community Assessment Report

All Application Groups, including any sub-grantees: Attend Awardee Orientation and Training held in Anchorage, Alaska during quarter 2 of the grant year.

The following Quarter 3 deliverables must be approved by the TPC program no later than March 31, 2024:

1. A minimum of one Work Session with the TPC grant manager to map out partnerships and create flowcharts for strategies based off the assessment report
2. Annual work plan
3. Project evaluation plan (including baseline data)

While specific goals and strategies will vary by region or at the statewide level, all funded grantees must adopt the following approaches to their prevention efforts. More information about these approaches can be found in the RFP Workbook.

Tobacco Prevention and Control

The TPC program provides education on evidence-based population-level strategies to address and reduce tobacco use as outlined in the CDC's 2014 Best Practices for Comprehensive Tobacco Prevention and Control Programs As such, this RFP does not provide funding for intensive individual-level cessation interventions. Specific activities either through health systems change or policy implementation undertaken in these strategies should contribute to changes in environments and/or system processes.

Partnerships and Collaboration

Applicants must submit a proposal that is reflective of comprehensive tobacco prevention and control programming. Funded grantees will need to organize partners in their communities to achieve their goals, so proposals should describe anticipated collaborations with partners, including other grantees, community coalitions, TPC contractors, stakeholders and TPC program staff. To ensure local and regional efforts are coordinated with those at the statewide level, funded applicants will be required to participate in at least one (1) TPC Community of Practice groups as well as attend each TPC Quarterly All-Grantee Call.

Data-driven planning

The TPC program supports "data-driven" programming, which means that strategy and intervention decisions should be based on data that describes tobacco use and local needs. Funded grantees will be expected to use current data in all aspects of planning and implementing their work. As such, a community assessment will be required in the first year of the funding cycle and will be used to prioritize strategies.

Evidence-based Practices

To utilize program funds efficiently and effectively, funded grantees will be required to implement evidence-based practices for tobacco prevention and control in their regions and communities. All strategies are subject to program review and approval.

Anticipated Outcomes Specific to Application Groups for Duration of Grant

Example Anticipated Goals and Outcomes for *Application Group 1: Health Systems Change for Tobacco Cessation*

The intent of this grant is to improve patient outcomes through implementation of tobacco cessation health systems change. Depending on readiness and selected change concepts, anticipated outcomes could include:

- Increased provider awareness and completions of Brief Intervention training
- Increased patient referrals to treatment, such as Alaska's Tobacco Quit Line
- Increased quit attempts among patients
- Decreased tobacco use among patient-population

Example Anticipated Goals and Outcomes for *Application Group 2: Regional Tobacco Prevention Policy and Coalition Development*

The intent of this grant is to promote, implement, and evaluate social and environmental change through tobacco prevention and control policy. Depending on community assessment, anticipated outcomes could include:

- Increased community education and awareness of tobacco issues
- Increased community engagement in tobacco prevention and control strategies
- Increased community level tobacco prevention and control policies
- Decreased youth access to tobacco products
- Reduced initiation among youth and young adults
- Increased quit attempts by tobacco users
- Reduced tobacco use among priority populations

1.03 Program Services/Activities

Applicants will upload a timeline for the initiation of services and project activities.

Applicant proposals must describe the ways in which the project aligns with program intent. The submitted project proposal will identify agency resources available to the project; describe project activities; and clearly state the project's anticipated goals, outputs, and outcomes. The project proposal must also include a description of how the project will be evaluated based on the performance measures described in Section 1.04.

Applicants from both groups must also submit a completed corresponding Proposed Action Plan to clarify which strategies they anticipate conducting under their grant. They will describe how their strategies will be carried out through the 7-Step Systems Change Promotion Activity Framework as referenced in the RFP Workbook. Applicants must also submit any additional corresponding attachments pertaining to their application group.

Application Group 1 Attachments to be included with application:

• Group 1 Proposed Action Plan

• Group 1 Internal Healthcare Partners Form

• 1 internal Letter of Support from agency leadership/administration

• 1 internal Memorandum of Understanding from agency Information Technology (IT) department

• 2 external partner Letters of Support

Application Group 2 Attachments to be included with application:

• Group 2 Proposed Action Plan

• Group 2 Community Coalition Form

• 1 internal Letter of Support from agency leadership/administration

• 3 external partner Memorandum of Agreements

• Optional Sub-Grantee Action Plan may also be submitted

Applicants agree to comply with the following additional program requirements and service standards.

Develop an annual work plan. [Years 1, 2, & 3] In coordination with the TPC program, grantees from both Application Groups will develop a work plan that clearly outlines activities and partners for each year of the grant cycle. Work plans are used for quarterly reporting purposes.

Complete an Assessment. [Year 1] In year one, grantees from both Application Groups will work with the TPC program and state contractors to conduct a thorough assessment of population needs, resources, and readiness for tobacco prevention and control efforts in a culturally responsive manner. Through this collaborative process, grantees will have a more complete understanding of tobacco use among different populations, readiness strategies, barriers for cessation programs, and current prevention efforts (i.e.,“who; what; where; when; why and how” of tobacco use). Grantees must engage representative members of their community, region if applicable, and target population to assist in the assessment process.

Grantees in both Application Groups will be expected to conduct activities that will promote cessation resources throughout the grant cycle. These activities will begin upon notice of award and are expected to be a component of required deliverables (assessment, work plans and evaluation).

Participate in at least one Community of Practice and all Quarterly Grantee Calls. [Years 1, 2 & 3] The TPC program and contractors will facilitate training and technical assistance through topic-specific Communities of Practice. Each year, grantees from both Application Groups will be required to participate in at least one Community of Practice annually.

Implement evidence-based strategies. [Years 1, 2 & 3] After completing the assessment, grantees from both Application Groups will identify which evidence-based strategies are most appropriate for their project. Below is a list of the approved strategy types and the TPC goals they are associated with:

Application Group 1: Health Systems Change for Tobacco Cessation

Goal 3. Promote cessation of tobacco use among youth and adults

Based on readiness assessment, implement at least two Health-care systems change concepts identified in the Million Hearts ® Tobacco Cessation Change Package

- Key Foundations
- Equipping Care Teams
- Screening
- Treatment
- Referral and Follow Up

Application Group 2: Regional Tobacco Prevention Policy and Coalition Development

Goal 1. Prevent youth from starting tobacco

- Support community price increase campaigns
- Support tobacco-free K-12 schools
- Work to restrict minor access to tobacco products

Goal 2. Protect the public from second-hand smoke

- Community and Regional Smokefree Air Protections
- Tribal Smokefree Air and Tobacco Free Environments
- Tobacco-free Mental Health and Substance Use Disorder Treatment Campuses and Facilities
- Tobacco-free Post-Secondary Educational Systems
- Smokefree Multi-Unit Housing

Goal 3. Promote cessation of tobacco use among youth and adults

- Conduct public education awareness campaigns to promote cessation resources

Goal 4. Identify and eliminate tobacco-related disparities and achieve health equity

For sub-grantee work-plans, adapt evidence-based strategies to meet needs of one of the following priority populations:

- Alaska Native People
- Low Socioeconomic Population
- Young Adults (18-29 years)
- People experiencing mental illness and/or substance use disorders
- Lesbian, Gay, Bisexual Community
- Pregnant Women

In the Action Plan, applicants must identify the goal(s) they propose to address through their project, as well as outcomes, and clearly identify the ways in which they will be achieved. Although the needs assessment will direct grant activities, applicants should discuss previous experience or anticipated strategies.

Evaluate Project Impact. [Years 2 & 3] All grantees will need to continually evaluate the effectiveness of their project. The TPC program will provide training and technical assistance, to assist grantees in developing an evaluation plan and collecting baseline data within the first year of funding. The evaluation plan will be used in years 2 and 3 to monitor and modify prevention activities.

1.04 Program Evaluation Requirements and Reporting

Results Based Budgeting Framework

Results based budgeting provides a framework in which allocated resources support, and are justified by, a set of outputs and expected results. Within this framework, actual performance and achieved outcomes are measured by objective performance measures.

Projects are required to align with program objectives expressing Department priorities and core services. Projects will use performance measures to evaluate progress toward meaningful outcomes, and to initiate data collection and reporting consistent with Department priorities.

The Department Priorities, Core Services, Objectives, and Performance Measures of Effectiveness and Efficiency for this program are:

Department Priorities

- 1 Health & Wellness Across the Life Span

Department Core Services

- 1.1 Protect and Promote the Health of Alaskans

Performance Measures for *Application Group 1: Health Systems Change for Tobacco Cessation*

- Number of Partnership Meetings, Presentations, E-Referrals, Fax Referrals, Enrollments, # of Patients Screened for Tobacco Use, Community of Practice Meetings Attended, and Other Related Activities
- Average Cost Per Partnership Meeting, Presentation, E-Referral, Fax Referral, Patient Screened for Tobacco Use, Community of Practice Meeting Attended, and Other Related Activity

Performance Measures for *Application Group 2: Regional Tobacco Prevention Policy and Coalition Development*

- Number of Community Outreach Events, Presentations, Resources Created, Coalition Meetings, Policies Implemented, Community of Practice Meetings Attended, and Other Related Activities.
- Average Cost Per Community Outreach Event, Presentation, Resource Created, Coalition Meeting, Policy Implemented, Community of Practice Meeting Attended, and Other Related Activity.

The applicant's proposed evaluation plan, as mentioned in section 1.03 will incorporate the performance measures of effectiveness and efficiency identified above. Applicants can propose additional performance measures for evaluating the project’s progress in achieving results supportive of program goals and outcomes (The applicant's evaluation plan must include indicators and data gathering strategies that will be used.)

Grant Reporting

Required reporting will include:

1. Cumulative Fiscal Reports recording overall grant and match expenditures by budget line; and
2. Program Reports in the format prescribed by the program.

1.05 Target Population and Service Area

Applicants must clearly describe the population targeted by the project, including the area or communities that will be served. Proposals will be evaluated for compatibility with the program's intended target population identified in this solicitation.

Target Population: The target population for the solicited services is statewide.

Proposals will be evaluated for compatibility with the target population described and the narrative must include the following information:

- A description of the geographic area to be served
- A description of the population size and demographic characteristics of the population(s) to be served
- A description of the political authorities in the region (municipalities, tribal authorities, etc.) as well as which areas are unincorporated
- A description of the historical, political, economic and socio-cultural influences of the community as they relate to tobacco use
- A description of the burden of tobacco use within the population, community, region or proposed service area. This should include tobacco prevalence rates and the identification of disparate populations for tobacco control. Include information on tobacco-related disease and disability
- A description of the community infrastructure including health-care centers, large employers, community or health organizations and health or wellness coalitions

This RFP is intended to cover every region of Alaska. Applicants are required to refer to the following resources to support regional descriptions:

- The Regional Profiles
- County Health Rankings
- Alaska Health Equity Index

Service Areas and Communities: The service areas and communities requested for the services solicited are statewide.

1.06 Program Funding

Funds available for this program are anticipated to total Anticipated Tobacco Cessation funding total for all grant awards is $2,429,000 per fiscal year; $7,287,000 for the entire duration of this procurement.

Proposed Budget: The applicant must submit a budget proposal for the first fiscal year of the project. The proposed budget detail and narrative will support the program's results-based service delivery and staffing requirements stated in this RFP. Note: grant funds will not be used to fund out-of-state conferences, trainings or events.

Proposed budget should include the following:

- Staffing
  - Minimum 0.5 FTE for Application Group 1: Health Systems Change Coordinator or
  - Minimum 0.95 FTE for Application Group 2: Tobacco Control Coordinator
- Travel for a minimum of 2 people, including sub-grantees, to Anchorage for the annual TPC training in the fall
- Anticipated funds to support work-plan activities with partner organizations
- Anticipated funds to support media projects

The proposed budget will be fully compliant with the limitations described in this RFP, and those detailed in 7 AAC 78.160 (Costs). Regulations are provided under the GEMS Documents tab.

Resources specific to budgeting are also available under the GEMS Documents tab. The Department's Grant Budget Preparation Guidelines provide information and guidance about budget lines, cost detail groupings, and narrative requirements. Grantee User Manual Part I provides detailed instructions for entering a budget proposal in the chapter "Responding to a Solicitation."

Other Agency Funding: Prior to submitting a proposal, applicants are required to list all other agency funding received and applied for. This task must be completed by an Agency Power User in the Other Funding section of the Agency Administration tab. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

Indirect Costs: If the proposed budget includes indirect costs, 7 AAC 78.160(p) requires a copy of the agency's current federally approved Indirect Cost Rate Agreement. The agreement is to be uploaded in the Agency Administration tab. Lapsed agreements can be used if uploaded with the negotiating federal agency's written approval to continue using the rate until a new agreement is negotiated. If an agency has never entered into a federally approved Indirect Cost Rate Agreement or no longer has a federally approved agreement in place, the recently updated Federal Uniform Guidance 2 CFR 200 now allows that agency to budget the 10% De Minimis.

Payment for Services/Grant Income: If applicable to the services proposed in response to this solicitation, awarded grantees will have a Medicaid Provider Number or apply to obtain one, and will make reasonable effort to bill all eligible services to Medicaid and any other available sources of payment before seeking grant support for delivery of the proposed services. Department funds are the payer of last resort.

In the applicant’s proposed budget, anticipated receipts and expenditures for all grant income must be evident in the detail and narrative. Fiscal reports for awarded income generating projects will include the receipts and expenditure of all grant income.

Subcontracts: This grant program will not permit the use of subcontracts to carryout prevention activities. Applicants should assess internal capacity to provide services with the proposed budget and plan accordingly. The prohibition of subcontracts does not include sharing small amounts of funding for community building purposes or contractor support for formative evaluation. The TPC Program Staff and statewide contractors will work with grantees to identify and fill service gaps as needed.

Subgrants: This grant program permits awardees from Application Group 2 to sub-grant to one (1) external organization within their public health region per year for up to 15% of their awarded grant. Grantees may sub-grant to organizations that will conduct a community project to support a TPC-identified priority population (young adults, LGBTQ+, Pregnant Women, Low SES, Alaska Native people, BH/Substance Use Disorders).

Section 2 Applicant Qualifications

2.01 Agency Experience

Proposal evaluation will include consideration of the applicant’s history of compliance with service and grant requirements, and previous experience in providing the same or similar services. Evaluation may include Department site reviews, program audits, and confirmation of the successful resolution of any findings. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

The applicant must describe previous experience providing services the same or similar to those proposed. The

description must clearly identify the time period over which services were provided and the target population served.

Applicants must attach documentation that demonstrates experience in the following services and activities:

1. Demonstrate the ability to engage and involve partners when designing and implementing tobacco prevention and control activities.

Application Group 1: Health Systems Change for Tobacco Cessation documentation must include but is not limited to: Letters of support from organization leadership, Memorandum of Agreement (MOA) from organization 's Information Technology team (IT), community partner letters of support, and example workplans for healthcare systems change. See subsections 2.04 for more information on letter of support and MOAs.

Application Group 2: Regional Tobacco Prevention Policy and Coalition Development documentation must include but is not limited to: Memorandum of Agreement from local or regional partners or coalition members, example workplans and budgets, memorandum of agreement from sub-awardees (at time of application or within 6 months of grant award), and example evaluation plans. See 2.04 for more information on letter of support and MOAs.

2. Proposals should demonstrate any previous tobacco prevention and control activities. *Examples of documentation: strategic plans, work plans, logic models, etc.*

Applicants will provide a brief overview of prior experience providing same or similar services to the target population. If the applicant is applying for Application Group 2 and is not a current or prior year grantee of DOH or this program, the proposal must include references and documentation of the successful delivery of same or similar services to the target population and included a copy of their most recent program audit.

3. Provide a brief history that demonstrates sustainable fiscal and administrative capacity, capability, and responsibility.

2.02 Project Staffing

Project staffing must be sufficient to implement the proposed activities in order to meet program goals and the anticipated outcomes.

Resumes *(and/or position descriptions)* and professional credentials for key project personnel must be uploaded as part of the response. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200. Describe your organization's staffing, including qualifications and number of staff required to implement the proposed activities. As appendices to the proposal, applicants must provide job descriptions for each position funded through the grant program, as well as resumes for each of the key staff, which will include, at a minimum, the Health Systems Change Coordinator (*Application Group 1*) or Tobacco Control Coordinator (*Application Group 2*).

Application Group 1: Health Systems Change for Tobacco Cessation **Health Systems - Health Systems Change Coordinator**

Duties include but are not limited to:

- A minimum 0.5 FTE Health Systems Change Coordinator will be dedicated to this project and supported with funding from this award.
- Will manage project strategies and goals

- Will submit quarterly reports and cumulative fiscal reports into GEMS
- Will attend monthly one-on-one meetings with TPC Grant Manager
- Will attend at least one (1) Community of Practice annually
- Will attend all required TPC trainings
- Will attend Quarterly All-Grantee Calls
- Will ensure that direct tobacco use treatment services are not provided with TPC grant funds
- Will ensure that lobbying activities do not occur with TPC grant funds
- Will report all program activities to the TPC program on a quarterly basis through submission of quarterly reports and cumulative fiscal reports into GEMS

Competencies of a Health Systems Change Coordinator include but are not limited to:

- Knowledge of organization's health systems and information technology systems
- Knowledge of the Million Hearts Change Package
- Knowledge of tobacco health hazards and impact of tobacco cessation
- Knowledge of tobacco use and chronic disease
- Ability to develop a strategic plan to guide program efforts; proficient in project planning, implementation, and evaluation
- Ability to effectively conduct outreach to healthcare systems members and partners
- Ability to recruit supporters to the project
- Navigate organizational systems– identify points of contact, potential champions and decision makers
- Ability to establish and maintain partnerships with key stakeholders
- Ability to facilitate educational trainings

Application Group 2: Regional Tobacco Prevention Policy and Coalition Development **- Tobacco Control Coordinator**

Duties of a Tobacco Control Coordinator include, but are not limited to:

- A minimum 0.95 FTE Tobacco Control Coordinator will be dedicated to this project and supported with funding from this award.
- Will manage project strategies and goals
- Will implement or enhance a regional coalition to support tobacco prevention and control efforts
- Will submit quarterly reports and cumulative fiscal reports into GEMS
- Will attend monthly one-on-one meetings with TPC Grant Manager
- Will manage any sub-grantee efforts, reporting, and budget
- Will attend at least one (1) Community of Practice annually
- Will attend all required TPC trainings
- Will attend Quarterly All-Grantee Calls
- Will ensure that direct cessation services are not provided with TPC grant funds
- Will ensure that lobbying activities do not occur with TPC grant funds
- Will report all program activities to the TPC program on a quarterly basis through submission of quarterly reports and cumulative fiscal reports into GEMS.

Competencies of a Tobacco Control Coordinator include, but are not limited to:

- Knowledge of underlying causes of tobacco use and chronic disease, and impact of tobacco prevention and cessation
- Ability to identify and use public health data as a tool to develop and prioritize community-based

interventions or policies
- Ability to develop a strategic plan to guide program efforts
- Strong written and verbal communication skills
- Proficient in public speaking and able to facilitate education trainings
- Capacity to conduct effective outreach to regional organizations
- Ability to establish and maintain partnerships with key stakeholders
- Ability to organize and facilitate community coalitions
- Ability to recruit supporters, facilitate conversations, coordinate efforts to support tobacco prevention and control goals.

Applicants that hire a new grant coordinator or staff with less than one (1) year of experience in implementing tobacco prevention and control best practices in Alaska must arrange for appropriate staff training and provide a training plan with the proposal. All funded grant coordinators must attend:

- Orientation training from state TPC program staff,
- Complete the self-paced modules for Evidence Based Public Health Training Series within 3 months of hire,
- Annual training conferences in Anchorage and
- Web-based training opportunities sponsored by the TPC program.

Coordinators are encouraged to pursue additional online training opportunities through state and national resources as appropriate.

Applicants must describe the agency's employee orientation process and the staff training plan including training for disparate populations served and how both are accomplished for staff in outlying service areas. **Note: Staff associated with this project are strongly encouraged to refrain from the use or sponsorship of tobacco and the tobacco industry.**

2.03 Administrative, Management, and Facility Requirements

The applicant must demonstrate the agency's sustainable fiscal and administrative capacity. Executive, administrative, and financial staff must be qualified, as indicated by the resumes of position holders uploaded as an element of the proposal. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

1. The applicant must ensure procedures are in place to protect client confidentiality compliant with State and federal standards.
2. The applicant must ensure its most recent financial audit was submitted to the appropriate state office (see Audit Requirements below), and any findings identified have been resolved.

Awarded proposers will be required to submit additional agency information if the agency GEMS record is not current.

Audit Requirements:

Federal Requirements: Agencies spending $750,000 or more total Federal Financial Assistance in the agency fiscal year may be required to comply with conditions of the Single Audit Act of 1984, P.L. 98-502, as amended by the Single Audit Act Amendments of 1996, P.L. 104-156, and as defined in 2 CFR 200.

State Requirements: Agencies spending $750,000 or more total State Financial Assistance in the agency fiscal year are required to comply with the conditions of 2 AAC 45.010-090. The current regulations may be viewed at the State

of Alaska, Department of Law website, Department of Law Document Library, or copies may be obtained from the contact identified on the cover page of the RFP.

Information on State and Federal Single Audit Acts compliance may be obtained from:

State Single Audit Coordinator
Department of Administration
Division of Finance
PO Box 110204
Juneau, AK 99811-0204
Telephone: (907) 465-4666
Fax: (907) 465-2169

Department of Health Program Audit Requirements: All DOH grantees are subject to the requirements of 7 AAC 78.230. If awarded, agencies which are not required to file State Single Audits under 2 AAC 45.010 must ensure a fiscal audit of the agency operations under the grant program is performed by an independent, licensed, certified public accountant at least once every two years and submitted to:

State of Alaska Department of Health
Finance and Management Services
Audit Section
PO Box 110602
Juneau, AK 99811-0602
Telephone: (907) 465-3120

Facility, Service Access, and Safety:

1. The applicant must address potential safety concerns for clients and staff in the management of services proposed in response to this RFP.
2. The applicant should describe client accessibility to services and the way in which that will enhance project success.
3. All applicants for Department grants should have a written plan for emergency response and recovery that provides for potential safety concerns and the safe evacuation of clients and staff. This plan is mandatory for agencies providing residential and/or critical care services as noted in the State Grant Assurances.

2.04 Support/Coordination of Services

Applicants must demonstrate the proposed project has the necessary support and coordination for the successful delivery of services. The proposal must address the following:

1. Community support where services are proposed;
2. Involvement of the public and potential service recipients in the planning process;
3. Partnerships and collaborations specific to the proposed project; and
4. Coordination with necessary referring agencies and the role of each described.

Applicants must coordinate with internal and external partners to effectively serve the proposed target population. Applying organizations will provide examples of how they will engage the community and target population in the planning and implementation of tobacco prevention and control activities.

A current letter of support from the administration of the applying organization must be included in the proposal,

and demonstrate the leadership's understanding of work to be conducted, the application of funds towards a minimum 0.5 FTE for Application Group 1 applicants or a minimum 0.95 FTE for Application Group 2 applicants, and travel and training requirements as a condition of this award. The letter of support must be signed by the Chief Executive Officer (CEO) AND division or department head in which the program will reside.

All applicants must provide tangible demonstration of necessary partnerships and cooperative agreements as appendices to the proposal, internal as well as external. A sample memorandum of agreement can be found as an attachment to this RFP.

Application Group 1 Attachments to be included with application and Proposed Action Plan:

• Group 1 Internal Healthcare Partners Form

• 1 internal Letter of Support from agency leadership/administration supporting project

• 1 internal Memorandum of Understanding from agency Information Technology (IT) department incorporating and prioritizing project

• 2 external partner Letters of Support

Group 2 Attachments to be included with application and Proposed Action Plan:

• Group 2 Community Coalition Form

• 1 internal Letter of Support from agency leadership/administration supporting project

• 3 external partner MOAs

• Optional Sub-Grantee Action Plan may also be submitted

Section 3 General Instructions for Proposal Submission

3.01 Eligibility

Applicants must be eligible to apply under 7 AAC 78.030 (Eligible Applicants). Eligible applicants are state agencies; political subdivisions of the state such as cities, organized boroughs, and Regional Educational Attendance Areas; nonprofit organizations and consortia of nonprofits; and Alaska Native entities. As follows, eligibility will be verified by Grants and Contracts.

1. Political subdivisions of the state and Regional Educational Attendance Areas will be verified by State records.
2. Eligible nonprofits are listed in the State's database of registered nonprofit entities or the US Internal Revenue Service's register of tax-exempt organizations. Nonprofit subsidiaries of nonprofit corporations must also provide a letter from the parent organization confirming nonprofit status.
3. Alaska Native entities as defined in 7 AAC 78.950(1) must submit, with the application, a legally binding resolution waiving the entity's sovereign immunity to suit through the duration of the program, identified in RFP Subsection 3.05. The resolution must be authorized in compliance with the tribe's constitution, either by the tribal council or by majority vote of the tribal membership. The required template is provided at Subsection 4.02, Other Technical Requirements.

Applicant agency GEMS records must contain the agency's current State of Alaska Business License number, and a current governing board roster which includes titles, contact information, and terms of office for each seat. The

roster must include emergency contact information outside the applicant agency for one or more officers.

Grants and Contracts will verify neither the applicant agency nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from receiving grant assistance from any State or federal department or agency. If an agency or its principals are excluded from receiving grant assistance, the proposal may not be considered.

Applicants who have had a contract or grant to help produce this RFP are not eligible to apply and any submitted proposal will not be considered.

3.02 Acceptance of Terms

By submitting a proposal, an applicant accepts all terms and conditions of this RFP including all identified attachments and guidelines, 7 AAC 78, and any other applicable statutes and regulations. Copies of these may be accessed through the contact person identified on the cover page or through the web address(es) identified in this RFP.

If a grant is awarded, this RFP and the applicant's proposal become part of the grant agreement. The applicant will be bound by the provisions contained in the awarded proposal unless the Department agrees that specific parts of the proposal are not part of the agreement.

Proposals and other materials submitted in response to this RFP become the property of the State and may be returned only if the State allows. Proposals are public documents and may be inspected or copied by anyone after grants have been awarded.

3.03 Inquiries

Applicants should immediately review this RFP for defects and questionable or confusing content. Questions that can be answered by directing the applicant to a specific section in the RFP may be answered verbally by the contact person identified on the RFP cover page. Questions that cannot be answered by directing an applicant to a specific section of the RFP may be declared substantive. The applicant will be directed to submit the question in writing to the contact person at the email address on the cover page no later than the Deadline for Written Inquiries, also identified on the cover page. This will allow issuance of any necessary amendments and/or clarifications to all prospective applicants.

Applicants are responsible for monitoring GEMS or the State's Online Public Notices website (Online Public Notices) for any clarifications or amendments that may be issued regarding this solicitation.

Proposals will not be accepted after 3:59 PM prevailing local time on the due date identified on the cover page.

3.04 Proposal Costs and Content

The Department will not be responsible for any expenses incurred by the applicant prior to the authorized grant performance period. All costs of responding to this RFP are the responsibility of the applicant.

The applicant is responsible for the content of the proposal.

3.05 Duration

This RFP is for a 3-year period, beginning 7/1/2023 through 6/30/2026. At the discretion of the Department, a project funded under this RFP may be considered for continued funding in subsequent program year(s). The annual decision to continue funding for the subsequent year(s) of the 3-year grant cycle is based on the following general conditions:

1. the Department's judgment that there is a continued need for the grant project service;
2. the grantee's satisfactory performance during the previous grant year;
3. the availability of sufficient grant program funds, and whether continuation of the financing is consistent with public health and welfare; and
4. the ability of the grantee and the Department to agree on any adjustments in payments or service.

Applicants will submit a budget proposal for year one of the grant only. Funding in each subsequent year will require submission and approval of documents needed to update service plans, evaluation measures, and budgets. Grants and Contracts will notify grantees of specific submission requirements necessary to qualify for consideration of continued funding.

3.06 Proposal Review

Following the deadline for receipt of proposals, no revisions will be accepted unless provided in response to a request from the contact person named in this RFP. Proposals will be reviewed as follows:

1. Proposals will be evaluated in a manner that will avoid disclosure of contents before notices of grant award have been issued.
2. Department of Health staff will evaluate each proposal for minimum responsiveness and other technical requirements and eliminate nonresponsive proposals from consideration.
3. Using the criteria set out in this RFP and 7 AAC 78.100 (Criteria for Review of Proposals), Department staff will evaluate each responsive proposal. **Scores for each criterion will be based solely on the response to the associated question. Points will not be earned if the information was provided in response to another question in Section 4**. Department staff will also review relevant departmental documentation regarding the applicant. Staff recommendations regarding awards and levels of funding will include consideration of the following:
    i. a history of the applicant's compliance with grant requirements, to include records of program performance, on-site program reviews, and prior year audits;
    ii. priorities in applicable State health and social services plans;
    iii. requirements of applicable State and federal statutes; and
    iv. municipal ordinances or regulations applicable to the grant program.

If there are multiple responsive proposals for which there is insufficient money to fully fund, or supplementary expertise is deemed necessary to the review of proposed services, the Department may appoint a Proposal Evaluation Committee (PEC) as an additional advisory body. PEC members will initially evaluate proposals, independently of other committee members. As a committee the PEC will meet in a **closed session** (7 AAC 78.090 Review of Proposals) to further review proposals and develop recommendations. Scores will be assigned based on the applicant's response to each individual question and the associated criteria. **Applicants will not earn points for a given question based on a response to another question in the RFP**. The PEC review will include discussion of each proposal's merits. PEC recommendations will rank proposals in priority order and include approval or disapproval for award, modifications to the proposed project, and special compliance conditions.

All staff advisory recommendations and, if applicable, those of the PEC, and all review materials will be submitted for consideration by the Division Director, who will make recommendations to the Commissioner of the Department of Health or the Commissioner's designee.

3.07 Final Decision Authority

Recommendations are advisory only, including those from any PEC that may be held. The final decision to approve or disapprove award, the amount of each award, and whether to impose special conditions or modifications rests with the Commissioner or Commissioner's designee.

NOTE: The final decision may include additional considerations, such as a lack or duplication of services in certain locations, or alternative services that may be available; a critical need for services by vulnerable populations; and matters of health, life and safety. The Department has the responsibility to ensure public monies are utilized in a manner that protects the interests of the people of the State and retains the right to make final awards that ensure responsible distribution of grant funds.

3.08 Notification of Grant Award and Appeals

Within fifteen (15) days after the decision regarding grant awards, applicants will be notified of the final funding decisions, and, if awarded, any conditions of award or modifications. Following any necessary negotiations for revisions to the proposed budget and scope of services, successful applicants will be issued a grant agreement. This formal agreement will contain specific performance and reporting requirements consistent with Department policy and procedure and 7 AAC 78.

Per 7 AAC 78.305 (Request for Appeal), an applicant may appeal a final grant award decision. Requests for hearing must be addressed to the Commissioner and received in writing at the address below within 15 days after the applicant receives notification of the decision. The request must contain the reasons for the appeal and must cite the law, regulation, or terms of the grant upon which the appeal is based.

With a copy to the contact identified on the solicitation cover page, send appeal to:

Heidi Hedberg, Commissioner
Department of Health
3601 C Street, Suite 902
Anchorage, Alaska 99503-5923

3.09 Cancellation of the RFP/Termination of Award

Contingent upon funding appropriations and the Governor's approval, the Department may fund proposals from eligible applicants. The Department may withdraw this RFP at any time and reserves the right to refrain from making an award when such action is deemed to be in the best interest of the State. Funds awarded for a grant as a result of this RFP may be withheld and the grant terminated by written notice from the State to the grantee at any time for violation by the grantee of any terms or conditions of the grant award, or when such action is deemed to be in the best interest of the State.

Section 4 Submission Requirements/Evaluation Criteria

4.01 Minimum Responsiveness Criterion per 78.100(2)(A)

Proposals that fail to meet the minimum responsiveness requirements below will be eliminated from consideration per 7 AAC 78.090(b)(2).

1 (Application Group 2: Regional Tobacco Prevention Policy and Coalition Development, Application Group 1: Health Systems Change for Tobacco Cessation) - Applicant is eligible per 7 AAC 78.030.

Evaluation/Review Criteria		Review	Points
a	Applicant is eligible per Alaska Administrative Code 7 AAC 78.030.	☑	

4.02 Other Technical Requirements per 7 AAC 78.060, 78.090(b) and 78.100

Response & Organizational Documentation

1 (Application Group 2: Regional Tobacco Prevention Policy and Coalition Development, Application Group 1: Health Systems Change for Tobacco Cessation) - If applying as a non-profit organization, confirm non-profit status is documented.

Evaluation/Review Criteria		Review	Points
a	The agency is listed as a non-profit in good standing on the State's corporation database, confirmed at State Corporation Database and/or	☑	
b	The agency's current 501(c)(3) status is confirmed on the Exempt Organizations page, accessible at IRS Tax Exempt Organization Search.	☑	
c	If a non-profit subsidiary of a non-profit corporation, a verifying letter from the parent non-profit agency is uploaded to the applicant's agency GEMS record (under General in the Agency Administration tab). The parent corporation must meet criteria a and/or b.	☑	

2 (Application Group 2: Regional Tobacco Prevention Policy and Coalition Development, Application Group 1: Health Systems Change for Tobacco Cessation) -

If applying as a Federally recognized tribal entity, upload the signed Resolution for Tribal Entities using the template provided. Confirm the following criteria are met.

Evaluation/Review Criteria	Review	Points

a	The applicant is a recognized Alaska Native entity as verified by the Federal Register at Federal Register. If a tribal consortium, all members are recognized Alaska Native entities.	☑	
b	A Resolution, completed on the provided form, is uploaded in the space provided. If a tribal consortium, a Resolution from each member tribe is uploaded as a single file.	☑	

3 (Application Group 2: Regional Tobacco Prevention Policy and Coalition Development, Application Group 1: Health Systems Change for Tobacco Cessation) - If applying as a government entity, confirm the following criterion is met.

Evaluation/Review Criteria		Review	Points
a	The applicant is another State Agency, such as the University; a political subdivision such as a city or municipality, verified at Local Boundary Commission ; or an REAA under AS 14.08.031 verified at Department of Education Alaska School Map.	☑	

4 (Application Group 2: Regional Tobacco Prevention Policy and Coalition Development, Application Group 1: Health Systems Change for Tobacco Cessation) - Confirm neither the applicant agency nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from receiving grant assistance from any State or federal department or agency. If an agency or its principals are excluded from receiving grant assistance, the proposal may not be considered.

Evaluation/Review Criteria		Review	Points
a	The applicant agency nor its principals are barred from receiving federal assistance as verified in the federal System for Awards Management at System for Award Management (SAM).	☑	

5 (Application Group 2: Regional Tobacco Prevention Policy and Coalition Development, Application Group 1: Health Systems Change for Tobacco Cessation) - Electronically sign the State Grant Assurances form.

Evaluation/Review Criteria		Review	Points
a	State Grant Assurances form is signed by an individual authorized to enter into legal agreements on behalf of the applicant agency.	☑	

6 ***(Application Group 2: Regional Tobacco Prevention Policy and Coalition Development, Application Group 1: Health Systems Change for Tobacco Cessation) - Confirm the following information is provided at the Agency Administration tab. These tasks must be completed by a Power User. If the information is found to be incomplete or not current, there may be delay in execution of any offered award.***

Evaluation/Review Criteria		Review	Points
a	The General section contains a current governing board roster. The roster includes terms of each seat and contact information outside the applicant agency for one or more officers.	☑	
b	The Other Funding section contains a record for each source of agency operating funds. The record includes funds applied for under this solicitation. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.	☑	
c	The General section contains a State of Alaska business license number, verified at Alaska Business Licenses Search.	☑	
d	All agency contact records are up to date, including Head of Agency, Primary Contact, and Head of Financial Operations.	☑	
e	The applicant's agency record contains the Agency Fiscal Year Start Date.	☑	
f	The applicant's agency GEMS record contains a current Federally Negotiated Indirect Cost Rate Agreement. If lapsed, the agreement is uploaded with written confirmation from the negotiating agency that the rate is valid until a new agreement is approved.	☑	

4.03 History of Compliance with Grant Requirements per 7 AAC 78.100(2)(B)

1 ***(Application Group 2: Regional Tobacco Prevention Policy and Coalition Development, Application Group 1: Health Systems Change for Tobacco Cessation) -***

Previous recipients of DOH awards will confirm the following criteria pertaining to past performance and compliance are met. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200. All other applicants will mark Complete without confirming.

Evaluation/Review Criteria		Review	Points
a	Fiscal, narrative, and data reporting in prior years has been complete and timely.	☑	

b	Required State and Federal Single Audits have been submitted, verified at Division of Finance, State Single Audit. Any prior year audit exceptions have been resolved, verified by the Finance and Management Services Audit Section contact identified at Finance and Management Services Audit Contact.	☑	
c	Activities in prior year(s) demonstrate effective delivery of services. DHSS review may include documentation such as performance reports, audit reports, grant records, site visits, etc.	☑	
d	Agency historically maintains required standards. Verification may include, though is not limited to, quality assurance reviews, licensing, and certifications.	☑	

4.04 Questions and Criteria Related to Program Policy, Goals, Outcomes, and Activities

1 ***(Application Group 1: Health Systems Change for Tobacco Cessation) -***

Per subsection 1.02, in the text box below, describe the proposed project, identifying the ways in which it will achieve the program goals and anticipated outcomes stated in this RFP. Upload a completed Internal Healthcare Partners form, letters of support, and the Memorandum of Agreement (MOA) as one pdf file.

Evaluation/Review Criteria		**Review**	**Points**
a	The description demonstrates a thorough understanding of program goals and outcomes, and clearly identifies the ways in which they will be achieved.	☐	60
b	Completed Internal Healthcare Partners Form is attached.	☐	40
c	One (1) Memorandum of Agreement (MOA) was provided by agency's IT department that demonstrates support and prioritization of project.	☐	40
d	One (1) Letter of Support was provided by agency's leadership demonstrating support and prioritization of project.	☐	40
e	Two (2) Letters of Support was provided by community partners demonstrating agency impact in community and support.	☐	40

2 ***(Application Group 2: Regional Tobacco Prevention Policy and Coalition Development) -***

Per subsection 1.02, describe the proposed project, in the text box below, identifying the ways in which it will achieve the program goals and anticipated outcomes stated in this RFP. Upload a Community Coalition Form, letter of support, and Memorandum of Agreements (MOA's) as one pdf file.

Evaluation/Review Criteria		Review	Points
a	The description demonstrates a thorough understanding of program goals and outcomes, and clearly identifies the ways in which they will be achieved.	☐	60
b	Completed Community Coalition Form is attached.	☐	40
c	One (1) Letter of Support from agency's leadership or administration demonstrating understanding and support of proposed project.	☐	40
d	Three (3) Memorandum of Agreements (MOA's) are provided by external community partners of agency demonstrating partnership and support of project.	☐	80

3 ***(Application Group 2: Regional Tobacco Prevention Policy and Coalition Development, Application Group 1: Health Systems Change for Tobacco Cessation) -***

Per subsection 1.03, provide the timeline for the initiation of services and implementation of project activities in the upload field below.

Evaluation/Review Criteria		Review	Points
a	The timeline proposed for initiation of services and project activities is compatible with program intent.	☐	120

4 ***(Application Group 2: Regional Tobacco Prevention Policy and Coalition Development, Application Group 1: Health Systems Change for Tobacco Cessation) -***

Per subsection 1.03, in the text box below, describe the ways in which the project aligns with program intent. The response will identify project resources, activities, and clearly state the project's anticipated goals, outputs, and outcomes. Upload the applicable Action plan using the Action Plan template provided in the Attachments section.

Evaluation/Review Criteria		Review	Points
a	The described activities are well developed, reasonable and supportive of program intent.	☐	60

b	The response identifies project resources, activities, and clearly states the project's anticipated goals, outputs, and outcomes.	☐	60
c	Action plan reflects how the agency's program will implement comprehensive tobacco prevention and control programming within their Public Health Region.	☐	40
d	Action Plan is limited to maximum of two (2) identified strategies: one (1) for youth prevention and one (1) for secondhand smoke; in addition to a strategy for education and promotion of tobacco cessation services.	☐	40
e	Action plan includes assessment and evaluation activities.	☐	40

5 (Application Group 2: Regional Tobacco Prevention Policy and Coalition Development, Application Group 1: Health Systems Change for Tobacco Cessation) - In the text box below, describe the project evaluation plan, including indicators and data gathering strategies that will be implemented to address the program's performance measures identified in Subsection 1.04.

Evaluation/Review Criteria		Review	Points
a	The proposed evaluation plan includes indicators and data gathering strategies aligned with the program performance measures identified in Subsection 1.04.	☐	120

6 (Application Group 2: Regional Tobacco Prevention Policy and Coalition Development, Application Group 1: Health Systems Change for Tobacco Cessation) - In the text box below, describe the target population and service area(s) of the proposed project.

Evaluation/Review Criteria		Review	Points
a	The description clearly identifies the proposed target population and service area and meets the intent of the services solicited.	☐	40
b	The description includes opportunities and challenges of implementing tobacco prevention and control programming with the identified population.	☐	40
c	The description includes references to TPC Regional Profiles, County Health Rankings, and the Alaska Health Equity Index.	☐	40

7 ***(Application Group 2: Regional Tobacco Prevention Policy and Coalition Development, Application Group 1: Health Systems Change for Tobacco Cessation) -***

Provide the proposed budget for the first year of the project. Include detail and supporting narrative as shown in the Grant Budget Preparation Guidelines (Documents tab). Confirm the following criteria are met.

Evaluation/Review Criteria		Review	Points
a	The budget narrative is complete and mutually consistent with the budget detail.	☑	
b	Cost line items are allowable under 7 AAC 78.160 and are compliant with stated program requirements.	☑	
c	Travel costs are consistent with 7 AAC 78.160(h) and (i), and with any program requirements or limitations identified in the solicitation.	☑	
d	Equipment costs and subcontract costs are allowed by the program and consistent with 7 AAC 78.280.	☑	
e	Indirect costs are fully compliant with rates and exemptions of the agency's current Federally Negotiated Indirect Cost Rate Agreement, uploaded in the General section of the Agency Administration tab.	☑	
f	The budget supports the proposed project and program intent, and the project appears achievable with demonstrated resources.	☐	40
g	Costs are reasonable and substantiated in the narrative.	☐	40
h	The proposed budget narrative clearly describes any necessary allocation of resources among target populations or service areas.	☐	40

4.05 Applicant Qualifications - Criteria Relating to Personnel, Management, and Facilities

1 ***(Application Group 2: Regional Tobacco Prevention Policy and Coalition Development, Application Group 1: Health Systems Change for Tobacco Cessation) - In the text box below, describe the agency's previous experience in providing services the same as, or similar to, those proposed. Clearly identify the time period over which services were provided and the population served. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.***

Evaluation/Review Criteria	Review	Points

a	The applicant's previous experience providing the same or similar services demonstrates the resources and capacity needed to provide the solicited program services. Note: DOH staff review will also include Department documentation such as prior year performance reports, audit reports, site visits, etc. as noted in Subsection 4.03.	☐	60
b	Provide a brief history that demonstrates sustainable fiscal and administrative capacity, capability and responsibility.	☐	60

2 ***(Application Group 2: Regional Tobacco Prevention Policy and Coalition Development, Application Group 1: Health Systems Change for Tobacco Cessation) - In the text box below, describe the proposed project's program and administrative staffing needs. Scan the following documents as a single file and upload in the space provided below: 1) Position descriptions for key project positions 2) Resumes and professional credentials for position holders 3) Resumes of administrative staff providing supervision, fiscal, reporting, and management needs. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.***

Evaluation/Review Criteria		**Review**	**Points**
a	Staff providing services are qualified and competent as demonstrated by the uploaded position descriptions, resumes, and professional credentials.	☐	80
b	Staffing levels are sufficient to support the requirements of the proposed project and compliant with all identified program mandates.	☐	40
c	Position descriptions support the intent of the RFP and the project proposed.	☐	40
d	Administrative staff is qualified as demonstrated by the resumes provided.	☐	40
e	Administrative capacity demonstrates capability to meet management and reporting needs.	☐	40
f	Proposal describes the agency's employee orientation process and staff training plan, including training for identified populations served	☐	40
g	A current organizational chart showing relationship of this project to the other functions within the organization are included.	☐	40

3 ***(Application Group 2: Regional Tobacco Prevention Policy and Coalition Development, Application Group 1: Health Systems Change for Tobacco Cessation) -***

In the text box below, describe the procedures that will be used to protect client confidentiality.

Evaluation/Review Criteria		Review	Points
a	The applicant's description identifies the procedures necessary to protect client confidentiality compliant with State and Federal standards.	☐	120

4 ***(Application Group 2: Regional Tobacco Prevention Policy and Coalition Development, Application Group 1: Health Systems Change for Tobacco Cessation) - In the text box below, describe the service delivery facilities and locations and the ways in which access to services will enhance project success.***

Evaluation/Review Criteria		Review	Points
a	The facilities described are safe and appropriate to the purpose of the program.	☐	60
b	Access to the locations will enhance delivery of services to the targeted populations.	☐	60

4.06 Demonstration of Support/Coordination of Service

1 ***(Application Group 2: Regional Tobacco Prevention Policy and Coalition Development, Application Group 1: Health Systems Change for Tobacco Cessation) -***

In the upload field below, provide a single-file scan of documented community support for the proposed project.

Evaluation/Review Criteria		Review	Points
a	Appropriate documentation of support is provided from each community in which the applicant proposes to provide services.	☐	60

2 ***(Application Group 2: Regional Tobacco Prevention Policy and Coalition Development, Application Group 1: Health Systems Change for Tobacco Cessation) - In the text box below, describe the ways in which the project planning process involved the public and potential service recipients.***

Evaluation/Review Criteria		Review	Points
a	The applicant’s description demonstrates the involvement of the public and potential recipients of services in planning the project proposed.	☐	40

3 ***(Application Group 2: Regional Tobacco Prevention Policy and Coalition Development, Application Group 1: Health Systems Change for Tobacco Cessation) - In the text box below, describe partnerships or collaborations necessary to the proposed project. In the upload field below, provide a single-file scan documenting existing partnerships and collaborations specific to the proposed project.***

Evaluation/Review Criteria		Review	Points
a	Partnerships and collaborations necessary for the effective delivery of services are well described. Evidence specific to the proposed project is provided.	☐	60

4 ***(Application Group 2: Regional Tobacco Prevention Policy and Coalition Development, Application Group 1: Health Systems Change for Tobacco Cessation) - In the text box below, describe the in-place or planned coordination with the State or other providers for referrals necessary to project success. Identify the project staff involved as well as the responsible positions at the referring agencies.***

Evaluation/Review Criteria		Review	Points
a	The applicant's description demonstrates a clear understanding of the roles that must be performed by the applicant and by referring agencies for the effective delivery of services to the targeted population.	☐	60