

**Nevada Department of Health and Human Services (DHHS)
Grants Management Advisory Committee (GMAC)
September 12, 2013 Draft Minutes**

Meeting Locations: Teleconference Only

Committee Members Present

Al Conklin	Marcia O'Malley
Arthur de Joya	Michele Howser
Cindy Roragen	Kevin Schiller
Connie McMullen	
Dr. Ina Dorman	

Committee Members Absent

Jeff Fontaine
Pauline Salla
Dr. David Jensen
Denise Tanata-Ashby
John Thurman

DHHS Staff Present

Laurie Olson, DHHS-Grants Management Unit (GMU)
Angela Friedman, DHHS-GMU

Monica Morales, Division of Public & Behavioral Health
Andrea Esp, Division of Public & Behavioral Health

Members of the Public Present

Jennifer Kline, Advocates to End Domestic Violence
Phyllis Hargrove, HUD
Diane Sheraton, Tahoe Safe Alliance
Phyllis Hargrove, LV HUD Office
Korine Viehweg, No. NV RAVE Family Foundation
Lynson Beaulieu, Community Services Agency
Kelleen Preston, DETR, Vocational Rehabilitation

Erin Dixon, Washoe County Health District
Maria Azzarelli, Southern Nevada Health District
Tim Wigchers, NyE Communities Coalition
Linda Lang, NV Statewide Coalition Partnership
Cindy Hannah, Carson City Health & Human Services
Kelli Quintero, DETR-Rehabilitation Division

I. Call to Order

Laurie Olson, Chief, Grants Management Unit

Laurie Olson called the meeting to order at 9:00 AM. She facilitated the meeting as Jeff Fontaine was unavailable. The co-chair, Robert Martinez, termed off and was replaced by John Thurman. Election of officers will occur at the next GMAC meeting.

Roll was taken and a quorum was confirmed. The public introduced themselves for the record.

II. Public Comment

No public comment was offered.

III. Approval of GMAC Meeting Minutes

Laurie Olson, Chief, Grants Management Unit

Members found no changes to be made to the minutes.

MOTION: To approve the minutes of the May 20, 2013 GMAC meeting

BY: Marcia O'Malley

SECOND: Michele Howser

PASS: Carried unopposed.

**IV. Tobacco Prevention/Cessation Grant Awards Andrea Esp, Tobacco Prevention and Control Coordinator
Monica Morales, Chronic Disease Program Development**

Ms. Olson noted that to expedite the release of money to the grantees, the GMAC's role in the solicitation process conducted by the Division of Public and Behavioral Health (DPBH) was not as in depth as they are accustomed. Andrea Esp welcomed the committee's support and feedback on the recommendations being made. She gave an overview of the recommendations document, covering the solicitation process, the evaluation team and funding recommendations, and mentioning the output and outcome measures. (See Exhibit IVa.) There were no questions or comments from the GMAC or the public. Ms. Esp reiterated her desire to have the GMAC offer feedback.

In regard to Ms. Esp's comment that the evaluation team member from Wisconsin needed clarity related to the rural population density, Ms. Roragen noted that two-thirds of the state's population resides in Clark County and there is a significant population in the rurals. Ms. Esp stated she explained the population distribution in Nevada and importance of the Statewide Partnership oversight of the rurals to Wisconsin. Ms. Olson reiterated and Ms. Esp clarified the funding amounts were determined based on scoring and the amount requested by the applicants.

The group discussed that the grantees are aware of and will share the free Centers for Disease Control and Prevention (CDC) media resources and social media between them. The grantees will continue to partner with each other.

Ms. Roragen (the tobacco prevention/cessation representative on the GMAC) commented on the inadequate amount of information leaving her unprepared to ask questions, make recommendations, or comment. Ms. Olson said she understood the concern. She suggested that perhaps Ms. Roragen, Ms. Esp and Monica Morales could do some additional consultation after the GMAC meeting. All three were open to that suggestion.

Ms. Morales noted the applicants' commitment to following CDC requirements and best practices. Many of the applicants collaborated to develop a sustainability plan both comprehensively and statewide.

Public Comment

Linda Lang from the Nevada Statewide Coalition Partnership stated four of five of the applicants and the three health districts collaborated on writing the grant proposals, which included like goals and objectives.

Connie McMullen noted the NV HealthLink reference regarding asking clients at first contact if they smoke. She would like the GMU to follow up with the grantees to see if they are implementing this. Ms. Olson will add to the December or following meeting to have the grantees and DPBH give a report to the GMAC.

Maria Azzerelli of the Southern Nevada Health District echoed Ms. Lang's comments and confirmed many applicants had worked together and will continue to collaborate through the Nevada State Tobacco Coalition.

Tim Wigchers from NyE Communities Coalition commented on his past experience with smoke-free housing (Items 7 and 8) and how this was something he appreciated and had included in his proposal.

Ms. Olson described three alternative motions to propose. Ms. O'Malley suggested a motion. The committee informally gave their approval of the suggested motion. Ms. Howser stated it was appropriate to give credit to the esteemed panel that worked on the proposals, and trust the panel and the community.

MOTION: To approve the recommendations put forth by the committee, in addition approve Ms. Roragen's participation in closer evaluation of the applicants.

BY: Ms. O'Malley

SECOND: Dr. Ina Dorman

PASS: Carried unopposed.

V. Public Comment

No comments were offered.

VI. Adjournment

Ms. Olson thanked everyone for their time. She acknowledged the GMAC's earnest and genuine desire toward valuable and intelligent input into processes. She appreciated their patience with the short process, acknowledged the panel's good evaluations, and appreciated Ms. Roragen's willingness to follow up with the DPBH staff. The next meeting will be in December.

The meeting was adjourned at 9:38 AM.

Nevada's Tobacco Prevention and Control Program Request for Applications Recommendations for Grants Management Advisory Committee

**Department of Health and Human Services
Division of Public and Behavioral Health
Tobacco Prevention and Control Program**



Brian Sandoval, Governor
State of Nevada

Michael J Willden, Director
Department of Health and Human Services

Sep 2013

Richard Whitley, MS, Administrator
Division of Public and Behavioral Health

Tracey Green, MD, Chief Medical Officer
Division of Public and Behavioral Health

Background

The Fund for Health Nevada (FHN) was created in accordance with Chapter 439, Sections 620-630, of the Nevada Revised Statutes to utilize 50% of tobacco settlement monies received or recovered by the State of Nevada. The Task Force for the FHN was created by the Nevada Legislature in NRS 439.625 as a decision-making body for these funds. The current FHN allocations are: 30% to Independent Living for Seniors, 20% to Tobacco Control/Treatment, 10% to Children's Health, 7.5% to Disability Services, 5% to Disability Rx, and 30% to Senior RX.

The 2007 Nevada Legislature enacted Assembly Bill 182. AB 182 dissolved the Task Force and transferred most of those duties to the Grants Management Advisory Committee (GMAC) effective July 1, 2007. AB 182 amended three of the FHN allocations. Effective SFY09, the percent of funding for Tobacco Control/Treatment will change from 20% to 15%. Disability Services will increase funding from 7.5% to 10%, and Disability Rx will increase from 2.5% to 5%.

During SFY 13-14 Legislative Session, the Division of Public and Behavioral Health requested \$1,000,000 to support tobacco control and treatment. It was proposed \$50,000 (5%) would support administrative and evaluation activities and \$950,000 (95%) would support local health authority activities based on statutory requirements. The Division of Public and Behavioral Health was awarded \$1,000,000 total with \$950,000 to support local health authorities, Nevada Statewide Coalition Partnership and Nevada Tobacco Users' Helpline and 50% to support administrative costs. In July 2013, the Tobacco Prevention and Control Program issued a Request for Funding Announcement.

The Tobacco Prevention and Control Program is requesting the Grants Management Advisory Committee's support of the funding recommendations as outline in this document.

Nevada Revised Statutes

Per NRS 396.630 (1) (f) "subject to legislative authorization, allocated to the Health Division (Division of Public and Behavioral Health) money for programs that are consistent with guidelines established by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services relating to evidence-based best practices to prevent, reduce or treat the use of tobacco and the consequences of the use of tobacco. In making allocations pursuant to this paragraph, the Health Division (Division of Public and Behavioral Health) shall allocate the money, by contract or grant:

- 1) To the district board of health in each county whose population is 100,000 or more for expenditure for such programs in the respective county;
- 2) For such programs in counties whose population is less than 100,000; and
- 3) For statewide programs for tobacco cessation and other statewide services for tobacco cessation and for statewide evaluations of programs which receive an allocation of

money pursuant to this paragraph, as determined necessary by the Health Division (Division of Public and Behavioral Health) and the district boards of health.”

Proposals which are funded in part or in whole under NRS 439.630 (1) (f) must: (l) “Develop policies and procedures for the administration and distribution of contracts, grants, and other expenditures to state agencies, political subdivisions of this State, nonprofit organizations, universities, state colleges and community colleges. A condition of any such contract or grant must be that not more than 8 percent of the contract or grant may be used for administration expenses or other indirect costs. The procedures must require at least one competitive round of requests for proposals per biennium.”

Funding During FY 12-13

No funding for tobacco prevention and treatment was allocated during FY12-13. During that time, the Tobacco Prevention and Control Program and stakeholders solely relied on federal funds to support prevention and control activities across the state.

Request for Funding Announcements Competitive Process

The RFA was posted on the Chronic Disease Prevention and Health Promotion website, emailed through the CDPHP listserv and emailed to previous identified tobacco stakeholders. The timeline below was followed to administer the RFA and competitive process. The Nevada Tobacco Prevention and Control Program (NTPCP) Coordinator was available to answer questions. Each applicant received a follow-up meeting after scores and feedback was received from the Evaluation Committee to allow for program clarification based on feedback comments.

Timetable	
July 15, 2013	NTPCP RFA available
July 22, 2013	Notice of Intent due to NTPCP
August 23, 2013	Applications due
August 26-27, 2013	Phase 1: Application Review by NTPCP staff
August 28-30, 2013	Phase 2: Applicant Review and Scored by Evaluation Committee
September 2-11, 2013	Phase 3: Applicant follow-up and clarification of scope of work and budget
September 12, 2013	Grant Management Advisory Committee Review Recommendations
September 13, 2013 – October 2013	Final Negotiations of Subgrants/Subgrants written
October 2013	Nevada Division of Public and Behavioral Health, Nevada Tobacco Prevention and Control Program disseminates funding

The evaluation committee was comprised of the following members:

- ☐ 1- Chronic Disease Prevention and Health Promotion Section, Tobacco Prevention and Control Program staff member
- ☐ 1-Division of Public and Behavioral Health, but not within the Chronic Disease Prevention and Health Promotion Section, staff member
- ☐ 1-Representative outside of the Department of Health and Human Services (American Cancer Society)
- ☐ 1-Representative outside of the State of Nevada (Wisconsin Health Department)

Recommendations to the Grants Management Advisory Committee

The Division of Public and Behavioral Health recommends all applicants are awarded funding. Below is the list of applicants.

- 1) Carson City Health and Human Services
- 2) Nevada Statewide Coalition Partnership
- 3) Nevada Family Practice Residency Program (Nevada Tobacco Users' Helpline)
- 4) Southern Nevada Health District
- 5) Washoe County Health District

Grants Amounts

Applicants requested a total of \$1,105,058 and total available funds are \$950,000. To align funding with ceiling limits, total requested funds (\$1,105,058) were multiplied by the scoring percentages each receipting received. Resulting in a variance of \$155,058 (\$1,105,058 - \$950,000), which was then equitably distributed to applicants (\$3,608/applicant). The scores were relative close (ranging from 81.30% to 88.26%). Below are the recommendations of funding to be awarded by grantee (please see Attachment A for calculations).

Funding Recommendations					
Applicant Name	Requested Funding Amount	Times Scoring Percentage (115 pts possible)*	Funding based on percentage received	Additional Funding	Total Funds Awarded
Carson City Health and Human Services	\$100,000.00	86.30%	\$86,304	\$3,608	\$89,912
Nevada Statewide Coalition Partnership	\$150,000.00	81.52%	\$122,283	\$3,608	\$125,891
Nevada Family Practice Residency Program	\$180,000.00	88.26%	\$158,870	\$3,608	\$162,478
Southern Nevada Health District	\$450,000.00	84.78%	\$381,522	\$3,608	\$385,130
Washoe County Health District	\$225,058.00	81.30%	\$182,982	\$3,608	\$186,590
	\$1,105,058.00	NA	\$931,960	\$18,040	\$950,000

*Evaluation percentages rounded to the tenth decimal.

Services to be provided by Applicants

Applicants were required to identify intervention domain(s) (Increasing Tobacco Use Cessation or Reducing Exposure to Environmental Tobacco Smoke) which the applicant would focus efforts towards; address at least Goal 2 or 4 of the Chronic Disease Prevention and Health Promotion State Plan; and address at least one of the four goals of the CDC, Office of Smoking and Health (OSH). In addition to scoring of applicants, some evaluation committee members provided comments to the Tobacco Prevention and Control Program (see Attachment B). Below are the services each applicant will provide.

Carson City Health and Human Services

- 1) Increase Tobacco Use Cessation in Carson City
- 2) Decrease Exposure to Environmental Tobacco Smoke

Nevada Statewide Coalition Partnership

- 1) Increase Tobacco Use Cessation in Nevada's Rural/Frontier Communities
- 2) Decrease Exposure to Environmental Tobacco Smoke

Nevada Family Practice Residency Program

- 1) Provide Free Nicotine Replacement Therapy
- 2) Provide Statewide Focused Outreach and Education Using Mass Media
- 3) Integrating Sustainable Tobacco Cessation Policies into Routine Medical Practice

Southern Nevada Health District

- 1) Increase tobacco use cessation
- 2) Reduce Exposure to Environmental Tobacco Smoke

Washoe County Health District

- 1) Outreach at the University of Nevada Reno
- 2) Smoke Free Meetings and Event Locations
- 3) Provide Information to Service Providers seeing Low-Income Clients on cessation and secondhand smoke
- 4) Smoke Free Multi-family Housing
- 5) Mass-reach Health Communications Intervention on Secondhand Smoke Exposure
- 6) Mass-reach Health Communications Interventions
- 7) Youth cessation services
- 8) Reduced Out-of-Pocket Costs for Nicotine Replacement Therapy

Outputs and Outcomes That Each Grantee Plans to Measure

Below are the outcomes and outputs per applicant recommended to the Grants Management Advisory Committee:

Carson City Health and Human Services	
OUTCOMES	OUTPUTS
1: Select one evidence-based youth cessation program and one evidence-based adult cessation program to implement in Carson City.	<ol style="list-style-type: none">1. Research evidence-based registries2. Research effectiveness of current evidence-based programs utilized in Nevada3. Convene representatives from CCHHS and Partnership Carson City partners to select programs
2: Conduct cessation classes reaching ten youth and provide referrals to cessation resources reaching 100 youth	<ol style="list-style-type: none">1. Recruit youth juvenile justice system, schools, and social media.2. Conduct evidence-based cessation program.3. Provide referrals to cessation resources to youth.
3: Conduct cessation classes reaching 50 adults and provide referrals to cessation resources reaching 200 adults.	<ol style="list-style-type: none">1. Recruit adults through social and traditional media, treatment facilities, and medical providers.2. Conduct evidence-based cessation program.3. Provide 1-month and 6-month follow up with

	<p>incentives to adults and youth completing cessation classes.</p> <p>4. Establish an aggressive Social Media campaign promoting the usage of apps and other social media to maintain cessation from tobacco.</p>
4: Promote Tobacco Cessation Abuse message to 30% of Hispanic high-risk neighborhoods.	1. Establish media campaign within the Hispanic community to promote messages using the Community Health Advocates.
5: Promote the services of Nevada Tobacco User's Helpline.	1. Continue to promote the Helpline through community events and social media.
6: Establish a baseline of business owners that allow smoking in their buildings and how many employees would like smoke free work places in Carson City in collaboration with American Lung Association and Americans for Nonsmokers' rights Health Living Carson City campaign.	<p>1. Complete community survey to determine percentage of employees desiring smoke free workplaces.</p> <p>2. Conduct a community scan to determine the percentage of smoke free workplaces available.</p>
7: Create a Smoke Free Workplace Tool Kit to be utilized by Carson City Health and Human Services.	<p>1. Engage and partner with Carson City Health and Human Services staff to create toolkit.</p> <p>2. Conduct training with Carson City Health and Human Services staff and Partnership Carson City staff to develop strategies to improve the percentage of tobacco free workplaces.</p>

Nevada Statewide Coalition Partnership	
OUTCOMES	OUTPUTS
1: Select one evidence-based youth cessation program and one evidence-based adult cessation program to implement across 14 rural counties.	<p>1. Research evidence-based registries.</p> <p>2. Research effectiveness of current evidence-based programs utilized in Nevada.</p> <p>3. Convene seven coalitions to select programs.</p>
2: Conduct cessation classes reaching 60 youth and provide referrals to cessation resources reaching 250 youth.	<p>1. Recruit youth juvenile justice system, schools, and social media.</p> <p>2. Conduct evidence-based cessation program.</p> <p>3. Provide referrals to cessation resources to youth.</p>
3: Conduct cessation classes reaching 65 adults and provide referrals to cessation resources reaching 400 adults	<p>1. Recruit adults through social and traditional media, treatment facilities, and medical providers.</p> <p>2. Conduct evidence-based cessation program.</p>

	3. Provide referrals to cessation resources to adults.
4: Ensure 20% cessation success rate among youth and adults.	<ol style="list-style-type: none"> 1. Provide replacement therapy incentives for 100 adults involved in cessation classes or referred by medical community. 2. Provide 1-month and 6-month follow up with incentives to adults and youth completing cessation classes. 3. Establish an aggressive Social Media campaign promoting the usage of apps and other social media to maintain cessation from tobacco.
5: Promote Sacred Use No Abuse message to 50% of Nevada tribes.	<ol style="list-style-type: none"> 1. Identify tribes not engage in media campaigns to promote Sacred Use No Abuse message. 2. Establish media campaign within tribal communities to promote messages.
6: Promote the services of the Nevada Tobacco User's Helpline.	<ol style="list-style-type: none"> 1. Seven Coalitions will continue to promote the Helpline through community events and social media.
7: Establish a baseline of property owners that allow smoking in their rentals and number of renters who would like smoke free housing in 14 rural counties and in 2 tribal communities.	<ol style="list-style-type: none"> 1. Complete community survey to determine percentage of renters desiring smoke free buildings. 2. Conduct a community scan to determine the percentage of smoke free rental housing available. 3. Complete survey results and share with key stakeholders 4. Post smoke free rental listing to public.
8: Create Smoke Free Housing Toolkit to be utilized by the 14 rural counties.	<ol style="list-style-type: none"> 1. Engage NyE Communities Coalition staff to create toolkit. 2. Conduct training with 7 coalitions to develop strategies to improve the percentage of tobacco free residences.

Nevada Family Practice Residency Program	
OUTCOMES	OUTPUTS
1: Provide 700 individuals who contact the 1-800-Quit-Now with Free Nicotine Replacement Therapy.	<ol style="list-style-type: none"> 1. Provide a four-week supply of nicotine replacement therapies (patch, gun, lozenges).
2: Coordinate the time of a focused media campaign with Southern Nevada Health District and Washoe County Health	<ol style="list-style-type: none"> 1. Launch Media Campaign November 18, 2013 to January 31, 2014 as a reminder and support to those wanting to stick to their New Year's

District's media campaigns.	resolutions to stop tobacco use.
3: Implement recognized policies that integrate tobacco cessation into healthcare professionals' routine medical practices and educate how to use the 3A's evidence-based approach.	<ol style="list-style-type: none"> 1. Provide technical assistance to enable 70 healthcare professionals within seven practices to implement consistent and sustainable medical practice policies.

Southern Nevada Health District	
OUTCOMES	OUTPUTS
1: By June 30, 2015, through a combination of evidence-based interventions, a minimum of 5,000 adults will attempt to quit tobacco product use as measure by Nevada Tobacco Users' Tobacco Helpline program records.	<ol style="list-style-type: none"> 1. Develop a systematic approach to assure availability of cessation services in Southern Nevada. 2. Telephonic adult cessation services will be available to 5,000 callers through Nevada Tobacco Users' Helpline. 3. Create 40 strategic outreach events to reach youth and the LGBT community.
2: By June 30, 2015. Through target outreach, education, and provisions of technical assistance, at least 15 businesses, health care facilities, apartment buildings, higher education campuses, parks, and/or other organizations will adopt minimum distance and/or tobacco-free policies as measured by Tobacco Control Program records.	<ol style="list-style-type: none"> 1. Provide education on the important public health benefits. 2. Provide technical assistance to employers, public and private multi-housing complex owners. 3. Recruit 300 students to attend in-person trainings on how to become tobacco prevention champions.

Washoe County Health District	
OUTCOMES	OUTPUTS
1: By June 2015, increase the number of tobacco free locations where at risk populations work, live, study and play.	<ol style="list-style-type: none"> 1. Educate 50% of UNR students, staff, faculty, and administration on the health benefits of tobacco free spaces. 2. Increase the number of businesses listed on the smoke free meeting list by 25%. 3. Increase the number of businesses with voluntary policies supporting smoke free meetings by 10. 4. Provide educational information to 50 multi-unit housing owners and managers.

	<ul style="list-style-type: none"> 5. Train and develop two groups of youth educators to encourage tobacco free places. 6. Reach 30% of the Washoe County population with secondhand smoke messaging
2: By June 2015, reach a minimum of 75% of Washoe County residents with tobacco cessation messaging and increase the calls to the Nevada Tobacco Users Helpline by 50%.	<ul style="list-style-type: none"> 1. Reach 75% of Washoe County adults with tobacco cessation media messaging, including 1-800-Quit-Now. 2. Provide financial assistance for Nicotine Replacement Therapy to 400 Washoe County residents who are uninsured, underinsured, unemployed, or diagnoses with a chronic disease. 3. Provide tobacco cessation services in four locations for youth in Washoe County. 4. Print, store, and distribute Nevada Tobacco Users Helpline materials for medical offices.
3: By June 2015, host four statewide trainings/meetings to increase knowledge and collaboration among tobacco prevention and control professionals and volunteers across Nevada.	<ul style="list-style-type: none"> 1. Host four statewide trainings/meetings.

The \$1,000,000 from the Fund for Healthy Nevada, will enhance federal funds received by the Nevada Tobacco Prevention and Control Program and will help build sustainability within communities, increasing services to the residents of Nevada.

Attachment A

RFA Scoring Matrix								
Applicant Name	Requested Funding Amount	Evaluation Committee #1	Evaluation Committee #2	Evaluation Committee #3	Evaluation Committee #4	Average	Scoring Percentage (115 pts possible)	Funding based on percentage received
Carson City Health and Human Services	\$100,000.00	122	92	97	86	99.25	86.30%	\$86,300.00
Nevada Statewide Coalition Partnership	\$150,000.00	110	84	97	84	93.75	81.52%	\$122,250.00
Nevada Family Practice Residency Program	\$180,000.00	121	91	106	88	101.5	88.26%	\$158,850.00
Southern Nevada Health District	\$450,000.00	91	100	113	86	97.5	84.78%	\$381,900.00
Washoe County Health District	\$225,058.00	94	111	97	72	93.5	81.30%	\$182,950.00
Total Requested								\$931,058.00

Attachment B

Evaluation Committee Members Feedback

Carson City

- ☐ Confused about objective 1.1: are the evidence-based programs you mean to select in fact the classes you mean to implement in the following objectives (1.2, 1.3)? If not, what is the timeline to ultimately finding appropriate activities?
- ☐ Good trying to reach disparate (Hispanic) populations
- ☐ How did you come up with the number of people (12,500) you will reach? Since you intend to target youths and adults, what is the number of each you are hoping to reach?
- ☐ You are hoping that 30% of business owners make some or all of their property smoke-free (outcome measure 3) "as measured by survey responses"; when will you conduct this post-survey? (i.e., timeline)
- ☐ Good provided data source grid
- ☐ In data source grid how exactly do you intend to measure if media/technology increases tobacco use cessation? Your indicators/measures are only products developed and individuals reached.
- ☐ In data source grid, how will you determine if a mass media campaign was the reason why individuals attended classes – will you ask at classes how they heard about it etc.
- ☐ How will you measure reach among disparate populations (x number out of x number targeted etc)

Nevada Statewide Coalition Partnership

- ☐ Good trying to reach disparate (tribal) populations
- ☐ Good provided data source grid
- ☐ Confused about objective 1.1: are the evidence-based programs you mean to select in fact the classes to mean to implement in the following objectives (1.2, 1.3)? If not, what is the timeline to ultimately finding appropriate activities?
- ☐ How did you come up with the number of people (11,350) you intend to reach? Since you intend to target youths and adults, what is the number of each you are hoping to reach?
- ☐ In the data source grid for goal 1, the indicators given don't exactly seem to ultimately measure what you want (will these activities in fact increase cessation/increase class attendance). It would appear you will need to assess a baseline of some sort as well.

Nevada Family Practice Residency Program

- ☐ States that \$56,898 has been set aside to cover NRT costs to 900 individuals, but requesting \$64,449 in budget for same
- ☐ Good reference free patch initiative reference (Oregon)
- ☐ States that partners' (SNHD, WCHD) media campaigns will be tagged with 1-800-QUIT-NOW, so why must run own campaign.

- ☐ State that are trying to coordinate campaigns with them anyway. Moreover, requesting \$50,000 to cover media campaign expenses (budget), how did you arrive at this figure, what will it cover...and for only 3 months?
- ☐ State want to reach 70 providers to adopt sustainable medical practice policies to utilize the 3 A's method. What is your f/u or how do you intend to measure this?

Southern Nevada Health District

- ☐ Budget: More detail about public information (media) expenses-how arrived at figure, spell out indirect expenses?
- ☐ Good will tailor media campaigns to specific populations
- ☐ No formal scope of work/data source grid
- ☐ You mention you wish to reach MUH, college campuses, city and county parks, etc, approximately how many are you targeting – so can clarify 15 locations out of x targeted/provided assistance became smoke-free etc.
- ☐ How do you intend to measure reach among the disparate populations

Washoe County Health District

- ☐ Budget: Justification for out-of-state travel? Spell-out indirect expenses?
- ☐ No formal scope of work/data source grid
- ☐ How did you come up with the estimated 75% reached (317,245)? Gives no indication of adults vs. youth
- ☐ Could use some more detail about the two youth group activities, the name/number of institutions serving the low-income community you wish to distribute material to, ALA programs for youth, maybe some more detail on methods of data collection
- ☐ How do you intend to specifically measure reach for the low-income community?

General Comments

- ☐ Carson City Health and Human Services and Nevada Statewide Coalition Partnership applications appear to be almost exactly the same
- ☐ None of the applicants made any reference to the Nevada Health Link and Medicaid Expansion which will extend preventive (at a minimum cessation counseling) for thousands of smokers. Missed opportunity to show how their plans could tie in.
- ☐ Should there be one media campaign?