

# The Fund for a Healthy Nevada

---

Tobacco Control Program

Request for Applications

State Fiscal Years 2020-2021



**Department of Health and Human Services  
Division of Public and Behavioral Health  
Bureau of Child, Family and Community Wellness  
Chronic Disease Prevention and Health Promotion**

**STATE OF NEVADA**

Steve Sisolak  
Governor

Richard Whitley, MS  
Director

Feb 2019  
1.0

Julie Kotchevar, Ph.D.  
Administrator

Ihsan Azzam, Ph.D., M.D.  
Chief Medical Officer

Division of Public and Behavioral Health

## Contents

Background .....	1
Project Period .....	1
Eligible Applicants .....	1
Problem/Burden .....	2
Definitions and General Purpose .....	2
Leveraging Funding .....	3
Use of the Terms Application and Proposal.....	3
Best Practices Guidebook .....	3
2020-2021 State and National Tobacco Control Goals.....	3
Components of RFA .....	4
Component 1 .....	4
Statewide Collaboration Initiative .....	4
Component 2 .....	5
Component 3 .....	5
Available Funding.....	6
Application and Award Process .....	6
Application Questions.....	6
Award Process.....	7
Technical Review.....	7
CDPHP Evaluation Committee .....	7
Final Decisions.....	7
Notification and Negotiation Process .....	8
Application Instructions.....	8
General Formatting.....	8
Notice of Intent .....	9
Project Narrative Instructions.....	9
Work Plan Instructions.....	9
Budget Instructions.....	9
Budget Requirements .....	10

SUBMISSION INSTRUCTIONS.....	10
APPENDIX A – PROJECT REQUIREMENTS.....	12
Reimbursement Method.....	12
Reporting Requirements.....	12
211 Information and Referral .....	13
Target Populations .....	13
APPENDIX B – SCORING GUIDE .....	14
APPENDIX C – PROPOSAL CONTENT .....	16
I. APPLICANT INFORMATION .....	16
II. PROJECT NARRATIVE TEMPLATE.....	17
III. CERTIFICATION .....	18
APPENDIX D – CHECKLIST.....	19
Submission Checklist.....	19

## Background

The Fund for a Healthy Nevada (FHN) was created in 1999 by Nevada Revised Statute (NRS) 439.620 using a portion of the state's share of the Master Settlement Agreement (MSA) with the tobacco industry. Based on the current state budget, the Nevada Division of Public and Behavioral Health (DPBH) is projecting a budget of \$950,000 for State Fiscal Years 2020-2021 (SFY 20-21) from FHN to allocate to "programs that are consistent with the guidelines established by the Centers for Disease Control and Prevention (CDC) 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 (NRS 439.630(1)(f))."

Senate Bill (SB) 421, passed in June 2011, revised the legislation under which the FHN is administered, resulting in the following changes:

- The Trust Fund for Public Health was eliminated. The money in the Trust Fund will be transferred to the FHN, increasing the FHN share of the MSA to 60%.
- The provision specifying the percentages of available revenues to be allocated from the FHN to specific programs was eliminated. Beginning in the SFY 2014-2015 budgeting process, the Department of Health and Human Services (DHHS) was required to consider recommendations submitted by the Grants Management Advisory Committee (GMAC), the Nevada Commission on Aging (CoA), and the Nevada Commission on Services for Persons with Disabilities (CSPD) when proposing a plan for allocation of FHN funds to programs. The GMAC, CoA, and CSPD must seek community input on needs when developing their recommendations.
- The provision related to Children's Health was revised to broaden the kinds of projects that may be supported with FHN. The revised legislation covers "programs that improve the health and well-being of residents of this state, including, without limitation, programs that improve health services for children."

## Project Period

The project period for this Request for Applications (RFA) will span two (2) State Fiscal Years: 2020 and 2021. Year One of the award begins July 1, 2019 and ends June 30, 2020. Year Two of the award begins July 1, 2020 and ends June 30, 2021. All awards are subject to funding availability. Year Two of the awards are contingent on awardee progress and interim reporting in Year One.

## Eligible Applicants

Non-profit and public agencies (including local government agencies, universities, and community colleges) can apply if interested in providing services which address tobacco control among Nevada residents. Please note the restrictions outlined by NRS 439.630(1)(f) which directs funding to be allocated to the following 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 evaluation of programs which receive an allocation of money pursuant to this paragraph, as determined necessary by the Division and the district boards of health.

This RFA is seeking applicants under Paragraphs (1) and (2) of the cited statute above to administer tobacco control programs. Part (3) has already been addressed through a competitive bid process.

**Applicants who do not qualify under Part (1) or (2) will not have their application reviewed.**

## Problem/Burden

Tobacco use is the single most preventable cause of disease, disability, and death in the United States. According to CDC, more than 480,000 people die of smoking-related illnesses in the United States each year.<sup>1</sup> Each day, an estimated 2,100 youth and young adults who have been occasional smokers become daily cigarette smokers.<sup>2</sup> As the tobacco industry has modernized tobacco technology with new electronic smoking devices, an increase in use has been noted in high school students. E-cigarette use among high school students rose nationally from 11.7% in 2017 to 20.8% in 2018.<sup>3</sup> The 2017 Behavioral Risk Factor Surveillance System (BRFSS) data shows an increase in Nevada adults who currently smoke from the 2014 BRFSS data, from 16.3% to 17.6%. According to the CDC, 41,000 Nevada children will die prematurely from smoking if current smoking rates persist. Annual health care costs in Nevada directly caused by smoking total \$1.1 billion.<sup>4</sup>

## Definitions and General Purpose

The purpose of the funding associated with this RFA is to administer tobacco control services consistent with CDC guidelines to improve the health and well-being of Nevada residents. To accomplish this, objectives and activities to be funded must reflect and incorporate the state and national tobacco control goals and evidence-based interventions as detailed in the guidebook, *Best Practices for Comprehensive Tobacco Control Programs—2014 (Best Practices Guidebook)*.

---

<sup>1</sup> Centers for Disease Control and Prevention, Smoking & Tobacco Use Fast Facts. Retrieved January 7, 2019:

[https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/fast\\_facts/](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/)

<sup>2</sup> U.S. Department of Health and Human Services. The Health Consequences of Smoking-50 Years of Progress: A Report of the Surgeon General. Retrieved January 7, 2019: [https://www.cdc.gov/tobacco/data\\_statistics/sgr/50th-anniversary/index.htm](https://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm)

<sup>3</sup> Cullen KA, Ambrose BK, Gentzke AS, Apelberg BJ, Jamal A, King BA. Notes from the Field: Increase in use of electronic cigarettes and any tobacco product among middle and high school students – United States, 2011-2018. *MMWR Morbidity and Mortality Weekly Report* 2018; 67 (45): 1276-77.

<sup>4</sup> Smoke and Tobacco Use, Extinguishing the Tobacco Epidemic in Nevada. Retrieved February 11, 2019:

<https://www.cdc.gov/tobacco/about/osh/state-fact-sheets/nevada/index.html>

## Leveraging Funding

**Program activities may not duplicate activities supported by other funding sources and grants.** However, proposed program activities may support existing or ongoing efforts that produce measurable and reportable outputs or deliverables attributable to FHN funding.

## Use of the Terms Application and Proposal

Throughout this document, the words “application” and “proposal” may be used interchangeably. Both refer to the documents applicants will submit in response to this RFA.

## Best Practices Guidebook

Evidence-based, statewide tobacco control programs that are comprehensive, sustained, and accountable have been shown to reduce smoking rates as well as tobacco-related diseases and deaths. A comprehensive, statewide tobacco control program is a coordinated effort to establish smoke-free policies and social norms, to promote and assist tobacco users to quit, and to prevent initiation of tobacco use.<sup>5</sup> An understanding of the same framework of tobacco control interventions will allow for increased effectiveness, coordination, and the possibility of combining efforts which will necessitate recipients design programs as outlined by the *Best Practices Guidebook*.

To obtain a copy, visit:

<https://www.cdc.gov/tobacco> or [www.thecommunityguide.org/tobacco](http://www.thecommunityguide.org/tobacco)

**Refer to this resource as needed when developing activities in response to this RFA.**

## 2020-2021 State and National Tobacco Control Goals

The goals outlined by CDC and currently being promoted by the Nevada Tobacco Control Program are:

- I. Preventing initiation among youth and young adults
- II. Eliminating nonsmokers’ exposure to secondhand smoke
- III. Promoting quitting among youth and young adults

Additionally, “identifying and eliminating disparities among population groups” remains a cross-cutting goal to be addressed within each of the three (3) goals listed. Activities addressing disparate populations will receive additional consideration for funding.

---

<sup>5</sup> U.S. Centers for Disease Control and Prevention (CDC), *Best Practices for Comprehensive Tobacco Control Programs – 2014*, Atlanta, GA. U.S. Department of Health and Human Services (HHS), January 2014.

## Components of RFA

There are three (3) funding opportunity components as outlined in Table 1.

**Table 1.** Summary of RFA components and funding priorities

Component	Funding Priority	# of Awards	Estimated Annual Amount Available
<b>1</b>  (Applied w/1)	<ul style="list-style-type: none"><li>Prevent initiation among youth and young adults</li><li>Promote smoke-free jurisdictions</li></ul>	3 to 5	\$640,000
	Statewide collaboration	1	Minimum \$30,000
<b>2</b>	Promote health systems changes to support tobacco cessation	2 to 3	\$100,000
<b>3</b>	Surveillance of tobacco-use and disparities	1 to 4	\$40,000

The number of awards [above] reflects the range the Nevada Tobacco Control Program (TCP) can manage. This is subject to change depending on the actual number of applications submitted. Applicants are welcome to apply for any or all components. For advantageous considerations regarding Component 3, it is advised to also submit a strong application for either Component 1 or 2.

### Component 1

Component 1 funding will be allocated to address state and national tobacco control Goals I and II. This component should employ “environmental approaches that promote health and support and reinforce healthful behaviors statewide and in communities (see page 21 of the *Best Practices Guidebook*).”

Activities aligned with Goal I may include multiple strategies and be organized to support up to, but no more than, three (3) stated objectives. For Goal II, this RFA narrows the scope of activities to support one (1) specific objective that should identify a county or city (or another type of jurisdiction may substitute) with the intention of promoting the public health benefits of implementing a comprehensive smoke-free (or tobacco-free) policy within the identified jurisdiction. Activities may focus on the early stages of working towards such an objective. Assessing readiness through surveys or efforts to gather information from stakeholders, the local business community, or key decision-makers would be appropriate. Goal II activities that do not support this objective will not be funded and may result in negative scoring if included. Organizations are encouraged to include well-developed activities for either or both goals as part of their application. Only one (1) of the goals must be addressed to be eligible for Component 1 funding.

#### Statewide Collaboration Initiative

To increase the possibility of combining efforts and coordinating with other awardees on tobacco control initiatives, Component 1 requires applying organizations to either be a current participating member or

to become a member of the Nevada Tobacco Prevention Coalition (NTPC). NTPC's mission is to: "improve the health of all Nevadans by reducing the burden of tobacco use and nicotine addiction."<sup>6</sup> Continued support and development of NTPC is crucial to facilitating statewide strategic planning to advance both Goals I and II within Component 1. This stipulation of the RFA may require applying organizations to coordinate with NTPC. Additionally, applying organizations are encouraged to seek an opportunity to participate in NTPC activities by joining at least one (1) workgroup or team assigned to a specific objective. The Nevada TCP will not facilitate this part of the process. For more information or to contact NTPC visit: [www.tobaccofreenv.org](http://www.tobaccofreenv.org).

**To provide basic funding for this initiative, the RFA is seeking an applicant to allocate \$30,000 to support NTPC through a fiscal agent or directly, if appropriate. Only applicants which were not selected to support NTPC through FHN funding in the previous biennium will be considered for this opportunity. Applicants interested in this initiative may request a sample scope of work.**

## Component 2

Component 2 funding will be allocated to support a complementary strategy supporting Goal III:

- **Promote health systems changes to support tobacco cessation**

This CDC-developed strategy also aligns with state efforts to improve health services to benefit the health and well-being of Nevadans. Note that other aspects of Goal III are currently addressed at the state level through collaborations with the Nevada Tobacco Quitline and the North American Quitline Consortium. This RFA affords the opportunity to assess and improve health systems at the local community level.

Additionally, this component should employ "health systems interventions to improve the effective delivery and use of clinical and other preventive services in order to prevent disease, detect diseases early, reduce or eliminate risk factors, and mitigate or manage complications (see page 21 of *Best Practices Guidebook*)."

Activities should focus on steps establishing provider reminder systems which prompt healthcare providers to screen for tobacco use and, as appropriate, refer patients to evidence-based tobacco cessation services. In most cases, leveraging existing Electronic Health Record (EHR) systems in regions or local communities to refer to the Nevada Tobacco Quitline and monitor provider performance will be the most impactful method to address this component's strategy. Large-scale healthcare provider trainings may only be a funded activity after a health systems change has been implemented.

## Component 3

Component 3 funding will be allocated to support conducting surveillance to provide for program evaluation and demonstrate the impact of tobacco control efforts. This component should employ

---

<sup>6</sup> Nevada Tobacco Prevention Coalition, *Mission and Priorities*. Retrieved February 10, 2017: <http://www.tobaccofreenv.org/about/mission-priorities/>



“epidemiology and surveillance to gather, analyze, and disseminate data and information and conduct evaluation to inform, prioritize, deliver, and monitor programs and population health (see page 21 of *Best Practices Guidebook*).”

For this component, Nevada TCP seeks proposals to survey youth and young adults regarding tobacco issues deemed important by local, state, or county/regional communities. Proposals may include details on obtaining qualitative or quantitative data. Proposals may be for projects spanning one (1) or two (2) years. A corresponding report will be due at the end of each state fiscal year.

## Available Funding

Subject to legislative authorization, the DPBH is projecting \$950,000 to allocate to programs “...to prevent, reduce or treat the use of tobacco and the consequences of the use of tobacco (NRS 439.630(1)(f)).” Available funding, after administrative costs and funding awarded towards statewide tobacco cessation services, is estimated to be in the range of \$790,000 to \$810,000 for SFY20 (July 1, 2019 – June 30, 2020).

Awards for Component 1 will be the most sensitive to the factors of burden and population size. Funding requests should be based on a formula of one dollar (\$1) for each smoker and \$45,000 to \$70,000 allocated to program infrastructure. Applicants may estimate appropriate Component 1 funding by using data provided by the CDC or US Census Bureau or similar resources. Funds awarded for the Statewide Collaboration Initiative, Component 2, or Component 3 are estimated based on historical costs and would be in addition to funds awarded for Component 1 if an applicant is applying for multiple components. Guidelines to estimate funding requests are provided below:

**Table 2.** Annual funding amounts for FHN RFA SFY 2020-2021

<b>Component</b>	<b>Funding Guideline</b>
<b>1</b>	Formula-based: \$1.00 x total population x smoking prevalence + \$45,000 to \$70,000 for infrastructure
Statewide collaboration	\$30,000 minimum; may apply for more funds with accompanying rationale provided in the project narrative
<b>2</b>	\$9,000 minimum per proposed health system change; \$50,000 maximum if multiple health system changes and other supporting activities to increase referrals are proposed
<b>3</b>	\$10,000 minimum to \$40,000 maximum; 1-4 awards

## Application and Award Process

### Application Questions

Questions about the application may be submitted via email to Karen Larin, Tobacco Control Program Coordinator, [Klarin@health.nv.gov](mailto:Klarin@health.nv.gov).

## Award Process

**Applications received by the deadline, March 28, 2019, will be processed as follows:**

### Technical Review

Staff from the State of Nevada, Division of Public and Behavioral Health, Chronic Disease Prevention and Health Promotion (CDPHP) Section will review applications to ensure minimum standards are met. Submissions must include applicant information and a project narrative ([Appendix C](#)), a work plan (Appendix E to be provided after Notice of Intent), a proposed budget (Appendix F to be provided after Notice of Intent), and answers to all RFA components including the submission checklist ([Appendix D](#)). Proposals will be disqualified if they are received after the deadline and may be disqualified if:

- Applicant is not eligible under any state or federal statute or requirement of this RFA;
- The application is missing any of the required elements;
- The application does not conform to standards for character limits, type size, and the prohibition on attachments;
- The application is submitted by an entity that is financially unstable as evidenced by information gleaned from the Fiscal Management Checklist and accompanying fiscal documents; and/or
- The application is received after the deadline date.

### CDPHP Evaluation Committee

The Evaluation Committee will be comprised of a panel of three (3) scorers. Nevada TCP and the GMAC will each provide a tobacco subject matter expert. The third scorer will be provided by a program impacted by tobacco control issues housed within the CDPHP but supervised outside the TCP. The Evaluation Committee will review and score the application in accordance with the Scoring Guide in [Appendix B](#). Based on the application scores determined by the Evaluation Committee, funding recommendations will be reported to the CDPHP and awardees before or on April 25, 2019 (date subject to change). The estimated date for distribution of funds is July 1, 2019.

### Final Decisions

Recommendations from the Evaluation Committee regarding final funding decision will be made based on the following factors and considerations outlined below:

- Availability of funding;
- Need for additional statewide tobacco cessation services;
- Applicant scores;
- Past performance and outcomes;
- Local burden and disparities;
- Reasonable distribution of awards among the north, south, and rural parts of the state;
- Feasibility of amending awards or issuing additional awards; and

- Conflicts or redundancy with other federal, state, or locally funded programs, or supplanting (substitution) of existing funding.

### Notification and Negotiation Process

Applicants will be notified of their application status after the recommendations have been made by the Evaluation Committee. The State of Nevada, Division of Public and Behavioral Health, Nevada Tobacco Control Program staff will conduct negotiations with the applicants recommended for funding to address any specific issues identified by the Evaluation Committee. Scopes of Work will then be adapted from finalized work plans. Adjustment of the budget and activities may be required at that time.

**All funding is contingent upon availability of funds.** Upon successful conclusion of negotiations, the State of Nevada, Division of Public and Behavioral Health, Nevada Tobacco Control Program will complete and distribute Notices of Award, general conditions, assurances, and instructions.

The proposed timeline for application and award is detailed in Table 3.

**Table 3.** Proposed timeline for application and award

Milestone	Date(s)*
RFA available	February 28, 2019
Notice of Intent due	March 8, 2019
<b>Applications due</b>	April 12, 2019
Application review and scored by Evaluation Committee	April 15-April 22, 2019
Report funding results	April 25, 2019
Finalize work plans for awards	May 1, 2019
CDPHP disseminates funding	July 1, 2019

\*Dates are subject to change.

Nevada TCP is not responsible for any costs incurred in the preparation of applications. All applications become the property of the State of Nevada, Division of Public and Behavioral Health, Nevada Tobacco Control Program. Nevada TCP reserves the right to accept or reject any or all applications. Projects awarded funding are those deemed to be in the best interest of the people of the State of Nevada.

**Submit the required Notice of Intent before grant writing. Submitting a Notice of Intent does not assure eligibility but may assist with identifying non-eligible applicants.**

### Application Instructions

Failure to follow these instructions may result in disqualification of the application. Applicants are encouraged to participate on the RFA Technical Assistance call which will cover information about the application process. Applicants can assign appropriate representatives to participate on the call.

### General Formatting

- Applicant must use the provided project narrative, work plan, and budget templates.

- If a question does not apply to your organization or application, then you must at least respond “Not applicable.”
- For the project narrative and work plan, font must be Calibri 11-point. Margins must match that of the template (1” margins).
- Unsolicited materials will **not** be accepted. This includes support letters, cover pages, cover letters, brochures, newspaper clippings, photographs, media materials, etc.
- Applicants will be asked to attach specific documents and forms to their application. Refer to the checklist at the end of the application template ([Appendix D](#)).
- Attachments must be typed or computer-generated and formatted similar to the application. Only the following file types will be accepted: Word (.doc, .docx); Excel (.xls, .xlsx); and PDF (.pdf).

### Notice of Intent

**A brief email is sufficient for this requirement and should be sent to both email addresses below:**

[klarin@health.nv.gov](mailto:klarin@health.nv.gov) and [dolsen@health.nv.gov](mailto:dolsen@health.nv.gov)

The Notice of Intent is required to be sent by email **no later than Friday, March 8, 2019, 5:00PM Pacific Standard Time (PST)**. The Notice of Intent should specify the components for which the agency or program intends to apply.

### Project Narrative Instructions

A template for the project narrative is included in [Appendix C \(Part II\)](#). In total, there are eight (8) sections in the project narrative template. Character limits are intended to limit narratives to approximately five (5) pages or less. It is recommended to refer to the “Scoring Guide” in [Appendix B](#) while completing the project narrative. Note the “Strategies/Activities” section should complement the work plan submitted with the application and provide a two-year outline of activities specific to a single component.

[Appendix C](#) is available as a Word (.doc, .docx) document to agencies or programs that submit a Notice of Intent. Please note the Application Information (Part I) and Certification (Part III) will only need to be completed for submission one time.

### Work Plan Instructions

All applications must include a work plan summarizing objectives and activities for the first year. Only one (1) work plan should be submitted per application, regardless of the components included. The work plan should be organized to clearly show the goals and strategies associated with the component(s) of this RFA are being addressed. The template is available as a Word (.doc, .docx) document to agencies or programs that submit a Notice of Intent.

### Budget Instructions

All applications must include detailed project budgets for both state fiscal years. The budgets should be an accurate representation of the funds needed to carry out the proposal. The budget template is available as an Excel (.xls, .xlsx) file as Appendix F to agencies or programs that submit a Notice of Intent.

**Applicants must use the budget form. Do not override formulas.**

The column for unit cost, quantity, and totals on the budget narrative should include only funds requested in this application. Budget items funded through other sources should not be included in the budget narrative description. **Ensure all figures add up correctly and totals match within and between all forms and sections.**

### Budget Requirements

Proposals funded in part or whole under NRS 439.630(1)(l) must: “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 administrative expenses or other indirect costs.** The procedures must require at least one competitive round of requests for proposals per biennium.”

Part of the reporting process requires attendance at an annual meeting alternating between regional locations. **Budgeting the travel to attend this meeting is a requirement to be considered for Component 1.** Other applicants are not required to attend this meeting. More details regarding the annual meeting can be found in the section pertaining to reporting requirements ([Appendix A](#)).

Incentives are typically considered gifts and thus are often unallowable. However, an incentive can be provided to increase response rates of surveys and is an allowable expense in that case. **Prior approval is required.** For awardees directly conducting surveys, it is recommended pre-paid incentives ranging from \$1 to \$5 are used. Further information about the prior approval process and incentive guidelines is available upon request.

Food is generally not an allowable expense outside of travel. **Prior approval is required for non-travel food purchases.** Per Diem rates (as set by the U.S. Government Services Administration) or less should be followed and written documentation of approval should accompany reimbursement requests. Approval for food purchases will only be given on a case-by-case basis for activities directly relating to youth tobacco prevention policies. An estimated number of meals with planned locations for the requested period should be provided with an approval request. An awardee, contractor, or subrecipient may not exceed more than 5% of their total FHN budget (or annual maximum of \$2,000, whichever is less) for food expenses unrelated to travel.

Other expenses generally not allowable include cessation materials and items to be distributed to the general public. Supplies and materials supporting youth tobacco prevention or promoting smoke-free jurisdiction activities should target key decision makers or directly assist youth advocates with policy education.

### SUBMISSION INSTRUCTIONS

**An electronic copy of all application components attached to an email is required and should be sent to both: [klarin@health.nv.gov](mailto:klarin@health.nv.gov) and [dolsen@health.nv.gov](mailto:dolsen@health.nv.gov)**

If there are concerns due to email limitations, then a hard copy of the application may be hand-delivered or mailed to:

Nevada Tobacco Control Program  
Nevada Division of Public and Behavioral Health  
4150 Technology Way, Suite 210  
Carson City, NV 89706

**Applications must be received no later than Thursday, March 28, 2019, at 5:00PM PST.** A notice of receipt will be issued via email within 24 hours of submission. Please contact Karen Larin, [klarin@health.nv.gov](mailto:klarin@health.nv.gov) immediately if a notice of receipt is not obtained 24 hours after submission. **Late submissions will be disqualified.** The Nevada Division of Public and Behavioral Health, Nevada Tobacco Control Program is not responsible for lost, late mail or failed email delivery.

## APPENDIX A – PROJECT REQUIREMENTS

### Reimbursement Method

Payments to awardees funded through Categorized budgets will be based on quarterly or monthly reimbursement of actual expenditures incurred. Expenses must be included on the approved budget, allocable to the award, and allowable under all applicable statutes, regulations, policies, and procedures.

### Reporting Requirements

The initial reporting template will be provided and completed by the awardee based on information from the awardee's approved work plan. Awardees will be required to submit quarterly progress reports approximately 15 days following the end of each quarter and maintain evaluation comments from prior quarter's reports within a fiscal year. The evaluation comments should be addressed within subsequent reports as appropriate. After each quarterly submission, the awardee's reports will be emailed to them with evaluation comments at least six (6) weeks before the next quarterly report is due.

Awardees will be required to participate on four (4) group technical assistance (TA) calls each fiscal year with or without additional partners or stakeholders. An annual partner meeting may substitute for one (1) call. The reporting and TA call schedule is illustrated in Table 4.

**Table 4.** Proposed schedule for quarterly reports and group TA calls

SFY	Quarter Period	Due Date for Quarterly Report	Date and Time for group TA call
20	Quarter 1 (July 1-September 30, 2019)	October 15, 2019	September 13, 2019 10:00 AM
20	Quarter 2 (October 1-December 31, 2019)	January 15, 2020	December 13, 2019 10:00 AM
20	Quarter 3* (January 1-March 31, 2020)	April 15, 2020	March 13, 2020 10:00 AM
20	Quarter 4 (April 1-June 30, 2020)	June 15, 2020	May 8, 2020 10:00 AM
21	Quarter 1 (July 1-September 30, 2020)	October 15, 2020	September 11, 2020 10:00 AM
21	Quarter 2 (October 1-December 31, 2020)	January 15, 2021	December 11, 2020 10:00 AM
21	Quarter 3 (January 1-March 31, 2021)	April 15, 2021	March 12, 2021 10:00 AM
21	Quarter 4 (April 1-June 30, 2021)	June 15, 2021	May 14, 2021 10:00 AM

\*Interim report to determine SFY 19 funding.

Awardees receiving funding to work on Component 1 will be required to attend an annual two-day meeting. Component 1 applicants must budget for this event accordingly. Likely awardees will receive a survey or opportunity to provide input to finalize meeting details. Below is a tentative schedule for these partner meetings (Table 5).

**Table 5.** Tentative schedule for partner meetings

SFY	Proposed Meeting Location	Tentative Date Range
20	TBD (Las Vegas, rural, or other)	January – May 2020
21	Carson City or Reno	January – March 2021

## 211 Information and Referral

To provide a single point of entry to assist consumers and families with reliable, appropriate information, referral and assistance, a statewide resource helpline has been established in Nevada. All awardees **will be required** to provide agency and program information to the 2-1-1 service provider. Go to the Nevada 211 website -- <https://nevada211.communityos.org/cms/node/9> -- to learn how to submit or revise information.

## Target Populations

Proposals funded in part or whole under NRS 439.630(1)(g) must consist of “programs that improve the health and well-being of residents of this State.” *(Note this NRS also provides for programs which improve health services for children, but these kinds of programs are not a focus in this RFA.)*

**In addition, these awards should target low-income populations to the extent practicable.** Applicants will need to describe how the proposed project will identify, target, and verify low-income populations within the narrative section of the application.



## APPENDIX B – SCORING GUIDE

Scoring Guide*	Total Points
<b>Narrative (25 points)</b>	
<b>Purpose:</b> Addresses and articulates the burden of tobacco?	1
<b>Client Demographics (Burden, Disparities, and Population Characteristics):</b> Extent to which the applicant describes the specific target or priority population(s) in their jurisdiction; utilization of data and activities to identify or address disparities	3
<b>Year 1 Strategies/Activities: 1)</b> Two-year outline of strategies and activities to be implemented to achieve project outcomes is clear, concise, and feasible; <b>2)</b> Strategies referenced or proposed are evidence-based and consistent with <i>Best Practices Guidebook</i>	4
<b>Year 2 Strategies/Activities: 1)</b> Two-year outline of strategies and activities to be implemented to achieve project outcomes is clear, concise, and feasible; <b>2)</b> Strategies referenced or proposed are evidence-based and consistent with <i>Best Practices Guidebook</i>	4
<b>Collaborative Efforts and Leverage:</b> Participation in an organization that addresses tobacco policy issues specific to the state of Nevada and other partnerships established to assist with tobacco control efforts. Address extent of leveraged funding used for projects, strategies, and activities (including cash, in-kind, and other funding used)	2
<b>Summary of Performance and Outcomes: 1) Past Performance and Outcomes;</b> Description of past performance and deliverables met <b>2) Historical Impact and Outcomes Achieved through previous FHN funding;</b> changes to environment and policies (i.e., increase, decrease, maintained; data supported/measurable outcomes)	8
<b>Organizational Capacity, Staff, and Fiscal Controls: 1)</b> Capacity of program management and staffing to assist with achieving objectives and meeting deliverables; <b>2)</b> Ability to coordinate and collaborate with state chronic disease prevention and health promotion programs and external partners; <b>3)</b> Capacity to engage the public and key stakeholders about tobacco-related issues and disparities and implement the most effective evidence-based interventions and strategies; <b>4)</b> Established fiscal controls and overall effectiveness described	3
<b>Work Plan (100 points)</b>	
Work plan is logical and organized; all required work plan components included (outputs, indicators, and completeness of template)	10
Objective(s) and activities employ SMART (specific, measurable, attainable, relevant, timely) criteria	10
Extent activities use evidence-based interventions to address the specific component/goals/strategies in the work plan	25
Potential impact or reach of key activities	15
Disparities addressed, and appropriate target populations identified	15

<b>Supports RFA requirements</b> [examples below] <ul style="list-style-type: none"> <li>• Component 1, Goal 1 includes a specific youth or young adult prevention policy output</li> <li>• Component 2 results in a health systems improvement(s)</li> </ul>	25
<b>Budget (25 points)</b>	
Budget instructions followed	5
Extent the budget supports the work plan and associated RFA components	10
History of spending funds with the CDPHP, adhering to guidelines and oversight, and timely submission of requests for reimbursements [only applicable for current or former awardees]	10

**State of Nevada  
Department of Health and Human Services  
Division of Public and Behavioral Health  
Request for Applications  
Fund for a Healthy Nevada**

## **APPENDIX C – PROPOSAL CONTENT**

This appendix is available as a Word (.doc, .docx) document after submitting a Notice of Intent.

### **I. APPLICANT INFORMATION**

<b>Agency Name</b>	
<b>Legal Name</b>	
<b>Also Known As</b>	
<b>Mailing Address</b>	
<b>City, State, Zip Code</b>	
<b>Main Organization Phone</b>	
<b>Main Organization Fax</b>	
<b>Organization Email Address</b>	
<b>Website Address</b>	
<b>Indicate One – Non-Profit or For-Profit Organization</b>	
<b>Accreditation and Expiration Date (if applicable)</b>	
<b>Tax Identification Number</b>	
<b>Primary Organization Contact, Land and Cell Phone Numbers, Email</b>	
<b>Primary Program Contact, Land and Cell Phone Numbers, Email</b>	
<b>Primary Fiscal Contact, Land and Cell Phone Numbers, Email</b>	
<b>NAME OF PROGRAM OR TITLE OF PROJECT for which funds are requested</b>	
<b>Amount of Funding Requested</b>	

## II. PROJECT NARRATIVE TEMPLATE

Provide an overview of the proposed program or project using the following template.

Project Narrative Template
<b><u>1-Purpose (500-character limit):</u></b>
<b><u>2- Funding Request (30-character limit):</u></b>
<b><u>3-Client Demographics (1,500-character limit):</u></b>
<b><u>4A-Year 1 Strategies/Activities (2,000-character limit):</u></b>
<b><u>4B-Year 2 Strategies/Activities (2,000-character limit):</u></b>
<b><u>5-Collaborative Efforts and Leverage (1,500-character limit):</u></b>
<b><u>6-Summary of Performance and Outcomes (2,000-character limit):</u></b>
<b><u>7-Organizational Capacity, Staff, and Fiscal Controls (1,500-character limit):</u></b>

\*Note that character limits are “with spaces”.

### III. CERTIFICATION

Verify your organization has read, understands, and agrees to the instructions and requirements as listed in this document. An authorized official of the applicant organization must sign and date below.

---

Signature, Title

---

Date

**State of Nevada  
Department of Health and Human Services  
Division of Public and Behavioral Health  
Tobacco Control Program  
Request for Applications  
Fund for a Healthy Nevada**

## APPENDIX D – CHECKLIST

### Submission Checklist

- ☐ Signed Certification
- ☐ [Appendix C](#) – Proposal Content
- ☐ [Appendix D](#) – Submission Checklist
- ☐ Appendix E – Work Plan Template (available after submitting a Notice of Intent)
- ☐ Appendix F – Budget (available after submitting a Notice of Intent)
- ☐ Memorandums of Understanding with partner agencies (if applicable)
- ☐ Agreements with sub-awardees (if applicable)
- ☐ Current List of Board of Directors or Other Governing Board (if applicable) including affiliations and terms of office
- ☐ Auditor’s Letter and Schedule of Findings and Questioned Costs from most recent OMB A-133 Audit (if agency receives more than \$750,000 annually in federal funds)
- ☐ Most recent Financial Status Report or Financial Statement (if OMB A-133 Audit not applicable)

***This page intentionally left blank.***