

# Nevada 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 Bureau of Child, Family, and Community Wellness Chronic Disease Prevention and Health Promotion



# **Background**

The Fund for a Healthy Nevada (FHN) was created in 1999 by the Nevada Revised Statute (NRS) 439.620 using a portion of the state's share of the Master Settlement Agreement (MSA) with the tobacco industry. Nevada Division of Public and Behavioral Health (DPBH) is projecting a budget of \$1,101,954 for State Fiscal Year 2026 (SFY26) and State Fiscal Year 2027 (SFY27) 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 governing the administration of the FHN and resulted 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 percentage of available revenue allocated from the FHN to specific programs was eliminated. Starting with the SFY 2014-2015 budgeting process, the Department of Health and Human Services (DHHS) must consider recommendations from 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 allocating FHN funds to programs. The GMAC, CoA, and CSPD must seek community input to develop their recommendations.
- The provision related to children's health was revised to expand the types of projects that the FHN may support. The revised legislation now includes, "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) spans two State Fiscal Years: 2026 and 2027. Year One of the award begins July 1, 2025, and ends June 30, 2026. Year Two of the award starts July 1, 2026, and ends June 30, 2027. All awards are subject to funding availability. Year Two awards are contingent on awardee progress and interim reporting in Year One.



# **Funding during SFY24-25**

The funding during SFY24 was \$980,032 and the funding during SFY25 was \$1,101,954. After covering administrative costs and funding state-wide tobacco cessation services, a total of \$854,300 was distributed among the program partners per SFY.

# **Request for Funding Announcements Competitive Process**

The Request for proposal (RFP) was posted on the Grants Management Unit (GMU) website, emailed through the GMU listserv and to previously identified tobacco partners and collaborators. The timeline below was followed to administer the RFP and competitive process. The Population Health and Wellness Unit Manager was available to answer questions.

NOFO Timeline			
Task	Due Date/Time*		
NOFO Released	December 23, 2024		
Letter of Intent Due	January 20, 2025, 5:00 PM PST		
Questions Due	January 24, 2025, 5:00 PM PST		
Applications Due	February 7, 2025, 5:00 PM PST		
Application Review and Scored by Evaluation Committee	February 10- February 28, 2025		
Reporting Funding Results	March 2025		
Grant Management Advisory Committee (GMAC) Recommendation	March 2025		
Finalize Work Plans for Awards	April 4, 2025		
DPBH/CDPHP Tobacco Program disseminates funding	July 1, 2025		

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-Chronic Disease Prevention and Health Promotion Section staff member but not related to the Tobacco Prevention and Control Program
- 1-Representative outside of the Department of Health and Human Services (Nevada Chronic Care Collaborative)
- 1-Representative outside of the Department of Health and Human Services (Foster Kinship)



# **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. Northern Nevada Public Health
- 3. Partnership Douglas County
- 4. Northern Nevada Public Health

### **Grant Amounts**

Applicants requested a total of \$898,349 and total available funds after accounting for the state Quitline cost and administrative cost is \$703,730. As the scores were relatively close, the proposed budgets were reduced uniformly by 20% to ensure funds were available for all the applicants. Below are the recommendations of funding for the four applicants:

Applicant Name	Requested Funding Amount	Average score (out of 150)	Recommended Funding
Carson City Health and Human Services	\$64,865	142	\$51,892
Northern Nevada Public Health	\$203,365	144	\$162,692
Partnership Douglas County	\$139,000	141	\$111,200
Southern Nevada Health District	\$472,433	143	\$377,946
Total	\$898,349		\$703,730

# Services to be provided by Applicants

Applicants were required to develop activities that align with the goals promoted by the Nevada Tobacco Control Program (TCP). These goals included reducing initiation and use of tobacco, vapor and related products among youth and young adults, eliminating exposure to secondhand smoke and electronic smoking device emissions and promoting quitting of tobacco and electronic smoking device use among adults and youth. A complementary goal for the abovementioned three goals is to identify and eliminate tobacco-related disparities. Below are the services each applicant will provide.



### Southern Nevada Health District

- Educate the public and decision makers on the benefits of implementing policy solutions that address e-cigarette use among youth and young adults as well as the benefits of policy solutions that restrict the sale of flavored tobacco products including menthol.
- 2. Meet with decision makers to encourage jurisdiction-wide tobacco/smoke free policy expansion including multi-unit housing, parks and recreation, higher education, and businesses.
- 3. Develop and distribute youth focused tobacco cessation materials to healthcare providers to contribute to the goal of promoting tobacco cessation among the youth and young adults.

# **Carson City Health and Human Services**

- 1. Participate in community outreach initiatives to educate the public about the benefits of policy solutions that address the dangers of e-cigarette use.
- Create educational and media materials to increase public awareness about the toxicity and other environmental impacts of vapes and other tobacco related products.
- 3. Engage with several healthcare providers to encourage the dissemination of patient education that will support discussions of youth tobacco cessation resources, referral processes, and tobacco screening.

### Northern Nevada Public Health

- Collaborate with statewide tobacco control partners to identify strategies that will reduce initiation and use of tobacco, vapor and related products among youth and young adults.
- 2. Advocate for comprehensive smoke/tobacco free policies in areas such as workplaces and multi-unit housing.
- 3. Promote the use of cessation resources such as the My Life My Quit platform to encourage youth and young adults to quit tobacco and electronic smoking devices.

# **Partnership Douglas County**

- Identify and provide educational training to youth who will then educate decision makers and the public on the benefits of policy solutions which will address ecigarette use among the youth and young adults.
- Engage and support community organizations that serve priority populations to create and implement their own policies, events and spaces that are free of tobacco smoke and emissions from electronic smoking devices.



3. Develop materials that will be presented to outpatient/residential behavioral health providers that will encourage them to refer their patients to the My Life My Quit Program.

# **Outputs and Outcomes That Each Grantee Plans to Measure**

Below are the outcomes and outputs per applicant.

Southern Nevada Health District	
Outcomes	Outputs
1: By June 30, 2026, partners and youth will educate decision-makers and the public on the benefits of at least 1 policy solution to address e-cigarette use among youth and young adults.	<ol> <li>Educational materials</li> <li>List of key youth identified</li> <li>In-kind media opportunities</li> </ol>
2: By June 30, 2026, partners and youth will educate decision-makers and the public on the benefits of one (1) statewide policy to restrict the sale of flavored tobacco products, including menthol products.	<ol> <li>List of stakeholders</li> <li>Educational materials</li> <li>Educational statewide flavoring website</li> <li>Outreach event(s)</li> <li>List of stakeholders, partners, and community organizations</li> </ol>
3: Through June 30, 2026, continue promoting counter-marketing campaigns to reach at least 500,000 youth and/or young adults with messages about the dangers of experimentation with tobacco products, including e-cigarettes and other emerging tobacco products.	<ol> <li>Educational website(s)</li> <li>Social media pages</li> <li>Social media message packages</li> <li>Outreach event(s)</li> <li>Educational materials</li> </ol>
4: By June 30, 2026, expand outreach and educational opportunities in priority populations such as the Hispanic/ Latino, African American/ Black, Pacific Islander, LGBTQ+, low-income and other communities who are disproportionately affected by tobacco use reaching 30,000 people by June 2026.	<ol> <li>List of stakeholders</li> <li>Outreach events(s)</li> <li>Paid or in-kind media</li> </ol>
5: By June 30, 2026, increase the number of jurisdiction-wide smoke/tobacco-free policies within multi-unit housing (public and private), parks and recreation centers, higher education campuses and businesses from 0 to 1.	<ol> <li>List of decision makers</li> <li>Paid media</li> <li>In-kind media</li> <li>Policy expansion</li> </ol>
6: By June 30, 2026, facilitate referrals from at least five (5) providers who serve	<ol> <li>List of providers</li> <li>Educational materials</li> <li>Educational website</li> </ol>



youth and/or young adults to the My Life,	
My Quit Program.	

Carson City Health and Human Services	
Outcomes	Outputs
1: By June 30, 2026, partners and youth will educate decision-makers and the public on the benefits of at least one policy solution to address e-cigarette use among youth and young adults.	<ol> <li>Identified policy priorities- fact sheet</li> <li>List of community outreach events</li> <li>Educational material(s)</li> <li>Record of recruitment efforts and list of attendees</li> <li>Record of recruitment efforts and list of attendees</li> </ol>
2: By June 30, 2026, partners and youth will educate decision-makers and the public on the benefits of one (1) statewide policy to restrict the sale of flavored tobacco products, including menthol products.	<ol> <li>Media message(s)</li> <li>Media materials</li> <li>Educational materials</li> <li>Event flyer or promotional material for the event</li> </ol>
3: By June 30, 2026, increase the number of jurisdiction-wide smoke/tobacco-free policies within Carson City and support efforts in the surrounding areas of Douglas, Lyon, or Storey counties from 0 to 1.	<ol> <li>Educational material(s)</li> <li>Media material(s)</li> <li>Record of venues or community events utilizing smoke/tobacco-free signage</li> <li>Record of events where a table/booth is hosted for education on smoke/tobacco-free policies</li> <li>List of smoke/tobacco-free multi-unit housing</li> <li>Record of engagements and policy implementation</li> <li>List of community events</li> </ol>
4: By June 30, 2026, facilitate referrals from at least two (2) providers who serve youth and/or young adults to the My Life, My Quit Program.	<ol> <li>Educational materials</li> <li>List of Healthcare providers</li> <li>Media channels and record of media messages</li> <li>List of events</li> </ol>

Northern Nevada Public Health			
Outcomes	Outputs		
1: By June 30, 2026, partners and youth will educate decision-makers and the public on the benefits of one (1) statewide policy to restrict the sale of flavored	<ol> <li>General population reached</li> <li>Collaboration meeting dates</li> <li>Decision-makers reached</li> <li>Community stakeholders reached</li> <li>Log of meetings with retailers</li> </ol>		



tobacco products, including menthol	6. Message(s) developed		
products.	7. Type of promotions		
production .	8. Record of messaging		
	9. Students, faculty, and staff reached		
2: Through June 30, 2026, promote the	Record of Attracting Addiction NV		
Attracting Addiction Nevada campaign to	social media posts		
reach at least 1,000 adults (e.g., parents,	Record of community outreach		
Washoe County School District staff) and	events		
Be Vape Free messaging reaching at least	3. Record of mediums messaging is		
300 youth/young adults through at least	shared on		
one (1) medium.	4. Student-athletes reached		
.,	4. Student-atmetes reached		
3: By June 30, 2026, increase the number	<ol> <li>Record of outreach to impacted</li> </ol>		
of smoke/tobacco-free policies within	populations		
Washoe County by at least five (5).	<ol><li>List of key influencers engaged</li></ol>		
	<ol><li>List of local organizations engaged</li></ol>		
	<ol><li>Policies adopted</li></ol>		
	<ol><li>Promotion of business</li></ol>		
	6. Map/webpage updates		
	<ol><li>Message(s) developed</li></ol>		
	8. Type/reach of promotions		
	9. Record of outreach/ technical		
	assistance		
	10. List of properties with new policy		
	<ol> <li>List of properties receiving signage</li> </ol>		
	and/or added to online directory		
	<ol><li>Record of presentation promoted</li></ol>		
	13. Assessment tool identified or created		
	14. Intern recruited and onboarded		
	15. Properties assessed		
4: By June 30, 2026, facilitate referrals	<ol> <li>Record of outreach and education</li> </ol>		
from at least two (2) providers who serve	2. Document procedure		
youth and/or young adults to the <i>My Life</i>	<ol><li>Record of collaborations</li></ol>		
My Quit Program.	<ol><li>Record of education</li></ol>		
	<ol><li>Record of partnerships</li></ol>		
	<ol><li>Record of education shared</li></ol>		



Outcomes	Outputs		
1: By June 30, 2026, partners and youth will educate decision makers and the public on the benefits of at least one (1) policy solution to address e-cigarette use among youth and young adults.	<ol> <li>Training materials</li> <li>Educational materials</li> </ol>		
2: By June 30, 2026, partners and youth will educate decision makers and the public on the benefits of one (1) statewide policy to restrict the sale of flavored tobacco products including product which contain menthol.	<ol> <li>Training materials</li> <li>Presentations reach</li> <li>Flavoring educational materials</li> <li>Events participated in or promoted</li> </ol>		
3: Through June 30, 2026, educate Nevada Tobacco Control and Smoke Free Coalition (NTCSC) and other stakeholders regarding at least one (1) prevention policy important to addressing rural youth tobacco use. (Continued from FY24-25)	1. NTCSC strategic plan		
4: By June 30, 2026, increase the number of jurisdiction-wide smoke/tobacco-free policies within the rural region (14 rural counties) from 8 to 14.	<ol> <li>Smoke-free event policies and/or smoke-free organization policies</li> <li>Smoke-free signage</li> </ol>		
5: By June 30, 2026, facilitate referrals from at least 6 behavioral health providers who serve youth and/or young adults to the My Life, My Quit Program.	<ol> <li>List of school districts providing referrals</li> <li>Presentation materials</li> <li>List of behavioral health providers referring to My Life, My Quit</li> </ol>		



# **Attachment A: Evaluation Committee Members Scores**

Applicant Name	Evaluation Committee #1	Evaluation Committee #2	Evaluation Committee #3	Evaluation Committee #4	Average
Carson City Health and Human Services	142	148	143	134	142
Northern Nevada Public Health	144	149	140	141.5	144
Partnership Douglas County	141	142	144	136	141
Southern Nevada Health District	142	146.5	144	139	143



### **Attachment B: Evaluation Committee Members Feedback**

### **Carson City Health and Human Services**

• The client demographics/disparity statistics that is provided is not correct.

### Northen Nevada Public Health

Did not submit checklist

### **Partnership Douglas County**

- The dates provided in the application are incorrect.
- Evaluation Measures of activity 1.1.1 "# of statewide policy strategies developed" is not related with the activity output. The mandate of the activity is to "educate the public" not "develop state policies". Developing state policies could be another activity.
- On activity 1.1.2 I would add on the evaluation measure section: # of educational training provided; List of topics discussed.
- On activity 1.2.1 the same as activity 1.1.1
- On activity 1.2.2 the same as activity 1.1.2
- On activity 1.2.3 I would add # of stakeholder reached, list of topics presented
- Did not submit checklist

### **General Comments**

 Overall, the evaluation committee liked all the programs and think they all need to be funded. The applicants' overall budgets were aligned with their workplans. The team acknowledged that there was a reduction in the total funds compared to what was originally mentioned in the RFP. The committee recommended reducing the budget based on a percentage rather than taking equal amounts from all the applicants.