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The Fund for a Healthy Nevada

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

Tobacco Control Program
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Carson City, Nevada 89706
<http://dhhs.nv.gov>

STATE OF NEVADA

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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. Nevada Division of Public and Behavioral Health (DPBH) is projecting a budget of **\$950,000** for State Fiscal Year 2023 (SFY23) and State Fiscal Year 2024 (SFY24) 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 State Fiscal Years: 2024 and 2025. Year One of the award begins July 1, 2023, and ends June 30, 2024. Year Two of the award starts July 1, 2024, and ends June 30, 2025. All awards are subject to funding availability. Year Two of the awards are contingent on awardee progress and interim reporting in Year One.

NOFO Timeline	
Task	Due Date/Time*
NOFO Released	December 22, 2022
Letter of Intent due	January 18, 2023, 5:00 PM PST
Questions due	January 23, 2023, 5:00 PM PST
Applications due	February 6, 2023, 5:00 PM PST
Application review and scored by an evaluation committee	February 8 – February 27, 2023
Report funding results	March 2023
Grant Management Advisory Committee (GMAC) Recommendation	March 2023
Finalize work plans for awards	April 3, 2023
DPBH/Chronic Disease Prevention and Health Promotion (CDPHP) Tobacco Program disseminates Funding	July 1, 2023

Eligible Applicants

Only local health districts in Clark and Washoe Counties may apply for funds to address tobacco control within those two county jurisdictions. For other counties, nonprofit and public agencies (including local health authorities, local government agencies, universities, and community colleges) may apply if interested in providing services that address tobacco control among Nevada residents. For details, please refer to the restrictions outlined by Nevada Revised Statutes 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 the statewide evaluation of programs that receive an allocation of money under this paragraph, as determined necessary by the Division and the district boards of health.

This Request for Applicants 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

Worldwide, commercial tobacco use and secondhand smoke exposure cause over 8 million deaths per year.¹ The burden of disease and death from commercial tobacco² use in the United States is overwhelmingly caused by cigarettes and other combustible tobacco products.³ According to 2014 data, every year in the United States, approximately 480,000 deaths and over \$300 billion in healthcare spending and productivity losses are attributable to cigarette smoking.^{4 5 6} Cigarette smoking causes diseases of almost every organ of the human body, including heart disease, stroke, type 2 diabetes, and chronic obstructive pulmonary disease (COPD).⁷ In 2019, 14.0% (34.1 million) of United States adults currently smoked cigarettes.⁸ While 15.7% of Nevada adults, age eighteen and over, used tobacco products every day in 2019.⁹ A 2019 study across 30 United States cities found that the lowest-income

¹ World Health Organization. *WHO Report on the Global Tobacco Epidemic, 2017*. World Health Organization; 2017.

² References to tobacco refer to commercial tobacco and not the sacred and traditional use of tobacco by some American Indian communities.

³ Centers for Disease Control and Prevention. *Comprehensive Tobacco Control Programs June 2021 – Scientific Evidence Brief*. Centers for Disease Control and Prevention, Office on Smoking and Health Summary of Scientific Evidence: Comprehensive Tobacco Control Programs; June 2021.

⁴ United States Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014: Chapter 1.

⁵ Xu, X., Bishop, E.E., Kennedy, S. M., Simpson, S.A., Pechacek, T.F.. Annual Healthcare Spending Attributable to Cigarette Smoking: An Update. *American Journal of Preventative Medicine*. March 2015;48(3):326-33. Doi:10.1016/j.amepre.2014.10.012.

⁶ Xu, X., Shrestha, S.S., Trivers, K. F., Neff, L., Armour, B. S., King, B. A. United States. Healthcare Spending Attributable to Cigarette Smoking in 2014. *Preventative Medicine*. March 23 2021:106529. doi:10.1016/j.ympmed.2021.106529.

⁷ United States Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014: Chapter 4.

⁸ Cornelius, M. E., Wang, T.W., Jamal, A., Loretan, C.G., Neff, L. J. Tobacco Product Use Among Adults - United States, 2019. *Morbidity and Mortality Weekly Report*. November 20, 2020;69(46):1736-1742. doi:10.15585/mmwr.mm6946a4.

⁹ Centers for Disease Control and Prevention. State Tobacco Activities Tracking and Evaluation (STATE) System. *State Highlights*. Behavioral Risk Factor Surveillance System (BRSS); 2019.

neighborhoods had nearly five times more tobacco retailers than the highest-income neighborhoods.¹⁰ The United States Surgeon General and others have found that high tobacco retailer density is associated with higher youth initiation of tobacco use, increased tobacco consumption, and lower likelihood of successful quitting.^{11 12 13 14} Youth and young adults are especially impacted by the harmful effects of nicotine.¹⁵ Each day, an estimated 2,100 youth and young adults who have been occasional smokers become daily cigarette smokers.¹⁶ According to the 2017 – 2019 Nevada High School Youth Risk Behavior Survey Comparison Report, e-cigarette use among high school students in Nevada rose from 15.0% in 2017 to 22.5% in 2019.¹⁷ In 2020, 19.6% of United States high school students and 4.7% of United States middle school students – a total of 3.6 million youth – reported current use (use in the past 30 days) of e-cigarettes.¹⁸

Definitions and General Purpose

The purpose of the Funding associated with this Request for Applicants is to administer tobacco control services consistent with Centers for Disease Control and Prevention guidelines to improve the health and well-being of Nevada residents. To accomplish this, the objectives and activities to be funded must reflect and incorporate the State and national tobacco control goals and evidence-based interventions as detailed

¹⁰ Advancing Science and Practice in the Retail Environment. *Executive Summary: Retail Tobacco Density and Access*. Accessed November 14, 2020, Available at:

http://aspirecenter.org/wpcontent/uploads/2020/08/ASPIRE_RetailTobaccoDensityandAccess_ExecSumm.pdf. List of 30 U.S. cities included available at: <https://aspirecenter.org/>.

¹¹ Center for Public Health Systems Science. *Point-of-Sale Strategies: A Tobacco Control Guide*. Center for Public Health Systems Science; George Warren Brown School of Social Work at Washington University in St. Louis and the Tobacco Control Legal Consortium; 2014.

¹² Chuang, Y. C., Cubbin, C., Ahn, D., Winkleby, M. A. Effects of Neighborhood Socioeconomic Status and Convenience Store Concentration on Individual Level Smoking. *Journal of Epidemiology and Community Health*. Jul 2005;59(7):568-73. doi:10.1136/jech.2004.029041.

¹³ Henriksen, L., Feighery, E. C., Schleicher, N. C., Cowling, D. W., Kline, R. S., Fortmann, S. P. Is Adolescent Smoking Related to the Density and Proximity of Tobacco Outlets and Retail Cigarette Advertising Near Schools? *Prevention Medicine*. August 2008;47(2):210-4. doi:10.1016/j.ypmed.2008.04.008.

¹⁴ United States Department of Health and Human Services. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2012: Chapters 4-5.

¹⁵ United States Department of Health and Human Services. *E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General*. United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2016: Chapter 3.

¹⁶ United States Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Retrieved December 3, 2020: https://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm.

¹⁷ University of Nevada, Reno. *2017 – 2019 Nevada High School YRBS Comparison Report*. Retrieved December 3, 2020: <https://scholarworks.unr.edu/handle/11714/7350>.

¹⁸ Wang, T. W., Neff, L. J., Park-Lee E., Ren, C., Cullen, K.A., King, B. A. E-cigarette Use Among Middle and High School Students - United States, 2020. *Morbidity and Mortality Weekly Report*. September 18, 2020;69(37):1310-1312. doi:10.15585/mmwr.mm6937e1.

in the guidebook, *Best Practices for Comprehensive Tobacco Control Programs—2014 (Best Practices Guidebook)*.

Best Practices Guidebook

Evidence-based, statewide tobacco control programs that are comprehensive, sustainable, and accountable have been shown to reduce smoking rates and tobacco-related diseases and deaths. A comprehensive, statewide tobacco control program is a coordinated effort to establish smoke-free policies and social norms, promote and assist tobacco users to quit, and prevent tobacco use initiation.¹⁹ Understanding 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/stateandcommunity/best_practices/index.htm

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

2022-2023 State and National Tobacco Control Goals

The goals outlined by the Centers for Disease Control and Prevention (CDC) and currently prioritized by the Nevada Tobacco Control Program (TCP) to address the burden of tobacco use are:

- I. Prevent initiation among youth and young adults
- II. Eliminate exposure to secondhand smoke
- III. Promote quitting among adults and youth
- IV. Identify and eliminate tobacco-related disparities

"Identify and eliminate tobacco-related disparities" is a cross-cutting goal to be addressed within each of the first three goals listed above. Additionally, the strategic priorities outlined by CDC and currently being promoted by the TCP are:

- State and Community Interventions
- Mass-Reach Health Communication Interventions

¹⁹ 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.

- Tobacco Use and Dependence Treatment Interventions
- Surveillance and Evaluation

State tobacco control work is guided by the Nevada Tobacco Control Plan, a five-year strategic plan supporting the State and National Control Goals. The Tobacco Control Plan outlines strategies Nevada tobacco control stakeholders are working on through 2023 and can be found online:

http://dpbh.nv.gov/Programs/TPC/Tobacco_Prevention_and_Control_-_Home/

Recently, the TCP has developed a Sustainability Plan to increase the number of traditional and nontraditional partners while cultivating connections between the program and its existing stakeholders. Proposals are to support this plan through requirements associated with both components detailed in this Request for Applicants. Applicants may request an electronic copy of the Sustainability Plan.

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

The words "application" and "proposal" may be used interchangeably throughout this document. Both refer to the documents applicants will submit in response to this Request for Applicants.

Components of the Request for Applicants

There are two funding opportunity components, as outlined in Table 1.

Table 1. Summary of Request for Applicants components and funding priorities

Component	Goals and Priorities	# of Awards	Estimated Annual Amount Available
1	<ul style="list-style-type: none"> • Prevent initiation among youth and young adults • Promote smoke-free jurisdictions • Promote quitting among youth 	3 to 5	\$765,000 Maximum

	Increase quality referrals to the state Quitline		
2	<ul style="list-style-type: none"> Statewide collaboration 	1	\$35,000 Minimum

The number of awards [above] changes depending on the number of applications submitted. Applicants are welcome to apply for any or all components. For advantageous considerations regarding Component 2, it is also advised to submit a strong application for Component 1. If possible, the TCP will award Component 2 to an applicant also awarded Component 1.

Component 1

Component 1 funding will be allocated to address State and National Tobacco Control Goals. This component should prioritize employing "environmental approaches that promote health and support and reinforce healthful behaviors statewide and in communities" to the extent possible for the majority of the objectives proposed in the applicant's work plan (see page 21 of the *Best Practices Guidebook*).

Activities aligned with Goal I should be organized to support up to but no more than four objectives. Three objectives are provided, and the applicant can reuse a past objective if they choose and apply it to the organization. For Goal II, this Request for Applicants narrows the scope of activities to support one specific objective that should identify a county or city (or another type of jurisdiction may substitute) to promote 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. Alternatively, activities may focus on implementing anticipated policies to build on prior work. In support of Goal III, applicants must develop activities for at least one required objective. Then they may also choose to address a second objective designed to build on previous work to promote electronic referrals to the Quitline from health systems or providers. Table 2 below provides additional information to help applicants develop their work plans.

Table 2. Objectives and Work Plan Guidance

CDC Goal	#	Objective	Work Plan Guidance
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I. Prevent initiation among youth and young adults	1.1	By June 30, 2024, partners and youth will educate decision-makers and the public on the benefits of at least X policy solutions to address e-cigarette use among youth and young adults.	Either Objective 1.1 or 1.2 is required. You may also choose both. If the applicant works on this objective under CDC funding, they must develop activities distinct and specific to this proposal. One critical activity should include partnering with another organization capable of effectively educating decision-makers.
	1.2	By June 30, 2024, 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 a product that contains menthol.	Either Objective 1.1 or 1.2 is required. You may also choose both. One critical activity should include partnering with another organization capable of effectively educating decision-makers.
	1.3	Through June 30, 2024, continue promoting counter-marketing campaigns to reach at least X youth and/or young adults with messages about the dangers of experimentation with tobacco products, including e-cigarettes and other emerging tobacco products.	Optional objective. Only existing campaigns should be supported through this objective. Applicants should note what existing campaigns they plan to promote, such as "Behind the Haze" or "Let's Talk Vaping." Other existing counter-marketing campaigns are also eligible to be included under this objective.
	1.4	[Updated objective from a previous work plan which addresses Goal I, selected by the applicant if they have a history working in tobacco prevention.]	Optional. If applicants choose, those with experience in tobacco control and prevention are invited to update one of their previously used objectives as long as there is no overlap with Objectives 1.1, 1.2, or 1.3.

II. Eliminate exposure to secondhand smoke	2.1	By June 30, 2024, increase the number of jurisdiction-wide smoke/tobacco-free policies within [insert county or city name] from X to Y.	Required objective, applicants may strengthen the objective by specifying a comprehensive tobacco-free policy.
III. Promote quitting among adults and youth	3.1	By June 30, 2024, facilitate referrals from at least X providers who serve youth and/or young adults to the <i>My Life, My Quit</i> Program.	Required objective. Activities may focus on education, promotion, and/or developing referral mechanisms. The Quitline vendor is willing to provide education to support organizations working on this objective.
	3.2	By June 30, 2024, engage [insert specific health system] providers and staff to increase the conversion rate of their electronic referrals from XX% to YY%. (The overall baseline is 3.78% for the State. The Quitline vendor recommends planning on a modest increase of about 1%.)	Optional objective. May specify up to three health systems. Selected health system(s) must already electronically refer to the state Quitline. The conversation rate of electronic referrals is defined by the number of enrolled participants divided by the number of electronic referrals. Specific data may be requested from the Quitline vendor through the TCP. Activities should focus on educating providers to prepare participants for Quitline outreach and services. The Quitline vendor is willing to provide education to support organizations working on this objective.

For most objectives, applicants will need to set realistic, numerical measures in place of the "X" or "Y" placeholders in the table above. Minor changes to the objectives may be needed, and applicants should add details where possible. Applicants should focus on working within the guidelines of the RFA for the

purposes of the proposed work plan. Objectives may be altered and finalized later as part of the award process.

Applicants are encouraged to include well-developed activities for all three goals in their proposed work plan. Overall, no more than seven activities per objective should be used, and it is recommended to only list five key activities per objective to the extent the applicant finds it practical. An applicant's work plan should have between three to seven objectives.

Additionally, applicant organizations must include at least one paid Health Equity Internship to work on activities listed in their proposed plans for each year they are awarded. It is recommended applicants consider intern candidates having either a background or educational interest in a priority population facing health inequities or disparities according to their community needs assessment and local data. Internships are to be for at least fifty hours but may be longer at the applicant's discretion. Awardees will be encouraged to be open to a broad range of candidates for this internship, such as seniors in high school, recent high school graduates who recently received their General Educational Diploma, and undergraduate and graduate college students. Awardees will receive guidance to use this internship as an opportunity to grow and improve partnerships in support of the Sustainability Plan.

Finally, to increase the possibility of combining efforts and coordinating with other awardees on tobacco control initiatives, Component 1 requires applicant organizations to be current participating members or become members of the Nevada Tobacco Prevention Coalition (NTPC). Additionally, applicant organizations are encouraged to participate in NTPC activities by joining at least one committee.

Component 2: Statewide Collaboration Initiative

Like Component 1, Component 2 requires applicant organizations to be current participating members or to become a member of the Nevada Tobacco Prevention Coalition (NTPC). The Coalition's mission is to: "improve the health of all Nevadans by reducing the burden of tobacco use and nicotine addiction."²⁰ Continued support and development of NTPC are crucial to facilitating statewide strategic planning to advance the State and National Tobacco Control Goals. This component of the Request for Applicants

²⁰ Nevada Tobacco Prevention Coalition, *Mission and Priorities*. Retrieved December 3, 2020: <http://www.tobaccofreenv.org/about/mission-priorities/>

(RFA) may require applicant organizations to coordinate with NTPC. The Nevada TCP will not facilitate this part of the process. For more information or to contact NTPC, visit: www.tobaccofreenv.org.

To provide basic Funding for this initiative, the RFA is seeking an applicant to develop a budget of at least \$35,000 to support NTPC. Only applicants not selected to support NTPC through FHN funding in the previous biennium will be considered for this component. Applicants interested in this initiative may request a sample scope of work to develop as part of their work plan.

Available Funding

Subject to legislative authorization, the Division of Public and Behavioral Health 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 (Nevada Revised Statutes 439.630(1)(f))." Available Funding, after administrative costs and Funding statewide tobacco cessation services, is estimated to be approximately \$800,000 for State Fiscal Year 2024 (July 1, 2023 – June 30, 2024).

Awards for Component 1 will account for the burden of tobacco use (based on smoking rates and population size) and maintain the infrastructure for adequate tobacco control program staff. Funding requests should be based on a formula of one dollar (\$1) for each smoker and Funding already committed to program infrastructure. Applicants should estimate appropriate Component 1 funding requests by using 2019 Behavioral Risk Factor Surveillance System data to estimate the number of smokers within their geographical boundaries and population estimates provided by the United States Census Bureau or State or local government demographer source. The Nevada Tobacco Control Program and evaluation committee for this Request for Applicants (RFA) will carefully review proposed budgets for infrastructure. Applicants previously awarded from the prior RFA should include estimates to maintain the same number of tobacco control staff and associated costs such as indirect. These applicants should not include costs related to tobacco control staff funded by local funding sources or grants, including the Centers for Disease Control and Prevention National and State Tobacco Control Program Cooperative Agreement. Additionally, applicants are recommended to note staff and infrastructure costs associated with any additional tobacco control state funding, for which applicants would like considered to be funded on a contingency based on the uncertainty of the overall state budget for the next biennium. New applicants, who historically have not received these funds, may use the suggested amount of \$40,000 to allocate towards infrastructure.

Funds awarded for Component 2 should be estimated based on recommendations from the board or fiscal agent of Nevada Tobacco Prevention Coalition (NTPC) or its successor organization. The minimum amount of Funding estimated to maintain NTPC is \$35,000. However, applicants are encouraged to develop a realistic budget based on the organization's needs even if Funding is limited and the proposed budget may not be fully funded.

Scoring will only impact the burden portion of the formula for funding Component 1. Determining the Funding allocated for infrastructure and Component 2 will be at the discretion of the Evaluation Committee. Guidelines to estimate applicant funding requests are provided in Table 3 below:

Table 3. Annual funding amounts for Request for Applicants State Fiscal Years 2024-2025

Component	Funding Guideline
1	<ul style="list-style-type: none"> • Formula-based: \$1.00 x total population x smoking prevalence x the applicant score + estimated infrastructure budget • Estimates range from \$40,000 to \$215,000 for infrastructure budgets; the target for the infrastructure budget will vary greatly depending on the organization applying and if contingency infrastructure is included
2	<ul style="list-style-type: none"> • \$35,000 minimum • May apply for more funds with accompanying rationale supported by the budget and work plan

Application and Award Process

Application Questions

Questions about the application may be submitted via email to Lily Helzer, Chronic Disease Prevention and Health Promotion Section Manager, lhelzer@health.nv.gov.

Award Process

Applications received by the deadline, February 6, 2022, 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 Request for Applicants components including the submission checklist ([Appendix D](#)). Proposals will be disqualified if they are received after the deadline and may be disqualified if:

- The 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 a financially unstable entity, as evidenced by information gleaned from the Fiscal Management Checklist and accompanying fiscal documents; and/or
- The application is received after the deadline date.

Evaluation Committee

The Evaluation Committee will be comprised of a panel of three scorers. The Nevada Tobacco Control Program (TCP) and the Nevada Grants Management Advisory Committee 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 Chronic Disease Prevention and Health Promotion (CDPHP) Section but supervised outside the TCP. The Evaluation Committee will review and score the application according to the Scoring Guide in Appendix B. Based on the application scores determined by the Evaluation Committee, funding recommendations from GMAC will be reported to the CDPHP and relayed to awardees in March 2023 (month subject to change). The estimated date for the distribution of funds is July 1, 2023.

Final Decisions

Recommendations from the Evaluation Committee regarding the 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;
- Local tobacco control program infrastructure needs;
- 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

The Evaluation Committee will recommend successful applicants to the Grants Management Advisory Committee (GMAC), which in turn recommends applicants to the Department of Health and Human Services Director's Office. Upon approval, applicants will be notified of their award status. The State of Nevada, Division of Public and Behavioral Health, Tobacco Control Program (TCP) staff will conduct negotiations with the applicants recommended for Funding to address any specific issues identified by the Evaluation Committee or GMAC. 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 the availability of funds. Upon successful conclusion of negotiations, the State of Nevada, Division of Public and Behavioral Health, TCP will complete and distribute subgrants, general conditions, assurances, and instructions.

The proposed timeline for application and award is detailed in Table 4.

Table 4. Proposed timeline for application and award

NOFO Timeline	
Task	Due Date/Time*
NOFO Released	December 22, 2022
Letter of Intent due	January 18, 2023, 5:00 PM PST
Questions due	January 23, 2023, 5:00 PM PST

Applications due	February 6, 2023, 5:00 PM PST
Application review and scored by an evaluation committee	February 8 – February 27, 2023
Report funding results	March 2023
Grant Management Advisory Committee (GMAC) Recommendation	March 2023
Finalize work plans for awards	April 3, 2023
DPBH/CDPHP Tobacco Program disseminates Funding	July 1, 2023

*subject to change

Nevada TCP is not responsible for any costs incurred in preparing applications. All applications become the property of the State of Nevada, Division of Public and Behavioral Health, TCP. The TCP reserves the right to accept or reject any or all applications. Projects awarded Funding is deemed to be in the people's best interest of the State of Nevada.

Application Instructions

Failure to follow these instructions may result in disqualification of the application. Applicants are encouraged to participate in the Request for Applicants Technical Assistance call, which will cover information about the application process. Applicants can assign appropriate representatives to participate in 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, you must at least respond with "Not applicable."
- For the project narrative and work plan, the 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, brochures, newspaper clippings, photographs, media materials, etc.
- Applicants will be asked to attach specific documents and forms to their applications. Refer to the checklist at the end of the application template ([Appendix D](#)).

- Attachments must be typed or computer-generated and formatted similarly 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:

lhelzer@health.nv.gov and Mharden@health.nv.gov

The Notice of Intent must be sent by email **no later than January 18, 2023, 11:59 PM Pacific Standard Time (PST)**. The Notice of Intent should specify the components for which the agency or program intends to apply.

Project Narrative Instructions

All applicants applying for Component 1 funding must include a project narrative. Appendix C (Part II) includes a template for the project narrative. In total, there are six sections in the project narrative template. Character limits are intended to restrict narratives to approximately three 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.

[Appendix C](#) is available as a Word (.doc, .docx) document to agencies or programs that submit a Notice of Intent.

Work Plan Instructions

All applications must include a work plan summarizing objectives and activities for the first year. Only one 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 Request for Applicants are being addressed. The template is available as a Word (.doc, .docx) document to agencies or programs that submit a Notice of Intent. It is recommended to only list five key activities under each objective. No more than eight activities should be listed in the work plan for any single objective.

Budget Instructions

All applications must include detailed project budgets for both state fiscal years. The budget should accurately represent 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 the total match within and between all forms and sections.**

Budget Requirements

Proposals funded in part or whole under Nevada Revised Statutes 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 eight 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 Funding. If travel is not feasible due to a public health crisis or any other reason, applicants will receive guidance on adjusting their budgets as part of the award process.** More details regarding the annual meeting can be found in the section pertaining to reporting requirements ([Appendix A](#)).

Proposals are also required to budget for at least one internship to address health equity as part of the activities in corresponding work plans. The rate of pay and related costs, such as equipment for an intern position, are at the discretion of the applying organization. The minimum number of intern hours that should be budgeted is fifty (50 hours).

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 incentives.** For awardees directly conducting surveys, it is recommended that pre-paid incentives ranging from \$1 to \$5 are used. Further information about the prior approval process and incentive guidelines are 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 US 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 sub-recipient may not exceed more than 5% of their total FHN budget (or an annual maximum of \$2,000, whichever is less) for food expenses unrelated to travel.

Other expenses generally not allowable include tobacco cessation materials and items to be distributed to the general public instead of youth.

SUBMISSION INSTRUCTIONS

An electronic copy of all application components attached to an email is required and should be sent to both: lhelzer@health.nv.gov and mharden@health.nv.gov

Applications must be received no later than Friday, February 5, 2021, at 11:59 PM PST. A notice of receipt will be issued via email within three business days of submission. Please contact Lily Helzer at lhelzer@health.nv.gov immediately if a notice of receipt is not obtained three business days after submission. **Late submissions will be disqualified.** The Nevada Division of Public and Behavioral Health, Nevada Tobacco Control Program is not responsible for lost 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 in the approved budget, allocable to the award, and allowable under all applicable statutes, regulations, policies, and procedures.

Reporting Requirements

The awardee will provide and complete the initial reporting template 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 the 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 weeks before the next quarterly report is due.

Awardees will be required to participate in four group technical assistance calls each fiscal year with or without additional partners or stakeholders. An annual partner meeting may substitute for one group call. The reporting and technical assistance call schedule are illustrated in Table 5.

Table 5. Proposed schedule for quarterly reports and group Technical Assistance calls

SFY	Quarter Period	Due Date for Quarterly Report	Date and time for group Technical Assistance call
22	Quarter 1 (July 1-September 30, 2023)	October 15, 2023	November 13, 2023, 10:00 AM
22	Quarter 2 (October 1-December 31, 2023)	January 15, 2024	February 12, 2024 10:00 AM
22	Quarter 3* (January 1-March 31, 2024)	April 15, 2024	May 13, 2024, 10:00 AM
22	Quarter 4 (April 1-June 30, 2024)	July 15, 2024	August 12, 2024, 10:00 AM
23	Quarter 1 (July 1-September 30, 2024)	October 15, 2024	November 11, 2024

23	Quarter 2 (October 1-December 31, 2024)	January 15, 2025	February 10, 2025, 10:00 AM
23	Quarter 3 (January 1-March 31, 2025)	April 15, 2025	May 12, 2025 10:00 AM
23	Quarter 4 (April 1-June 30, 2025)	July 15, 2025	August 11, 2025, 10:00 AM (Wrap- up)

*Interim report and spend down record used to determine and confirm Year Two funding.

Awardees will be required to attend an annual two-day meeting. 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 6).

Table 6. Tentative schedule for partner meetings

SFY	Proposed Meeting Location	Tentative Date Range
24	TBD (Las Vegas, rural, or virtual)	January – June 2024
25	Carson City or Reno	January – March 2025

211 Information and Referral

A statewide resource helpline has been established in Nevada to provide a single point of entry to assist consumers and families with reliable, appropriate information, referral, and assistance. 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://www.nevada211.org/> -- to learn how to submit or revise information.

APPENDIX B – COMPONENT 1 SCORING GUIDE

Scoring Guide	Total Points
<u>Narrative (20 points)</u>	
Purpose: Addresses and articulates the burden of tobacco.	3
Funding Request: Appropriate amount was requested, and 2020 BRFSS Smoking Prevalence data was used to determine the population burden. (Y/N)	2
Client Demographics (Burden, Disparities, and Population Characteristics): 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	5
Year 1 Strategies/Activities: 1) Two-year outline of strategies and activities to be implemented to achieve project outcomes is clear, concise, and feasible; 2) Strategies referenced or proposed are evidence-based and consistent with <i>Best Practices Guidebook</i>	5
Year 2 Strategies/Activities: 1) Two-year outline of strategies and activities to be implemented to achieve project outcomes is clear, concise, and feasible; 2) Strategies referenced or proposed are evidence-based and consistent with <i>Best Practices Guidebook</i>	5
<u>SFY 22 Work Plan (100 points)</u>	
The work plan is logical and organized; all required work plan components included (outputs, indicators, and completeness of template)	10
Objective(s) consistently use SMARTIE (specific, measurable, attainable, relevant, timely, inclusive/ equitable) 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

<ul style="list-style-type: none"> Objective listed under Goal 1 results in a specific output that relates to policy impacting youth or youth adults Objective listed under Goal 3 results in youth being referred to the <i>My Life, My Quit</i> Program. 	
<p><u>State Fiscal Year 24-25 Budgets (30 points)</u></p>	
<p>Budget instructions followed</p>	<p>6</p>
<p>Extent the budgets support the work plan and Request for Applicants priorities and requirements</p>	<p>12</p>
	<p>12</p>

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

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APPENDIX C – PROPOSAL CONTENT

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

I. APPLICANT INFORMATION

Agency Name	
Legal Name	
Also Known As	
Mailing Address	
City, State, Zip Code	
Main Organization Phone	
Main Organization Fax	
Organization Email Address	
Website Address	
Indicate One – Nonprofit or For-Profit Organization	
Accreditation and Expiration Date (if applicable)	
Tax Identification Number	
Primary Organization Contact, Land and Cell Phone Numbers, Email	
Primary Program Contact, Land and Cell Phone Numbers, Email	

Primary Fiscal Contact, Land and Cell Phone Numbers, Email	
NAME OF PROGRAM OR TITLE OF PROJECT for which funds are requested	
Total Amount of Funding Requested for Two Years	

II. PROJECT NARRATIVE TEMPLATE

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

Component 1 Project Narrative Template	
<u>1-Purpose (500-character limit)</u>	
<u>2- Annual Funding Request Breakdown* (500-character limit)</u>	Tobacco use burden (show formula): Program infrastructure (and specify number of positions supported): Total request:
<u>3-Client Demographics (1,500-character limit)</u>	
<u>4-Year 1 Strategies/Activities (2,000-character limit)</u>	
<u>5-Year 2 Strategies/Activities (2,000-character limit)</u>	

*Only Component 1 funding should be included in the project narrative

Note that character limits are "**with spaces**" and should restrict the project narrative to three or less pages.

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

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APPENDIX D – CHECKLIST

Required Submission Items:

- 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 (Template available after submitting a Notice of Intent)

Optional Submission Items:

- 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 the most recent OMB A-133 Audit (if the 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)

Note: Optional items are unnecessary for applicants awarded through the Fund for Healthy Nevada Tobacco Request for Applicants for State Fiscal Years 2022-2023 by the Tobacco Control Program. However, optional items may be required later during the award process at the request of the Tobacco Control Program.

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