

Joe Lombardo
Governor

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Director



State of Nevada
Department of Health and Human Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public and Behavioral Health (DPBH)
Bureau of Child, Family, Community Wellness
Chronic Disease Prevention and Health Promotion (CDPHP)
4150 Technology Way,
Carson City, Nevada 89706
Telephone (775) 684-2205
<http://dhhs.nv.gov>

NOTICE OF FUNDING OPPORTUNITY (NOFO):
FOR
FUND FOR A HEALTHY NEVADA (FHN):
Tobacco Services
Release Date: January 17, 2025

**Letter of Intent (LOI) to be Submitted: On or before January 31, 2025, 5:00 PM
Pacific Standard Time (PST)**

Must be submitted to CDPHP.wellness@health.nv.gov with 'NOFO-FHN:
Tobacco LOI' in subject line.

DEADLINE FOR APPLICATION SUBMISSION: February 20, 2025, 5:00 PM PST

Must be submitted to CDPHP.wellness@health.nv.gov
with 'NOFO-FHN: Tobacco Submission' in subject line.

For additional information, please contact:
Tobacco Control Program
tafroz@health.nv.gov

DEPARTMENT OF HEALTH AND HUMAN SERVICES NOTICE OF FUNDING OPPORTUNITY (NOFO) SUMMARY

Notice of Funding Type: New Award

Any applicant who wants to be considered for funding under the Fund for a Healthy Nevada must submit a proposal in compliance with this NOFO, including any applicant currently receiving FHN funds. This NOFO may also be used for future state or federal subgrant awards should additional funds become available.

Funding Opportunity Award Type: Subgrant

Project Period: As part of the application process, the scope of work with timeline and budget must be submitted for each project period: August 1, 2025 – June 30, 2026, and July 1, 2026 – June 30, 2027.

Estimated Dollar Available: Total amount: \$ 1,101,954 Annually

Reporting Periods: Quarterly

Award Restrictions: Ensure all proposals comply with the Nevada Department of Health and Human Services, [Grant Instructions and Requirements \(GIR\)](#). All funding is subject to change, based on the availability of funds, federal awards, and the state’s needs. By submitting a proposal or responding to this NOFO, there is no guarantee of funding or funding at the level requested. Once awarded, the contract may be terminated by either party prior to the date set forth on the contract, provided the termination shall not be effective until 30 days after a party served written notice upon the other party.

NOFO Timeline	
Task	Due Date/Time*
NOFO Released	January 17, 2025
Letter of Intent Due	January 31, 2025, 5:00 PM PST
Questions Due	February 6, 2025, 5:00 PM PST
Applications Due	February 20, 2025, 5:00 PM PST
Application Review and Scored by Evaluation Committee	February 24- March 14, 2025
Reporting Funding Results	April 2025

Grant Management Advisory Committee (GMAC) Recommendation	April 2025
Finalize Work Plans for Awards	May 5, 2025
DPBH/CDPHP Tobacco Program disseminates funding	August 1, 2025

*Subject to Change

FUNDING OPPORTUNITY INTRODUCTION

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”.

Eligible Applicants

Only local health districts in Clark and Washoe Counties may apply for funds to address tobacco control in these two county jurisdictions. For other counties, nonprofit and public agencies (including local government agencies, universities, and community colleges) may apply if they want to provide services that address tobacco control among Nevada residents. For details, please refer to the restrictions outlined by NRS 439.630(1)(f), which directs funding to be allocated to the following by contract or grant.

- To the district board of health in each county with a population of 100,000 or more for expenditure on such programs in the respective county.
- For such programs in counties whose population is less than 100,000 and
- State-wide programs for tobacco cessation and other state-wide services for tobacco cessation and the state-wide evaluation of programs that receive an allocation of money under this paragraph, as determined by the Division and District Boards of Health.

This RFP invites applicants under Paragraphs (1) and (2) of the statute above to administer tobacco control programs. Part (3) has already been addressed through a competitive bidding process. Applications from those not qualified under Parts (1) or (2) will not be reviewed.

Problem/Burden

Worldwide, eight million deaths per year result from commercial tobacco use and exposure to secondhand smoke.¹ In the United States, cigarettes and other combustible tobacco products overwhelmingly cause disease and death from commercial tobacco use.² Cigarette smoking kills more than 480,000 Americans each year.² According to Behavioral Risk Factor Surveillance System (BRFSS) data, in 2022, 14.8% of adults in the United States and 12.8% of adults in Nevada currently smoke cigarettes. Cigarette smoking causes diseases in almost every organ of the human body, including heart disease, stroke, type 2 diabetes, and chronic obstructive pulmonary disease (COPD).⁴ Cigarette smoking cost the United States more

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

² 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.

than \$600 billion in 2018, including more than \$240 billion in healthcare spending and nearly \$372 billion in lost productivity.^{5,6} A 2019 study across 30 United States cities found that the lowest-income neighborhoods had nearly five (5) times more tobacco retailers than the highest-income neighborhoods.^{3,6} 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 a lower likelihood of successful quitting.^{4 5 6 7} Youth and young adults are particularly affected by the harmful effects of nicotine.⁸ Each day, an estimated 2,100 youth and young adults who have occasionally smoked become daily cigarette smokers.⁹ According to the 2021 – 2023 Nevada High School Youth Risk Behavior Survey (YRBS) Comparison Report, e-cigarette use among middle school students in Nevada rose from 12.6% in 2021 to 15.8% in 2023.¹⁰ In 2023, 15.1% of U.S. high school students and 8.4% of U.S. middle school students – a total of 3.6 million youth – reported current use (use in the past 30 days) of e-cigarettes.^{10,11}

Definitions and General Purpose

This RFP allocates funding to administer tobacco control services that align with CDC guidelines, aiming to improve the health and well-being of Nevada residents. To achieve this, the objectives and activities for funding must reflect and incorporate state and national tobacco control goals and

³ 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_ExecSummary.pdf. List of 30 U.S. cities included available at: <https://aspirecenter.org/>.

⁴ 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.

⁵ 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.

⁶ 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.

⁷ 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.

⁸ 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.

⁹ 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.

¹⁰ 2021 – 2023 Nevada Middle School YRBS Comparison Report.

¹¹ 2021 – 2023 Nevada High School YRBS Comparison Report

evidence-based interventions, as detailed in the “Best Practices for Comprehensive Tobacco Control Programs—2014” (Best Practices Guidebook).

Best Practices Guidebook

Evidence-based, state-wide tobacco control programs that are comprehensive, sustainable, and accountable effectively reduce smoking rates, tobacco-related diseases, and deaths. A comprehensive, state-wide tobacco control program coordinates efforts to establish smoke-free policies and social norms, promote and assist tobacco users in quitting smoking, and prevent the initiation of tobacco use. Understanding this same framework of tobacco control interventions allows for increased effectiveness and coordination and opens the possibility of combining efforts. This framework requires recipients to design programs, as outlined in the Best Practices Guidebook.

To obtain a copy, visit: <https://www.cdc.gov/tobacco/php/state-and-community-work/guides-for-states.html>

Refer to this resource when developing activities in response to RFP.

2026-2027 State and National Tobacco Control Goals

The goals promoted by the Nevada Tobacco Control Program (TCP) to address the burden of tobacco use in Nevada are as follows:

- I. Reduce initiation and use of tobacco, vapor and related products among youth and young adults.
- II. Eliminate exposure to secondhand smoke and electronic smoking device emissions.
- III. Promote quitting of tobacco and electronic smoking device use among adults and youth.
- IV. Identify and eliminate tobacco-related disparities.

“Identify and eliminate tobacco-related disparities” is a cross-cutting goal for the abovementioned three goals. The Nevada Tobacco Control Plan guides state tobacco control work by providing a five-year strategic framework that supports state and national control goals. Applicants can find the 2024-2029 Tobacco Control Plan online.:

<https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Programs/TPC/Nevada%20Tobacco%20Control%20Plan%202024-2029.pdf>.

FUNDING REQUIREMENTS/CONSIDERATIONS

Program activities may not duplicate those supported by other funding sources and grants. However, the proposed program activities may support existing or ongoing efforts to 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 documents submitted by applicants in response to this RFP.

Components of the RFP

As outlined in Table 2, there are two funding opportunity components.

Table 1: Funding opportunity components

Component	Goals and Priorities	Number 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 • Increase quality referrals to the state Quitline 	3 to 5	\$765,000 Maximum
2	<ul style="list-style-type: none"> • Statewide collaboration 	1	\$35,000 Minimum

The number of available awards varies based on the number of applications submitted. Applicants may apply to any or all components. To strengthen the chances for an award for Component 2, applicants must submit a compelling application for Component 1. The TCP seeks to award Component 2 to an applicant who secures Component 1 whenever possible.

Component 1:

Funding for Component 1 addresses the State and National Tobacco Control Goals. Applicants should prioritize employing “environmental approaches that promote health and support and reinforce healthy behaviors state-wide

and in communities” for most of the objectives proposed in their work plans, as outlined on page 21 of the Best Practices Guidebook.

Organize activities aligned with Goal I to support no more than four objectives. While the RFP outlines three objectives, applicants can reuse a past objective to apply it to the organization.

For Goal II, the RFP 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 initial 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 upon prior work. In support of Goal III, applicants must develop activities for at least one required objective. Then, they may also address a second objective designed to build on previous work to promote electronic referrals to the Quitline from health systems or providers. Table 3 provides additional information to help the applicants develop their work plans.

Table 2: Objectives and Work Plan Guidance

TCP Goal	#	Objective	Work Plan Guidance
1. Reduce initiation and use of tobacco, vapor and related products among youth and young adults.	1.1	By June 30, 2026, 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.	<p>Either Objective 1.1 or 1.2 is required. Applicants may choose both. If the applicant works on this objective under CDC funding, they must develop activities distinct and specific to this proposal.</p> <p>One critical activity should include partnering with another organization capable of effectively educating decision makers.</p>

	1.2	By June 30, 2026, partners and youth will educate decision-makers and the public on the benefits of one (1) state-wide policy to restrict the sale of flavored tobacco products, including menthol products.	<p>Either Objective 1.1 or 1.2 is required. Applicants may choose both.</p> <p>One critical activity should include partnering with another organization capable of effectively educating decision makers.</p>
	1.3	Through June 30, 2026, 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.	<p>Optional objective.</p> <p>Support only existing campaigns through this objective.</p> <p>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.</p>
	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.]	<p>Optional Objective.</p> <p>Applicants with experience in tobacco control and prevention may choose to update one of their previously used objectives, ensuring no overlap with Objectives 1.1, 1.2, or 1.3.</p>
2. Eliminate exposure to secondhand smoke and electronic smoking	2.1	By June 30, 2026, increase the number of jurisdiction-wide smoke/tobacco-free policies within [insert county or city name] from X to Y.	<p>Required Objective</p> <p>The required objective is that applicants may strengthen the objective by specifying a comprehensive tobacco-free policy.</p>

device emissions.			
3. Promote quitting of tobacco and electronic smoking device use among adults and youth.	3.1	By June 30, 2026, 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, 2026, 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 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 number of enrolled participants divided by the number of electronic referrals defines the conversation rate of electronic referrals. Applicants may request specific data 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 must set realistic, numerical measures in place of the “X” or “Y” placeholders in the table above. Minor objective

changes may be required, and applicants should add details whenever possible. Applicants should focus on working within RFP guidelines for the proposed work plan. The objectives may be altered and finalized later in the award process.

Applicants must include well-developed activities for all three goals in their proposed work plan. They should use no more than seven activities per objective and listing only five key activities per objective is recommended. An applicant's work plan should have between three and seven objectives.

Additionally, applicant organizations must include at least one paid Health Equity Internship to work on the activities listed in their proposed plans for each year they are awarded. Applicants should consider intern candidates with a background or educational interest in a priority population facing health inequities or disparities based on their community needs assessment and local data. Internships should last at least 50 hours, but applicants may extend the duration at their discretion. Awardees will be encouraged to be open to a broad range of candidates for this internship, such as seniors in high school. These recent high school graduates recently received their General Educational Diploma and undergraduate and graduate college students. Awardees will receive guidance on using this internship to grow and improve partnerships in support of the State's Tobacco Control 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 Control and Smoke-Free Coalition (NTCSC). Additionally, applicant organizations are encouraged to participate in NTCSC activities by joining at least one committee.

Component 2: State-wide Collaboration Initiative

Like Component 1, Component 2 requires applicant organizations to be current participating members or become NTCSC members. The Coalition's mission is to: "improve the health of all Nevadans by advocating to eliminate exposure to secondhand smoke and vape emissions, expand access to cessation, and reduce commercial tobacco use."¹² Continued support and development of the NTCSC are crucial for facilitating state-wide strategic planning to advance the State and National Tobacco Control Goals. This RFP component may require applicant organizations to coordinate with the NTCSC. The Nevada TCP will not facilitate this part of the process. For more

¹² <https://nvtobaccopreventioncoalition.org/>

information or to contact NTCSC, visit <https://nvtobaccopreventioncoalition.org/>

To provide primary funding for this initiative, the RFP seeks an applicant to develop a budget of at least US\$ 35,000 to support NTCSC. Only applicants not selected to support NTCSC through FHN funding in the previous biennium will be considered for this component. Applicants interested in this initiative may request the development of a sample scope of work as part of their work plan.

Available Funding

Subject to legislative authorization, the DPBH is projecting \$1,101,954 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 covering administrative costs and funding state-wide tobacco cessation services, the estimated amount is \$800,000 for SFY26 (July 1, 2025 – June 30, 2026).

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. Applicants should base their funding requests on a formula of one dollar (\$1) for each smoker and the funding already committed to the program infrastructure. To estimate appropriate Component 1 funding requests, applicants should use 2023 BRFSS data to determine the number of smokers within their geographical boundaries and population estimates from the US Census Bureau, State, or local government demographer sources.

The TCP and evaluation committee for this RFP will carefully review the proposed budgets for the infrastructure. Applicants previously awarded from the prior RFP should include estimates to maintain the same number of tobacco control staff and associated costs, such as indirect costs. These applicants should not include costs related to tobacco control staff funded by local funding sources or grants, including the CDC’s National and State Tobacco Control Program Cooperative Agreement. Additionally, applicants should account for the staff and infrastructure costs linked to SFY26 state funding. Given the uncertainty of the overall state budget for the next biennium, they should specify the costs for which they seek contingency funding. New applicants who have historically not received these funds may allocate the suggested amount of \$40,000 to infrastructure.

The funds awarded for Component 2 should be estimated based on recommendations from the board or fiscal agent of the NTCSC or its

successor organization. The minimum amount of funding estimated to maintain NTCSC is \$35,000. 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 receive full funding.

Scoring will only affect the burden portion of the formula for funding component 1. Determining the funding allocated to infrastructure and component 2 will be at the discretion of the Evaluation Committee. The guidelines for estimating applicant funding requests are provided in Table 4.

Table 3: Annual funding amounts for FHN RFP State Fiscal Years 2026-2027

Component	Funding Guideline
1	<ul style="list-style-type: none"> • Formula-based: $\\$1.00 \times \text{total population} \times \text{smoking prevalence} \times \text{the applicant score} + \text{estimated infrastructure budget}$ • Estimates range from \$40,000 to \$215,000 for infrastructure budgets; the budget target will vary 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 SUBMISSION INFORMATION

Application Questions

Questions about the application may be submitted via email to Taliman Afroz, the Population Health and Wellness Manager, tafroz@health.nv.gov.

Award Process

Applications received by the deadline, February 20, 2025, 5:00 PM Pacific Standard Time (PST), are 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 RFP components, including the submission checklist ([Appendix D](#)). Proposals will be disqualified if they are received after the deadline and will be disqualified if:

- The applicant is not eligible under any state or federal statute or the requirements of this RFP.
- The application lacks any of the required elements.
- The application does not conform to the standards for character limits, type size, and 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 was received after the deadline.

Evaluation Committee

The Evaluation Committee will be comprised of a panel of three 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 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 2025 (month subject to change). The estimated date for the distribution of funds is August 1, 2025.

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 state-wide 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 added 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 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, Nevada Tobacco Control Program 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, Nevada Tobacco Control Program will complete and distribute Notices of Award, general conditions, assurances, and instructions.

Table 4: The proposed timeline for application and award

NOFO Timeline	
Task	Due Date/Time*
NOFO Released	January 17, 2025

Letter of Intent Due	January 31, 2025, 5:00 PM PST
Questions Due	February 6, 2025, 5:00 PM PST
Applications Due	February 20, 2025, 5:00 PM PST
Application Review and Scored by Evaluation Committee	February 24- March 14, 2025
Reporting Funding Results	April 2025
Grant Management Advisory Committee (GMAC) Recommendation	April 2025
Finalize Work Plans for Awards	May 5, 2025
DPBH/CDPHP Tobacco Program disseminates funding	August 1, 2025

*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, Nevada Tobacco Control Program. Nevada TCP reserves the right to accept or reject any or all applications. Projects awarded funding are 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.

General Formatting

- Applicants 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 files 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 the following email address: CDPHP.wellness@health.nv.gov. The email subject line should be “NOFO-FHN: Tobacco LOI”.

The Notice of Intent must be emailed no later than Monday, January 31, 2025, 5:00PM PM 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. 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 RFP 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 that only five key activities be listed under each objective. For any objective, no more than eight activities should be listed in the work plan.

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 unit cost, quantity, and totals column on the budget narrative should include only funds requested in this application. The budget narrative description should not include budget items funded through other sources. Ensure all figures add up correctly and the total matches 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, non-profit 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 that must 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 about reporting requirements ([Appendix A](#)).

Proposals must also 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 to be budgeted is fifty (50).

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

Food is 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 approval documentation should accompany reimbursement requests. Approval for food purchases will only be given on a case-by-case basis for activities 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 that are not allowable include tobacco cessation materials and items to be distributed to the public instead of youth.

SUBMISSION INSTRUCTIONS

An electronic copy of all application components attached to an email is required and should be sent to following email address: CDPHP.wellness@health.nv.gov. The email subject line should be “NOFO-FHN: Tobacco Submission”.

Applications must be received by Wednesday, February 20, 2025, at 5:00 PM PST. A receipt notice will be emailed within three business days of submission. Please contact Taliman Afroz at tafroz@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 must

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 following quarterly report is due.

Awardees must participate in four group technical assistance (TA) calls each fiscal year with or without additional partners or stakeholders. An annual partner meeting may substitute for one group call. The reporting and TA call schedules are illustrated in Table 6.

Table 5: Proposed schedule for quarterly reports and group TA calls

SFY	Quarter Period	Due Date for Quarterly Report	Date /time for group TA call **
26	Quarter 1 (August 1-September 30, 2025)	October 15, 2025,	November 13, 2025, 10:00 AM PST
26	Quarter 2 (October 1-December 31, 2025)	January 15, 2026,	February 12, 2026, 10:00 AM PST
26	Quarter 3* (January 1-March 31, 2026)	April 15, 2026,	May 13, 2026, 10:00 AM
26	Quarter 4 (April 1-June 30, 2026)	July 15, 2026	August 12, 2026, 10:00 AM
27	Quarter 1 (July 1-September 30, 2026)	October 15, 2026	November 11, 2026
27	Quarter 2 (October 1-December 31, 2026)	January 15, 2027	February 10, 2027, 10:00 AM
27	Quarter 3 (January 1-March 31, 2027)	April 15, 2027	May 12, 2027, 10:00 AM
27	Quarter 4 (April 1-June 30, 2027)	July 15, 2027,	August 11, 2027, 10:00 AM (Wrap-up)

*Interim report used to determine and confirm SFY 27 funding.

****Subject to change**

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
22	TBD (Las Vegas, rural, or virtual)	January – June 2026
23	Carson City or Reno	January – March 2027

211 Information and Referral

A state-wide resource helpline has been established in Nevada to provide a single point of entry to assist consumers and families with reliable, appropriate information, referrals, and assistance. All awardees must 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: An appropriate amount was requested, and 2023 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 the <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 the <i>Best Practices Guidebook</i>	5
<u>SFY 26 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 SMART (specific, measurable, attainable, relevant, timely) criteria	10

Extent activities use evidence-based interventions to address the specific components/goals/strategies in the work plan	25
Potential impact or reach of crucial activities	15
Disparities addressed, and appropriate target populations identified	15
Supports RFP requirements [examples below] <ul style="list-style-type: none"> • The objective listed under Goal 1 results in a specific output related 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. 	25
<u>SFY 26-27 Budgets (30 points)</u>	
Budget instructions followed	6
The extent the budgets support the work plan and RFP priorities and requirements	12
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]	12

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

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APPENDIX C – PROPOSAL CONTENT

After submitting a Notice of Intent, this appendix will be available as a Word (.doc, .docx) document.

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 – Non-profit or For-Profit Organization	
Accreditation and Expiration Date (if applicable)	
Tax Identification Number	

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

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 the 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 fewer pages.

III. CERTIFICATION

Verify your organization has read, understood, and agreed with the instructions and requirements 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
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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 FHN RFP for State Fiscal Years 2026-2027 by the TCP. However, optional items may be required later during the award process at the request of the TCP.

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