

2013-2015 Request for Applications (RFA) for Local Community-Based and Minority-Based Partnerships in Tobacco Prevention and Cessation

The Indiana State Department of Health's Tobacco Prevention and Cessation Commission (TPC) seeks to fund grantees at the local level to coordinate the local community-based and minority-based component of Indiana's tobacco prevention and cessation program. TPC wants to ensure that as many counties as possible continue their tobacco control programs in Indiana. As in previous funding cycles, no one single agency type has been selected as the Lead Agency for the community-based programs. TPC recognizes that different organizations may assume this responsibility in different counties. County partners should select one Lead Agency. **Local community-based and minority-based grants will not be guaranteed for each and every county.**

This RFA is an invitation for communities to join together to make the Indiana Tobacco Prevention and Cessation Commission's vision... *To significantly improve the health of Hoosiers and to reduce the disease and economic burden tobacco use places on Hoosiers of all ages...*a reality for the State of Indiana.

This RFA is based on the objectives and strategies outlined in the Indiana Tobacco Control 2015 Strategic Plan (<http://www.in.gov/isdh/tpc/2351.htm>). Coalitions should refer to TPC's 2013-2015 Request for Application Workshop binder for additional resources. TPC reserves the right to correct any errors in and/or omissions in the application.

APPLICANT ELIGIBILITY

A public or private, state, or local government entity may apply as the Lead Agency for the local community-based partnerships for the TPC program. A public or private minority entity may apply as an agency for the minority-based partnerships for the TPC program. A minority entity is defined as an entity that is controlled by one (1) or more persons who are: (A) United States citizens; and (B) members of a minority group. "Minority group" means the following: (A) Blacks, (B) American Indians, (C) Hispanics, (D) Asian Americans, (E) Other similar minority groups as defined by 13 CFR 124.103. "Controlled" means having direct control over the management and active in the day-to-day operations of the entity.

TPC will only approve one community-based contract in any one county. Ideally, TPC recommends that organizations interested in serving as the Lead Agency for a county work together to submit one community-based application. Should TPC receive multiple community-based applications from a county, TPC will:

1. Encourage the applicants to meet jointly with the coalition to determine which organization is best suited to serve as the Lead Agency and request a rewrite of a cooperative application; or
2. If the county cannot make a determination, TPC will accept more than one application for review and approve one application. However this approach is highly discouraged.

A Lead Agency may apply as a consortium of counties; however, separate applications are required for each county.

TPC will accept more than one minority-based application per county.

Submission of an application does not guarantee the placement of a contract with the applicant. TPC reserves the right to seek out an alternate Lead Agency should the review team not approve an application and should prior program and fiscal accountability be below standards. Should TPC elect to solicit an application from a potential Lead Agency, the deadline for submission of the application will be outside of the dates listed in this document.

What is a Lead Agency?

- **The Lead Agency is the Fiscal Agent.** A separate Fiscal Agent and Lead Agency is not allowed.

- **The Lead Agency must have a Federal Identification Number.** In order to receive grant funds, the Federal Identification Number used must be registered to the Lead Agency. TPC will not accept a Lead Agency using another organization's Federal Identification Number.

Lead Agency Responsibilities

- **Financial Responsibilities**
 - Serve as the fiscal officer for the grant
 - Submit Monthly Invoices, Quarterly Fiscal Reports, and Monthly Program Reports by due dates
 - Respond timely to periodic information requests
 - Be registered with the Indiana Secretary of State
 - Fulfill the terms of the contract
 - Establish a separate account or ledger for grant funds to ensure that TPC funds are not comingled with other funds
 - Participate in monitoring engagement to review fiscal compliance
 - Conduct an audit to be paid by grant recipient (if required by law)
 - Provide additional financial information if requested

- **Programmatic Responsibilities**
 - Participate actively in the preparation of the work plan
 - Ensure that the Lead Agency is educated on tobacco control priorities
 - Demonstrate collaboration with other key partners in the preparation of the work plan
 - Agree to serve as the key contact point for required reporting to TPC
 - Submit Monthly Invoices, Quarterly Fiscal Reports, and Monthly Program Reports by due dates
 - In the absence of a coalition coordinator, ensure that the Lead Agency is represented at coalition meetings, training events, conference calls and cluster meetings
 - Assure that all grant related staff (coalition coordinator) participate in all TPC training events
 - Participate in all evaluation and accountability activities including monitoring of subcontracts and mini grants
 - Respond timely to periodic information requests

- Promote and conduct the Youth Tobacco Survey data collection. Disseminate results to school administrators
- Designate an in-house Lead Agency staff person to serve as the Supervisor for the Coordinator. Coordinator will report directly to the Lead Agency staff person.

Lead Agency and Coalition Responsibilities

Although the Lead Agency plays a critical coordination and leadership role in the implementation of this grant, the coalition and related partners are the Community Program. It is through the collaborative effort of this diverse group of committed organizations, and its resources, that work is accomplished and goals met. Coalition members are responsible for selecting the Lead Agency. The Lead Agency is responsible for supporting the coalition throughout the grant. The Lead Agency should be an active member of the coalition.

The coalition and its member organizations will carry out many of the activities outlined in the RFA; therefore, the Lead Agency plays an essential role in providing staff time and support to the coalition. The Lead Agency must:

- Assure that a qualified coalition coordinator is employed full or part time to this program. Additional staff may be hired based on the needs of the coalition.
- Assure that resources are available for the coalition that may include meeting accommodations and notices, logistical assistance and other necessary support.
- Assure that hours billed to this grant for staff time are devoted solely to working on the approved work plan.
- Assure that a communication mechanism is developed and maintained to keep coalition members informed of activities and events.
- Assure that the coalition's member organizations are provided opportunities to develop specific experience in tobacco prevention and cessation interventions.

Coalition Training Requirements

Program staff must attend required TPC conferences, meetings, and training sessions. Attending required training sessions and conferences is critical for building and maintaining the skills of the staff with responsibility for carrying out the program requirements and is a term and condition of this application. Program staff will accept technical assistance from TPC throughout the course of the grant period to implement their respective work plan. Program staff are required to participate in, at minimum:

- **Conference Calls:** All grantees are required to participate in all scheduled partnership conference calls.
- **New Coordinator Training Program:** All new coordinators are required to participate in the TPC Coordinator Training Program, including Tobacco 101, Media & Policy Advocacy training, and the Coordinator-to-Coordinator (C2C) mentoring program.
- **Regional Meetings and/or Cluster Meetings:** Regional meetings scheduled for 2013-2015 (three of these will occur throughout the length of the grant)
- **Partner Information Exchange:** 1 to 2 day statewide conference for program staff and coalition members
- **A minimum of four (4) optional TPC trainings sessions.**

Training Performance Measure

Evidence of attendance at required TPC conferences, meetings, conference calls, and training sessions will be required. The proportion of TPC partners receiving training is a TPC commission metric submitted quarterly to the Indiana State Department of Health's Office of Public Health Performance Management (OPHPM) and is then sent to the Office of Management and Budget with the State of Indiana.

TPC RESPONSIBILITIES

- Fiscal Responsibilities
 - Indiana State Department of Health Tobacco Prevention and Cessation Commission (TPC) will monitor the fiscal process for each contract
 - Review and approve contracts
 - Receive and monitor required fiscal reports
 - Provide training and technical assistance to contract agencies to assure compliance with fiscal rules and procedures to contract staff and to help manage budgets

- Programmatic Responsibilities
 - Guide the contracted program process by providing priorities for action
 - Review goals, work plan activities and outcomes of coalition action using reports submitted electronically as prescribed, throughout the contract
 - Provide technical assistance and training throughout the contract using site visits, telephone, written communication and webinar, and electronic materials and information tools
 - Provide management through assigned TPC program and administrative staff
 - Communicate current tobacco control events, international, national, state and local through e-mail and face-to-face means

GRANT DESCRIPTION

The grant consists of five sections with several forms and attachments. See **Page 25** for Application Checklist.

1. The Administration section outlines the accomplishments of the coalition during the current grant period (2011-2013) if applicable. This section requires the coalition to write its vision for the next two years and provide at least three goals that are well documented and explained in the 2013-2015 work plan. Be succinct in completing these requirements but demonstrate success and vision and goals for the upcoming grant cycle. New applicants should summarize their vision and goals in this section. Additionally, this section requires cover sheet completion to include at least three different signatures and information about the proposed Lead Agency, including the understanding of financial and programmatic responsibilities. The Smokefree Air Model Ordinance Agreement Form is in this section.

2. The Coalition Assessment section addresses how the coalition plans to build and maintain a partnership across diverse sectors of the community in order to build a broad-based coalition of support for social norm changes related to tobacco control policy change. The applicant is required to describe the coalition's partner organizations. Each key coalition partner is required to complete a partner profile. Please include at least one partner profile from each sector of the community (refer to Summary of Coalition Partners). A significant portion of this section is devoted to identifying and assessing the disparately-affected population groups in the community and describing the collaboration between the community and minority-based partnerships, where applicable.
3. The Cessation Systems Change section reflects TPC's approach to tobacco treatment and increased tobacco quit attempts. This approach is based on impacting the community at large. Cessation interventions must impact a large number of tobacco users. Therefore, TPC does not fund community cessation classes. TPC's vision is for every health care provider, employer and institution to know about and refer to the Indiana Tobacco Quitline. The CDC's Best Practices for Comprehensive Tobacco Control (2007) recommends that cessation systems interventions include both health care systems and population-based interventions (quitlines). Through this focus, tobacco users are advised and referred to appropriate resources, and quit attempts by tobacco users increase. Section three of this RFA is devoted to making sure the work plans for cessation systems change follow the CDC's Best Practices for comprehensive Tobacco Control Programs and the 2008 Clinical Practice Guideline for Treating Tobacco Use and Dependence in the most efficient way with the resources currently available.
4. The 2013-2015 Work Plan section includes the work plan forms. The coalition must determine the indicators it plans to address and complete a work plan form for each indicator. Each work plan requires the signature of a Lead Agency representative, the Coalition Coordinator and a Coalition member to ensure that everyone has reviewed each work plan. If Indicator #2 is selected, the Voice assessment form must be completed.
5. The Budget section describes the operation costs to continue tobacco control programming and development of strategic work plan through June 30, 2015. **All grants are contingent upon the availability of funding.** "When the Director of the State Budget Agency makes a written determination that funds are not appropriated or otherwise available to support continuation of performance of this contract, the contract shall be canceled. A determination by the Director of the State Budget Agency that funds are not appropriated or otherwise available to support continuation of performance shall be final and conclusive." Financial Management Circular #2007-1.

Include the job description for ALL persons paid through the TPC Grant in this section.

FUNDING AND BUDGETING

This contract period covers State Fiscal Years 2014 and 2015. The contract period starts on July 1, 2013 and ends on June 30, 2015.

Local community-based and minority-based grants will not be guaranteed for each county. There will not be a guaranteed allotment or a suggested funding range for each county. It is suggested that Lead Agency/applying coalitions consider previous funding levels when preparing the proposal. The size of the county's population will be a consideration. Applications will be reviewed through a competitive process.

The Lead Agency serves as the Fiscal Agent; the Fiscal Agent is the Lead Agency. TPC will execute the contract with the lead agency and this organization bears the fiduciary responsibility over both the program activities and funding received. **Funds will be paid to the Lead Agency monthly upon receipt of invoice.**

Lead Agencies that are current TPC grantees must satisfy all reporting requirements from the previous grant cycle and be in compliance with all contractual guidelines in order to be considered for future funding. **All current TPC grantees must be up to date on quarterly fiscal reports, and monthly program reports.**

New and existing Lead Agencies will be required to sign the contract, submit the vendor form, and audited financial statements, if applicable, prior to receiving any disbursements. All non-governmental entities are required to submit audited financial statements. All funds paid by TPC will be directly deposited into the Lead Agency's bank account.

SUBMITTING AN APPLICATION

The original, three (3) copies* and four (4) compact discs (CDs) or a similar electronic format of the completed application must be received by 4:00 PM EST on March 27, 2013 at:

Indiana State Department of Health
Tobacco Prevention and Cessation Commission
Community- and Minority-based Program Grant Administrator
2 N. Meridian Street, 2T
Indianapolis, IN 46204

APPLICATIONS WILL ONLY BE ACCEPTED AT THE ADDRESS ABOVE.

PLEASE DO NOT SEND APPLICATIONS IN NOTEBOOKS, SPIRAL BINDERS, WITH TABS OR DIVIDERS. PLEASE SECURE THE APPLICATION FORMS IN ORDER WITH A BINDER CLIP.

***THE FINANCIAL ATTACHMENTS ARE ONLY NEEDED TO BE INCLUDED IN THE ORIGINAL AND THE THREE PAPER COPIES OF THE APPLICATION. THESE FORMS ARE NOT TO BE SAVED ON THE ELECTRONIC FORMAT. SEE PAGE 47.**

REVIEW PROCESS

A Review Team consisting of members of the ISDH, TPC staff, and state and national tobacco control experts will review the proposals. The Review Team will review proposals to ensure that each proposal meets the minimum requirements of this grant application, and will then submit funding recommendations to the ISDH for final approval.

Applications will be reviewed using the following criteria:

- Potential for community-wide impact
- Maximize limited funds (priority will be given to those communities that demonstrate the coalition capacity to leverage resources in the community to affect social norm change for tobacco use)
- Strength of coalition
- Leadership and capacity of the Lead Agency
- Capacity to achieve results
- Appropriateness of the budget
- History of timely submission of TPC Reports and participation in TPC trainings and communication, if previous TPC partner
- Meets all contract requirements
- Shows a focus on policy and systems change
- Thorough, well-rounded focus and work plan (i.e. policy change, approach to cessation)
- Partnership approach to achieving objectives
- Input from coalition in writing work plan
- Appropriateness of the mini-grant and/or subcontract proposals
- History of completing contract deliverables and executing an approved work plan

TPC reserves the right to require additional materials to substantiate any claim made in the application and during the grant cycle.

TIMELINE FOR SUBMITTING AN APPLICATION

February 11, 2013	RFA released
February 13,14,19, 20 & 25, 2013	<p>Regional workshops</p> <p><i>* applicants are encouraged to attend one</i></p> <p>Wednesday, February 13, 2013 10:00am-3:30pm (EST) Columbus Area Visitors Center Barbara Stewart Conference Room 506 5th Street, Columbus, IN 47201</p> <p>Thursday, February 14, 2013 10:00am-3:30pm (EST) Washington Carnegie Public Library 300 West Main Street, Washington, IN 47501</p> <p>Tuesday, February 19, 2013 10:00am-3:30pm (EST) IPFW Alumni Center 1528 East California Road, Fort Wayne, IN 46805</p> <p>Wednesday, February 20, 2013 10:00am-3:30pm (EST) Valparaiso University Refectory – Mueller Hall 1300 Chapel Drive, Valparaiso, IN 46383</p> <p>Monday, February 25, 2013 10:00am-3:30pm (EST) Marion County Public Health Department Community Room 4012 North Rural Street, Indianapolis, IN 46205</p>
February 27, 2013	Deadline to submit questions in writing to sgriewank@isdh.in.gov
Week of March 4, 2013	FAQ posted on the TPC website
March 27, 2013 at 4:00pm EST	Completed Applications due to TPC
April 1 – April 30, 2013	Review by TPC Review Teams
May, 2013	Target date for award announcements and contract negotiations

CONTRACT REQUIREMENTS, COMMUNITY INDICATORS, AND CONTRACT DELIVERABLES: 2013-2015

The following two pages outline the overall **contract requirements** for all TPC community and minority-based grants. In addition, there will be specific **contract deliverables** with due dates for all TPC community and minority-based grants.

Contract requirements for ALL community-based and minority-based partners

- Work on Indicators 5, 8, 11, 14, and 15
 - Indicator 5 – Proportion of local and/or statewide smoke-free air ordinances for worksites, including restaurants, bars and gaming facilities.
 - Indicator 8 – Proportion of comprehensive smoke-free policies in multi-unit housing, including public housing and privately-owned multi-resident buildings.
 - Indicator 11 - Extent of cessation systems change including the Indiana Tobacco Quitline throughout the community
 - Indicator 14 - Extent of participation by partners within the broad-based coalition
 - Indicator 15 - Extent of participation by groups representing disparately affected (i.e. hard to reach) populations in the community
- **Submit complete and accurate monthly invoices, quarterly fiscal reports, and monthly program reports by the due date. (This is a TPC program metric that is tracked quarterly and reported to state government administration.)**
- Administer the 2014 Youth Tobacco Survey in local schools, if selected.
- Identify and educate local policymakers about how tobacco companies target communities of color. (For minority-based partnerships only)
- Demonstrate collaboration throughout the work plan with TPC funded minority-based partnership (or TPC community-based partnership) in your community, if applicable.
- Collaborate with TPC statewide partners on statewide initiatives when appropriate. See list of statewide partners and description of projects here: <http://www.in.gov/itpc/2349.htm>
- Attend all required TPC training sessions, meetings and participate in all TPC partnership conference calls.
- All new coordinators are required to participate in the TPC Coordinator Training Program, including Tobacco 101 and the C2C mentoring program.

- When working with organizations such as school districts, hospital systems, behavioral health centers, and other workplaces on tobacco-related policy change in addition to city and county ordinances, *model policies* provided by TPC must be used.
- Agree to the Fundamentals of Smoke-free Air Policy by signing the form.
- Provide TPC with a copy of newly-passed tobacco-free school district policies, universities/college policies, behavioral health center policies, public housing and other multi-unit dwelling policies, hospital campus policies, and community health center policies.
- When a local smoke-free air ordinance passes or is amended, provide TPC with a copy of the signed and filed (“official”) community smoke-free air ordinance as soon as it is available.
- Conduct or arrange for a speaker to conduct presentations to your lead agency board of directors on secondhand smoke. Key TPC staff is available to deliver such presentations upon request.
- Use all swiss cheese press releases or media advisories that TPC instructs partners to customize and distribute to local media outlets.
- Referencing the monthly Indiana Tobacco Quitline service reports that TPC distributes to partners, document the number of ITQL callers from your county that register for services with the ITQL. Update monthly.
- Respond in a timely manner to ALL information and data requests from TPC.

TPC Priority Areas

Indiana's state tobacco control program has four priority areas:

- Decrease youth smoking rates
- Increase proportion of Hoosiers not exposed to secondhand smoke
- Decrease adult smoking rates
- Protect and maintain a state and local infrastructure necessary to lower tobacco use rates

Community Indicators

Based on the community indicators the coalition selects, the contract deliverables under each indicator must be evident in the submitted work plan and specific outcomes must be demonstrated throughout and at the end of the contract period. For each community indicator there is a list of contract deliverables with respective due dates.

PRIORITY AREA 1: DECREASE YOUTH SMOKING RATES

INDICATOR 2:

Extent of community activism among youth to support community change that includes youth involved in the VOICE movement

Voice Defined: *Voice is Indiana's youth movement dedicated to exposing the tobacco industry and empowering Hoosier teens to fight back against their deceptive marketing practices.*

Voice Key Messages:

We are NOT against smokers – we are against the Tobacco Industry.

We want to expose the unfair marketing practices of Big Tobacco.

We want to empower Hoosier teens with the information they need to fight back.

Voice in Action:

We support Indiana's local and statewide smokefree air campaign movement.

We use social and traditional media to counteract tobacco industry marketing.

Requirements for participation in Voice:

- Commit to focus on anti-industry messaging rather than only a healthy lifestyle message.
- Continuously work one-on-one with the Hub coordinator to help build your County's local Voice movement (make a minimum of monthly contact with Hub coordinator).
- Allow youth to develop leadership skills!
- Cultivate effective youth-adult partnerships. By focusing on relationship building, an effective adult collaborator can help organize and mobilize interested youth.

Contract Deliverables for Indicator 2:

- Identify and recruit Voice adult allies to be involved in your community's Voice program. Complete Adult Ally form for each new ally and submit to the Voice Hub Coordinator. **DUE: SEPTEMBER 30, 2013 (UPDATE AS NEEDED)**

- Conduct and report on local Voice-sponsored activities. *REPORT VOICE ACTIVITIES AS PART OF TPC's MONTHLY PROGRAM REPORT*. **DUE: MONTHLY**
- Host or participate in a Voice activism/promotion activity, for example, a Kick Butts Day or World No Tobacco event. **DUE: QUARTERLY**
- Any Voice adult ally will complete the Voice Hub Adult Ally Training. **DUE: JUNE 30, 2014; JUNE 30, 2015**
- Participate as a Voice group in at least TWO of the following TPC capacity-building opportunities each year:
 - Youth Empowerment Event
 - ITI Summer Institute
 - Other Voice activity pre-approved by Hub Coordinator
 - State Fair**DUE: JUNE 30, 2014; JUNE 30, 2015**
- Conduct presentations on other tobacco products (OTP) to peers and organizational/community decision-makers. Include information on discrepancies in how products are taxed and the potential appeal of these products to youth. **DUE: DECEMBER 31, 2013; JUNE 30, 2014; DECEMBER 31, 2014; JUNE 30, 2015**
- Participate in TPC-coordinated effort to collect county-level data on tobacco products and point of purchase advertising in retail establishments. **DUE: TO BE DETERMINED**

PRIORITY AREA 2: INCREASE PROPORTION OF HOOSIERS NOT EXPOSED TO SECONDHAND SMOKE

INDICATOR 4:

Proportion of *comprehensive tobacco-free campus policies* for hospitals, health care centers, mental health centers and clinics, and addiction treatment centers

- **NOTE:** If your county has a hospital, community health center, addictions treatment facility and/or mental health center or clinic that does not have a comprehensive tobacco-free campus policy, the coalition **must** work on Indicator 4.

Contract Deliverables for Indicators 4:

- Conduct at least one presentation per year on tobacco-free health care campuses to decision-making bodies within a community health center, hospital, or other health care facility (i.e. Community Health Center Advisory Board or Governing Board, etc). **DUE: JUNE 30, 2014; JUNE 30, 2015**
- Upon passing a comprehensive campus-wide tobacco-free policy, conduct an implementation strategy meeting to offer resources including the Indiana Tobacco Quitline and other tobacco treatment integration resources to health care facilities. **DUE: WITHIN FOUR WEEKS OF POLICY PASSING**

INDICATOR 5:

Proportion of *local and/or statewide smoke-free air ordinances* for worksites, including restaurants, bars and gaming facilities

Contract Deliverables for Indicator 5:

Indiana passed a statewide smoke-free air law that covers most work places including restaurants. It took effect July 1, 2012.

For communities *without* comprehensive local smoke-free air laws (NOTE: a comprehensive smoke-free air law covers restaurants, bars/taverns, and most work places):

- Conduct at least one adult-focused presentation on the need for your local community to pass a comprehensive smoke-free air law to internal and external partners including coalition members and lead agency, prioritized organizations and key decisions makers in the community. **DUE: QUARTERLY**
- Submit at least one Letter to the Editor and one press release related to *the successes of the statewide smoke-free air law, the authority of local communities to adopt a stronger law, and the need for local communities to adopt a stronger law.* This is in addition to any swiss cheese press releases or media advisories that TPC instructs partners to customize and distribute. **DUE: QUARTERLY**
- Complete or update the community readiness profile before beginning a community-wide secondhand smoke campaign. **DUE: SEPTEMBER 30, 2013; SEPTEMBER 30, 2014**
- Recruit a worker from your community who has been exposed to secondhand smoke while at work. **DUE: SEPTEMBER 30, 2013; MARCH 31, 2014; SEPTEMBER 30, 2014; MARCH 31, 2015**
- Conduct a key informant interview with a business leader in your community. **DUE: QUARTERLY**

For communities *with* comprehensive local smoke-free air laws:

- Submit at least one Letter to the Editor and one Press Release related to *the success of your local policy, why having a stronger law is significant, and how the law has enhanced your community.* This is in addition to any swiss cheese press releases or media advisories that TPC instructs partners to customize and distribute. **DUE: QUARTERLY**
- Conduct at least one adult-focused presentation on tobacco use and secondhand smoke to internal and external partners including coalition members and lead agency, prioritized organizations, businesses, chamber of commerce, and other key decision makers in the community. **DUE: QUARTERLY**

Required for all:

- Develop a contact list of the veterans clubs and other fraternal organizations within your community and expand to include all private clubs and policy status of all veterans, fraternal and private membership clubs in the community. Submit to your Regional Director and update regularly as needed. **DUE: SEPTEMBER 30, 2013**
- Conduct a Key Informant Interview with a member of the leadership (board of directors, etc) of a veterans', fraternal or private club in your community. Refer to the Fight for Freedom from Tobacco toolkit for detailed instructions. **DUE: QUARTERLY**
- Recruit a veteran from your community who has been exposed to secondhand smoke while at work. **DUE: DECEMBER 31, 2013; JUNE 30, 2014; DECEMBER 31, 2014; JUNE 30, 2015**
- Submit at least one Letter to the Editor, and one Press Release related to the *health effects of secondhand smoke, the economic impact of secondhand smoke, or the benefits of a comprehensive smoke-free air policy that covers all workplaces, restaurants, bars, private clubs, and gaming facilities, as well as the authority of local communities to pass stronger smoke-free air policies that protect the health of the community.* This is in addition to any swiss cheese press releases or media advisories that TPC instructs partners to customize and distribute. **DUE: QUARTERLY**
- Upon passage or amendment of a local smoke-free air ordinance, provide TPC with a policy implementation and maintenance plan. **DUE: CONSULT REGIONAL DIRECTOR**

A comprehensive smoke-free air law covers restaurants, bars/taverns, and most work places. If Indiana passes a comprehensive statewide smoke-free air law or strengthens the existing law to include bars/taverns:

- Attend a mandatory training to develop implementation and maintenance plans customized to your local community. **DUE: TRAINING DATE TBD**

INDICATOR 7:

Proportion of *school districts with comprehensive tobacco-free campuses*

- **NOTE:** If your community has a public school district that does not have a comprehensive tobacco-free policy, the coalition **must** work on Indicator 7.
- If all public schools in your community are tobacco-free, the coalition may work on Indicator 7 with charter, private and/or parochial schools.

Contract Deliverables for Indicator 7:

- Conduct at least one presentation per year to the school board, school principals, and/or assistant principals on the importance of a comprehensive tobacco-free school district policy. **DUE: JUNE 30, 2014; JUNE 30, 2015**
- Upon passing a comprehensive district-wide tobacco-free policy, conduct an implementation strategy meeting with school administrators and offer resources including the Indiana Tobacco Quitline and other tobacco treatment integration resources. **DUE: WITHIN FOUR WEEKS OF POLICY PASSING**
- Nominate the school district for the Gary Sandifur Award 3 months or more after the school policy passes. Note: Please wait to submit the GSA application after a policy has passed and before it is implemented, or immediately after the policy is implemented. Allow time for community feedback so that all application questions can be answered fully and honestly. **DUE: AT LEAST 3 MONTHS AFTER SCHOOL POLICY IMPLEMENTATION**
- Encourage a periodic assessment of the strength and comprehensiveness of *school wellness policies* and promote strategies for improvement.
 - Obtain copy of school district-wide wellness policy
 - Evaluate it based on criteria provided
 - Work with school district to add tobacco language to wellness policy if not already included**DUE: JUNE 30, 2014; JUNE 30, 2015**

INDICATOR 8:

Proportion of *comprehensive smoke-free policies in multi-unit housing, including public housing and privately-owned multi-resident buildings.*

NOTE: Indicator 8 is now required for **all** community and minority partners.

- If your community has a public housing authority (PHA) that does not have a smoke-free air policy in effect that covers all indoor structures, the coalition must work with the PHA.
- If your community has a PHA that does have a smoke-free air policy, OR if your community does not have a PHA, then the coalition must work with other types of multi-unit housing (privately owned apartments, condominiums, etc).

Contract Deliverables for Indicator 8:

- Attend a statewide training on providing technical assistance to the public housing authority and/or privately-owned multi-unit resident buildings in your community on passing a smoke-free air policy. **DUE: DECEMBER 31, 2013**
- Conduct an assessment of current policies regarding smoking in all public and privately owned multi-unit housing in your community and develop a written work plan. **DUE: DECEMBER 31, 2013**
- Conduct at least one key informant interview or meeting with the head of the public housing authority in your county using the resources received from the smoke-free public housing training. Public Housing Authority contact information can be found here: <http://www.hud.gov/offices/pih/pha/contacts/states/in.cfm>
If your community does not have a PHA or the PHA is smoke-free, conduct the key informant interview or meeting with an owner or management agent of other types of multi-unit housing (apartments, condominiums, etc.) using the resources provided during the smoke-free public housing training.
DUE: MARCH 31, 2014
- Conduct at least one presentation to the public housing authority board, other housing boards, or trade associations on the importance of smoke-free policies for public housing and multi-unit dwellings, using the HUD toolkits and other resources received from the smoke-free public housing trainings. **DUE: JUNE 30, 2014; JUNE 30, 2015**
- Assist public housing authority and/or private multi-unit dwelling management with implementation by providing resources including Indiana Tobacco Quitline materials and other assistance. **DUE: WITHIN FOUR WEEKS OF POLICY PASSING**

INDICATOR 9:

Proportion of college and university campuses with comprehensive tobacco-free campus policies: This includes indoor and outdoor spaces such as student housing, classroom buildings, and athletic facilities.

Contract deliverables for Indicator 9:

- Identify and recruit a team of college students, staff and faculty who want to pursue a policy change. **DUE: DECEMBER 31, 2013**
- Conduct a key informant interview with both a member of university leadership (i.e. President/Dean of Students), and the highest ranking member of the student-led government. **DUE: DECEMBER 31, 2013**
- Create and maintain a written plan for a tobacco-free campus with the policy team. **DUE: MARCH 31, 2014**
- Conduct at least one presentation per year on tobacco-free college and university campuses to decision-making bodies within the college/university (i.e. student government; university trustees). **DUE: JUNE 30, 2014; JUNE 30, 2015**
- Upon passing a comprehensive campus-wide tobacco-free policy, conduct an implementation strategy meeting to offer resources including the Indiana Tobacco Quitline to university leadership. **DUE: WITHIN FOUR WEEKS OF POLICY PASSING**

PRIORITY AREA 3: DECREASE INDIANA ADULT SMOKING RATES

INDICATOR 11:

Extent of cessation systems change including the Indiana Tobacco Quitline throughout the community

Note: TPC DOES NOT fund community tobacco cessation/treatment classes.

Contract deliverables for Indicator 11:

- Increase the number of providers, employers, and organizations in your county that are part of the Quit Now Indiana Preferred Network. *Reference the target numbers provided by TPC for your county.* **DUE: QUARTERLY**
- Conduct initial face-to-face meetings and follow up (by phone or in person) quarterly with Quit Now Indiana Preferred Provider, Employer, and Organization Network members in your community. Reference the TPC Tobacco Treatment Detailing Guide. **DUE: QUARTERLY**
- Hold brief training/informational sessions with Quit Now Indiana Preferred Provider, Employer, and Organization members in your county to inform them about all Quitline services, including adolescent access (13-17 yrs), Text2Quit, and stand-alone web coach. **DUE: DECEMBER 31, 2013**
- Conduct face-to-face meetings with the director of state and/or federally supported community health centers in your county to promote the Quit Now Indiana Preferred Provider Network and to develop an ongoing relationship.
<http://www.indianapca.org/aboutchcs/sitesandmap.html> **DUE: QUARTERLY**
- Conduct face-to-face meetings with health care providers that serve women of childbearing age and/or pregnant women and encourage them to promote the Indiana Tobacco Quitline and the 10-call protocol for pregnant women. The target number is to be determined by coalition. **DUE: QUARTERLY**

INDICATOR 12:

Proportion of health care providers and health care systems that have fully implemented the 2008 Clinical Practice Guideline for Treating Tobacco Use and Dependence

Contract Deliverables for Indicator 12:

- Hold at least one educational workshop on tobacco treatment and systems change for health care providers.

Training should include the following components of the Clinical Practice Guideline for Treating Tobacco Use and Dependence:

- Provide health care institutions instruction on identifying tobacco users at each patient encounter. Assist health care providers in creating a new or improving an existing reminder system that specifically identifies tobacco users.
 - Identify reminder system responsibilities for appropriate health care personnel.
 - Provide training on effective methods of conducting brief interventions (Ask, Advise, & Refer) with tobacco users.
 - Assist facility in adopting a policy that requires patients to be informed about tobacco use treatment.
 - Educate on the state's Medicaid tobacco treatment benefits.
DUE: QUARTERLY
- Identify and educate a tobacco use treatment champion physician for the county.
DUE: DECEMBER 31, 2013
 - Attend annual TPC training workshop on Electronic Medical Records. **DUE: DECEMBER 31, 2013; DECEMBER 31, 2014**
 - Meet with appropriate stakeholders to discuss options for embedding tobacco treatment into the EMR (electronic medical record) system. **DUE: MARCH 31, 2014**
 - Develop an integrated strategic plan for embedding tobacco treatment in different departments of a hospital/health care provider system using EMR and/or electronic (fax) referral to ITQL.
 - Demonstrate to stakeholders the many benefits of integrating tobacco treatment and electronic referral to the overall medical system
 - Help create necessary forms, work with health system's IT department if appropriate, and work through technical requirements from ITQL and health system
 - Communicate confidentiality requirements regarding patient information and physician consent. **DUE: JUNE 30, 2014**

INDICATOR 13:

Proportion of worksites that provide employer-sponsored tobacco treatment services and benefits for employees who use tobacco

Contract Deliverable for Indicator 13:

- Hold educational workshops on tobacco treatment and insurance benefits for employers. Include chambers of commerce and economic development groups. **DUE: QUARTERLY**
- Develop and maintain a database of employers in your county that have implemented comprehensive tobacco-free workplace policies (including grounds) and/or offer cessation benefits for employees. Reference the Indiana Tobacco Quitline Employer Toolkit and the TPC Tobacco Treatment Detailing Guide. **DUE: DECEMBER 31, 2013 (UPDATE AS NEEDED)**
- Identify and educate a champion employer to assist with tobacco use treatment and policy change in the community. **DUE: JUNE 30, 2014**

PRIORITY AREA 4: PROTECT AND MAINTAIN A STATE AND LOCAL INFRASTRUCTURE NECESSARY TO LOWER TOBACCO USE RATES

INDICATOR 14:

Extent of participation by partners within the broad-based coalition

Contract deliverables for Indicator 14:

- Outline a coalition development and/or maintenance plan that involves participation from all sectors (education, health care, civic, faith, business, and youth) of the community. Include plans to develop communication channels and outreach between the coalition and:
 - Local health department
 - Hospital and local health clinics
 - Community health centers
 - Community mental health centers
 - Addictions treatment facilities
 - Community health workers
 - Purdue Cooperative Extension
 - Physical activity and nutrition partners
 - Chronic disease programs (Ex: asthma and diabetes educators)
 - Schools – public and private
 - State policymakers
 - Head Start centers
 - Public Housing Authority
 - Owners/Managers of market rate/private multi-unit housing
 - Multi-Unit Housing Trade Associations
 - Chamber of commerce/Economic development corporation

DUE: SEPTEMBER 30, 2013

- Conduct at least one face-to-face meeting or key informant interview with a prospective coalition member per quarter. Focus on groups from sectors of the community not well represented in your coalition. **DUE: QUARTERLY**
- Create a quarterly calendar of regularly scheduled coalition meetings and events. Submit to your Regional Director. **DUE: QUARTERLY**
- Conduct face-to-face meetings with chronic disease partners including physical activity/nutrition (i.e. diabetes educators, community health workers, etc.) in your community. Provide training and technical assistance on policy and advocacy, coalition development, and/or health disparities. **DUE: MARCH 31, 2014; MARCH 31, 2015**
- Conduct annual meetings with legislators. Educate them about your local program and TPC, and the burden of tobacco use on Indiana. **DUE: DECEMBER 31, 2013; DECEMBER 31, 2014**
- Recognize coalition members for their hard work and accomplishments each year. **DUE: JUNE 30, 2014; JUNE 30, 2015**

INDICATOR 15:

Extent of participation by groups representing disparately affected (i.e. hard to reach) populations in the community.

Contract deliverables for Indicator 15:

- Identify and recruit *at least one* new organization per quarter that works with disparately affected groups in order to fill coalition gaps and to work on tobacco control activities in one or more of the following areas:
 - Organizations that work with women of childbearing age and pregnant women
 - Faith-based community
 - Employers in blue collar and service industries
 - Young adult minority men
 - GED program
 - Community Health Centers:
<http://www.indianapca.org/aboutchcs/sitesandmap.html>
 - Community Mental Health Centers
 - Addictions Treatment Facilities
 - Career Centers/Work One Centers:
<http://www.in.gov/dwd/WorkOne/locations.html>
 - Youth in Alternative Schools
 - Lesbian, Gay, Bisexual and Transgender community (LGBT)
 - Individuals without health insurance and/or lacking access to health care

DUE: QUARTERLY

- HEAD START: Conduct a Key Informant Interview with a Head Start Center Director in your county. (Refer to the Getting a Head Start on Living Tobacco Free toolkit appendix for a listing of centers by county) **DUE: SEPTEMBER 30, 2013; SEPTEMBER 30, 2014**
- HEAD START: Conduct the baseline survey with parents from the Head Start center you have decided to work with. Survey at least 50% of families served by that center. **DUE: DECEMBER 31, 2013; DECEMBER 31, 2014**
- HEAD START: Present Training Module #1 and Training Module #2 to Head Start staff, including family advocates/home visitors, and provide supplemental materials. **DUE: DECEMBER 31, 2013; DECEMBER 31, 2014**
- HEAD START: Attend and help coordinate Training Module #4: Motivational Interviewing at the local level by recruiting staff from Head Start to attend. **DUE: MARCH 31, 2014; MARCH 31, 2015**
- HEAD START: Conduct the follow-up survey with parents from the Head Start center. Survey at least 50% of families served by that center. **DUE: JUNE 30, 2014; JUNE 30, 2015**

- Use *Getting a Head Start on Living Tobacco Free* toolkit and training curriculum in a new setting. (Examples: Early Head Start, foster care case managers, home health care providers, community health workers, early childhood education or preschool teachers and staff)
DUE: JUNE 30, 2014; June 30, 2015
- Conduct adult-focused presentations on other tobacco products (OTP) to internal and external partners including coalition members and lead agency, prioritized organizations and key decisions makers in the community. Include information on discrepancies in how products are taxed and the potential appeal of these products to low SES populations and youth. **DUE: DECEMBER 31, 2013; JUNE 30, 2014; DECEMBER 31, 2014; JUNE 30, 2015**
- Participate in TPC-coordinated effort to collect county-level data on tobacco products and point of purchase advertising in retail establishments. **DUE: TO BE DETERMINED**

APPLICATION CHECKLIST

APPLICATION SECTION	COMPONENTS	INCLUDED
Administration	Cover Sheet	<input type="checkbox"/>
	Work Plan Progress and Goals Form	<input type="checkbox"/>
	Lead Agency Profile Form	<input type="checkbox"/>
	Smokefree Air Model Ordinance Agreement	<input type="checkbox"/>
Coalition Assessment	Coalition Assessment Form	<input type="checkbox"/>
	Summary of Coalition Partner Organizations Form	<input type="checkbox"/>
	Coalition Partner Profile Forms <i>(Completed by key coalition partners)</i>	<input type="checkbox"/>
	Copy of tool used to recruit potential coalition members	<input type="checkbox"/>
2013-2015 Work plan	Work plan forms	<input type="checkbox"/>
	Voice Assessment Form <i>(if selecting indicator #2)</i>	<input type="checkbox"/>
	Youth Support for Voice Form <i>(if selecting indicator #2)</i>	<input type="checkbox"/>
Budget	Budget Worksheet Form	<input type="checkbox"/>
	Scope of Work Form	<input type="checkbox"/>
	Budget Narrative Form	<input type="checkbox"/>
	Audited financial statements, if applicable	<input type="checkbox"/>
	Subcontract/Mini-Grant Forms, if applicable	<input type="checkbox"/>
	TPC Declarations Form-signed	<input type="checkbox"/>
	Vendor Information Form-signed	<input type="checkbox"/>
	Entity Annual Report Form (E-1 form)	<input type="checkbox"/>
	General Sales Tax Exemption Certificate	<input type="checkbox"/>
	Job description of Program Coordinator (and any other employee paid by the TPC grant)	<input type="checkbox"/>

Section 1: Administration

This section outlines the accomplishments of the coalition during the current grant period (SFY 2011-2013). Be succinct but demonstrate success. The applicant should focus on the work toward indicators in the four priority areas and any policy and social norm changes that have occurred.

Forms to complete in this section:

- Cover Sheet – at least three different signatures from an organization are required
- Work Plan Progress Form
- Lead Agency Profile Form
- Smokefree Air Model Ordinance Agreement

Please review the policy lists for schools, hospitals, mental health centers, colleges and universities and smoke-free communities listed on the TPC website (<http://www.in.gov/isdh/tpc/2333.htm>) for accuracy. Provide any revisions or updates.

Tobacco Prevention and Cessation Program
July 2013–June 2015

Application Cover Sheet

Application for Local Community-Based Partnerships
OR
Application for Local Minority-Based Partnerships

Lead Agency Information

Lead Agency Name:

County:

Lead Agency Contact, Director or CEO:

Address:

City:

Zip Code:

Telephone:

Fax:

Email:

Federal Identification Number:

Signature of Lead Agency Contact: _____

Primary Contact Information

Primary Contact to TPC:

Primary Contact Address if different from above:

City:

Zip Code:

Telephone:

Fax:

Email:

Signature of Primary Contact: _____

**Primary Contact Supervisor Information –
Lead Agency Employee**

Primary Contact's Direct Supervisor:
Supervisor Address if different from above:
City: Zip Code:
Telephone:
Fax:
Email:

Signature of Primary Contact's Direct Supervisor: _____

**Lead Agency Financial Contact Person
Information – Lead Agency Employee**

Lead Agency Financial Contact Person:
Address if different from above:
City: Zip Code:
Telephone:
Fax:
Email:

Signature of Lead Agency Financial Contact Person: _____

Proposal Information

Specify the indicators selected in the work plan:

Total Funding requested \$

Please demonstrate sufficient capacity to segregate duties and responsibilities. *At least three different signatures are required on the cover sheet.*

Work Plan Progress Form

TPC is interested in understanding the coalition's success and vision **by Priority Area:** Decrease youth smoking rates; Increase proportion of Hoosiers not exposed to secondhand smoke; Decrease adult smoking rates; Protect and maintain a state and local infrastructure necessary to lower tobacco use rates. Start with the Priority Area that is most important to the coalition.

Describe 2011-2013 progress (if applicable) made by the local coalition toward reducing tobacco use. Provide facts to support success. Summarize the coalition's vision for 2013-2015 for the Priority Area. Include coalition members and organizations that will be key for success in 2013-2015. Lastly, provide at least three goals for the Priority Area that are well documented and explained in the 2013-2015 Work Plan.

Use as many sheets as necessary. If this is the first year for application, please complete the vision and goal sections for each Priority Area. Use forms beginning on **page 30**.

Priority Area #1:

Describe success/progress during 2011-2013:

Describe vision for 2013-2015:

Include at least three realistic goals in this Priority Area that are more detailed in the 2013-2015 Work Plan:

Priority Area #2:

Describe success/progress during 2011-2013:

Describe vision for 2013-2015:

Include at least three realistic goals in this Priority Area that are more detailed in the 2013-2015 Work Plan:

Priority Area #3:

Describe success/progress during 2011-2013:

Describe vision for 2013-2015:

Include at least three realistic goals in this Priority Area that are more detailed in the 2013-2015 Work Plan:

Priority Area #4:

Describe success/progress during 2011-2013:

Describe vision for 2013-2015:

Include at least three realistic goals in this Priority Area that are more detailed in the 2013-2015 Work Plan:

Additional Questions:

1. What is the “value added” of this grant to your community?
2. How has your coalition collaborated with neighboring counties?

Lead Agency Profile Form

1. Agency Name:
2. Federal Identification Number:
3. County:
4. Agency Address:

5. Telephone Number:
6. Fax Number:
7. Primary Contact at Lead Agency:
8. Primary Contact's Title:
9. Primary Contact's Email:
10. Financial Contact at Lead Agency:
11. Financial Contact's Title:
12. Financial Contact's Email:
13. Financial Contact's Telephone Number:
14. Financial Contact's Fax Number:
15. Describe the rationale for the selection of the Lead Agency. This description should include the Lead Agency's ability and flexibility in serving as an effective leader for policy-focused interventions.

16. Provide a brief history of the agency, including the agency's role in the community and its role with the coalition.

17. Describe the Lead Agency's role in coordinating the development of the proposed work plans. Include information on the means by which the Lead Agency will assure that the activities and outcomes of the program will be accomplished, and any areas of anticipated difficulty for the Lead Agency.

18. Is there a coordinator for this program? Yes No

19. If no, please describe the process by which the agency will hire a coordinator for this grant project.

20. Describe how the program is to be organized, staffed and managed. Include the following:

- a. An organizational chart indicating where the staff for this project will be placed
- b. To whom does the coordinator report within the Lead Agency
- c. List the normal working hours for the coordinator and any other staff paid through this grant.

21. Does the Lead Agency accept funds or other resources from any tobacco company, any of its subsidiaries or parent company? No Yes: Please describe:

22. Does the Lead Agency provide insurance coverage or other support for tobacco dependence treatment (smoking cessation) for employees? No Yes: Please describe:

23. Attach a copy of the Lead Agency's tobacco-free grounds policy.

24. Please acknowledge each of the Lead Agency responsibilities listed below by placing a check mark or "x" on the line. As fiscal agent, the Lead Agency must:

Financial Capabilities

- _____ Serve as fiscal officer for the grant
- _____ Have a Federal Identification Number. In order to receive grant funds, the Federal Identification Number must be registered to the Lead Agency
- _____ Submit Monthly Invoices, Quarterly Fiscal Reports, and Monthly Program Reports by due dates
- _____ Respond timely to periodic information requests
- _____ Register with the Indiana Secretary of State
- _____ Fulfill the terms of the contract
- _____ Establish a separate account or ledger for grant funds
- _____ Participate in monitoring engagement
- _____ Conduct an audit to be paid by grant recipient (if required by law)
- _____ Additional financial information may be requested from all applicants

Programmatic Capabilities

- _____ Participate actively in the preparation of the work plan
- _____ Ensure that the Lead Agency is educated on tobacco control Best Practices
- _____ Actively participate in the coalition, with representation from the Lead Agency other than the coalition coordinator
- _____ Demonstrate collaborations with other key partners in the preparation of the work plan
- _____ Agree to serve as the point of contact for required reporting to TPC
- _____ In the absence of a coalition coordinator, ensure that the Lead Agency is represented at TPC partner meetings, trainings, conference calls, cluster meetings, and community assessments
- _____ Assure that all grant-related staff (coalition coordinator) participate in all training events
- _____ Participate in all evaluation and accountability activities
- _____ Participate in Youth Tobacco Survey data collection and dissemination of results
- _____ Provide in-house employee to serve as immediate supervisor to the tobacco coalition coordinator
- _____ Respond timely to periodic information requests

Coalition Capabilities

- _____ Assure that a qualified coalition coordinator is employed full or part time to this grant program. Additional staff may be hired based on the needs of the coalition
- _____ Assure that resources are available for the coalition. That may include meeting accommodations and notices, logistical assistance, etc.
- _____ Assure that a communication mechanism is developed and maintained to keep coalition members informed of activities and events
- _____ Assume that the coalition's member organizations are provided opportunities to develop specific experience in tobacco prevention and cessation interventions

Director of the Lead Agency

Signature _____ Date _____

Printed or Typed Name and Title _____

Smokefree Air Model Ordinance Agreement

The TPC, along with several other public health organizations, has adopted a model Smokefree Air ordinance to be used in state and local smokefree air campaigns throughout Indiana. This model ordinance (Refer to **Tab 6** in RFA binder) provides fair and sound language that clearly states the intent and specific points of smokefree policy, fosters clear implementation and enforcement, stands up to legal challenges, and achieves the health goal of protecting people from secondhand smoke (*ANR, 2011*).

All TPC grantees must agree to use the model ordinance in their local smokefree air campaigns recognizing its importance as a comprehensive policy that protects all workers from secondhand smoke.

Coordinator

Signature _____

Date _____

Coalition Chairperson

Signature _____

Date _____

Section 2: Coalition Assessment

The Coalition Assessment section addresses how the coalition plans to build and maintain a partnership across diverse sectors of the community in order to sustain a broad-based coalition of support for social norm changes related to tobacco prevention and cessation.

The applicant is required to describe the coalition's partner organizations. Each key coalition partner is required to complete a partner profile. Please include at least one partner profile from each sector of the community (refer to Summary of Coalition Partners Form on page 39).

A significant portion of this section is devoted to identifying and assessing the disparately-affected population groups in the community and describing the collaboration between the community and minority-based partnerships, where applicable.

Forms to be completed in this section:

- Form G – Coalition Assessment
- Form H – Summary of Coalition Partners
- Form I – Partner Profile (completed by each key coalition member – include a partner profile from at least one partner per sector)

Attachments to be included from this section:

- A copy of the tool used to recruit prospective members of the coalition

Form G – Coalition Assessment

This section of the application addresses how the coalition plans to build and maintain a partnership across diverse sectors of the community in order to sustain a broad-based coalition of support for social norm changes related to tobacco control.

Membership

1. Describe the coalition's structure including leadership and the responsibilities of each level of membership. (Please include total number in coalition, number in database, frequency of meetings, formal positions – chair, vice-chair, primary organizations represented.)
2. Provide a list of the standing committees or work groups.

Diversity of Coalition

3. Describe the area of greatest growth in the diversity of the coalition during the 2011-2013 grant period.
4. What gaps exist in current coalition membership that must be filled to impact tobacco control in the community?
5. Describe an example of extensive collaboration during the 2011-2013 grant period between the coalition and the minority/community-based partner on an initiative (if applicable).

Reaching Disparately Affected Populations

6. Summarize your top three work plan accomplishments in reaching disparately affected populations during the 2011-2013 grant period.

- 1.
- 2.
- 3.

7. For the 2013-2015 grant period, identify and list one additional disparately affected population (using the table below) in the community and list groups that work with these populations.

Disparately Affected Populations	Groups in the community that work with these populations, for example:
Low-income families	Head Start, Early Head Start, WIC
Medicaid Eligible and Uninsured Hoosiers	Community Health Centers
Young adult minority men <i>(required for minority coalitions)</i>	Fraternities, male mentoring organizations

Management Plan

1. Outline, in detail, the coalition’s written process for selection of contractors, subcontractors or mini-grant recipients.
2. Describe the coalition’s current accountability process for monitoring subcontracts and mini-grant recipients.
 - a. How often do these groups report back to the coalition their progress? (Quarterly, monthly, etc.)
 - b. How are progress reports submitted? (Verbally, written, etc.)
3. Describe how activities completed by subcontractors and mini grantees will be accounted for in the coalition’s monthly program report submitted to TPC.

Form H – Summary of Coalition Partners

Please provide a list of partner organizations by sector. (Complete a partner profile for at least one key partner from each sector.)

- Education

- Health Care

- Faith

- Civic

- Business

- Youth

- Other

TOTAL NUMBER OF PARTNER ORGANIZATIONS _____

Form I - Partner Profile

MUST BE COMPLETED BY EACH KEY COALITION PARTNER

Organization Name:										
Organization's Address:										
Representative's Name:										
Representative's Phone:										
Representative's E-mail:										
Type of Partner:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="radio"/> Coalition Member</td> <td style="width: 50%; text-align: center;"><input type="radio"/> Sub-Contractor</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Mini-grantee</td> <td style="text-align: center;"><input type="radio"/> Community Partner</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Proposed Member</td> <td style="text-align: center;"><input type="radio"/> ISDH Grantee</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table>		<input type="radio"/> Coalition Member	<input type="radio"/> Sub-Contractor	<input type="radio"/> Mini-grantee	<input type="radio"/> Community Partner	<input type="radio"/> Proposed Member	<input type="radio"/> ISDH Grantee	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Coalition Member	<input type="radio"/> Sub-Contractor									
<input type="radio"/> Mini-grantee	<input type="radio"/> Community Partner									
<input type="radio"/> Proposed Member	<input type="radio"/> ISDH Grantee									
<input type="radio"/>	<input type="radio"/>									
Type of Organization	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="radio"/> Education</td> <td style="width: 50%; text-align: center;"><input type="radio"/> Healthcare</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Faith</td> <td style="text-align: center;"><input type="radio"/> Civic</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Business</td> <td style="text-align: center;"><input type="radio"/> Youth</td> </tr> </table>		<input type="radio"/> Education	<input type="radio"/> Healthcare	<input type="radio"/> Faith	<input type="radio"/> Civic	<input type="radio"/> Business	<input type="radio"/> Youth		
<input type="radio"/> Education	<input type="radio"/> Healthcare									
<input type="radio"/> Faith	<input type="radio"/> Civic									
<input type="radio"/> Business	<input type="radio"/> Youth									
Does your organization have a written tobacco-free grounds policy?	<input type="radio"/> No <input type="radio"/> Yes									
Does your organization accept funds or other resources from any tobacco company, any of its subsidiaries, or parent company?	<input type="radio"/> No <input type="radio"/> Yes (please describe):									
Does your organization provide insurance coverage or support other tobacco treatment interventions for employees?	<input type="radio"/> No <input type="radio"/> Yes (please describe):									
Please list other groups or organizations of which you are a member.										
Identify two specific indicators your organization will commit to work on during the 2013-2015 grant cycle.										
1.										
2.										
_____ Signature		_____ Date								
_____ Printed or Typed Name and Title										

Section 3: Cessation Systems Change

TPC's goal is to develop and enhance current tobacco treatment intervention systems by impacting a large number of tobacco users. It is essential that clinicians and health care delivery systems institutionalize the consistent identification, documentation and treatment of every tobacco user seen in a health care setting. *US Public Health Service (PHS) Clinical Practice Guideline for Treating Tobacco Use and Dependence, 2008.*

TPC's approach to tobacco treatment focuses on the basic components of the *US Public Health Service (PHS) Guideline for Treating Tobacco Use and Dependence*:

- Increased enrollments for the Quit Now Indiana Preferred Network.
- Increased number of inpatients and outpatients who are counseled about tobacco use treatment utilizing Ask- Advise- Refer (AAR) while experiencing a healthcare visit.
- Increased fax referral acceptance rates to the Indiana Tobacco Quitline from health care providers, organizations and employers.
- Increased number of employers who offer benefits for tobacco use treatment, and communicate as well as promote the benefits of and opportunities to quit tobacco to employees through fax referral and other support systems.
- Ongoing communication and follow-up to ensure solid relationships with members of the Quit Now Indiana Preferred Network.

The deliverables for Indicators #11, #12, and #13 reflect this approach to tobacco treatment.

TPC does not provide funding for cessation classes.

Section 4: 2013-2015 Work Plan

Please complete a work plan form for each indicator your coalition chooses to work on. Use as many forms as needed.

Forms to complete in this section:

- Work Plan Forms – You must type in the TPC Priority Area and Community Indicator. Each Work Plan Form must be signed by a representative of the Lead Agency, the Coordinator and a representative of the coalition.

If coalition submits a work plan for Indicator #2:

- Youth Support for Voice Work Plan Form
- Voice Assessment Form

WORK PLAN FORM

Priority Area:		
Community Indicator: (one indicator per sheet)	Indicator Number:	
SMART Objective for indicator:		
Indicator status (Baseline measurement for this indicator):		
Please list how you measured this indicator, include data source:		
ACTIVITIES BY STRATEGY AREA	Partner Organizations/ Subcontractors Involved	START DATE (MM/DD/YYYY)
<ul style="list-style-type: none"> Identify and recruit partners/Training <ul style="list-style-type: none"> • Public Awareness/Community Education <ul style="list-style-type: none"> • Media Advocacy <ul style="list-style-type: none"> • Policy Advocacy <ul style="list-style-type: none"> • Implementation/Maintenance <ul style="list-style-type: none"> • Data Collection <ul style="list-style-type: none"> • Contract Deliverables (only those that are included in the SMART objective above, NOT the entire Indicator) <ul style="list-style-type: none"> • 		

I have read the work plan:

Lead Agency Representative: _____

Coordinator: _____

Coalition Representative: _____

Indicator #2

- ❑ Ongoing Voice movement
- ❑ New Voice movement

<p>1. Name, phone and email of the primary adult responsible for overseeing Indicator #2 in your work plan.</p> <p>If the person overseeing Voice and the primary coalition contact is not one in the same, how do you envision the flow of communication to ensure timely reporting and completion of deliverables?</p>	
<p>2. Number of Adult Allies active in the last grant cycle.</p> <p>Do you anticipate any challenges in recruiting Adult Allies or ensuring their participation with trainings?</p>	
<p>3. List the public high schools in your county and the enrollment numbers for each.</p>	
<p>4. List the public middle schools in your county and the enrollment numbers for each.</p>	
<p>5. List local school newspapers and school radio stations.</p> <p>How have you or your participants in the VOICE program used local media to spread the Voice message?</p>	

<p>6. Name three major events that are held in your community annually. (e.g. Strawberry Festival)</p> <p>How has VOICE previously been integrated or promoted at these events?</p>	
<p>7. List 10 youth or youth serving organizations who could be potential partners for VOICE.</p>	
<p>8. Names of youth organizations and/or schools currently involved in your local VOICE movement.</p>	

Youth Support for Voice Work plan Form
Indicator #2

As a youth representative of my community, I am committed to further developing VOICE to my friends and peers with the support of our adult allies to better the lives of those in our community by fighting back against the deceptive practices of the tobacco industry.

Printed or Typed Name	Signed Name	Organization Represented

Section 5: Budget

The section describes the operation costs to continue tobacco control programming through June 30, 2015.

Forms to be completed in this section:

- Budget Worksheet Form
- Scope of Work Form
- Budget Narrative Form

NOTE: The Regional Director must approve your budget through the normal approval process (Regional Director and Contract Administrator) before the budget is official. The Regional Director must also approve all subcontracts and/or mini-grants even when they are submitted as a part of this application. **Therefore, approval of the work plans and budget does not automatically approve the subcontracts and/or mini-grants. TPC will approve each subcontract and/or mini-grant agreement individually in writing.**

Attachments included in this section:

1. Audited financial statements (required for all non-governmental entities).
2. Subcontract/mini-grant forms for all subcontracts to be executed.
3. TPC Declarations Form
4. Vendor Information Form
5. Entity Annual Report Form (E-1 Form) and Instructions
6. Tax Exemption Form
7. Job Description Template

Reminder: Provide a written Job Description for all positions funded through this grant. Submission of a resume' does not replace the job description requirement. Submit a job description for any position added through a budget amendment.

BUDGET EXPLANATION

Description of Budget Line Items

The following line items should be included if applicable. Use the budget form provided or a similar format. Explanation of budget items must be submitted on a separate page or incorporated into a budget form.

1. Personnel

a. Salaries and Wages

For each staff position proposed, include the title of the position, percentage of time (FTE), annual salary, number of years salary requested, and a summary of the job description or responsibilities. Staff position(s) paid by community- or minority-based partnership funds must be dedicated only to approved tobacco use prevention activities in the work plan. Full-time employees may not have another full-time position outside of the TPC grant. **TPC does not recommend that a lead agency employ a part-time person to do tobacco control work funded by this grant that currently has another full-time position. The position requires personnel to attend mandatory activities during the day and periodically during evening hours. TPC does not take exception to an incumbent employed by the grant that works two part-time positions; part-time position is defined as 20 hours or less per week or as defined by the lead agency. Variations from strict full-time (37.5 to 40 hours/week or as defined by lead agency) or part-time assignments (20 hours or less per week, or as defined by lead agency) must be reviewed and approved on a case-by-case basis.**

Tobacco programming activities must occur during the calendar quarter for which the staff is being paid salaries and wages. Paid staff must document hours worked and summarize activities performed on a daily log. Salaries and wages paid to staff must be for hours worked in the same calendar quarter and evidenced by the daily log.

Salary and wage increases for staff are effective only after an individual has worked toward approved plan goals for more than 12 months. A cap on annual salary increases is limited to the consumer price index – all urban consumers, as published by the U.S. Department of Labor, Bureau of Labor Statistics Data (www.bls.gov) or 3% of the current approved salary and wages, whichever percentage is less. Please apply the percentage, not to exceed the 3% limit, as applicable, by checking the year and month that corresponds with the one-year anniversary of the staff person in question. Please remember that the earliest date staff could have been actively employed is the initial term date on the grant contract. The final signature date is the date the contract is considered fully executed, the date the contract is signed by the Indiana State Attorney General's office.

b. Fringe Benefits

For each position, indicate the rate and compute the amount charged for fringe benefits usually and customarily provided by the Lead Agency for employees. TPC grant funding cannot be used to provide benefits in excess of those normally and customarily offered to all employees. If the Lead

Agency does not provide fringe benefits to all employees, TPC grant dollars cannot be used to provide benefits not normally and customarily offered. Please refer to the human resources department of your Lead Agency for written guidance on this budget line item.

2. Travel

Expenditures for travel will be limited to the rate customarily paid by the agency or the current rate being paid by the State of Indiana, whichever is less. A chart summarizing the maximum reimbursement amounts from the State of Indiana's Financial Management Circular No. 2003-1 effective January 1, 2004, is included for reference.

a. In-state or Out-of-state Travel

Expenses incurred to attend tobacco use prevention and cessation trainings, conferences and meetings in state are appropriate. Out-of-State travel must be pre-approved in writing by TPC. Please submit a written request to your primary contact at TPC prior to travel. Present the following for each event: Description of the event or conference; rationale for attending (this should connect directly to the partnership's vision and tobacco program activities); anticipated follow-up from the event after you return to the community; budget estimate (travel, lodging, meals, registration fees, other expenses.)

3. Supplies

Supplies may include: office supplies or meeting supplies, including those supplies not specifically excluded. The purchase of tobacco use prevention educational supplies should be consistent with the goals and objectives of TPC. Include a narrative justification outlining the intended use and incorporation of the supplies into the local program. **Promotional items and other similar items must be pre-approved. Submit a written request to your primary contact at TPC for consideration prior to approval.**

4. Contractual

Descriptions of contracts for program activities must be included along with budget information. Legal professional services to be secured from outside of the unit need to be secured by contract. Legal services **must** be pre-approved by TPC. On the budget form or on another page, describe for each contract the following information:

- A) scope of work including tasks and deliverables,
- B) time period of the contract,
- C) person in the agency who will supervise or manage the subcontract,
- D) name of the contractor or, if not yet known, what method will be used to select the contractor, e.g. bids, request for proposals, mini-grants, sole source, etc.
- 5) amount or budget for the contract ,
- 6) process for contractor to secure payment,
- 7) how the contract will be supervised, managed, or otherwise monitored by the Lead Agency.

The subcontract / mini-grant agreement formats provided by the Tobacco Prevention and Cessation Commission should serve as a boilerplate to collect at minimum information on subcontractors or mini-grantees. If additional space is needed to explain the details of a contract please attach and reference these documents within the body of the subcontract or mini-grant agreements. The boilerplate contract documents provided are not intended to be the sole source of information for executing a contract for goods or services, but the information requested in the boilerplate must be contained in any subcontract or mini-grant agreement executed.

5. Other

This category can include costs for items such as telephone, rent, copying, printing, postage, mailing, publications, and professional education costs.

Rent to be paid for space exclusively reserved for tobacco prevention and cessation programming activities cannot exceed the fair market value for the space. Document how the rental expense was determined and retain this documentation in the records.

Cell phone expense paid from tobacco grant funds must be for calls to conduct tobacco prevention and cessation business. To be reimbursed for cell phone calls, the grantee must have an approved line item in the budget for cell phone expense and provide itemized billing receipts with tobacco prevention and cessation phone calls highlighted. The reimbursement can only be for the calls to conduct tobacco prevention and cessation business. No reimbursement will be issued for cell phone expenses without itemized billing for calls that can be documented for tobacco prevention and cessation activities. To pay a vendor for cell phone expenses you must have itemized billings, highlight the calls for tobacco grant programming activities and only pay for the calls that are for tobacco grant programming activities. If you contract for a flat fee for cell phone expenditures, you must still get itemized billing, highlight the calls that are for tobacco programming activities and calculate the percentage of the total expense that was incurred to conduct tobacco grant programming activities. Only charge the tobacco grant for the percentage of tobacco grant program calls applicable.

6. Paid Media

Advertising and communication media must utilize the media campaign imaging and the common messages developed by TPC. **All paid media must be pre-approved by TPC prior to placement. The Lead Agency is responsible for any and all costs related to paid media.**

7. Furniture and Equipment

Office furniture, equipment and computer/software upgrades, are allowable, provided they are reasonable expenditures relative to the work proposed and were not purchased in a previous year. All equipment purchased with grant funds, which cost \$500 or more, shall remain the property of TPC and shall not be sold or disposed of without written consent from TPC. All office furniture, equipment and computer/software upgrades purchased which cost \$500 or more must be listed on a fixed assets ledger, see sample document in Tab 9.

8. Additional Conditions

The Grantee agrees to abide by the following additional conditions:

- a. That grant funds and program income shall not be expended for:
1. Construction of buildings, building renovations;
 2. Depreciation of existing buildings or equipment;
 3. Contributions, gifts or donations
 4. Entertainment;
 5. Automobile purchases, rental and/or leases;
 6. Interest and other financial costs;
 7. Fines and penalties;
 8. Bad debts;
 9. Contingency funds;
 10. Food; and
 11. Political contributions.
- b. All disbursements are required by law to be fully itemized. IC 4-10-11-1 states that “vouchers shall not be approved by any officer or officers authorized to approve the same, unless so itemized, giving minutiae of detail, and when vouchers are presented to the auditor of state for warrants, they shall be accompanied by said itemized accounts and statements.” Other state statutes requiring fully itemized state payments include the following:

IC 5-11-10-1 Disbursements for claims

IC 4-10-12-1 Itemized vouchers; expenditure for purpose appropriated.

Information necessary to sufficiently itemize payments range from listing specific contract program detail to providing unit costs, quantity, and descriptions for each item or service received. Adequate information must be provided to substantiate hourly billing, such as activities performed and cost per hour. If reference is made to a vendor invoice, statement, or bill, it should be attached. Blank or incomplete invoices should never be certified or paid by Grantees.

Public funds may not be used to pay for personal items or for expenses that do not relate to the functions and purposes of the tobacco grant program.

Personal long distance calls are not allowed to be charged to the grant. Cellular phone service, which is paid for with grant funds, is for the sole benefit of the program for which grant funds have been received. Grantees have a responsibility to monitor cellular phone expenses to ensure they are not paying for airtime that is not needed. Cellular phone service is paid only via reimbursement with detailed billing.

Dues and subscriptions paid from public funds should be for institutional memberships; i.e. in the name of the organization, or grantee’s organization name, not an individual’s name.

No checks can be issued for cash to pay expenditures. Checks must be

made out to the subcontractor, mini-grantee and/or supplier.

No petty cash funds can be established.

No debit cards can be authorized or utilized on the tobacco grant bank account holding State of Indiana – Indiana State Department of Health Tobacco Prevention & Cessation funds.

Grantees must reimburse staff for travel expenditures; no advance payments without specific written permission from TPC.

Grantees are responsible for collecting any overpayment or duplicate payments made. Repayment should be sought immediately once an overpayment has been identified.

Grantees are obligated to collect, document and retain all such information necessary to certify invoices submitted for payment for goods or services received. Grantees have the duty to pay properly documented invoices in a timely fashion. With the exception of payroll expenditures for the Lead Agency employees, all contracts and other payments from the grant should be paid upon receipt of a properly documented invoice for contracts, billings or requests for reimbursement.

c. The Grantee will maintain a fixed assets ledger as prescribed in the budget explanation. See sample of Fixed Assets Ledger in Tab 9. If an internal tracking system exists within your Lead Agency, follow those prescribed procedures to document any equipment purchases.

d. Grantees will account for tobacco grant funds separately from other organization funds and will reconcile the tobacco grant fund account monthly. Tobacco grant funds cannot be co-mingled with other agency funds. If tobacco grant funds are deposited in an account with other funds, a separate accounting ledger **must** be maintained, including the proper division and crediting of interest to the various components of the account. At the end of the quarter the fund and account statement, including interest must reconcile to the quarterly fiscal reports submitted to TPC.

e. That acceptance of any services offered under this Grant Agreement shall be voluntary on the part of the individual to whom such services are offered and that acceptance of any services shall not be a prerequisite to eligibility for the receipt of any other services under the Grant Agreement.

f. That any proposed changes in the target population served under this Grant Agreement or any proposed changes in geographic location of service sites must be submitted in writing to TPC.

g. That funding is contingent upon providing individualized data files in a file structure specified by TPC. Grantee will submit said data files to TPC according to a specific schedule determined by TPC. The data provided by the Grantee will be used to perform statistical and evaluative functions, and other reporting requirements.

- h.** That changes in line items in the budget will be requested in writing and approved by a duly authorized representative of TPC **prior to implementation.**
- i.** That payment is contingent upon timely receipt of required client data in accordance with procedures and schedules established by TPC, a copy of which is available upon request.
- j.** That all income generated by grant funds shall be added to the grant fund balance in the period in which it is earned and is subject to the same requirements as the basic grant monies. All grant monies must be invested in types of investments as directed by current statute, IC 5-13-9-1 thru 5. Please refer to the current statute for guidance.
- k.** To adopt and enforce a no smoking policy in project facilities at all times.
- l.** Within 30 days after the end of the fiscal year, the Lead Agency must file Form E-1 with the Indiana State Board of Accounts so the audit requirements can be determined and communicated to the agency. For additional information please contact Sherry Parton, Supervisor for Non-Governmental Entities at (317) 232-2525 or <http://www.in.gov/sboa/3104.htm> to review the information on-line. See Form – E1 included.

Budget Worksheet Form

Lead Agency _____

County _____

	Expenses
1. Personnel (Salaries/Wages)	
a. %FTE/ Wage Annual Salary/Hours per Month # Years/#Months	
1. (Position Title)	
2. (Position Title)	
TOTAL SALARIES/WAGES >	
b. Fringe Benefits	
1. (Position Title)	
2. (Position Title)	
TOTAL FRINGE BENEFITS >	
2. Travel	
a. In-State	
b. Out-of-State	
TOTAL TRAVEL >	
3. Supplies	
a.	
b.	
TOTAL SUPPLIES >	
4. Contracts	
a.	
b.	
TOTAL SUBCONTRACTS >	
5. Other	
a.	
b.	
TOTAL OTHER >	
6. Paid Media (not to exceed 20% of total grant awarded)	
a.	
b.	
TOTAL Paid Media >	
7. Furniture & Equipment	
a.	
b.	
TOTAL FURNITURE & EQUIPMENT >	
TOTAL BUDGET >	
TOTAL NEW FUNDING	

Note: 1. Line items must be explained in detail in the Budget Narrative Form.

SCOPE OF WORK FORM

This form is required by ISDH and submitted with the budget for contractual purposes.

Summary of Program (Limit one (1) Page):

List each indicator and two bullet points which best describe the expected outcome of the Work Plan. Do not use abbreviations or acronyms without explanation - spell out the term and designate the abbreviation.

BUDGET NARRATIVE FORM

**Personnel: %FTE / Wage Annual Salary/Hours per Month #Years/#Months
(Salaries/Wages)**

Salaries – (list each employee separately)

**Be specific and show how personnel expenses are determined*

- *Percent FTE x Annual Salary Wage x # Years = Personnel Expenses*
- *Hourly Wage x Hours per Months x # Months= Personnel Expenses*
- *List names and job titles*

**Provide a written job description in the Grant Application for all funded positions. Make sure the job titles are the same as in the Budget Narrative*

Benefits - (list each employee separately)

- *Percent FTE dedicated to grant x Normal & Customary Fringe Benefits to All Employees by Lead Agency*
- *Please list all types of fringe benefits provided such as health insurance, social security tax, vision, life, paid time off, and sick leave.*

Travel:

In-State

- *Estimate monthly mileage*
- *Monthly Miles Traveled x 24 x .44=Total In-State Travel*
- *Examples may include 5 TPC required trainings and 4 Regional Cluster Meetings*

Out of State – Upon written approval on a case-by-case request

- *Describe anticipated out of travel to conferences and trainings*
- *Travel expenses must be reimbursed at the State rate (provided on the “Summary of Travel Allowance”).*
- *Please document mileage (addresses, total miles traveled to and from on either the provided travel voucher or one that you already use). This must be signed by the traveler and also the supervisor.*
 - *Mileage: odometer reading; number of miles traveled x reimbursement rate = total*
 - *Lodging: number of nights x reimbursement rate = total*
 - *Per diem: number of days x reimbursement rate = total*

Supplies:

Office Supplies – **Be specific**

- *Paper, toner, notepads, toner, ink cartridges, staples, paper clips and other miscellaneous supplies.*

Program Supplies – **Be specific**

- *DVDs and educational materials*

Contracts: Be as specific as possible. The Regional Director must approve all subcontracts and or mini-grants even when they are submitted as part of this application.

Subcontracts
Mini-grants

Please reference page 49 for the details.

Other: Be specific

- *Examples may include telephone, rent, copying, printing, postage, publications, professional education cost, coalition dues to organizations and societies.*

***Other** or "miscellaneous" categories should be specifically explained.*

Paid Media: Limited to 20% or less of total award. All paid media must be pre-approved by TPC prior to placement.

Furniture and Equipment: For tobacco related programming activities only

INDIRECT COSTS ARE NOT PERMITTED

USE ADDITIONAL SHEETS AS NECESSARY TO FULLY EXPLAIN BUDGET

**Community-Minority Grant Agreement
Lead Agency Sub-contract/Mini-Grant contract**

Check one:

- Sub-contract
- Mini-Grant

County: _____

Lead Agency: _____

Grant number: _____

Lead Agency Fax: _____

Name of person with Lead Agency that will supervise or manage the sub-contractor: _____

Name of sub-contracting agency (or individual): _____

Name of responsible person with sub-contractor: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Time period of sub-contract: _____

Cost of performing sub-contract: \$ _____

** Funds received by the sub-contractor pursuant to this Agreement shall be used only to institute services described in the Grant Agreement between TPC/ISDH and the Lead Agency. Should it be determined by TPC/ISDH that the sub-contractor has used funds inconsistent with the Grant Agreement then the Lead Agency could be required to reimburse TPC/ISDH. Should the Lead Agency be required to make such reimbursement the sub-contractor may be required to reimburse the Lead Agency.

Required attachments:

Attach a sheet that describes the scope of work to be performed through this sub-contract/mini-grant, including tasks and deliverables.

Attach a description of how this sub-contract/mini-grant will further the goals of your county's work plan which is on file with ITPC including the indicator(s) it represents.

Attach the Budget Worksheet and the Budget Narrative form to show the distribution of funds for the sub-contract/mini-grant.

Signature of primary contact with Lead Agency: _____

Date: _____

Signature of responsible person with the sub-contractor: _____

Date: _____

Tobacco Prevention and Cessation Commission (TPC) Declarations

Must be initialed and signed by the signatory authority of the Lead Agency

_____ The TPC may seek additional information from an applicant prior to or during the review of the application.

_____ The TPC reserves the right to negotiate a modification of the proposed work plan and will award funds after agreement has been reached.

_____ The TPC reserves the right to examine the physical location, all books, documents, papers, accounting records, and other evidence (Records) pertaining to the administration of the community program upon request and copies thereof shall be furnished at no cost to the Tobacco Prevention and Cessation Commission.

_____ The signatory for this Organization represents that he/she has been duly authorized to execute agreements on behalf of the organization and has obtained all necessary or applicable approvals from the home office of the organization.

_____ It is policy of the TPC that any organization or individual receiving funding from TPC must agree as a condition of receiving funds that they will not accept any funding from the tobacco industry. By entering into this grant agreement the grantee agrees to abide by this policy during the term of this agreement. Any violation of this clause by the grantee could lead to termination of this agreement by the State.

_____ It is policy of the TPC that any organization or individual receiving funding from TPC must agree as a condition of receiving funds that they will adopt a tobacco-free campus policy. By entering into this agreement the grantee agrees to abide by this policy during the term of this agreement. Any violation of this clause by the grantee could lead to termination of this agreement by the State.

By initialing above and signing below you indicate that you have read and understand these declarations. For questions and assistance please call: Tobacco Prevention and Cessation Commission at (317) 234-1787

Signature

Date

Printed Name

Lead Agency Name

Reset Form



VENDOR INFORMATION

State Form 53788 (R2 / 10-09)
Approved by Auditor of State, 2009
Approved by State Board of Accounts, 2009

Name and telephone number of the person who completed this document must be provided.

Name: _____

Daytime telephone number: _____

Print or Type
Legal Name (Owner of the EIN or SSN as name appears on your tax return. Do not enter the business name of a sole proprietorship on this line.)
Trade Name (Doing Business as Name D/B/A) (Complete only if payment is to be made payable to the DBA name)
Remit Address (number and street, city, state, and ZIP code)
Purchase Order Address - Optional (number and street, city, state, and ZIP code)

Enter 9-digit Taxpayer Identification Number (TIN) of the legal name:
(SSN=Social Security Number, EIN=Employer Identification Number)
(Individual's SSN) _____ - _____ - _____ or EIN _____ - _____ - _____

Check legal entity type (A box must be checked in this section. Check only one box.)
[] Individual [] Sole Proprietorship [] Partnership
[] Estate / Trust Note: Show above, the name and number of the legal trust, or estate, not personal representatives
[] Other [Limited Liability Company (LLC) (attach IRS Form 8832 if applicable), Joint Venture, Club, etc.]
[] Corporation Do you provide legal or medical services? [] Yes [] No
[] Government (or Government operated entity)
[] Organization Exempt from Tax under Section 501(a)

One box must be checked [] I am a U.S. Person (including a U.S. resident alien) [] I am not a U.S. Person (a W-8 must be filed with the Auditor of State)

[] Add Deposit [] Change Deposit Indiana law (I.C. 4-13-2-14.8) requires that YOU receive PAYMENT(S) by means of electronic transfer of funds.

SECTION 1: AUTHORIZATION
According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:
Account Holder's Name: _____ Account Number: _____
Type of Account: [] Checking (Demand) [] Savings
[] Please check this box if your direct deposit will be automatically forwarded to a bank account in another country.

SECTION 2: FINANCIAL INSTITUTION'S APPROVAL (Attach a non-altered voided check or have your financial institution complete this section)
The financial institution identified below agrees to accept automated deposits under the terms set forth herein:
Name of Financial Institution: _____
Telephone: (_____) _____
Address: _____ Number and Street, and/or P.O. Box No. _____ Financial Institution's Authorized Signature
_____ City, State, and ZIP Code (00000-0000) _____ Title
_____ ABA Transit-Routing Number _____ Date _____, 20_____

SECTION 3: ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS
(Complete this section only if you are requesting electronic notification. You may provide up to four email addresses.)
I hereby request that all future notices of EFT deposits to the bank account specified above be sent to the following email addresses:

I agree to the provisions contained on the reverse side of this form.
NAME (print or type) _____ TITLE _____
AUTHORIZED SIGNATURE _____ DATE _____ TELEPHONE NUMBER _____

REQUEST FOR VENDOR INFORMATION

THIS FORM APPLIES TO YOU, IF YOU ARE:

- 1) A U.S. person (including a U.S. resident alien); and
- 2) A person, business, or other entity who has or will receive a payment from the state; or
- 3) A state employee who has or will receive a payment, other than payroll, from the state.

PURPOSE OF FORM:

The Auditor of State of Indiana (Auditor) must have correct vendor information to make payments to vendors. This includes the vendor's legal name, doing business as name (if any), address, Taxpayer Identification Number (TIN), entity type, and banking information. This form allows you to provide your correct name, address, TIN, entity type, and banking information.

If you do not provide us with the information, your payments may be subject to federal income tax withholding. In addition, if you do not provide us with this information, you may be subject to a penalty imposed by the Internal Revenue Service per I.R.C. 6723.

Federal law on withholding preempts any state and local law remedies, such as any rights to a mechanic's lien. If you do not furnish a valid TIN, we are required to withhold a percentage of our payment to you. Withholding is not a failure to pay you. It is an advance tax payment. You should report all withholdings as a credit for taxes paid on your federal income tax return.

INSTRUCTIONS:

- 1) Enter your legal name on the designated line. Your legal name is the one that appears on your Social Security Card or, if you are a business, the Employer Identification Number (EIN) as it is in the IRS records. If you are a sole proprietor, then your legal name is the business owner's name. If you have a "doing business as" (d/b/a) name, enter this on the trade name line. Enter your remit address on the next line, and if you have a separate address for purchase orders, enter that address on the appropriate line.
- 2) Record the appropriate TIN in the space provided and check the box that corresponds to the correct organization type for your name. Note that individuals and sole proprietors are the only types that should record a social security number (SSN). a) If you are a corporation, you must indicate whether you provide legal or medical services. b) If you are a sole proprietor, you must show the business owner's name in the legal name box and you may show the business name in the trade name box. You cannot use only the business name. For a sole proprietor, you may use either the individual's SSN or the EIN of the business. However, we prefer you provide the SSN.
- 3) Check the appropriate box that indicates whether you are or are not a U.S. person.
- 4) Complete Section 1: Authorization
- 5) Have your financial institution complete Section 2: Financial Institution's Approval. Your financial institution should return the completed form to you. A voided check may be provided in lieu of having your financial institution complete this section. Attach only preprinted checks. Deposit slips, starter checks, or checks that have been altered will not be accepted.
- 6) Complete Section 3: Electronic Notification of Electronic Fund Transfer (EFT) Deposits, only if you choose to receive electronic EFT notifications by email. If this section is not completed, your notification will be sent by U.S. Mail to the remit address designated on the reverse side of this form.
- 7) Fax the completed form to (317) 234-1916 or mail to the Indiana Auditor of State, 240 Statehouse, 200 W. Washington St., Indianapolis, IN 46204.
- 8) Retain a copy of the completed form for your records.
- 9) Any form submitted without an authorized signature will be destroyed and will not be entered into the Auditor's vendor file.

BY SIGNING THIS FORM:

You represent that you understand and agree that:

- 1) You are authorized to provide this information on behalf of yourself or your organization.
- 2) The State of Indiana is authorized to initiate credits (deposits) in various amounts, by EFT through automated clearing house (ACH) processes, to the checking (demand) or savings account in the financial institution designated on the reverse side of this form.
- 3) If necessary, you will accept reversals from the State for any credit entries made in error to a bank account per National Automated Clearing House Association (NACHA) regulations.
- 4) You may only revoke this request and authorization by notifying the Auditor in writing, at the above address, at least fifteen (15) days before the effective date of revocation.
- 5) Any change to the account or to a new financial institution will require a new Vendor Information form be completed and submitted to the Auditor of State at the above address. Failure to provide timely notification to the Auditor that your account has changed will result in a delay in payment.
- 6) The State of Indiana and its entities are not liable for late payment penalties or interest if you fail to provide information necessary for an EFT transaction and/or you do not properly follow the Instructions above.
- 7) The email addresses provided in Section 3 for electronic EFT notification will allow for appropriate application of all payments.
- 8) You acknowledge that it will cause disruption to the notification process if the email addresses provided for electronic EFT notification are frequently changed or changed without promptly providing an updated email address to the Auditor.
- 9) You acknowledge that an email notification returned as undeliverable may be removed from the Auditor's email notification system and all future notices of EFT deposits to you will be provided by the Auditor via U.S. Mail to the remit address designated on the reverse side of this form until you have provided a valid email address to the Auditor.
- 10) You are responsible for contacting the Auditor if you are not receiving electronic notices of EFT deposits.



ENTITY ANNUAL REPORT
 State Form 54402 (8-10) / Form E-1
 Prescribed by State Board of Accounts

STATE BOARD OF ACCOUNTS
 302 West Washington Street, Room E418
 Indianapolis, Indiana 46204-2765
 Telephone: (317) 232-2513
 Fax: (317) 232-4711
 Web Site: www.in.gov/sboa

Note: The Entity Annual Report (Form E-1) is used to determine the audit requirements placed on your entity by IC 5-11-1-9. File report within sixty (60) days of the close of your entity's fiscal year end. Instructions for completing Form E-1 are available at www.in.gov/sboa.

Fiscal Year End of Entity		
Month	Day	Year

OFFICE USE ONLY	
SBA Number:	_____
Audit Determination (check one):	
<input type="checkbox"/> Complete	<input type="checkbox"/> Waived

Legal Name		Federal ID Number	
Doing Business As (DBA)		Business Telephone Number ()	
Street Address (number and street)			
City	County	State	ZIP Code
E-mail Address of Entity			
Name of Operating Officer		Title	
TYPE OF ORGANIZATION (check one)		LEGAL STATUS (check one)	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	<input type="checkbox"/> Association
<input type="checkbox"/> For Profit		<input type="checkbox"/> Not-For-Profit	

FINANCIAL INFORMATION	
1. Government funds received during year (Detailed on Page 2)	\$ _____
2. Government funds disbursed during year	\$ _____
3. Entity's total disbursements (or expenditures) for the year	\$ _____
4. Percent of government funds disbursed to entity's total disbursements (or expenditures) (Line 2 divided by Line 3)	_____ %
This information is reported on the (check one) <input type="checkbox"/> cash basis <input type="checkbox"/> accrual basis.	

Is this the initial Form E-1 filing for the entity? (check one) Yes No

CERTIFICATION	
This is to certify that the data contained in this report is accurate to the best of my knowledge and belief.	
Signature: _____	Title: _____
Printed Name: _____	Date Signed (month, day, year): _____

DETAIL OF GOVERNMENT FUNDS RECEIVED

List the government funds received during the year by agency, address, program title and amount received. Attach additional sheets if necessary.

GOVERNMENT AGENCY	ADDRESS	PROGRAM TITLE	AMOUNT RECEIVED

Date organization was founded (*month, day, year*): _____

Describe organization's purpose: _____

Describe organizational governing structure: _____

Have you ever been audited by an Independent Public Accountant (IPA)? (*check one*) Yes No

If so, what was the last fiscal year audited? _____

Name and address of IPA that conducted audit: _____

Instructions for Entity Annual Report (Form E-1)
(Form E-1 located at bottom of page)

Nongovernmental organizations (entities) receiving financial assistance from governmental sources in the form of grants, subsidies or contributions, are required by Indiana Code (IC) 5-11-1-4 to file an Entity Annual Report (Form E-1) with the State Board of Accounts.

Receipt of the funding referred to above subjects your organization to State audit requirements discussed in IC 5-11-1-9. The information you report on the Entity Annual Report enables us to assist you in correctly determining your auditing and reporting requirements. Therefore, it is extremely important that you exercise care in the preparation of this report.

You should report as "government funds" all cash received from any state or local government. These may be in the form of grants, contracts, subsidies, contributions, reimbursements, loans or possibly other agreements. "Government funds" may include Federal funds if the Federal funds go to state or local government first and then are subgranted to your entity. Federal funds received directly from a Federal agency should not be reported as "government funds" on this report. Also, non-Federal funding arrangements that are considered "purchase of service" agreements and not "financial assistance" should not be reported as "government funds" on this report. However, both should be included in your entity's total disbursements (Line 3).

"Purchase of Service" agreements are those where a government agency reimburses you based on specified "per diem" or "per unit" rate for services actually provided. Please note that contracts with a government unit to provide services for a flat fee or contract amount are not considered "purchase of service" agreements and, therefore should be reported.

Since the purpose of the Entity Annual Report is to determine the audit requirements placed on your entity by IC 5-11-1-9 it is important that you report "government funds" in accordance with the preceding paragraphs. Failure to properly report "government funds" could result in a violation of IC 5-11-1-9 and possibly other statutes.

This report is used to determine your STATE audit and reporting requirements. Your entity may be subject to other audit and reporting requirements (specifically Federal OMB Circular A-133 or other contractual agreements with the grantor agency). Please contact the grantor agencies for help in determining your entity's overall audit and reporting requirements. If your entity receives both direct Federal awards and state or local funds, we recommend audit arrangements to meet both requirements.

If your organization receives federal funds, please note that the threshold requiring an audit under OMB Circular A-133 has increased significantly for fiscal years ending after December 31, 2003. It is possible that an organization exempt from audit under OMB Circular A-133, will still need to have an audit done under IC 5-11-1-9. In these instances an audit done in accordance with generally accepted auditing standards (GAAS), rather than generally accepted government auditing standards (GAGAS), will suffice, if this is acceptable with your funding agencies.

Shortly after the date you file the Entity Annual Report, you will be notified if an organization-wide audit is required, or if you qualify for a waiver of the State requirements. If you qualify for a waiver, a tentative waiver letter will be sent and you must supply us with financial information supporting the amounts reported on the Entity Annual Report. If you have qualified for a waiver in the prior year and believe you will qualify in the current year, you may send the supporting documentation at the time of sending your Entity Annual Report. If in fact you do qualify for a waiver, a final letter will be sent, completing the process. All organizations qualifying for a waiver will be processed as such.

Please make any name or address changes directly on this form. Mail to: Indiana State Board of Accounts, 302 West Washington Street, Room E418, Indianapolis, IN 46204, within 60 days after the close of your entity's accounting year end. If you have a name or address change between reporting periods, please contact our office.

The Entity Annual Report should not be confused with the Secretary of State's Business Entity Report. This is a separate form that is required to be filed by all corporations with the Secretary of State's Office. The Business Entity Report has a filing fee, typically \$10 for not-for-profit corporations, which should also be sent to the Secretary of State's Office. Any questions concerning the Business Entity Report should be addressed to the Secretary of State's Office at (317)232-6576.

If you need assistance in filing your Entity Annual Report, please contact [Sherry Parton](#), Supervisor for Non-Governmental Entities, at (317) 232-2525.

Indiana Department of Revenue
General Sales Tax Exemption Certificate

Indiana registered retail merchants and businesses located outside Indiana may use this certificate. The claimed exemption must be allowed by Indiana code. Exemption statutes of other states are not valid for purchases from Indiana vendors. **This exemption certificate can not be issued for the purchase of Utilities, Vehicles, Watercraft, or Aircraft.** Purchaser must be registered with the Department of Revenue or the appropriate taxing authority of the purchaser's state of residence.

Sales tax must be charged unless all information in each section is fully completed by the purchaser. Purchasers not able to provide all required information must pay the tax and may file a claim for refund (Form GA-110L) directly with the Department of Revenue.

Section 1 (print only)

Name of Purchaser STATE OF INDIANA - PURCHASING

Business Address 402 W. WASHINGTON ST, W468 City INDIANAPOLIS State IN Zip 46204

Purchaser must provide minimum of one ID number below.*

Provide your Indiana Registered Retail Merchant's Certificate TID and LOC Number as shown on your Certificate..... 0003118568 - 001

TID# (10 digits) LOC# (3 digits)

If not registered with the Indiana DOR, provide your State Tax ID Number from another State..... _____

*See instructions on the reverse side if you do not have either number. State ID# State of Issue

Section 2

Is this a blanket purchase exemption request or a single purchase exemption request? (check one)

Description of items to be purchased. _____

Section 3

Purchaser must indicate the type of exemption being claimed for this purchase. (check one or explain)

- Sales to a retailer, wholesaler, or manufacturer for **resale** only.
- Sale of manufacturing machinery, tools, and equipment to be used directly in **direct production**.
- Sales to **nonprofit organizations** claiming exemption pursuant to Sales Tax Information Bulletin #10. (May not be used for personal hotel rooms and meals.)
- Sales of tangible personal property predominately used (greater than 50 percent) in providing **public transportation** - provide USDOT#. A person or corporation who is hauling under someone else's motor carrier authority, or has a contract as a **school bus operator**, must provide their SS# or FID# in lieu of a State ID# in Section #1. USDOT# _____
- Sales to persons, occupationally engaged as farmers, to be used directly in production of **agricultural** products for sale. **Note:** A farmer not possessing a State Business License# may enter a FID# or a SS# in lieu of a State ID# in Section #1.
- Sales to a **contractor** for exempt projects (such as public schools, government, or nonprofits).
- Sales to **Indiana Governmental Units** (agencies, cities, towns, municipalities, public schools, and state universities).
- Sales to the **United States Federal Government** - show agency name. _____ **Note:** A U.S. Government agency should enter its Federal Identification Number (FID#) in Section #1 in lieu of a State ID#.
- Other - explain. _____

Section 4

I hereby certify under the penalties of perjury that the property purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the State Gross Retail Sales Tax Act, Indiana Code 6-2.5, and the item purchased is not a utility, vehicle, watercraft, or aircraft.

I confirm my understanding that misuse, (either negligent or intentional), and/or fraudulent use of this certificate may subject both me personally and/or the business entity I represent to the imposition of tax, interest, and civil and/or criminal penalties.

Signature of Purchaser *Myra J. Wilson* Date January 1, 2013

Printed Name MYRA J. WILSON Title Director-Admin Serv

The Indiana Department of Revenue may request verification of registration in another state if you are an out-of-state purchaser.
Seller must keep this certificate on file to support exempt sales.

Job Description Template

TPC Local Program Coordinator:

Will be responsible for working ___ per week in the community, available to travel in-county and to other locations in the state several times per year for training or meetings (see page 30 “Lead Agency Profile Form”).

Physical lifting required for materials or AV equipment.

The Coordinator will submit periodic electronic reports, as required and respond to local and state needs for information as directed.

The coordinator will be responsible for recruiting public schools selected to conduct the Youth Tobacco Survey Fall 2014.

Media responsibilities include developing partnerships with local news venues and providing accurate local, state, national and international information on tobacco control to the news media as is necessary for education of the public on tobacco issues.

Will recruit from the community, members both individuals and organizational representatives, to form a coalition representing diverse interest and backgrounds. The coalition will strategize action to reduce tobacco use in the county, through policy and programs.

Coordinator will fully engage community and coalition members, including specific task force groups in the business of tobacco control. For this purpose, coordinator is an excellent communicator written and oral.

Will commit to participation in training and study of CDC’s Best Practices models in tobacco control and use proven, evidence-based actions to reduce tobacco use, exposure to secondhand smoke and to prevent tobacco use in the community.

Coordinator will monitor completion of activities contracted in the written work plan submitted with this proposal by the coalition of _____ County.

Other TPC positions:

Detail specific functions that support TPC tobacco control contract for positions paid with TPC funds: i.e. funds management (hours, review, and budget development), supervising (hours, face-to-face, and electronic communication).