

# 2015-2017 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 conduct tobacco control programs in Indiana. No one single agency type has been selected as the Lead Agency for the community-based and minority-based programs. TPC recognizes that different organizations may assume this responsibility in different counties; therefore, community-based coalitions must select one organization to serve as the 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 2015-2017 Request for Application Workshop binder for additional resources. TPC reserves the right to correct any errors in and/or omissions in the RFA.*

## 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. 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 or Quarterly 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 or Quarterly Invoices, Quarterly Fiscal Reports, and Monthly Program Reports by due dates
  - In the temporary 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

- 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 and the work plan.
- 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 (monthly).
- **New Coordinator Training Program:** All new coordinators are required to participate in the TPC Coordinator Training Program, including but not limited to Tobacco 101, Media & Policy Advocacy training, and the Coordinator-to-Coordinator (C2C) mentoring program.
- **Regional Meetings and/or Cluster Meetings:** Regional meetings scheduled for 2015-2017 (quarterly).
- **Partner Information Exchange:** 1 to 2 day statewide conference for program staff and coalition members (one per grant cycle).
- **A minimum of four (4) optional TPC trainings sessions** (scheduled as needed).

## **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 22** for Application Checklist.

1. The Administration section outlines the accomplishments of the coalition during the 2013-2015 grant period (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 2015-2017 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 and Brand Use Agreement Forms are 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 provide five (5) letters of support that describe the coalition's partners' commitment. 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. This section also includes how the coalition communicates with key stakeholders as well as identifies spokespersons for the coalition.
3. The 2015-2017 Work Plan section includes the work plan forms. The coalition must determine the community indicators it plans to address and complete a work plan form for each indicator. Required community indicators are: 3, 5, 8, 11, 14, and 15. 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.
4. The Budget section describes the operation costs to conduct tobacco control programming and development of strategic work plan through June 30, 2017. A budget narrative with detailed descriptions must be included. **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 a job description for ALL persons paid through the TPC Grant in this section.**

## FUNDING AND BUDGETING

This contract period covers State Fiscal Years 2016 and 2017. The contract period starts on July 1, 2015 and ends on June 30, 2017.

**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 (and spending) levels when preparing the proposal. Budget requests should reflect the needs of the community, the amount of work proposed in the work plan, and resources needed to be successful. 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 2013-2015 grant cycle and be in compliance with all contractual guidelines in order to be considered for 2015-2017 funding. **All current TPC grantees must be up to date on quarterly fiscal reports, and monthly program reports.**

Lead Agencies will be required to sign the contract, submit the W-9 and direct deposit forms, and audited financial statements, if applicable, prior to receiving any funding. 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 30, 2015 at:**

Indiana State Department of Health  
Tobacco Prevention and Cessation Commission  
Community- and Minority-based Program Grant Administrator  
2 N. Meridian Street, 5A  
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 LISTED ON PAGE 43 ONLY NEED 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.**

## **REVIEW PROCESS**

A Team consisting of members of the ISDH, TPC staff, and state and national tobacco control experts will review the proposals. The Review Team will evaluate 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
- Partnership approach to achieving objectives
- Input from coalition in writing work plan
- Leadership and capacity of the Lead Agency
- Capacity to achieve results
- That shows a focus on policy and systems change
- Appropriateness of the budget
- Meets all contract requirements
- Thorough, focused work plans
- Appropriateness of the subcontract proposals
- History of completing contract deliverables and executing an approved work plan
- History of timely submission of TPC Reports and participation in TPC trainings and communication, if previous TPC partner

**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 16, 2015	RFA released
February 18, 19, and 20, 2015	<p>Regional workshops</p> <p><i>* applicants are strongly encouraged to attend one</i></p> <p><b>Wednesday, February 18, 2015</b>  <b>9:30am-4:00pm (EST)</b>            Stone Gates Arts and Education Center            405 I Street            Bedford, Indiana 47421</p> <p><b>Thursday, February 19, 2015</b>  <b>9:30am-4:00pm (EST)</b>            Webster Center            110 Webster Avenue            Plymouth, Indiana 46563</p> <p><b>Friday, February 20, 2015</b>  <b>9:30am-4:00pm (EST)</b>            Indiana Government Center South            Conference Room 22            402 W Washington Street            Indianapolis, Indiana 46204</p>
February 27, 2015	Deadline to submit questions in writing to <a href="mailto:sgriewank@isdh.in.gov">sgriewank@isdh.in.gov</a>
Week of March 9, 2015	FAQ posted on the TPC website
March 30, 2015 at 4:00pm EST	Completed Applications due to TPC
April 1 – April 30, 2015	Review by TPC Review Teams
May 2015	Target date for award announcements and contract negotiations

## CONTRACT REQUIREMENTS, COMMUNITY INDICATORS, AND CONTRACT DELIVERABLES: 2015-2017

The following two pages outline the overall **contract requirements** for all TPC community and minority-based grants. In addition, there are specific **contract deliverables** for each community indicator for all TPC community and minority-based grants.

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

- Work on Indicators 3, 5, 8, 11, 14, and 15
  - Indicator 3 – Extent of broad-based community support for tobacco point-of-sale strategies at the local level
  - 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-family 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 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 2016 Youth Tobacco Survey in local schools, if selected.
- Collaborate with TPC statewide partners on statewide initiatives when appropriate. Projects to be awarded July 1, 2015. For a list of current statewide partners and description of projects, see 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, college and university campuses, 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.

- Agree to Brand Use Agreement 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-family housing 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.
- Use all swiss cheese press releases or media advisories that TPC instructs partners to customize and distribute to local media outlets.
- 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.
- 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**

Community Indicators provide strategies that work to achieve the state’s priority areas. 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 3:

**Extent of broad-based community support for tobacco point-of-sale strategies at the local level**

#### Contract Deliverables for Indicator 3:

- Participate in Standardized Tobacco Assessment of Retail Settings (STARS) annual survey to collect county-level data on tobacco products and point of sale advertising in retail establishments. **DUE: March 31, 2016; March 31, 2017**
- Conduct adult-focused presentations on other tobacco products (OTPs) to internal and external partners including coalition members and lead agencies, prioritized organizations and key decision makers in the community. Include information on how products are priced and the potential appeal of these products to populations within the community, especially youth. **DUE: QUARTERLY**
- Conduct youth-focused presentations on other tobacco products (OTP) to youth ages 12-18 and youth-serving organizations, such as:
  - Boys and Girls Clubs
  - sports organizations
  - Big Brothers Big Sisters
  - after school programs
  - youth community centers
  - youth faith-based programs
  - 4H Junior Leaders
  - FFA

Include information on how products are marketed to appeal to youth, and how youth are targeted by the tobacco industry.

**DUE: DECEMBER 31, 2015; JUNE 30, 2016; DECEMBER 31, 2016; JUNE 30, 2017**

## **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, addiction treatment centers and senior living facilities**

### **Contract Deliverables for Indicator 4:**

- Conduct at least one presentation per year on tobacco-free health care campuses to decision-making bodies within a community health center, hospital, behavioral health or other health care facility (i.e. Community Health Center Advisory Board or Governing Board, etc). **DUE: JUNE 30, 2016; JUNE 30, 2017**
- 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: PERIODICALLY UP TO 12 MONTHS FOLLOWING IMPLEMENTATION DATE**

## **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:**

- Conduct at least one adult-focused presentation on the need for a local comprehensive ordinance, *or* the status and benefits of your local law. Target audience includes internal and external partners including coalition members and lead agency, business leaders, chamber of commerce, prioritized organizations and key decisions makers in the community. **DUE: QUARTERLY**
- Conduct outreach to recruit a worker and a veteran from your community who has been exposed to secondhand smoke while at work. **DUE: QUARTERLY**
- Conduct a key informant interview with: a business leader; member of the leadership (board of directors, etc) of a veterans', fraternal or private club; *or* union representative in your community. **DUE: QUARTERLY**
- Develop and maintain a contact list of workplaces not covered by a comprehensive smoke-free air law (veterans clubs, fraternal organizations, private membership clubs, casinos, bars, tobacco/ENDS retailers). Submit to your Regional Director and update regularly as needed. **DUE: QUARTERLY**
- Submit at least one letter to the editor, and one press release on one or more of the following topics: the disparities of worker protection in your community, health effects of secondhand smoke and secondhand aerosol, 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. **DUE: QUARTERLY**
- Complete or update the community readiness profile before beginning a community-wide secondhand smoke campaign. **DUE: CONSULT REGIONAL DIRECTOR**
- Upon passage or amendment of a local smoke-free air ordinance, provide TPC with a policy implementation and maintenance plan. **DUE: CONSULT REGIONAL DIRECTOR**

## **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 adult-focused presentation per year on other tobacco products (OTPs) and the importance of a comprehensive tobacco-free school district policy to school teachers, staff and administration. Include information on how products are marketed to appeal to youth, and how youth are targeted by the tobacco industry.  
**DUE: JUNE 30, 2016; JUNE 30, 2017**
- 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 (GSA) 3 months or more after the school policy passes. **DUE: AT LEAST 3 MONTHS AFTER SCHOOL POLICY IMPLEMENTATION**

**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.**

## **INDICATOR 8:**

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

NOTE: The recommended priority of entities for work on multi-family housing is:

- Public Housing
- Subsidized Housing
- Market Rate Housing

### **Contract Deliverables for Indicator 8:**

- Conduct an assessment of current policies regarding smoking in all public and privately owned multi-family housing in your community and develop a written work plan. **DUE: DECEMBER 31, 2015**

- 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 (PHA) 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-family housing (apartments, condominiums, etc.) using the resources provided during the smoke-free public housing training.

**DUE: MARCH 31, 2016**

- 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-family dwellings, using the toolkits and other resources received from the smoke-free public housing trainings. **DUE: JUNE 30, 2016; JUNE 30, 2017**
- Assist public housing authority and/or private multi-family 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 the usage, sale, marketing, and sampling in indoor and outdoor spaces such as student housing, classroom buildings, and athletic facilities.**

#### **Contract deliverables for Indicator 9:**

- Identify and recruit a team of students, staff and faculty who want to pursue a policy change. **DUE: DECEMBER 31, 2015**
- 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, 2015**
- Create and maintain a written plan for passing a comprehensive tobacco-free campus with the policy team. **DUE: MARCH 31, 2016**
- 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, 2016; JUNE 30, 2017**
- 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.

### Contract deliverables for Indicator 11:

- Manage the Quit Now Indiana Preferred Network list by conducting **ALL** of the following on-going activities:
  - Initial face-to-face meetings with all new contacts on the Quit Now Indiana Preferred Network list to determine interest level and intensity of follow up needed.
  - On-going follow-up (by phone or in person) with Quit Now Indiana Preferred Network members based on prioritization in your community. Reference the TPC Tobacco Treatment Detailing Guide.
  - Intense outreach to top priority Quit Now Indiana Preferred Network members that will result in a direct increase in the number of fax referrals.
  - Develop a tracking mechanism to monitor continued outreach to Quit Now Indiana Preferred Network that correlates to the Indiana Tobacco Quitline numbers and fax referrals. Follow up with Regional Director
  - Increase the number of providers, employers, and organizations in your county that are part of the Quit Now Indiana Preferred Network. **DUE: MONTHLY**
- Hold brief training/informational sessions within your county to inform them about all Quitline services, including programs for youth (13-17 yrs), pregnant women, Text2Quit, and stand-alone web coach. **DUE: QUARTERLY**
- Conduct face-to-face meetings with the following health care providers and/or organizations that serve disparately affected populations to promote the Quit Now Indiana Preferred Network, the Indiana Tobacco Quitline, and to develop on-going relationships with:
  - Primary Care Collaborative – Learning Collaborative Teams (See Tab 7)
  - Pharmacists
  - The director of state and/or federally supported community health centers <http://www.indianapca.org/?page=FindaCHC>
  - Women of childbearing age and pregnant women
  - Lesbian, Gay, Bisexual, and Transgender (LGBT)
  - Veterans and members of the military
  - Low socioeconomic status (SES) population
  - Indiana High School Equivalency Diploma (formerly GED) Program
  - Other disparately affected populations**DUE: MONTHLY**
- Identify and educate a tobacco use treatment advocate for the county who is a member of the Quit Now Indiana Preferred Network to assist with policy change in the community and be an ally in Indiana Tobacco Quitline promotion. **DUE: DECEMBER 31, 2015**

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

## **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 including integration of electronic referrals of patients in electronic medical records to the Indiana Tobacco Quitline.**

### **Contract Deliverables for Indicator 12:**

- When working with a provider, health care system and/or behavioral health center to integrate the Indiana Tobacco Quitline, hold training sessions that 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.

**DUE: QUARTERLY**

- Meet with appropriate stakeholders to discuss options for embedding tobacco treatment into the electronic medical record (EMR) system.
  - 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 information technology (IT) department if appropriate, and work through technical requirements from Indiana Tobacco Quitline and health system
  - Communicate confidentiality requirements regarding patient information and physician consent.

**DUE: JUNE 30, 2016**

### **INDICATOR 13:**

**Proportion of worksites that provide employer sponsored benefits and evidence –based cessation programs for employees who use tobacco.**

#### **Contract Deliverables for Indicator 13:**

- Conduct a presentation/face-to-face meeting with the leadership of a worksite on the importance of implementing:
  - A comprehensive tobacco-free policy including electronic nicotine delivery systems;
  - Evidence-based cessation programs and
  - Offering cessation benefits/insurance benefits**DUE: QUARTERLY**
  
- Conduct a presentation/face-to-face meeting for employers, business professional organizations, chambers of commerce, and economic development groups. Work with these organizations to provide information in conjunction with existing employer group meetings. **DUE: QUARTERLY**
  
- Identify and educate an advocate employer who is a member of the Quit Now Indiana Preferred Network to assist with tobacco use treatment and policy change in the community. **DUE: JUNE 30, 2016**
  
- Develop and maintain a database of employers in your county that implement 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: QUARTERLY**

## **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 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
  - Pharmacists

**DUE: MONTHLY**

- Send a letter of thanks to state policy makers for your community grant funding and outline the coalition's accomplishments and goals for the 2015-2017 grant cycle. **DUE: SEPTEMBER 30, 2015**
- Conduct at least one face-to-face meeting or key informant interview with a prospective coalition member. Focus on groups from sectors of the community not well represented in your coalition. **DUE: QUARTERLY**
- Create a calendar of regularly scheduled coalition meetings and events. Submit to your Regional Director. **DUE: QUARTERLY**
- Educate state and local policy makers about your program and tobacco control, and the burden of tobacco use on Indiana. **DUE: QUARTERLY**
- Recognize coalition members for their hard work and accomplishments annually. **DUE: JUNE 30, 2016; JUNE 30, 2017**

## **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
  - Indiana High School Equivalency Diploma (formerly GED) Program
  - Community Health Centers: <http://www.indianapca.org/?page=FindaCHC>
  - 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**

- Implement the *Getting a Head Start on Living Tobacco Free* training curriculum in at least one Head Start center in your county. This includes following the timeline provided in the toolkit, conducting key informant interviews with staff, collecting baseline data, presenting all training modules to Head Start staff, and collecting data to assess change in attitudes, knowledge and behaviors among parents at the end of the Head Start school year. **DUE: JUNE 30, 2016; JUNE 30, 2017**
  
- Use the *Getting a Head Start on Living Tobacco Free* toolkit and training curriculum in at least one *alternate setting* per year. (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, 2016; June 30, 2017**

## APPLICATION CHECKLIST

APPLICATION SECTION	COMPONENTS	INCLUDED
<b>Administration</b>	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"/>
	Brand Use Agreement	<input type="checkbox"/>
<b>Coalition Assessment</b>	Coalition Assessment Form	<input type="checkbox"/>
	Summary of Coalition Partners	<input type="checkbox"/>
	Communication and Media Advocacy Plan	<input type="checkbox"/>
	Five Letters of Support from Committed Coalition Partners	<input type="checkbox"/>
	Copy of tool used to recruit prospective coalition partners	<input type="checkbox"/>
<b>2015-2017 Work plan</b>	Work plan forms	<input type="checkbox"/>
<b>Budget</b>	Budget Worksheet Form	<input type="checkbox"/>
	Budget Narrative Form	<input type="checkbox"/>
	Scope of Work Form	<input type="checkbox"/>
	Audited financial statements, if applicable	<input type="checkbox"/>
	Subcontract Forms, if applicable	<input type="checkbox"/>
	TPC Declarations Form-signed	<input type="checkbox"/>
	W-9 and Direct Deposit Forms-signed	<input type="checkbox"/>
	Entity Annual Report Form (E-1 form) 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 SFY 2013-2015 grant period. 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 and Goals Form
- Lead Agency Profile Form
- Smokefree Air Model Ordinance Agreement
- Brand Use 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.



**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 \_\_\_\_\_ \$

**Priority consideration will be given to applications demonstrating sufficient operating capacity to appropriately segregate duties and responsibilities.**

## Work Plan Progress and Goals 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 progress made by the local coalition toward reducing tobacco use during 2013-2015 grant period (if applicable). Provide facts to support success. Summarize the coalition's vision for 2015-2017 for the Priority Area, including coalition members and organizations that will be key for success in 2015-2017. Lastly, provide at least three goals for the Priority Area that are well documented and explained in the 2015-2017 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 27**.

**Priority Area #1:**

Describe success/progress during 2013-2015:

Describe vision for 2015-2017:

Include at least three realistic goals in this Priority Area that are more detailed in the 2015-2017 Work Plan:

- 1.
- 2.
- 3.

**Priority Area #2:**

Describe success/progress during 2013-2015:

Describe vision for 2015-2017:

Include at least three realistic goals in this Priority Area that are more detailed in the 2015-2017 Work Plan:

- 1.
- 2.
- 3.

**Priority Area #3:**

Describe success/progress during 2013-2015:

Describe vision for 2015-2017:

Include at least three realistic goals in this Priority Area that are more detailed in the 2015-2017 Work Plan:

- 1.
- 2.
- 3.

**Priority Area #4:**

Describe success/progress during 2013-2015:

Describe vision for 2015-2017:

Include at least three realistic goals in this Priority Area that are more detailed in the 2015-2017 Work Plan:

- 1.
- 2.
- 3.

**Additional Questions:**

1. What is the “added value” of this grant to your community?
2. How has your coalition collaborated with neighboring TPC funded counties?
3. How has your coalition collaborated with neighboring counties not receiving a TPC grant?

## 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, 2014*).

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 \_\_\_\_\_

## Brand Use Agreement

The Tobacco Prevention and Cessation Commission hopes its partners will promote media messages. However, to ensure appropriate use of messages and campaign brands, TPC has guidelines for use of its campaign brands. These include the following: Indiana Tobacco Quitline, 1.800.QUIT.NOW, Quit Now Indiana, Breathe Easy Indiana, Smoke-free Housing, and VOICE.

All grantees must agree to seek written approval from TPC prior to using any of these brands. Grantees must contact their Regional Director for written approval and appropriate brand distribution on the following elements, but not limited to:

Advertising (print, radio, TV)  
Brochures, Manuals  
Palm Cards, Flyers  
Displays, Signage  
Letterhead, Envelopes  
Forms, Labels  
Specialty Items

### Coordinator

Signature\_\_\_\_\_

Date\_\_\_\_\_

### Coalition Chairperson

Signature\_\_\_\_\_

Date\_\_\_\_\_

## **Section 2: Coalition Assessment**

The Coalition Assessment section addresses how the coalition plans to build and maintain partnerships 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.

Applicants are required to provide five (5) letters of support (see page 37 for more information).

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:

- Coalition Assessment
- Summary of Coalition Partners
- Communication and Media Advocacy Plan

Attachments to be included from this section:

- Five (5) letters of support from committed coalition partners.
- A copy of the tool used to recruit prospective coalition partners

## **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, approximate number of partners that attend coalition meetings, formal leadership positions – chair, vice-chair, etc. and the primary organizations represented).
2. Provide a list of the standing committees or work groups and how often they meet.

### **Diversity of Coalition**

3. Describe the area of greatest growth in the diversity of the coalition during the 2013-2015 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 2013-2015 grant period between the coalition and the minority/community-based partner on a work plan initiative (if applicable).

## Reaching Disparately Affected Populations

6. Summarize your top three work plan accomplishments in reaching disparately affected populations during the 2013-2015 grant period.

- 1.
- 2.
- 3.

7. For the 2015-2017 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:
<b>Low-income families</b>	Head Start, Early Head Start, WIC
<b>Medicaid Eligible and Uninsured Hoosiers</b>	Community Health Centers
<b>Young adult minority men</b> <i>(required for minority coalitions)</i>	Fraternities, male mentoring organizations

## Management Plan for subcontractors

1. Outline, in detail, the coalition's written process for selection of contractors or subcontractors.
2. Describe the coalition's current accountability process for monitoring subcontracts.
  - 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 will be accounted for in the coalition's monthly program report submitted to TPC.

## Coalition Support

Please document coalition support by providing five (5) letters of support from committed coalition partners. Included in each letter, should be the role of the coalition partner, what resources they will dedicate to the coalition and how their work with the coalition fits within their organizational mission.

Three of the five letters should be from the following sectors:

- **Health Care** (i.e. physician, dentist, nurse, hospital, community health center, health care administration)
- **Business** (i.e. economic development corporation, chamber of commerce, business professional association)
- **Civic** (i.e. city council member, mayor, local policymaker)

## Summary of Coalition Partners

Please provide a list of partner organizations by sector.

- Education
- Health Care
- Faith
- Civic
- Business
- Youth
- Other

TOTAL NUMBER OF PARTNER ORGANIZATIONS \_\_\_\_\_

## Communication Plan

How does the coalition communicate with the following audiences on tobacco control issues?		What is the frequency of this communication?
Coalition members		
Key partners and community leaders		
Quit Now Preferred Network		
Local policymakers		
Community at-large		
State policymakers		

### Tobacco Control Advocacy Database Section

This is a group of individuals that are interested in tobacco control issues, but are not regular members of your coalition.

- a. How many advocates are currently in your database?
- b. How do you recruit for this database? Please be specific and describe how often recruitment occurs.
- c. How many times in the last year did you communicate with your database? What were the topics?

### Online media presence. Provide the link, if applicable.

- a. Does the coalition have a Facebook page?
- b. Twitter account?
- c. Other social media accounts or blogs?
- d. Website specific to the coalition?

## Media Advocacy Plan

Please list the media outlets and media contacts that reach your community (including radio, TV, billboards, newspapers, newsletters, blogs). Describe how the coalition has educated this media outlet.

Media Outlet and/or media contact	Name	Address	City	Phone	Email	Tobacco control education received

Who are the spokespersons for tobacco control issues in your community?

Area of expertise	Name	Address	City	Phone	Email
Worker impacted by secondhand smoke					
Smoke-free business owner					
General info on coalition, tobacco control, TPC partnership					
Medical/health care/behavioral health					
Youth					
Tobacco disease survivor					
Faith-based					
Adult who has quit					
Veteran or military representative					

What are you doing to identify and recruit spokespersons for the categories that lack representation?

How often does the coalition communicate with its spokespersons?

### **Section 3: 2015-2017 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.

## WORK PLAN FORM

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

***I have read the work plan:***

**Lead Agency Representative:** \_\_\_\_\_

**Coordinator:** \_\_\_\_\_

**Coalition Representative:** \_\_\_\_\_

## **Section 4: Budget**

The section describes the operation costs to continue tobacco control programming through June 30, 2017.

Forms to be completed in this section:

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

Attachments included in this section:

1. Audited financial statements (required for all non-governmental entities).
2. Subcontract forms for all subcontracts to be executed.
3. TPC Declarations Form
4. W-9 Request for Taxpayer Identification Number and Certification and Automated Direct Deposit Authorization Agreement
5. Entity Annual Report Form (E-1 Form) and Instructions
6. Job Description

**Reminder:** Provide a written Job Description for all positions funded through this grant. Submission of a resume does not replace the job description requirement.

**NOTE:** The submitted budget is not the final budget. The final budget, including proposed subcontracts, must be approved by the Regional Director and Contracts Administrator subsequent to the submission and approval of this application.

## BUDGET EXPLANATION

### Description of Budget Line Items

The following line items should be included. Use the budget form provided or a similar format. Explanation of budget items must be submitted using the Budget Narrative 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](http://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, sole source, etc.
- E) amount or budget for the contract ,
- F) process for contractor to secure payment,
- G) how the contract will be supervised, managed, or otherwise monitored by the Lead Agency.

The subcontract agreement formats provided by the Tobacco Prevention and Cessation Commission should serve as a boilerplate to collect at minimum information on subcontractors. If additional space is needed to explain the details of a contract, please attach and reference these documents within the body of the subcontract. 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 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 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 tobacco 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 \_\_\_\_\_

	FY2016 Budget	FY2017 Budget	TOTAL 2016-2017 Budget
<b>1. Personnel (Salaries/Wages)</b>			
a. %FTE/ Wage Annual Salary/Hours per Month # Years/#Months			
1. (Position Title)			
2. (Position Title)			
<b>TOTAL SALARIES/WAGES &gt;</b>			
b. Fringe Benefits			
1. (Position Title)			
2. (Position Title)			
<b>TOTAL FRINGE BENEFITS &gt;</b>			
<b>2. Travel</b>			
a. In-State			
b. Out-of-State			
<b>TOTAL TRAVEL &gt;</b>			
<b>3. Supplies</b>			
a.			
b.			
<b>TOTAL SUPPLIES &gt;</b>			
<b>4. Contracts</b>			
a.			
b.			
<b>TOTAL SUBCONTRACTS &gt;</b>			
<b>5. Other</b>			
a.			
b.			
<b>TOTAL OTHER &gt;</b>			
<b>6. Paid Media</b> (not to exceed 20% of total grant awarded)			
a.			
b.			
<b>TOTAL Paid Media &gt;</b>			
<b>7. Furniture &amp; Equipment</b>			
a.			
b.			
<b>TOTAL FURNITURE &amp; EQUIPMENT &gt;</b>			
<b>TOTAL BUDGET &gt;</b>			

Note: 1. Line items must be explained in detail in the narrative Budget Justification

## Budget Narrative Form

### Personnel: Salaries/Wages    %FTE    Annual Salary    #Months

Salaries – (list each employee separately)

Benefits - (list each employee separately)

*\*Be specific and show how salaries are determined*

- *What percentage of the salary is coming from this grant?*
- *Percent FTE x Annual Salary Wage x # Months = Salary*
- *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*

### Travel:

In-State

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

- *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: 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**

Program Supplies – **Be specific**

**Contracts: Be as specific as possible – contract approval required prior to executing the final contract.**

Subcontracts

**Other: Be specific**

*\*\*Other” or “miscellaneous” categories should be specifically explained.*

**Paid Media: Limited to 20% or less of total award**

**Furniture and Equipment: For tobacco related programming activities only**

***INDIRECT COSTS ARE NOT PERMITTED***

USE ADDITIONAL SHEETS AS NECESSARY TO FULLY EXPLAIN BUDGET

## 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 community 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).

## Community-Minority Grant Agreement Lead Agency Sub-Contract Template

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, including tasks and deliverables.**

**Attach a description of how this sub-contract 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.**

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**



**AUTOMATED DIRECT DEPOSIT  
AUTHORIZATION AGREEMENT**

State Form 47551 (R5 / 4-14)  
Approved by State Board of Accounts, 2014  
Approved by Auditor of State, 2014

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

**This form must be accompanied by a W9.  
Please print clearly and legibly in blue or black ink.**

See Instructions on Reverse.

**SECTION 1: AUTHORIZATION**

According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:

<input type="text"/>	<input type="text"/>
Printed Name (as shown on the account)	Federal Identification Number / Social Security Number
<input type="text"/>	<input type="text"/>
Address (Number and Street, and/or PO Box Number)	City, State, and ZIP Code (00000-0000)

**SECTION 2: FINANCIAL INSTITUTION'S APPROVAL**

Add Deposit     Change Deposit (prior information: )

Please check this box if your direct deposit will be automatically forwarded to a bank account in another country.

Type of Account:     Checking (Demand)     Savings

<i>(You must either attach a non-altered, matching voided check or have your financial institution complete this section.)</i>	
The financial institution identified below agrees to accept automated deposits under the terms set forth herein:	
Name of Financial Institution: <input type="text"/>	Telephone: ( <input type="text"/> ) <input type="text"/>
Address: <input type="text"/>	<input type="text"/>
Number and Street, and/or P.O. Box Number	City, State, and ZIP Code (00000-0000)
<input type="text"/> , 20 <input type="text"/>	<input type="text"/>
Date (month, day)	Financial Institution's Authorized Signature / Title
<input type="text"/>	<input type="text"/>
ABA Transit-Routing Number	Account Number

**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:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

I agree to the provisions contained on the reverse side of this form.

NAME (print or type)  TITLE  TELEPHONE

AUTHORIZED SIGNATURE  DATE (month, day, year)

**INSTRUCTIONS:**

1. Complete Section 1 and 3, and sign and date the bottom of the form.
2. Have your financial institution complete Section 2 and return it to you OR attach a pre-printed, matching, non-altered voided check.
3. File the completed form with the agency that you do business with.
4. Retain a copy of the completed form for your records.

**By Signing This Form:**

You are responsible for insuring that this form was approved and instructions above are followed. By signing this form, you represent that it is understood by all parties that, if approved:

1. The State of Indiana must initiate credits (deposits) in various amounts, by electronic transfer of funds through automated clearing house (ACH) processes, to the listed checking (demand) or savings account designated in the financial institution named in Section 2.
2. If necessary, you will accept reversals from the State for any credit entries made in error to the bank account per National Automated Clearing House Association (NACHA) regulations.
3. You may only revoke this request and authorization by notifying the Auditor of State in writing, at the following address at least fifteen (15) days before the effective date of revocation:  
Indiana State Auditor, 200 W Washington St. Ste 240, Indianapolis, IN 46204.
4. Any change to the account or to a new financial institution will require a new State of Indiana Automatic Direct Deposit Authorization Agreement. Failure to timely notify the Auditor of State of an account change will delay payment.
5. 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 electronic funds transfer and/or you do not properly follow the Instructions above.
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 complete, your notification will be sent by US Mail to the remit address designated on the reverse side of this form.
7. The email address(es) 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 funds transfer 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 Auditors email notification system and all future notices of EFT deposits to you will be provided by the Auditor via US 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 of State's office if you are not receiving electronic notices of EFT deposits.



In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II Instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

**What is FATCA reporting?** The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

**Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(ii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Note.** Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**Other entities.** Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

## Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

**Exempt payee code.** Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.  
<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>3</sup>  The actual owner <sup>4</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>4</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 9932 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships on page 1.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-368-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



**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](http://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](http://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) <input type="checkbox"/> Yes <input type="checkbox"/> 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.

## 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 29, Lead Agency Profile Form).

Physical lifting may be required for materials or AV equipment.

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

Coordinator will be responsible for recruiting public schools selected to conduct the Youth Tobacco Survey Fall 2016.

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.

Coordinator will recruit and organize both individuals and organizational representatives from the community to form a coalition representing diverse interests and backgrounds. The coordinator will lead the coalition to 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 written and oral communicator. The coordinator will be able to work with healthcare providers, businesses, and other organizations to educate them about evidence-based tobacco control practices, assist them with policy development and implementation, and collaborate with them with to increase referral and acceptance rates to the Indiana Tobacco Quitline.

Coordinator will commit to study CDC's Best Practices models in tobacco control. Coordinator will use proven, evidence-based actions to reduce tobacco use and 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.

The ideal candidate should have:

- Leadership skills
- Experience recruiting and organizing volunteers
- An understanding of public health and/or political science
- Marketing and networking skills
- Experience with media, policy advocacy, and/or political campaigns
- The ability to work independently
- Public speaking skills
- Basic computer skills

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).