



Indiana State  
Department of Health  
Tobacco Prevention and Cessation

**TOBACCO PREVENTION AND CESSATION COMMISSION  
REQUEST FOR APPLICATIONS (RFA)  
FOR STATEWIDE PARTNERSHIPS  
FOR GRANT PERIOD JULY 1, 2015 – JUNE 30, 2017**

The Tobacco Prevention and Cessation Commission of the Indiana State Department of Health (TPC/ISDH) announces a request for applications (RFA) for statewide tobacco prevention and cessation efforts. The funding period is from July 1, 2015 – June 30, 2017. This RFA is an invitation to join together to make the Tobacco Prevention and Cessation Commission's vision.... *To significantly improve health in Indiana and reduce the disease and economic burden tobacco use places on Hoosiers of all ages...* a reality for the State of Indiana.

The ISDH Tobacco Prevention and Cessation Commission (TPC) exists to prevent and reduce the use of all tobacco products in Indiana and to protect citizens from exposure to tobacco smoke. The 2015 Indiana Tobacco Control Strategic Plan has four priority areas:

1. Decrease Indiana youth smoking rates.
2. Increase proportion of Hoosiers not exposed to secondhand smoke.
3. Decrease Indiana adult smoking rates.
4. Maintain state and local infrastructure necessary to lower tobacco use rates and thus make Indiana competitive on economic fronts.

This RFA is based on the objectives and strategies outlined in the Indiana Tobacco Control 2015 Strategic Plan ([http://www.in.gov/isdh/tpc/files/2015\\_Tobacco\\_Control\\_Strategic\\_Plan\\_2011\\_2.pdf](http://www.in.gov/isdh/tpc/files/2015_Tobacco_Control_Strategic_Plan_2011_2.pdf).) The table on the following page outlines TPC/ISDH priority areas for reducing tobacco use by community indicator for local community-based and minority-based partnerships, as well as the indicators that are to be addressed by the statewide partnership applications.

**Who May Apply**

A public or private, state, or local government entity may apply as the Lead Agency for the statewide partnership grant program. To avoid any potential or perceived conflict of interest between TPC/ISDH's grant recipients and tobacco-related entities, the TPC/ISDH has adopted a contractual funding condition that requires any grantee shall not accept any funding, grant, gift, or in-kind donation from any tobacco manufacturer, distributor, or other tobacco-related entity.

TPC/ISDH reserves the right to correct any errors in and/or omissions in the application.

TPC is seeking statewide partnership grants that support the following priority areas and community indicators.

<b>TPC/ISDH Community Programs</b>		
<b>Community Indicator</b>	<b>Priority Area #1: Decrease youth smoking rates</b>	<b>Statewide Partnership Focus</b>
2	Extent of community activism among youth to support community change that includes youth involved in the VOICE movement.	X
3	Extent of broad-based community support for tobacco point-of-sale strategies at the local level	
<b>Priority Area #2: Increase proportion of Hoosiers not exposed to secondhand smoke</b>		
4	Proportion of tobacco-free campus policies for hospitals, health care centers, community mental health centers and clinics, and addiction treatment centers.	X
5	Proportion of local and/or statewide smoke-free policies for worksites, including restaurants, bars, and gaming facilities.	X
7	Proportion of school districts with comprehensive tobacco-free campuses.	
8	Proportion of smoke-free policies for public housing.	X
9	Proportion of tobacco control policies on university/college campuses. This includes indoor and outdoor spaces such as student housing, classroom buildings, and athletic facilities.	
<b>Priority Area #3: Decrease Indiana adult smoking rates</b>		
11	Extent of cessation systems change including the Indiana Tobacco Quitline throughout the community.	X
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.	X
13	Proportion of worksites that provide employer-sponsored tobacco treatment services and benefits for employees who use tobacco.	X
<b>Priority Area #4: Protect and Maintain a State and Local Infrastructure Necessary to Lower Tobacco Use Rates</b>		
14	Extent of participation by partners within the broad-based coalition.	
15	Extent of participation by groups representing disparately affected (i.e. hard to reach) populations in the community.	

# Statewide Partnerships

## Rationale and Focus Areas

TPC/ISDH announces a request for applications (RFA) to support grants for statewide tobacco prevention and cessation efforts. It is intended that the statewide grants will help to advance the work of the local community and minority grants. Awards issued for these grants must focus on one of the following: 1) Decreasing youth smoking through Youth empowerment, supporting Indiana's youth movement, Voice; 2) Increasing proportion of Hoosiers not exposed to secondhand smoke through Smoke Free Air, through community, worksite, and behavior health care system policy change and multi-family housing policy; or 3) Decreasing adult smoking through Cessation Systems Change, utilizing the Indiana Tobacco Quitline as the primary focus for cessation through communities, behavior health care providers, organizations, and employers. Applications must include a statewide impact and agree to fully collaborate and participate in the community-based program and include a plan for interacting with the TPC local partners.

## 1). YOUTH EMPOWERMENT

VOICE is Indiana's youth movement that empowers teens to take action against the marketing practices of the tobacco industry. Since 2002, youth from across the state have become advocates for raising awareness of how the tobacco industry preys on young people to become the next generation of tobacco users. Youth developed and branded the movement in Indiana as VOICE.

The VOICE movement participates in a combination of community activities and social and earned media outreach. Hoosier youth are engaged in state, regional and local events to advocate against the tobacco industry. Events include local fairs and festivals, school events, and events recognizing businesses and organizations that protect youth from tobacco marketing. Youth are also engaged in policy advocacy at the local, state, and national levels. Media outreach includes social and earned media efforts coordinated in part through social media outlets (Facebook, Twitter, Instagram) and a website, [www.VoiceIndiana.org](http://www.VoiceIndiana.org). The VOICE statewide partnership grantee will play a critical coordination and leadership role in the implementation of youth empowerment with VOICE across the state.

**All of the following strategies must be addressed in the application for a statewide partnership for Youth Empowerment:**

### Training and Technical assistance

- Assist in developing, organizing and implementing a training plan for youth, adult allies and community partners.
- Serve as the primary technical assistance provider to all partners who commit to youth empowerment and advocacy.

### Support youth and adult ally infrastructure:

- Serve as a liaison between TPC and community, minority and statewide youth groups.
- Provide a support network for adults facilitating activities that support youth.
- Develop, recruit and support a youth advisory council that will provide guidance for the direction of Indiana's anti-tobacco industry youth empowerment movement that includes a training plan for the youth advisory council that provides leadership and spokesperson skills necessary to serve in their advisory role.
- Ensure that youth are actively participating, as appropriate, in TPC partner meetings, trainings, conference calls, cluster meetings, community and retail assessments, and local activities.

**Media:**

- Coordinate media strategies to effectively reach youth and to help youth reach their audiences.
- Work with broadcast, print and social media to promote VOICE efforts and events.
- Maintain the [www.VoiceIndiana.org](http://www.VoiceIndiana.org) website and social media accounts.

**Initiatives:**

- Develop and implement a mechanism to provide funding support (i.e. small grants) to local youth-led groups to implement education and advocacy activities that support tobacco free, anti tobacco industry messaging.
- Develop resources for use by community, minority and statewide based VOICE partners.
- Provide a framework for implementing local and regional youth events based on locally-developed action plans.

**Plan development and execution:**

- Submit a program strategy and action plan components within 30 days of the grant award.
- Participate in strategy meetings with TPC staff, consultants and others to fully implement the strategy plan for SFY 2016-2017.
- Collaborate with TPC to provide measurable evaluation methods for project outcomes.
- Strategically partner with youth serving organizations and youth-led groups throughout Indiana.

**2). SMOKE FREE AIR**

Smoke free air policies not only reduce secondhand smoke exposure, they help to reduce the number of smokers and encourage smokers to quit. Strong, comprehensive local and state policies that protect all workers are necessary to further decrease Indiana's tobacco use rates.

Proven strategies for increasing the number of Hoosiers who are protected from secondhand smoke include building capacity at the local level and strong media messaging. The smoke free air statewide partnership grantee(s) will be responsible for communication and media strategies as well as building capacity for outreach at the local level.

**The following strategies must be addressed in the application and must be applied to at least two of the following settings-- communities; workplaces; public, subsidized and market rate multiunit housing; the healthcare community including community mental health centers and clinics and addiction treatment centers:**

- Build capacity for local communities to educate and implement smoke free air policy.
- Conduct outreach to the community to educate on the benefits of smoke free air policies.
- Coordinate messages and activity with local, state and national partner organizations.
- Implement communication strategies consistent with the public education campaign messages to encourage community and business leaders to talk with their peers about the health and economic benefits of smoke free air.

### 3). CESSATION SYSTEMS CHANGE UTILIZING THE INDIANA TOBACCO QUITLINE

CDC's Best Practices for Comprehensive Tobacco Control Programs state that "Comprehensive state tobacco control program cessation activities should focus on three broad goals: 1) Promoting health systems change; 2) Expanding insurance coverage and utilization of proven cessation treatments; and 3) Supporting state Quitline capacity

Strategies and recommendations from the *U.S. Public Health Service Clinical Practice Guideline on Treating Tobacco Use and Dependence* may be used, as well as the *CDC's A Practical Guide to Working with Health-Care Systems on Tobacco Use Treatment*.

#### **One or more of the following strategies must be addressed in the application:**

- Incorporate strategies in the TPC Tobacco Cessation Detailing Guide (available upon request) by sectors not limited to the following types of organizations:
  - Hospital networks
  - Worksites
  - Benefit Management organizations
  - Associations/Organizations that reach Human Resource/Benefit Management Professionals
  - Electronic Medical Records experts
  - Medicaid members, managed care entities and community health centers
  - Behavioral health center professionals
  
- Propose evidence-based tobacco-use treatment strategies utilizing the Indiana Tobacco Quitline that addresses a *minimum of one* of the following areas:
  - Promoting cessation strategies to pregnant women
  - Promoting cessation strategies to Mental health/Substance Abuse health care providers and staff
  - Promoting cessation strategies to health care providers
  - Promoting cessation strategies to employers
  - Expand outreach to low income, Medicaid, underinsured, uninsured adults to increase utilization of the Indiana Tobacco Quitline
  - Training for healthcare professionals on the U.S. Public Health Service Clinical Practice Guidelines
  - Marketing and outreach projects to young adult tobacco users (ages 18-25)

## Funding Level

The funding period is from July 1, 2015 - June 30, 2017. There will not be a guaranteed allotment or a suggested funding range for this call for application. The grant award size will vary by need and program model and available funding. It is the intention of TPC to award more than one grant with this call for applications. Submission of grant application, even one that meets all grant requirements, does not guarantee receipt of an award.

TPC will NOT consider applications for:

- Costs for nicotine replacement therapy and pharmaceuticals or other smoking cessation products
- Basic research or clinical trials
- Projects focusing on substances other than tobacco
- Grants to support operating deficits
- Construction of buildings or building renovations; depreciation of existing buildings or equipment; contributions, gifts, donations, entertainment; automobile purchases, rental and/or leases; interest and other financial costs; fines and penalties; bad debts; contingency funds; food; political contributions; or to pay for personal items or for expenses that do not relate to the purpose of the project.
- Direct, individual services to patients, clients or customers.

## Reporting

Activities are reported monthly on a Statewide Program Monthly Report. Fiscal activities are reported quarterly on a Statewide Quarterly Fiscal Report. **Funds will be paid to the Lead Agency monthly or quarterly upon receipt of invoice and compliance with program and fiscal reports.**

## How to Apply

Applicants should submit a grant proposal to the Tobacco Prevention and Cessation Commission using the guidelines provided in this announcement.

- **The due date for applications is April 27, 2015, by 4:00pm EST.**
- Applicants must submit one original with all documents including the Declarations Form, Direct Deposit Form, W9, and Entity Annual Report
- Submit three copies of the application excluding the Declarations Form, Direct Deposit Form, W9, and Entity Annual Report
- Submit three compact discs (CD's) or USB drives of the application excluding the Declarations Form, Direct Deposit Form, W9,, and Entity Annual Report
- Submit application and copies to:  
Anita Gaillard  
Director of Community Programs  
Tobacco Prevention and Cessation Commission  
2 N. Meridian, 5<sup>th</sup> floor  
Indianapolis, IN 46204  
(317) 234.1782  
[agaillard@isdh.in.gov](mailto:agaillard@isdh.in.gov)

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

**\*THE FINANCIAL ATTACHMENTS ARE ONLY NEEDED TO BE INCLUDED IN THE ORIGINAL. THESE FORMS ARE NOT TO BE SAVED ON THE ELECTRONIC FORMAT.**

**The application must include:**

- ❑ *Application Cover Sheet* (See form)
- ❑ *Executive Summary*--Summarize the Grant Proposal (No more than 1 page).
- ❑ *Applicant Organization Capacity and History to Complete Tobacco Control Population-Based Intervention*-- This section should briefly introduce the organization's main accomplishments and experience in tobacco control. This section must include experience related to the priority area the applicant is applying to complete. (No more than 2 pages).
- ❑ *Sustainability Statement*--This section should explain how the program will be sustained if funding is no longer available. The application should answer the question: How will the work in this grant continue if funding is not available for subsequent years? (No more than 1 page).
- ❑ *Project Narrative*  
The project narrative should outline the following:
  1. *Statement of Need and Project Rationale*
    - This section should describe how the proposal responds to a clear, documented tobacco control need in Indiana for supporting the youth empowerment program, building capacity for passing smoke free air policy, or changing and building cessation systems including the Indiana Tobacco Quitline. Explain how your organization meets the requirement for statewide reach, as well as how the organization will work with local community coalitions. (No more than 4 pages).
  2. *Project Objectives*
    - Objectives must be clearly stated, measurable, reasonable in scope, and tied directly to the project need and rationale. Objectives must clearly link to one of the Community Indicators listed on page 2. (No more than 3 pages).
  3. *Evaluation Plan*
    - Successful applicants will be required to report activities monthly to TPC/ISDH. In addition to the monthly report, please outline how you will evaluate the outcomes from the grant program. (No more than 2 pages)
  4. *Job Descriptions*
    - Include all job description(s) for positions that are proposed to be paid by the grant.
- ❑ *Project Outcomes, Activities, Start Date and Deliverables*--The overall project strategy along with activities, starting date and deliverables should be outlined on Project Work Plan Form. Use additional pages of this form as necessary.
- ❑ *Itemized and Detailed Budget*--The budget should contain all anticipated funds. Use Budget Worksheet and Budget Narrative Forms.
- ❑ *Scope of Work* – Summary of project deliverables - Use Form
- ❑ *Declarations Page* – Signed
- ❑ *Direct Deposit Form, W9* – Signed
- ❑ *Audited Financial Statements*--This applies to any non-governmental entities. Non- governmental entities need to submit audited financial statements not over two periods old.

- ❑ A limited number of items may be included in an Appendix including letters of support and relevant staff biographies and resumes; however, there is no guarantee that these materials will be part of the review process.

### **Review Process**

All applications submitted will undergo a multi-stage review process that will include a technical analysis by TPC staff and review by a team of state and national experts.

### **Review Criteria**

Applications will be assessed on the basis of the following criteria:

#### Organizational capacity and accomplishments:

The proposal should:

- ❑ Provide evidence of organizational experience in tobacco control programs;
- ❑ Provide evidence of experience in working in the proposed priority area;
- ❑ Provide evidence that the organization and/or proposed staff have an understanding of the role of community norms in influencing individual behavior and how community norms can be changed to support healthful behavior;
- ❑ Demonstrate the applicant's ability to provide sound programmatic and fiscal oversight;
- ❑ Include a detailed overview of tobacco control related accomplishments to date as well as an evaluation of those accomplishments.

#### Statement of need and program rationale

The proposal should:

- ❑ Include a needs assessment including source documentation, a review of current tobacco cessation or prevention activities relevant to the proposed effort, and a description of the targeted population;
- ❑ Summarize how the proposed project will support local community-based programs of the TPC/ISDH;
- ❑ Review resources available for the proposed effort.

#### Soundness of proposed plan, strategy, activities, start dates

The proposal should:

- ❑ Include a detailed summary of the project's principal objectives and expected outcomes
- ❑ Demonstrate evidence based tobacco control efforts;
- ❑ Demonstrate experience in policy work, community advocacy, community planning, and community organizing,
- ❑ Demonstrate a strong likelihood for a sustainable effort after the contract period.

#### Proposed budget and cost

The proposal should:

- ❑ Include a cost-effective budget appropriate to the scope and nature of the project;
- ❑ Demonstrate how the requested funds relate to the applicant's organization budget for the current year.

**Use of Funds**

TPC/ISDH expects that funds allocated through this request for proposals will only support program development, implementation, and coordination for the proposed project.

**Declaration**

It is TPC/ISDH policy that any organization or individual receiving funding from TPC/ISDH must agree as a condition of receiving funds that they will not accept any funding from the tobacco industry.

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

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

The TPC/ISDH reserves the right to examine the physical location, all books, documents, papers, accounting records, and other evidence (Records) pertaining to administration of the program upon request, and copies thereof shall be furnished at no cost to TPC/ISDH. Grantees may be subject to a monitoring engagement per TPC/ISDH's request.

**Technical Assistance**

Applicants should submit questions by email regarding proposals to the TPC/ISDH by 4:00pm on March 18, 2015. All questions and answers will be posted on the TPC/ISDH website at [www.in.gov/isdh/tpc](http://www.in.gov/isdh/tpc) by March 27, 2015. Questions should be submitted to:

Anita Gaillard  
Director of Community Programs  
Tobacco Prevention and Cessation Commission  
2 N. Meridian, 5<sup>th</sup> floor  
Indianapolis, IN 46204  
(317) 234.1782  
[agaillard@isdh.in.gov](mailto:agaillard@isdh.in.gov)

# Tobacco Prevention and Cessation Program July 1, 2015 – June 30, 2017

## Cover Sheet

LEAVE BLANK FOR TPC/ISDH USE ONLY

NUMBER \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

## Statewide Grant

### Lead Agency Information

Lead Agency Name:

County:

Lead Agency Contact, Director or CEO:

Address:

City:

Zip Code:

Telephone:

Fax:

Email:

Federal ID#

(Please only include this on your original copy)

Signature of Lead Agency Contact:

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### Primary Contact Information

Primary Contact to TPC/ISDH:

Primary Contact Address if different from above:

City:

Zip Code:

Telephone:

Fax:

Email:

Signature of Primary Contact:

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**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**

Total Funding Requested: \_\_\_\_\_ \$

## Project Work plan

<b>Community Indicator:</b>		
<b>Objective(s):</b>		
<b>Outcome Measures:</b>		
<b>Activities to Accomplish Objective (bulleted steps)</b>	<b>Start Date</b>	<b>Deliverables</b>

## BUDGET EXPLANATION

### Description of Budget Line Items

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

#### 1. Personnel

##### a. Salaries and Wages

For each staff position proposed, include the title of the position, percentage of time (FTE), annual salary, number of years salary requested, and a summary of the job description or responsibilities. Staff position(s) paid by statewide partnership funds must be dedicated only to approved tobacco use prevention activities in the work plan. Full-time employees paid with the grant 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 month 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 month 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.
- 5) amount or budget for the contract,
- 6) process for contractor to secure payment,
- 7) how the contract will be supervised, managed, or otherwise monitored by the Lead Agency.

The subcontract format 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.

## **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. A sample of Fixed Assets Ledger can be provided on request. 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 tobacco free 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 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

## Statewide Grant

Lead Agency \_\_\_\_\_

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

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

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

# 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 executive 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.

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number		
	-	
	-	

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number		
	-	
	-	

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on [IRS.gov](http://IRS.gov) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

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)(iii). 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 8853 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 (where 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>3</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: \_\_\_\_\_

\_\_\_\_\_

# Entity Annual Report - Form E-1 Entity Annual Report - Form E-1

## 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.

## Summary of Travel Allowances

### Subsistence Rates Overnight Travel

Day of Departure	Return Day	Subsistence/Day	
		In-State	Out-of-State
Leave before noon		\$ 26.00	\$ 32.00
Leave between noon and 4:30 pm		\$ 13.00	\$ 16.00
Leave after 4:30 pm		\$ -	\$ -
	Return before 7:30 am	\$ -	\$ -
	Return after 7:30 am but before noon	\$ 13.00	\$ 16.00
	Return after noon	\$ 26.00	\$ 32.00

Note: Subsistence for each day between "Day of Departure" and "Return Day" is \$26.00 for in-state travel and \$32.00 for out-of-state travel.

If a meal is provided, no subsistence shall be claimed for that meal and is to be deducted as follows:

- \$ 6.50 - breakfast or lunch for in-state travel
- \$ 8.00 - breakfast or lunch for out-of-state travel
- \$13.00 - dinner for in-state travel
- \$16.00 - dinner for out-of-state travel

You are entitled to claim subsistence for continental breakfasts or meals served on airplanes.

MILEAGE	<u>IN-STATE</u>	<u>OUT-OF-STATE</u>
	<b>\$0.44</b>	<b>\$0.44</b>

LODGING	<b>\$89.00/\$97.00</b>
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**The maximum rate for In-State, outside of the Indianapolis Metropolitan area, lodging will be \$89.00 per night per person plus applicable taxes and inside of the Indianapolis Metropolitan area, lodging will be \$97.00 per night per person plus applicable taxes.**

Overnight parking at the Airport in Indianapolis is limited to \$9.00 per day reimbursement.

## Guidelines to Follow for Timely Payment of Invoices

Payments must be submitted on your invoice preferably within 5 days of the month following date of services. Invoices must be on your letterhead. Below are instructions for preparing an invoice. A sample is attached.

- Right Side: List your Invoice number
- List Invoice Date: This is the date the invoice is prepared
- Order Number: Found in the upper right hand corner box of the (Order Number)
- Fund: Found on the Invoice (in the case of TPC, it is always 30418)
- Underneath Description Fill in;
  - Federal ID number:
  - Contract period: **01/01/2014-06/30/2015**
  - Contract amount: ***this is the total amount of your grant award***
  - Contract number: ***this will be given to you once your contract is fully executed***
  - Date of services: **01/01/14-02/01/14 (the one month of service)**
  - Total submitted for payment
  
- Keep a monthly detail of charges. Submit Quarterly Fiscal Report as before.
  
- Maintain travel vouchers and time sheets on file for reference if necessary
  
- Signature: Invoice requires the original signature of the person authorized to do business for your organization and the date signed.

### YOU MAY SUBMIT AS FOLLOWS:

Mail to:  
Indiana State Department of Health  
Tobacco Prevention and Cessation Commission  
ATTN: Kristen Kearns  
2 North Meridian Street, 2T  
Indianapolis, IN 46204

Fax to: TPC  
317.234.1786  
ATTN: Kristen Kearns

E-mail to:  
[kkearns@isdh.in.gov](mailto:kkearns@isdh.in.gov) or [itpreports@isdh.in.gov](mailto:itpreports@isdh.in.gov)

Preferred method is email.

**Vendor's Letterhead  
100 North Street  
Anytown, IN 46000**

Invoice No. 0001

Sold To: Indiana State Department of Health  
ATTN: Finance/Purchasing, 2C  
2 N. Meridian Street  
Indianapolis, IN 46204

Invoice Date:  
Order Number: **Kristen will provide this to you**  
Fund: 30418

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Tobacco Grant  
EDS# (Kristen will send this to you)

Federal ID:

Contract Period: 01-01-2014 to 6-30-2015

Contract Amount: \$

Contract Number: **This is your EDS number**

Date of Services:

Payment requested for contract deliverables outlined in Scope of Work labeled "Attachment A"  
in contract

Total paid: \$10,000

Project Code: N/A

Activity Code: N/A

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Vendor's Signature

---

Date