



**Tobacco Prevention and Cessation
Health Systems Change Partnership
Request for Applications
2025-2027**



**Tobacco Prevention
and Cessation**



MISSION AND VISION

OUR MISSION

An Indiana where all are free from tobacco addiction and exposure to commercial tobacco products.

OUR VISION

Indiana Tobacco Prevention and Cessation seeks to achieve optimal health by eliminating the disease and economic burden associated with tobacco addiction and exposure to commercial tobacco products

Grant Description:

The Indiana Department of Health's (IDOH) Tobacco Prevention and Cessation (TPC) division supports the advancement of commercial tobacco treatment efforts through the funding of health systems change practices. The Health Systems Change partnerships (HSC) grant supports health systems to implement, maintain and expand tobacco and nicotine dependence treatment. TPC seeks partnerships with health systems providing inpatient care and outpatient care, including primary and/or specialty care, federally qualified health centers, community health centers, behavioral health, and dental and vision centers. Additional partnerships in this grant category may include organizations that deliver technical assistance, training, quality improvement strategies and evaluation support to the health care settings in implementation of these strategies.

TPC recognizes that it is imperative that partners and stakeholders from various perspectives and communities reflect and reaffirm our collective commitment to commercial tobacco control practices that reach all Hoosiers. Applicants should demonstrate their reach to communities most impacted from commercial tobacco use. The 35th U.S. [Surgeon General's Report on Smoking and Health](#), released in 2024, points to the latest scientific evidence on commercial tobacco-related health disparities in the United States. It documents that we've made significant progress reducing commercial tobacco use in the United States overall, but *tobacco use and exposure to secondhand smoke has not decreased at the same rate across all population groups*.

This RFA is an invitation for the health care community to join TPC's vision of achieving optimal health for all related to Indiana's burden associated with tobacco addiction and exposure to commercial tobacco products. The RFA builds on the strategies in the [2025 Indiana Tobacco Control Strategic Plan](#). TPC reserves the right to correct any errors in and/or omissions in the RFA.

Eligibility Requirements Include:

- Include a letter of commitment that indicates leadership buy-in and staff dedicated to implement commercial tobacco prevention and cessation work with the application.
- Designate appropriately qualified staff to implement the activities included in the proposed project.
- Actively participate in any TPC evaluation efforts. All grant recipients must collaborate with an external evaluator on any TPC-sponsored evaluations related to this work.
- Actively participate in all required monthly TPC meetings, quarterly webinars or conference calls and annual trainings.
- Accept TPC and partner provided technical assistance.
- Ensure that current employee provided insurance benefits address commercial tobacco dependence treatment Ensure a tobacco-free campus policy
- Be a legally established organization, operating in Indiana. The systems change work proposed must be conducted in Indiana. Applicants must possess the financial and administrative capacity to manage grant funds and the technical expertise to successfully implement the full range of activities outlined in the applicant's proposed scope of work.
- Comply with all TPC's policies and directives including policies on expense and travel reimbursements. Certification of compliance is acknowledged by signing and applying.
- Funding cannot be used to supplant existing funding or duplicate activities or services already being provided.

Declarations:

To avoid any potential or perceived conflict of interest between TPC grant recipients and tobacco-related entities, TPC 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 may seek additional information from an applicant prior to or during the review of the application. TPC reserves the right to negotiate a modification of the proposed work plan and/or budget and will award funds after agreement has been reached.

Health Systems Change Background:

Tobacco dependence is a chronic, relapsing condition that often requires repeated intervention and long-term support. Clinicians play a critical role in delivering that support. Patients expect physicians to address tobacco use, and consistent interventions from clinicians improve patient outcomes. Even brief advice to quit from a clinician increases quit rates, and more intensive clinical interventions have progressively greater impact.

Instituting tobacco dependence treatment in a systematic way significantly increases the likelihood that health care providers will consistently screen patients for tobacco use and intervene with patients who use commercial tobacco to provide or connect them with appropriate treatment. Approximately 80% of those who use commercial tobacco in the United States see a health care provider each year, making the health care system an important setting in which to reduce smoking rates among diverse populations, including those most at risk. When a health system workflow seeks to intervene with these individuals at every visit, it can significantly increase patients' opportunity to access tobacco treatment.

TPC seeks to ensure that tobacco dependence treatment is recognized as a chronic, relapsing condition and is fully integrated into the continuum of health care as a substance use disorder that can both create and impact underlying health conditions such as diabetes and hypertension among others. TPC seeks to partner with organizations willing to fully integrate tobacco dependence treatment into the continuum of care offered by Indiana health systems. By normalizing the treatment of tobacco dependence within the health care environment, TPC anticipates that not only will patients' health be improved but health care systems will have the potential to realize cost savings. Applicants must be able to demonstrate how their proposed strategies will change health care systems processes and lead to a seamless, integrated approach to addressing tobacco use for all patients.

The [U.S. Public Health Service Clinical Practice Guideline *Treating Tobacco Use and Dependence*](#) outlines improvements or modifications that health care systems can operate to enhance clinician interventions and to integrate tobacco treatment into health care delivery using the following strategies.

- Identify all persons who use tobacco at every visit using a system-wide identification tool.
 - Implement an identification system that ensures every patient at every visit is asked about tobacco use, status is documented, and patient is referred to treatment if ready to quit including to [Quit Now Indiana](#), (1-800-QUIT-NOW or Indiana Tobacco Quitline).

- Provide education, resources, and feedback to promote provider intervention and referrals for tobacco treatment.
 - Educate all staff in the health care setting and offer ongoing training on tobacco dependence treatments. Provide either continuing education (CE) credits or other incentives for participation, or link staff to state and national partners that provide CE opportunities.
 - Provide resources such as ready access to Quit Now Indiana services and other community resources, materials, and information about effective medications.
 - Ensure staff provides tobacco dependence treatment. Assess tobacco treatment delivery as an overall staff performance expectation.
- Designate a tobacco dependence treatment coordinator or multi-disciplinary team for every clinical site.
- Promote hospital policies that support inpatient tobacco dependence services and offer tobacco dependence treatment to all hospitalized patients who use commercial tobacco.

Categories for Health Systems Change Partnerships:

Applicants must support one or more of the following 4 approaches:

1)Implementing Best Practices for Tobacco Dependence Treatment – Care Coordination

Types of organizations that might apply in this category include non-profit healthcare organizations serving healthcare settings or healthcare settings like hospitals, behavioral health centers, critical access hospitals, rural health clinics, primary care centers, FQHC's and lookalikes, assisted living communities, dental clinics, physician practice groups and community health centers.

Health systems may develop processes to ensure that tobacco dependence treatment is fully integrated into care and sustained over time (beyond direct treatment delivery to an individual patient). Possible strategies include:

- Identifying 1-2 key champions and establishing a multidisciplinary team across departments with defined roles for all members of the treatment team.
- Conducting an assessment of the health system and developing an action plan to address identified gaps.
- Equipping all staff to address tobacco treatment efforts through continuous staff training and education. This can include training tobacco treatment specialists from a [CTTTP program](#) or other program meeting the [NAADAC's National Certificate in Tobacco Treatment Practice](#) criteria.
- Creating workflows and processes to ensure that delivery of tobacco dependence

- treatment is coordinated as patients navigate their continuum of care (e.g., between clinic and hospital).
- Setting and communicating specific, measurable performance and quality goals.
- Establishing relationships with community agencies or partners (e.g., housing, social services, etc.) that can strengthen systems change efforts and connect patients to referral sources.

2) Utilization of Electronic Health Record (EHR) System

Health systems may demonstrate meaningful use of the electronic health record (EHR) as a vital tool to support and standardize interventions for tobacco dependence treatment – *what gets measured gets done*. The EHR documentation can drive efficient clinical workflow to streamline the Ask/Advise/Refer process, commonly called AAR. Possible strategies include:

- Asking patients about tobacco and nicotine use at each visit and documenting use in the EHR. A positive response to commercial tobacco or synthetic nicotine use should prompt a provider to advise the patient to quit and refer the patient to [Quit Now Indiana](#), and/or internal cessation program, and/or a trained tobacco treatment specialist.
- Including documentation within the EHR that includes patients' use of commercial tobacco products, frequency of use, age of first use, last time any type of nicotine was used, treatments recommended/referral to tobacco treatment services, and prescribed medications.
- Integrating tobacco dependence diagnoses in problem lists and creating order sets for tobacco dependence treatments, such as pharmacy orders and referral to Quit Now Indiana.
- Documentation of follow-up care or to support care coordination for tobacco dependence treatment.
- Collecting and reporting data to identify gaps and outcomes in the tobacco treatment program.

3) Quality Improvement

Types of organizations that might apply in this category include but are not limited to non-profit healthcare organizations serving healthcare settings, universities, and research organizations.

Health systems or organizations providing technical assistance, training, quality improvement or evaluation support may implement an approach to assist in development of a tobacco treatment workflow. Possible strategies include:

- Providing training and technical assistance to health systems utilizing rapid cycle improvement, continuous improvement and lean methodologies or other models that improve care and health outcomes.

- Implementing pharmacist-led medication therapy management initiatives.
- Providing evaluation and data collection services to support, improve, and maximize outcomes.

4) Apply to join the Health Systems Change Technical Assistance Cohort

Types of health care organizations that might apply in this category include healthcare settings like hospitals, behavioral health centers, critical access hospitals, rural health clinics, primary care centers, FQHCs and lookalikes, assisted living communities, dental clinics, physician practice groups and community health centers.

Health Systems with established workflows and tobacco treatment protocols that can work to sustain and expand tobacco treatment efforts by participating in the HSC Technical Assistance Cohort. The cohort will address evidence-based tobacco use identification and intervention strategies for clinicians. Possible strategies include:

- Identifying 1-2 champions to lead a multidisciplinary team.
- Improving delivery system design through quality improvement strategies
- Increasing evidence based brief interventions for patients who use tobacco.
- Incorporating treatment extenders such as Quitline and web-based cessation interventions into protocols.
- Assessing strategies for quality improvement practices like Plan-Do-Study-Act (PDSA) cycles.

Resources:**Evidence and Examples of Health Systems Change**

U.S. Public Health Service Clinical Practice Guideline, Treating Tobacco Use and Dependence: 2008 Update.

<https://www.ahrq.gov/prevention/guidelines/tobacco/clinicians/update/index.html>

Centers for Disease Control and Prevention Smoking & Tobacco Use: Patient Care. Clinical Cessation Tools.

<https://www.cdc.gov/tobacco/hcp/patient-care/clinical-cessation-tools.html>

Million Hearts: Tobacco Cessation Change Package.

<https://millionhearts.hhs.gov/tools-protocols/action-guides/tobacco-change-package/index.html>

2020 Surgeon General Cessation Report.

<https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf>

National Cancer Institute, Division of Cancer Control & Population Sciences. Monograph 23: Treating Smoking in Cancer Patients: An Essential Component of Cancer Care.

<https://cancercontrol.cancer.gov/brp/tcrb/monographs/monograph-23>

American Lung Association's Health Systems Change Tobacco Cessation. Opt-Out Model: Enhancing the Standard of Care for Tobacco Dependency with Proactive Referrals to Treatment.

<https://www.lung.org/policy-advocacy/tobacco/cessation/technical-assistance/online-presentation-series/opt-out-model>

Tobacco Health Systems Change Starter Toolkit for Clinics. ClearWay and Institute for Clinical Systems Improvement.

<https://www.lung.org/getmedia/1fcdc015-890f-43a7-b6c7-1416e7bcb4ed/Tobacco-HSC-Starter-Toolkit-for-Clinics>

Assessing and Addressing Tobacco Use Through Health Systems Change: Insights from ClearWay Minnesota.

<https://www.lung.org/getmedia/efed2923-0d14-472a-bb90-031b8335e39e/assessing-and-addressing-tobacco-use-through-hsc>

University of Wisconsin Center for Tobacco Research and Intervention: Case Studies: Incorporating Tobacco Treatment into Practice.

<https://ctri.wisc.edu/providers/education/case-studies-incorporating-tobacco-treatment-into-practice/>

Redoubling Efforts to Help Americans Quit Smoking — Federal Initiatives to Tackle the Country's Longest-Running Epidemic.

<https://www.nejm.org/doi/full/10.1056/NEJMp2003255>

A Comprehensive Approach to Increase Adult Tobacco Cessation.
[JAMA Commentary](#)

Rx for Change: Clinician-Assisted Tobacco Cessation. University of California, San Francisco.
<https://rxforchange.ucsf.edu/>

Indiana Specific Publications

Public Health and Health Care Partnerships for Improved Tobacco Cessation

Hilts, K.E., Yeager, V.A., Kooreman, H., Smith, R., Busching, B., Spitznagle, M. Public Health and Health Care Partnerships for Improved Tobacco Cessation. *Journal of Public Health Management and Practice*. 2022; 28(2): E404-412. PMID: 34347652.

https://journals.lww.com/jphmp/Fulltext/2022/03000/Public_Health_and_Health_Care_Partnerships_for.30.aspx

Funding and Budgeting:

The grant award will vary by need, program model and available funding. For reference, during state FY23-25, Health Systems Change partnerships averaged \$200,000 per award. Submission of a grant application, even one that meets all grant requirements, does not guarantee receipt of an award. All applications must include adequate justification for the selected project objectives, timeline, and budget to support the requested award amount and duration. **All grants are contingent upon the availability of funding.** This contract period covers State Fiscal Years 2026 and 2027. The contract period starts on July 1, 2025, and ends on June 30, 2027.

Funds budgeted for State Fiscal Year 2026 are only available July 1, 2025, through June 30, 2026. Funds budgeted for State Fiscal Year 2027 are only available July 1, 2026, through June 30, 2027. **Funds not spent during State Fiscal Year 2026 will not roll over to State Fiscal Year 2027.**

Funds will be paid upon receipt and approval of invoices. Approval of the budget does not imply pre-approval of paid media, subcontracts, out-of-state travel, or promotional items. All current TPC grantees must be up to date on program reports.

Upon approval of the grant application, *new* partners will be required to submit the IRS W-9, Direct Deposit Authorization, and complete an online Bidder Registration prior to receiving a contract from the State of Indiana.

Upon approval of the grant application, *existing* partners will be required to confirm their Employer Identification Number (EIN) and submit a Direct Deposit Authorization if the signatory has changed since the last grant cycle prior to receiving a contract from the State of Indiana.

All awarded grantees will then be required to sign the contract. All non-governmental entities are required to submit audited financial statements. All funds paid by TPC will be directly deposited into the agency's bank account.

TPC will NOT consider applications for:

- Basic research or clinical trials
- Costs for direct, individual services to patients, clients, or customers (e.g., face-to-face counseling or group counseling)
- Duplicating or supplanting systems changes for tobacco dependence treatment already in your organization's budget or planned through other related initiatives.
- Activities not directly related to areas mentioned that support systems change to integrate tobacco dependence treatment into the continuum of care as defined in this funding opportunity.
- 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 not related to the purpose of the project.

Fiscal and Program Accountability

Partner Fiscal Responsibilities

- Serve as the fiscal officer for the grant.
- Have a Federal Identification Number registered to the Lead Agency.
- Ensure Monthly or Quarterly Invoices are submitted by due dates.
- Respond timely to periodic information requests.
- Be registered with the Indiana Secretary of State.
- Be a registered Bidder with the State.
- Fulfill the terms of the contract.
- Establish a separate account or ledger for grant funds to ensure TPC funds are not comingled with other funds.
- Participate in monitoring engagements to review fiscal compliance (if required).
- Conduct an audit to be paid by grant recipient (if required by law).
- Provide additional financial information if requested.
- Comply with requirements for use of funds, including obtaining pre-approval for purchase of paid media and promotional items.

Partner Programmatic Responsibilities

- Agree to designate a key point of contact for required reporting to TPC.
- Health Systems agree to complete a health system assessment on tobacco treatment.
- Ensure monthly program and data metrics are submitted by due dates. Reporting is completed on a provided monthly program reporting tool and through RedCap.
- Respond timely to periodic information requests.
- In the temporary absence of paid staff (if applicable), ensure the partner is represented at meetings and TPC required trainings such as training events, conference calls and regional workshops, and ensure program and fiscal reporting requirements are fulfilled.
- Participate in all evaluation and accountability activities including monitoring of subcontracts.
- Adhere to [Quit Now Indiana](#) brand guidelines.

TPC Fiscal Responsibilities

- Monitor the fiscal process for each contract.
- Review and approve contracts.
- Receive and monitor required fiscal reports.
- Provide training and technical assistance to contracted agencies to ensure compliance with fiscal rules and procedures and to help manage budgets.
- Provide technical assistance and training throughout the contract using site visits, telephone calls, written communication, webinars, and electronic materials and information tools.
- Provide management through assigned TPC program and administrative staff.

TPC Programmatic Responsibilities

- Guide the contracted program process by providing priorities for action.
- Review goals, work plan activities and outcomes of health systems or partner's action using reports submitted electronically as prescribed throughout the contract.
- Provide technical assistance and training to help with increasing capacity and skill building around health system change and tobacco treatment.
- Communicate current commercial tobacco control events at the international, national, state, and local levels.

How to Apply

- **The due date for applications is March 24, 2025 by midnight EST.**
- **The completed application forms and all attachments must be submitted electronically via email at TPCApplications@health.in.gov.**
- **APPLICATIONS WILL ONLY BE ACCEPTED AT THE EMAIL ADDRESS ABOVE.**

Technical Assistance

An RFA training will be provided **January 28, 2025, from 12:00-2:00 PM EST.**

Register in advance for this meeting:

https://www.zoomgov.com/webinar/register/WN_bag4gzzERfi3YDY5hOZJLA

Applicants should submit questions by email regarding proposals to TPC by 4:00 PM on February 28, 2025. All questions and answers will be posted on March 7, 2025, on the TPC website at www.in.gov/health/tpc. Questions should be submitted to TPCApplications@health.in.gov.

REVIEW PROCESS:

A team consisting of IDOH staff, TPC staff, and state and national tobacco control experts will review the proposals. The Review Team will evaluate proposals to ensure each proposal meets the requirements of this grant application and will then submit recommendations to IDOH/TPC for final approval.

Applications will be reviewed using the following criteria:

- Leadership and capacity of the organization to improve commercial tobacco treatment efforts particularly the impact on populations most impacted by commercial tobacco use.
- Capacity to achieve results in quality improvement initiatives.
- A focus on policy and systems changes that improves treatment outcomes for persons who are tobacco dependent.
- Incorporation of best practices for addressing commercial tobacco dependence.
- Appropriateness of the budget.
- Meets all contractual requirements.
- Thorough, focused work plans with SMART Objectives.
- Appropriateness of the subcontract proposals, if applicable.
- History of completing and executing approved work plans, if previously a funded TPC partner.
- History of timely submission of TPC Reports and participation in TPC trainings and communication, if previously a funded TPC partner.

Application Components:

*Page limits.

1. **Application Cover Sheet** - Use form at [Tobacco Prevention and Cessation website](#).
2. **Project Narrative** - Include the following components in a Word document. - *not to exceed 10 pages.
 - a. **Organization Profile** - A summary of the proposed approach, either to integrate tobacco dependence treatment into the continuum of care within the organization, or to provide technical assistance or evaluation support to organizations integrating tobacco dependence treatment into their system. Be specific regarding which location(s)/service line(s) you intend to work on for this project (e.g., health system, department, etc.).
 - b. **Organization Strategic Approach** - Propose an approach to work collaboratively with TPC to achieve health systems change outlined within this RFA. This should include proposed [SMART](#) objectives and strategies to work

toward these objectives with specific examples. Approach should include a planning process, an approximate timeline, necessary communication and collaboration plans, and how the proposed approach will be sustained.

- c. **Evaluation Plan** - Describe how the organization will meet evaluation requirements. Applicants will be required to report activities monthly to TPC including the sample metrics italicized at the end of this section. Evaluation plan should also include how you will sustain the changes achieved, future strategies, how you will track the number of employees to receive various trainings, and completion of pre- and post- Health Systems Change Assessments.
3. **Itemized and Detailed Budget** - Use Budget Worksheet and Budget Narrative Forms.
 1. See Budget Description section for more details.
 2. Forms available on [Tobacco Prevention and Cessation website](#).
4. **TPC Declarations Page** – Use form at [Tobacco Prevention and Cessation website](#). Must be signed.
5. **Audited Financial Statements** - This applies to any non-governmental entities. Non-governmental entities must submit audited financial statements not over two periods old.
6. **Appendix** - A limited number of items may be included in an Appendix including up to three letters of support (including a letter of commitment from the health system leadership) and relevant staff biographies and resumes; however, there is no guarantee these materials will be part of the review process.

Sample Monthly Metrics Reported Monthly by Partner in Redcap

Monthly Metrics reported through Redcap survey as part of statewide evaluation plan

- *In the past month, **how many unique patients were served by your organization?***
- *Metrics improved, progress from the beginning to the end of grant*
- *In the past month, **how many patients were screened for tobacco use at initial visit?***
- *In the past month, **how many patients were identified as current tobacco users?***
- *In the past month, **how many patients received a documented diagnosis of tobacco use disorder/nicotine dependence?***
- *In the past month, **how many patients identified as tobacco users were provided tobacco dependence counseling services?***
- *In the past month, **how many patients identified as tobacco users were offered or prescribed to FDA-approved tobacco treatment medication(s)?***
- *In the past month, **how many patient referrals (fax, online portal, e-referral) were made to the Indiana tobacco Quitline?***

These data may be from the subset population in which the targeted tobacco efforts are focused.

BUDGET AND FINANCE DOCUMENTS

This section describes the operation costs to continue tobacco control programming through June 30, 2027.

NOTE: The submitted budget is not the final budget. The final budget must be approved by TPC staff.

BUDGET EXPLANATION

Description of Budget Line Items

The following line items may be included. Use the budget form provided. A detailed explanation of budget items must be submitted using the Budget Narrative form. Please show the calculations used to arrive at the amount requested for each line item.

Personnel

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 partnership funds must be dedicated only to approved tobacco use prevention and cessation 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.

TPC recognizes the barriers to community engagement, and the importance of recognizing community members for their invaluable time and expertise. As such, Lead Agencies may consider including in their budgets a line item for community member stipends made for services or to cover reimbursable expenses. The following are sample activities to consider:

1. Performance (e.g. spoken word, poetry, music)
2. Panel discussions
3. Participation in a specific project or activity (POS audits, YTS administration, etc.)

4. Participation in conferences or events where they represent the coalition in some official capacity
5. Travel costs (lodging, parking, mileage, per diem)

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. Staff should not work less than 20 hours per week.

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. 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 increase 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 (<https://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.

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

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.

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 is referenced below.

In-State versus Out-of-State Travel: Expenses incurred to attend tobacco use prevention and cessation trainings, conferences and meetings in state are appropriate. Budget recommendations for in-state travel should include **annually**:

1. 2-3 day convening in the Indianapolis area in the fall with overnight accommodations.
2. Budget considerations should include mileage as well as per diem and hotel for overnight travel. On average, five overnight stays should be budgeted.

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; and budget estimate (travel, lodging, meals, registration fees, other expenses).

Travel and Per Diem Subsistence Guidelines

To be eligible for per diem subsistence, travel must include an overnight stay. Single-day trips are not eligible for per diem. Traveler must provide proof of lodging to claim per diem. If traveler is requesting per diem, the following times in the table will determine the amount provided:

| | In-State | Out-of-State |
|--|----------|--------------|
| Departure before 12:00 PM | \$41.00 | \$52.00 |
| Departure between 12:00 PM and 4:30 PM | \$20.50 | \$26.00 |
| Departure after 4:30 PM | None | None |
| Return before 12:00 PM but after 7:30 AM | \$20.50 | \$26.00 |
| Return after 12:00 PM | \$41.00 | \$52.00 |

If a conference/seminar registration fee includes meals, the provided meals must be deducted from the traveler's per diem. Traveler is to deduct from their per diem for any meal provided within a registration fee whether or not the traveler ate that meal.

| | In-State | Out-of-State |
|-----------|----------|--------------|
| Breakfast | \$10.25 | \$13.00 |
| Lunch | \$10.25 | \$13.00 |
| Dinner | \$20.50 | \$26.00 |

Traveler should select from one of three options when indicating per diem claims:

1. All meals provided; no per diem claimed
2. Some meals provided; some per diem claimed

3. No meals provided; all per diem claimed

Travelers do not have to deduct continental breakfasts from per diem. Travelers are not entitled to subsistence allowance for overnight travel if travel is within 50 miles from the traveler's station or home. There may be some exceptions: talk to your TPC point of contact.

When two time zones are involved on one trip, please retain a consistent time zone when reporting departure time and arrival time. It is expected that traveler leaves from and returns to the same time zone.

Hotel Rate

Hotels may request to verify rate with TPC to verify state government rate. Ask TPC point of contact for further assistance.

The current State of Indiana maximum standard rate for overnight lodging is listed in the table below. Taxes should be paid and reimbursed if lodging is secured using a personal credit card.

If a hotel informs that their government rate is more than the allowable amount plus tax, traveler needs to find a hotel that will honor the current in-state maximum rate or contact TPC. The traveler will be required to pay the overage above the state's maximum allowable without prior approval. Some hotels may confuse the federal rate and the state rate. Please reference table below.

| Location | Rate |
|---|-------------|
| Standard Rate (all locations without specified rates) | \$110.00 |
| Indianapolis/Carmel | \$133.00 |
| Lafayette/West Lafayette | \$123.00 |

Mileage

The state mileage reimbursement rate is \$0.49 per mile.

Note: All rates are subject to change.

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 by TPC prior to purchase. Approval of**

the budget does not imply pre-approval of promotional item purchases. Submit a written request to your primary contact at TPC for consideration prior to purchase.

Contractual

On the budget narrative form or on another page, describe for each subcontract the following information:

1. scope of work including tasks and Deliverables,
2. time period of the contract,
3. person in the agency who will supervise or manage the subcontract,
4. 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 agreement formats provided by the TPC should serve as a boilerplate to collect information on subcontractors. If additional space is needed to explain the details of a subcontract, please attach and reference these documents within the body of the subcontract. The boilerplate subcontract 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.

Descriptions of subcontracts 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. **Proposed subcontracts must be approved by TPC before execution. Approval of the budget does not imply pre-approval of subcontract.**

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 expenses paid from tobacco grant funds must be for business calls to conduct tobacco prevention and cessation activities. To be reimbursed, the grantee must have an approved line item in the budget for cell phone expense.

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, if not approved by TPC. Approval of the budget does not imply pre-approval of paid media purchases.**

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 costs \$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.

Additional Conditions

1. Grant funds and program income shall not be expended for:
2. Construction of buildings and building renovations
3. Depreciation of existing buildings or equipment
4. Contributions, gifts, or donations
5. Entertainment
6. Automobile purchases, rental and/or leases
7. Interest and other financial costs
8. Fines and penalties
9. Bad debts
10. Contingency funds
11. Food
12. Political contributions.
13. 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.

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.

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.

1. The Grantee will maintain a fixed assets ledger as prescribed in the budget explanation. If an internal tracking system exists within your Lead Agency, follow those prescribed procedures to document any equipment purchases.
2. 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

- a. 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.
3. 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.
4. 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.
5. 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.
6. 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**.
7. 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.
8. 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 through 5. Please refer to the current statute for guidance.
9. To adopt and enforce a tobacco-free policy in project facilities and grounds at all times.



Indiana
Department
of
Health

