

New Hampshire Department of Health and Human Services  
Division of Public Health Services

**REQUEST FOR PROPOSALS**  
08- DPHS-CCC-COMMTPCC-63

**Community Tobacco Prevention, Control, and Cessation Initiatives**  
**STATE FISCAL YEARS 2008, 2009 and 2010**

The mission of the New Hampshire Department of Health and Human Services (NH DHHS), Division of Public Health Services (DPHS) is to assure the health and well being of communities and populations in New Hampshire by promoting and protecting the physical, mental and environmental health of its citizens, by preventing disease, injury, disability and death, and preparing for public health emergencies. This mission is carried out, to a large degree, in partnership with community-based agencies that are awarded contracts through a request for proposals (RFP) process. The current RFP process is a collaborative effort of the NH Comprehensive Cancer Plan Oversight Board (CCPOB) and the DPHS.

**I. PURPOSE OF THE REQUEST FOR PROPOSALS AND AVAILABLE FUNDING**

The purpose of this RFP is to: Develop new or enhance current community coalitions that are committed to tobacco prevention and cessation initiatives in their communities in support of the Priority Objectives defined in *Cancer in New Hampshire – A Call to Action* (see [Cancer in New Hampshire: A Call to Action 2010](#), written and published by the NH Comprehensive Cancer Collaboration). These objectives include:

**Priority Objective 1:** Decrease the percentage of people who report cigarette smoking in the past month among youth from 19.1% to 16% and in adults from 21.7% to 12%.

**Priority Objective 2:** Reduce the number of people in New Hampshire exposed to second-hand smoke in public places through increasing the number of places that are smoke free.

The initiative will serve to ameliorate the devastation of cancer, lung diseases, and heart disease as a result of tobacco use and/or exposure to secondhand smoke. Funds for local tobacco prevention, control and cessation efforts are available in the amount of \$750,000 per state fiscal year, for the time period of May 7, 2008 to June 30, 2010, pending Governor and Council approval to be divided among selected applicants statewide. Proposals shall not exceed \$50,000 per state fiscal year, with potential for a two-year renewal. The area to be served is statewide by contracting with multiple local or regional coalitions. Funds are non-lapsing and any funds not spent during the fiscal year will automatically carry over into the following year. Applicants may submit proposals for one catchment area or several catchment areas. Estimates of available funding presented here are subject to adjustments. Copies of this RFP and accompanying forms can be downloaded from our website at:

<http://www.dhhs.nh.gov/DHHS/OBO/LIBRARY/RFP/default.htm>. Forms on the

website cannot be used for data entry. Forms will be sent electronically to all applicants that submit a letter of intent.

## **II. BACKGROUND INFORMATION**

As part of a nationwide effort in all states, in 2003, the New Hampshire Department of Health and Human Services (DHHS) received funding from the Centers for Disease Control and Prevention (CDC) for the purpose of developing a plan for comprehensive cancer control, as initiated by the CDC, the National Cancer Institute and the American Cancer Society. The goal was to bring together representatives from organizations throughout the state to assess cancer prevention and control challenges and prioritize activities to decrease the burden of cancer through all aspects of care. Thus, the New Hampshire Comprehensive Cancer Collaboration (CCC), a coalition of over 100 individuals from 14 key organizations statewide, was formed. Using an evidence-based approach, the CCC decided to focus initially on the five cancer areas with the greatest impact on cancer incidence and mortality in NH, and for which intervention was likely to be most effective. Over the following years, five workgroups, organized around the continuum of care model, developed objectives for primary prevention, prevention and early detection, treatment and survivorship, palliation and emerging issues.

The mission of the CCC is to reduce significantly the incidence of, suffering from, and mortality due to cancer for people in New Hampshire through prevention, early detection, treatment, rehabilitation, and palliation. This will be accomplished by means of an integrated and coordinated alliance of stakeholders that will utilize available epidemiological data and evidence based research to set priorities for action.

In 2005, the CCC completed a cancer prevention and control plan entitled [\*Cancer in New Hampshire: A Call to Action 2010\*](#) . This plan (also referred to as the New Hampshire Comprehensive Cancer Plan) describes the goals and initial five year approaches for a comprehensive effort to prevent and control cancer in New Hampshire. The Plan also outlines strategies to reduce disparities in cancer detection, treatment, and survival among population groups in New Hampshire.

Workgroup members are engaged in implementing the Comprehensive Cancer Plan. To monitor performance, an evaluation plan was developed that includes logic models and an evaluation matrix for prioritized areas of the cancer prevention and control plan. See [\*Evaluation Design of the New Hampshire Cancer Control Plan\*](#) .

Through advocacy efforts of the CCC, funding was secured in July 2007 from the State of New Hampshire to assist with the implementation of select components of the cancer prevention and control plan. A description of the legislation (RSA 126-A:64-65) can be found at <http://www.gencourt.state.nh.us/rsa/html/x/126-a/126-a-64.htm>. As required by the legislation, an Oversight Board was established to oversee the allocation of the funds. This Board, comprised of members of the CCC, DHHS, and the legislature, has agreed to distribute funds through a competitive Request For Proposal (RFP) process, which will

consider proposals addressing implementation of specified aspects of the cancer prevention and control plan. The Oversight Board will oversee selection of proposals and will monitor progress toward successful outcomes. Funds for selected proposals will be distributed through a contract process with DPHS.

The purpose of this RFP is to implement the specific components of the NH Comprehensive Cancer Plan related to tobacco use and exposure to second-hand smoke. Applicants will be responsible for researching the need to provide new programs/services within the state to avoid duplication of efforts. The RFP requires measurable outcomes and ideally proposals should further knowledge and potentially become independently sustainable.

Reducing tobacco use is a key public health priority in New Hampshire. It is the state's and the nation's leading cause of preventable death and disease. Currently 18.7% percent of New Hampshire adult residents were cigarette smokers in 2006.<sup>1</sup> The Centers for Disease Control and Prevention estimates that 33,000 NH residents currently under the age of eighteen will eventually die of a tobacco-related disease.<sup>2</sup> Smoking-related medical expenditures and lost productivity cost approximately \$884 million annually in NH.<sup>3</sup>

New Hampshire has made advances in tobacco use prevention and control. The effort put forth by local community coalitions has contributed to this process, but much remains to be done. The objectives of this RFP are: new development or enhancement of local community infrastructure dedicated to tobacco prevention and cessation education, and information dissemination.

The NH DHHS, Tobacco Prevention and Cessation Program (TPCP), continues a commitment to reduce rates of tobacco use by adults and young people. Community-based efforts are directed at social and environmental strategies to address the goals of the Tobacco Prevention and Control Program. The goals are aligned with the Centers for Disease Control and Prevention, Office on Smoking or Health and are as follows:

- Preventing youth from starting to use tobacco;
- Promoting quitting among tobacco users;
- Eliminating exposure to secondhand smoke; and
- Prioritizing efforts to reach those populations most affected by tobacco.

Research has shown that these goals can best be achieved by programs that:

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<sup>1</sup> 2006 Behavioral Risk Factor Surveillance System (BRFSS)

<sup>2</sup> Centers for Disease Control and Prevention. Sustaining state programs for tobacco control, data highlights 2004. Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004.

<sup>3</sup> Centers for Disease Control and Prevention. Sustaining state programs for tobacco control, data highlights 2004. Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004.

- Increase the number of organizations and individuals involved in planning and conducting community-level education and training programs;
- Use state and local campaigns to publicize pro-health messages that inform, educate, and support local tobacco control initiatives and policies;
- Promote the adoption of public and private tobacco control policies; and
- Measure outcomes using surveillance and evaluation techniques.<sup>4</sup>

Community-based programs assure that local residents can take ownership in directing initiatives that affect the health and well being of their communities. The DHHS has a successful record of funding coalitions and community programs to carry out local public health initiatives. The TPCP has been funding community coalitions for over ten years.

Appropriate strategies include community-wide collaboration, particularly towards environmental strategies. This must include coordination and leveraging of resources with other substance use/abuse coalitions, public health networks, law enforcement, and others.

### **III. MINIMUM REQUIRED SERVICES AND PERFORMANCE MEASURES**

#### **A. Minimum Required Services**

The minimum required services to meet the priorities and goals of this request for proposals are:

- Developing or enhancing local community infrastructure dedicated to tobacco prevention and cessation initiatives;
- Developing or enhancing relationships with neighboring community public health agencies, including but not limited to: local Public Health Network; local Community Prevention Coalitions funded by the Strategic Prevention Framework/State Incentive Grantees (SPF/SIG).
- Demonstrating a commitment to develop a policy and a process towards implementing a smoke free campus at the contacted agency/coalition office.
- Participating in data collection opportunities provided by the TPCP such as: the Youth Risk Behavior and Youth Tobacco Surveys, and comprehensive Preventing Youth Access to Tobacco (PYATT).
- Linking activities to specific objectives in the Comprehensive Cancer Collaboration (CCC) Plan [see Attachment A, Resources.]
- Developing workplans utilizing the CDC *Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs (KIB)* and support objectives and strategies from the Comprehensive Cancer Collaboration (CCC), *Cancer in New Hampshire: A Call to Action-2010* [see Attachment A, Resources.]

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<sup>4</sup> Best Practices for a Comprehensive Tobacco and Control Program (available at: <http://www.cdc.gov/tobacco/stat-nat-data.htm#best> ).

- Utilizing the workplan to be provided by TPCP, develop select elements from the KIB that support the CCC Plan, Priority Objective #1, Strategies #'s - 2, 3, 7, 10, 11 and Priority Objective #2, Strategy #1 to support TPCP selected mass media campaign with earned media efforts. Link those strategies together in the workplan.
- Workplans must follow logic model sequencing; see the KIB pages 19, 123, and 193.
- Assist with other TPCP surveillance activities as needed.

Proposals need to provide a plan for the development of a strategy or strategies to support these prioritized objectives in order to address the stated funding goal. These strategies from the *Cancer in New Hampshire - A Call to Action* plan have been prioritized by the workgroup must be addressed, but applicants are not limited to these strategies:

Strategy 1.2 Educate employers about smoking cessation and the benefits of a smoke-free workplace, including college campuses.

Strategy 1.3 Educate health-care professionals about the importance of tobacco prevention education and increase the percentage of providers who offer tobacco cessation counseling to patients and their families.

Proposed strategies should be evidence-based. Strong consideration will be given to proposals that either add to knowledge in these areas or are likely to lead to sustainable improvements in quality and access to care for residents of New Hampshire. Applicants who propose alternate strategies should use the evaluation format shown in [Evaluation Design of the New Hampshire Cancer Control Plan](#) rather than create a new format.

#### Culturally and Linguistically Appropriate Standards of Care

DPHS and the CCPOB recognize that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, DPHS and the CCPOB expect the Contractor shall provide culturally and linguistically appropriate services according to the following guidelines:

- Assess the ethnic/cultural needs, resources and assets of the community being served.
- Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
- When feasible and appropriate, provide clients who have minimal English skills with interpretation services.
- Offer consumers a forum through which clients have the opportunity to provide feedback regarding cultural and linguistic issues that may deserve response.

## **B. Performance Measures**

To measure and improve the quality of public health services, DPHS employs a performance management model. This model, comprised of four components, provides a common language and framework for DPHS and its community partners. These four components are: 1) performance standards; 2) performance measurement; 3) reporting of progress; and 4) quality improvement. Proposals should include development of appropriate performance measures for the work to be carried out under this proposal.

- Proposed strategies should be evidence-based. Strong consideration will be given to proposals that either add to knowledge in this area or are likely to lead to sustainable improvements in quality and access to care for residents of NH;
- If needed, in the first three (3) months of the grant cycle a minimum part time tobacco prevention and cessation coordinator will be hired and begin working to implement tobacco prevention and cessation initiatives identified in the proposal and found in the scope of services;
- Develop and maintain synergistic relationships outlined in proposal and scope of services;
- Attend quarterly tobacco prevention and cessation technical assistance meetings in Concord, New Hampshire;
- Implement chosen initiatives identified in the proposal and found in the scope of services; and
- Follow reporting timeline.

The proposal should describe the steps that will be taken and the evaluation process that will be used to assure progress towards meeting the performance measures and the overall program objectives and goals. The contractor will report at specified intervals on their progress towards meeting the performance measures, and overall program goals and objectives to demonstrate they have met the minimum required services for the proposal.

Please use the attached, formatted workplan to support the narrative to describe your process for meeting performance measures.

#### IV. ELIGIBILITY

Proposals may be submitted by any established non-profit corporation, public agency (agency or department of municipal, county, or state government); or by private proprietorships, partnerships, or corporations; or by a consortium of public, non-profit, and private entities. In the case of collaborative proposals, one organization shall be designated to enter into a contractual relationship with the DPHS. Programs currently funded by DPHS shall be in full fiscal and programmatic compliance in order to receive consideration for an award under this RFP.

Applicants may not be the recipients of tobacco industry funding.

#### V. PROCUREMENT TIMETABLE

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|-------------------|--|
| January 3, 2008   | RFP packages are available by request or via the NH DHHS website <a href="http://www.dhhs.nh.gov/DHHS/OBO/LIBRARY/RFP/default.htm">http://www.dhhs.nh.gov/DHHS/OBO/LIBRARY/RFP/default.htm</a> |
| January 9, 2008   | Applicant Information Session at the Audubon Society of NH in Concord at 2:30-3:30 PM  |
| January 11, 2008  | Required Letter of Intent due to DPHS by 4:30 PM EST.  |
| January 24, 2008  | Deadline to submit questions in writing relative to RFP by 4:30 PM EST.  |
| February 28, 2008 | <b>Proposals due to DPHS by 4:30 PM EST.</b>   |
| March 13, 2008    | Notices will be sent to selected applicants  |
| March 20, 2008    | Contract documents sent by DPHS to agencies for signature.   |
| April 10, 2008    | Signed contract documents due back to DPHS   |
| May 7, 2008       | Effective date of contracts, pending Governor and Council approval.  |

The enclosed Letter of Intent Form shall be completed and used to satisfy the Letter of Intent requirement by submitting to the address below or faxing to DPHS as described on the form.

Letters of Intent and proposals shall be submitted to:

NH DHHS, DPHS, Tobacco Prevention and Control Program  
ATTN: Judith P. Rancourt  
29 Hazen Drive  
Concord, NH 03301-6504

The proposal shall be received (not simply post-marked) by DPHS no later than 4:30 PM, EST on the above date. **No extensions will be granted. Faxed copies will NOT be accepted. The responsibility for submitting a response to this RFP on or before the stated time and date will rest solely and strictly with the applicant.** The DPHS will in no way be responsible for delays in delivery caused by the U.S. Postal Service or other couriers, or caused by any other occurrence.

## **VI. APPLICANT INFORMATION SESSION AND APPLICANTS' QUESTIONS**

### **A. Applicant Information Session**

An Applicant Information Session will be held for interested applications, on January 9, 2008 at 2:30 PM to 3:30 PM at the Audubon Society of NH, 3 Silk Farm Road, Concord, NH. Directions are available @ <http://www.nhaidubon.org/sanctuaries/silkfarm.htm>. Attendance at the Applicant Information Session is strongly recommended. Please RSVP to Judy Rancourt at [Judith.p.rancourt@dhhs.state.nh.us](mailto:Judith.p.rancourt@dhhs.state.nh.us) by Tuesday, January 8, 2008, 4:30 PM.. The information session will provide an overview of the RFP process and an opportunity to receive technical assistance. Any questions received at the Applicant Information Session and corresponding replies will be communicated via e-mail to all attendees and will be published on the DHHS website at: <http://www.dhhs.nh.gov/DHHS/OBO/LIBRARY/RFP/default.htm>

### **B. Applicant Questions**

Any questions relative to the RFP must be submitted in writing to Susan Morrison by the date in the procurement timetable at the address below or via e-mail at [Susan.L.Morrison@dhhs.state.nh.us](mailto:Susan.L.Morrison@dhhs.state.nh.us) . These questions and their answers will be sent to all applicants who have submitted a Letter of Intent and will also be published on the DHHS website at the web address noted above.

NH DHHS, DPHS, Tobacco Prevention and Control Program  
ATTN: Susan Morrison  
29 Hazen Drive  
Concord, NH 03301-6504

## **VII. APPROPRIATE USE OF FUNDS AND OTHER REQUIREMENTS**

Funds may be used to pay for salaries and benefits of program staff, meeting expenses, travel for program and training purposes, technical assistance and other training, educational materials, postage, supplies, rent, laboratory services, subcontracts, consultants, equipment, software, and telephone. Indirect cost rates must be less than or equal to 10%. (Note: Consideration will be given to proposals from agencies with indirect cost rates exceeding 10% based on a clear and reasonable explanation for exceeding the 10 % limit.)

Funded contractors/vendors will be expected to keep records of their activities related to DPHS-funded programs and services. Payment for contracted services will be made on a combined line item cost reimbursement basis on monthly invoices for expenditures incurred and upon compliance with reporting requirements

Funded contractors/vendors will be held accountable for meeting their programmatic projections or, when fitting, for revising projections with DPHS staff and CCPOB members. Failure to meet or revise such projections may jeopardize the funded

contractor/vendor's current and/or future funding. Corrective action may include actions such as a contract amendment or termination of the contract. The contracted organization will prepare progress reports, as required.

Staff funded under this RFP may be required to attend pertinent technical assistance sessions or progress reviews sponsored by DPHS.

## **VIII. PROPOSAL INSTRUCTIONS**

### **A. Required Materials:**

The following required materials should be submitted to DPHS in order for a proposal to be complete:

- 1) Original proposal, plus five (5) copies and a CD
- 2) Proposal Face Sheet
- 3) Proposal Checklist
- 4) Executive Summary
- 5) Program Narrative
- 6) Program Workplan
- 7) Program Staff List
- 8) Budget Form
- 9) Sources of Revenue Form
- 10) Comprehensive General Liability Insurance Acknowledgement Form

*Forms on the website cannot be used for data entry. Forms will be sent electronically to all applicants that submit a Letter of Intent.*

### **B. Proposal Formatting:**

The applicant shall submit an original, typewritten proposal plus five (5) copies and a compact disc. Proposals shall contain a Table of Contents, be double-spaced, in no less than 11-point font, one-inch margins, and the pages shall be numbered following the Table of Contents. Page limitations shall be adhered to for each section. All acronyms shall be spelled out the first time that they are used. The source of all data cited shall be noted. Proposals shall not be bound or stapled, but clipped in the upper left corner. Five points in the total score are assigned to formatting. Proposals should follow these formatting instructions and the proposal outline.

### **C. Proposal Outline:**

Proposals shall follow the outline presented in this section and are required to contain all listed components as follows:

**1. Proposal Face Sheet**

**2. Proposal Checklist**

**3. Table of Contents**

**4. Executive Summary (not to exceed 2 pages)**

Briefly summarize the proposal following the proposal outline. Provide an overview of the agency/applicant's organization (include any networks or subcontractors to be involved), the proposal, the population(s) to be provided services, and the estimated total number of people to be served by these funds. The Executive Summary is an integral component of the proposal and review process and must be prepared as a stand-alone component.

**5. Applicant Capacity (not to exceed 5 pages)**

- Describe the overall mission, program, and services of the organization and how they relate to the goals and priorities as described in Section II of the RFP. Describe the applicant's experience and capacity to meet the goals, objectives, and priorities of the program and the minimum required services as described in Section III of the RFP and Exhibit A and to meet the performance measures proposed. This includes:
  - a) Overall ability to perform the technical aspects of the program; b) the availability of qualified and experienced personnel; c) the availability of adequate facilities, general environment, and resources for the proposed services; and d) adequacy of plans for the administration of the program.
- Describe the applicant's arrangements for coordination of services and exchange of information with other health care providers and agencies as appropriate. Attach copies of appropriate contractual agreements, memoranda of understanding, or letters of support from the appropriate persons summarizing the nature of the collaboration and indicating the level of support.
- Describe significant changes and accomplishments in the agency/applicant organization, and those pertinent to the program, which occurred during the current fiscal year or which are planned for the upcoming period (for example, changes in geographic area served, staffing, or reorganization of applicant's organizational structure).

**6. Program Structure/Plan of Operation (not to exceed 5 pages)**

This narrative section is in addition to and supplements the workplan and program staff list. It should describe, concisely and completely, exactly how the program will operate, how it will carry out the program and the minimum required services as described in Section III of the RFP and Exhibit A and how it will meet the performance measures, the roles of each staff member, and shall identify each staff member by name or, if they are to be hired, state that as the case. While the workplans address specific objectives, activities and performance measures this

narrative describes operationally how the program is set up to achieve these measures.

- Complete the program Workplan/Reporting form according to the instructions. Use the enclosed workplan template. There is no page limitation for this form.
- Complete the provided Program Staff List according to instructions. In addition, a current resume is required for any new program staff. If a program staff position is not currently filled, include a job description of the vacant position.
- Describe a plan for monitoring and evaluating progress toward meeting objectives (and performance targets—if used by the program). Include a quality assurance plan.

## **7. Budget and Justification**

This section shall include the following items (one for each year of funding):

### **a) Budget Form (provided)**

### **b) Budget Narrative**

(Not to exceed 2 pages per budget), which describes each personnel position and expense item for which funding is requested, linking each to the services to be provided. A budget narrative following the instructions must be completed for each budget year (and each separate budget if appropriate).

### **c) Sources of Revenue form (provided)**

### **d) Program Staff List form (provided)**

## **8. Proposal Review and Evaluation Criteria**

The CCPOB and DPHS will convene a review panel to conduct an objective review of proposals received in response to this RFP. The panel will be comprised of two CCPOB members, two DPHS staff, and an external expert. The reviewers will score the proposals based solely on what is submitted in writing by the applicant in response to this RFP. Reviewers will **not** base their review on any prior knowledge of the applicant. The merits of each proposal will be evaluated individually according to the proposal objective scoring criteria described below. DPHS and CCPOB reserve the right to accept or reject any proposal, and to waive any minor irregularities in the proposals. DPHS and CCPOB reserve the right to make final funding decisions based on the availability of funds, geographic distribution of services, prior contract performance (if applicable), and other pertinent factors. Please note that DPHS and CCPOB recommend the awarding of a contract to the Governor and Executive Council. Thus, the RFP and contract process is not complete without approval of the Governor and Executive Council.

**a) Proposal Face Sheet, Proposal Checklist, and Table of Contents  
(Not rated)**

**b) Executive Summary (Not rated):**

A clear Executive Summary will assist reviewers in evaluating the Proposal and, as such, proposals lacking an Executive Summary will not be reviewed.

**c) Applicant Capacity (30 points)**

The extent to which:

- The overall mission, program, and services of the organization relate to the program's goals and priorities as described in the RFP.
- The organization demonstrates the experience and capacity necessary to carry out the program, and the minimum required services as described in Section III of the RFP and Exhibit A and to meet the performance measures. This includes: a) their overall ability to perform the technical aspects of the program; b) the availability of qualified and experienced personnel; c) the availability of adequate facilities, general environment, and resources for the proposed services; and d) adequacy of plans for the administration of the program. An organizational chart should be included.
- The applicant is able to clearly describe arrangements for coordination of services and exchange of information with other health care providers and agencies where applicable. Copies of subcontracts or memorandum of understanding, letters of support are provided as applicable summarizing clearly and specifically the nature of the collaboration and level of support.
- The organization demonstrates that any significant changes and accomplishments (for example, changes in geographic area served, staffing, or reorganization of applicant organizational structure) which occurred during the current fiscal year, or which are planned for the upcoming period, will have beneficial impact on the program.

**d) Program Structure/Plan of Operation (50 points)**

The extent to which:

- The proposal is programmatically relevant and the overall goal(s) of the proposal relate to the goals and priorities of the plan titled *Cancer In New Hampshire – A Call To Action* as described in the RFP.
- Program structure/plan of operation and roles of program staff are clearly and concisely described.
- The Program Staff List lists all program staff including those paid for by the grant and those paid by other sources. A current resume is required for any new program staff. Job descriptions are included for vacant positions.

- The proposal describes how it will carry out the program and the minimum required services as described in Section III of the RFP and Exhibit A and how it will meet the performance measures
- The proposal clearly identifies the objective(s) and strategies from *Cancer in New Hampshire – A Call to Action* or provides rationale for any new proposed strategies not in *Cancer in New Hampshire – A Call to Action*. Strategies must be evidence-based, describe to what extent that they are sustainable and be cost-efficient. Strong consideration will be given to proposals that either lead to improvements in access and/or quality of care for New Hampshire residents or add new knowledge.
- The proposal identifies and uses the evaluation planning matrix from the [Evaluation Design of the New Hampshire Cancer Control Plan](#), or provides rationale for alternate evaluation matrix for measuring performance. At a minimum the evaluation must identify the: objective; strategy; planned activities; intended outcomes/products; short-term outcomes; performance measures; baseline measures; and data sources.
- Performance measure targets chosen by applicant are realistic and attainable.
- Applicant-specific performance measures are provided and detail appropriate community-based measures with realistic targets. The populations and geographical areas to be served, including the number of clients expected to be served, are realistic and appropriate for the service area. Demonstrates ability to access one or more populations considered a high priority for the program in the service area.
- A workplan is detailed for all objectives and performance measures and the plan describes steps necessary to meet or maintain the applicant's performance measure target through a clear and rational process.
- The proposal presents a sound monitoring and evaluation plan that includes quality assurance and states how progress toward meeting objectives and performance targets will be measured.

**e) Budget and Justification (15 points)**

The extent to which:

- The budget is appropriate in relation to the proposed activities, is reasonable, clearly justified, and consistent with the intended use of funds.
- The budget narrative provides a detailed description and justification for the use of funds according to instructions. Suggested hourly wage of not more than \$20.00 per hour from this funding resource and is based on experience; suggested number of hours is not less than 20 hours per week.
- The indirect cost rate does not exceed 10% (exceptions must be well justified to be considered).

- The Sources of Revenue Form provides clear information about other sources of revenue for the program (if applicable) other than state funds for the previous budget year and projected for the current budget period. In-kind contributions for these time periods are also shown.

**f) Format (5 points)**

The extent to which:

- The proposal adheres to the formatting instructions, page limitations and directions set forth in this RFP.

## **IX. PROCEDURES FOR GRANT SELECTION AND NOTIFICATION**

### Notice of Selection Procedures

A letter of selection will be sent to all selected applicants by the date noted in the procurement timetable. The scope of services and budget for the proposed contract may be negotiated based upon the merit of the proposal as evaluated by the review panel, availability of funding, and conditions of the award. Failure of a selected applicant to satisfactorily negotiate within a reasonable time may result in the applicant forfeiting the award.

DPHS and CCPOB may negotiate the funding of geographic service areas and selected activities of a proposal if other activities can be funded more efficiently through different providers. DPHS and CCPOB may also require an applicant to make appropriate linkages with other contractors/vendors and programs in order to receive funding.

If competing proposals are close to equal in scoring, greater weight may be given to costs. If appropriate, semi-finalists will be determined because of these scores.

The review panel may request that semi-finalists give a live presentation of their proposal to the review committee. The review panel will score these presentations at that time. Evaluation and scoring criteria will be provided to each semi-finalist before their presentation.

A definitive cost proposal should be included. NH DHHS and CCPOB, however, reserve the right to later seek a “BEST AND FINAL OFFER” and will provide the applicant the opportunity to amend their original proposal to better meet the objectives of the RFP. DHHS and CCPOB reserves the right whether or not to exercise this option.

### Recommendation for Non-Selected Proposals

After contracts for selected applicants are approved by Governor and Executive Council, non-selected applicants may request an opportunity to:

- 1) Discuss with DPHS administrative staff and CCPOB representatives the reasons for not being selected.
- 2) Receive recommendations that may make future proposals more effective.

Such requests shall be submitted in writing to:

NH DHHS, DPHS, Bureau of Policy and Performance Management  
ATTN: Joan H. Ascheim  
29 Hazen Drive  
Concord, NH 03301-6504

Such requests are not considered appeals. Once the applicant has submitted a letter, DPHS and CCPOB will attempt to accommodate such requests within a reasonable time.

## **X. DOCUMENTS FOR CONTRACT APPROVAL**

Following selection, each selected applicant will be required to submit the following documents for contract approval:

- Signed and notarized General Provisions (P-37) (form provided by DPHS).
- Signed and notarized Certificate of Vote (form provided by DPHS).
- Revised budget and budget justification pages.
- Most recent agency audit, or audited financial statements **are required only for social service and non-profit agencies.**
- Certificate of Good Standing (Effective July 1, 2002 DPHS will no longer be responsible for providing the Certificate of Good Standing. Instructions for obtaining the certificate will be provided with contract paperwork).
- Key Personnel List and current resumes of key personnel **are required only for social service and non-profit agencies.** Current resume shall include the present position with the applying agency. They must be typed, and no more than three (3) pages in length. Key personnel shall be defined as the agency or program administrator, and clinical and program coordinators.
- Applicant's organizational mission statement.
- List of the applicant's organizational Board of Directors (if applicable) with addresses.
- Signed copies of additional assurance, if federal funds are involved: Exhibits D, E, F, G and H, (provided by DPHS).

- Signed copy of additional assurance: Exhibit I, to comply with the Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-91 and with the Standards for Privacy of Individual Identifiable Health Information, 45 CFR Parts 160 and 164, if applicable to contractual activities (form provided by DPHS).
- Certificate(s) of Insurance for General Liability and Worker's Compensation Insurance with the following listed as the Certificate Holder:

NH Department of Health & Human Services  
29 Hazen Drive  
Concord, NH 03301-6504

Please arrange in advance for any necessary applicant agency Board actions so that contract documents can be returned by the date listed in the procurement timetable. Successful contract document completion will result in a contract becoming effective on the date in the procurement timetable or upon approval by the Governor and Executive Council of the State of New Hampshire, whichever is later. Delays in returning contract documents may result in contracts not being effective on that date. No services occurring before the effective date are reimbursable under the contract.

## **XI. ADDITIONAL INFORMATION**

### Amendments

DPHS and CCPOB have the option of amending the Agreement throughout the funding cycle based on program performance, fiscal expenditure, and other contract requirements. All amendments require approval by the Governor and Executive Council.

### Renewals

DPHS and CCPOB have the option to renew the Agreement for 2 additional year(s), pending availability of funding, the agreement of the parties, and approval by Governor and Council.

### Cancellation

DPHS and CCPOB may, upon determining that no satisfactory proposals have been received for any particular service, decide to issue an additional RFP for this particular service.

### Public Record

All proposals become the property of the State of New Hampshire and will be a matter of public record.

## **XII. RESPONSIBILITIES OF THE DIVISION OF PUBLIC HEALTH SERVICES**

DPHS and CCPOB will take an active role in providing technical assistance to the contract organizations on relevant issues (e.g., program implementation and evaluation) by conducting site visits and maintaining frequent telephone contact.

## **XIII. PUBLICATIONS FUNDED UNDER CONTRACT**

All documents (written, video, audio) produced or purchased under the contract shall have prior approval from DPHS and CCPOB before printing, production, distribution or use. Any and all original materials produced with Comprehensive Cancer Plan contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports will not be considered the property of the producing agency and can be used by all involved parties.

The Contractor shall credit DHHS and CCPOB on all materials produced under this contract following the instructions outlined in Exhibit C-1 (5).

## **XIV. ENCLOSURES**

Scope of Service – Exhibit A  
Workplan/Reporting Forms  
Workplan/Reporting Form Instructions  
Attachment A: Resource List  
Letter of Intent Form  
Proposal Face Sheet & Instructions  
Proposal Checklist  
Program Staff List & Instructions  
Budget Form & Instructions  
Sources of Revenue Form & Instructions  
Comprehensive General Liability Insurance Acknowledgement Form

**Exhibit A**  
**Community Tobacco Prevention Control and Cessation Initiatives**  
**Scope of Services**

**CONTRACT PERIOD:** May 7, 2008 or date of G&C approval, whichever is later, through June 30, 2010.

**The Contractor shall:**

1. Assemble a new or enhance the services of an existing broad-based, diversely representative community-based team/coalition for strategic plan development, implementation, and evaluation:
  - a. Develop resources and improve communication among interested parties;
  - b. Improve the sense of community among coalition members and strategic partners;
  - c. Engage existing Public Health Networks and Strategic Prevention Framework Community Prevention Coalitions, Alcohol, and Other Drug Prevention, and other community members to explore the potential for collaboration on tobacco prevention and control initiatives.
2. Maintain a coalition coordinator at least 20 hours per week year-round:
  - a. New positions must be filled within 90 days of the start of the contract; and
  - b. Vacancies must be filled within three months of the vacancy occurrence.
3. Coalition staff, stakeholders, or volunteers attend quarterly training and technical assistance sessions provided by NH TPCP.
4. Complete all identified goals in the workplan including but not limited to:
  - a. Secondhand smoke activities
  - b. Promote statewide and community-based cessation services to include the New Hampshire Smokers' Helpline, [www.smokefree.gov](http://www.smokefree.gov), cessation

reimbursement opportunities, cessation service directories, and training for cessation providers and health professionals.

- c. Assist with TPCP activities as needed.
5. Contractor will submit the following to the Tobacco Prevention and Cessation Program staff, which will be used as the basis upon which subsequent funding requests are determined:
    - a. Utilizing the provided work plan, submit quarterly, written program reports with performance measures received by TPCP by October 15th, January 15th, April 15th and July 15th each contract year;
    - b. Monthly expenditure reports by the 20th working day of the following month and;
    - c. Final report by July 15, 2010.
  6. Contractor understands that by the acceptance of this Contract, it is bound by the contract requirements, and any deviation from these requirements may result in forfeiture of all or any portion of the Contract.
  7. Contractor understands that at the discretion of the Commissioner or designee, site visits to funded programs may be conducted.

### **Subcontractors**

If services required to comply with this Exhibit are provided by a subcontracted agency or provider, the DPHS, Tobacco Prevention and Control Program (TPCP) must be notified in writing prior to initiation of the subcontract. In addition, subcontractors must be held responsible to fulfill all relevant requirements included in this Exhibit.

| KEY  | Key Activities  | Target Population | Lead Role | Performance Measures |    |    |    |    |       | Definition of Measures   |
|--|---|-------------------|-----------|----------------------|----|----|----|----|-------|--|
|  |   |                   |           | Target               | Q1 | Q2 | Q3 | Q4 | Total |  |
| <b>INFRASTRUCTURE/CAPACITY DEVELOPMENT</b> |   |                   |           |                      |    |    |    |    |       |  |
| <b>ICD-1</b>                               |   |                   |           |                      |    |    |    |    |       |  |
|  | Assemble or maintain a large, broad-based, diversely representative community-based team/coalition for strategic plan development, implementation, and evaluation.  |                   |           |                      |    |    |    |    |       | # adult coalition members  |
|  |   |                   |           |                      |    |    |    |    |       | # youth coalition members of your coalition  |
|  |   |                   |           |                      |    |    |    |    |       | # organizations represented in coalition   |
|  | Increase the number and types of individual and organization collaborations or partnerships <b>each contract quarter.</b>   |                   |           |                      |    |    |    |    |       |  |
|  | Comments [include successes and challenges]:  |                   |           |                      |    |    |    |    |       |  |
| <b>ICD-2</b>                               |   |                   |           |                      |    |    |    |    |       |  |
|  | Engage existing Public Health Networks, Strategic Prevention Framework Community Prevention Coalitions and/or other community members to begin exploring the potential for collaboration on tobacco prevention and control initiatives. |                   |           |                      |    |    |    |    |       | # other community coalitions/ networks collaborating on tobacco prevention and control initiatives |

| KEY  | Key Activities  | Target Population | Lead Role | Performance Measures |    |    |    |    |       | Definition of Measures   |
|--|---|-------------------|-----------|----------------------|----|----|----|----|-------|--|
|  |   |                   |           | Target               | Q1 | Q2 | Q3 | Q4 | Total |  |
|  | Identify capacity in which members will support your coalition. Example: Inform and educate; participate in activities; and/or write letters to the editor. |                   |           |                      |    |    |    |    |       |  |
| Comments [include successes and challenges]: |   |                   |           |                      |    |    |    |    |       |  |
| <b>ICD-3</b>                                 |   |                   |           |                      |    |    |    |    |       |  |
|  | Attend quarterly training and technical assistance provided by NH TPCP for staff and/or stakeholders/volunteers.  |                   |           |                      |    |    |    |    |       | # TPCP trainings participated in (with other coalitions or in community)                     |
|  |   |                   |           |                      |    |    |    |    |       | # Other tobacco or coalition related trainings attended by coalition members or coordinators |
| Comments [include successes and challenges]: |   |                   |           |                      |    |    |    |    |       |  |
| <b>ICD-4</b>                                 |   |                   |           |                      |    |    |    |    |       |  |
|  | Facilitate community presentations, resource sharing forums or skill-building sessions for coalition members, community leaders, and                        |                   |           |                      |    |    |    |    |       | # skill-building sessions provided   |
|  |   |                   |           |                      |    |    |    |    |       | # participants in skill building sessions  |

| KEY  | Key Activities  | Target Population  | Lead Role | Performance Measures |    |    |    |    |       | Definition of Measures                   |
|--|---|--|-----------|----------------------|----|----|----|----|-------|--|
|  |   |  |           | Target               | Q1 | Q2 | Q3 | Q4 | Total |  |
|  | out-side agency staff <b>at least two per year.</b><br><b>Describe in Comments Box.</b>   |  |           |                      |    |    |    |    |       |  |
| Comments [include successes and challenges]:   |   |  |           |                      |    |    |    |    |       |  |
| <b>ICD-5</b>   |   |  |           |                      |    |    |    |    |       |  |
|  | Communicate with coalition members, partners and other interested parties at least once a month.<br>Example: Describe how you communicate what your coalition is doing to others in your community? |  |           |                      |    |    |    |    |       | # communications to members and partners |
| Comments [include successes and challenges]:   |   |  |           |                      |    |    |    |    |       |  |
| <b>GOAL 1: PREVENTING INITIATION OF TOBACCO USE AMONG YOUNG PEOPLE</b>   |   |  |           |                      |    |    |    |    |       |  |
|  | Comprehensive Cancer Collaborative Plan [Strategies 10 & 11]  | Priority Objective #1: Decrease the percentage of youth who report cigarette smoking in the past month from 19.1% to 16%. Strategy 10: Eliminate non-compliance among tobacco retailers selling products to minors. Strategy 11: Support evidence-based tobacco prevention and cessation programs targeted at youth. |           |                      |    |    |    |    |       |  |
| <b>Select Activities/Outputs that represent what you believe you and your coalition can affect in your catchment, page 19 of KIB. NO LIMIT TO ACTIVITIES -ADD BLOCKS AS NEEDED</b> |   |  |           |                      |    |    |    |    |       |  |

| KEY  | Key Activities   | Target Population | Lead Role | Performance Measures |    |    |    |    |       | Definition of Measures  |
|--|--|-------------------|-----------|----------------------|----|----|----|----|-------|---|
|  |  |                   |           | Target               | Q1 | Q2 | Q3 | Q4 | Total |   |
| 1.1  | Assist with comprehensive Preventing Youth Access to Tobacco (PYATT)                                     |                   |           |                      |    |    |    |    |       | # PYATT activities, please describe in comments [TPCP, Rob O'Hannon and Ed Alterisio to provide training pending funding through CCC for the initiative.] |
| 1.2  | Work with school/SAU officials to actively enforce 126 K, restricting tobacco use on school grounds 24/7 |                   |           |                      |    |    |    |    |       |   |
| 1.3  | Add Activity (Please define)   |                   |           |                      |    |    |    |    |       |   |
| 1.4  | Add Activity (Please define)   |                   |           |                      |    |    |    |    |       |   |
| Comments [include successes and challenges]: |  |                   |           |                      |    |    |    |    |       |   |

| KEY   | Key Activities  | Target Population  | Lead Role | Performance Measures |    |    |    |    |       | Definition of Measures  |
|---|---|--|-----------|----------------------|----|----|----|----|-------|---|
|   |   |  |           | Target               | Q1 | Q2 | Q3 | Q4 | Total |   |
| <b>GOAL 2: ELIMINATION NONSMOKERS' EXPOSURE TO SECONDHAND SMOKE</b>   |   |  |           |                      |    |    |    |    |       |   |
|   | Comprehensive Cancer Collaborative Plan [objective 1-strategies 2 3; objective 2, local level media]  | Priority Objective #1: Decrease the percentage of youth who report cigarette smoking in the past month from 19.1% to 16%. Strategy 2: Educate employers about smoking cessation and the benefits of a smoke-free workplace, including college campuses. Strategy 3: Educate health-care professionals about the importance of tobacco prevention education and increase the percentage of health-care provides who offer tobacco cessation counseling to patients and their families. Priority Objective #2-Reduce the number of people in NH exposed to secondhand smoke in public places through increasing the number of places that are smoke free. Strategy 1: Utilize a mass media campaign to educate the public on the risk of second-hand smoke exposure in the home, workplace, etc. |           |                      |    |    |    |    |       |   |
| <b>Select Activities/Outputs that represent what you believe you and your coalition can affect in your catchment, page 123 of KIB. NO LIMIT TO ACTIVITIES -ADD BLOCKS AS NEEDED</b> |   |  |           |                      |    |    |    |    |       |   |
| 2.1   | Conduct voluntary, transparent clean indoor air assessments using approved equipment [equipment may be purchased with contract money, work with TPCP to get group price]. |  |           |                      |    |    |    |    |       | EXAMPLES<br># assessments [in home, automobile, other environments]       |
| 2.2   | Add Activity (Please define)  |  |           |                      |    |    |    |    |       | # licensed childcare providers  |
| 2.3   | Add Activity (Please define)  |  |           |                      |    |    |    |    |       | # employer groups educated about the benefits of a smoke free work place  |
| 2.4   | Add Activity (Please define)  |  |           |                      |    |    |    |    |       | # college campuses educated about the benefits of a smoke free work place |

| KEY   | Key Activities  | Target Population   | Lead Role | Performance Measures |    |    |    |    |       | Definition of Measures   |
|---|---|---|-----------|----------------------|----|----|----|----|-------|--|
|   |   |   |           | Target               | Q1 | Q2 | Q3 | Q4 | Total |  |
| 2.5   | Add Activity (Please define)  |   |           |                      |    |    |    |    |       | # local media pieces released linked to the statewide media campaign                                   |
| Comments: Include breakdown of numbers approached, engaged, contemplating, and/or implementing change.  |   |   |           |                      |    |    |    |    |       |  |
| <b>GOAL 3: PROMOTE QUITTING AMONG YOUTH AND ADULTS</b>  |   |   |           |                      |    |    |    |    |       |  |
|   | Comprehensive Cancer Collaborative Plan   | Priority Objective #1: Decrease the percentage of adults who report cigarette smoking in the past month from 21.7% to 12%. Please note, current adult prevalence is 18.7% |           |                      |    |    |    |    |       |  |
| <b>Select Activities/Outputs that represent what you believe you and your coalition can affect in your catchment, page 193 of KIB. NO LIMIT TO ACTIVITIES -ADD BLOCKS AS NEEDED</b> |   |   |           |                      |    |    |    |    |       |  |
| 3.1   | Maintain contact with key organizations to develop a comprehensive list of current cessation services, resources, mechanisms, and partnerships; |   |           |                      |    |    |    |    |       | # employers educated about the importance of smoking cessation benefits and resources available in NH. |
|   |   |   |           |                      |    |    |    |    |       | # employers educated about the benefits of a tobacco free workplace                                    |

| KEY   | Key Activities  | Target Population   | Lead Role | Performance Measures |    |    |    |    |       | Definition of Measures  |
|---|---|---|-----------|----------------------|----|----|----|----|-------|---|
|   |   |   |           | Target               | Q1 | Q2 | Q3 | Q4 | Total |   |
| 3.2   | Promote statewide and community-based cessation services including the New Hampshire Try-To-STOP Tobacco Resource Center, 1-800-Try-To-STOP NH Smokers' Helpline and; WWW.QUITWORKS-NH.org  |   |           |                      |    |    |    |    |       | # referrals to TPCP through the coalitions from clinicians regarding training on the US Public Health Service Guidelines# paid advertisements with the NH Smokers' Helpline number during reporting period (1 add printed 12 times =12) |
| 3.3   | Add Activity (Please define)  |   |           |                      |    |    |    |    |       |   |
| <b>SURVEILLANCE AND EVALUATION ACTIVITIES</b> |   |   |           |                      |    |    |    |    |       |   |
|   | Comprehensive Cancer Collaborative Plan [strategy #7]   | Priority Objective #1: Decrease the percentage of youth who report cigarette smoking in the past month from 19.1% to 16%. Strategy 7: Educate employers about smoking cessation and the benefits of a smoke-free workplace, including college campuses. |           |                      |    |    |    |    |       |   |
| E-1   | In collaboration with TPCP, help to educate administrators for local schools selected into the New Hampshire Youth Tobacco [YTS] and Youth Risk Behavior [YRBS] Surveys (NH YTS) sample about the importance of participating in the surveys. |   |           |                      |    |    |    |    |       | Assistance provided to TPCP in educating school administrators (Y/N)  |

| KEY   | Key Activities   | Target Population | Lead Role | Performance Measures |    |    |    |    |       | Definition of Measures   |
|---|--|-------------------|-----------|----------------------|----|----|----|----|-------|--|
|   |  |                   |           | Target               | Q1 | Q2 | Q3 | Q4 | Total |  |
|   |  |                   |           |                      |    |    |    |    |       | # schools provided information from the local coalition regarding the importance of participating.                             |
| E-2   | In collaboration with TPCP, administer the NH YRBS and YTS in specified classrooms in surrounding area schools         |                   |           |                      |    |    |    |    |       | # volunteers identified to assist coalition and TPCP to administer YTS/YRBS# classrooms in which members administered YRBS/YTS |
| Comments: [include successes and challenges]:     |  |                   |           |                      |    |    |    |    |       |  |
| <b>TOBACCO-FREE SCHOOLS AND SPORTS (Optional)</b> |  |                   |           |                      |    |    |    |    |       |  |
|   |  |                   |           |                      |    |    |    |    |       |  |
|   | Please refer to the performance document and to TPCP staff for further guidance and possible assistance with the GOAL. |                   |           |                      |    |    |    |    |       |  |
| Comments  |  |                   |           |                      |    |    |    |    |       |  |

# WORKPLAN INSTRUCTIONS

## Community Tobacco Prevention, Control, and Cessation Initiatives

The workplan is an integral part of the plan of operation section of the proposal. Proposals without **complete** workplans will be ineligible for review. Before completing the workplan, review the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Key Outcome Indicators For Evaluating Comprehensive Tobacco Control Programs (KIB)*, and the NH Comprehensive Cancer Collaboration, *Cancer in New Hampshire: A Call to Action 2010*, documents carefully and select activities based on the priority objectives.

Required activities are already entered in the work plan that follows these instructions. All applicants will need to add activities and fill in target audience, lead role and annual targets for each activity. To add rows, use the pull down: Tables>Insert>Rows Below. At least one public awareness activity must be included for each goal to be addressed, with the exception of surveillance and evaluation.

The minimum required services to meet the priorities and goals of this request for proposals are:

- Developing and maintaining local community infrastructure dedicated to tobacco prevention, control, and cessation initiatives;
- Developing and maintaining relationships with neighboring community public health agencies, including but not limited to: local Public Health Network; and local Community Prevention Coalitions funded by the Strategic Prevention Framework/State Incentive Grantees (SPF/SIG).
- Demonstrating a commitment to develop a policy and a process towards implementing a smoke free campus at the contacted agency/coalition office.
- Participating in data collection opportunities provided by the TPCP such as: the Youth Risk Behavior and Youth Tobacco Surveys, and comprehensive Preventing Youth Access to Tobacco (PYATT).
- Linking activities to specific objectives in the Comprehensive Cancer Collaboration (CCC) Plan [see Attachment B, Resources.]
- Developing workplans utilizing the CDC *Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs (KIB)* and support objectives and strategies from the Comprehensive Cancer Collaboration (CCC), *Cancer in New Hampshire: A Call to Action-2010* [see Attachment B, Resources.]
  - Utilizing the workplan provided by TPCP, develop select elements from the KIB that support the CCC Plan, Priority Objective #1, Strategies #'s - 2, 3, 7, 10, 11 and Priority Objective #2, Strategy #1 to support TPCP selected mass media campaign with earned media efforts. Link those strategies together in the workplan.
  - Workplans must follow logic model sequencing; see the KIB pages 19, 123, and 193.
  - Assist with other TPCP surveillance activities as needed.

**Target Population:**

When conducting public awareness campaigns, consider the ultimate audience. If the plan is to have an editorial board meeting, the target audience is, indeed the media, but if the plan is to have a press-worthy event, the target audience may be local teenagers, or parents of young children. Selecting a target audience allows coalition members to frame the right message.

**Lead Role:**

With a few key exceptions, coalition members and member organizations should take the lead on carrying out planned activities. In order to receive funding, applicants must show that partners have committed to tobacco prevention and control activities within their organizations. A committed leader for each activity increases the likelihood of its being successfully accomplished.

**Performance measures:**

The performance measures used for this workplan are “process measures” that indicate what coalition members have done. These activities are expected to affect knowledge, attitudes and behaviors but contractors are not generally expected to measure those “outcomes.” The DHHS measures them through surveys conducted at the State level.

For each activity selected, establish reasonable targets for the each year of the contract. In most cases, the target will be a quantity (20 adult coalition members), but in others it may be a date (smoke-free dining guide to be published in June 2006).

Some of the items listed under performance measures reflect attachments that would be expected in quarterly reports. These do not require targets. In addition, some activities might be a “(yes/no)” as their performance measure. The target, is “yes.” The more important part of those activities will be identifying persons to take the lead role in accomplishing them.

## Attachment A

### Resources

1. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Key Outcome Indicators For Evaluating Comprehensive Tobacco Control Programs (KIB)*, available on line at:  
[http://www.cdc.gov/tobacco/tobacco\\_control\\_programs/surveillance\\_evaluation/key\\_outcome/00\\_pdfs/Key\\_Indicators.pdf](http://www.cdc.gov/tobacco/tobacco_control_programs/surveillance_evaluation/key_outcome/00_pdfs/Key_Indicators.pdf)
2. NH Comprehensive Cancer Collaboration, *Cancer in New Hampshire: A Call to Action 2010*  
<http://www.healthynh.com/fhc/initiatives/access/downloads/Cancer%20Plan%20Book.pdf>
3. SB213 was vetoed and HB2 was passed which resulted in RSA 126-A:64 Comprehensive Cancer Plan Fund <http://www.gencourt.state.nh.us/rsa/html/x/126-a/126-a-64.htm>
4. RSA 126-A:65 Comprehensive Cancer Plan Oversight Board.  
<http://www.gencourt.state.nh.us/rsa/html/x/126-a/126-a-65.htm>
5. Institute of Medicine, *Ending the Tobacco Problem: A Blue Print for the Nation*  
<http://www.iom.edu/CMS/3793/20076/43179.aspx>
6. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Best Practices for Comprehensive Tobacco Control Programs*  
[http://www.cdc.gov/tobacco/tobacco\\_control\\_programs/stateandcommunity/best\\_practices/index.htm](http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/index.htm)
7. U.S. Department of Health and Human Services, *Reducing Tobacco Use, A Report of the Surgeon General* [http://www.cdc.gov/tobacco/data\\_statistics/sgr/sgr\\_2000/index.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2000/index.htm)
8. U.S. Department of Health and Human Services, *Children and Secondhand Smoke Exposure*, Excerpts from *The Health Consequences of Involuntary Exposure to Tobacco Smoke, A Report of the Surgeon General*. <http://www.surgeongeneral.gov/library/smokeexposure/>
9. U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute. *Greater Than the Sum: Systems Thinking in Tobacco Control*. Tobacco Control Monograph: <http://cancercontrol.cancer.gov/TCRB/monographs/18/index.html>
10. <http://exposurescience.org/>
11. <http://www.tobaccofreeair.com/>
12. <http://www.smokefreehome.org/>
13. <http://www.epa.gov/smokefree/publications.html>

## **Suggested Activities for Statewide Impact to Eliminate Exposure to Secondhand Smoke**

### **Purpose:**

1. Decrease adult role modeling of smoking cigarettes and/or using chewing tobacco
2. Decrease youth initiation
3. Eliminate exposure to secondhand smoke toxins
4. Decrease number of youth and adult tobacco users

### **Activities:**

1. Purchase TSI SidePak to conduct indoor air quality assessments once trained on equipment [coordinate purchase through TPCP in order to get reduced price on order].
  - a. Increase target audience awareness of risks of secondhand smoke toxin exposure
  - b. Increase information, knowledge, and voluntary policy uptake of smoke-free zones in places such as licensed childcare facilities, homes and cars, and other work place and housing environments, by utilizing approved equipment [TSI SidePak equipment] to measure indoor air quality: se target audience awareness of tobacco use risk;
  - c. Increase existence of a written policy that prohibits smoking in the workplace, housing/apartment complexes community, including HUD [there is no HUD policy that restricts property owners from adopting smoke-free policies in common areas or in individual units. HUD Legal Counsel letter states that apartment owners are free under federal law to make their buildings completely smoke-free, with as little as 30 days notice].
    - i. Smoke-free policies are permitted under federal law, including the federal Fair Housing Act.
    - ii. If an apartment owner who has HUD-assisted, housing units decides to make the smoke-free policy a condition of the lease, approval of the lease change may be necessary. It is, however, not necessary to seek HUD approval of changes to house rules.
    - iii. Describe how the policy is implemented and enforced.
2. Inform and educate employers including human resource staff about available tobacco cessation resources, local or the NH Smokers' Helpline. Including working through HR staff to promote available benefits to employees about insurance benefit plan.
  - a. Monitor and report behavior/systems change through coordinated and collaborative efforts by coalition members
  - b. Increase awareness of tobacco cessation and benefits of a smoke-free workplace

3. Inform and educate employers about the benefits of creating tobacco-free campuses including college campuses in your catchment area.
  - a. Monitor and report behavior and report/systems change through coordinated and collaborative efforts by coalition members
4. Support statewide media campaign with local synergistic media
  - a. Prepare local media spots that are directly linked [branded] to the state campaign.
  - b. Ensure that schools in your catchment area are aware of RSA 126K and ask what you can do to help them actively enforce the “no tolerance” intention of the RSA.
  - c. Spotlight and support those with full active implementation of 24/7 tobacco free environments.

**LETTER OF INTENT TO APPLY FOR  
NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES FUNDING  
FISCAL YEAR 2008, 2009 & 2010**

*Deadline*

**Required Letters of Intent must be received at DPHS no later than  
4:30 PM, EST on January 11, 2008**

Letters of Intent can be faxed to the # below or e-mailed to: [Judith.P.Rancourt@dhhs.state.nh.us](mailto:Judith.P.Rancourt@dhhs.state.nh.us)

**To:** Judith P. Rancourt  
Division of Public Health Services  
29 Hazen Drive  
Concord, NH 03301-6504

**Telephone #:** (603) 271-6891      **Fax#:** (603) 271-5318

**Re:** Letter of Intent for SFY 2008, 2009 and 2010 funding

*APPLICANT INFORMATION*

|  |  |
|--|--|
| <b>Legal Name of Applicant:</b><br>(please include "d.b.a." if applicable) |  |
| <b>Executive Director:</b>   |  |
| <b>Street Address:</b>   |  |
| <b>City, State and Zip Code:</b>   |  |
| <b>Telephone:</b>  |  |
| <b>Fax:</b>  |  |
| <b>E-mail address:</b><br>(to send electronic documents to)                |  |
| <b>Contact Person and Title:</b>   |  |

**I understand that this proposal is due by 4:30pm on February 28, 2008 and will not be accepted after that time. \_\_\_\_\_ (to be signed by contact person listed above).**

Please indicate below the name of the RFP for which you are submitting a proposal and write in the geographical service area.

Please indicate if you would like hardcopies of RFP's mailed to you.    Yes       No

We intend to submit a proposal(s) for funding in the following program(s):

| Name of RFP  | Geographical Service Area |
|--|---------------------------|
| Community Tobacco Prevention, Control, and Cessation Initiatives |                           |



**New Hampshire Department of Health and Human Services  
Division of Public Health Services**

**Proposal Face Sheet  
Instructions**

- 1. Legal name of applicant/organization:** Enter the legal name of the organization. This must match the name on the Certificate of Good Standing.
- 2. Name of program area for which funds are requested:** This is the specific program area (identified in the RFP) for which you are requesting funds, such as the survivorship, breast and cervical cancer prevention, etc. One face sheet and complete set of forms should be completed for each program area.
- 3. Amount of funds requested through this proposal:** Unless otherwise specified, this should be the amount in the RFP for this program.
- 4. Budget Period:** Enter the beginning and ending date for the budget period. For example, the budget period for SFY 04 is from July 1, 2003-June 30, 2004. Submit one Budget Form for each program and each year for which you are requesting funds.
- 5. Name and title of contact person for proposal:** Enter the name of the contact person and their title within the agency organization (i.e. Executive Director, Prenatal Program Coordinator). This should be the person who can answer questions relative to the proposal.
- 6. Mailing address:** Enter the address to which correspondence relative to the proposal should be sent.
- 7. Phone number:** Enter the phone number for the contact person.
- 8. Fax number:** Enter the fax number to which correspondence relative to the proposal should be sent.
- 9. E-mail address:** Enter the e-mail address for the contact person.
- 10. Geographic area served by this program:**
  - a. Identify the area from the legal notice or web posting for which you are applying.
  - b. List all towns for which the applicant provides service for this program.
- 11. Projected/contracted numbers of clients to be served by population:** If the specific program requires it, list the target population in the left column and the number of clients in that population that you project serving or are contracted to serve in the right column. For example – for family planning, list teens and the number of teens you project to serve.





**New Hampshire Department of Health and Human Services  
Division of Public Health Services**

**Program Staff List  
Instructions**

This form should include all staff in the program funded in part or whole through this proposal. It should provide an accurate projection of all staff salaries to be paid through the grant for the budget period. Complete one Program Staff List for each Program Year. List each staff member's:

- A. Position Title
- B. Name
- C. Hourly rate as of the first day of the budget period
- D. Number of hours per week in the program (total)
- E. Amount of the total salary funded by this program for the budget period
- F. Amount of the total salary funded from other sources for the budget period
- G. Total salaries all sources (E & F)

If the program has current positions or projected new positions that will be paid out of the grant, list them as vacant in the name column and complete the remaining columns as instructed above. If the program has more than one site:

- H. List the site at which each staff member works. Do not include volunteers or consultants

The total salaries should match the total salary/wages line item on the budget. Benefits are not included here. Consultants should be listed separately on that line item of the budget and described in the budget narrative.

**Please note, any forms downloaded from the DHHS website will NOT calculate. Contact individual Bureaus or Sections for calculating forms.**

**New Hampshire Department of Health and Human Services  
Division of Public Health Services**

**Budget Form**

| <b>COMPLETE ONE BUDGET FORM FOR EACH PROGRAM YEAR</b>        |                         |             |       |
|--|-------------------------|-------------|-------|
| <b>Applicant/Organization Name:</b> _____                    |                         |             |       |
| <b>Budget Request for:</b> _____<br><i>(Name of Section)</i> |                         |             |       |
| <b>Budget Period:</b> 5/07/08 – 6/30/08                      |                         |             |       |
| Line Item  | Program Funds Requested | Other Funds | Total |
| 1. Total Salary/Wages  | \$                      | \$          | \$    |
| 2. Employee Benefits   | \$                      | \$          | \$    |
| 3. Consultants   | \$                      | \$          | \$    |
| 4. Equipment:  | \$                      | \$          | \$    |
| Rental   | \$                      | \$          | \$    |
| Repair and Maintenance                                       | \$                      | \$          | \$    |
| Purchase/Depreciation  | \$                      | \$          | \$    |
| 5. Supplies:   | \$                      | \$          | \$    |
| Educational  | \$                      | \$          | \$    |
| Lab  | \$                      | \$          | \$    |
| Pharmacy   | \$                      | \$          | \$    |
| Medical  | \$                      | \$          | \$    |
| Office   | \$                      | \$          | \$    |
| 6. Travel  | \$                      | \$          | \$    |
| 7. Occupancy   | \$                      | \$          | \$    |
| 8. Current Expenses  | \$                      | \$          | \$    |
| Telephone  | \$                      | \$          | \$    |
| Postage  | \$                      | \$          | \$    |
| Subscriptions  | \$                      | \$          | \$    |
| Audit and Legal  | \$                      | \$          | \$    |
| Insurance  | \$                      | \$          | \$    |
| Board Expenses   | \$                      | \$          | \$    |
| 9. Software  | \$                      | \$          | \$    |
| 10. Marketing/Communications                                 | \$                      | \$          | \$    |
| 11. Staff Education and Training                             | \$                      | \$          | \$    |
| 12. Subcontracts/Agreements                                  | \$                      | \$          | \$    |
| 13. Indirect   | \$                      | \$          | \$    |
| 14. Other ( <b>specific details mandatory</b> ):             | \$                      | \$          | \$    |
|  | \$                      | \$          | \$    |
|  | \$                      | \$          | \$    |
|  | \$                      | \$          | \$    |
|  | \$                      | \$          | \$    |
|  | \$                      | \$          | \$    |
|  | \$                      | \$          | \$    |
| <b>TOTAL</b>   |                         |             |       |

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Contact individual Bureaus or Sections for calculating forms.**

**New Hampshire Department of Health and Human Services**



# Budget Form

| COMPLETE ONE BUDGET FORM FOR EACH PROGRAM YEAR                             |                         |             |       |
|--|-------------------------|-------------|-------|
| Applicant/Organization Name: _____   |                         |             |       |
| Budget Request for: _____<br><i>(Name of Section)</i>                      |                         |             |       |
| Budget Period: 7/1/09 - 6/30/10  |                         |             |       |
| Line Item  | Program Funds Requested | Other Funds | Total |
| 1. Total Salary/Wages  | \$                      | \$          | \$    |
| 2. Employee Benefits   | \$                      | \$          | \$    |
| 3. Consultants   | \$                      | \$          | \$    |
| 4. Equipment:  | \$                      | \$          | \$    |
| Rental   | \$                      | \$          | \$    |
| Repair and Maintenance   | \$                      | \$          | \$    |
| Purchase/Depreciation  | \$                      | \$          | \$    |
| 5. Supplies:   | \$                      | \$          | \$    |
| Educational  | \$                      | \$          | \$    |
| Lab  | \$                      | \$          | \$    |
| Pharmacy   | \$                      | \$          | \$    |
| Medical  | \$                      | \$          | \$    |
| Office   | \$                      | \$          | \$    |
| 6. Travel  | \$                      | \$          | \$    |
| 7. Occupancy   | \$                      | \$          | \$    |
| 8. Current Expenses  | \$                      | \$          | \$    |
| Telephone  | \$                      | \$          | \$    |
| Postage  | \$                      | \$          | \$    |
| Subscriptions  | \$                      | \$          | \$    |
| Audit and Legal  | \$                      | \$          | \$    |
| Insurance  | \$                      | \$          | \$    |
| Board Expenses   | \$                      | \$          | \$    |
| 9. Software  | \$                      | \$          | \$    |
| 10. Marketing/Communications   | \$                      | \$          | \$    |
| 11. Staff Education and Training   | \$                      | \$          | \$    |
| 12. Subcontracts/Agreements  | \$                      | \$          | \$    |
| 13. Indirect   | \$                      | \$          | \$    |
| 14. Other ( <span style="color: red;">specific details mandatory</span> ): | \$                      | \$          | \$    |
|  | \$                      | \$          | \$    |
|  | \$                      | \$          | \$    |
|  | \$                      | \$          | \$    |
|  | \$                      | \$          | \$    |
| <b>TOTAL</b>   |                         |             |       |

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New Hampshire Department of Health and Human Services  
Division of Public Health Services

# Budget Form Instructions

*All forms will be sent electronically to those submitting a letter of intent. Please use electronic Budget forms, as all calculations will be done for you. Submit Budget forms as hardcopies with the proposal documents.*

**Please note, any forms downloaded from the DHHS website will NOT calculate. Contact individual Bureaus or Sections for calculating forms.**

Submit one budget form for each program and each year for which you are requesting funds, in the column: “Program Funds Requested” list funds for each line item for which you are requesting funds through this proposal. In the column “Other Funds” list funds from other sources by line item. It is not necessary to enter anything in the total column or row, as all totals will be calculated for you. In addition, a budget narrative must be submitted with each budget form.

Use the information below in writing the budget. Additional Guidelines for Budget Preparation are available by requesting them from the RFP contact person for those needing more guidance.

1. **Salary/Wages**—Budget form: from the Program Staff List, include the totals from column E under Program Funds Requested and the total from F under Other Funds.
2. **Employee Benefits**—Identify the percentage of salary estimated for all fringes.
3. **Consultants**—Budget form: include the total amount for all consultants.
4. **Equipment**—Identify under the appropriate item (rental, repair and maintenance, or purchase/depreciation) what the total projected expenses will be. NOTE: Purchase of equipment in excess of \$300 must be approved in writing prior to purchase.
5. **Supplies**—Identify projected expenses separately for educational, medical, laboratory, pharmacy, and office.
6. **Travel**—Identify total projected expenses for in state, out-of-state, and conferences. In the narrative state per mile and allowable expenses (based on applicant’s travel policies).
7. **Occupancy**—Identify total cost of occupancy narrative.
8. **Current Expenses**—Identify projected expenses separately for telephone, postage, subscriptions, audit and legal, insurance, and board expenses. Note: Contract funds can only be used for audit expenses if the audit is completed in compliance with A-133 federal guidelines.
9. **Software**—Identify projected expenses of software purchase.
10. **Marketing/Communications**—Identify projected expenses to increase awareness and visibility as well as promote the program, including brochures, newsletters, and press kits.
11. **Staff Training and Education**—Budget-identify funds used for staff training and education.
12. **Subcontracts/Agreements**—Identify funds used to enter into sub-contracts or agreements with other contractors/vendors to carry out the services of Exhibit “A”.
13. **Indirect Costs**—Indirect costs should be calculated at not more than ten (10) percent of the total direct costs within a budget. Exceptions require a clear justification to be considered. The percentage is not calculated on the total budget.
14. **Other**—**Specific details mandatory** for any other program expenses not previously noted above.



# Sources of Revenue Form

## Instructions

A Sources of Revenue (SOR) form must be submitted with each budget form. Some programs receive state funds from multiple sources. List these sources under the heading “State Funds” where requested in Column A.

*If you receive funds other than those listed, specify those under “Other”. For example, some HIV programs receive funds from the Department of Education. Another example is Health Care Transition funds. List these only if they fund this program. Do not list if they are discrete initiatives within the organization. Also, list sources of In-Kind revenues in the lower portion of Column A.*

Columns B & C request revenues from various funds from the current budget year for this program, if any. This will be a combination of actual and projected revenue. In Column B list the actual dollar amount from various revenues for the program.

Percentages will be calculated for you in Column C. In Column D, list the projected revenues by line items for the projected budget period. Percentages will be calculated for you in Column E.

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