



MEMORANDUM

Date: February 2, 2021

To: Subrecipient agencies

From: Jolene Defiore-Hyrmer *JDH*
Chief, Bureau of Health Improvement and Wellness
Ohio Department of Health

Subject: Subrecipient Tobacco Use Prevention and Cessation Program, TU22, 7/1/21-6/30/22

The Ohio Department of Health (ODH), Bureau of Health Improvement and Wellness announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., March 15, 2021. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

Any award made through this program is contingent upon the availability of funds for this purpose. The subrecipient agency must be prepared to support the costs of operating the program until receipt of grant payments.

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive Solicitation for this grant program can be found on the ODH website (<https://odh.ohio.gov/wps/portal/gov/odh/aboutus/funding-opportunities/resources/tu-20-tobacco-use-prevention-and-cessation>). Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage. Please contact Mandy Burkett at 614-644-7553 or at Mandy.Burkett@odh.ohio.gov, if you have questions.

Table of Contents

I. <u>CONTINUATION FUNDING APPLICATION GUIDANCE</u>	
A. Policy and Procedure	2
B. Number of Grants and Funds Available	2
C. Formatting Requirement for Attachments	2
D. Qualified Applicants	3
II. <u>PROGRAM UPDATES</u>	
A. Program Progress Report	3
B. Program Narrative	3
C. Objectives and Work Plans	4
D. Documentation & Progress on Health Disparity/Inequity Activities.....	4
E. Program Budget.....	4
F. Other Application Requirements	5
G. Human Trafficking	7
H. Post Submission Requirements.....	7
III. <u>APPENDICES</u>	
A. Continuation Solicitation Reimbursement Type Form	
B1. Deliverable Descriptions	
B2. Deliverable Allocations	
C. Scope of Work	
D. Deliverable Table	
E. Partner Table	
F. Work Plan Template	
G. Application Review Form	
H. Factors Associated with Youth Tobacco Use	

CONTINUATION FUNDING APPLICATION GUIDANCE

100% Deliverable Funding

A. Policy and Procedures: The Continuation Funding Application consists of three parts: Program Updates (if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: [7/1/21-6/30/22] of the total project period, [7/1/19-6/30/22]. Reference the competitive Solicitation for more information.

All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the budget justification examples listed on the GMIS bulletin board.

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Sub-recipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. Number of Grants and Funds Available: [Tobacco Use Prevention and Cessation Program (TUPCP) anticipates awarding up to 30 awards for up to a total of \$3,843,000. Funds for prevention initiatives are supported by state and federal sources, while cessation work is supported by state funds only. There is a maximum funding allowance for each grantee of \$132,000 for jurisdictions greater than 60,000 people and \$117,000 for jurisdictions under 60,000 people. Applicants must apply for all deliverables.]

No grant award will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.

C. Formatting Requirements for Attachments

- Properly label each item of the application packet (ex. budget narrative, program narrative).

- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

D. Qualified Applicants

The following criteria must be met for grant applications to be eligible for review:

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant is not certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, March 15, 2021.**

II. PROGRAM UPDATES:

A. Program Progress Report: 1) Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application. – **No progress report is required for this RFP other than the quarterly reports and expense documentation submitted as prescribed in the TU21 grant.**

B. Program Narrative: Complete and submit a narrative statement (do not exceed 10 pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding.

- Describe any changes in staffing that have occurred since the SFY21 NOA was issued and describe the training, experience and portion of time dedicated to the grant of each staff member that will be working on the project for this year
- Describe any non-TUPCP funded tobacco work being completed by your organization.
- Provide local data to support the needs of your community in relation to tobacco control work. Explicitly describe segments of the target population who experience a disproportionate burden for tobacco use; or who are at an increased risk for tobacco use.
- Provide a table of existing partnerships you have developed for working on tobacco related issues, describe partnerships you plan to pursue this coming TU21 grant year. Provide for each partner their community readiness sector in your jurisdiction. (see ODH suggested template table in Appendix E).
- Describe your community's current level of readiness to address tobacco issues (according to last survey) for each focus area and provide a short description of how you will accomplish each of the required deliverables and how this approach is tailored to improve your community readiness score in this focus area. Do not simply restate the activities of the workplan, but provide information about how you will conduct these activities to reach the deliverables in the context of your community and how this work is expected to increase your community's readiness to address tobacco control.

- Confirm understanding of the program reporting requirements stated on page 7-8 of this RFP
- If you are interested in serving as a lead for a peer-to-peer grantee learning collaborative, please include an additional one page proposal that summarizes your experience in tobacco prevention and control, your experience in developing and facilitating groups/workgroups, examples of successful work you've completed of this nature, and at least three ideas you have about how to facilitate the proposed learning collaborative. The learning collaborative leader's organization will receive an additional \$2,000 in their NOA. |

C. Objectives and Work Plan: Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed. |Please see Appendix F for work plan template for TU22. **Completion of this work plan template (yellow fields only) is the only requirement of this section.** |

D. Documentation & Progress on Health Disparity/Inequity Activities: Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations must also fully complete the *Place Matters Documentation Worksheet*, at the link provided below, to document where (i.e., addresses, census tracts, census block groups or zip codes) health equity activities occurred during the previous funding period. **You must accurately and completely respond to this requirement of solicitation.** Response must include, but does not need to be limited to, response to those activities indicated by an asterisk on the scope of work table in the competitive solicitation and in the H15 deliverable focused on Health Equity.

Link to Place Matters Documentation Worksheet:

<https://odhredcap.odh.ohio.gov/surveys/?s=LP33LMDDNY>

E. Program Budget: Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria.

- 1. Budget Narrative:** Provide a budget justification narrative outlining how each deliverable will be met. Use the appropriate template provided in Appendix B2. (A budget justification example can be found on GMIS).

For your convenience, a budget justification narrative example is available at

<https://odhgateway.odh.ohio.gov/gmis/forms/bulletinform.aspx?SessionID=3D420921-D477-461B-902D-DA6234A4D2AE>)

|Match or Applicant Share is not required by this program. Do not include match or Applicant

Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources. |

2. |2022| Budget via GMIS: Complete requested budget information as follows:

- **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period |7/1/21| to |6/30/22|.

The applicant shall retain all original fully executed contracts on file.

- **Compliance:** Answer each question on this form. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.

3. Unallowable Costs: Funds **may not** be used for the following:

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees -- unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to subrecipients for purposes later discovered to be prohibited. Please refer to the OGAPP manual for additional information.

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments. All documents below should be attached in GMIS:

- |Work plan using template from Appendix F (individually provided by ODH)
- Partner table from Appendix E

- If you are a health department and have another health department as part of your jurisdiction or if you are not a local health department, you must have a letter of support from your health department or the other health department in your jurisdiction. |

a. **Other Required Documentation:**

- Subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information is maintained on the following website: <http://supplier.ohio.gov/>

Note: Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information.
- **Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant’s information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to www.dnb.com. For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

Information on Federal Spending Transparency can be located at www.usaspending.gov or the Office of Management and Budget's website for Federal Spending Transparency at <https://www.whitehouse.gov/>.

(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed in order to submit the application.)

- **For Non-Profit Organizations Only:**

1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. **Attach the current Certificate of Insurance Liability in GMIS.**
2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.

G. Human Trafficking:

The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

- a. Victims of human trafficking are included in your agency's target population;
 1. At-risk population
 2. Mental health population
 3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

☒ **X** Applicable ☐ Not Applicable to (TUPCP)

H. Post Submission Requirements: Continuation applicants are required to submit subrecipient program and expenditure reports.

Note: Failure to assure quality of reporting such as submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

- a. **Program Reports: Subrecipient Program Reports must be completed and submitted via GMIS** by the following dates. [1st Report for July 1 thru September, 2021 will be due October 15, 2021; 2nd report for the time period October 1, 2021 thru December 31, 2021 will be due January 15, 2022; 3rd Report for January 1, 2022 thru March 31, 2022 will be due April 15, 2021; 4th and final report for April 1, 2021 thru June 30, 2021 will be due July 15, 2022. Quarterly reports will consist of submission of data into the ODH REDCap survey on indicators associated with the reporting quarter. This information does not need to be submitted into GMIS, but program will quarterly supply link to a report to be

completed in REDCap. Grantees will also be required to submit a success story in a format provided by ODH and on a subject approved by ODH at the end of of quarter 4. The success story must discuss the success of interventions to address disparate populations and the lessons learned from these interventions. Associated deliverable documents must be submitted with each expenditure report on the 10th of the month, either monthly or quarterly as designated by the grantee] **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number. Grantees must be present and provide documentation of attendance at grantee kick-off meetings, individual technical assistance calls, monthly all hands calls, regularly schedule learning collaborative calls, and for at least four additional trainings (virtual or in person, as COVID allows).

☒ **X** Program Reports Required ☐ No Program Reports Required

<i>Period</i>	<i>Report Due Date</i>
<i>July, 1, 2021-September 30, 2021</i>	<i>October 15, 2021</i>
<i>October 1, 2021-December 31, 2021</i>	<i>January 15, 2022</i>
<i>January 1, 2022-March 31, 2022</i>	<i>April 15, 2022</i>
<i>April 1, 2022-June 30, 2022</i>	<i>July 15, 2022</i>

- b. Subrecipient Expenditure Reports:** Subrecipient Monthly Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 – 31, 2021</i>	<i>August 10, 2021</i>
<i>August 1 – 31, 2021</i>	<i>September 10, 2021</i>
<i>September 1 – 30, 2021</i>	<i>October 10, 2021</i>
<i>October 1 – 31, 2021</i>	<i>November 10, 2021</i>
<i>November 1 – 30, 2021</i>	<i>December 10, 2021</i>
<i>December 1 – 31, 2021</i>	<i>January 10, 2022</i>
<i>January 1 – 31, 2022</i>	<i>February 10, 2022</i>
<i>February 1 – 28, 2022</i>	<i>March 10, 2022</i>
<i>March 1 – 31, 2022</i>	<i>April 10, 2022</i>
<i>April 1 – 30, 2022</i>	<i>May 10, 2022</i>
<i>May 1 – 31, 2022</i>	<i>June 10, 2022</i>
<i>June 1 – 30, 2022</i>	<i>July 10, 2022</i>

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 – September 30, 2021</i>	<i>October 10, 2021</i>

<i>October 1 – December 31, 2021</i>	<i>January 10, 2022</i>
<i>January 1 – March 31, 2022</i>	<i>April 10, 2022</i>
<i>April 1 – June 30, 2022</i>	<i>July 10, 2022</i>

Note: Obligations not reported on the final monthly or 4th quarter expenditure report will not be considered for payment with the final expenditure report.

- c. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before (August 5, 2022). The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of ALL Subrecipient Program and Expenditure Reports via the ODH’s GMIS system indicates acceptance of OGAPP. Clicking the “Submit” or “Approve” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.

APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B1. Deliverable Descriptions
- B2. Deliverable Allocations
- C. Scope of Work
- D. Deliverable Table
- E. Partner Table
- F. Work Plan Template
- G. Evaluation Template
- H. Factors Associated with Youth Tobacco Use

**CONTINUATION SOLICITATION
REIMBURSEMENT TYPE FORM**

**Submission
Required**

See due date below

Ohio Department of Health
Office of Medical Director
Bureau of Health Improvement and Wellness

ODH Program Title:
[Tobacco Use Prevention and Cessation TU22]

Reimbursement Type (check one) Monthly ☐ **OR** Quarterly ☐

(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

Please print:

Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____

**E-mail
Address** _____

Agency Head (Print Name)

Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS.

Due to ODH by [February 16, 2021]

Please email completed form to Karen Tinsley (karen.tinsley@odh.ohio.gov).

Name of Subgrant Program: Tobacco Use Prevention and Cessation Program (TU)

Appendix B1

Budget Period: 7/1/21-6/30/22

of Deliverables: 7

Use Budget Justification Scenario#: 3

100% Deliverables

Deliverable – Objective 1: Increase Overall Community Readiness Score by at least 0.5 (from TU21 post assessment score to TU22 post assessment score).

- A. **Develop, submit and obtain approval of plan to increase overall community readiness score by 0.5.**
- B. **Implement Community Readiness Plan**
- C. **Conduct post CR assessment** according to ODH guidelines and submit to show an increase in overall CR score of at least 0.5 (must be completed for Q4 of last year to begin work of Q1 of TU22, must be completed by end of Q4 to receive payment for Q4 of TU22).

Deliverable – Objective 2: Decrease the number of people exposed to secondhand smoke in public spaces or multi-unit housing by 3% for populations above 200,000 and by 5% for populations under 200,000.

- A. **Conduct Community survey** - Conduct survey on smoke-free/tobacco-free schools, colleges, outdoor spaces, workplaces, T21, POS policies, etc. *(ODH will supply base questions, additional questions may be added by grantee - questions will differ depending on level of community readiness)*
- B. **Incorporate data from Community Survey into a minimum of five (5) presentations to community groups or decision-makers** - provide documentation that data has been used to educate or inform decision making (i.e., presentations, factsheets, notes from discussions, etc.)
- C. **Complete Policy Scan** – conduct or update community policy scan to identify current tobacco policies and begin to identify gaps or a community need for a new tobacco policy. Types of policies to be collected include all K-12 public schools, 10 largest behavioral health facilities, all colleges/universities, 10 workplaces, 10 multi-unit housing, and 10 other public places under jurisdiction of grantee.
- D. **Identify Policy Targets**– demonstrate work with stakeholder groups (including members of a disparate population and a champion from a disparate group) to determine policy targets. At least one target must address a disparate population.
- E. **Plan for implementation of Secondhand Smoke (SHS) policy(s)** aimed at reducing, by prescribed percentage, exposure to secondhand smoke.
- F. **Hearing on Adoption before Decision Making Group** related to policy to reduce exposure to secondhand smoke by prescribed percentage. Show evidence of meeting with/presentation to decision-making group, community-member support for policy and community engagement in adoption of the policy.
- G. **Pass SHS policy(s)** aimed at reducing, by prescribed percentage, population exposure to SHS.

Deliverable – Objective 3: Decrease accessibility and availability of tobacco to youth

- A. **Conduct Compliance Checks** - attend compliance check training, train youth confidential informants, and conduct representative sample (determined by ODH) and increase compliance rate by at least 5% from most recent local data available (establish baseline if not previous checks have been conducted) **NOTE: underage purchasers must be between 18-20 years old.** See deliverable table in Appendix D for available options for this deliverable
- B. **Conduct Store Audits** - attend store audit/retail environment training, train youth on how to conduct audits (sample prescribed by ODH), conduct representative sample of store audits, input data. See deliverable table in Appendix D for available options for this deliverable
- C. **Identify only one of the activities for “C”.** Choice should be based on the current stage of your POS policy work. For example, “identify a policy target” should only be chosen by grantees who passed a POS policy in the past year and need to identify and begin work on their next policy target.
 - a. **Identify Policy Targets** – Develop and obtain approval for plan of approach for year - demonstrated work with stakeholder groups, and a champion from a disparate group, to determine policy target(s)– work to raise awareness and gain support of community for policy change
 - b. **Identify and work with Decision-makers/decision-making groups and building community support** – develop, submit and obtain approval of plan of work for year Implement POS policy
 - c. **Develop, submit and obtain approval for work for year three activities** which must include passage of at least one POS policy in your jurisdiction.
- D. **Provide at least four educational sessions on e-cigarette/vaping** – audiences must include youth, parents, healthcare providers and community partners.
- E. **Complete at least one community-wide project focused on youth e-cigarette/vaping.** Project(s) must be pre-approved and should address a key risk factor(s) associated with youth e-cigarette and vaping in your community (i.e., access and availability, marketing or advertising, product pricing, etc.). Stakeholders representing at least 4 different community sectors should collaborate with the local health department in order to complete your proposed project. Grantee should be primary responsible party for completion of activity.

Deliverable – Objective 4: Conduct paid media activities to educate communities on point of sale, retail environment, smoke-free spaces, and youth initiation, and to direct community members to the Ohio Tobacco Quit Line, MLMQ, and cessation services.

- A. **Communication Plan** - Using the state campaign schedule and the materials provided, develop a plan to implement four local campaigns that are tailored to your jurisdiction’s level of community readiness. Obtain approval and plan to implement starting in month two of first quarter.
- B. **Paid Media Campaign #1** – Make appropriate modifications to ODH provided campaign and field the campaign during the second two months of the first quarter.
- C. **Paid Media Campaign #2** – Make appropriate modifications to ODH provided campaign and field the campaign during the three months of quarter two.

- D. **Paid Media Campaign #3** – Make appropriate modifications to ODH provided campaign and field the campaign during the three months of quarter three.
- E. **Paid Media Campaign #4** – Make appropriate modifications to ODH provided campaign and field the campaign during the three months of quarter four.

Deliverable – Objective 5: Increase utilization of the OTQL by 10% including increasing utilization of MLMQ by 2%.

- A. **Complete a cessation project** in your jurisdiction that is appropriate to your level of community readiness. Project must be pre-approved and must follow ODH provided guidelines.
- B. **Increase referral providers and utilization of cessation services by tobacco users in the funded county** (Note: baseline data will be QL utilization numbers for end of Q4 of TU20-21)
 - Offer “Ask, Advise, Refer” training and document the participation of at least one representative from each sector, resulting in at least 12 new referral partners from at least 5 sectors (must be new
 - Increase enrollments in the Ohio Tobacco Quit Line program by 10% above July, 2021 baseline.
 - Focus efforts to reach one disparate population (among those identified by ODH) and increase enrollments through the Ohio Tobacco Quit Line by 15% above July, 2021 baseline.
- C. **Promote use of My Life, My Quit** to achieve 2% increase in utilization of MLMQ in your jurisdiction.

Deliverable – Objective 6: Increase community readiness score related to addressing tobacco use disparities by 0.5-1 point over baseline (established Q4 TU20-21).

- A. **Establish and implement contract** with local community organization who works with identified population (identified in TU20-21)
- B. **Convene meetings of workgroup to develop and implement objectives of 5-year Strategic Plan.**
- C. **Develop a 5-year strategic plan** with detailed workplan and culturally appropriate PSE objectives which seek to improve health equity in relation to tobacco prevention, cessation and control in your community.

Appendix B2: Deliverable - Objective Allocations

Scenario #3

Deliverable Objective 1 (Community Readiness) \$

Objective A \$

Objective B \$

Objective C \$

Deliverable Objective 2 (SHS Policy) \$

Objective A \$

Objective B \$

Objective C \$

Objective D \$

Objective E \$

Objective F \$

Objective G \$

Deliverable Objective 3 (Youth) \$

Objective A \$

Objective B \$

Objective C \$

Objective D \$

Objective E \$

Deliverable Objective 4 (Media) \$

Objective A \$

Objective B \$

Objective C \$

Objective D \$

Objective E \$

Deliverable Objective 5 (Cessation) \$

Objective A \$

Objective B \$

Objective C \$

Deliverable Objective 6 (HE) \$

Objective A \$

Objective B \$

Objective C \$

Appendix B2 – Budget Narrative – Consortium Application

Deliverable Objective 1 (Community Readiness) \$

County One \$

County Two \$

County Three \$

Deliverable Objective 2 (SHS Policy) \$

County One \$

County Two \$

County Three \$

Deliverable Objective 3 (Youth) \$

County One \$

County Two \$

County Three \$

Deliverable Objective 4 (Media) \$

County One \$

County Two \$

County Three \$

Deliverable Objective 5 (Cessation) \$

County One \$

County Two \$

County Three \$

Deliverable Objective 6 (HE) \$

County One \$

County Two \$

County Three \$

Appendix C

Scope of Work

The goals of this grant are to create social norm change through community action to decrease initiation and use of tobacco in local communities (including the initiation of the use of e-cigarettes/vaping products), to increase quitting of tobacco, and to decrease the community's exposure to secondhand smoke. It is the expectation that at the end of three years there will be evidence of sustainable change.

Grant deliverables and activities are guided by a focus on increasing community readiness for tobacco control. Funding will be awarded, and work will be approached using the Community Readiness Model as developed by the Tri-Ethnic Center for Prevention Research at Colorado State University. Community readiness is the degree to which a community is willing and prepared to take action on an issue. Often, community members are expected to respond immediately to new projects and community change without adequate time to adjust to new ideas or without the knowledge to fully understand them. Beliefs or values related to culture or regional differences can also hamper actions to change. This model and its methods are about how to understand and measure exactly how ready a community is to address a particular issue, and how to use that knowledge to stimulate community change.

It is our belief that given the resources ODH has placed into local grants, to date, various communities will be at varying levels of community readiness. Therefore, applicants are required to conduct a community readiness survey, community readiness interviews and a plan for action and workplan based on the results of the surveys and interviews during the competitive cycle and at the end of each year of the continuation grant.

In the tables below, please find the associated deliverables and objectives. Note that you will need to submit quarterly reports with identified measures of progress toward deliverables and objectives as well as a final success story.

The focus of this grant is on increasing the readiness of your community to initiate and engage in tobacco prevention, control and cessation strategies

Overarching Tobacco Control Goals

- Social norm changes within the community which result in:
 - Reduced cigarette use rates by youth and adults
 - Reduced tobacco use rates by youth and adults

Appendix D

	TUPCP 20-21 Local Grant Deliverables & Activities	Low	Medium	High	Reporting Measure(s) (RM)	Data Source for Reporting Measure(s)	Frequency of Reporting
1 (CR)	Increase Overall Community Readiness Score by at least 0.5 (from TU21 post assessment score to TU22 post assessment score)						
A	Develop, submit and obtain approval of plan to increase overall community readiness score by 0.5	X	X	X	1. Approved Plan	1. Deliverable documentation	1. Q1 (first month)
B	Implement CR plan	X	X	X	2. Number and Type of CR Activities Completed per focus area	2. Quarterly report – spreadsheet documentation	2. Q1,Q2,Q3,Q4
C	Conduct post CR assessment according to ODH guidelines and submit to show an increase in overall CR score of at least 0.5 (required to receive last quarter funding as well as first quarter, if not completed in Q4 of last year)	X	X	X	3. CR Assessment Scores	3. Brief Community Assessment	3. Q4 – must complete in Q1 and Q4, if not completed last year
2 (P)	Decrease the number of people exposed to secondhand smoke in public spaces or multi-unit housing by 3/5% (determined by size of population).						

A	Conduct Community survey - conduct survey on smoke-free/tobacco-free schools, colleges, outdoor spaces, workplaces, T21, POS policies, etc. (<i>ODH will supply base questions, additional questions may be added by grantee - questions will differ depending on level of community readiness</i>)	X	X	X	4. Report on results from survey (indicators determined by ODH)	4. Community survey results	4. Q1, Q2
B	Incorporate data from Community Survey into a minimum of five(5) presentations to decision makers or community members – provide documentation that data has been used to educate or inform decision making (i.e., presentations, factsheets, notes from discussions, etc.)	X	X	X	5. Number of times and method by which survey results communicated	5. Quarterly Report – deliverable documentation	5. Q1,Q2,Q3,Q4
C	Complete/Update Policy Scan – conduct or update community policy scan to identify current tobacco policies and begin to identify gaps or a community need for a new tobacco policy. Types of policies to be collected include all K-12 public schools, all colleges/universities, 10 workplaces, 10 multi-unit housing, and 10 other public places under jurisdiction of grantee.	X	X	X	6. Number and type (i.e. school, college, housing, workplace, etc.) of policies 7. Number of people protected by each policy	6. Policy scan results 7. Policy scan results	6. Q1 7. Q1
*D	Identify Policy Targets – demonstrate work with stakeholder groups (including members of a disparate population and a champion from a disparate group) to	Targets that will reach 3% of population from policy scan for population over 200,000 and 5% for population under 200,000			8. Number and type of policy targets	8. Quarterly Report Deliverable documentation	8. Q1,Q2 9. Q1,Q2

	determine policy targets. At least one target must address a disparate population.		9. Disparate population involved	9. Quarterly Report	
E	Plan for Implementation of SHS policy – complete an implementation plan that includes the proposed policy (agreed upon by major partners) and the information asked for in the deliverable document.	All levels of CR	10. Approved plan	10. Quarterly Report	10. Q1,Q2
F	Hearing on Adoption before Decision Making Group related to policy to reduce exposure to secondhand smoke by prescribed percentage. Show evidence of meeting with/presentation to decision-making group, community-member support for policy and community engagement in adoption of the policy.	3% of population from policy scan for population over 200,000 and 5% for population under 200,000	11. Number of community supporters present/ consulted 12. Number of champions/ decision-makers present	11. Meeting notes/ attendance documents/ emails 12. Grantee reports	11. Q3, Q4 12. Q3, Q4
G	Pass SHS policy(s) aimed at reducing, by prescribed percentage, exposure to secondhand smoke.	3% of population from policy scan for population over 200,000 and 5% for population under 200,000	13. Number and type of policies passed or strengthened from baseline 14. Number of people protected by each policy from baseline	13. Quarterly Report – deliverable documentation 14. Number of people protected by policies passed (Baseline = RM R)	13. Q3,Q4 14. Q3,Q4

3 (Y)	Decrease accessibility and availability of tobacco to youth						
A	Conduct Compliance Checks - attend compliance check training, train youth confidential informants, and conduct representative sample (determined by ODH) and increase compliance rate by at least 5% from most recent local data available (establish baseline if not previous checks have been conducted) NOTE: underage purchasers must be between 18-20 years old	X	X (Increase CR by 5%)	X (Increase CR by 5%)	15. Increased compliance rate (from baseline) among retailers in jurisdiction	15. Compliance check data entered by grantee into REDCap reporting system	15. Quarter completed
B	Conduct Store Audits - attend store audit/retail environment training, train youth on how to conduct audits (sample prescribed by ODH), conduct representative sample of store audits, input data.	X	X	X	16. POS Indicators	16. Store Audit data entered by grantee into REDCap reporting system	16. Quarter Completed
NOTE: If compliance checks or store audits cannot be completed, grantee may propose alternate activity appropriate for community to use some or all of funding assigned to these activities or grantee may choose to cut these activities and forgo funding.							
NOTE: Choose only one of the activities for "C". Choice should be based on the current stage of your POS policy work. For example, "identify a policy target" should only be chosen by grantees who passed a POS policy in the past year and need to identify and begin work on their next policy target.							
*C	Identify Policy Targets – Develop and obtain approval for plan of approach for year - demonstrated work with stakeholder groups, and a champion from a disparate group, to determine policy target(s)– work to raise awareness and gain support of community for policy				17. Number and type of policy targets	17. Quarterly Report – deliverable form	17. Q1,Q2,Q3, Q4
					18. Disparate population	18. Deliverable form	18. Q1

D	change	Identify only one activity to pursue for Y3D based on note above					
	Identify and work with Decision-makers/decision-making groups and building community support – develop, submit and obtain approval of plan of work for year				19. Number of mtgs with community supporters and number present	19. Quarterly Report - Deliverable form	19. Q1,Q2,Q3,Q4
					20. Number of champions/ decision-makers present	20. Quarterly Report - Deliverable form	20. Q1,Q2,Q3, Q4
	Develop, submit and obtain approval for work for year three activities which must include passage of at least one POS policy in your jurisdiction.				21. Change in number and type of policies that limit availability and accessibility of tobacco to youth	21. Policy records (signed or enacted policy, vote, date, etc.)	21. Q1,Q2,Q3, Q4
D	Provide at least four educational sessions on e-cigarette/vaping – audiences must include youth, parents, healthcare providers and community partners	X	X	X	22. Number of and audience(s) for presentation(s)	22. Q reports and deliverable documents	22. Q1,Q2,Q3, Q4

E	Complete at least one community-wide project focused on youth e-cigarette/ vaping. Project(s) must be pre-approved and should address a key risk factor(s) associated with youth e-cigarette and vaping in your community (i.e., access and availability, marketing or advertising, product pricing, etc). Stakeholders representing at least 4 different community sectors should collaborate with the local health department in order to complete your proposed project. Grantee should be primary responsible party for completion of activity.	X	X	X	23. Approved project proposal 24. Activities of timeline completed 25. Measurable project outcomes achieved	23. Q report – deliverable documents 24. Q report – deliverable documents 25. Q report – deliverable documents	23. Q1 24. Q2,Q3,Q4 25. Q in which project is completed
4 (M)	Conduct paid media activities to educate communities on point of sale, retail environment, smoke-free spaces, and youth initiation, and to direct community members to the Ohio Tobacco Quit Line, MLMQ, and cessation services.						
A	Communication Plan – Using the state campaign schedule and the materials provided, develop a plan to implement four local campaigns that are tailored to your jurisdiction’s level of community readiness. Obtain approval and plan to implement starting in month two of first quarter.	X	X	X	26. Comm plan template completed	26. Deliverable documentation	26. Q1
*B	Paid Media Campaign #1 – Make appropriate modifications to ODH provided campaign and field the campaign during the second two months of the first quarter.	X	X	X	27. Impressions/ Reach of campaign	27. Analytics collected for media source or from relevant marketing placement agency for other medium	27. Q1,Q2,Q3,Q4

*C	Paid Media Campaign #2 – Make appropriate modifications to ODH provided campaign and field the campaign during the three months of quarter two.	X	X	X	28. Engagemen t Rate/# of engagemen ts with campaign	28. Engagement Reports from grantee	28.Q1,Q2,Q3,Q4	
*D	Paid Media Campaign #3 – Make appropriate modifications to ODH provided campaign and field the campaign during the three months of quarter three.	X	X	X		29. Qualitativ e results of paid media	29. Evaluation reports from grantee conducted evaluations	29.Q1,Q2,Q3,Q4
E	Paid Media Campaign #4 – Make appropriate modifications to ODH provided campaign and field the campaign during the three months of quarter four.	X	X	X			30. Receipts, screenshots, etc.	30.Q1,Q2,Q3,Q4
					30. Verificatio n of campaign implemen tation			
5 (C)	Increase utilization of the OTQL by 10% including increasing utilization of MLMQ by 2%.							
A	Complete a cessation project in your jurisdiction that is appropriate to your level of community readiness. Project must be pre-approved and must follow ODH provided guidelines.	X	X	X	31. Approved project proposal 32. Activities of timeline completed	31. Q Report – deliverable document 32. Q Report – deliverable document	31. Q1 32. Q1,Q2,Q3,Q4 33. Q in which project is completed	

					33. Measurable outcomes achieved	33. Q Report – deliverable document	
*B	Increase referral providers and utilization of cessation services by tobacco users in the funded county Offer “Ask, Advise, Refer” training and document the participation of at least one representative from at least 5 sectors (must be new partners)	12	12	12	34. #sectors trained, # new referral partners, # referrals from partners to QL	34. Q Report – deliverable document, Quit Line referral report	34. Q1,Q2,Q3,Q4
	Increase enrollments in the Ohio Tobacco Quit Line program by 10% above July 2021 baseline.	10%	10%	10%	35. # Quit Line enrollments from county	35. Quit Line reports	35. Q1,Q2,Q3,Q4
	Focus efforts to reach one disparate population and increase enrollments through the Ohio Tobacco Quit Line by 15% above July 2020 baseline.	15%	15%	15%	36. #Quit Line enrollments	36. Quit Line reports	36. Q1,Q2,Q3,Q4
C	Promote use of My Life, My Quit – to achieve 2% increase in utilization of MLMQ in your county	2%	2%	2%	37. #MLMQ Enrollments	37. MLMQ reports	37. Q1,Q2,Q3,Q4

6 (HE)	Increase community readiness score related to addressing tobacco use disparities by 0.5 to 1 point over baseline						
A	Establish and implement contract with local community organization who works with identified population	X	X	X	38. Contract/ MOU established and provided	38. Deliverable documents	38. Q1
B	Convene meetings of workgroup to develop and implement objectives	X	X	X	39. Number of and participants in meetings of workgroup	39. Deliverable documents	39. Q1,Q2,Q3,Q4
C	Develop a 5-year strategic plan with detailed workplan and culturally appropriate PSE objectives which seek to improve health equity in relation to tobacco prevention, cessation and control in your community	X	X	X	40. Baseline and Target for Indicators of 3 priority objectives	40. Strategic Plan	40. Q3,Q4

Appendix E

[illegible]

Appendix F

Tobacco Use Prevention and Cessation Grant-2020-2021 Workplan

Agency:
Jurisdiction:
Target Community:

<i>Instructions: Complete the "person responsible" column and the "start" and "end" dates. The total budget for each objective will go in GMIS.</i>					
	Objective	Person Responsible	Dates		Amount
			Start	End	
Total Budget A (input in budget justification and GMIS)					\$ -
A	Objective				\$ -
	Paid activity #1				
	Paid activity #2				
	Paid activity #3				
	Paid activity #4				
Total Budget B (input in budget justification and GMIS)					
B	Objective				\$ -
	Paid activity #1				
	Paid activity #2				
	Paid activity #3				
	Paid activity #4				
Total Budget C (input in budget justification and GMIS)					

C	Objective				\$ -
	Paid activity #1				
	Paid activity #2				
	Paid activity #3				
	Paid activity #4				
Total Budget D (input in budget justification and GMIS)					
D	Objective				\$ -
	Paid activity #1				
	Paid activity #2				
	Paid activity #3				
	Paid activity #4				
Total Budget E (input in budget justification and GMIS)					
E	Objective				\$ -
	Paid activity #1				
	Paid activity #2				
	Paid activity #3				
	Paid activity #4				
Total Deliverable Objective Budget					

NOTE: TUPCP will provide individualized work plans upon submission of Form B2

Appendix G – Application Review Form

Reviewer: _____

Date: _____

TU21 Grant Evaluation Form

Applicant Agency: _____ Total Requested Budget: _____

Target Community or Communities: _____

Community Readiness Score: **Prevention** L M H **Youth** L M H **Cessation** L M H **Vaping** L M H **HE** L M H Other funding sources

Scoring Instructions					
Does not Meet	Weak	Weak to Meets	Meets	Meets to Strong	Strong
0	1	2	3	4	5

Does Not Meet (0): Response does not comply substantially with requirements or is not provided

Weak (1): Response was poor related to meeting the objectives

Weak to Meets (2): Response indicates the objectives will not be completely met or at a level that will be below average

Meets (3): Response generally meets the objectives (or expectations)

Meets to Strong (4): Response indicates the objectives will be exceeded

Strong (5): Response significantly exceeds objectives or expectations

Section	Maximum Points	Score
Prior Performance	12	
Program Narrative	50	
Work Plan	5	
Health Disparities	15	
Budget Justification	10	
Human Trafficking	3	
TOTAL	95	

- ☐ Recommend Comments:
- ☐ Not recommended

Special Conditions:

Prior Performance	Score	Weight	Total	Comments:
Submitted required information in a timely manner		.6		
Is on task to complete all deliverables		.6		
Attends required meetings		.6		
Participates and uses information provided in documents and by PHC		.6		
Program Narrative	Score	Weight	Total	Comments
Described changes in staffing including training, experience and portion of time dedicated to the grant by each staff member		.77		
Described non-TUPCP funded tobacco work being completed by organization		.77		
Provided local data to support the needs of the community in relation to tobacco control		.77		

work, including segments of populations that bare disparate burden of tobacco use				
Described existing partnerships and partnerships planned to pursue this coming TU21 grant year (included table like Appendix E)		.77		
Described last measure of community readiness and work this year will be informed by this information.		.77		
Described how CR work will be accomplished and that CR assessment will be completed		.77		
Description of how SHS protection work will be accomplished		.77		
Described how youth work will be accomplished		.77		
Described how media work will be accomplished		.77		
Described how vaping work will be accomplished		.77		
Described how cessation work will be accomplished		.77		
Described how Health Equity work will be accomplished		.77		
Confirmed understanding of reporting requirements listed on page 7 of RFP		.77		
Health Disparity/Inequity	Score	Weight	Total	Comments

Activities				
Information provided on link provided about HE work accomplished in TU21		3		
Work Plan	Score	Weight	Total	Comments
Filled in responsible party for each activity – no changes to funding amounts made		1		
Human Trafficking	Score	Weight	Total	Comments
Victims of human trafficking are included in agency's population		.3		
Agency promotes expansion of services to ID and serve those affected by human trafficking		.3		
Budget	Score	Weight	Total	Comments
Does not exceed the maximum allowable award		.66		
All costs are contained within Deliverables in the Other Direct Costs category – GMIS matches budget narrative provided		.66		
Budget narrative identifies the unit cost for each deliverable and the cost assigned to each objective		.66		

Appendix H - Factors Associated with Youth Tobacco Use

- Social and physical environments
 - The way mass media show tobacco use as a normal activity can promote smoking among young people.
 - Youth are more likely to use tobacco if they see that tobacco use is acceptable or normal among their peers.
 - High school athletes are more likely to use smokeless tobacco than their peers who are non-athletes.
 - Parental smoking may promote smoking among young people.
- Biological and genetic factors
 - There is evidence that youth may be sensitive to nicotine and that teens can feel dependent on nicotine sooner than adults.
 - Genetic factors may make quitting smoking more difficult for young people.
 - A mother's smoking during pregnancy may increase the likelihood that her offspring will become regular smokers.
- Mental health: There is a strong relationship between youth smoking and depression, anxiety, and stress.
- Personal perceptions: Expectations of positive outcomes from smoking, such as coping with stress and controlling weight, are related to youth tobacco use.
- Other influences that affect youth tobacco use include:
 - Lower socioeconomic status, including lower income or education
 - Lack of skills to resist influences to tobacco use
 - Lack of support or involvement from parents
 - Accessibility, availability, and price of tobacco products
 - Low levels of academic achievement
 - Low self-image or self-esteem
 - Exposure to tobacco advertising

Taken from: CDC Office of Smoking and Health, Youth and Tobacco Use Webpage
https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm