

North Carolina Health and Wellness Trust Fund Commission

**Teen Tobacco Use Prevention and Cessation Program**

**Evaluation and Outcomes Initiative**

**Request For Proposals (RFP)**

**PURPOSE**

**OVERVIEW OF THE COMMISSION'S INITIATIVE**

**BACKGROUND**

**GENERAL GUIDELINES**

**TECHNICAL APPROACH**

**THE PROGRAM**

**GRANT TERMS**

**APPLICATION PROCESS**

**REVIEW PROCESS AND CRITERIA**

**IMPORTANT DATES**

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# North Carolina Health and Wellness Trust Fund Commission Teen Tobacco Use Prevention and Cessation Program

## Evaluation and Outcome Initiative Request For Proposals

### I. PURPOSE

The Health and Wellness Trust Fund Commission (“Commission”) announces the availability of grant funding during calendar years 2003-2005 to conduct an evaluation of its Teen Tobacco Use Prevention and Cessation Initiative (“Initiative”). The Commission will award a contract to one selected local community agency, state agency, local government or other political subdivisions of the state or nonprofit organization or a coalition of one or more such organizations for conducting a comprehensive evaluation of all programs and grants funded under this Initiative. The overall goals of this Initiative are:

- Preventing youth initiation of tobacco use,
- Eliminating youth exposure to environmental ("secondhand") tobacco smoke,
- Providing treatment options for persons who want to quit, and
- Eliminating health disparities among minority youth attributable to tobacco use.

These goals are linked to a document entitled: *Vision 2010: Comprehensive Plan to Prevent and Reduce the Health Effects of Tobacco Use*, developed by the Vision 2010 Coalition (A coalition of public and private health agencies with a common mission of preventing and reducing the health effects of tobacco use). This document was published by NC Tobacco Prevention and Control Branch (TPCB), NC Department of Health and Human Services and is available on the web at [www.communityhealth.dhhs.state.nc.us](http://www.communityhealth.dhhs.state.nc.us). This plan established community and school-based initiatives as a cornerstone of an effective effort to prevent and reduce the negative health effects of tobacco use, with an emphasis on evidence-based policy interventions.

The Commission's enabling statute requires that all funded programs be evaluated to determine the extent to which their stated goals have been achieved. Thus, the primary purpose of this evaluation is to assess the implementation and outcomes of all Commission grant and programs in conjunction with existing state efforts to curb tobacco use. The initial focus during this first year of evaluation will be fivefold. First, the evaluator is expected to recommend a detailed overall evaluation plan for the new projects. Second, the evaluator will review program process data from the Community/School grants, generated by the TPCB program reporting system on planned and opportunistic interventions. Third, the evaluator will identify program strengths, weaknesses and areas for improvement. Efforts will be made to incorporate these findings on a continuous basis. Fourth, the evaluator will make recommendations to improve the overall program in years 2 and 3 and to maximize the impact on preventing and reducing teen tobacco use. And lastly, the evaluator will deliver a final report outlining what steps to take next to build

a more comprehensive tobacco use prevention program. The effectiveness of the program will be assessed in subsequent years by measuring the impact of the program on short-term (process-based) and intermediate outcomes (policy changes), with the intent of eventually linking these outcomes to the long term Vision 2010 Teen Tobacco Use Prevention and Cessation Program Goals.

## II. OVERVIEW OF THE COMMISSION'S INITIATIVE

Tobacco use is the number one preventable cause of premature death and disease in North Carolina and the nation (U.S. Department of Health and Human Services, 2000). Tobacco use contributes to more than 14,500 deaths annually among adults in North Carolina (NC Department of Health and Human Services, 2001). While cigarette smoking among adults declined between 1965 and 1990, tobacco use by youth increased in the 1990s, and only recently experienced a slight decline (NC Department of Health and Human Services and NC Department of Public Instruction, NC Youth Risk Behavioral Survey {NC YRBS} and NC Youth Tobacco Survey {NC YTS, 2001}). More startling, the Centers for Disease Control and Prevention (CDC) has clearly documented that among adults who have ever smoked daily, over 90% of first-tobacco use occurs prior to age 20. The average age of initiation for tobacco use is 13.

The NC YTS, conducted in the fall of 1999, shows that 38.3% of high school students and 18.4% of middle school students currently use a tobacco product (cigarettes, spit tobacco, cigars or pipes). Tobacco use increases by grade level: 10.6% of sixth graders compared to 45.2% of 12<sup>th</sup> graders report to be current tobacco users. Susceptibility to smoking also increases with age: 33.0% of middle school students and 44.7% of high school students were determined by survey response to be more susceptible to initiation of tobacco use.

The Health and Wellness Trust Commission was created by the General Assembly as one of three entities to invest the state's portion of the tobacco Master Settlement Agreement. The purpose of the Commission is to improve the health and wellness of the people of NC. On May 1, 2002 the Commission voted to fund a statewide Teen Tobacco Use Prevention and Cessation Initiative. The Commission allocated \$6.2 million per year for three years to fund this Initiative. The Commission followed recommendations from the Vision 2010 Coalition in establishing the structure and priorities. Through the Initiative, the Commission is currently in the process of seeking grant and/or bid applications for:

- **Community/School Prevention Programs Grants.** Grants totaling \$2 million per year will go to new or existing local community/school programs. Funded programs are expected to support partnerships between community and school leaders to develop programs that will take action against teen tobacco use, in coordination with health care providers, youth organizations, voluntary agencies, non-profits, faith communities, concerned citizens, parents, substance abuse programs and others.
- **Priority Populations Grants.** Grants totaling \$700,000 per year will go to organizations or partnerships that are capable of addressing, on a statewide basis, the disparities related to tobacco use among African American, Hispanic and Native American youth. These groups may work closely with any of the community/school programs funded under this initiative.

- **Paid Media Competitive Bid.** A total of \$1.2 million per year is available for radio, television, print, and other advertising to describe to youth the health effects of tobacco use and secondhand smoke.
- **Toll free Quit Line and Website Competitive Bid.** Funded at \$1.15 million per year, these communication tools provide information on treatment options and offer follow-up support for those seeking assistance in quitting tobacco

In addition to the four grant/bid applications listed above, the Commission has also allocated funds for the following programs under this Initiative:

- **N-O-T Program.** The Commission allocated \$200,000 per year for implementation of the Not-on-tobacco program, a non-punitive cessation program for teenagers who want to quit tobacco use operated by the American Lung Association.
- **Pregnant Teens Program.** Funded at \$100,000 per year, this project will expand smoking cessation intervention through programs that encourage healthcare providers to incorporate brief smoking cessation messages into the routine health care visit of pregnant teenage women.
- **Enforcement of Law on Tobacco Sales to Minors.** The Commission has allocated \$500,000 per year to help fund enforcement efforts by the NC Department of Crime Control and Public Safety, Division of Alcohol Enforcement. *The state currently evaluates these enforcement efforts on an annual basis and the evaluator selected through this RFP process will not be required to evaluate this component of the Commission’s Initiative.*

Copies of these Request For Proposals and related materials on all of these programs can be obtained by going to the Commission website at [www.HWTFC.org](http://www.HWTFC.org).

### III. BACKGROUND

The North Carolina General Statute under which the Commission operates requires that the Commission, ‘Develop criteria by which to measure the outcomes of funded programs to evaluate the extent to which those programs achieved the goals for which funds were awarded.’ (G.S. 147-86.33 (a)(3)).

Evaluation is needed to determine if the grants and programs are making satisfactory progress toward meeting their goals and objectives and to improve their effectiveness. At the same time, a scientifically rigorous evaluation of the Initiative is needed to help sort out the potential influence of factors outside the program (i.e., national tobacco control campaigns and promotional activities funded by the tobacco industry) that could affect progress toward achieving program goals and objectives either positively or negatively. A strong evaluation is also necessitated by the heightened visibility the Initiative has within the state. The Commission is issuing this Request for Proposals (RFP) for the purpose of selecting a qualified contractor to serve as the external evaluator for the Commission Initiative. The evaluator will conduct and coordinate evaluation planning, providing technical assistance, designing studies and conducting data analysis, and preparing reports and manuscripts for publication. The evaluator will be expected to work collaboratively with the Commission, TPCB and with community groups,

minority organizations and all other entities that have been funded under the Commission's Initiative, as has been described in detail above.

A contract resulting from this RFP will be issued for a period of 12 months, effective January 2003, for an amount not to exceed \$200,000, based on the availability of funds, and can be renewed annually for two additional years, based on the availability of funds, and satisfactory progress of the evaluation project by the Commission.

The evaluator will report its progress to the Commission or Commission staff on a quarterly basis, and will be available to respond to inquiries more frequently, if required. All final authority over renewal or non-renewal of the grant award and priorities of the evaluator will reside with the Commission or Commission staff.

### **Required Collaboration**

The TPCB is establishing a Tobacco Surveillance and Evaluation Workgroup to oversee tobacco control activities statewide. The workgroup will include the state's Tobacco Epidemiologist and Program Evaluator, and other scientific staff from both the North Carolina Health and Human Services System and the academic community. The workgroup will work collaboratively with the evaluator on tobacco program evaluation activities and will be the evaluator's primary point of contact within TPCB on technical and scientific issues. The evaluator will consult with the Workgroup in developing an evaluation plan for the Commission's Initiative, updating and revising program goals and objectives, reviewing and updating tobacco surveys, reviewing technical assistance issues identified through the evaluator's work with Commission grantees, designing and implementing special studies, and preparing presentations and reports, including manuscripts for publication.

The project manager/lead investigator of the evaluator team will be expected to meet with the workgroup at least monthly to discuss evaluation and progress issues. In addition, the evaluator will be expected to, respond by phone or e-mail within two business days, or both in response to requests for assistance made by the Commission, the workgroup, or by community/school groups, minority organizations and other contracting organizations that are involved in tobacco control programs for teens.

## **IV. GENERAL GUIDELINES**

Grant applicants are strongly encouraged to consider adapting existing program models, where feasible, and to consider incorporating strategies from the Centers for Disease Control and Prevention (CDC) *Best Practices for Comprehensive Tobacco Control Programs*, which can be found at <http://www.cdc.gov/tobacco/bestprac.htm>.

In addition, the CDC has also developed a *Framework for Program Evaluation in Public Health* (<http://www.cdc.gov/mmwr/PDF/rr/rr4811.pdf>) and basic program evaluation information specifically for tobacco control [http://www.cdc.gov/tobacco/evaluation\\_manual/contents.htm](http://www.cdc.gov/tobacco/evaluation_manual/contents.htm).

Where possible, it is recommended to focus evaluation efforts on interventions that have proven to be effective such as those listed in the American Journal of Preventive Medicine's, *Guidelines to Community Preventive Services: Tobacco Use Prevention and Control* ([www.cdc.gov/tobacco/comguide.htm](http://www.cdc.gov/tobacco/comguide.htm)).

Copies of each document are also available by contacting the TPCB.

A list of related tobacco control websites are provided below as a resource for applicants developing applications.

National:

- [www.tobaccofreekids.org](http://www.tobaccofreekids.org)
- [www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)
- [www.tobaccopedia.org](http://www.tobaccopedia.org)
- [www.tobacco.neu.edu](http://www.tobacco.neu.edu)
- [www.tobacco.who.int](http://www.tobacco.who.int)
- [www.cdc.gov/tobacco/sgrpage.htm](http://www.cdc.gov/tobacco/sgrpage.htm)
- [www.epa.gov/iaq/ets](http://www.epa.gov/iaq/ets)
- [www.nci.nih.gov](http://www.nci.nih.gov)
- [www.ama-assn.org/smokelessstates](http://www.ama-assn.org/smokelessstates)
- [www.lungusa.org/tobacco](http://www.lungusa.org/tobacco)
- [www.phs.bgsm.edu/sshp/rwj/rwj.htm](http://www.phs.bgsm.edu/sshp/rwj/rwj.htm)
- <http://www.cancer.org>

North Carolina:

- [www.stepupnc.com](http://www.stepupnc.com)
- [www.communityhealth.dhhs.state.nc.us](http://www.communityhealth.dhhs.state.nc.us) (includes the Tobacco Prevention and Control Branch)
- [www.nchealthyschools.org](http://www.nchealthyschools.org)
- [www.nhealthaction.org](http://www.nhealthaction.org)
- [www.ncpreventionpartners.org](http://www.ncpreventionpartners.org)

## V. TECHNICAL APPROACH

### Scope of Work

- A. Review RFPs from grants and Memorandums of Understanding other contractors of the Commission' s Teen Tobacco Use Prevention and Cessation Program to identify the goals, objectives, and strategies currently in place for each program component.
- B. Review all of the data reporting requirements specified in the documents listed in (A) above, and propose modifications/improvements necessary to facilitate the evaluation.
- C. Develop data reporting formats to be used by all grantees and contractors involved in the Initiative. Work in cooperation with TPCB staff members in training grantees and contractors in data collection, evaluation protocols, and use of reporting forms.
- D. Draft a Logic Evaluation Model that can be used to measure the short-term, and intermediate and ultimate outcomes of the Commission's Initiative, against the stated goals and objectives of the Initiative (see Appendix I for a list of goals, objectives and example strategies). The evaluator will conform to the Action Model adopted by TPCB in designing this Logic Evaluation Model (see Appendix II for Action Model).

- E. Prepare, for each of the four program goal areas, a matrix of the short-term, intermediate and ultimate outcomes, indicators, data sources, specific measures, data collection time period, and data availability date.

Short-term outcomes may be measured in the first year using surveys, special studies or through grant recipients' program reporting. Examples of possible short-term outcomes include, but are not limited to:

- Public awareness of the tobacco use prevention programs and of media campaign themes in targeted communities,
- Increased numbers of smokers accessing new tobacco cessation services, for example, the N-O-T teen cessation program and/or the toll-free quit line, and
- Increased pro-health media coverage of community and school programs in funded communities.

The intermediate outcomes (1- 3 years after the start of the program) may be measured using surveys, special studies or through grantee program documents.

Examples of possible short-term outcomes include but are not limited to:

- Increased number of new nonsmoking environments frequented by youth,
- Increase in the establishment of tobacco-free schools,
- Increase in enforcement of school tobacco use policies,
- Percentage of schools offering cessation programs,
- Percentage of schools/communities with a youth-led, adult supported tobacco use prevention team/club or community group, especially in populations/communities with tobacco-related disparities,
- Increase in the establishment of public nonsmoking environments especially those frequented by youth, including in specific populations/communities with tobacco-related disparities,
- Increase in the establishment of nonsmoking private environments often frequented by youth, including in specific populations/communities with tobacco-related disparities,
- Decrease in cigarette sales to minors in specific populations/communities with tobacco-related disparities,
- Increase in the general teen population's and "at risk" teen' s knowledge of and attitudes toward the key messages used in the media campaign,
- Decrease in the consumption of tobacco products among the general teen population as well as "at risk" teens,
- Reduced number or proportion of low-birth weight infants born to general teen population as well as the "at risk" teen girls,
- Percentage of youth participating in a community tobacco use prevention event and percentage of "at risk" youth involved in tobacco use prevention community and school programs,
- Percentage of the general teen population as well as "at risk" teens receiving tobacco use prevention messages from physicians and from dentists, and
- Increase in tobacco use quit attempts by the general teen population as well as "at risk" youth

Data sources available from the TPCB regarding some specific measures listed above are listed in Appendix III.

Applicants should propose methods for measuring the ultimate outcomes of the Initiative, in order to comply with the statutory requirements described in the BACKGROUND section of this RFP.

- F. Work in collaboration with TPCB in using and redesigning the their existing Progress Tracking System (PTS), to develop reports that record activities conducted by Commission grantees. The TPCB will maintain and alter the PTS to collect data on the Commission grantees, as well as existing projects already funded by the Branch. The Branch will provide training and technical assistance on the PTS to the grantees and the evaluator.
- G. Develop special studies to track policy progress, e.g. a statewide surveillance system for tracking school policies and how effective they are enforced, as part of the Community/School RFP monitoring; a special study on youth exposure to secondhand smoke in places often frequented by youth; an attitudes study about tobacco price and the impact on teen smoking behavior; and a study of smoking policies in worksites that employ teens.
- H. Review reports from Commission grantees and contractors and assess the following:
  - 1. Progress of the grantees/contractors in performing required tasks and meeting Objectives,
  - 2. Barriers to achieving short-term and intermediate objectives,
  - 3. Strengths, weaknesses, and
  - 4. Areas needing improvement for each program component.
- I. Submit to the Commission, (1) quarterly progress reports of evaluation activities, due three weeks after the completion of the quarter or on specific dates mutually agreed upon in the contract; (2) an annual report on evaluation activities; and (3) monthly financial expenditures and disclosures to provide information as specified by the Commission for inclusion in its Annual Report.
- J. Attend and report at Commission meetings as required.

## **VI. THE PROGRAM**

### ***Who May Apply***

Under the NC General Statutes, an organization is eligible to receive a grant from the Commission if it fits into any of the following categories:

- A state agency,
- A local government or other political subdivision of the state or a combination of such entities (includes local education agency and/or public charter schools), and
- A nonprofit organization which has as a significant purpose promoting the public's health, limiting youth access to tobacco products, or reducing the health consequences of tobacco use (includes any nonprofit organization interested in preventing and reducing teen tobacco use).

## *How Funds Can Be Used*

The Evaluation Grant recipient must use the funds to carry out evaluation activities assessing the outcomes and impact of Commission grantees. The goals, objectives and strategies listed in Appendix I provide a general outline for funded programs. These initiatives help guide program development and remain consistent with both state and national goals (see Appendix I).

## **VII. GRANT TERMS**

The Commission will award one grant to evaluate Commission grantees. The award will be up to \$200,000 annually. Project funding will be commensurate with the size and scope of the proposed activities. **Subject to availability of funds, and further subject to annual satisfactory program evaluation and continuation plans, the awards will be renewable for up to three calendar years, 2003 - 2005.**

Grants will be disbursed as follows: up to three months startup funding at the beginning of the funding cycle, followed by a monthly advance, beginning at the end of the first month. These monthly advances will be triggered by submission of monthly reports detailing expenditures incurred in the previous month.

The Commission expects to receive more funding requests than can be awarded. Therefore, submission of a grant application does not guarantee receipt of an award. Additionally, grants that are funded may not be funded at their requested amount. The grant award is based on the program evaluation model and deliverables and cannot exceed \$200,000. The Commission reserves the right to conduct pre-award interviews or on-site assessments.

Applicants are also required to submit both quarterly and annual progress and financial reports to the Commission (user-friendly forms will be available on the Commission's website). A final cumulative progress report and financial report will be due 30 days after the end of the grant period.

To avoid any real conflict of interest or perceived conflict of interest with tobacco manufacturing and related entities, grant recipients must not currently accept any grants or anything of value from any tobacco manufacturer, distributor, or other tobacco-related entities. The only exception is when these grant funds or items of value are totally for NON-tobacco related purposes and do not present any danger of either promotion or use of tobacco products, or otherwise conflict with policies and programs known to prevent and reduce teen tobacco use.

Any information, data, instruments, documents, studies or reports given to or prepared or assembled by the Evaluator under this agreement which are not deliverable items as defined below may be published by the Evaluator or its employees, or distributed by the Evaluator to any other individual or organization after providing written notification to the Commission at least ten business days before publication or distribution. The Evaluator shall acknowledge the Commission's funding role in all publications. The Evaluator at all times agrees to protect confidentiality of all medical records and information in accordance with state and federal law. Any deliverable item resulting from this contract shall be the property of the Commission and the Evaluator shall not distribute or reproduce for profit or allow others to profit from the deliverable items of this contract. Deliverable items to be provided by Evaluator to the

Commission pursuant to this contract are defined in the TECHNICAL APPROACH section. Any and all publications, and intellectual property rights, including copyrights, resulting from work under this agreement, other than deliverable items, shall belong to the Evaluator. For non-deliverable items, the Evaluator hereby grants to the Commission a perpetual, royalty-free, non-exclusive, paid-up license to use, publish and distribute all such non-deliverable items for North Carolina State Government and Commission purposes only.

### **Use of Grant Funds**

Funds may be used for planning, staff salaries, project-related travel, supplies, a limited amount of equipment and other direct expenses essential to the project. The Commission anticipates that one Full-Time Employee (FTE) of dedicated staff will be needed for most funded programs and should be accounted for either in the proposed budget or as an in-kind contribution. The Commission discourages the use of grant funds to pay indirect costs. Any allocated funds that are used to pay indirect costs must be clearly identified along with justification for the expense. Indirect costs include operating and maintaining buildings, grounds, equipment; depreciation, administrative salaries, general telephone expenses, general agency travel expenses and general office supplies. Also, Commission funds may **not** be used for capital expenditures or equipment expenses over \$2,000 per unit. Computers, including laptops, are an acceptable expenditure with justification. Commission funds may not support any efforts to engage in any political activities or lobbying including, but not limited to, support of or opposition to candidates, ballot initiatives, referenda, or other similar activities. These funds may not be for research studies, unless this research is directly linked to evaluation purposes, or to substitute for funds currently supporting similar services.

### **Auditing and Reporting Requirements**

State law requires that all grant recipients that are non-governmental entities and receive at least \$15,000 but less than \$300,000 in combined state funds annually, must file with each of the funding entities, a sworn accounting of receipts and expenditures of these funds. Grant recipients that are non-governmental entities and receive \$300,000 or more in combined state funds annually must file both with the State Auditor and the funding entities an audited financial statement as prescribed by the State Auditor.

A single audit is required if a unit of government or public authority expends \$300,000 or more of combined state awards in either a federal program (such as a state match) or a state program. Non-governmental entities are not required to perform a single audit, based only on state awards expenditures.

## **VIII. APPLICATION PROCESS**

The Commission has established a two-step process for awarding funds under the Evaluation Initiative, consisting of a letter of intent and a full application package. Both can be submitted either in writing or by using the Commission's online process. A letter of intent is strongly recommended, but not required. A full application package is required of each applicant. A detailed description of a letter of intent and application package follows. The Tobacco Prevention and Control Branch will provide direction and technical assistance to all applicants in preparing the application package through conference calls and to all grantees in the

implementation and evaluation of the funded program. Applicants can refer specific questions either in advance, or during the conference calls. Advanced questions can be relayed via the Commission website [hwtfc@ncmail.net](mailto:hwtfc@ncmail.net), or in writing, by mail.

### ***Stage I: Letter of Intent***

The Commission requests that potential applicants submit a letter indicating the applicant's intention to submit a complete application. The format can be found online on the Commission's website, [www.hwtfc.org](http://www.hwtfc.org). One conference call will be held in early November to provide technical assistance for potential applicants. The Commission requests receipt of a letter of intent by, **November 15, 2002** (see timetable for technical assistance conference calls). (*one page maximum*)

The letter of intent should clearly describe:

- A brief review of the lead applicant's history, mission, services offered and recent accomplishments as they pertain to program evaluation, and if relevant, of partnering organizations that will be listed as co-applicants. A brief summary of the proposed evaluation approach.
- Estimate of budget amount to be requested and intended use of funds.

Applicants are encouraged to use the Commission's website for submission of letters of intent, however, written letters will be accepted through the mail as well. Mailed applications should contain three sets - an original plus two copies to be sent to the Commission at 116 West Jones Street, Suite 1156, Raleigh, NC 27603. Faxed copies will not be accepted. The name and address of the institution and the name, address and telephone number of the contact person must be included. No additional materials will be accepted.

### ***Stage II: Full Proposals***

All applicants must submit full proposals in order to be considered. One conference call will be held in December 2002 to answer questions that applicants have in developing their full proposals (please see timetable below for dates).

Applicants are encouraged to use the Commission's website ([www.hwtfc.org](http://www.hwtfc.org)) for full proposals, however, written proposals will be accepted through the mail as well. Mailed applications should contain three sets - an original plus two copies to be mailed to the address in the Inquiries section. Faxed copies will not be accepted. All mailed proposals must be typed or printed in ink in 12-point type on 8 1/2" by 11" white or light colored paper. To the extent possible, applicants sending their applications by mail should also provide an electronic copy in a format such as a formatted diskette or via e-mail using Microsoft Word.

At a minimum the proposal should include:

1. Cover page
2. Executive Summary
3. Program Description
4. Budget and Fiscal Information

## 5. Additional Materials

- 1. Cover page.** Include the name, mailing address, telephone number, facsimile number, e-mail and federal identification number for the lead applicant organization, and the name and contact information of the key contact person at that organization. Provide a verified statement from the chair of the Board of Directors or the head of the lead applicant stating that the grant application has the approval of the governing body.
- 2. Executive Summary.** The executive summary should include an overview of the lead applicant organization, a concise description of the proposed evaluation/outcome analysis approach and deliverables; information on the integration of the proposed evaluation approach with existing TPCB program evaluation efforts; and partnering organizations (co-applicants) if any (*two pages maximum*).
- 3. Program Description.** The narrative of the description should include: (*15 pages maximum excluding attachments*)

### A. Applicant Capability:

1. Describe experience in large-scale public health program monitoring and evaluation activities. List all relevant monitoring and evaluation activities that the agency or individual applicant has conducted in the past five years. Indicate what years the project was conducted and the size and scope of the project.
2. Describe specific expertise in public health evaluation in the areas of chronic disease and tobacco control programs, econometric analyses of the effects of tobacco excise taxes, experience in designing and implementing management information systems for complex statewide public health programs, qualitative and quantitative data analysis, collaborative approaches to working with local and statewide organizations in designing evaluation systems, technical assistance and training in implementing monitoring and evaluation systems, report writing for both technical and non-technical audiences.
3. Attach two reports resulting from projects identified in item 3 above.
4. Provide references, with contact names and telephone numbers, from three organizations (one of which should be a past organization) with which the agency has worked during the past five years, especially on monitoring and evaluation projects.
5. Provide evidence of the fiscal stability and soundness of the organization and of the facilities that will be used to conduct the work.
6. Provide an organizational chart showing the applicant's entire organizational structure.
7. If the applicant proposes to include a subcontractor for any portion of the work, the capabilities and responsibilities of the subcontractor must be fully and separately described with regard to all of the criteria specified in this RFP.

## **B. Technical Proposal:**

1. Provide a detailed plan for performing all of the tasks listed in the Scope of Work. Describe additional tasks, which the applicant deems essential or valuable to the successful performance of an independent evaluation of the tobacco control program.
2. Provide a plan for integrating the data from the various program components into a feasible and useful system for assessing program strengths and areas for improvement.
3. Describe methods for engaging community coalition grantees in the development of the integrated data management and standard reporting system that are cost-effective and minimally disruptive of local services.
4. Provide a detailed work plan and timeline for the first 12 months of the program evaluation and outline a tentative plan for Year 2 and Year 3. The latter would provide indications of the overall direction of the evaluation, although continuation of the contract would be subject to future funding and current performance.

## **C. Staffing and Management:**

1. Provide job descriptions for all personnel, including those of the applicant organization and any subcontractors, and indicate the percent FTE each person will devote to this contract. Dedication of at least one full time equivalent (FTE) staff to evaluation efforts where funding level warrants.
2. Describe the qualifications of the individuals who will perform most of the work of this contract. Include a resume, not to exceed three pages, for each individual identified.
3. Describe where the daily work of the contract will be performed and, if located out of state, indicate how the applicant plans to communicate with the Surveillance and Evaluation Workgroup, the key staff from TPCB and organizations involved in the program, the Commission and its committees.
4. Provide a project management plan for supervision and monitoring of employees and subcontractors.
5. Provide a statement that neither the applicant nor subcontractor(s) has an affiliation or contractual relationship, direct or indirect, with tobacco companies or their affiliates, nor will they accept such a relationship during the term of this contract.

## **D. Budget:**

1. A detailed budget of the projected annual funding requests for the proposed program in the form provided on the website, including any indirect costs, if requested. Provide a narrative budget justification that describes how the categorical costs are derived. Applicants should

also list any in-kind resources that they will contribute to the project.

2. The current year budget of the lead applicant organization.
3. A complete list of sub-recipients under the grant and a specific description of how the applicant will account for funds disbursed to sub-recipients (sub-recipient includes partners, collaborators and other contractors). The applicant shall have an on-going duty to identify sub-recipients annually under the grant.
4. A description of the bank accounts and internal accounting ledgers or books that will be set up and used and an assurance that all accounts, books and ledgers can be audited by the Commission or the State auditor.
5. A list and history of lead applicant's past programs funded by grants or awards in the last five years, as well as the names of all granting entities involved in those grants or awards.

***Budget Note:*** *The Evaluator is encouraged to attend the Training and Development programs offered to grantees and should include associated expenses in the Annual Budget Section of the proposal. Grantees are required to attend all regional and Statewide Tobacco Prevention and Control Coalition meetings including New Grantee Kickoff event, Local Coalition Coordinator meetings, Youth Summits, State TPCB Training Event. A minimum of \$1,500 per individual attending these events should be included to support these expenses.*

*In addition, the Evaluator may want to budget an additional \$1,800 per individual to attend the annual Tobacco Use and Prevention Training Institute (TUPTI) and another \$1,200 per individual (up to two) to attend a self-selected, tobacco control national or regional conference/workshop.*

## **IX. REVIEW PROCESS AND CRITERIA**

All applications will be evaluated through a multi-stage process. The Commission staff will initially screen all applications to determine if they are complete. Incomplete applications will not be considered. No grant may be awarded for a program that is unlawful. Applications that are complete will be forwarded to an independent, objective Grant Review Committee, consisting of Commissioners and members of the Vision 2010 Coalition appointed by the Commission. The Grant Review Committee will focus its review and evaluation of the applications on the required program narrative elements listed above. During the review and evaluation of proposals, the Grant Review Committee may request that Commission staff or a designee makes site visits to applicant agencies and report to the Grant Review Committee. At the conclusion of their review and evaluation, the Grant Review Committees will make recommendations to the Commission as to which applications should be funded.

The Commission will receive the recommendations of the Grant Review Committees and will evaluate proposals based on the beneficial impact of the funding request on the health and wellness of the people of North Carolina. In making this evaluation the Commission may consider: who/how many will be served by the grant, the cost of administering the grant, community capacity building, sustainability of the grant application and whether the program has

measurable outcomes. Scoring and ranking of proposals will be determined by using a consistent rating methodology.

The proposal will be evaluated on the criteria listed below; thus it is recommended that applicants account for each item in their proposal:

**APPLICANT CAPABILITY** **Maximum 30 points**

**TECHNICAL PROPOSAL** **Maximum 40 points**

**STAFFING AND MANAGEMENT** **Maximum 20 points**

**BUDGET** **Maximum 10 points**

**IMPORTANT DATES:**

<b>October 29, 2002</b>	Evaluation grant program RFP announcement
<b>November 8, 2002</b>	Question and answer pre-bidders conference call regarding the RFP
<b>November 15, 2002</b>	Letter of intent due
<b>December 12, 2002</b>	Question & answer conference calls offered to those applicants submitting full applications
<b>January 3, 2003</b>	Applications due
<b>January 3- January 20, 2003</b>	Proposal review process
<b>Late January</b>	Notification of awards by the Health and Wellness Trust Fund Commission
<b>February 1, 2003</b>	Award date
<b>July 31, 2003</b>	Interim progress and financial reports due

## **Appendix I Goals, Objectives and Strategies**

### **GOAL 1: PREVENT YOUTH INITIATION OF TOBACCO USE**

#### **OBJECTIVES:**

- 1. Increase the proportion of young people in middle school and high school that have never smoked.**
- 2. Increase the proportion of school districts that are 100% tobacco-free for all students, staff and visitors on all school property at all times** (the model 100% tobacco-free school policy prohibits tobacco use for students, staff and visitors on all school property at all times in their local education agency).

#### **Strategies:**

1. Empower youth to function as advocates for tobacco use prevention programs and policies,
2. Promote effective tobacco use prevention policies in schools and communities,
3. Empower youth and adult role models to advocate for 100% tobacco-free schools,
4. Generate pro-health media coverage, both to stimulate and publicize youth-led interventions,
5. Raise awareness of the dangers associated with tobacco advertising that is targeted towards youth,
6. Assure a comprehensive approach to tobacco use prevention in schools (*link to Vision 2010 document*), and
7. Promote and support law enforcement efforts to reduce youth access to tobacco products.

### **GOAL 2: SIGNIFICANTLY REDUCE YOUTH EXPOSURE TO ENVIRONMENTAL (“SECONDHAND”) SMOKE**

#### **OBJECTIVES:**

- 1. Increase the proportion of school districts that are 100% tobacco-free for all students, staff and visitors on all school property at all times.**
- 2. Increase smoke-free policies in both indoor and outdoor areas frequented by youth, such as: restaurants, bowling alleys, malls, movie theaters, homes, parks, amusement areas, and ball fields.**

#### **Strategies:**

1. Provide education on the health hazards of secondhand smoke, especially exposure of children and adolescents in their homes, including asthma-related health risks,
2. Develop smoke free policies for both indoor and outdoor areas frequented by youth,

3. Earn pro-health media coverage, including editorials, for youth programs that reduce secondhand smoke, and
4. Raise public awareness in underserved racial, ethnic, age and income groups that are more adversely affected by secondhand smoke.

### **GOAL 3: PROVIDE TREATMENT OPTIONS FOR YOUTH WHO WANT TO QUIT**

#### **OBJECTIVES:**

1. **Decrease the number of middle school and high school students who smoke cigarettes.**
2. **Decrease the number of middle school and high school students who use smokeless tobacco (spit tobacco) or any other form of tobacco.**
3. **Decrease the proportion of pregnant teens that smoke.**

#### **Strategies:**

1. Promote and provide access to effective cessation and treatment options,
2. Promote a culturally and linguistically appropriate NC Quit line and on-line quitting Program (*to be established by the Commission*),
3. Coordinate and promote the Not-on-Tobacco (N-O-T) teen cessation program in schools and community settings (*program to be provided by separate Commission funding*),
5. Empower youth as peer counselors for cessation,
6. Earn pro-health media coverage and editorials promoting cessation,
7. Provide training and technical assistance for medical/dental offices to prioritize effective cessation and treatment options, and
8. Support voluntary initiatives from private and public insurers to expand coverage for smoking cessation/treatment benefits.

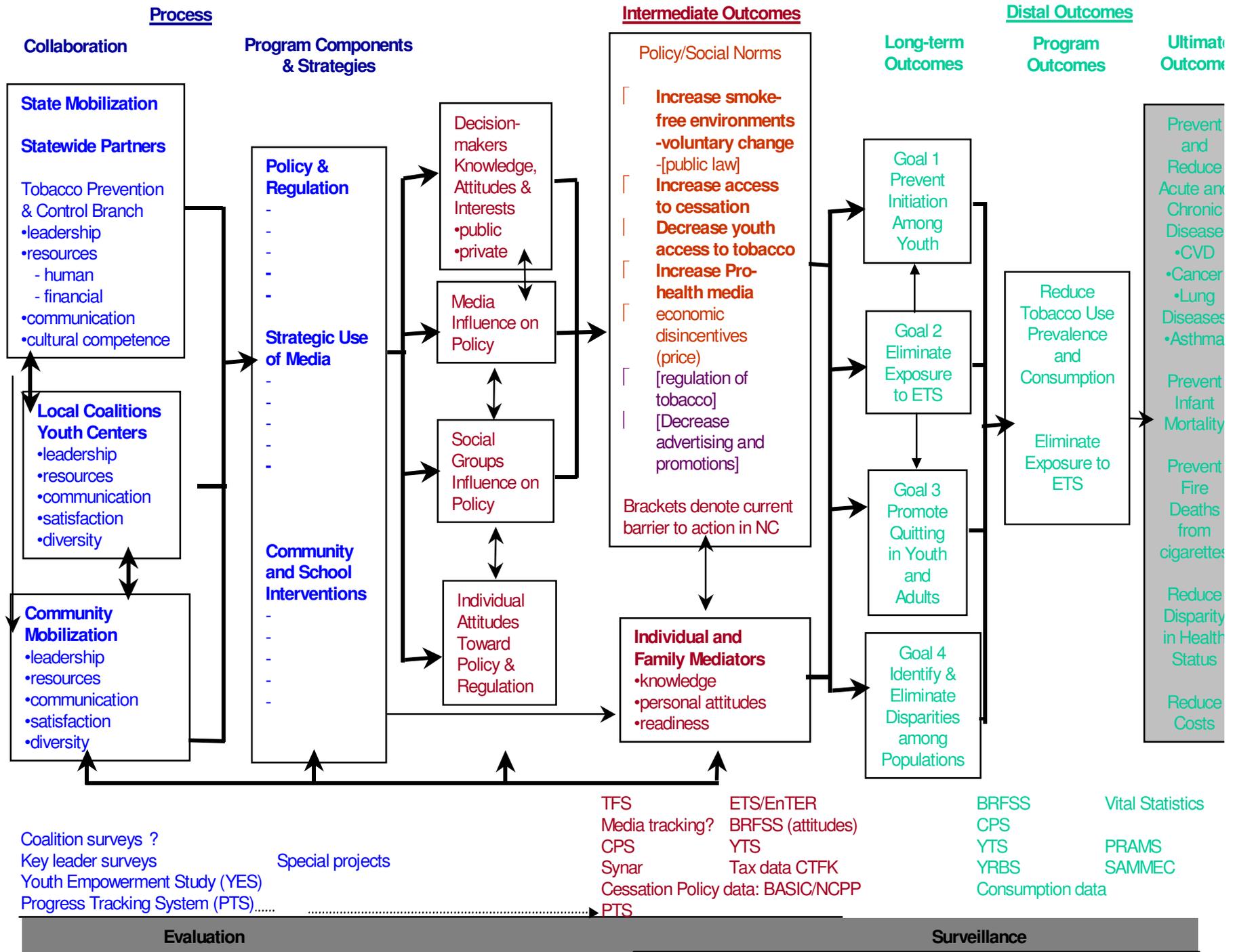
### **GOAL 4: REDUCE HEALTH DISPARITIES AMONG MINORITY (AFRICAN AMERICAN, HISPANIC/LATINOS AND NATIVE AMERICAN) YOUTH ATTRIBUTABLE TO TOBACCO USE**

#### **OBJECTIVES**

1. **Decrease the proportion of minority middle school and high school students who smoke cigarettes.**
2. **Decrease the proportion of minority middle school and high school students who use smokeless tobacco (spit tobacco) or any other form of tobacco.**
3. **Decrease the proportion of minority pregnant teens that smoke.**

## **Strategies:**

1. Increase diversity of youth leaders, community groups and organizations representing underserved populations actively involved at the local level in prevention of teen tobacco use,
2. Increase the number of schools with large minority populations that adopt a 100% tobacco-free school policy (the model 100% tobacco-free school policy prohibits tobacco use for students, staff and visitors on all school property at all times in their local education agency),
3. Train diverse youth as peer counselors,
4. Develop culturally appropriate youth leadership models such as UJIMA, a youth-led and adult supported African American model tobacco use prevention program to reach youth. The UJIMA program was developed through the African American Action Team of the Tobacco Prevention and Control Branch.
5. Emphasize the influence of adult role models on the initiation of tobacco use among ethnic communities,
6. Promote and provide culturally appropriate cessation programs, and
7. Promote tobacco use prevention efforts through pro-health media coverage aimed at specific disparate populations.



### **Appendix III Data Sources Available from TPCB**

This list below represents data sets that are available for possible use in evaluation research for the progress and outcome evaluation of the Commission’s program and toward the state of North Carolina achieving its tobacco prevention goals. This list represents current data available and is to be used as a guide for developing the grant application. Other data sources or new surveillance activities may need to be considered when developing a comprehensive tobacco evaluation plan. Applicants are urged to consider alternative possibilities for data collection and analysis based on programmatic goals and current accepted evaluation practices when developing the evaluation plan for the application.

<b>Data Type</b>	<b>Source</b>
North Carolina Youth Tobacco Survey (1999 & 2001)	TPCB
Behavioral Risk Factor Surveillance System (BRFSS)	NC Center for Health Statistics
Pregnancy Risk Assessment Monitoring System (PRAMS)	NC Center for Health Statistics
Synar Compliance Check Data	NC Department of Health and Human Services, Substance Abuse Services Section
Youth Risk Behavioral Surveillance System (YRBSS)	Department of Public Instruction
Cancer Registry	Cancer Registry Office
National Youth Tobacco Survey	CDC
Death and Birth Certificate data	NC Center for Health Statistics
School Health Education Profile (SHEPS)	Department of Public Instruction
School Health Policies and Programs Study (SHPPS)	Department of Public Instruction
Tax Revenue Data	To be determined
Healthy Heart Restaurant Survey	Cardiovascular Health Branch
School District Policy Database	University of North Carolina
Student Asthma Survey	Maternal and Child Health Branch