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0607131008

New York State Department of Health
New York State Tobacco Control Program

Request for Applications

Tobacco Free Schools Support Programs

Questions Due: January 5, 2007

Letter of Intent Due: January 12, 2007

Applications Due: February 21, 2007

Contact Name & Address

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I. Introduction

Preventing and reducing tobacco use are the most important public health actions that can be taken to improve the health of New Yorkers. Tobacco addiction is among the leading preventable causes of morbidity and mortality in New York and in the United States. Cigarette use, alone, results in an estimated 430,000 deaths each year in the US, including 25,000 deaths in New York State. The list of illnesses caused by tobacco use is long and contains many of the most common causes of death, including heart disease and stroke and many forms of cancer and lung and vascular diseases.

Nonsmokers who breathe the smoke from other peoples' cigarettes also suffer adverse health consequences related to their exposure to tobacco smoke. According to the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), researchers have identified more than 4,000 chemicals in tobacco smoke, including at least 43 that cause cancer in humans and animals. The US Environmental Protection Agency estimates that environmental tobacco smoke, also called secondhand smoke, causes approximately 62,000 deaths each year among non-smokers in the United States, including 3,000 deaths each year from lung cancer. An estimated 300,000 children across the nation develop lower respiratory tract infections each year as a result of exposure to secondhand smoke, with approximately 15,000 of these children hospitalized each year due to their infections. Exposure to secondhand smoke is a primary cause of asthma and acute asthmatic events among children. Tobacco smoke also has a direct impact on the health of the developing fetus. Women who smoke during pregnancy have a higher incidence of delivering low birth weight babies, a leading cause of infant death.

The New York State Tobacco Control Program currently operates with a total of \$84.485 million in funding from two sources: state funds (\$82.485 million), and the Centers for Disease Control and Prevention (\$2 million). The program was built upon a foundation of community action established during the National Cancer Institute-funded Project ASSIST (1991-1999) and is based on the coordinated, comprehensive, statewide approach to tobacco control promoted and funded by the CDC beginning in 1999. The program seeks to prevent initiation of tobacco use, reduce current use of tobacco products through promotion of cessation, reduce the social acceptability of tobacco use, and eliminate exposure to secondhand smoke by implementing a three-pronged strategy:

Community mobilization to change the community environment that supports tobacco use, change community attitudes about tobacco, and de-normalize tobacco use;

Media and counter-marketing to increase awareness of the dangers of secondhand smoke and motivate tobacco users to stop, to expose tobacco industry propaganda, and de-glamorize tobacco use; and

Cessation systems, services, and support to motivate individual tobacco users to attempt to stop smoking and to increase the likelihood of cessation success.

The Tobacco Control Program is additionally supported by surveillance and evaluation and training and program administration to build and maintain an effective tobacco control infrastructure and contribute to the science of tobacco control.

The Program's activities follow recommendations from the National Cancer Institute's *Strategies to Control Tobacco Use in the United States: A blueprint for public health action in the 1990s*; CDC's *Best Practices for Comprehensive Tobacco Control Programs*; the Surgeon General's report on

Reducing Tobacco Use: A Report of the Surgeon General; and the Task Force on Community Preventive Services Guide to Community Preventive Services: Tobacco Use Prevention and Control.

Community Mobilization Action Areas

Community Partnerships for Tobacco Control

Reality Check Youth Action Programs

Tobacco Free Schools Support Programs

Enforcement of youth access restrictions

Community Partnerships for Tobacco Control. Current efforts to change community environments and attitudes and de-normalize tobacco use include funding 29 community partnerships covering all 62 New York state counties. Partnerships engage local stakeholders, educate community leaders and the public, and mobilize the community to strengthen tobacco-related policies to restrict the tobacco company presence in the community, the use and availability of tobacco products in the community, and limit opportunities for exposure to secondhand smoke. Community partnerships work with local businesses, employers, community leaders, work places, health care institutions, providers, schools and community groups to address tobacco company advertising, sponsorship and promotion and to implement effective tobacco-free policies in the outdoor environment, change public opinion about tobacco and tobacco use, and promote access to cessation services for those who desire assistance to stop smoking. Community partnerships have been successful in promoting initiatives to strengthen clean indoor air laws, product placement laws, tobacco advertising restrictions, and youth access laws and penalties. Partnerships have implemented multi-media campaigns, media and community events and other activities to inform, educate, engage and empower the general population in order to decrease the social acceptability of tobacco use.

Reality Check Youth Action Programs. Partnerships with youth organizations throughout the state, including county health departments and community-based organizations, seek to change community norms regarding tobacco use through civic action. These programs engage middle and high school aged youth from all economic and cultural backgrounds in activities aimed at de-glamorizing and de-normalizing tobacco use in their communities, and exposing the manipulative and deceptive marketing practices of the tobacco industry. Branded under the name Reality Check, program initiatives have included community education linked to social action; media advocacy, media and community events, and advocacy with decision makers to obtain pro-tobacco control policies and resolutions.

Tobacco Free Schools Support Centers. Grant support to Tobacco Free Schools Centers will provide resources and support to schools around the state seeking to develop, implement, and enforce effective tobacco-free school policies. Schools play a key role in creating attitude and behavioral change among students, their families and members of the community. By creating an environment that supports and promotes tobacco-free values and behaviors, schools can be leaders in the fight for tobacco-free lifestyles for children and adults. Thirty programs are currently funded across the state.

Enforcement of youth access restrictions. Supported by the NYSDOH Center for Environmental Health, local activities to enforce the Adolescent Tobacco Use Prevention Act further change community attitudes about tobacco use as a normative behavior. Educating retailers about the law and citing those who violate it put the whole community on notice that youth smoking is something to be prevented. These activities can help focus community attention on the issue of youth access

to tobacco and provide a call to action to community members. When enforcement reaches a high level of compliance, it may contribute to the prevention and reduction of youth tobacco use.

Media and Counter-Marketing Action Areas

General audience media

The tobacco education media campaign includes television, radio, billboard and print advertising, with the goals of educating New Yorkers about the health risks of tobacco use and the dangers of secondhand smoke, motivating tobacco users to stop, and promoting use of the New York State Smokers' Quitline. The media campaign includes television, radio, billboard and print advertising and is based on ads and materials available to New York State from the CDC Media Campaign Resource Center.

Counter-marketing efforts seek to expose the promotional strategies employed by the tobacco industry, de-glamorize tobacco use, and build and sustain anti-industry community sentiment. The counter-marketing efforts support local activities as part of a statewide initiative, reinforce and enhance partner actions and messages at the local level, and provide support for partner community education efforts.

Cessation Support and Services Action Areas

Smokers' Quitline

Tobacco Cessation Centers

Medicaid coverage of pharmacotherapies for cessation

Program efforts to motivate individual tobacco users to try to stop and to support tobacco users in their cessation efforts include:

- Funding the New York State Smokers' Quitline, which provides cessation information and referral services to people who call the toll-free number 1-866-NY-QUITS (1-866-697-8487). The Quitline receives approximately 50,000 calls per year and has documented high quit rates among the subset of callers who speak with an intervention specialist.
- Funding for 19 Cessation Centers that work with health care institutions, organizations and providers to implement systems to screen all patients for tobacco use and prompt providers to offer brief advice to quit and assistance with quitting to those who use tobacco.
- Coverage of over-the-counter and prescription cessation therapies for Medicaid-eligible New Yorkers. These covered services play an important role in addressing the need for cessation services in a population with a high rate of tobacco use.

Programmatic Organizational Structure: Field Operations

The New York Tobacco Control Program's field operation is organized into four (4) Regional Program Networks and each region is divided into two (2) areas (see Attachment 8).

Western Region

- Rochester Area
- Buffalo Area

Central Region

- Northern Central Area
- Southern Central Area

Capital Region

- Northern Capital Area
- Southern Capital Area

Metropolitan Region

- Lower Hudson Valley Area
- New York City Area

Each area is staffed by a local Area Manager who provides oversight and contract management to funded community partners in the area. Modality Managers provide guidance and technical assistance to these partners to enhance effective program implementation. Working with the Area Managers and Modality Managers, community partners align goals; share best practices; develop strategic plans; develop and implement public relations activities; identify training and technical assistance needs; communicate statewide policy and program initiatives; and communicate problems and issues facing the field. Communication and networking are accomplished through Area, Regional, Modality, and Statewide meetings. Training is provided through specially developed workshops.

Need for Project

A 2001 survey of New York State schools found that fewer than 15% of them had a comprehensive policy on tobacco use. The New York State Pro-Kids Act of 1994 prohibits tobacco use on school grounds. In addition, Federal law requires that all schools have a written policy regarding tobacco use on school grounds. Most tobacco users begin using tobacco before the age of nineteen; a tobacco-free environment that establishes non-use of tobacco as a norm can contribute significantly to preventing first use of tobacco or interrupting habituated use among youth. As measured by the most recent Youth Tobacco Survey, current use of cigarettes by New York State middle school students declined from 6.7% in 2002 to 4.9*% in 2004. High school students experienced a significant reduction in current use from 21.3% in 2002 to 18.5% in 2004.

In addition, exposure to secondhand smoke is a significant cause of morbidity and mortality among children and adults, causing an estimated 53,000 deaths each year and hundreds of thousands of illnesses, including asthma, ear infections, and respiratory diseases. As a safe environment for children and visitors and as a work place for adults, schools must protect students, staff and visitors from exposure to secondhand smoke.

Finally, tobacco free work places reduce tobacco use among adults who cut down on the number of cigarettes they smoke or quit smoking altogether. Employees who stop smoking increase productivity, reduce absenteeism and reduce health care costs.

II. Who May Apply

This Request for Applications (RFA) is open to any non-profit agency or governmental subdivision in the State of New York serving the catchment areas described on the next page.¹ School districts or individual schools may apply, but must commit to working with all school districts in the catchment area, and to an equitable distribution of training and technical assistance resources. Eligible

¹ A previous RFA, completed in 2005, resulted in contracts covering all catchment areas not listed in this RFA..

applicants must have no affiliations or contractual relationships with any tobacco company, its affiliates, its subsidiaries or its parent organization. All applicants must include a statement verifying the vendor's "no tobacco" status.

Catchment Areas and Estimated Funding:

Catchment areas are based either on counties, or in New York City, on the NYC Department of Education Regional boundaries. For a list of school districts in each county, go to <http://www.emsc.nysed.gov/mgtserv/BOCES/> and select "Enrollment Data." This information is also available from:

School Operations and Management Services
Room 874 EBA
89 Washington Avenue
Albany, NY 12234
518-402-5713

For a list of schools in each NYC DOE Region, see <http://schools.nyc.gov/OurSchools/default.htm>
This information is also available from:

Chancellor's Office
New York City Department of Education
52 Chambers Street
New York, NY 10007
212-374-0200

Catchment Area	Estimated Funding
NYC DOE Region 1	\$95,000
NYC DOE Region 2	\$95,000
NYC DOE Region 4	\$95,000
NYC DOE Region 5	\$95,000
NYC DOE Region 6	\$95,000
NYC DOE Region 7	\$95,000
NYC DOE Region 8	\$95,000
NYC DOE Region 9	\$95,000
NYC DOE Region 10	\$95,000
Westchester	\$125,000
Warren, Washington	\$95,000

Total estimated available funding is \$ 1,075,000.

Applicants may apply for more than one catchment area, but must submit separate applications for each area. The Department reserves the right to increase funding during the term of the contract in order to provide for special projects or increased staff resources. If available funding for this initiative is increased or reduced, funding will be distributed or reduced proportionally in the same manner as outlined above.

III. Program Description

Applicants funded for this initiative will work with schools and/or school districts in their catchment area to develop and implement effective tobacco-free school policies and procedures. Due to limited

resources, partners funded for this service will focus on schools housing grades 7-12, unless entire school districts can be engaged. Schools play a key role in creating attitude and behavioral change among students, their families and members of the community. By creating an environment that supports and promotes tobacco-free values and behaviors, schools can be leaders in the fight for tobacco-free lifestyles for children and adults. (See Attachment 9 for additional resources.)

Effective tobacco-free schools policies and procedures should be developed in collaboration with students, parents, school staff, health professionals, school nurses or other designated health staff, health advisory boards, community members and school boards. The most effective policies will:

- Prohibit students, staff, and visitors from using tobacco on school premises, in school vehicles, and at school functions;
- Prohibit tobacco advertising or the use of tobacco “gear” in school buildings and grounds, at school functions, and in school publications;
- Require that all students receive instruction on avoiding tobacco use;
- Provide access and referrals to tobacco cessation programs for students and staff;
- Provide Alternative to Suspension programs to help students who violate tobacco policies to move toward the goal of quitting tobacco use;
- Establish a procedure to handle violations of tobacco policies by staff and visitors.
- Provide appropriate signage on school grounds that is in compliance with New York State law, alerting the public that tobacco use is prohibited on school grounds, in buildings, and in any school vehicle.

Developing Tobacco Free Schools Policies and Procedures

Consider the following activities in assisting schools or school districts in developing and implementing new policies:²

- Work with the school district to establish a committee to review and develop a comprehensive policy;
- Involve staff, students, and members of the community in developing the policy;
- Gather examples of comprehensive policies from other schools or districts;
- Develop an implementation timeline;
- Inform students, staff, and community members about the policy in advance of implementation;
- Clearly communicate the penalties for violations;

² Adapted from *School Tobacco Policies*, Oregon Department of Health Services Tobacco Prevention & Education Program, 2001.

- Identify enforcement strategies for students, staff, and the public;
- Develop a system for handling complaints about violations of the policy;
- Emphasize the need for firm, consistent enforcement within all segments of the school population;
- Emphasize positive communication strategies that are clear and consistent;
- Recognize that tobacco use may be the result of an addiction;
- Decide who will be responsible for enforcing the policy;
- Provide access and information regarding cessation support programs to students and staff;
- Use peer counseling and education, student service groups, and parent and community volunteers to all assist with monitoring, enforcement, and education regarding the policy.

Community Partners

Whenever possible, Tobacco Free Schools Support programs should partner with other funded and unfunded partners within the area to effectively develop and implement tobacco free school policies. These partners may include Community Partnerships for Tobacco Control, Tobacco Cessation Centers, Reality Check Youth Action programs, voluntary organizations such as the American Lung Association, American Heart Association, and the American Cancer Society, or other organizations as appropriate.

Collaborative Planning

All partners funded by the NYTCP will participate in collaborative planning at both the Area and Regional levels. Area and regional planning provides the impetus for partners to share promising practices and to identify opportunities for taking coordinated action that will maximize impact and extend our reach, leading to the accomplishment of our shared tobacco control goals (see NYTCP Regional and Area Boundaries, Attachment 8.)

Curriculum Materials

Contract funds may not be used to provide curriculum materials for use in schools, or to pay for instruction in schools. Contract funds may be used to provide training in tobacco topics for school personnel.

Cessation

As part of effective comprehensive tobacco free school policies, funded partners will promote policies that include the provision of access and referrals to tobacco cessation programs for students and staff. Funded partners may not use contract funds to provide cessation services to tobacco users either directly or through subcontracts or mini-grants. Funded partners should collaborate with area Cessation Centers or other voluntary partners to provide cessation resources, and promote the availability of the New York State Smokers' Quitline (1-866-NY-QUITS.)

Staffing

The funded agency must identify and hire staff with the appropriate competencies to manage the program. This position will be responsible for building, coordinating and guiding the program in

accomplishing the objectives contained in this RFA. This person will be the primary contact with the NYTCP Area Manager and will be expected to attend all Area, Regional, and statewide meetings convened by the NYTCP. A minimum of one full time equivalent must be hired for this program. Staff hired to manage this program must work a 12-month year.

Staff should have knowledge and skills in: program development, public schools organization and management; fiscal management; tobacco control and prevention content; cultural competence; gathering and analyzing data; and basic evaluation methods.

Staff Orientation, Training, Supervision and Program Support Requirements

Funded agencies are required to support paid coordinators by providing the following: proper orientation to the organization's policies and procedures; access to school district staff; fiscal and budget management support; timely processing of purchasing and subcontracting requests; training and supervision of coordinators; appropriate administrative support; access to up-to-date tobacco control information; current computer system with access to an individual e-mail account and the Internet, and appropriate office and meeting space.

Evaluation

Applicants funded for this initiative will dedicate sufficient grant funds to evaluation to demonstrate that selected activities and strategies have resulted in the intended impact and contributed to the achievement of tobacco control program objectives and goals. The Department's Institutional Review Board must approve research and evaluation protocols that involve human subjects. Funded partners will participate in evaluation training provided by the Department, will work with Tobacco Control Program evaluation specialists to develop and implement appropriate evaluation methodologies, and will cooperate with Research Triangle Institute, the Program's evaluation contractor, to provide information and implement studies conducted to assess the impact of the Tobacco Control Program or its components on tobacco use, attitudes and related behaviors.

Reporting requirements

Funded partners will submit monthly activity reports detailing progress achieved in implementing the annual work plan into the NYTCP web-based Community Activity Tracking (CAT) system. In addition, reports specific to particular initiatives, events and evaluation efforts will be required. See Section IV, part G for fiscal reporting requirements.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the NYS Department of Health Tobacco Control Program. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase:

All substantive questions must be submitted in writing to:

Patricia A. Bubniak
New York State Department of Health
Tobacco Control Program
Empire State Plaza

Corning Tower Room 710
Albany, NY 12237
Pab05@health.state.ny.us
Fax (518) 486-1684

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until 5:00 PM on January 5, 2007.

Questions of a technical nature can be addressed in writing or via telephone by calling Patricia Bubniak at (518) 474-1515. Questions are of a technical nature if they are limited to **how** to prepare your application (e.g., formatting) rather than relating to the substance of the application.

Prospective applicants should note that all clarifications and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application. See the paragraph titled "Letter of Intent" (below) to determine who will receive department responses to questions.

Written answers to all questions raised will be automatically mailed to applicants who have provided a Letter of Intent. Answers will be mailed on or about February 2, 2007.

Questions and answers, as well as any modifications and/or updates will be posted on the web. The web address is: <http://www.nyhealth.gov/funding/>

C. Letter of Intent

Letter of Intent to Apply - Submission of a Letter of Intent to Apply is encouraged, although not mandatory. The Letter of Intent to Apply must be received by January 12, 2007 at the address shown in paragraph B above in order to automatically receive responses to written questions, and any updates or modifications to this RFA. Failure to submit a Letter of Intent to Apply will not preclude the submission of an application. A sample format is included as Attachment 2 to this RFA.

D. How to file an application

Applications must be **received** at the following address by 5:00 PM February 21, 2007. Late applications will not be accepted.

Patricia A. Bubniak
New York State Department of Health
Tobacco Control Program
Empire State Plaza
Corning Tower Room 710
Albany, NY 12237

Applicants shall submit one original signed application and nine copies. Application packages should be clearly labeled with the name and number of the RFA as listed on the cover of this RFA document. **Applications will not be accepted via fax or e-mail.**

It is the applicant's responsibility to see that applications are delivered to the Department prior to the date and time specified above. The Department will not be responsible for proposals lost or delayed in the mail. Applications received after the deadline will not be considered for review.

E. THE DEPARTMENT OF HEALTH RESERVES THE RIGHT TO

1. Reject any or all applications received in response to this RFA.
2. Award more than one contract resulting from this RFA.
3. Waive or modify minor irregularities in applications received after prior notification to the applicant.
4. Adjust or correct cost figures with the concurrence of the applicant if errors exist and can be documented to the satisfaction of DOH and the State Comptroller.
5. Negotiate with applicants responding to this RFA within the requirements to serve the best interests of the State.
6. Modify the detailed specifications should no applications be received that meet all these requirements.
7. If the Department of Health is unsuccessful in negotiating a contract with the selected applicant within an acceptable time frame, the Department of Health may begin contract negotiations with the next qualified applicant(s) in order to serve and realize the best interests of the State.
8. The Department of Health reserves the right to award grants based on geographic or regional considerations to serve the best interests of the state.

F. Term of Contract

Any contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller.

It is expected that contracts resulting from this RFA will have the following time period:
December 1, 2007 – November 30, 2009.

G. Payment & Reporting Requirements

The Department may, at its discretion, make an advance payment to not for profit grant contractors in an amount not to exceed 25 percent of the annual contract.

The grant contractor shall submit monthly or quarterly invoices and required reports of expenditures to the State's designated payment office:

Marianne Daniels-Bross

NYS Department of Health
Empire State Plaza
Corning Tower Room 515
Albany, NY 12237

Payment of such invoices by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment will be made within 30 days of receipt of a correct invoice.

Invoices must be accompanied by back-up documentation for the following expenditures:

- Equipment purchases greater than \$500: Copy of receipt or invoice, with serial number.
- Consultants: Name, hours worked, and rate of pay. For outside consultants, provide a copy of the invoice.
- Media purchases greater than \$5,000: Copy of receipt.
- Miscellaneous expenditures: Listing of all expenditures in this category

The grant contractor shall submit the following periodic reports:

- Monthly Activity Reports: monthly activity reports will be submitted electronically into the NYTCP web-based Community Activity Tracking (CAT) system

All payment and reporting requirements will be detailed in Appendix C of the final grant contract.

H. General Specifications

1. By signing the "Application Cover Page" each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractor will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA. If this applicant does not accept a certain condition or term, this must be raised during the Question and Answer phase..
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
5. Provisions Upon Default

- a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.
- b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
- c. If, in the judgment of the Department of Health, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

Appendices

The following will be incorporated as appendices into any contract(s) resulting from this Request for Application.

APPENDIX A - Standard Clauses for All New York State Contracts

APPENDIX A-1 Agency Specific Clauses

APPENDIX A-2 Program Specific Clauses < *if applicable* >

APPENDIX B - Budget

APPENDIX C - Payment and Reporting Schedule

APPENDIX D - Workplan

APPENDIX E - Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for:

Workers' Compensation, for which one of the following is incorporated into this contract as Appendix E-1:

Certificate of Workers' Compensation Insurance, on the Workers' Compensation Board form C-105.2 or the State Insurance Fund Form U-26.3 (naming the Department of Health, Corning Tower Rm. 1315, Albany 12237-0016), or

Affidavit Certifying That Compensation Has Been Secured, form SI-12 or GSI-105.2

Statement That Applicant Does Not Require Workers' Compensation or Disability Benefits Coverage, form WC/DB 100-101, completed for workers' compensation; and

Disability Benefits coverage, for which one of the following is incorporated into this contract as Appendix E-2:

Certificate of Insurance, form DB-120.1, or

Notice of Qualification as Self Insurer Under Disability Benefits Law, form DB-155 or

Statement That Applicant Does Not Require Workers' Compensation or Disability Benefits Coverage, form WC/DB 100-101, completed for disability benefits insurance.

NOTE: Do not include the Workers' Compensation and Disability Benefits forms with your application. These documents will be requested as a part of the contracting process should your agency receive an award.

V. Completing the Application

A. Application Content

Please complete the application by addressing the following sections in the order and format in which they appear. Print each section heading and question listed below before recording your answer. There is no page limit for applications.

Program Summary

1. Provide a brief summary of your proposed program. (1 – 2 paragraphs)
2. Describe your agency's capacity to provide training and technical assistance to school districts in your catchment area, including previous experience.
3. Provide the job description, duties statement and minimum qualifications for the staff position that will manage this program.

Statement of Need

4. In chart form, provide a list of the school districts within your catchment area, and a list of schools housing grades 7-12, with approximate enrollment of each. Designate whether each school has implemented a comprehensive tobacco free school policy, has partially implemented such a policy, has a policy which is not enforced, or does not have a policy in place at the present time. Provide a brief explanation for those districts that have partially implemented a policy.

Program Activities

5. Describe the strategies your program will use to engage school districts and/or individual schools in the process of promulgating and implementing comprehensive tobacco free school policies.
6. Describe the methods you will use to engage school personnel and students in the process of

developing and implementing tobacco free school policies.

7. Identify proposed community partners and describe the roles they will play in developing and implementing tobacco free school policies.
8. Describe what enforcement strategies you will recommend to school districts / schools, including who will be responsible for receiving complaints.
9. Describe what Alternative to Suspension program(s) you will recommend to school personnel.
10. Provide a list of the school districts and/or schools with which you will engage in the first two years of the contract. (December 1, 2007 – November 30, 2009). Explain how you prioritized these school districts/ schools. Provide a Memorandum of Understanding from each school district on this list, specifying their willingness to develop and implement a comprehensive tobacco free school policy. See Action Plan for School Policy Partners, Attachment 6, for required number of schools.

Work Plan

11. The Action Plan for School Policy Partners, provided in Attachment 6, identifies the goals, objectives and outcomes that the TCP considers the standard for assisting schools to develop and implement tobacco-free policies. Summarize the activities described in your proposed plan (Program Activities#4 through#9 above) to fill in and complete the workplan grid. The draft NYTCP Strategic Plan is included for reference as Attachment 7.
NOTE: "Focus Areas" relate to and are consistent with the TCP web-based electronic Community Activity Tracking (CAT) system. All successful applicants will receive training in using the CAT system.

Budget

12. Complete a budget using the attached forms (Attachment 5). Applicants should submit a 12-month budget, assuming a start date of December 1, 2007. All costs must be related to the provision of services as described in this RFA. Justification for each cost should be submitted in narrative form, using the forms provided. This funding may only be used to expand existing activities or create new activities pursuant to this RFA. These funds may not be used to supplant funds for currently existing staff activities. The budget must be consistent with the scope of services, reasonable and cost effective.

The Department anticipates awarding contracts in the amount shown in the Eligible Applicants section above. Applicants should adhere to these amounts in preparing proposed budgets. The above amounts are subject to change.

Indirect costs will be limited to a maximum of 5% of total direct costs.

Applicants may call Gail Dobkins at (518) 474-1515 to obtain electronic copies of the forms referenced in this RFA.

Vendor Responsibility

Applicants should include with their original application only a signed, original Vendor Responsibility Questionnaire. The Questionnaire can be found at:

<http://www.osc.state.ny.us/vendrep/>. This requirement does not apply to any governmental subsidiary, or to any current Tobacco Control contractor that has submitted this form in the year 2005, unless any information has changed.

B. Application Format

There is no formal page limit for applications. Appendices are allowed. Applicants should take care to answer each question completely. The value assigned to each is an indication of the relative weight that will be given when scoring your application.

1. Program Summary	Maximum Score: 10 points
2. Statement of Need	Maximum Score: 5 points
4. Program Activities	Maximum Score: 55 points
5. Work Plan	Maximum Score: 10 points
6. Budget	Maximum Score: 20 points

C. Review Process

1. Applications will be reviewed and evaluated by the NYSDOH Tobacco Control Program.
2. The highest scoring proposal in a given catchment area will receive the award for that area.
3. Applications must receive a score of at least 60% in order to receive funding.
4. Applications must be for the entire catchment area in order to receive an award. If there are no applications receiving a score of 60% or better in a given catchment area, the Department will consider awarding a portion of the catchment area to a contiguous area outlined in the RFA with the highest score. If there are no contiguous areas outlined in this RFA, the Department will consider awarding funding to a current contractor to provide services in the unserved area. If none of the above applies, the Department will consider releasing an RFA for services in the unserved area(s).
5. If additional funds become available or if available funds are reduced, then funding will be distributed or reduced proportionally in the same manner as outlined in the RFA.

VI. Attachments

Attachment 1: Standard Grant Contract with Appendices

Attachment 2: Letter of Intent Format

Attachment 3: Application Cover Sheet

Attachment 4: Budget Instructions

Attachment 5: Application Budget Format

Attachment 6: Work Plan Format

Attachment 7: NYTCP Draft Strategic Plan

Attachment 8: NYTCP Regional and Area Boundaries

Attachment 9: Information Resources

STATE AGENCY (Name and Address):

. NYS COMPTROLLER'S NUMBER:

. ORIGINATING AGENCY CODE:

CONTRACTOR (Name and Address):

. TYPE OF PROGRAM(S)

FEDERAL TAX IDENTIFICATION NUMBER:

. INITIAL CONTRACT PERIOD

MUNICIPALITY NO. (if applicable):

. FROM:

. TO:

CHARITIES REGISTRATION NUMBER:

. FUNDING AMOUNT FOR INITIAL PERIOD:

____ - ____ - ____ or () EXEMPT:
(If EXEMPT, indicate basis for exemption):

. MULTI-YEAR TERM (if applicable):

. FROM:

. TO:

CONTRACTOR HAS() HAS NOT() TIMELY
FILED WITH THE ATTORNEY GENERAL'S
CHARITIES BUREAU ALL REQUIRED PERIODIC
OR ANNUAL WRITTEN REPORTS.

CONTRACTOR IS() IS NOT() A
SECTARIAN ENTITY

CONTRACTOR IS() IS NOT() A
NOT-FOR-PROFIT ORGANIZATION

APPENDICES ATTACHED AND PART OF THIS AGREEMENT

- APPENDIX A Standard clauses as required by the Attorney General for all State contracts.
- APPENDIX A-1 Agency-Specific Clauses (Rev 02/03)
- APPENDIX B Budget
- APPENDIX C Payment and Reporting Schedule
- APPENDIX D Program Workplan
- APPENDIX X Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods)

OTHER APPENDICES

- APPENDIX A-2 Program-Specific Clauses
- APPENDIX E-1 Proof of Workers' Compensation Coverage

<u> X </u>	APPENDIX E-2	Proof of Disability Insurance Coverage
<u> X </u>	APPENDIX H	Federal Health Insurance Portability and Accountability Act
_____	APPENDIX _____	Business Associate Agreement
_____	APPENDIX _____	_____
_____	APPENDIX _____	_____
<u> X </u>	APPENDIX C	Payment and Reporting Schedule
<u> X </u>	APPENDIX D	Program Workplan
_____	APPENDIX X	Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods)

IN WITNESS THEREOF, the parties hereto have executed or approved this AGREEMENT on the dates below their signatures.

Contract No. _____

CONTRACTOR . STATE AGENCY

By: _____

(Print Name)

By: _____

(Print Name)

Title: _____

Title: _____

Date: _____

Date: _____

State Agency Certification:

. "In addition to the acceptance of this contract,

. I also certify that original copies of this signature

. page will be attached to all other exact copies of

. this contract."

STATE OF NEW YORK)

County of _____) SS:

On the _____ day of _____ 20__, before me personally appeared _____, to me known, who being by me duly sworn, did depose and say that he/she resides at _____, that he/she is the _____ of the _____, the

corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said corporation.

(Notary) _____

ATTORNEY GENERAL'S SIGNATURE

STATE COMPTROLLER'S SIGNATURE

Title: _____

Title: _____

Date: _____

Date: _____

STATE OF NEW YORK

AGREEMENT

This AGREEMENT is hereby made by and between the State of New York agency (STATE) and the public or private agency (CONTRACTOR) identified on the face page hereof.

WITNESSETH:

WHEREAS, the STATE has the authority to regulate and provide funding for the establishment and operation of program services and desires to contract with skilled parties possessing the necessary resources to provide such services; and

WHEREAS, the CONTRACTOR is ready, willing and able to provide such program services and possesses or can make available all necessary qualified personnel, licenses, facilities and expertise to perform or have performed the services required pursuant to the terms of this AGREEMENT;

NOW THEREFORE, in consideration of the promises, responsibilities and covenants herein, the STATE and the CONTRACTOR agree as follows:

I. Conditions of Agreement

- A. This AGREEMENT may consist of successive periods (PERIOD), as specified within the AGREEMENT or within a subsequent Modification Agreement(s) (Appendix X). Each additional or superseding PERIOD shall be on the forms specified by the particular State agency, and shall be incorporated into this AGREEMENT.
- B. Funding for the first PERIOD shall not exceed the funding amount specified on the face page hereof. Funding for each subsequent PERIOD, if any, shall not exceed the amount specified in the appropriate appendix for that PERIOD.
- C. This AGREEMENT incorporates the face pages attached and all of the marked appendices identified on the face page hereof.
- D. For each succeeding PERIOD of this AGREEMENT, the parties shall prepare new appendices, to the extent that any require modification, and a Modification Agreement (the attached Appendix X is the blank form to be used). Any terms of this AGREEMENT not modified shall remain in effect for each PERIOD of the AGREEMENT.

To modify the AGREEMENT within an existing PERIOD, the parties shall revise or complete the appropriate appendix form(s). Any change in the amount of consideration to be paid, or change in the term, is subject to the approval of the Office of the State Comptroller. Any other modifications shall be processed in accordance with agency guidelines as stated in Appendix A-1.

- E. The CONTRACTOR shall perform all services to the satisfaction of the STATE. The CONTRACTOR shall provide services and meet the program objectives summarized in the Program Workplan (Appendix D) in accordance with: provisions of the AGREEMENT; relevant laws, rules and regulations, administrative and fiscal guidelines; and where applicable, operating certificates for facilities or licenses for an activity or program.

- F. If the CONTRACTOR enters into subcontracts for the performance of work pursuant to this AGREEMENT, the CONTRACTOR shall take full responsibility for the acts and omissions of its subcontractors. Nothing in the subcontract shall impair the rights of the STATE under this AGREEMENT. No contractual relationship shall be deemed to exist between the subcontractor and the STATE.
- G. Appendix A (Standard Clauses as required by the Attorney General for all State contracts) takes precedence over all other parts of the AGREEMENT.

II. Payment and Reporting

- A. The CONTRACTOR, to be eligible for payment, shall submit to the STATE's designated payment office (identified in Appendix C) any appropriate documentation as required by the Payment and Reporting Schedule (Appendix C) and by agency fiscal guidelines, in a manner acceptable to the STATE.
- B. The STATE shall make payments and any reconciliations in accordance with the Payment and Reporting Schedule (Appendix C). The STATE shall pay the CONTRACTOR, in consideration of contract services for a given PERIOD, a sum not to exceed the amount noted on the face page hereof or in the respective Appendix designating the payment amount for that given PERIOD. This sum shall not duplicate reimbursement from other sources for CONTRACTOR costs and services provided pursuant to this AGREEMENT.
- C. The CONTRACTOR shall meet the audit requirements specified by the STATE.

III. Terminations

- A. This AGREEMENT may be terminated at any time upon mutual written consent of the STATE and the CONTRACTOR.
- B. The STATE may terminate the AGREEMENT immediately, upon written notice of termination to the CONTRACTOR, if the CONTRACTOR fails to comply with the terms and conditions of this AGREEMENT and/or with any laws, rules and regulations, policies or procedures affecting this AGREEMENT.
- C. The STATE may also terminate this AGREEMENT for any reason in accordance with provisions set forth in Appendix A-1.
- D. Written notice of termination, where required, shall be sent by personal messenger service or by certified mail, return receipt requested. The termination shall be effective in accordance with the terms of the notice.
- E. Upon receipt of notice of termination, the CONTRACTOR agrees to cancel, prior to the effective date of any prospective termination, as many outstanding obligations as possible, and agrees not to incur any new obligations after receipt of the notice without approval by the STATE.

- F. The STATE shall be responsible for payment on claims pursuant to services provided and costs incurred pursuant to terms of the AGREEMENT. In no event shall the STATE be liable for expenses and obligations arising from the program(s) in this AGREEMENT after the termination date.

IV. Indemnification

- A. The CONTRACTOR shall be solely responsible and answerable in damages for any and all accidents and/or injuries to persons (including death) or property arising out of or related to the services to be rendered by the CONTRACTOR or its subcontractors pursuant to this AGREEMENT. The CONTRACTOR shall indemnify and hold harmless the STATE and its officers and employees from claims, suits, actions, damages and costs of every nature arising out of the provision of services pursuant to this AGREEMENT.
- B. The CONTRACTOR is an independent contractor and may neither hold itself out nor claim to be an officer, employee or subdivision of the STATE nor make any claims, demand or application to or for any right based upon any different status.

V. Property

Any equipment, furniture, supplies or other property purchased pursuant to this AGREEMENT is deemed to be the property of the STATE except as may otherwise be governed by Federal or State laws, rules and regulations, or as stated in Appendix A-1.

VI. Safeguards for Services and Confidentiality

- A. Services performed pursuant to this AGREEMENT are secular in nature and shall be performed in a manner that does not discriminate on the basis of religious belief, or promote or discourage adherence to religion in general or particular religious beliefs.
- B. Funds provided pursuant to this AGREEMENT shall not be used for any partisan political activity, or for activities that may influence legislation or the election or defeat of any candidate for public office.
- C. Information relating to individuals who may receive services pursuant to this AGREEMENT shall be maintained and used only for the purposes intended under the contract and in conformity with applicable provisions of laws and regulations, or specified in Appendix A-1.

APPENDIX A-1
(REV 02/03)

AGENCY SPECIFIC CLAUSES FOR ALL
DEPARTMENT OF HEALTH CONTRACTS

1. If the CONTRACTOR is a charitable organization required to be registered with the New York State Attorney General pursuant to Article 7-A of the New York State Executive Law, the CONTRACTOR shall furnish to the STATE such proof of registration (a copy of Receipt form) at the time of the execution of this AGREEMENT. The annual report form 497 is not required. If the CONTRACTOR is a business corporation or not-for-profit corporation, the CONTRACTOR shall also furnish a copy of its Certificate of Incorporation, as filed with the New York Department of State, to the Department of Health at the time of the execution of this AGREEMENT.
2. The CONTRACTOR certified that all revenue earned during the budget period as a result of services and related activities performed pursuant to this contract shall be used either to expand those program services funded by this AGREEMENT or to offset expenditures submitted to the STATE for reimbursement.
3. Administrative Rules and Audits:
 - a. If this contract is funded in whole or in part from federal funds, the CONTRACTOR shall comply with the following federal grant requirements regarding administration and allowable costs.
 - i. For a local or Indian tribal government, use the principles in the common rule, "Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments," and Office of Management and Budget (OMB) Circular A-87, "Cost Principles for State, Local and Indian Tribal Governments".
 - ii. For a nonprofit organization other than
 - an institution of higher education,
 - a hospital, or
 - an organization named in OMB Circular A-122, "Cost Principles for Non-profit Organizations", as not subject to that circular,use the principles in OMB Circular A-110, "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-profit Organizations," and OMB Circular A-122.
 - iii. For an Education Institution, use the principles in OMB Circular A-110 and OMB Circular A-21, "Cost Principles for Educational Institutions".
 - iv. For a hospital, use the principles in OMB Circular A-110, Department of Health and Human Services, 45 CFR 74, Appendix E, "Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts with Hospitals" and, if not covered for audit purposes by OMB Circular A-133, "Audits of States and Local Governments and Non-profit

Organizations”, then subject to program specific audit requirements following Government Auditing Standards for financial audits.

- b. If this contract is funded entirely from STATE funds, and if there are no specific administration and allowable costs requirements applicable, CONTRACTOR shall adhere to the applicable principles in “a” above.
- c. The CONTRACTOR shall comply with the following grant requirements regarding audits.
 - i. If the contract is funded from federal funds, and the CONTRACTOR spends more than \$300,000 in federal funds in their fiscal year, an audit report must be submitted in accordance with OMB Circular A-133.
- ii. If this contract is funded from other than federal funds or if the contract is funded from a combination of STATE and federal funds but federal funds are less than \$300,000, and if the CONTRACTOR receives \$300,000 or more in total annual payments from the STATE, the CONTRACTOR shall submit to the STATE after the end of the CONTRACTOR's fiscal year an audit report. The audit report shall be submitted to the STATE within thirty days after its completion but no later than nine months after the end of the audit period. The audit report shall summarize the business and financial transactions of the CONTRACTOR. The report shall be prepared and certified by an independent accounting firm or other accounting entity, which is demonstrably independent of the administration of the program being audited. Audits performed of the CONTRACTOR's records shall be conducted in accordance with Government Auditing Standards issued by the Comptroller General of the United States covering financial audits. This audit requirement may be met through entity-wide audits, coincident with the CONTRACTOR's fiscal year, as described in OMB Circular A-133. Reports, disclosures, comments and opinions required under these publications should be so noted in the audit report.
 - d. For audit reports due on or after April 1, 2003, that are not received by the dates due, the following steps shall be taken:
 - i. If the audit report is one or more days late, voucher payments shall be held until a compliant audit report is received.
 - ii. If the audit report is 91 or more days late, the STATE shall recover payments for all STATE funded contracts for periods for which compliant audit reports are not received.
 - iii. If the audit report is 180 days or more late, the STATE shall terminate all active contracts, prohibit renewal of those contracts and prohibit the execution of future contracts until all outstanding compliant audit reports have been submitted.
- 4. The CONTRACTOR shall accept responsibility for compensating the STATE for any exceptions which are revealed on an audit and sustained after completion of the normal audit procedure.
- 5. FEDERAL CERTIFICATIONS: This section shall be applicable to this AGREEMENT only if any of the funds made available to the CONTRACTOR under this AGREEMENT are federal funds.

a. LOBBYING CERTIFICATION

- 1) If the CONTRACTOR is a tax-exempt organization under Section 501 (c)(4) of the Internal Revenue Code, the CONTRACTOR certifies that it will not engage in lobbying activities of any kind regardless of how funded.
- 2) The CONTRACTOR acknowledges that as a recipient of federal appropriated funds, it is subject to the limitations on the use of such funds to influence certain Federal contracting and financial transactions, as specified in Public Law 101 -121, section 319, and codified in section 1352 of Title 31 of the United States Code. In accordance with P.L. 101-121, section 319, 31 U.S.C. 1352 and implementing regulations, the CONTRACTOR affirmatively acknowledges and represents that it is prohibited and shall refrain from using Federal funds received under this AGREEMENT for the purposes of lobbying; provided, however, that such prohibition does not apply in the case of a payment of reasonable compensation made to an officer or employee of the CONTRACTOR to the extent that the payment is for agency and legislative liaison activities not directly related to the awarding of any Federal contract, the making of any Federal grant or loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement. Nor does such prohibition prohibit any reasonable payment to a person in connection with, or any payment of reasonable compensation to an officer or employee of the CONTRACTOR if the payment is for professional or technical services rendered directly in the preparation, submission or negotiation of any bid, proposal, or application for a Federal contract, grant, loan, or cooperative agreement, or an extension, continuation, renewal, amendment, or modification thereof, or for meeting requirements imposed by or pursuant to law as a condition for receiving that Federal contract, grant, loan or cooperative agreement.
- 3) This section shall be applicable to this AGREEMENT only if federal funds allotted exceed \$100,000.
 - a) The CONTRACTOR certifies, to the best of his or her knowledge and belief, that:
 - u) No federal appropriated funds have been paid or will be paid, by or on behalf of the CONTRACTOR, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal amendment or modification of any federal contract, grant, loan, or cooperative agreement.
 - u) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the CONTRACTOR shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.

- b) The CONTRACTOR shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
 - c) The CONTRACTOR shall disclose specified information on any agreement with lobbyists whom the CONTRACTOR will pay with other Federal appropriated funds by completion and submission to the STATE of the Federal Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. This form may be obtained by contacting either the Office of Management and Budget Fax Information Line at (202) 395-9068 or the Bureau of Accounts Management at (518) 474-1208. Completed forms should be submitted to the New York State Department of Health, Bureau of Accounts Management, Empire State Plaza, Corning Tower Building, Room 1315, Albany, 12237-0016.
 - d) The CONTRACTOR shall file quarterly updates on the use of lobbyists if material changes occur, using the same standard disclosure form identified in (c) above to report such updated information.
- 4) The reporting requirements enumerated in subsection (3) of this paragraph shall not apply to the CONTRACTOR with respect to:
- a) Payments of reasonable compensation made to its regularly employed officers or employees;
 - b) A request for or receipt of a contract (other than a contract referred to in clause (c) below), grant, cooperative agreement, subcontract (other than a subcontract referred to in clause (c) below), or subgrant that does not exceed \$100,000; and
 - c) A request for or receipt of a loan, or a commitment providing for the United States to insure or guarantee a loan, that does not exceed \$150,000, including a contract or subcontract to carry out any purpose for which such a loan is made.

b. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE:

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs whether directly or through State or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this AGREEMENT, the CONTRACTOR certifies that it will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The CONTRACTOR agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

c. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

Regulations of the Department of Health and Human Services, located at Part 76 of Title 45 of the Code of Federal Regulations (CFR), implement Executive Orders 12549 and 12689 concerning debarment and suspension of participants in federal programs and activities. Executive Order 12549 provides that, to the extent permitted by law, Executive departments and agencies shall participate in a government-wide system for non-procurement debarment and suspension. Executive Order 12689 extends the debarment and suspension policy to procurement activities of the federal government. A person who is debarred or suspended by a federal agency is excluded from federal financial and non-financial assistance and benefits under federal programs and activities, both directly (primary covered transaction) and indirectly (lower tier covered transactions). Debarment or suspension by one federal agency has government-wide effect.

Pursuant to the above-cited regulations, the New York State Department of Health (as a participant in a primary covered transaction) may not knowingly do business with a person who is debarred, suspended, proposed for debarment, or subject to other government-wide exclusion (including any exclusion from Medicare and State health care program participation on or after August 25, 1995), and the Department of Health must require its prospective contractors, as prospective lower tier participants, to provide the certification in Appendix B to Part 76 of Title 45 CFR, as set forth below:

- 1) APPENDIX B TO 45 CFR PART 76 - CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS

Instructions for Certification

- a) By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- b) The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- c) The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
- d) The terms *covered transactions, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded*, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- e) The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- f) The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transactions," without modification, in all lower tier covered transactions.
- g) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded From Federal Procurement and Non-procurement Programs.

9. The CONTRACTOR shall comply with all applicable federal, State and local civil rights and human rights laws with reference to equal employment opportunities and the provision of services.

10. The STATE may cancel this AGREEMENT at any time by giving the CONTRACTOR not less than thirty (30) days written notice that on or after a date therein specified, this AGREEMENT shall be deemed terminated and cancelled.

11. Other Modifications

a. Modifications of this AGREEMENT as specified below may be made within an existing PERIOD by mutual written agreement of both parties:

- υ Appendix B – Budget line interchanges;
- υ Appendix C – Section 11, Progress and Final Reports;
- υ Appendix D – Program Workplan

b. To make any other modification of this AGREEMENT within an existing PERIOD, the parties shall revise or complete the appropriate appendix form(s), and a Modification Agreement (Appendix X is the blank form to be used), which shall be effective only upon approval by the Office of the State Comptroller.

12. Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for

a. Workers' Compensation, for which one of the following is incorporated into this contract as Appendix E-1:

- υ Certificate of Workers' Compensation Insurance, on the Workers' Compensation Board form C-105.2 or the State Insurance Fund Form U-26.3 (naming the Department of Health, Corning Tower, Room 1315, Albany, 12237-0016), or
- υ Affidavit Certifying That Compensation Has Been Secured, form SI-12 or form GSI 105.2, or
- υ Statement That Applicant Does Not Require Workers' Compensation or Disability Benefits Coverage, form 105.21, completed for workers' compensation; and

b. Disability Benefits coverage, for which one of the following is incorporated into this contract as Appendix E-2:

- υ Certificate of Disability Benefits Insurance, form DB-120.1, or
- υ Notice of Qualification as Self Insurer Under Disability Benefits Law, form DB-155, or

- o Statement That Applicant Does Not Require Workers' Compensation or Disability Benefits Coverage, form 105.21, completed for disability benefits insurance.

13. Additional clauses as may be required under this AGREEMENT are annexed hereto as appendices and are made a part hereof if so indicated on the face page of this AGREEMENT.

APPENDIX C

PAYMENT AND REPORTING SCHEDULE

1. Payment and Reporting Terms and Conditions

A. The STATE may, at its discretion, make an advance payment to the CONTRACTOR, during the initial or any subsequent PERIOD, in an amount to be determined by the STATE but not to exceed _____ percent of the maximum amount indicated in the budget as set forth in the most recently approved Appendix B. If this payment is to be made, it will be due thirty calendar days, excluding legal holidays, after the later of either:

- ∪ the first day of the contract term specified in the Initial Contract Period identified on the face page of the AGREEMENT or if renewed, in the PERIOD identified in the Appendix X, OR
- ∪ if this contract is wholly or partially supported by Federal funds, availability of the federal funds;

provided, however, that a STATE has not determined otherwise in a written notification to the CONTRACTOR suspending a Written Directive associated with this AGREEMENT, and that a proper voucher for such advance has been received in the STATE's designated payment office. If no advance payment is to be made, the initial payment under this AGREEMENT shall be due thirty calendar days, excluding legal holidays, after the later of either:

- ∪ the end of the first monthly/quarterly period of this AGREEMENT; or
- ∪ if this contract is wholly or partially supported by federal funds, availability of the federal funds:

provided, however, that the proper voucher for this payment has been received in the STATE's designated payment office.

B. No payment under this AGREEMENT, other than advances as authorized herein, will be made by the STATE to the CONTRACTOR unless proof of performance of required services or accomplishments is provided. If the CONTRACTOR fails to perform the services required under this AGREEMENT the STATE shall, in addition to any remedies available by law or equity, recoup payments made but not earned, by set-off against any other public funds owed to CONTRACTOR.

C. Any optional advance payment(s) shall be applied by the STATE to future payments due to the CONTRACTOR for services provided during initial or subsequent PERIODS. Should funds for subsequent PERIODS not be appropriated or budgeted by the STATE for the purpose herein specified, the STATE shall, in accordance with Section 41 of the State Finance Law, have no liability under this AGREEMENT to the CONTRACTOR, and this AGREEMENT shall be considered terminated and cancelled.

- D. The CONTRACTOR will be entitled to receive payments for work, projects, and services rendered as detailed and described in the program workplan, Appendix D. All payments shall be in conformance with the rules and regulations of the Office of the State Comptroller.
- E. The CONTRACTOR will provide the STATE with the reports of progress or other specific work products pursuant to this AGREEMENT as described in this Appendix below. In addition, a final report must be submitted by the CONTRACTOR no later than ____ days after the end of this AGREEMENT. All required reports or other work products developed under this AGREEMENT must be completed as provided by the agreed upon work schedule in a manner satisfactory and acceptable to the STATE in order for the CONTRACTOR to be eligible for payment.
- F. The CONTRACTOR shall submit to the STATE monthly/quarterly voucher claims and reports of expenditures on such forms and in such detail as the STATE shall require. The CONTRACTOR shall submit vouchers to the State's designated payment office located in the _____.

All vouchers submitted by the CONTRACTOR pursuant to this AGREEMENT shall be submitted to the STATE no later than _____ days after the end date of the period for which reimbursement is being claimed. In no event shall the amount received by the CONTRACTOR exceed the budget amount approved by the STATE, and, if actual expenditures by the CONTRACTOR are less than such sum, the amount payable by the STATE to the CONTRACTOR shall not exceed the amount of actual expenditures. All contract advances in excess of actual expenditures will be recouped by the STATE prior to the end of the applicable budget period.

II. Progress and Final Reports

Organization Name: _____

Report Type:

A. Narrative/Qualitative Report

_____ (Organization Name) will submit, on a quarterly basis, not later than _____ days from the end of the quarter, a report, in narrative form, summarizing the services rendered during the quarter. This report will detail how the _____ (Organization) _____ has progressed toward attaining the qualitative goals enumerated in the Program Workplan (Appendix D).

(Note: This report should address all goals and objectives of the project and include a discussion of problems encountered and steps taken to solve them.)

B. Statistical/Quantitative Report

_____ (Organization Name) will submit, on a quarterly basis, not later than _____ days from the end of the quarter, a detailed report analyzing the quantitative aspects of the program plan, as appropriate (e.g., number of meals served, clients transported, patient/client encounters, procedures performed, training sessions conducted, etc.)

C. Expenditure Report

_____ (Organization Name) _____ will submit, on a quarterly basis, not later than _____ days after the end date for which reimbursement is being claimed, a detailed expenditure report, by object of expense. This report will accompany the voucher submitted for such period.

D. Final Report

_____ (Organization Name) _____ will submit a final report, as required by the contract, reporting on all aspects of the program, detailing how the use of grant funds were utilized in achieving the goals set forth in the program Workplan.

Attachment 2

Sample Letter of Intent

Patricia A. Bubniak
NYSDOH Tobacco Control Program
Empire State Plaza
Corning Tower
Room 710
Albany, NY 12237

Re: RFA #:
RFA Title: Tobacco Free Schools Support programs

Dear Ms. Bubniak:

This letter is to indicate our interest in the above Request for Applications (RFA) and to request that our organization be placed on the mailing list for any updates, written responses to questions, or amendments to the RFA.

We understand that in order to automatically receive any RFA updates and/or modifications as well as answers to submitted questions, the Department of Health requires that this letter be received by the NYSDOH Tobacco Control Program by January 12, 2007.

Sincerely,

Attachment 3

New York State Tobacco Control Program
Tobacco Free Schools Support Programs Request for Application
Cover Page

APPLICANT INFORMATION

Applicant:

Federal Tax ID#: _____

Address: _____

County: _____

Name of Contact Person: _____

Title: _____

Address: _____

Telephone: _____ **Fax:** _____

E-Mail: _____

Authorized Signatory for Contract: _____

**NEW YORK STATE DEPARTMENT OF HEALTH
TOBACCO CONTROL PROGRAM**

**INSTRUCTIONS
for Completing
Operating Budget and Funding Request**

General Information

All expenses for your project must be in line item detail on the forms provided. NYS funded indirect costs may not exceed five percent (5%) of your STATE grant and must be fully itemized (i.e. space, utilities, etc.) and justified.

BUDGET NARRATIVE/JUSTIFICATION FORMS

- Form 1: Personnel Services**
Form 2: Fringe Benefit Rate
Form 3: Non-personnel Services

Use Forms 1 and 3 to provide a justification/explanation for the expenses included in the Operating Budget and Funding Request. The justification must show all items of expense and the associated cost that comprise the amount requested for each budget category (e.g. if your total travel cost is \$1,000, show how that amount was determined - conference, local travel, etc.), and if appropriate, an explanation of how these expenses relate to the goals and objectives of the project.

FORM 1: PERSONNEL SERVICES

Include a description for each position and the annual salary or rate per hour if non-salaried or if hourly, percentage of time spent on various duties where appropriate, on this form. Contracted or per diem staff is not to be included in personnel services; these expenses should be shown as a consultant or contractual services under non-personnel services.

FORM 2: FRINGE BENEFIT RATE

Specify the components (FICA, Health Insurance, Unemployment Insurance, etc.) And their percentages comprising the fringe benefit rate, then total the percentages to show the fringe benefit rate used in budget calculations. If different rates are used for different positions, submit a Form 2 for each rate and specify which positions are subject to which rate.

FORM 3: NON-PERSONNEL SERVICES

Any item of expense not applicable to the following categories must also be listed along with a justification of need.

Supplies and Materials

Provide a delineation of the items of expense and estimated cost of each along with justification of their need.

Travel

Provide a delineation of the items of expense and estimated cost (i.e. travel costs associated with conferences, including transportation, meals, lodging, registration fees) and estimated cost along with a justification of need. Costs should be based upon the agency's applicable travel reimbursement policy.

Consultants/Per Diem/Contractual Services

Provide a justification of why each service listed is needed. Justification should include the name of the consultant/contractor, the specific services to be provided and the time frame for the delivery of services. The cost for each service should be fully justified.

Equipment

Delineate each piece of equipment and estimated cost along with a justification of need. Equipment costing less than \$500 should be included in the Supplies and Materials category. Anticipated equipment purchases \$500 and greater should be included in the equipment line.

BUDGET

TABLE A: SUMMARY BUDGET

This table should be completed last and will include the total lines only from Table A-1 (Personnel Services) and Table A-2 (Non-personnel Services) and the Grand Total. As a check, grand total NYS should match your state grant award and grand total third party should match the total revenue estimate from Table C. Total expense = NYS+ 3rd party + other source. Other Source may be in-kind, other grants, etc.

TABLE A-1: PERSONNEL SERVICES

Personnel, with the exception of consultants and per diems, contributing any part of their time to the project should be listed with the following items completely filled in (consultants/per diems should be shown as a non-personnel services expense on Table A-2);

Title: The title given should reflect either a position within your organization or on this project. More than one individual in a particular title may be listed together [e.g. Nurse Practitioner (2)].

Annual Salary: Regardless of the amount of time spent on this project, the total annual salary for each position should be given.

% FTE: The proportion of time spent on the project based on a full time equivalent (FTE) should be indicated. One FTE is based on the number of hours worked in one week by salaried employees (e.g. 40 hour work week). To obtain % FTE, divide the hours per week spent on the project by the number of hours in a work week. For example, an individual working 10 hours per week on the project given a 40 hour work week = $10/40 = .25$ (show in decimal form).

of Months: Show the number of months out of 12 worked for each title. [If an employee works 10 months out of 12, then $10\text{ months}/12\text{ months} = .833$. This ratio is part of the

total expense calculation below.]

Total Expense: Total expense can be calculated using the following method:
(Total Annual Salary) X (\$FTE) X (# of months worked/12) = Total Expense.

Fringe Benefit Line: The total fringe amount should be shown: (sum of annual salaries total expense) X (fringe rate from Form 2 or the average fringe benefit rate if more than one rate is applicable).

TOTAL EXPENSE for salaries and fringe benefits must then be distributed between (1) NYS, (2) third party, (3) other source as deemed appropriate. You may use any combination of these three categories for each line item, as long as the total expense = NYS + third party + other source. This is also applicable to Table A-2 discussed below.

TABLE A-2: NONPERSONNEL SERVICES

All non-personnel services expenses should be listed regardless of whether or not funding for these expenses is requested from New York State. As with Table A-1, distribute total expense between NYS, third party, and other source (specify other source).

BUDGET NARRATIVE/JUSTIFICATION ATTACHMENT

FORM 1
PERSONNEL SERVICES

APPLICANT: _____

PERSONNEL SERVICES

TITLE	INCUMBENT	B. DESCRIPTION

BUDGET NARRATIVE/JUSTIFICATION ATTACHMENT

FORM 2
FRINGE BENEFITS

APPLICANT: _____

FRINGE BENEFITS

COMPONENT	RATE
C. TOTAL FRINGE BENEFIT RATE	

Page ___ of ___

BUDGET NARRATIVE/JUSTIFICATION ATTACHMENT

FORM 3
NON-PERSONNEL SERVICES

APPLICANT: _____

NON-PERSONNEL SERVICES

ITEM	COST	DESCRIPTION

Page ____ of ____

OPERATING BUDGET & FUNDING REQUEST

TABLE A

Grant Period:

APPLICANT: _____

	Total Expenses This Contract	Amount Requested From NYS	Other Source	Specify Other Source
Personnel Service				
Subtotal Non- Personnel Service				
Grand Total				

OPERATING BUDGET & FUNDING REQUEST

**TABLE A-1
PERSONNEL SERVICES**

Grant Period:

APPLICANT: _____

Personnel Services	Budgeted Salary	Budgeted Full-Time Annualized Salary	# of months	% FTE Annual	Total Expenses	Amount Requested from NYS	Other Source	Specify Other Sources
Fringe Benefits __%								
Subtotal Personnel Services								

OPERATING BUDGET & FUNDING REQUEST
TABLE A-2

Grant Period:

APPLICANT: _____

Non-Personnel Service	Total Expenses This Contract	Amount Requested From NYS	Other Source	Specify Other Source
GRAND TOTAL				

**New York State Department of Health
Tobacco Use Prevention and Control Program**

ACTION PLAN FOR SCHOOL POLICY PARTNERS, 2007/2008

Based on the draft Tobacco Control Program Strategic Plan

Name of Partner: _____

Contract Number: _____

Funding Level: _____

**New York State Department of Health
TOBACCO CONTROL SCHOOL POLICY PARTNERS ACTION PLAN Year 1
December 1, 2007-November 30, 2008**

Program Goal 1: Eliminate exposure to second-hand smoke (SHS)
Objective 1D: Increase the number of educational institutions (elementary, secondary, and post-secondary) that effectively implement tobacco-free policies and procedures to eliminate tobacco use and tobacco products from all facilities (including dormitories), property, vehicles, and events.
SMART Outcome 1: (Based on funding level, select the appropriate SMART outcome from the list at end of work plan***)
SMART Outcome 2: By November 30, 2008, 25% of the schools in the catchment area, in addition to schools selected for year 1, will have been contacted to begin the administrative commitment process for year 2 of the contract.

Strategies and Activities – Outcome #1	Focus Area	Target Group (list individual schools)	Partners	Timeline (From date of contract execution)
STRATEGY: Policy and procedures development and implementation	Advocating with organizational decision makers			
Administrative commitment				
Activities:				
1. Obtain School commitment				1 st month
2. Finalize MOU from selected schools				1 st month
3. Identify a key school contact				1 st month
Establish a school policy and procedures committee				
Activities:				
4. Assist the key contact to establish a team or committee comprised of parents, students, faculty, staff, smokers and non-smokers, to develop and implement a tobacco-free schools policy and procedures				2 nd – 3 rd month
5. Assist the team/committee in establishing a realistic project timeline				2 nd – 3 rd month

STRATEGY: Policy and procedures development and implementation (con't)	Advocating with organizational decision makers			
Policy Review and Development				
Activities:				
6. Review current tobacco policy and procedures document and compare to TCP standard				4 th – 5 th month
7. Provide samples of tobacco policies and procedures				
8. Provide team/committee with recommended components of an effective policy and procedures				
9. Identify strengths, weakness and gaps of current policy and procedures				
10. Draft a tobacco-free policy and procedures document including an effective date				5 th – 7 th month
11. Obtain necessary reviews and approvals for the document				
Implementation				
Activities:				
12. Assist the team/committee to develop plans and strategies to implement and enforce the policy and procedures				Within 1 month of policy approval 7 th month
STRATEGY: Communication of policy to school community	Community Education			
Activities:				
1. Assist the team/committee to develop a plan and strategies to communicate the new policy and procedures throughout the school and community				Within 1 month of policy approval 7 th month
2. Implementation Kick Off				

STRATEGY: Collect observation information	Monitoring or assessment			
Activities:				
1. Provide guidance and direction to school team/committee to conduct baseline observational study using TCP tool				3 rd – 4 th month
2. Provide guidance and direction to the team/committee to complete follow up observational studies and compare results with baseline				3 rd and 12 th month following policy implementation
STRATEGY: Staff survey	Survey			
Activities:				
1. Provide guidance and direction to the team/committee to conduct faculty and staff surveys to evaluate the level of awareness and implementation of the new policy.				3 rd and 12 th month following policy implementation

SMART Outcome 2: By November 30, 2008, 25% of the schools in the catchment area, in addition to the schools selected for year 1, will have been contacted to begin the administrative commitment process for year 2 of the contract.				
Strategies and Activities - Outcome #2	Focus Area	Target Group	Partners	Timeline (From date of contract execution)
STRATEGY: Policy and procedures development and implementation (con't)	Advocating with organizational decision makers			
Activities:				
1. The School Policy Coordinator will contact other schools in the catchment area to begin the administrative commitment process.				Through out year

Program Goal 5: Build and maintain an effective Tobacco Control Program Infrastructure

Objective 5C: Strengthen area and regional infrastructure to promote coordination and collaboration among partners.

SMART Outcome: By Nov. 30, 2008, (Your project name here) will have worked to support the activities and strengthen communication and collaboration with all partners in the area and region by attending area, regional and local community partnership meetings; enhancing project and staff development by attending training; and, contributing to the sustainability efforts in the area and region.

Strategies and Activities	Focus Area	Target Group	Partners	Timeline (From date of contract execution)
STRATEGY: Build an effective tobacco control infrastructure	Infrastructure development			
Activities:				
1. Attend Community Partnership meetings and participate in activities as appropriate				
2. Attend area and regional meetings				
3. Contribute to the sustainability efforts of the area, region and state				
4. Attend school policy partner meetings				
5. Attend TCP-provided training				

Optional Additional Activities

Program Goal 2: Decrease the social acceptability of tobacco use
Objective 2A: Increase anti-tobacco attitudes among youth and adults.
SAMPLE SMART Outcome 1: By November 2008, the School Policy Coordinator will collaborate with other tobacco control partners to coordinate training, instruction or education regarding advertising, sponsorship and promotion to support social norm change in x number of target schools.
SAMPLE SMART Outcome 2: By November 2008, 25% of the schools that have implemented a tobacco-free policy and procedures will expand their policy and procedures to eliminate tobacco advertising in magazines in the school library, movie trailers on Channel 1 that show smoking, movies in school that show smoking or obvious placement of tobacco products and accepting material (Phillip Morris provides book covers to schools) from the tobacco companies.

Strategies and Activities	Focus Area	Target Group	Partners	Timeline (From date of contract execution)
Strategies and Activities - Outcome #1				
Activities:				
Strategies and Activities - Outcome #2				
Activities:				

For grantees funded at \$95,000:

By November 30, 2008, up to 6 – 7 schools selected for intervention in year 1 of the contract will have 1) a commitment from school administration to establish tobacco-free grounds; 2) a team or committee to address the issue; 3) an implementation timeline, 4) completed an on-site observation, and 5) assessed existing tobacco-free policies.

For grantees funded at \$125,000:

By November 30, 2008, up to 12 – 14 schools selected for intervention in year 1 of the contract will have 1) a commitment from school administration to establish tobacco-free grounds; 2) a team or committee to address the issue; 3) an implementation timeline, 4) completed an on-site observation, and 5) assessed existing tobacco-free policies.

For grantees funded at \$175,000:

By November 30, 2008, up to 25 schools selected for intervention in year 1 of the contract will have 1) a commitment from school administration to establish tobacco-free grounds; 2) a team or committee to address the issue; 3) an implementation timeline, 4) completed an on-site observation, and 5) assessed existing tobacco-free policies.

New York State Department of Health Tobacco Control Program

Draft Strategic Plan

June 2006

In 2002, the Tobacco Control Program initiated a strategic planning process to guide the implementation of effective program activities supported by a strong program infrastructure and leading to the accomplishment of measurable program objectives and goals. The program's draft strategic plan is revised and updated regularly to acknowledge program successes and address changes in the tobacco control environment. The plan describes the program's vision and mission, goals and objectives, and the activities that will be implemented to achieve objectives and goals, and the infrastructure and evaluation requirements to support an effective tobacco control program.

I. Vision and Mission.

The Tobacco Control Program (TCP) has the following vision and mission:

The Vision of the Tobacco Control Program is All New Yorkers live in a tobacco free society. The Mission of the Tobacco Control Program is to reduce morbidity and mortality and alleviate the social and economic burden caused by tobacco use in New York State.

The draft strategic plan contains six goals. Four are programmatic, one relates to infrastructure and one relates to science and evaluation. The six goals are:

1. Eliminate exposure to secondhand smoke.
2. Decrease the social acceptability of tobacco use.
3. Promote cessation from tobacco use.
4. Prevent the initiation of tobacco use among youth and young adults.
5. Build and maintain an effective tobacco control infrastructure.
6. Contribute to the science of tobacco control.

II. Monitoring Progress.

To achieve program goals, the Tobacco Control Program seeks to implement evidence-based interventions and activities that accomplish clearly articulated program objectives. Progress toward achievement of these program objectives and goals will be measured in three complementary ways:

- 1) Establishment of management, accountability, and evaluation processes to assure that program staff and partners document the implementation of effective tobacco control activities and the short-term impact of those activities.

These systems are an essential component of program evaluation, documenting that interventions are implemented as designed and have achieved the short-term impacts they were expected to achieve. Program partners will be expected to work with program evaluation specialists to identify simple evaluation strategies to demonstrate the short-term impact of community interventions.

- 2) Implementation of a formal evaluation system, focused evaluation studies, and expanded surveillance activities to answer specific questions about program efficacy and the impact of individual program components.

These systems and studies will be developed and implemented in 2003 to 2007, by Research Triangle Institute (RTI) of Research Triangle Park, North Carolina, in collaboration with researchers at Roswell

Park Cancer Institute and Columbia University's School of Public Health to evaluate the effectiveness and impact of tobacco control activities and to understand the cumulative impact of the variety of program activities.

- 3) Identification of tobacco-related indicators from the routinely collected data gathered by existing surveillance and other data systems and from ongoing tobacco control evaluation studies. These indicators will be monitored over time to
 - Track progress toward achievement of program goals and objectives,
 - Establish baseline information to track program progress before evaluation systems were in place,
 - Complement information obtained from formal evaluation studies.

Key outcome indicators help measure progress toward achievement of tobacco control objectives and goals. Program indicators are listed at the end of this document.

III. Goals and Objectives

The draft strategic plan includes four programmatic goals, one infrastructure goal and one evaluation goal. Below is a description of each program goal, why it is important, the objectives that contribute to the achievement of the goal, the indicators that may be useful in tracking progress toward the achievement of each goal and associated objectives, and the general program approach to achieving objectives and goals. Program objectives are drawn from the strategies recommended by the Task Force on Community Preventive Services as effective to prevent and reduce tobacco use. The Task Force has identified six interventions for which there is sufficient evidence of effectiveness to recommend or strongly recommend implementation of the intervention. The Tobacco Control Program will focus on these interventions as it seeks to prevent and reduce tobacco use. The Task Force's recommended effective interventions are displayed in Figure A.

Figure A. Task Force on Community Preventive Services
Recommended Effective Interventions to Prevent and Reduce Tobacco Use,
February 2002.

- **Reducing exposure to second-hand smoke:**
 - Smoking bans and restrictions
- **Increasing cessation:**
 - Increasing the unit price of tobacco products
 - Provider reminders alone or with provider education
 - Multi-component telephone support systems (Quit Lines)
 - Reducing patient costs for treatments
 - Multi-component mass media campaigns with interventions
- **Reducing initiation:**
 - Increasing the unit price of tobacco products
 - Multi-component mass media campaigns with interventions

Goal 1. Eliminate exposure to secondhand smoke.

The US Environmental Protection Agency estimates that secondhand smoke causes up to 62,000 deaths each year among non-smokers in the United States, including 3000 deaths each year from lung cancer and 35,000 deaths due to heart disease. An estimated 300,000 children across the nation develop lower respiratory tract infections each year as a result of exposure to secondhand smoke, with approximately 15,000 of these children hospitalized each year due to their infections. Exposure to secondhand smoke is a primary cause of asthma and acute asthmatic events among children. Eliminating exposure to secondhand smoke reduces morbidity and mortality. In addition, the elimination of tobacco use from public and work places may contribute to changes in the perception of tobacco use as normative.

Draft programmatic objectives related to this goal area are:

Objective 1A – Increase compliance with New York’s comprehensive clean indoor air law.

Year	2000	2001	2002	June 2003	June 2004	June 2005
Restaurants	NA	NA	NA	48%	99%	99%*
Bars	NA	NA	NA	11%	84%	99%*
Bowling Facilities	NA	NA	NA	32%	98%	99%
Overall				31%	93%	99%*

Footnotes: **Actual** *Projected Source: NYS-CTFNY Observational Study

Environmental health staff at state, district and county health departments and offices will use new TCP resources to enhance efforts to ensure compliance with the state CIAA.

Community partnerships may use paid and earned media to increase community awareness of how to report a violation. Secondary activity.

Objective 1B – Increase the percent of adults and youth who live in households where smoking is prohibited.

Year	2000	2001	2002	2003 **	2004 **
Adult Smokers	28.6	NA	36.1	29.5	34.6
Adult Non-smokers	73.7	NA	72.9	76.0	79.3
All Adults	63.8	NA	64.8	66.8	72.0
Middle School	NA	NA	59.3	NA	
High School	NA	NA	60.0	NA	

Footnotes: **Actual** *Projected Source: NYS BRFSS: 2000 to 2002, ** ATS: 3Q2003 and 3Q2004, YTS

Year	2005*	2006*	2007*	2008*	2009*
Adult Smokers	36.0	38.0	42.0	45.0	50.0
Adult Non-smokers	81.0	84.0	88.0	93.0	95.0
All Adults	74.0	78.0	83.0	87.0	90.0
Middle School		65.0		70.0	
High School		65.0		70.0	

Footnotes: **Actual** *Projected Source: ATS: 3Q2003 and 3Q2004, YTS

The state TCP and community partners use paid and earned media to increase community knowledge of the dangers of exposure to secondhand smoke, with calls to action to “take it outside,” “make your home smokefree,” “quit smoking,” and others.

Community partnerships work toward smokefree polices adopted by multi-unit dwellings, including apartment complexes, condominiums, coops, dormitories, nursing homes, and other multi-unit dwellings.

Cessation centers incorporate secondhand smoke advice into healthcare provider trainings.

Objective 1C – Increase the percent of adults who drive or ride in vehicles where smoking is prohibited.

Year	2000	2001	2002	2003	2004
Smokers	NA	NA	NA	31.3	31.3
Non-smokers	NA	NA	NA	77.6	86.5
All adults	NA	NA	NA	69.1	77.5
Smokers - 18 - 24				30.0	29.8
Non-smokers 18-24				69.3	
All 18-24				62.8	60.9
Footnotes: Actual *Projected			Source: NYS ATS: 3Q2003 and 3Q2004		

Year	2005*	2006*	2007*	2008*	2009*
Smokers	33.0	35.0	37.0	38.0	39.0
Non-smokers	89.0	92.0	94.0	96.0	98.0
All adults	81.0	84.0	86.0	88.0	90.0
Smokers - 18 - 24	31.0	33.0	34.0	36.0	38.0
Non-smokers 18-24	69.5	72.0	76.0	80.0	83.0
All 18-24	63.0	66.0	72.0	75.0	79.0
Footnotes: Actual *Projected			Source: NYS ATS: 3Q2003 and 3Q2004		

The state TCP and community partners use paid and earned media to increase community knowledge of the dangers of exposure to secondhand smoke, with calls to action to “make your car smokefree,” “quit smoking,” and others.

Objective 1D – Increase the number of educational institutions (primarily middle and high schools or whole school districts) that effectively implement tobacco-free policies to eliminate tobacco use and tobacco products from all facilities, property, vehicles and events.

Year	2005	2006	2007	2008	2009
High Schools					
Middle Schools					
Elementary Schools					
Footnotes: Actual *Projected			Source: NYS CAT		

School partners engage schools and school districts to develop, adopt and implement effective policies to eliminate tobacco use from school buildings, schools grounds and vehicles, school sponsored events, and events and activities that occur on school property.

Program Activities

Programmatic activities intended to reduce or eliminate exposure to secondhand smoke include:

- Actions to support development and implementation of effective policies to promote and maintain tobacco-free schools, school grounds, and events by schools and other educational institutions.
- Actions to support development and implementation of effective policies to prohibit smoking in multi-unit dwellings, including apartment complexes, condominiums, coops, dormitories, nursing homes, and other multi-unit dwellings.
- Community mobilization efforts to educate community members and leaders, employers, and health care providers about the health risks associated with exposure to secondhand smoke;
- Community mobilization includes paid and earned media, public relations and media advocacy, community events, presentations and meetings with community groups, legislative office visits, and education of community leaders, decision makers, and elected representatives;

- Paid and earned media campaigns to raise awareness of the dangers of secondhand smoke, increase support for smokefree policies, improve media reporting on secondhand smoke, and prompt institutions, organizations, businesses, residents, and others to adopt smokefree policies;
- Actions to educate health care providers to recommend smokefree homes and cars and avoidance of places where smoking is allowed;

The purpose of these educational and other interventions is to move community members, employers, health care professionals, business owners, workers and the public along a continuum toward lower tolerance of tobacco use in buildings and on grounds, adoptions and implementation of smokefree policies, and decreases in exposure to secondhand smoke in the work place, in public places, and in private residences.

Effective implementation of the Clean Indoor Air law and tobacco free policies should reduce opportunities for exposure to secondhand smoke, strengthen shifts in community norms about tobacco, motivate smokers to cut-down or stop smoking altogether, reduce modeling of tobacco use behaviors and the social acceptance of tobacco use, and reduce initiation into tobacco use.

Goal 2. Decrease the social acceptability of tobacco use.

After nearly a century of highly effective advertising and promotion, tobacco use has become pervasive and normative in American society. Effective tobacco use prevention and control depends on de-normalizing – reducing the social acceptability of – tobacco use.

Draft objectives related to this program goal are:

Objective 2A – Increase anti-tobacco attitudes among youth and adults.

Adult Attitude Scale, TBD					
Year	2005	2006	2007	2008	2009
Smokers					
Non-smokers					
Footnotes: Actual *Projected			Source: NYS ATS		

Youth Attitude Scale, TBD					
Year	2005	2006	2007	2008	2009
Middle School					
High School					
Footnotes: Actual *Projected			Source: NYS YTS		

The state TCP and partners engage in discrete, focused paid and earned media efforts to increase negative attitudes toward tobacco and the tobacco industry. Outcomes under this objective should identify the specific tobacco related attitude targeted for change, the magnitude of change that can reasonably be expected from the investment of resources, and how the change will be monitored. Secondary activity.

Objective 2B – Increase the number of sporting, cultural, entertainment, art, and other events in the community, region, and state that have a written policy prohibiting acceptance of tobacco company corporate giving.

Year	2005	2006	2007	2008	2009
Number					
Footnotes: Actual *Projected			Source: NYS CAT		

Objective 2C – Increase the number of sporting, cultural, entertainment, art, and other events in the community, region, and state that have a written policy prohibiting acceptance of tobacco company commercial sponsorship.

Year	2005	2006	2007	2008	2009
Number					
Footnotes: Actual *Projected			Source: NYS CAT		

Objective 2D – Increase the number of sporting, cultural, entertainment, art, fair and other events in the community, region, and state that have a written policy prohibiting tobacco company or tobacco product promotion.

Year	2005	2006	2007	2008	2009
Number					
Footnotes: Actual *Projected			Source: NYS CAT		

Objective 2E – Increase the number of bars, clubs and fraternities that have a written policy prohibiting tobacco company or tobacco product promotion.

Year	2005	2006	2007	2008	2009
Number					

Footnotes: Actual *Projected	Source: NYS CAT
-------------------------------------	-----------------

Objective 2F – Increase the number of retail tobacco stores that have a written policy prohibiting tobacco company or tobacco product advertising.

Year	2005	2006	2007	2008	2009
Number					

Footnotes: **Actual** *Projected

Source: NYS CAT

Objective 2G – Reduce the amount of tobacco advertising in the retail environment.

Year	2005	2006	2007	2008	2009
Exterior signage	NA	NA	NA	NA	
Interior signage					

Footnotes:

Sources: RTI Retail Advertising of Tobacco Survey

Objective 2H – Decrease the number of retail stores that sell or have a license to sell tobacco products.

Year	2005	2006	2007	2008	2009
Number					

Footnotes: **Department of Taxation and Finance.**

Objective 2I – Increase the number of magazines and newspapers that have a written policy prohibiting acceptance of tobacco company, retailer or product advertising.

Year	2005	2006	2007	2008	2009
Magazines					
Newspapers					

Footnotes: **Actual** *Projected

Source: NYS CAT

Objective 2J – Increase the number of magazines included in the selective binding agreement that eliminates tobacco advertisements from editions delivered to schools and school addresses.

Year	2005	2006	2007	2008	2009
Magazines	4	8			

Footnotes: **Actual** *Projected

Source: NYS OAG

Objective 2K – Increase the number of local laws, regulations and voluntary policies that prohibit tobacco use in outdoor areas including public parks, beaches, play grounds, public and private parks, playgrounds, clubs, college campuses and outdoor areas of businesses, including hospitals and other medical facilities, other grounds, recreation areas, and in proximity to building entry ways.

Year	2005	2006	2007	2008	2009
Local laws					
Institutions with voluntary policies					

Footnotes: **Actual** *Projected

Source: NYS CAT

Programmatic activities intended to reduce the social acceptability of tobacco use include:

- Engaging decision-makers, including business leaders, magazine and newspaper publishers, editors and institutional and individual subscribers, event planners, retailers, community members and community leaders, local government leaders, businesses, health care organizations and recreation programs, bar owners and others to develop written policies prohibiting tobacco company corporate and commercial giving, tobacco company or product promotions, and tobacco product advertising.
- Community mobilization efforts to educate community members and leaders, youth and young adults, business leaders and event sponsors, and key community leaders and decision-makers about the manipulative and deceptive marketing practices of the tobacco industry and the promotion of tobacco products, including promotion of smoking in movies, advertising of tobacco in magazines, tobacco company sponsorship of community events, tobacco company corporate giving, and tobacco company advertising in retail stores;
 - Community mobilization includes paid and earned media, public relations and media advocacy, community events, presentations and meetings with community groups, legislative office visits, and education of community leaders, decision makers, and elected representatives;
- Paid and earned media campaigns to raise awareness of the impact of tobacco company advertising, sponsorship and promotion on maintaining tobacco use as a normative behavior, earning respectability for tobacco companies, and recruiting new tobacco users among youth and young adults;
- Engaging local governments, businesses, health care organizations, recreation programs and others to adopt voluntary policies designating all of their outdoor areas “tobacco free.”
- Monitoring and reporting violations of the Master Settlement Agreement.

Initiatives to expose, counter and eliminate tobacco industry product marketing and promotion are expected to reduce the allure of tobacco products, make tobacco use less attractive and less normative, and decrease incentives to purchase or use tobacco products. Policy initiatives that reduce in-store promotions and discounting, magazine advertising, and smoking in movies may further establish and reinforce the non-normative nature of tobacco use and tobacco products and make them less attractive.

Goal 3. Promote cessation from tobacco use.

Implementation of effective strategies to promote cessation from tobacco use is the single most important investment for a tobacco control program to achieve near-term savings in the cost of medical care to treat tobacco-caused diseases and reductions in the number of tobacco-caused illnesses and deaths. Each year in New York State, 25,000 residents die as a result of cigarette use, losing an average of 14 years of life, and 570,000 residents suffer from serious tobacco caused diseases. Each year, the state and its residents spend \$6.4 billion treating the diseases caused by cigarette use. Stopping smoking now greatly reduces the likelihood that a smoker will develop a smoking-related illness or die prematurely as a result of tobacco use. Draft objectives intended to enhance promotion of cessation from tobacco use are:

Objective 3A – Increase the number of health care provider organizations that have a system in place to screen all patients for tobacco use, provide brief advice to quit at every patient visit, and provide assistance to quit successfully.

Year	2005	2006	2007	2008	2009
Number of HCPO with system in place					
Percent of patients screened for tobacco use					
Percent of tobacco users advised to quit					
Percent of tobacco users provided with assistance to quit					
Footnotes:	Source: RTI Health Care Organization and Provider Survey, NYS CAT, NYS ATS				

Cessation centers work with hospitals, health care organizations and provider organizations to implement effective systems to prompt providers to advise tobacco users to quit and provide assistance to quit successfully.

Outcomes should be specific, including the number of organizations that will implement such systems and the total number of such organizations in the catchment area (e.g., 5 of 25 hospitals will adopt...). Primary activity.

Objective 3B – Increase the percent of smokers who have quit successfully in the past 12 months.

A “successful quit” is defined as quit now and having been smokefree for at least 6 months.

Year	2005	2006	2007	2008	2009
Used NRT					
Did Not Use NRT					
Footnotes:	Source: NYS ATS				

The state TCP and community partnerships use paid and earned media to promote quitting and push smokers into cessation. Other strategies included elsewhere in this plan include keeping the price of cigarettes high, reducing the number of places where smokers can smoke, and reducing the social acceptability of tobacco use.

Cessation centers may offer direct cessation services to promote successful quitting, with up to 15 percent of program resources.

Objective 3C – Increase the number of Medicaid recipients who access pharmacotherapy for smoking cessation through Medicaid.

Year	2000 (4/00-3/01)	2001 (4/01-3/02)	2002 (4/02-3/03)	2003 (4/03-3/04)	2004 (4/04-3/05)
Women	18,244	22,838	29,850	23,386	
Men	12,622	16,190	21,437	17,270	
All	30,866	39,029	51,019	40,658	53,614
Footnotes: Actual *Projected			Source: Office of Medicaid Management		

Year	2005* (4/05-3/06)	2006* (4/06-3/07)	2007* (4/07-3/08)	2008* (4/08-3/09)	2009* (4/09-3/10)
Women	33,000	36,000	39,000	43,000	48,000
Men	22,000	24,000	26,000	29,000	33,000
All	55,000	60,000	65,000	72,000	81,000
Quitline					
Footnotes: Actual *Projected			Source: Office of Medicaid Management		

The Department of Health and state TCP use targeted mailings and information dissemination to increase the number of clinicians and pharmacists who are aware of Medicaid coverage of pharmacotherapy for cessation, and know how to write/fill a prescription for pharmacotherapy.

Cessation centers integrate messages about Medicaid coverage of pharmacotherapy for cessation and how to write prescriptions into ongoing provider training.

Community partnerships conduct community education focused on pharmacists to appropriately fill prescriptions for cessation pharmacotherapy for Medicaid enrollees. Secondary activity.

Objective 3D – Increase the percent of smokers with health insurance who report that their health plan provides coverage for tobacco dependence treatment.

Year	2000	2001	2002	2003	2004
Smokers with health insurance that covers all or part of the cost of any medications.	NA	NA	NA	31.1	36.5
Footnotes: Actual *Projected			Source: NYS ATS		

Year	2005	2006	2007	2008	2009
Smokers with health insurance that covers all or part of the cost of any medications.	41.0	45.0	50.0	57.0	65.0
Footnotes: Actual *Projected			Source: NYS ATS		

The state TCP, community partnerships and cessation centers engage decision makers at health plans, health insurance companies, and businesses to promote full coverage of tobacco dependence treatment for all enrollees/employees.

Objective 3E -- Increase the percent of smokers referred to the New York State Smokers' Quitline by health care providers.

Year	2005	2006	2007	2008	2009
Fax to Quit referral	4.6	NA	NA		
Provider referral	8.0				
Television	16.9				
Radio	8.4				
Footnotes: Actual *Projected			Source: NYS Smokers Quitline		

Cessation centers and the state Quitline promote Quitline services to providers through routine outreach and education.

Objective 3E – Increase the percent of smokers who have heard of and who have called the New York State Smokers' Quitline.

Year	2000	2001	2002	2003	2004
Heard of Quitline	NA	NA	NA	51.8	52.1
Called Quitline	NA	NA	NA	7.3	7.3
Footnotes: Actual *Projected			Source: NYS ATS 3Q2003 and 3Q2004		

Year	2005	2006	2007	2008	2009
Heard of Quitline	53.0	58.0	62.0	63.0	65.0
Called Quitline	8.0	8.5	10.0	10.5	11.0
Footnotes: Actual *Projected			Source: NYS ATS 3Q2003 and 3Q2004		

The state TCP, community partnerships and cessation centers use paid and earned media to educate consumers about the state Quitline, the telephone number, free services offered, and other information.

Programmatic activities designed to promote cessation from tobacco use include:

- Support and technical assistance to health care organizations and providers to implement provider reminder systems and train providers to assess tobacco use status, offer brief cessation advice to tobacco users, and provide assistance to quit successfully;
- Community education efforts directed at businesses, employers, employees, health insurance providers, and health care providers to increase demand for and coverage of treatment for tobacco dependence;
- Paid and earned media campaigns to motivate smokers to stop smoking and to educate smokers about the health risks of smoking, the benefits of quitting, and New York State Smokers' Quit Line services available to help smokers stop smoking;
- Coverage of over-the-counter and prescription pharmacotherapy for tobacco use cessation for Medicaid recipients; and
- Provision of reactive and proactive telephone counseling, nicotine replacement therapy, information, services, and referrals by the New York State Smokers Quitline to assist smokers and other tobacco users in quitting successfully.

Each of these activities promotes or supports cessation efforts by tobacco users. If they are successful, use of tobacco products should decline over time, resulting in fewer tobacco-related illnesses, deaths and medical costs, as well as reductions in community support for and modeling of tobacco use.

Goal 4. Prevent initiation of tobacco use among youth and young adults

Cigarette smoking is most likely to become established during adolescence and young adulthood. Youth and young adults are future customers to whom cigarette manufacturers aggressively market an addictive product that kills up to half of those who use it as intended.

Draft objectives intended to prevent initiation of tobacco use are:

Objective 4A – Increase the unit price of cigarettes sold in New York State.

Year	2000	2001	2002	2003	2004
Average retail price	\$3.268	\$3.985	\$4.384	\$4.822	\$4.822*
Footnotes: Actual *Projected					Source: CDC

Year	2005*	2006*	2007*	2008*	2009*
Average retail price	\$5.222	\$5.255	\$5.455	\$5.455	\$6.000
Footnotes: Actual *Projected					Source: CDC

The state TCP and partners educate decision makers about the importance of keeping cigarette prices high, including raising the cigarette excise tax, reducing opportunities for untaxed and lower priced sales, strengthening the state minimum price law, and aggressively countering and limiting tobacco company price promotions.

Objective 4B – Increase the number of jurisdictions that levy their own cigarette excise taxes. Increase the amount of each local tobacco excise tax.

Year	2000	2001	2002	2003	2004
	0	0	1	1	1
Footnotes: Actual *Projected					Source: TBD

Year	2005	2006	2007	2008	2009
	1	2	3	3	4
Footnotes: Actual *Projected					Source: TBD

Community partnerships and Reality Check youth action partners engage decision makers and use paid and earned media to promote the adoption of local cigarette excise taxes [and other local regulations, such as local licensing requirements?]

Objective 4C – Eliminate smoking and tobacco imagery from movies rated G, PG, and PG-13 that contain smoking or tobacco product placement.

Outcome – Increase [from 74.5 to 78, 2004 to 2005] the percent of New Yorkers who agree that movies rated G, PG, and PG-13 should not include tobacco imagery or show actors smoking.

Year	2000	2001	2002	2003	2004
Adults	NA	NA	NA	68.0	74.5
High School					36.5
Middle School					44.0
Footnotes: Actual *Projected					Source: NYS ATS and NYS YTS

Year	2005*	2006*	2007*	2008*	2009*
Adults	78.0	83.0	87.5	93.0	95.0
High School	39.0	43.0	47.0	55.0	60.0
Middle School	45.0	48.0	53.0	59.0	65.0
Footnotes: Actual *Projected					Source: NYS ATS and NYS YTS

The state TCP and Reality Check youth action partners use paid and earned media, targeted direct mail campaigns, and advocacy with decision makers and stakeholders to pressure the Motion Picture Association of America to change the rating system to give an “R” rating to movies with smoking or tobacco imagery.

Objective 4E – Increase the number of jurisdictions with a 5 % or less illegal sales rate to minors.

Year	2000	2001	2002	2003	2004
# Counties	21	24	28	33	40*
Footnotes: Actual *Projected					Source: NYS CEH

Year	2005*	2006*	2007*	2008*	2009*
# Counties	42	45	48	51	52
Footnotes: Actual *Projected					Source: NYS CEH

Environmental health staff at state, district and county health departments and offices aggressively enforce the provisions of the Adolescent Tobacco Use Prevention Act, in an effort to reduce and eliminate youth access to tobacco in the retail environment.

Programmatic activities intended to prevent initiation into tobacco use by youth and young adults include:

- Community mobilization efforts to educate community members and leaders, youth and young adults, theater and other business owners, and key local, state, and national leaders and decision-makers about the impact of smoking in movies on youth and young adult tobacco use, the inoculating effect of counter-advertising in movie theaters, the role of price in deterring tobacco use by youth and young adults, and the importance of active enforcement of youth access and other ATUPA provisions;
- Community mobilization includes paid and earned media, public relations and media advocacy, community events, presentations and meetings with community groups, legislative office visits, and education of community leaders, decision makers, and elected representatives;
- Paid and earned media campaigns to expose and counter the impact of smoking in movies on initiation by youth and young adults;
- State and local health department enforcement of the provisions of the Adolescent Tobacco Use Prevention Act, the Clean Indoor Air Act and the Minimum Price of Cigarettes Act.

Two evidence-based interventions have been strongly recommended to reduce initiation into tobacco use:

- Increasing the unit price of tobacco products; and
- Multi-component mass media campaigns to counter pro-tobacco messages.

Since 2000, the state cigarette excise tax has been raised twice, from \$0.56 to \$1.11 and then to \$1.50. The tax on other tobacco products was raised from 20% of wholesale price to 37% in 2002. Raising the tax on tobacco products is one way to increase the unit price of the product. Other strategies include reducing opportunities for purchasers to avoid paying state and local excise and sales taxes and eliminating promotional opportunities by tobacco companies that reduce the price of cigarettes (e.g., “buy one get one free” promotions).

The state TCP and partners implement counter-marketing campaigns at the state and local level, with statewide coordination and media support. These statewide media efforts, combined with earned media opportunities locally, support activities locally to de-normalize tobacco use, engage youth in the anti-tobacco movement, and prevent initiation by youth and young adults.

Goal 5. Build and maintain an effective tobacco control program infrastructure

In order to enhance program functioning, the draft strategic plan focuses attention on program infrastructure, including program funding, organization and staff development at the local and state levels.

Draft objectives intended to build an effective tobacco control infrastructure are:

1. Ensure adequate level of staffing and funding to implement effective tobacco control activities.
2. Strengthen community partner infrastructure to enhance community collaboration and maintain community support.
3. Strengthen area and regional infrastructure to promote coordination and collaboration among partners within each area and region.
4. *Enhance communication and collaboration among the tobacco control program, community partners, and statewide stakeholders.*
5. Establish roles, responsibilities and competencies for all program staff.
6. Tobacco control program staff and partners will participate in professional development opportunities each year.

Goal 6. Contribute to the science of tobacco control

The Tobacco Control Program must make better use of existing data, collect new data to assess program progress and effectiveness, evaluate promising interventions, and document and disseminate program findings.

Draft objectives intended to focus the program on contributing to the science of tobacco control are:

1. Analyze and synthesize data from existing data systems related to tobacco in order to monitor progress toward achieving program goals.
2. Develop and implement data collection systems and research and evaluation studies to monitor, measure, and help understand the impact of the tobacco control program.
3. Increase the number of tobacco control program interventions that are evaluated.
4. Document and disseminate findings from tobacco control program activities and initiatives on an ongoing basis.

IV. Indicators of Tobacco Control Program progress toward meeting program outcomes, 2000 – 2004.

Indicator 1. Percent middle and high school students who have ever tried cigarettes.					
Year	2000	2001	2002	2003	2004
Middle School	31.7	NA	28.96	NA	20.7*
High School	62.0	NA	56.9	NA	47.4*
Footnotes: Actual *Projected			Source: NYS YTS		

Year	2005*	2006*	2007*	2008*	2009*
Middle School		17.0		14.6	
High School		40.2		34.8	
Footnotes: Actual *Projected			Source: NYS YTS		

Indicator 2. Percent middle and high school students who have smoked cigarettes on at least one day in the past 30 days.					
Year	2000	2001	2002	2003	2004
NYS Middle School	10.1	NA	6.7	NA	4.9*
NYS High School	27.4	NA	21.3	NA	18.7*
NYC Middle School	8.2	NA	5.1	NA	4.4*
NYC High School	16.8	NA	15.3	NA	7.2*
BOS Middle School	11.6	NA	7.0	NA	5.1*
BOS High School	32.9	NA	22.6	NA	22.3*
Footnotes: Actual *Projected			Source: NYS YTS		
NYC=New York City; BOS=Balance of State					

Year	2005*	2006*	2007*	2008*	2009*
NYS Middle School		4.1		3.8	
NYS High School		15.6		13.5	
NYC Middle School		3.9		3.5	
NYC High School		5.9		5.1	
BOS Middle School		4.0		3.9	
BOS High School		19.5		17.5	
Footnotes: Actual *Projected			Source: NYS YTS		
NYC=New York City; BOS=Balance of State					

Indicator 3. Percent middle and high school students who definitely would not use or wear something that has a tobacco name or picture on it.

Year	2000	2001	2002	2003	2004
Middle School	52.9	NA	51.4	NA	53.0
High School	38.6	NA	41.7	NA	44.0
Footnotes: Actual *Projected			Source: NYS YTS		

Year	2005*	2006*	2007*	2008*	2009*
Middle School		57.0		62.0	
High School		49.5		55.2	
Footnotes: Actual *Projected			Source: NYS YTS		

Indicator 4. Percent middle and high school students who indicate a commitment to never smoke cigarettes.

Year	2000	2001	2002	2003	2004
Middle School	52.8%	NA	56.8%	NA	60.3*
High School	30.1%	NA	35.0%	NA	41.0*
Footnotes: Actual *Projected			Source: NYS YTS		

Year	2005*	2006*	2007*	2008*	2009*
Middle School		66.4		72.5	
High School		45.6		51.2	
Footnotes: Actual *Projected			Source: NYS YTS		

Indicator 5. Percent of tobacco retailers that are out of compliance with ATUPA sales to minors restrictions.

Year	2000	2001	2002	2003	2004
	13.0	11.0	10.0	11.0	9.0*
Footnotes: Actual *Projected			Source: NYS CEH		

Year	2005*	2006*	2007*	2008*	2009*
	8.0	7.5	7%	6%	5%*
Footnotes: Actual *Projected			Source: NYS CEH		

Indicator 6. Number of taxed pack sales of cigarettes per capita.					
Year	2000	2001	2002	2003	2004
Taxed packs sold	57.8	48.0	46.5	35.3	34.8*
Footnotes: Actual *Projected			Source: CDC		

Year	2005*	2006*	2007*	2008*	2009*
Taxed packs sold	35.0	40.0	39.2	37.8	36.0*
Footnotes: Actual *Projected			Source: CDC		

Indicator 7. Percent of adult smokers who stopped smoking for one day or more in the past twelve months (among those who smoke everyday).					
Year	2000	2001	2002	2003	2004
Women	48.9	48.0	56.6	53.5	58.0*
Men	51.9	51.1	58.9	50.5	53.0*
All	50.4	49.6	57.9	51.9	56.0*
Footnotes: Actual *Projected			Source: NYS BRFSS		

Year	2005*	2006*	2007*	2008*	2009*
Women	62.0	65.0	68.0	70.0	72.0
Men	56.0	59.0	62.0	65.0	68.0
All	59.4	62.6	64.9	67.2	70.0
Footnotes: Actual *Projected			Source: NYS BRFSS		

Indicator 8. Number of smokers who speak with an intervention specialist at the NYS Smokers' Quit Line.					
Year	2000	2001	2002	2003	2004
Smokers	1,416	7,826	18,249	6,811	8,436
Participants in NRT give-aways				41,180 (NYC Patch Program) 2,804 (Erie-Niagara Patch Program)	5,652 (NRT Giveaway Programs)
Total	1,416	7,826	18,249	50,795	14,088
Footnotes: Actual *Projected			Source: NYS Smokers Quit Line		

Year	2005*	2006*	2007*	2008*	2009*
Smokers	29,000	36,000	52,000	62,000	72,000
Footnotes: Actual *Projected			Source: NYS Smokers Quit Line		

Indicator 9. Percent middle and high school students who report exposure to secondhand smoke in a room or in vehicles in the past seven days.					
Year	2000	2001	2002	2003	2004
Middle School	63.0%	NA	60.7%	NA	57.2*
High School	75.8%	NA	71.4%	NA	67.3*
Footnotes: Actual *Projected			Source: NYS YTS		

Year	2005*	2006*	2007*	2008*	2009*
Middle School		52.0		48.0	
High School		61.4		57.1	

Footnotes: Actual *Projected	Source: NYS YTS
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Indicator 10. Percent nonsmoking adults who report no exposure to secondhand smoke in a room or in vehicles in the past seven days.

Year	2000	2001	2002	2003	2004
Non-smokers	NA	NA	NA	93.2	95.7
Footnotes: Actual *Projected			Source: NYS ATS 3Q2003 and 3Q2004		

Year	2005*	2006*	2007*	2008*	2009*
Non-smokers					
Footnotes: Actual *Projected			Source: NYS ATS 3Q2003 and 3Q2004		

Indicator 11. Percent employed adults who report no smoking in all indoor areas of the work place in the past seven days.

Year	2000	2001	2002	2003	2004
	NA	NA	NA	88.9	92.3
Footnotes: Actual *Projected			Source: NYS ATS 3Q2003 and 3Q2004		

Year	2005*	2006*	2007*	2008*	2009*
	93.5	94.0	95.3	96.5	97.0
Footnotes: Actual *Projected			Source: NYS ATS 3Q2003 and 3Q2004		

Indicator 12. Percent adults who smoke cigarettes every day.					
Year	2000	2001	2002	2003	2004
Adults - Women	15.3	15.4	14.2	14.6	13.0*
Men	16.4	18.0	20.0	18.7	15.0*
All	15.9	16.6	16.9	16.5	14.0*
Women (18-24 y.o)	25.7	24.7	13.1	22.8	20.0*
Men (18-24 y.o)	22.4	17.0	25.9	27.8	22.0*
All (18-24 y.o)	24.0	20.8	19.7	25.7	21.0*
Footnotes: Actual *Projected			Source: NYS BRFSS		

Year	2005*	2006*	2007*	2008*	2009*
Adults - Women	12.5	12.1	11.8	11.4	11.0
Men	14.5	14.1	13.8	13.4	13.0
All	13.5	13.1	12.8	12.4	12.0
Women (18-24 y.o)	19.7	19.5	18.3	16.5	14.0
Men (18-24 y.o)	19.3	17.5	16.3	15.5	16.0
All (18-24 y.o)	19.5	18.5	17.3	16.0	15.0
Footnotes: Actual *Projected			Source: NYS BRFSS		

Indicator 13. Percent of adults who smoke cigarettes (every day or on some days).					
Year	2000	2001	2002	2003	2004
Women	20.7	20.7	19.2	18.9	17.0*
Men	22.6	26.1	25.8	24.8	21.0*
All	21.6	23.2	22.3	21.6	19.5*
Women (18-24 y.o)	32.8	35.5	21.7	28.3	28.0*
Men (18-24 y.o)	33.3	30.6	36.2	34.5	24.5*
All (18-24 y.o)	33.0	33.0	29.0	31.5	26.5*
Footnotes: Actual *Projected			Source: NYS BRFSS		

Year	2005*	2006*	2007*	2008*	2009*
Women	16.5	20.7	19.2	18.9	17.0
Men	20.0	26.1	25.8	24.8	21.0
All	18.0	23.2	22.3	21.6	19.5
Women (18-24 y.o)	27.0	25.5	24.0	23.0	21.5
Men (18-24 y.o)	24.0	23.0	22.0	21.0	19.5
All (18-24 y.o)	25.5	24.0	23.0	22.0	20.5
Footnotes: Actual *Projected			Source: NYS BRFSS		

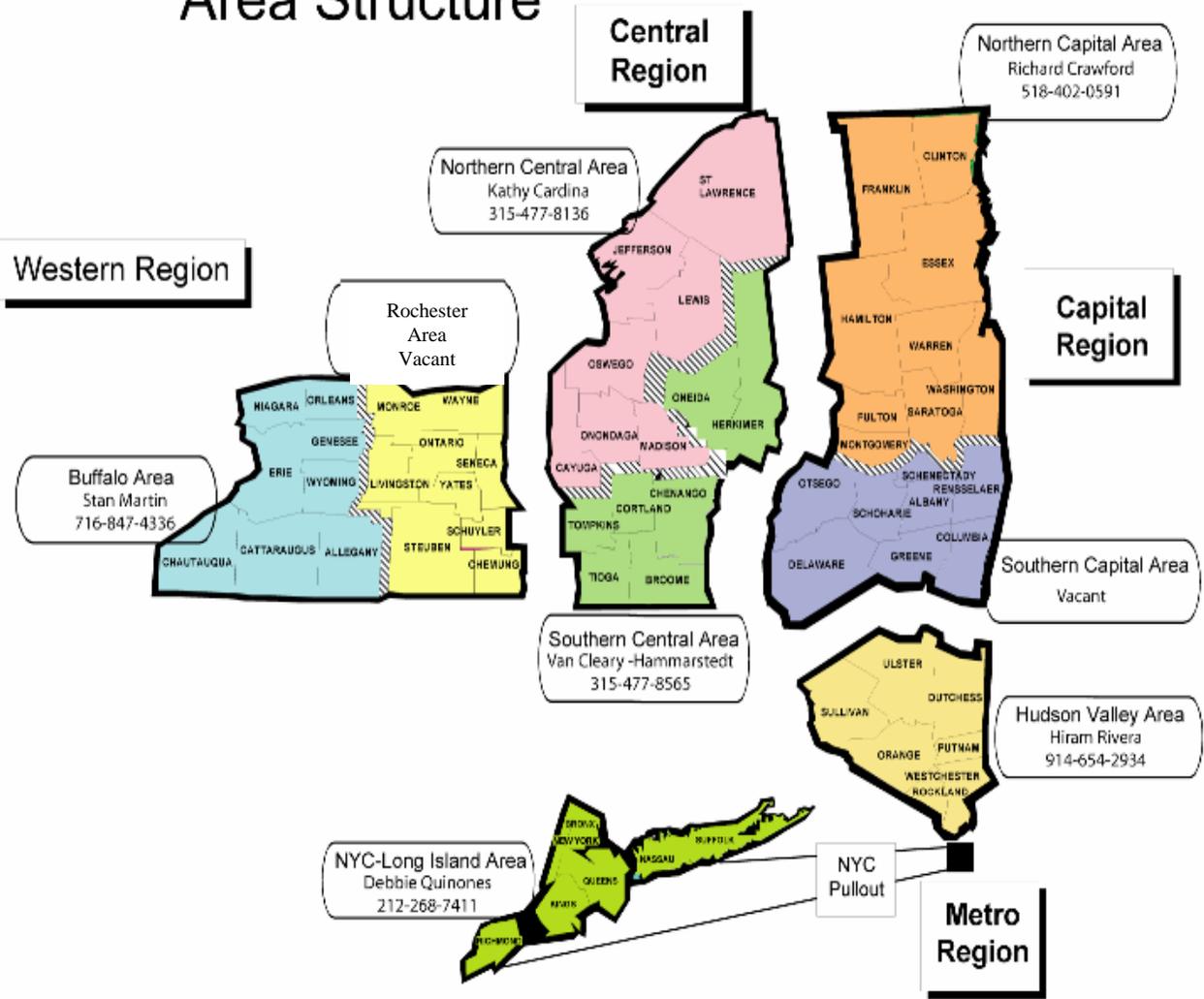
Indicator 14. Percent of youth who see actors smoking in movies or on television most or some of the time.					
Year	2000	2001	2002	2003	2004**
Middle School	NA	NA	87.6%	NA	
High School	NA	NA	88.8%	NA	
Footnotes: Actual *Projected			Source: NYS YTS		
**For 2004, data refer to youth who see actors smoking in movies only.					

Indicator 14. Percent of youth who see actors smoking in movies or on television most or some of the time.					
Year	2005	2006	2007	2008	2009
Middle School					

High School					
Footnotes: Actual *Projected			Source: NYS YTS		
**For 2006 and 2008, data refer to youth who see actors smoking in movies only.					

Indicator 15. Increase the number of theaters than run anti-tobacco messages prior to showing G, PG, and PG-13 rated movies.					
Year	2000	2001	2002	2003	2004
Number of theaters	NA	NA	NA	214	152
Number of screens within theaters				1,057	1,288
Footnotes: Actual *Projected			Source: NYS DOH TCP		

Tobacco Control Program (TCP) Area Structure



Attachment 9

Resources

Pro-Children Act of 2001: <http://www.emsc.nysed.gov/sss/Tobacco/Pro-Child-ACT-tob.html>

School Health Policies and Programs Study: <http://www.cdc.gov/HealthyYouth/shpps/index.htm>

Tobacco Information and Prevention Sources: <http://www.cdc.gov/tobacco/>

Campaign for Tobacco Free Kids: <http://www.tobaccofreekids.org/>

Centers for Disease Control Division of Adolescent & School Health:
<http://www.cdc.gov/HealthyYouth/index.htm>

New York State Education Department Tobacco Resources:
<http://www.emsc.nysed.gov/sss/Tobacco/>

New York State Law on tobacco use on school grounds:
<http://public.leginfo.state.ny.us/menugetf.cgi?COMMONQUERY=LAWS> (select Education, Chapter 9)