

New York State Department of Health
Tobacco Control Program

Request for Applications

*Community Partnerships
For Specific Catchment Areas Only*

RFA 0903260347

KEY DATES

RFA Release Date:	August 12, 2009
Questions Due:	August 26, 2009
RFA Updates Posted:	September 16, 2009
Applications Due:	September 30, 2009 4:00 p.m.
DOH Contact Name & Address: Pat Bubniak Tobacco Control Program NYS Department of Health ESP Corning Tower, Rm. 710 Albany NY 12237-0676	

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I. Introduction

A. Description of Program

The New York State Tobacco Control Program (NY TCP) is seeking applications to implement the Community Partnership component of the NY TCP for specific catchment areas in New York State (Sullivan, Cayuga, Oswego, St. Lawrence, Jefferson/Lewis, and Wyoming/Genesee/Orleans counties). Please see page 11.

Community Partnerships may be organized as formal coalitions or as a network of community members and organizations. However organized, Community Partnerships will engage community members and leverage resources from the community to advance local and statewide tobacco control action. Community partnership contract funds will be used to engage local stakeholders, educate community leaders and the public, and mobilize community members and organizations to strengthen tobacco-related policies to prevent and reduce tobacco use and limit opportunities for exposure to secondhand smoke. Community Partnerships will work with local businesses, employers, work places, health care institutions and providers, and schools and community groups to implement effective tobacco-free policies, change public opinion about tobacco use, and promote access to cessation services. Community Partnerships will implement public communication campaign components in support of statewide campaigns and will host community events to promote or recognize community tobacco control action.

Community Partnership contract funds will not be used for:

- Lobbying
- As a substitute for tobacco industry sponsorship of events or organizations
- The provision of direct tobacco prevention or treatment services of any kind including:
 - The provision of primary tobacco prevention educational endeavors including health fairs and classroom presentations
 - Community-based cessation classes and/or services
 - School-based cessation classes and/or services
 - General teaching or counseling positions or services

Total funding available for this specific procurement is expected to be up to \$1,060,000 annually for 4.5 years. Funding levels will be based on the scope of work and the areas being served by programming efforts (see the list of catchment areas on page 11). It is anticipated that one award will be made per catchment area.

B. Tobacco Control Program Background

Preventing and reducing tobacco use are the most important public health actions that can be taken to improve the health of New Yorkers. Tobacco use and dependence is the leading preventable cause of morbidity and mortality in

New York and in the United States. Cigarette use alone results in an estimated 438,000 deaths each year in the US, including 25,500 deaths in New York State. More than half a million New Yorkers currently suffer from serious smoking caused diseases, at a cost of \$8.17 billion in health care expenditures annually. 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, many forms of cancer, and lung and vascular diseases.

The NY TCP, envisions all New Yorkers living in a tobacco-free society and works aggressively to reduce the morbidity and mortality and alleviate the social and economic burden caused by tobacco use in New York. This mission is achieved through statewide and community action to change community environments to support the tobacco-free norm and reduce the social acceptability of tobacco use; cessation interventions that promote cessation from tobacco use and increase access to and delivery of tobacco dependence treatment; health communications to decrease the social acceptability of tobacco use and educate community members and decision makers about the hazards and costs of tobacco use and the effective strategies to prevent and reduce tobacco use; surveillance and evaluation to monitor program progress and improve program quality; and statewide coordination to maximize efficient use of resources to accomplish program goals.

The NY TCP is funded annually through a state appropriation of \$85.485 million and a grant from the federal Centers for Disease Control and Prevention (CDC) of \$1.87 million. The NY TCP is part of the National Tobacco Control Program and implements tobacco control strategies consistent with the 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*; the National Cancer Institute's *Strategies to Control Tobacco Use in the United States: A blueprint for public health action in the 1990s* and *ASSIST: Shaping the Future of Tobacco Prevention and Control*. The state program was established in 2000 and built on an existing tobacco control infrastructure of state and community programs funded during the 1990s by the National Cancer Institute and the CDC.

The NY TCP seeks to promote cessation of tobacco use, reduce the social acceptability of tobacco use, prevent initiation of tobacco use, address disproportionately high rates of tobacco use by specific population groups, and eliminate exposure to secondhand smoke. The NY TCP uses a multi-pronged strategic approach to reduce tobacco use in the population and seeks to impact the population as a whole through:

Statewide and community action to change the community environment to support the tobacco-free norm, change community attitudes about tobacco, and de-normalize tobacco use. A key outcome of the NY TCP's community mobilization strategy is the adoption and effective

implementation of local and statewide policies that permanently change society's acceptance of tobacco use.

Health communication to increase awareness of the dangers of tobacco use and secondhand smoke and motivate tobacco users to stop; to expose tobacco industry propaganda and de-glamorize tobacco use; and educate community members and decision makers about tobacco control. A key outcome of the NY TCP's health communication strategy is better educated community members and decision makers who will support effective tobacco control policies and take personal action toward a tobacco-free New York.

Cessation interventions to establish and maintain community, governmental and health care delivery systems that promote cessation, increase access to and delivery of evidence-based cessation services, and motivate individual tobacco users to quit successfully. Key outcomes of the NY TCP's cessation interventions are provision of guideline concordant tobacco dependence treatment by the health care sector and adoption of policies that motivate smokers and other tobacco users to quit.

The NY TCP is supported by surveillance and evaluation activities to monitor program progress and impact, and by program administration to build and maintain an effective tobacco control infrastructure, provide technical assistance and guidance, and manage the effective and efficient investment of state tobacco control funding. The NY TCP strives to contribute to the science of tobacco control through surveillance and evaluation of program initiatives and dissemination of program findings.

The NY TCP is implemented through statewide and community programs directed and managed by staff at the NYSDOH. The NY TCP's strategic plan constitutes the Program's road map and is developed, updated and revised with input from national, state, and local partners. As a state program established in statute and as a member of the National Tobacco Control Program, the NY TCP receives and incorporates programmatic advice and guidance from the statutorily mandated Tobacco Use Prevention and Control Program Advisory Board and from the CDC's Office on Smoking and Health.

The NY TCP is a recognized leader in the National Tobacco Control Program, with many of its interventions and management practices considered models for the nation. Contractors that receive funding from the NY TCP agree to advance the goals, objectives and strategies laid out in the NY TCP Strategic Plan and the guidance documents of the National Tobacco Control Program and agree to invest state funds efficiently to achieve the maximum prevention and reduction of tobacco use. The NY TCP is accountable for the wise investment of both state and federal dollars and must meet specified performance standards for each funder and in turn holds contractors accountable for meeting specific program goals and objectives.

NY TCP Community Action Areas

Community Partnerships for Tobacco Control

Advocacy in Action Programs

Youth Action Programs

Tobacco-Free School Policy Programs

Enforcement of tobacco control laws

All contractors working in the area of community action are expected to contribute to positive tobacco control policy implementation at the organizational, institutional, and municipal levels. Some NY TCP initiatives seek to effect state or national policy change and contractor activities supporting these state and national efforts will be required. Four foci of community action are:

- **Government and policymaker education** to educate government officials and policymakers to increase the visibility of tobacco control successes, build support for tobacco control action, and increase knowledge about evidence-based tobacco control strategies.
- **Advocacy with organizational decision makers** to advocate with organizations and institutions, including tobacco retailers, health care organizations, school boards, and parks and recreation officials to adopt policies and resolutions to prevent and reduce tobacco use and promote the tobacco-free norm.
- **Community education** to build support among community members for tobacco control action, stimulate community demand for tobacco control policies, and demonstrate support for tobacco control initiatives.
- **Paid and earned media** to advance tobacco control policies and practices by educating the community and key community members and keeping the tobacco problem on the public agenda.

Community Partnerships for Tobacco Control. Community Partnerships work with local governments and decision makers, local businesses and employers (including tobacco retailers), community organizations, health care institutions and providers, and schools and community groups to address tobacco company advertising, sponsorship and promotion; implement effective tobacco-free policies in the outdoor environment; change public opinion about tobacco and tobacco use; and promote access to evidence-based cessation services. Community Partnerships engage local stakeholders and decision makers, educate community leaders and the public, and mobilize the community to strengthen tobacco-related policies to restrict the tobacco company presence in the community, reduce the use and availability of tobacco products in the community, and limit opportunities for exposure to secondhand smoke. Community Partnerships take a policy advocacy approach to creating communities that support and reinforce the tobacco-free norm and dismantling

the community policies and practices that promote and support tobacco use.

Advocacy in Action College Programs. College advocacy programs engage young adult leaders to work on and off college campuses to limit where and how tobacco products are promoted, advertised and sold, and to advance local and statewide policy action to prevent and reduce tobacco use. Like Community Partnerships, college advocacy programs take a policy advocacy approach to creating communities that support and reinforce the tobacco-free norm and dismantling the community policies and practices that promote and support tobacco use. Advocacy in Action programs focus efforts specifically on those aspects of the community and college environment that most influence tobacco use among young adults.

Youth Action Programs. Youth Action Programs engage youth leaders to challenge and change community norms regarding tobacco use through civic action. These programs engage middle and high school aged youth in actions aimed at de-glamorizing and de-normalizing tobacco use in their communities and exposing the manipulative and deceptive marketing practices of the tobacco industry. Youth action programs use community education linked to social action, media advocacy, community events, and advocacy with decision makers to obtain pro-tobacco control policies and resolutions at the local, state and national levels.

Tobacco-free School Policy Programs. These organizations provide resources and support to schools and school districts seeking to develop, implement, and enforce effective tobacco-free school policies. Schools play a key role in creating and supporting healthful attitudes and behaviors among students, their families and members of the community. By creating environments that support and promote tobacco-free values and behaviors, schools can be leaders in the fight for tobacco-free lifestyles for children and adults. Contractors funded to implement Tobacco-free School Policy Programs work to promote and facilitate the adoption and implementation of effective tobacco-free policies.

Enforcement of youth access restrictions. Supported by the NYSDOH Center for Environmental Health, local activities to enforce the Adolescent Tobacco Use Prevention Act and the Clean Indoor Air Act further change community attitudes about tobacco use as a normative behavior. Educating retailers, businesses and employers about tobacco laws and citing those who violate them put the whole community on notice that youth smoking is something to be prevented and adult smoking is not a normative part of social interaction. These activities can help focus community attention on the issue of youth access to tobacco and exposure to secondhand smoke 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 and adult tobacco use.

Public Health Communication

Paid media

Public relations
Media advocacy

Public health communications focused on tobacco include paid placement of advertising on television, radio, print, Internet and other venues, 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; coverage and discussion of tobacco control issues and events in the news media; and strategic use of both paid and earned media to advocate for tobacco control policies and practices.

- **Paid media** The NY TCP conducts several media campaigns each year focusing on increasing awareness of the dangers of secondhand smoke and increasing smoke-free homes and cars; motivating smokers to quit by graphically demonstrating the health consequences of smoking and educating smokers how to quit successfully; exposing the manipulative and deceptive marketing practices of the tobacco industry; demanding the removal of smoking and tobacco imagery from youth rated movies; and promoting use of the New York State Smokers' Quitline. Campaigns include advertisements on television, radio, print, Internet, outdoor venues and other media.
- **Public relations** strategies augment and enhance paid media messages, capture the attention of state and community leaders and decision makers, build support for tobacco control by effectively framing tobacco control issues and keep tobacco control at the top of state and community public health agendas.
- **Media advocacy** is used to shape the public debate, encourage communities to rethink norms, and educate decision makers in an effort to build support for effective tobacco control action.

These public health communication strategies are used at the state and local levels in support of tobacco control action by the NY TCP and community contractors. Community contracts that include a media component should coordinate all components of public health communication (paid media, public relations and media advocacy).

Cessation Interventions

Tobacco Cessation Centers
New York State Smokers Quitline
Safe Nicotine Distribution Program
Tobacco Dependence Treatment Training Program

The most effective interventions to support cessation are raising the price of tobacco products, banning smoking from the work place and public places, and running emotionally evocative paid media campaigns that make a compelling

case for quitting.

In addition to these environmental interventions, the NY TCP

- Provides support to health care organizations and providers to establish the policies, practices and procedures to deliver effective tobacco dependence treatment through the work of 19 contracted Tobacco Cessation Centers;
- Offers telephonic and web-based information, resources, coaching and a “starter kit” of nicotine medication to help smokers quit through the New York State Smokers Quitline, operated under contract by the Roswell Park Cancer Institute;
- Maintains a nicotine medication distribution service, providing free over-the-counter nicotine products to smokers via the state Quitline, through local programs administered by local health departments and the cessation centers, and for patients and clients in substance abuse treatment programs; and
- Provides training to substance abuse treatment counselors and administrators on integrating tobacco dependence treatment and tobacco-free policies into substance abuse treatment settings. Training is offered by the Professional Development Program of the SUNY Research Foundation under contract with the NYS Department of Health.

Finally, the NYS Department of Health administers the state’s Medicaid Program, which offers full coverage of prescription and over-the-counter cessation medication, including bupropion, varenicline, nicotine nasal spray and nicotine patches and gum. Advice, counseling and assistance with quitting are billable through the clinic evaluation and assessment visits.

NY TCP Organizational Structure

Program leadership
Modality management
Contract management
Regional collaboration
Evaluation

New York’s Tobacco Control Program is conceived and directed by the state Department of Health and implemented by NY TCP staff and contractors according to expectations established in statute, the NY TCP strategic plan, and oversight and accountability requirements. NY TCP leadership includes the program director and assistant director, and leaders of the community programs unit, the surveillance and evaluation unit, and the procurement and contract management unit.

The NYS Department of Health recognizes four regions within the state: the Metropolitan Region, Capital Region, Central Region and Western Region. The NY TCP convenes contractors regionally for one-day meetings two to three times each year to help keep contractors well informed of the tobacco control work

being undertaken in their regions and across the state and to facilitate planning, collaboration and information sharing across modalities.

The NY TCP supports a full surveillance and evaluation team and a contract with an independent evaluator, as required by law. All NY TCP contractors are required to participate in or develop and implement program evaluation activities as directed by the Tobacco Surveillance, Evaluation and Research Team and to provide information as requested to the independent evaluation contractor. Program evaluation ensures that the NY TCP is investing resources wisely, is making progress toward specified goals, and is undertaking program improvements as necessary

II. Who May Apply

Eligible applicants include nonprofit organizations and local government agencies in the State of New York with experience and expertise in organizing community members and organizations to advance public health policy, conduct policy advocacy, and mobilize communities to address tobacco use. Applicants must be an established community organization providing services within the catchment area to be served. Although it is not required that an applicant have a main office in the catchment area they propose to serve, applicants must be able to demonstrate that they have an established presence in the catchment area for which they apply. (See list of catchment areas on page 11.) Applicants must demonstrate: 1) the financial and administrative capacity to manage a state contract and 2) the technical expertise to successfully implement the full range of activities outlined in this RFA.

The applicant will be the agency responsible for implementing the work of the Community Partnership. Applicants may subcontract specific components of the scope of work, but must retain a majority of the work (represented in dollar value) within the applicant organization. For those applicants that propose subcontracting, it is preferable (but not required) to identify subcontracting agencies during the application process. Applicants that plan to subcontract should state in the application which components of the scope of work will be performed through a subcontract.

Eligible applicants must have no affiliation or contractual relationship 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 (Attachment 10). Preference will be given to applicants that have a written policy establishing a 100% tobacco-free facility including outdoor areas under control of the applicant. Applicants that do not have such a written policy may submit with the application a letter of commitment to develop such a policy, if funded under this RFA.

The strongest applicants will be able to demonstrate the following:

- An understanding of the role of community norms in influencing individual behavior and how community norms can be changed to support healthful behavior;
- Three years of experience conducting policy work, community advocacy, community planning, and community organizing, including public communication campaigns, that result in the adoption of community policies supporting a tobacco-free norm;
- Applicant staff has or will have training, skills and experience consistent with the program, evaluation and fiscal and management skills that address the needs of the project;
- At least two years of experience with administrative, fiscal, and programmatic oversight of government contracts, including timely and accurate submission of fiscal and program reports.

Catchment areas define the geographic area in which Community Partnership activities will occur. Organizations may apply to serve the catchment areas listed below. Agencies may apply to serve more than one catchment area. However, a separate application must be submitted for each catchment area. Only one award will be made in each catchment area.

Catchment Area (Counties Served)	6-Month Maximum Funding Amount	1-Year Maximum Annual Funding Amount	Total 18-Month Maximum Funding Amount
Sullivan	\$77,500	\$155,000	\$232,500
Cayuga	\$77,500	\$155,000	\$232,500
Oswego	\$82,500	\$165,000	\$247,500
Saint Lawrence	\$82,500	\$165,000	\$247,500
Jefferson, Lewis	\$85,000	\$170,000	\$255,000
Wyoming, Genesee, Orleans	\$85,000	\$170,000	\$255,000

Applicants should refer to the table above when preparing the budget portion of their applications. For the initial 18-month budget term, applicants must submit a **6-month budget** for the period January 1, 2010 – June 30, 2010 and a **one-year budget** for the period July 1, 2010 – June 30, 2010, assuming a start date of January 1, 2010. Applicants may be funded for up to 4.5 years.

III. Project Narrative

A. Project Deliverables

Applicants may apply for funding up to the amount shown in the table in Section II, Who May Apply. This funding shall be used to conduct the activities described below.

Community Partnership activities, along with the approximate percent of effort, are summarized below:

1) Policy Advocacy	50%
a. Point of Purchase Tobacco Advertising and Promotion	
b. Outdoor Tobacco Bans	
2) Public Communication Campaigns	25%
a. Extend statewide media to local area	
b. Promote the state Smokers Quitline	
c. Public relations to promote tobacco control	
3) Sustainability	10%
4) Annual Catchment Area Recognition Event	5%
5) Evaluation Project	10%

1) Policy Advocacy 50 Percent of Effort

Organizations funded under this RFA will devote approximately 50 percent of effort to the policy advocacy strategies listed below.

a. Point of Purchase (Retail) Tobacco Advertising and Promotion

Organizations funded under this RFA will implement actions to address tobacco advertising and promotion in the retail environment and continue NY TCP work to de-normalize and deglamorize tobacco use and counter tobacco-company marketing and promotion of tobacco products. Strategies include:

- Working with local retailers and/or chains to adopt and implement policies to reduce, rearrange or eliminate tobacco retail advertising and promotion;
- Countering the tobacco industry's use of monetary payments to influence retailer advertising of tobacco, tobacco promotional practices and tobacco and advertising placement;
- Identifying stakeholders including parents, school officials and health care providers to take action to engage retailers to reduce, rearrange or eliminate tobacco signage
- Enacting public safety and local beautification policies that seek to limit or remove the proliferation of any advertising on the outside of tobacco retail outlets and to ensure adequate enforcement and compliance of these policies

- Educating and working with municipal leaders and elected officials to support voluntary action by tobacco retailers to reduce, rearrange or eliminate tobacco advertising and promotion;
- Exploring and advocating for a county-level tobacco tax and retailer tobacco licenses;
- Implementing activities to restrict where tobacco retailers may be located (e.g., conditional use permits, at mall shopping centers, and plaza lease agreements that prohibit businesses that sell tobacco products);
- Implementing efforts to develop policies to prohibit retail sales of tobacco in chain pharmacies;
- Implementing efforts to develop policies to prohibit tobacco sales in non-traditional locations such as golf course pro-shops, donut shops, newspaper stands, and college book stores;
- Advocating for local restrictions on the number of tobacco retail outlets in a given county;
- Identifying and strengthening existing local laws and ordinances that restrict signage, including tobacco signage;
- Working with local agencies responsible for enforcement of signage laws and ordinances to enforce such laws and ordinances;

Paid media may be used to support other activities pending approval of the TCP and in accordance with the guidelines in the RFA.

b. Outdoor Tobacco Bans

Organizations funded under this RFA will implement actions to reduce or eliminate tobacco use in outdoor places. Activities include:

- Educating local officials and decision makers about the adverse health impact of secondhand smoke and the role of public smoking in normalizing tobacco use;
- Advocating with local officials and decision makers to adopt polices, ordinances and/or laws prohibiting smoking and tobacco use in local outdoor areas, including around entry ways, on beaches, and at community parks and play grounds;
- Providing education and technical assistance to local officials and decision makers on the development, implementation and enforcement of tobacco-free policies;
- Utilizing earned and paid media to educate and mobilize stakeholders including families, vacationers and park visitors to call for tobacco-free outdoor areas.

2) Public Communication Campaigns 25 Percent of Effort

Organizations funded under this RFA will spend up to 15 percent of the effort on paid media and may spend an additional ten percent of effort in support of public communication campaigns. Required paid media activities include extending

statewide media to the local community and promoting the New York State Smokers Quitline. Additional public communication activities include public relations and media advocacy. Public communication campaign activities may include:

- a. Paid media, including radio, print, and outdoor, to extend the NY TCP statewide media campaigns to best reach the local community, and to promote use of the state Smokers Quitline;
- b. Working with local news reporters and media outlets to generate interest in tobacco control issues and the work of the Community Partnership. Relationships with members of the news media and other influential members of communities will ensure that tobacco is kept in the news and in the public's mind and help to frame tobacco control issues in support of NY TCP goals.
- c. Identifying important state, national and international news stories that can be turned into local stories to call attention to tobacco control issues.

Applicants will:

- o develop and implement responses to existing or emerging tobacco topics, such as exposing the deceptive practices of the tobacco industry,
- o amplify newsworthy stories for maximum coverage and tailor stories to ensure their relevance at the local level,
- o communicate local successes and challenges related to tobacco control;
- o educate the community about new tobacco-related laws or policies; and,
- o issue calls to action for local businesses, community organizations, and others, related to tobacco control.

3) Sustainability 10 Percent of Effort

“Sustainability” refers to the thoughtful implementation of a set of strategic activities designed to increase community awareness of tobacco control programs, improve recognition of the importance of tobacco control work, demonstrate success in preventing and reducing tobacco use; and highlight the burden of the tobacco epidemic in communities. The purpose of sustainability activities is to strengthen support for tobacco control.

Organizations funded as a result of this RFA will devote approximately 10 percent of effort to implement seven sustainability activities. These are 1) conducting an inventory of community connections (“Who Do You Know?”), 2) recruitment of community members to a tobacco control advocacy web site; 3) letters to the editor of local papers discussing tobacco control issues; 4) monthly communication with elected representatives 5) one legislative office visit annually; 6) engagement of community members who have suffered as a result of the tobacco epidemic to speak on behalf of tobacco control, and 7) building relationships with news reporters and media personalities to disseminate tobacco control messages and information.

Community members and decision makers should be well-educated about the magnitude of the tobacco problem, effective actions to address the tobacco burden (e.g., keeping the price of cigarettes high), and the huge unmet need for addressing this problem in communities across New York State.

4) Hosting an Annual Recognition Event 5 Percent of Effort

Organizations funded as a result of this RFA will devote up to 5 percent of effort to host a community event, in collaboration with other NY TCP Contractors in the catchment area, to acknowledge and recognize community members and leaders that have taken action to advance tobacco control in the community. Planning and funding of recognition events will follow guidelines developed by the NY TCP.

5) Evaluation Project 10 Percent of Effort

Organizations funded as a result of this RFA will dedicate up to 10 percent of effort to an evaluation project. Evaluation projects will be developed in consultation with and approved by the NY TCP Tobacco Surveillance, Evaluation, and Research team, with the purpose of demonstrating the impact of selected activities and strategies on the achievement of tobacco control program goals and objectives (see TCP Appendix 4). Community Partnerships will participate in evaluation training provided by the Department and will provide information to Research Triangle Institute, the NY TCP's independent evaluation contractor, as requested, to assess the impact of the NY TCP or its components on tobacco use, attitudes and related behaviors. The Department's Institutional Review Board must approve research and evaluation protocols that involve human subjects.

B. Additional Requirements for All Organizations Funded Under This RFA

1) Collaboration and Communication

- Community Partnerships will develop and maintain active partnerships that support the mission of reducing morbidity and mortality and alleviating the social and economic burden caused by tobacco use in New York.
- Partnerships will develop and maintain effective communication systems with partners at the state, regional and local level.
- Partnerships should include diverse organizations and interest groups with responsibilities and interests related to prevention and reduction of tobacco use.

2) Partnership Structure

- Applicants may employ a traditional coalition model for governing and decision-making or may choose to organize partnership activities according to a different structure.
- Under any proposed structure, Community Partnerships should include advocacy partners, voluntary health organizations, universities, hospitals, mental health providers, local health departments, organizations that

- represent diverse communities, community-based organizations, trade organizations, statewide and local partners, health boards, commissions, and advisory groups with responsibilities related to tobacco control, as needed to achieve NY TCP goals and objectives.
- Applicants will insure the partnership model incorporates systems that empower and motivate members to achieve strong performance standards.

3) Staffing

- The funded agency should identify and hire staff with the appropriate competencies to implement the full range of activities for which they are applying. In all cases, the organization holding the contract is responsible for all activities and deliverables in the contract. For any positions proposed to be subcontracted, the applicant should address staffing patterns and accountability.
- The staffing pattern should be sufficient to manage a tobacco-control partnership and must provide information to demonstrate that management staff is at a level within the agency to affect decision making related to the Community Partnership.
- The funded agency is responsible for ensuring all program deliverables are met.
- The funded agency will submit work plans, monthly Community Activity Tracking (CAT) reports, and the end-of-the-year report and attend all site visits.
- The funded agency should use grant funds to support a minimum of one full-time professional position responsible for building, coordinating and guiding the partnership in accomplishing science-based tobacco control action consistent with the NY TCP strategic plan. This person will be a primary contact with the NY TCP staff and will be expected to attend all modality, regional, and statewide meetings convened by the NY TCP. Additional responsibilities of this full-time staff position include: managing the day-to-day operations of the Community Partnership; interfacing with community members, organizations and decision-makers at every level; building support for the Community Partnership; motivating partners and leading the partnership in tobacco control interventions. Funded staff should have a function within the funded agency that reflects professional and leadership status and should possess a skill set that enables them to motivate and inspire others, convey knowledge and enthusiasm to partners, demonstrate initiative and drive, communicate effectively within the community and with regional and state level partners, and plan and implement effective tobacco control action.
- Staff should have knowledge and skills in: program development, coordination and management; fiscal management; leadership development; tobacco control content; cultural competency; advocacy; public relations; public health policy, including analysis, development and implementation; community outreach and mobilization; training and technical assistance; health communications including counter-marketing;

strategic use of media including media advocacy, earned and paid media; strategic planning; gathering and analyzing data; and evaluation methods.

- It is required that the coordinators who are responsible for the day-to-day management of the project have at least three years of experience in a like (advocacy or tobacco control) or similar (health education, teaching, etc.) position. A bachelor's degree or equivalent is strongly recommended but not required. Each application will be scored in the category of staffing patterns and qualifications.
- Salaries must be commensurate with the level of education and experience required for the job. *Please note: if a vacancy occurs (resignation, maternity leave, medical leave, etc.), it is the responsibility of the contractor to cover extended absences and to ensure programmatic work is being completed.*

4) Staff Orientation, Training, Supervision and Program Support

- Funded agencies are required to support paid coordinators by providing the following: proper orientation to the organization's policies and procedures; appropriate budgeting for the program's transportation needs; fiscal and budget management support; timely processing of purchase and subcontracting requests; training and supervision of staff; 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 office and meeting space. Frequent travel to Albany is required.

5) Meetings and Training

- Community Partnership Coordinators are required to: attend and participate in all regional, modality and statewide meetings, attend required trainings (an estimated two trainings per quarter may be held annually and may require travel to other areas of the state) and participate in training on the Department's web- CAT system.

6) Organization

- The applying agency and the lead agency responsible for implementing the work of the Community Partnership must be the same.
- The fiscal agency should provide fiscal and budget support to the partnership and have demonstrated capacity to expeditiously process budget and purchasing requests in order to facilitate the smooth operation of the contract.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the NYS Department of Health, NY TCP. 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:

Rachel Iverson, Associate Director
Tobacco Control Program
New York State Department of Health
ESP Corning Tower, Rm. 710
Albany NY 12237-0675
TCP@health.state.ny.us

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until 4:00 pm on the date posted on the cover of this RFA.

Questions of a technical nature can be addressed in writing or via e-mail by contacting:

Pat Bubniak
Tobacco Control Program
New York State Department of Health
ESP Corning Tower, Rm. 710
Albany NY 12237-0675
TCP@health.state.ny.us

Questions are of a technical nature if they are limited to how to prepare our application (e.g., formatting) rather than relating to the substance of the application.

Prospective applicants should note that all clarification and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

This RFA has been posted on the NYS Department of Health's public website at: <http://www.nyhealth.gov/funding/>. Questions and answers, as well as any updates and/or modifications, will also be posted on the NYS Department of Health's website. All such updates will be posted on the date identified on the cover sheet of this RFA.

If prospective applicants would like to receive written notification when updates/modifications are posted (including responses to written questions), please complete and submit a letter of interest (see attachment 2). Prospective applicants may also use the letter of interest to request actual (hard copy) documents containing update information.

Submission of a letter of interest is not a requirement for submitting an

application.

C. Applicant Conference

An Applicant Conference will not be held for this project.

D. How to File an Application

Applications must be received at the following address by the date and time posted on the cover sheet of this RFA. Late applications will not be accepted.*

Pat Bubniak
Tobacco Control Program
New York State Department of Health
ESP Corning Tower, Rm. 710
Albany NY 12237-0675

Applicants shall submit one (1) original, signed application and 4 copies. The original should be clearly marked "ORIGINAL" and contain original signatures. Do not use binders or folders; use clips or rubber bands to package each copy of the application. 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 address above prior to the date and time specified. Late applications due to a documentable delay by the carrier may be considered at the NYS Department of Health's discretion.

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. Eliminate mandatory requirements unmet by all applicants.
7. If the NYS Department of Health is unsuccessful in negotiating a contract with the selected applicant within an acceptable time frame, the NYS 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 NYS 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 a 54-month time period January 1, 2010 – June 30, 2014. The first contract period will be for 18 months (January 1, 2010 – June 30, 2011). Year 3 and 4 renewals will cover a 24-month period which will commence on July 1, 2011 through June 30, 2013. The final year of the contract will be for a one-year renewal (July 1, 2013 – June 30, 2014).

G. Payment & Reporting Requirements of Grant Awardees

1. The State (NYS Department of Health) may, at its discretion, make an advance payment to not for profit grant contractors in an amount not to exceed 25 percent of the first year of the contract.
2. The grant contractor will be required to submit monthly invoices and required reports of expenditures to the State's designated payment office:

Lynn Heffernan
NYS Department of Health
ESP Corning Tower, Rm. 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.

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 along with a copy of the invoice.
 - Media purchases greater than \$5,000: copy of receipt.
 - Miscellaneous expenditures: list of all expenditures in this category.
 - The Department reserves the right to request additional backup documentation at its discretion.
3. The grant contractor will be required to submit the following periodic reports:
- Monthly Activity Reports on the CAT system. (See Attachment 12.)
 - End of Year Reports on CAT.
 - Other reports as required by NY TCP.
4. All applications that result in a contract awarded by the State will be required to undergo an annual comprehensive site visit by staff of the NY TCP. Staff required to be in attendance will be the contractor, project coordinator, and others to be named at the discretion of the Department.

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

H. Vendor Responsibility Questionnaire

New York State Procurement Law requires that state agencies award contracts only to responsible vendors. Vendors are invited to file the required Vendor Responsibility Questionnaire online via the New York State VendRep System or may choose to complete and submit a paper questionnaire. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at www.osc.state.ny.us/vendrep or go directly to the VendRep system online at <https://portal.osc.state.ny.us>. For direct VendRep System user assistance, the OSC Help Desk may be reached at 866-370-4672 or 518-408-4672 or by email at helpdesk@osc.state.ny.us. Vendors opting to file a paper questionnaire can obtain the appropriate questionnaire from the VendRep website www.osc.state.ny.us/vendrep or may contact the NYS Department of Health or the Office of the State Comptroller for a copy of the paper form. Applicants must also complete and submit the Vendor Responsibility Attestation (Attachment 7).

I. 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, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the application.
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.
 - d. If, in the judgment of the NYS 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 judgment 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.

J. 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
- APPENDIX B - Budget
- APPENDIX C - Payment and Reporting Schedule
- APPENDIX D - Work Plan
- APPENDIX H - Federal Health Insurance Portability and Accountability Act (HIPAA) Business Associate Agreement *<if applicable>*

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**:

- **CE-200**, Affidavit For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disabilities Benefits Insurance Coverage is Not Required; OR
- **C-105.2** -- Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
- **SI-12** -- Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** -- Certificate of Participation in Workers' Compensation Group Self-Insurance

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

- **CE-200**, Affidavit For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disabilities Benefits Insurance Coverage is Not Required; OR
- **DB-120.1** -- Certificate of Disability Benefits Insurance OR
- **DB-155** -- Certificate of Disability Benefits Self-Insurance

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

V. Completing the Application

The application must address each of the sections and points listed below in the order in which they appear. The application should utilize the same outline format as described below. The application should not exceed 26 single-spaced pages.

Page 1	Application Cover Page (see Attachment 4)
Page 2	Statement of No Tobacco Status (see Attachment 10)
Page 3	Table of Contents

A. Application Content

Section I Executive Summary (up to two single-spaced pages)

In no more than two pages, provide a summary of the project proposal. Please indicate non-for-profit status in this section if applicable. This section is not scored, but up to five points may be deducted if it is not included or exceeds two pages.

Section II Statement of Need (up to three single-spaced pages) 5 points

1. Describe the proposed geographic area to be served under this RFA. List the county(ies) to be included and describe characteristics of the area and population, including education, income, and health status. Identify prevailing social norms regarding tobacco use and barriers to changing them. Note significant tobacco control activity and achievements over the past five years.
2. Describe local tobacco control laws and regulations in the proposed geographic area, the current status of compliance with these laws, and opportunities for tobacco control action in the catchment area.

Section III Agency Capacity and Experience (up to three single-spaced pages) 10 points

1. Describe the mission and purpose of the agency. How will this Community Partnership support or extend the mission and programs within the applicant agency? Briefly describe the agency's experience providing the range of services being applied for in this application. If subcontracts are proposed, describe them. How will the agency ensure programmatic accountability? In an appendix, attach an organizational chart that shows the location of the proposed Community Partnership within the organization.
2. Describe the agency's experience in conducting policy advocacy, community organizing and public communication activities and interventions.
3. Describe how the agency will support the social change work of the Community Partnership.
4. Describe an initiative where the agency utilized public communication strategies to support a policy intervention.
5. Describe the applicant's capacity to provide effective tobacco control services. If the applicant has previous experience in tobacco control, please describe three examples of this experience which demonstrate the agency's capacity to provide effective tobacco control services. If the applicant does not have previous tobacco control experience, please provide three examples of the agency's experience implementing community organizing or policy advocacy services related to a public health goal.
6. Describe the applicant's capability and resources to ensure timely start-up and implementation of the proposed project.

Section IV. Program Plan (up to ten single-spaced pages) 40 points

1. Describe how the agency will meet each of the deliverables as described on pages 11-17. Clearly describe a logical, achievable plan for organizing, implementing, and accomplishing all of the project deliverables over the five year contract period. Propose a time line to meet deliverables with specific details describing activities in the first 18-month period. Address the manner in which all of the project deliverables will be met, including subcontracting as appropriate.

Section V Staffing Pattern and Qualifications (up to six single-spaced pages) 20 points

1. Describe the staffing pattern and rationale.
2. Include a job description for the Community Partnership coordinator/director in an appendix.
3. Where will this position be located in the organization's hierarchy and what professional level and authority will accompany the position?
4. Describe how orientation and supervision of staff will be provided and by whom, including the credentials of the person(s) who will be providing orientation and supervision to the program. Include resumes if the person(s)

providing orientation and supervision if known (resumes should be included in the appendix and will not count toward page total).

5. Describe the opportunities employees have for staff development within the organization.
6. If a vacancy were to occur in the coordinator position, please describe how that position would be covered within the organization until the coordinator returned or a new one was hired.
7. Describe the applicant's current administrative staffing pattern for activities such as payroll, bookkeeping, invoicing, and general tracking of administrative and fiscal controls. Describe the qualifications of key fiscal staff, including a description of the staff's experience (if any) with monitoring government grant funds.

Section VI. Evaluation (up to two single-spaced pages) 5 points

1. Describe how you will conduct program evaluation to measure the impact of selected activities and strategies and contribute to the achievement of tobacco control program objectives and goals.
2. Describe how you will work collaboratively with TCP evaluation specialists to develop and implement evaluation methodologies and participate in applicable TCP evaluation trainings, as needed.
3. Describe how you will work cooperatively with TCP's independent evaluation contractor to provide information and implement studies to assess the impact of program activities on tobacco use, attitudes and related behaviors.

Section VII Budget and Justification (not included in page count) 20 points

Complete a budget using the attached forms (Attachment 6). Applicants must submit a **6-month budget** for the period January 1, 2010 – June 30, 2010 and a **one-year budget** for the period July 1, 2010 – June 30, 2010, assuming a start date of January 1, 2010. (Please see section IV, F, Term of Contract; also see the catchment area table on page 11 for a breakdown of funding levels for each budget period.) All costs must be related to the provision of services described in this RFA, as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form using the forms provided. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined. **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.**

Ineligible budget items will be removed from the budget before the budget is scored. The budget amount requested will be reduced to reflect the removal of the ineligible items.

NYS funded indirect costs may not exceed ten percent (10%) of your direct costs

and should be fully itemized and justified (i.e., space, utilities, etc.).

Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered) or remodeling or modification of structure.

Applicants should review established NYS travel and lodging rates when calculating travel and lodging costs. Reimbursement for travel and lodging will not exceed the stated standard agency rate and in no case will exceed the approved NYS rates (see www.osc.state.ny.us/agencies/travel/reimbrate.htm.)

B. Application Format

ALL APPLICATIONS SHOULD CONFORM TO THE FORMAT PRESCRIBED BELOW. POINTS WILL BE DEDUCTED FROM APPLICATIONS WHICH DEVIATE FROM THE PRESCRIBED FORMAT.

Applications should be single spaced typed pages (not including the cover page, budget and attachments). The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

Section	Maximum Score	Page Limit
1. Program Summary	n/a	2
2. Statement of Need	5	3
3. Agency Capacity and Experience	10	3
4. Program Plan	40	10
5. Staffing Pattern and Qualifications	20	6
6. Evaluation	5	2
7. Budget and Justification	20	n/a

C. Review & Award Process

1. Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by NYS DOH staff.
2. Applications failing to provide all response requirements or failing to follow the prescribed format will be removed from consideration or points will be deducted.
3. Applications must receive a score of at least 70 in order to be considered for funding. The highest scoring application in each catchment area will be recommended for funding. Applications from eligible applicants will be reviewed by panels convened by the NY TCP. It is anticipated that there may be more worthy applications than can be funded with available resources. Applications will be deemed to fall in one of three categories: 1) not approved, 2) approved but not

funded due to resources, 3) approved and funded.

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. The Department reserves the right to consider the Statement of Need provided by applicants in recalculating award amounts. In these cases, funding will not differ from the amount stated in the RFA by more than 10 percent.

Following the award of grants from this RFA, applicants may request a debriefing from the NY TCP no later than three months from the date of the award(s) announcement. This debriefing will be limited to the positive and negative aspects of the subject application.

VI. Attachments

- Attachment 1: Standard Grant Contract with Appendices
- Attachment 2: Letter of Interest Sample
- Attachment 3: Checklist for Application Submission
- Attachment 4: Application Cover Page
- Attachment 5: Instructions for Completing Budget
- Attachment 6: Application Budget Forms
- Attachment 7: Vendor Responsibility Attestation
- Attachment 8: NYS Department of Health Tobacco Control Program “One Million Fewer Smokers’ Work Plan 2008-2010”
- Attachment 9: Evaluation Planning Matrix
- Attachment 10: No Tobacco Status
- Attachment 11: Board of Directors Roster
- Attachment 12: Community Activity Tracking System
- Attachment 13: TCP Regional Structure Map

ATTACHMENTS

For

Community Program RFAs

(rev. 3/6/09)

1. Standard Grant Contract with Appendices (and A-2)
2. Sample Letter of Interest
3. Checklist for Application Submission
4. Cover Page
5. Instructions for Completing Budget
6. Application Budget Forms
7. Vendor Responsibility Attestation
8. NYS Department of Health Tobacco Control Program "One Million Fewer Smokers"
Work Plan 2008-2010
9. Evaluation Planning Matrix
10. No Tobacco Status
11. Board of Directors Roster
12. Community Activity Tracking (CAT) System
13. TCP Regional Structure Map

Attachment 1
GRANT CONTRACT

STATE AGENCY (Name and Address):

CONTRACTOR (Name and Address):

FEDERAL TAX IDENTIFICATION NUMBER:

MUNICIPALITY NO. (if applicable):

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

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

NYS COMPTROLLER'S NUMBER: _____

ORIGINATING AGENCY CODE:

TYPE OF PROGRAM(S)

INITIAL CONTRACT PERIOD

FROM:

TO:

FUNDING AMOUNT FOR INITIAL PERIOD:

MULTI-YEAR TERM (if applicable):

FROM:

TO:

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 10/08)
_____	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
_____	APPENDIX E-2	Proof of Disability Insurance Coverage
_____	APPENDIX H	Federal Health Insurance Portability and Accountability Act Business Associate Agreement

____ APPENDIX ____
____ APPENDIX ____

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

Contract No. _____

CONTRACTOR . STATE AGENCY

By: _____ . By: _____
(Print Name) (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)
) SS:
County of _____)

On the ____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(Signature and office of the individual taking acknowledgement)

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-2.

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 10/08)

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 certifies 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 Educational 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 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 \$500,000 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 \$500,000, 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:
 - ◆ 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.
 - ◆ 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 either 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 \$1000 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 and 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 transaction, 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 Transaction," 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.
- h) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- i) Except for transactions authorized under paragraph "e" of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, 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.

2) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions

- a) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from

participation in this transaction by any Federal department agency.

- b) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

6. The STATE, its employees, representatives and designees, shall have the right at any time during normal business hours to inspect the sites where services are performed and observe the services being performed by the CONTRACTOR. The CONTRACTOR shall render all assistance and cooperation to the STATE in making such inspections. The surveyors shall have the responsibility for determining contract compliance as well as the quality of service being rendered.
7. The CONTRACTOR will not discriminate in the terms, conditions and privileges of employment, against any employee, or against any applicant for employment because of race, creed, color, sex, national origin, age, disability, sexual orientation or marital status. The CONTRACTOR has an affirmative duty to take prompt, effective, investigative and remedial action where it has actual or constructive notice of discrimination in the terms, conditions or privileges of employment against (including harassment of) any of its employees by any of its other employees, including managerial personnel, based on any of the factors listed above.
8. The CONTRACTOR shall not discriminate on the basis of race, creed, color, sex, national origin, age, disability, sexual orientation or marital status against any person seeking services for which the CONTRACTOR may receive reimbursement or payment under this AGREEMENT.
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. Where the STATE does not provide notice to the NOT-FOR-PROFIT CONTRACTOR of its intent to not renew this contract by the date by which such notice is required by Section 179-t(1) of the State Finance Law, then this contract shall be deemed continued until the date that the agency provides the notice required by Section 179-t, and the expenses incurred during such extension shall be reimbursable under the terms of this contract.

12. Other Modifications

- a. Modifications of this AGREEMENT as specified below may be made within an existing PERIOD by mutual written agreement of both parties:
 - ◆ Appendix B - Budget line interchanges; Any proposed modification to the contract which results in a change of greater than 10 percent to any budget category, must be submitted to OSC for approval;
 - ◆ Appendix C - Section 11, Progress and Final Reports;
 - ◆ Appendix D - Program Workplan will require OSC approval.
- 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.

13. 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**:

- **CE-200** - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage is Not Required; OR
- **C-105.2** -- Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
- **SI-12** -- Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** -- Certificate of Participation in Workers' Compensation Group Self-Insurance

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

- **CE-200** - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage is Not Required; OR
- **DB-120.1** -- Certificate of Disability Benefits Insurance OR
- **DB-155** -- Certificate of Disability Benefits Self-Insurance

14. Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208). Contractor shall be liable for the costs associated with such breach if caused by Contractor's negligent or willful acts or omissions, or the negligent or willful acts or omissions of Contractor's agents, officers, employees or subcontractors.

15. All products supplied pursuant to this agreement shall meet local, state and federal regulations, guidelines and action levels for lead as they exist at the time of the State's acceptance of this contract.

16. 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 A-2

Tobacco Control Program-Specific Contract Clauses

1. Any publishable or otherwise reproducible material developed under, or in the course of performing this AGREEMENT, dealing with any aspect of performance under this AGREEMENT, or of the results and accomplishments attained in such performance, shall be the sole and exclusive property of the STATE, and shall not be published or otherwise disseminated for profit by the CONTRACTOR or any other party unless prior written approval is secured from the STATE. The STATE authorizes the CONTRACTOR to disseminate materials developed under this AGREEMENT free of charge, or at cost, to other parties. The STATE shall have a perpetual royalty-free, non-exclusive and irrevocable right to reproduce, publish or otherwise use, and to authorize others to use, any such material for governmental purposes.
2. Any materials, articles, papers, etc., developed by the CONTRACTOR under or in the course of performing this AGREEMENT must contain the following acknowledgment: "Funded by a grant from the New York State Department of Health, Division of Chronic Disease Prevention and Adult Health."

No report, document or other data produced in whole or in part with the funds provided under this AGREEMENT may be copyrighted by the CONTRACTOR or any of its employees, nor shall any notice of copyright be registered by the CONTRACTOR or any of its employees in connection with any report, document or other data developed pursuant to this AGREEMENT.

APPENDIX B

BUDGET
(sample format)

Organization Name: _____

Budget Period: Commencing on: _____ Ending on: _____

Personal Service

Number	Title	Annual Salary	% Time Devoted to This Project	Total Amount Budgeted From NYS
--------	-------	---------------	--------------------------------	--------------------------------

Total Salary	_____
Fringe Benefits (specify rate)	_____
TOTAL PERSONAL SERVICE:	_____

Other Than Personal Service Amount

Category	
Supplies	
Travel	
Telephone	
Postage	
Photocopy	
Other Contractual Services (specify)	
Equipment (Defray Cost of Defibrillator)	_____

TOTAL OTHER THAN PERSONAL SERVICE _____

GRAND TOTAL _____

Federal funds are being used to support this contract. Code of Federal Domestic Assistance (CFDA) numbers for these funds are: (required) _____

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:

- ❶ 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
- ❷ 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:

- ❶ the end of the first monthly/quarterly period of this AGREEMENT; or
- ❷ 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.

- G. If the CONTRACTOR is eligible for an annual cost of living adjustment (COLA), enacted in New York State Law, that is associated with this grant AGREEMENT, payment of such COLA shall be made separate from payments under this AGREEMENT and shall not be applied toward or amend amounts payable under Appendix B of this AGREEMENT.

Before payment of a COLA can be made, the STATE shall notify the CONTRACTOR, in writing, of eligibility for any COLA. The CONTRACTOR shall be required to submit a written certification attesting that all COLA funding will be used to promote the recruitment and retention of staff or respond to other critical non-personal service costs during the State fiscal year for which the cost of living adjustment was allocated, or provide any other such certification as may be required in the enacted legislation authorizing the COLA.

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.

APPENDIX D

PROGRAM WORKPLAN (sample format)

A well written, concise workplan is required to ensure that the Department and the contractor are both clear about what the expectations under the contract are. When a contractor is selected through an RFP or receives continuing funding based on an application, the proposal submitted by the contractor may serve as the contract's work plan if the format is designed appropriately. The following are suggested elements of an RFP or application designed to ensure that the minimum necessary information is obtained. Program managers may require additional information if it is deemed necessary.

I. CORPORATE INFORMATION

Include the full corporate or business name of the organization as well as the address, federal employer identification number and the name and telephone number(s) of the person(s) responsible for the plan's development. An indication as to whether the contract is a not-for-profit or governmental organization should also be included. All not-for-profit organizations must include their New York State charity registration number; if the organization is exempt AN EXPLANATION OF THE EXEMPTION MUST BE ATTACHED.

II. SUMMARY STATEMENT

This section should include a narrative summary describing the project which will be funded by the contract. This overview should be concise and to the point. Further details can be included in the section which addresses specific deliverables.

III. PROGRAM GOALS

This section should include a listing, in an abbreviated format (i.e., bullets), of the goals to be accomplished under the contract. Project goals should be as quantifiable as possible, thereby providing a useful measure with which to judge the contractor's performance.

IV. SPECIFIC DELIVERABLES

A listing of specific services or work projects should be included. Deliverables should be broken down into discrete items which will be performed or delivered as a unit (i.e., a report, number of clients served, etc.) Whenever possible a specific date should be associated with each deliverable, thus making each expected completion date clear to both parties.

Language contained in Appendix C of the contract states that the contractor is not eligible for payment "unless proof of performance of required services or accomplishments is provided." The workplan as a whole should be structured around this concept to ensure that the Department does not pay for services that have not been rendered.

APPENDIX X

Contract Number: _____

Contractor: _____

Amendment Number X-_____

This is an AGREEMENT between THE STATE OF NEW YORK, acting by and through NYS Department of Health, having its principal office at Albany, New York, (hereinafter referred to as the STATE), and _____ (hereinafter referred to as the CONTRACTOR), for amendment of this contract.

This amendment makes the following changes to the contract (check all that apply):

- _____ Modifies the contract period at no additional cost
- _____ Modifies the contract period at additional cost
- _____ Modifies the budget or payment terms
- _____ Modifies the work plan or deliverables
- _____ Replaces appendix(es) _____ with the attached appendix(es) _____
- _____ Adds the attached appendix(es) _____
- _____ Other: (describe) _____

This amendment *is* / *is not* a contract renewal as allowed for in the existing contract.

All other provisions of said AGREEMENT shall remain in full force and effect.

Prior to this amendment, the contract value and period were:

\$ _____ From ____ / ____ / ____ to ____ / ____ / ____
(Value before amendment) (Initial start date)

This amendment provides the following addition (complete only items being modified):

\$ _____ From ____ / ____ / ____ to ____ / ____ / ____

This will result in new contract terms of:

\$ _____ From ____ / ____ / ____ to ____ / ____ / ____
(All years thus far combined) (Initial start date) (Amendment end date)

Signature Page for:

Contract Number: _____

Contractor: _____

Amendment Number: X-_____

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of the dates appearing under their signatures.

CONTRACTOR SIGNATURE:

By: _____ Date: _____
(signature)

Printed Name: _____

Title: _____

STATE OF NEW YORK)
) SS:
County of _____)

On the ___ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(Signature and office of the individual taking acknowledgement)

STATE AGENCY SIGNATURE

"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."

By: _____ Date: _____
(signature)

Printed Name: _____

Title: _____

ATTORNEY GENERAL'S SIGNATURE

By: _____ Date: _____

STATE COMPTROLLER'S SIGNATURE

By: _____ Date: _____

Attachment 2

TITLE OF RFA
RFA # -----

Sample Letter of Interest

Patricia A. Bubniak
NYS Tobacco Control Program
NYS Department of Health
ESP Corning Tower Room 710
Albany, NY 12237

Re: RFA # _____

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 NYS Tobacco Control Program by the date stated in the RFA.

Sincerely,

Attachment 3

Checklist for Application Submission (for applicants use only; not required in application)

- Signed original, plus four (4) additional copies of the application (including appendices) are enclosed.
- Application is clearly labeled with name and number of RFA.
- Application Cover Page is completed and attached as the first page of each copy of the application.
- Statement of no tobacco status is included as page 2 of the application.
- Table of Contents is included as page 3 of the application.
- Time line and work plan are included in the Program Plan.
- Staff and consultant resumes, organization and program level chart and job responsibilities for each person as included as an appendix.
- Proof of financial stability in the form of audited financial statements, Dunn & Bradstreet Reports, etc.
- Evidence of NYS Department of State Registration
- Proof of NYS Charities Registration (NYS Attorney General's Office)
- Copy of Certificate of Article of Incorporation, together with any and all amendments thereto; Partnership Agreement; or other relevant business organizational documents, as applicable.
- Vendor Responsibility Attestation

ATTACHMENT 4

**TITLE OF RFA
RFA # -----**

COVER PAGE

Name of Applicant (*Legal name as it would appear on a contract*)

Mailing Address (*Street address, P.O. Box, City, State, ZIP Code*)

Federal Employee Identification Number:

NYS Charities Registration Number:

Person authorized to act as the contact for this firm in matters regarding this application:

Printed Name (*First, Last*):

Title:

Telephone number:

Fax number:

()

()

E-mail:

Person authorized to obligate this firm in matters regarding this application or the resulting contract:

Printed Name (*First, Last*):

Title:

Telephone number:

Fax number:

()

()

E-mail:

(CORPORATIONS) Name/Title of person authorized by the Board of Directors to sign this application on behalf of the Board:

Printed Name (*First, Last*):

Title:

Signature of Applicant or Authorized Representative

Date:

Attachment 5
TITLE OF RFA

**General 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 ten percent (10%) 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) along with a justification of need. Costs should be based upon the agency's applicable travel reimbursement policy, but should not exceed the rates established by NYS (see www.osc.state.ny.us/agencies/travel/reimbrate.htm.)

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. 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:
 $(\text{Total Annual Salary}) \times (\% \text{FTE}) \times (\# \text{ of months worked}/12) = \text{Total Expense}$.

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

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).

**Attachment 6
Application Budget Forms**

BUDGET NARRATIVE/JUSTIFICATION ATTACHMENT

FORM 1
PERSONNEL SERVICES

APPLICANT: _____

PERSONNEL SERVICES

TITLE	INCUMBENT	DESCRIPTION

BUDGET NARRATIVE/JUSTIFICATION ATTACHMENT

FORM 2
FRINGE BENEFITS

APPLICANT: _____

FRINGE BENEFITS

COMPONENT	RATE
TOTAL FRINGE BENEFIT RATE	

BUDGET NARRATIVE/JUSTIFICATION ATTACHMENT

FORM 3
NON-PERSONNEL SERVICES

APPLICANT: _____

NON-PERSONNEL SERVICES

ITEM	COST	DESCRIPTION

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-2

Grant Period:

APPLICANT: _____

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

Attachment 7

Vendor Responsibility Attestation

To comply with the Vendor Responsibility Requirements outlined in Section E, Administrative, 8. Vendor Responsibility Questionnaire, I hereby certify:

Choose one:

- An on-line Vendor Responsibility Questionnaire has been updated or created at OSC's website: <https://portal.osc.state.ny.us> within the last six months.
- A hard copy Vendor Responsibility Questionnaire is included with this proposal/bid and is dated within the last six months.
- A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations, and Indian Nations.

Signature of Organization Official: _____

Print/type Name: _____

Title: _____

Organization: _____

Date Signed: _____

Attachment 8

New York State Department of Health Tobacco Control Program “One Million Fewer Smokers” Work Plan 2008 – 2010

The New York Tobacco Control Program 2008 -2010 work plan describes the program’s vision and mission, goals and objectives, and the activities that will be implemented to reduce the number of adult smokers in New York from 3,027,785 in 2005 to 2,127,785 in 2010 and the number of youth smokers from 198,171 in 2004 to 98,171 in 2010. Preventing and reducing cigarette use is the single most important step New York can take to improve the health of its citizens, reduce morbidity and mortality, and reduce health care costs.

I. Vision and Mission.

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

The 2008 – 2010 work plan contains three strategic areas of action, six goals, and six focus areas for statewide and community activities. The three strategic areas of action are:

- Community Action
- Health Communication
- Cessation Interventions

These activities are supported by:

- Surveillance and Evaluation
- Administration and Statewide Coordination

The NY TCP strives to achieve four programmatic goals, one infrastructure goal and one goal related to science and evaluation. The six goals are:

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

Statewide and community activities in support of the three strategic action areas and contributing to the achievement of program goals are grouped into six focus areas.

- **Government and policymaker education.** The NY TCP and state and community contractors
 - Educate government officials and policymakers at the state and local level,
 - Build support for tobacco control action,
 - Increase knowledge about evidence-based tobacco control strategies,
 - Educate health care administrators and providers, insurers and employers, and government officials and policy makers to increase provision of and coverage for tobacco dependence treatment,
 - Increase the visibility of tobacco control successes.
- **Advocacy with organizational decision makers.** The NY TCP and state and community contractors advocate with

- Organizations and institutions, including tobacco retailers, health care organizations, school boards, and parks and recreation officials to adopt policies and resolutions to prevent and reduce tobacco use and promote the tobacco-free norm,
- Decision makers in health care and provider organizations and institutions to implement the Agency for Health Care Quality and Research systems to address tobacco use and dependence and to conduct cessation interventions consistent with the *Clinical Practice Guideline for Treating Tobacco Use and Dependence*.
- **Community education.** The NY TCP and state and community contractors
 - Build support among community members for tobacco control action,
 - Stimulate community demand for tobacco control policies,
 - Demonstrate support for tobacco control initiatives,
 - Work with communities to increase demand for cessation services,
 - Promote use of the New York State Smokers' Quitline.
- **Paid and earned media.** Paid advertising and news coverage of tobacco issues and events support the NY TCP and state and community partner efforts to advance tobacco control by educating the community and key community members and keeping the tobacco problem on the public agenda. Media campaigns directed at health care providers and the public support and advance demand for and provision of tobacco dependence treatment and community cessations services. Media advocacy uses available communication strategies to reach key decision makers and educate them on important current tobacco control issues.
- **Cessation services and support.** The New York State Smokers' Quitline provides telephone and on-line cessation services and support. Community distribution of nicotine products through local health departments and state licensed treatment programs increases the use of evidence-based methods to quit smoking.
- **Monitoring and assessment and infrastructure development.** These tasks keep the NY TCP and state and community contractors focused on achieving goals and building and maintaining capacity for tobacco control.

II. Monitoring Progress.

To achieve program goals, the NY TCP seeks to implement evidence-based interventions, develop and implement new interventions to promote the tobacco free norm, and take coordinated action to change community and organizational policies related to tobacco use – all supporting the accomplishment of program objectives. Progress toward achievement of NY TCP goals and objectives will be measured in three complementary ways:

- 1) Establishment of management, accountability, and evaluation processes to assure that program staff and contractors document the implementation of 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. NY TCP contractors report to contract managers and work with program evaluation staff 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 and NY TCP components.

These systems and studies are developed and implemented by RTI, International of Research Triangle Park, North Carolina, in collaboration with the NY TCP's Tobacco Surveillance, Evaluation and Research Team to evaluate the effectiveness and impact of tobacco control activities and to understand the cumulative impact of the variety of NY TCP strategies and 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,
- Complement information obtained from formal evaluation studies.

Key outcome indicators help measure progress toward achievement of tobacco control goals and objectives.

III. Strategic Action and Focus Areas.

The NY TCP implements three key programmatic strategies: community action, public health communication, and cessation interventions. These components are supported by surveillance and evaluation and administration and statewide coordination.

The NY TCP invests in community action that denormalizes tobacco use, decreases the social acceptability of tobacco use, and establishes and supports a tobacco-free norm.

The NY TCP uses public health communications, in the form of mass media, public relations and media advocacy, to motivate smokers to stop, promote smoke free homes and cars and tobacco control community policies, expose tobacco industry propaganda, and reduce the social acceptability of tobacco use.

The NY TCP works with health care organizations and providers to implement systems to screen patients for tobacco use and prompt providers to offer advice and assistance to quit.

The NY TCP provides cessation support and services through the New York State Smokers Quitline and other venues.

IV. Goals and Objectives

The 2008 – 2010 NY TCP work 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, 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, from the Institute of Medicine Report on Ending the Tobacco Problem, from the Centers for Disease Control and Prevention's 2007 Best Practices for Comprehensive Tobacco Control Programs, and from the NY TCP's experience addressing tobacco issues in New York.

Goal 1. 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, 25,500 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 \$8.17 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.

Objectives intended to enhance promotion of cessation from tobacco use are:

Objective 1A – 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.

A primary activity supported by the NY TCP, contracted Cessation Centers work with hospitals, health care organizations and provider groups to implement effective systems to prompt providers to advise tobacco users to quit and provide assistance to quit successfully.

Objective 1B – Increase the percent of smokers who have quit successfully in the past 12 months. A "successful quit" is defined as quit now (smokefree for the past seven days) at six months after the quit date.

The NY TCP and contracted 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, reducing the social acceptability of tobacco use, encouraging health care providers to treat tobacco use and dependence, and promoting the New York State Smokers Quitline.

Cessation Centers may offer direct cessation services to promote successful quitting, with up to 15 percent of program resources devoted to this community service.

Objective 1C – Increase the number of Medicaid recipients who access pharmacotherapy for smoking cessation through Medicaid.

The Department of Health and NY 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 1D – Increase the percent of smokers with health insurance who report that their health plan provides coverage for tobacco dependence treatment.

The NY 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 1E -- Increase the percent of smokers referred to the New York State Smokers' Quitline by health care providers.

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

Objective 1F – Increase the percent of smokers who have heard of and who have called the New York State Smokers' Quitline.

The NY TCP, Community Partnerships and Cessation Centers use paid and earned media to educate consumers about the state Quitline, the telephone number and web address, free services offered, and other information.

Program Activities

Programmatic activities designed to promote cessation from tobacco use include:

- Support and technical assistance to health care organizations and providers to deliver guideline concordant care for treatment of tobacco use and dependence, 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, educate smokers about the health risks of smoking and the benefits of quitting, educate health care providers about the importance of treating tobacco use and dependence, and increase community awareness of the New York State Smokers' Quit Line services available to help smokers stop smoking;
- Coverage of over-the-counter and prescription pharmacotherapy and behavioral counseling 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 2. Decrease the social acceptability of tobacco use.

After nearly a century of highly effective marketing, 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.

Objectives related to this program goal are:

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

The NY TCP and contractors engage in discrete, focused paid and earned media efforts to increase negative attitudes toward tobacco and the tobacco industry.

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

Objective 2B-1 – Increase the number of retail tobacco stores that have a written policy prohibiting tobacco company or tobacco product advertising.

Objective 2B-2 – Decrease the number of retail stores that sell tobacco products.

Objective 2C – Reduce the amount of tobacco company corporate giving, sponsorship, and product promotion at events and organizations in New York communities.

Objective 2C-1 – 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.

Objective 2C-2 – 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.

Objective 2C-3 – Increase the number of sporting, cultural, entertainment, art, and other events in the community, region, and state that have a written policy prohibiting tobacco company or tobacco product promotion.

Objective 2C-4 – Increase the number of bars, clubs and fraternities that have a written policy prohibiting tobacco company or tobacco product promotion.

Objective 2D – Increase the number of local laws, regulations and voluntary policies that prohibit tobacco use in outdoor areas including public parks, beaches, play grounds, 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.

Objective 2E – Reduce the amount of tobacco company and product advertising in magazines and newspapers.

Objective 2E-1 – Increase the number of magazines and newspapers that have a written policy prohibiting acceptance of tobacco company, retailer or product advertising.

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

Program Activities

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 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 company product marketing and promotion and limit areas where tobacco products may be used 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. 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.

Objectives intended to prevent initiation of tobacco use are:

Objective 3A – Increase the unit price of cigarettes sold in New York State.

The NY TCP and contractors 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 3B – Eliminate smoking and tobacco imagery from movies rated G, PG, and PG-13 that contain smoking or tobacco product placement.

The NY TCP and Youth Action contractors 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 and adopt the four policy solutions of the national Smokefree Movie Network.

Objective 3C – Increase the number of jurisdictions that levy their own cigarette excise taxes. Increase the amount of each local tobacco excise tax.

Community Partnerships and Youth Action contractors engage decision makers and use paid and earned media to promote the adoption of local cigarette excise taxes. This activity is restricted to CP and YA contractors working in jurisdictions with one million residents (the only jurisdictions allowed to levy their own cigarette taxes).

Objective 3D – Increase the number of jurisdictions with a 5 % or less illegal sales rate to minors.

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.

Program Activities

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, Congressional 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).

Goal 4. 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 3,000 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 secondhand smoke-related infections. Exposure to secondhand smoke is a primary cause of 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.

Programmatic objectives related to this goal area are:

Objective 4A – Increase the percent of adult smokers and youth who live in households where smoking is prohibited.

The NY TCP and community contractors 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 policies adopted by multi-unit dwellings, including apartment complexes, condominiums, coops, dormitories, nursing homes, and other multi-unit dwellings.

Cessation Centers incorporate advice about limiting exposure to secondhand smoke into healthcare provider trainings.

Objective 4B – Increase the percent of adult smokers and youth who drive or ride in vehicles where smoking is prohibited.

The NY TCP and community contractors 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 4C – 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.

School Policy contractors 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.

Objective 4D – Increase compliance with New York’s comprehensive clean indoor air law.

Environmental health staff at state, district and county health departments and offices will use NY 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.

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 tobacco free policies, improve media reporting on secondhand smoke, and prompt institutions, organizations, businesses, residents, and others to adopt tobacco free 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 tobacco free 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 Act 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 5. Build and maintain an effective tobacco control program infrastructure.

In order to enhance program functioning, the 2008 - 2010 work plan focuses attention on program infrastructure, including program funding, organization and staff development at the local and state levels. A primary Goal 5 activity area is the Sustainability work that all NY TCP contractors engage in.

Sustainability activities are intended to raise community member and decision-maker awareness of the work of the NY TCP and, in particular, the NY TCP community contractors. Through sustainability activities, community members and decision makers understand the health and economic burden caused by tobacco use, the need for tobacco control action in New York and in communities throughout the state, the unmet need for tobacco control action, and the evidence based strategies that are effective in preventing and reducing tobacco use.

Sustainability actions include:

1. **Monthly Communication with Local Legislators** – NY TCP contractors will correspond regularly (e.g., monthly) with local elected representatives, particularly state legislative office holders. This can take on many forms – a monthly newsletter, relevant clippings from a local newspaper, with a note from the contractor, letters announcing media campaigns and the activities that correspond to them in the area, invitations to community events, and other communications. Community Partnerships will take the lead these communications, with input from all contractors in the catchment area.
2. **E-Champions sign-ups** – All contractors will promote the e-champions website through Campaign for Tobacco Free Kids and encourage community members to sign up for tobacco control alerts.

3. **Letters to the Editor** – Each contract will send one letter to the editor of a local newspaper per quarter, addressing a relevant tobacco control issue or responding to tobacco related news stories.
4. **Personal Stories** – Each contractor will develop relationships with community members eager to tell their story of tobacco use, suffering from tobacco use, recovering from tobacco use, or other relevant story in order to “bring the human face” to tobacco control efforts . Stories might include a successful quit attempt or a heartfelt story of a loved one who is sick or passed away due to tobacco use.
5. **Building Relationships with the Media** – Each Community Partnership catchment area will be responsible for building a relationship with someone in the media industry. This can take on the form of inviting a reporter out for coffee, sending a letter of thanks for a specific article or to pass an article on cc the reporter on what a great job. The purpose of building the relationship is to increase the likelihood that a tobacco related story will be covered by local media and to position the NY TCP contractor as a source for tobacco related information.
6. **Who Do You Know Inventory** – Each NY TCP contractor will take an inventory of its members, friends, allies to see what possible links there are to people who need to be reached and educated in order to advance tobacco control action.
7. **Legislative Office Visits** – Contractors should collaborate within legislative districts to conduct at least one visit per legislator in their district office to educate the legislator or legislative staff on tobacco control and current issues.

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 contractor infrastructure to enhance community collaboration and maintain community support.
3. Strengthen area and regional infrastructure to promote coordination and collaboration among contractors within each area and region.
4. Enhance communication and collaboration among the NY TCP, community contractors, and statewide stakeholders.
5. Establish roles, responsibilities and competencies for all program staff.
6. Tobacco control program staff and contractors 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.

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.

Attachment 9

EVALUATION PLANNING MATRIX

TCP Program Goal:						
TCP Objective(s):						
Intervention/Strategy/Activities:						
Expected Short-term Change(s) and/or Intermediate Impact(s):						
Evaluation Question(s)	Evidence	Data Collection			Understanding and Applying Data	
		Method(s) What method will you use to collect the information?	Sample Who/where will you get the information from?	Time Frame When will you collect the data? By what date will data collection be complete?	Analyze Data How and who will analyze the data?	Report Results Who will prepare the report? How will it be disseminated & who will receive it?
<p><i>What do you want to know?</i></p> <p><i>What questions will be answered by the data you collect?</i></p>	<p><i>What can be measured to determine if change has occurred?</i></p> <p><i>How will you know it has happened?</i></p> <p><i>What are the indicators?</i></p>	<p>Measurement Tool(s) Is there an instrument/tool that will be used to collect the information?</p>	<p>How will you select the sample?</p>			

EVALUATION PLANNING MATRIX

Evaluation Question(s)	Evidence	Method(s) Measurement Tool(s)	Sample	Time Frame	Analyze Data	Report Results

Notes:

Using the Evaluation Planning Matrix

The Evaluation Planning Matrix is a tool that facilitates program evaluation planning. Community partners should use this tool when developing strategies to evaluate their tobacco control efforts. The matrix outlines all of the components that must be addressed when planning an evaluation to measure the impact of tobacco control initiatives. It is presented in tabular form, flows from top to bottom and from left to right. It is designed to include all of the necessary steps for evaluating the impact of a single or multiple initiatives that are meant to have an impact on a single objective and goal.

The following instructions will help guide you through using the matrix:

- 1.) **TCP Program Goal/Objective:** The initiative that you would like to evaluate **must** relate to a Goal and Objective from the Tobacco Control Program Strategic Plan. At the top of the matrix, fill in the TCP goal and corresponding objective that your initiative works toward.
- 2.) **Intervention/Strategy/Activities:** On the third line of the matrix, describe the intervention, strategy and/or activities that you plan to implement to reach the TCP goal and objective listed in the top two lines. It is not necessary to give a lot of detail about all of your planned activities. List only the key components of your initiative to provide an outline of the activities you will implement. In most cases you will be implementing a number of different activities to reach your desired TCP goal and objective. Completing the evaluation planning matrix will help you to determine how to measure the cumulative effect of these activities rather than measuring the effectiveness of each individual activity.
- 3.) **Short-term Change and Intermediate Impact:** Identify the short-term changes and intermediate impacts that you expect to produce by implementing the intervention. Remember that short-term changes refer to changes in learning (awareness, knowledge, attitudes & beliefs) and can happen relatively quickly while intermediate impacts usually refer to changes in action (behaviors, practices, decision-making, policies) and take a little more time to achieve. Your intervention may produce a number of different outcomes that are either short-term or intermediate, and each of those should be described on the fourth line of the matrix.
- 4.) **Evaluation Questions:** The questions for your evaluation will outline what it is that you hope to learn by conducting the evaluation. These questions must be specified beforehand so that you know what to look for and what to measure to demonstrate effectiveness. When evaluating impact, your evaluation questions will come directly from the expected short-term changes and intermediate impacts that were stated on the fourth line of the matrix. For example, if you expect that your intervention will produce an increase in knowledge among health care providers about clinical cessation guidelines, then one of your evaluation questions will be "Did knowledge of the clinical cessation guidelines increase among health care providers?" In addition to evaluation questions that measure impact, you may have other questions that relate to how well the intervention was implemented or how well your target population was reached by the intervention. For each of your evaluation questions, complete each column of the matrix from left to right.
- 5.) **Evidence:** Describe what will be measured to demonstrate that change (short-term and/or intermediate) has occurred as a result of the intervention. Include the **indicators** that will be used to measure the change. For example, indicators could be specific questions on a survey that measure knowledge and awareness of cessation guidelines among health care providers, pre and post counts or percentages of health care providers implementing cessation guidelines, number of calls to the New York State Quit Line, number of patients

accessing counseling services, etc.

- 6.) **Method & Measurement Tool:** Describe the data collection method that will be used. The data collection method could be a survey, structured interview, focus group, case study, or an observational assessment. If possible, include the name of the specific tool/instrument that will be used. Often times, a tool has already been developed for use. If not, note in the matrix that a tool will be developed and include a brief description.
- 7.) **Sample:** Describe the target population that will receive the intervention and explain who will be selected from this larger group to provide the information for the evaluation. Include how the sample will be chosen and how many will be included in the sample.
- 8.) **Time Frame:** Describe when the data will be collected and list the anticipated schedule for data collection.
- 9.) **Analyze Data:** Describe how and who will analyze the data. Include names of people and/or organizations that will be involved.
- 10.) **Report Results:** Include who will be responsible for preparing and reporting results. Describe how and who will receive report findings.

Nuts and Bolts of Using the Evaluation

Planning Matrix:

- What is the TCP Goal and Objective that your intervention works toward?
- What are the strategies and activities that will be implemented?
- What are the anticipated short-term changes and/or intermediate impacts?
- What are the questions that you want the evaluation to answer?
- For each evaluation question, work through each column in the matrix from left to right:
 - *Evidence & indicators:* Specific measures of change (usually counts, percentages, survey responses, etc.)
 - *Method & Measurement Tool:* Type of data collection method (survey, interview, etc.) and description of instrument if applicable
 - *Sample:* Group that will provide the evaluation information (selected from the larger target population)
 - *Time Frame:* Anticipated time schedule for data collection
 - *Analyze Data:* How and who will do the data analysis
 - *Report Results:* Who will prepare report, how will findings be disseminated, and to whom

Attachment 10

No Tobacco Status

The organization does not have any affiliation* or contractual relationship with any tobacco company, its affiliates, its subsidiaries or its parent company. Subcontractors should meet the same requirements as the principal contract holder and be approved by DOH.

* Affiliation:

- being employed by or contracted to any tobacco company, association or any other agents known by you to be acting for tobacco companies or associations;
- receiving honoraria, travel, conference or other financial support from any tobacco company, association or any other agents known by you to be acting for or in service of tobacco companies or associations;
- receiving direct or indirect financial support for research, education or other services from a tobacco company, association or any agent acting for or in service of such companies or associations, and;
- owning a patent or proprietary interest in a technology or process for the consumption of tobacco or other tobacco use related products or initiatives.

Title: _____

Signature: _____ Date: _____

Attachment 11

Board of Director Roster

Board Member Name and Contact Information*	Term of Office	Office Held (if applicable)	Committee Assignments

- Includes name, address, phone number and e-mail address.

Attachment 12

COMMUNITY ACTIVITY TRACKING

The Community Activity Tracking (CAT) System is a web-based reporting system for funded community contractors of the NYTCP. The CAT system is to document progress toward implementation of effective tobacco control strategies.

The CAT system serves several purposes:

- To help community contractors record progress toward implementation of strategies and activities as outlined in their Annual Work Plan.
- To generate reports community contractors can use to document their efforts.
- To submit local evaluation information to fulfill the annual TCP evaluation requirement.
- To assist Tobacco Control Program staff with monitoring the strategies of funded contractors across the state.
- To support Research Triangle Institute, the NYTCP's independent evaluation contractor, in their efforts to understand the scope and impact of New York's community tobacco control efforts.
- To document Area Manager feedback to contractors on a monthly basis.

The CAT system is password protected and can only be accessed by approved users.

Funded contractors are required to enter their Annual Work Plan into the CAT system at the beginning of each contract year and to report monthly on activities conducted each month.

The CAT system features a bulletin board which serves as a tool for users to access resources and to post questions and answers related to CAT and various tobacco control issues. Important CAT documents can be found on the CAT bulletin board, to be saved or printed for contractor use.

Tobacco Control Program (TCP) Regional Structure

Central
Region

Western
Region

Capital
Region

