



Reducing the Public Health Impact of Tobacco Use In Michigan

A Request for Proposal Issued by the Michigan Department of Community Health Tobacco Control Program

Issue Date	Monday April 16, 2012
Application Information	Monday April 23, 2012 from 1-2 PM
Conference Calls	Tuesday April 24, 2012 from 1-2 PM
Due Date	Tuesday May 15, 2012

Michigan Department of Community Health
Tobacco Section
P.O. Box 30195
Lansing, Michigan 48913
Phone: (517) 335-8376



Michigan Department of Community Health Tobacco Control Program

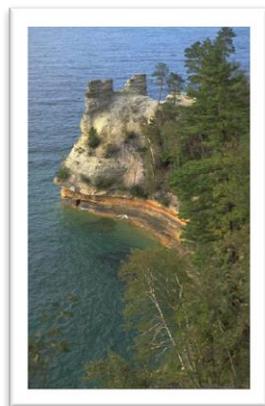
Mission

To reduce and eliminate tobacco-related deaths and diseases in Michigan through leadership, collaboration, and education.

Vision

The Michigan Department of Community Health Tobacco Control Program is dedicated to:

- Eliminating disparities specific to race/ethnicity, socioeconomic status, occupation, geography, gender and sexual orientation
- Eliminating exposure to secondhand smoke in worksites and public places
- Reducing smoking-related illnesses among Michigan residents, especially children
- Preventing youth initiation and access to tobacco products
- Increasing and promoting accessible and affordable cessation services
- Sustaining success through building infrastructure and partnerships, and increasing funding
- Using public health principles to promote and achieve health equity and social justice for all Michiganders



The Michigan Department of Community Health Tobacco Control Program Issues a Request for Proposal

A. Background: Tobacco use remains the single largest cause of preventable death and disease in Michigan. While as a state Michigan has made great strides in reducing the health and economic burden of tobacco use on Michigan's citizens over the past several decades, there remains much work to be done to reduce the public health toll of tobacco use on the population. The Michigan Department of Community Health (MDCH) Tobacco Control Program is committed to the implementation of evidence-based strategies effective in decreasing tobacco use rates among adults, reducing initiation and use of tobacco by young people, and reducing and eliminating the health disparities that exist related to tobacco use. In an effort to work collaboratively with local communities to meet this goal and in keeping with Governor Snyder's [Michigan 4 x 4](#) Health and Wellness Plan, the MDCH Tobacco Control Program is issuing this request for proposals (RFP).

B. Grant Focus: This RFP seeks competitive proposals for local tobacco prevention and reduction projects that work toward local policy changes to reduce exposure to secondhand smoke and provide a tobacco-free environment that models healthy behavior for Michigan youth. The work plan objectives that may be selected, if the criteria specified in the work plan Attachments are met, include:

1. Smoke-Free Public Housing Commissions Work Plan (Attachment A)
2. Tobacco-Free Parks and Beaches Work Plan (Attachment B)
3. 24/7 Comprehensive Tobacco-Free Schools Work Plan (Attachment C)

Each work plan attachment includes a description of objective criteria that must be met in order to apply for funding to implement the associated work plan. Please ensure that your agency meets the specified criteria before applying. Applicants that do not meet the criteria will not be considered for funding.

In addition, applicants located in the 13 counties identified as priority areas in Governor Snyder's Health and Wellness initiative for reducing the infant mortality rate may apply for an additional \$10,000 grant to implement the Infant Mortality Rate Reduction Supplemental Work Plan (Attachment D).

All work plans and associated toolkit documents will be available at www.michigan.gov/tobaccoRFP for review.

C. Eligible Applicants: Eligible applicants must be located within Michigan, serve Michigan residents, and may include local health departments and locally based community organizations or agencies. Agencies that represent or provide services to those populations impacted by tobacco-related health disparities and agencies that can demonstrate a successful history of work in tobacco control/policy development and collaboration with community partners are strongly encouraged to apply. Applicants eligible for the Infant Mortality Rate Reduction Supplemental work plan must be located in and serve residents of the following 13 counties identified as priority areas in Governor Snyder's Health and Wellness initiative for reducing the infant mortality rate:

Berrien
City of Detroit
Calhoun

Kent
Macomb
Oakland

Genesee
Ingham
Jackson
Kalamazoo

Saginaw
Washtenaw
Wayne

For additional information related to infant mortality visit
<http://www.mdch.state.mi.us/pha/osr/chi/IndexVer2.asp> and/or
http://www.michigan.gov/documents/mdch/MCH_databook_final_361031_7.pdf.

D. Funding: The funding period is based on a 12-month project period from Oct. 1, 2012 through September 30, 2013. Grant awards will range from \$35,000 to \$60,000 for the overall application, with an additional \$10,000 available to eligible applicants selecting the Infant Mortality Rate Reduction Supplemental Work Plan. It is expected that between 13 and 22 grants will be awarded. There will be one funding stream of \$250,000 available to applicant agencies specifically representing and serving communities of color and lesbian, gay, bisexual, transgender, and queer (LGBTQ) populations, and another funding stream of \$575,000 available to local health departments and other applicants serving the general population. Upon receipt of applications MDCH will determine which funding source applies to the applicant agency.

The final funding award amounts will be based on the size, scope and nature of the proposed project, the size of the population and geographic area served, and will be based on costs reasonable to support the proposed activities.

Awards will be based on merit of proposals and will be contingent upon availability of funds. Funding cannot be used for lobbying (advocating for the passage or defeat of proposed legislation), providing incentives, or providing direct tobacco dependence treatment services. Detailed budgets and work plans must be finalized and approved by MDCH prior to funding disbursement. Each applicant will be notified in writing of the selection process results.

E. Application Information Conference Calls: Optional application information conference calls are scheduled to assist prospective applicants with understanding the submission process and funding guidelines.

Call schedule:

Monday April 23, 2012 from 1:00 – 2:00 PM

Tuesday April 24, 2012 at 1:00 – 2:00 PM

If you wish to participate in either or both of these conference calls, please RSVP to Kathy Ogrodzinski at ogrodzinskik@michigan.gov by 10:00 AM on Monday April 23, 2012.

F. Due Date: To be considered for funding, proposals must be received at the Tobacco Section no later than Tuesday, May 15, 2012. Proposals post-marked by May 15, 2012, but not received by that date, will be considered late and scored as non-responsive. Applicants may submit a complete proposal by U.S. mail or overnight carrier – provided it is received by May 15, 2012, in order to be considered. Hand-delivered, faxed, and/or emailed proposals will not be accepted.

G. Submission Process: One (1) original and three (3) copies must be submitted by the deadline noted above. The proposal must be double-spaced with a Times New Roman, 12-point font and include a complete budget form and budget justification (Attachment G and H) and any additional required documentation.

Reviewers will not read narratives that exceed the maximum page limits listed in the “Proposal Content Categories” section of this RFP. The MDCH Tobacco Section reserves the right to reject applications to this RFP or to negotiate with applicants to better serve the program’s goals.

Clarity of expression and close adherence to the requested information will contribute to a favorable review of the proposal.

Submit Your Proposal To:

Overnight Mail:

Janet Kiley, Acting Manager
Tobacco Section
Michigan Dept. of Community Health
109 W. Michigan Avenue
Lansing, MI 48913
(517) 335-8376

Regular Mail:

Janet Kiley, Acting Manager
Tobacco Section, Washington Square Building, 8th Floor
Michigan Dept. of Community Health
P.O. Box 30195
Lansing, MI 48909

H. Proposal Content Categories:

1. Cover Page- 1 page (5 points)

Cover page must include:

- Agency Name and Contact Person
- Address
- Telephone number
- Fax number
- E-mail
- Brief statement indicating which Work Plan(s) has been selected.

2. Agency Profile- 2 page maximum (10 points)

Provide a bulleted list of 3 to 5 of your recent most significant accomplishments in tobacco control.

If your agency has no prior tobacco experience, please describe other policy-related effort(s) and the resulting outcome(s).

Provide a list of other tobacco prevention related funding that your agency receives, and briefly describe how these activities fit with the project proposed for funding through this RFP.

IMPORTANT: Your proposal will not be penalized under this RFP process because your agency supports and/or receives other funding for another tobacco prevention related activity(ies). It is viewed as highly desirable if an agency can show how the objectives, strategies and activities from all tobacco prevention related activities work together to achieve a local policy or environmental change.

MANDATORY:

- Complete the Certification of non-acceptance/acceptance of tobacco funds (Attachment E)
- Attach a copy of the applicant agency's smoke-free workplace policy.

3. Background and Demonstration of Need- 2 page maximum (15 points)

Describe tobacco use, secondhand smoke exposure and their impact in your community, including its impact on vulnerable populations and populations impacted by tobacco-related health disparities. Describe how these issues will be addressed by the Work Plan(s) selected in your proposal. Where possible, support all statements with local data.

MANDATORY:

- Complete the Community Assessment of Tobacco-Free Environments (Attachment F)

4. Work Plan Selection and Review- 3 page maximum (20 points)

First, review the Work Plan Attachments (Attachments A, B, and C) and the specified criteria for selection. Next, select one (only) of the work plans for which your agency and community meet the criteria to address in FY 2012-2013.

In 3 pages or less, describe the following:

- (1) The role of the project Coordinator, other staff paid under the grant, and partner agencies or key individuals
- (2) Anticipated barriers/challenges in completing the selected work plan(s) and how you plan to address those barriers/challenges
- (3) Partnerships currently in place, and how those partnerships will contribute to your agency's success in completing the selected work plan
- (4) Any additional interventions, Strategies and/or Activities that your agency would add to the standard work plan that would increase the likelihood of success

5. Infant Mortality Rate Reduction Supplemental Work Plan Selection and Review- 3 page maximum (15 points if applicable)

This section is only for agencies eligible for and wishing to apply for the Infant Mortality Rate Reduction Supplemental Work Plan.

If you are eligible for and wish to apply for the Infant Mortality Rate Reduction Supplemental Work Plan (in addition to one of the three main work plans), in three pages or less describe the following:

- (1) Your understanding of the impact of tobacco use and secondhand smoke exposure on infant mortality rates in your community
- (2) The role of the project Coordinator, other staff paid under the grant, and partner agencies or key individuals
- (3) Anticipated barriers/challenges in completing the supplemental work plan and how you plan to address those barriers/challenges
- (4) Partnerships currently in place, and how those partnerships will contribute to your agency's success in completing the selected work plan
 - a. Consider whether your health department/agency needs to do work internally to improve support for prenatal tobacco dependence treatment.
 - i. Ask: does WIC provide information/intervene with all prenatal women on tobacco use and secondhand smoke (SHS) exposure as a standard of practice?
 - ii. Does your family clinic provide information/intervene with all prenatal women and families on tobacco use and SHS exposure?
 - b. If you believe your agency provides adequate information/intervention with prenatal women and families as a standard of practice, please consider:
 - i. What external outreach would you perform (to Federally Qualified Healthcare Centers, free clinics)? Please detail any existing relationships.
- (5) Any additional interventions, Strategies and/or Activities that your agency would add to the standard supplemental work plan that would increase the likelihood of success

6. Letters of Support- No page limit (10 points)

Please provide letters of support from primary collaborators. Letters from your partners should be substantive and clearly indicate the role they will play in helping your agency achieve the work plan objective(s). When applicable based on work plan selection, letters of support from key decision-making entities (i.e. School Board, City Council, Village Township Board, etc.) are particularly desirable. For applicants applying for the Infant Mortality Supplemental Work Plan include letter(s) from key decision-making partners (i.e. WIC clinics, Maternal and Infant Health Programs, primary care providers, etc.). The quality of the letter(s) provided will be emphasized in scoring this section.

7. Staffing- 1 page maximum (10 points)

Your agency must be able to staff this project with a staff lead who possesses knowledge and experience in community-based work and outreach. Identify the staff lead and other key individual(s) to be funded by this grant by name and title, if available, and describe relevant experience. If other staff is available to support your objectives, but will not be funded by an award from this RFP, please provide details.

8. Budget and Budget Justification- 2 pages (10 points)

Prepare a budget and budget justification using the forms in Attachment G and Attachment H. The total amount requested in your proposal may range from \$35,000 to \$60,000. The final funding award amounts will be based on the size, scope and nature of the proposed project, the size of the population and geographic area served, and will be based on costs reasonable to support the proposed activities. All applicants should include funding in the travel line item of

the budget sufficient to support round trip travel to Lansing, Michigan for a Contractor Meeting scheduled for October 25, 2012. Lodging and meals should be included if necessary.

For agencies applying for the Infant Mortality Rate Reduction Supplemental Work Plan, the total amount of the proposed budget must not exceed \$70,000 (up to \$60,000 for the main work plan plus up to \$10,000 for the Infant Mortality Rate Reduction Supplemental Work Plan).

No contract resulting from this RFP will exceed \$70,000.

IMPORTANT: Funding from this RFP may not be used to purchase equipment, incentives, food, or to provide direct tobacco dependence treatment services. Funding may not be used to support any lobbying activities.

In the Budget Justification (Attachment H), include adequate explanation for each item. Identify any other project resources supplied by your agency or other funding sources. The budget justification must be realistic, but not excessive. If applicable, specify any dollar match contributed by your agency or other partner agency(ies).

Contracts resulting from this RFP will be cost reimbursement contracts.

CHECKLIST FOR COMPLETE APPLICATION:

- Cover Page
- Agency Profile
- Completed Certification of non-acceptance/acceptance of tobacco funds (Attachment E)
- Copy of Agency's Smoke-Free Workplace Policy
- Background and Demonstration of Need
- Community Assessment of Tobacco-Free Environments (Attachment F)
- Work Plan Selection and Review
- If applicable: Infant Mortality Rate Reduction Supplemental Work Plan Selection and Review
- Letters of Support
- Staffing
- Budget and Budget Justification (Attachment G and Attachment H)
- 1 original and 3 copies of the complete proposal

**If applicable, RSVP for the Application Information Conference Calls

I. Evaluation Criteria

Proposals will be selected for funding on the general basis of merit, and rated based on the proposal content categories and using the following scale:

- 5 - Superior
- 4 - Excellent
- 3 - Average
- 2 - Poor
- 1 - Not demonstrated/Non-responsive

IMPORTANT: If your agency has received a grant from the MDCH Tobacco Section in the past, your agency's past performance will be taken into consideration as the current proposal is evaluated.

J. Questions

Please email questions to ogrodzinskik@michigan.gov with the Subject Line "RFP" by **Friday April 20, 2012**. All questions should be submitted in writing and will be responded to in writing and posted at www.michigan.gov/tobaccoRFP after they are addressed during the Application Information Conference Calls described in the RFP.

K. Award Notification

The MDCH Tobacco Section will issue official notification of award status to all applicants on or before **June 15, 2012** via letter or email.

Attachments

- Attachment A: Smoke-Free Public Housing Commissions Work Plan
- Attachment B: Tobacco-Free Parks and Beaches Work Plan
- Attachment C: 24/7 Comprehensive Tobacco-Free Schools Work Plan
- Attachment D: Infant Mortality Rate Reduction Supplemental Work Plan
- Attachment E: Certification of non-acceptance/acceptance of tobacco funds
- Attachment F: Community Assessment of Tobacco-Free Environments
- Attachment G: Budget Detail
- Attachment H: Budget Justification