

# **Attachment A: Sample Application Questions**

### Technical Assistance and Training: Commercial Tobacco-Free Policy, Systems, and Environmental Change Strategies

This document is NOT the application form. It is meant to provide the applicant<sup>1</sup> with the questions required prior to completing the application online. Please use the link provided on the RFP webpage for the online application form.

**Instructions:** Please complete all fields in this application. Character limits include spaces. If you experience problems with the application or need the application in a different format, please email tobacco@state.mn.us.

## General Information Lead Organization<sup>2</sup>

Organization Name:

Unique Entity Identifier (UEI) Name:

Federal Employer ID (EIN):

Address:

Executive Director/Chief Executive Officer Name:

Applicant Contact Name:
Applicant Contact Phone:

Unique Entity Identifier (UEI) Number:

Minnesota Tax ID:

Applicant Contact Title:

**Applicant Contact Email:** 

<sup>&</sup>lt;sup>1</sup> The applicant refers to all entities submitting a joint application for this RFP.

<sup>&</sup>lt;sup>2</sup> The lead organization is defined as the primary entity leading and carrying out the grant.

Subject Matter Expertise
This RFP seeks applicants that are subject matter experts in providing commercial tobacco-free policy, systems, and environmental (PSE) change technical assistance and training (TA). Please acknowledge and verify the following:
$\square$ Applicant has subject matter expertise in commercial tobacco PSE.
$\square$ Applicant has extensive experience providing PSE TA.
Applicants will certify that this information is accurate; please do not move forward with this application if you cannot verify both statements above.
Commercial Tobacco-Free Organizational Commitment
The organization must acknowledge and commit to the following:
$\Box$ Grantees must have or be working towards a commercial tobacco-free grounds policy (excluding traditional tobacco gardens or use for ceremonial purposes).
$\Box$ Grantees must not accept funding from tobacco companies or their subsidiaries or parent companies during the grant period.
Conflicts of Interest
MDH will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers per <u>Minn. Stat.§16B.98.</u>
Applicants must provide a list of all entities with which it has relationships that create, or appear to create, a conflict of interest with the work considered in this RFP. The list must provide the name of the entity, the relationship, and a discussion of the conflict. Submit the list in the application form as directed. If an applicant does not submit a list of conflicts of interest, MDH will assume that no conflicts of interest exist for that applicant.
Organizational conflicts of interest occur when:
<ul> <li>A grantee or applicant is unable or potentially unable to render impartial assistance or advice to the Department due to competing duties or loyalties</li> <li>A grantee's or applicant's objectivity in carrying out the grant is or might be otherwise impaired due to competing duties or loyalties</li> </ul>
In cases where a conflict of interest is suspected, disclosed, or discovered, the applicants or grantees will be notified and actions may be pursued, including but not limited to disqualification from eligibility for the grant award or termination of the grant agreement.
Enter any possible conflicts of interest here.
[Text box – no character limit]

#### Certification

I certify that the information contained in this application is true and accurate to the best of my knowledge, and that I submit this application on behalf of the lead organization.

Name:	Date:
Title:	

#### **Proposal Information**

Geographic Area to be Served: (only select one)
$\Box$ Greater Minnesota – all counties outside the defined 11-county metro area
☐ Counties within the 11-county metro area <sup>3</sup>
Annual Rudget Amount Requested:

#### **Organizational Capacity and Experience**

Note: If applying with a collaborative organization(s), please include information on all organizations in response to each question below.

- 1. Describe the history of the organization, major programming, and how the proposed work aligns with the organization's mission and values. (3,500)
- 2. Describe experience and give brief examples providing commercial tobacco-free PSE TA to community organizations and local public health in each of these PSE strategy areas: (5,000 character limit)
  - Point of Sale/Tobacco Retail Environment
  - Smoke-free Housing
  - Community and Worksite Spaces and Events
  - K-12 and Post-Secondary Schools
- 3. Describe experience and approach to providing TA to entities serving populations that: (5,000 character limit)
  - Have high prevalence of commercial tobacco use;
  - Are disproportionately impacted by the harms of commercial tobacco;
  - Are less likely to use cessation services; and
  - Are targeted by the tobacco industry.
- 4. Describe how key TA staff are subject matter experts in commercial tobacco-free PSE TA, including skills, lived experiences and/or training to successfully carryout the project. If project staff have yet to be hired, describe what skills and capacity they will look for as you hire new staff. (3,500 character limit)

### **Engagement and Equity Practices**

- 5. Describe how the organization engages grantees as partners to establish authentic, trusted relationships. (3,500 character limit)
- 6. Describe how the organization will ensure TA provided will meet grantees' unique needs and incorporate health equity concepts to TA provided. (3,500 character limit)
- 7. Describe how the organization will ensure diverse staff or contractors are available to provide culturally responsive TA within the proposed geographic area indicated in this application. (3,500 character limit)

<sup>&</sup>lt;sup>3</sup> 11-county metro area includes: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Scott, Sherburne, Ramsey, Washington, and Wright counties.