



Youth E-Cigarette Prevention and Cessation Initiative: Technical Assistance and Training Grant

GRANT REQUEST FOR PROPOSALS (RFP)

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YOUTH E-CIGARETTE PREVENTION AND CESSATION INITIATIVE

To obtain this information in a different format, call: 651-201-3535.

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Part 1: Overview

1.1 General Information

- **Announcement Title:** Youth E-Cigarette Prevention Initiative: Technical Assistance and Training Grant
- **Commercial Tobacco Prevention and Control Program Website:** www.health.mn.gov/tobacco
- **RFP Webpage:** www.health.state.mn.us/communities/youthTA
- **Informational Webinar:** October 12, 2021, 2 p.m. – 3 p.m. Central time
- **Letter of Intent Deadline:** October 15, 2021, by 4:00 p.m. Central time (*strongly encouraged but not required*)
- **Application Deadline:** November 5, 2021, by 4:00 p.m. Central time
- **Finalist Interviews:** Anticipated the week of December 6, 2021

1.2 Program Description

The 2021 Minnesota Legislature appropriated new funds for the Minnesota Department of Health (“MDH” or “the Department”), Commercial Tobacco Prevention and Control Program, to administer a new initiative to address youth¹ e-cigarette and other commercial tobacco product use and cessation. The initiative includes coordinated counter-marketing communications, community grants, technical assistance and training, and surveillance and evaluation.

This RFP refers to commercial tobacco products, which are the products tobacco manufacturers and retailers sell. Commercial tobacco is different from traditional or sacred tobacco, also known as Cansasa, Asemaa, or Kinnikinnick. These are used by some American Indian communities in Minnesota and the region for sacred purposes.

References to commercial tobacco product use prevention and cessation do not include traditional or sacred tobacco.

The purpose of this Request for Proposals (RFP) is to provide new funding to one organization as a Technical Assistance and Training (TA) Provider to lead and coordinate statewide youth engagement activities, convene collaborative efforts with grantees and other partners, and support the grantees in capacity building efforts.

Background

The U.S. Surgeon General has issued a call to action to accelerate programs and policies to reduce e-cigarette use among youth.² Rising e-cigarette and nicotine use is a significant public health threat to young people in Minnesota. In the last three years, the number of youth who

¹ For the purposes of this RFP, youth is defined as middle and high school students.

² Morris, M., Pennucci, A., Aos, S., Drake, E., Fumia, D., Miller, M., Nicolai, C. & Bauer, J. (2014). Tobacco and e-cigarette prevention, (Doc. No. 14-12-3401). Olympia: Washington State Institute for Public Policy.

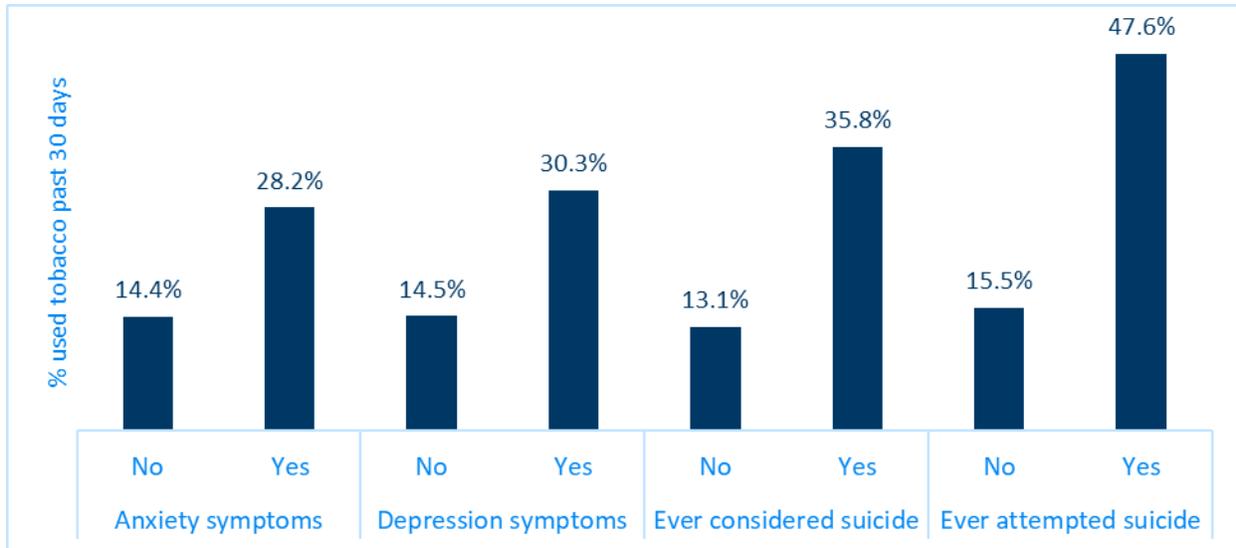
have tried and regularly use e-cigarettes has surged dramatically. E-cigarettes are the most commonly used form of commercial tobacco among youth in Minnesota. For example, new data from the Minnesota Student Survey (MSS) revealed a record high one in four (26%) 11th grade students had used e-cigarettes in the past 30 days. This reflects a 54% increase in e-cigarette use in three years. This is a significant threat to the health and well-being of youth and young people.

According to the 2016 U.S. Surgeon General's Report on E-cigarette Use Among Youth and Young Adults,³ most e-cigarettes contain nicotine, which can cause addiction and harm the developing adolescent brain. Nicotine is a powerful psychoactive drug that is often underestimated because it is legal. The human brain continues to develop from before birth into the mid-20s and is especially vulnerable to the effects of addictive substances before it is fully developed. Sustained nicotine use changes the developing brain and increases susceptibility to nicotine addiction and other drug and alcohol use long term. According to the Centers for Disease Control and Prevention (CDC), youth using e-cigarettes are four times more likely to take up smoking cigarettes than non-users.

Studies consistently show an association between commercial tobacco use and poorer mental health. Commercial tobacco use during adolescence may increase risk for development of mental health problems. Poor mental health during adolescence and young adulthood is associated with chronic commercial tobacco use in adulthood, including use of e-cigarettes. Data from the 2019 MSS show that students who reported having recently used commercial tobacco were more likely to report symptoms of anxiety, depression, suicidal ideation, and suicide attempts than those who were commercial tobacco-free (Figure 1 and Table 1).

³ U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.

Figure 1. Percent of students who used tobacco in the past 30 days, by mental health indicator



Source: 2019 Minnesota Student Survey (grades 8, 9, 11)

Table 1. Percent of students who used tobacco in the past 30 days, by mental health indicator

Mental Health Indicator	Percent of students who used tobacco in the past 30 days
Anxiety symptoms: No	14.4%
Anxiety symptoms: Yes	28.2%
Depression symptoms: No	14.5%
Depression symptoms: Yes	30.3%
Ever considered suicide: No	13.1%
Ever considered suicide: Yes	35.8%
Ever attempted suicide: No	15.5%
Ever attempted suicide: Yes	47.6%

Source: 2019 Minnesota Student Survey (grades 8, 9, 11)

Data from the 2019 MSS show that developmental assets or personal strengths, such as feeling empowered, can mitigate the risks of poorer mental health on commercial tobacco use (Figure 2 and Table 2).

Figure 2. Among students with poorer mental health, percent of students who used tobacco in the past 30 days, by empowerment score on the Developmental Assets Scale

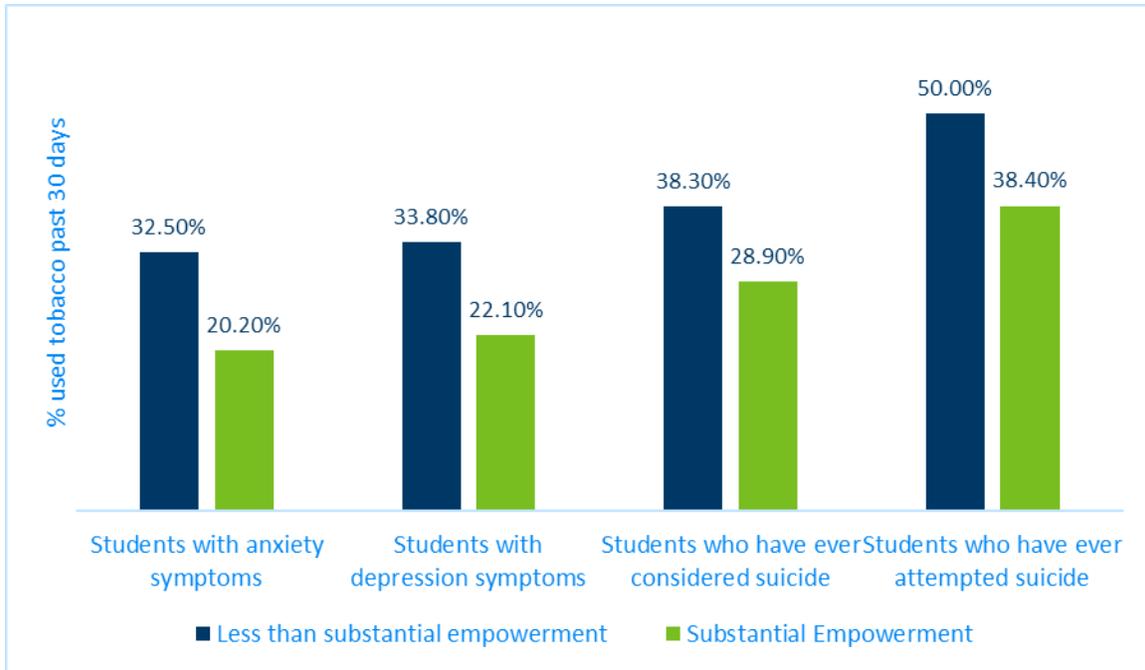


Table 2. Among students with poorer mental health, percent of students who used tobacco in the past 30 days, by empowerment score on the Developmental Assets Scale

Indicator of poor Mental Health	Among students with less than substantial empowerment, percent who used tobacco in the past 30 days	Among students with substantial empowerment, percent who used tobacco in the past 30 days
Students with anxiety symptoms	32.5%	20.2%
Students with depression symptoms	33.8%	22.1%
Students who have ever considered suicide	38.3%	28.9%
Students who have ever attempted suicide	50.0%	38.4%

Source: 2019 Minnesota Student Survey (grades 8, 9, 11)

The overall goal of this initiative is to reduce youth e-cigarette and commercial tobacco use in Minnesota by 25% by 2026. MDH will measure progress through administration of the Minnesota Youth Tobacco Survey (MYTS) and compare to baseline levels from the 2019 Minnesota Student Survey (MSS) and 2020 (MYTS). Specific goals include:

- Reduce e-cigarette use among high school students from 19.3% to 14.5%

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- Reduce e-cigarette use among middle school students from 2.9% to 2.2%
- Reduce menthol use among youth who use cigarettes, cigars, and smokeless tobacco from 30.6% to 23%
- Decrease direct retail purchase of e-cigarettes among youth from 20.2% to 15.2%
- Increase quit attempts among youth who use e-cigarettes from 63.5% to 79.4%

1.3 Funding and Project Dates

Funding

This funding comes from Minnesota Statute §144.396: Tobacco Use Prevention appropriations. Funding will be awarded through a competitive process. If selected, you may only incur eligible expenditures when the grant agreement is fully executed and the grant has reached its effective date.

Annual Funding	Estimate
Estimated Amount to Grant	\$300,000
Estimated Number of Awards	1
Estimated Award Maximum	\$300,000
Estimated Award Minimum	\$300,000

Match Requirement

There is no match requirement for this grant program.

Project Dates

Grants are anticipated to start March 1, 2022, and the projected end date is February 29, 2024. The grant period will be two years, with potential to extend up to two additional years, contingent on satisfactory grantee progress and funding availability.

1.4 Eligible Applicants

MDH seeks to fund an organization that has experience coordinating or providing TA; working with community-based organizations, local public health agencies, and tribal governments; and working with diverse communities. The organization should also have a strong understanding of youth engagement and leadership models. Eligible applicants must be located in Minnesota.

Applicants must have state or federal recognition as a formal organization or entity, such as a Federal Employer Identification Number (EIN) or Minnesota Tax ID or 501c3 status.

Applicants must have the organizational capacity to subcontract with other organizations or individuals.

Collaboration

Collaboration between organizations or entities are welcomed, but not required. A single application should be submitted on behalf of all collaborative organizations. Each application should identify one lead organization. The lead organization is defined as the primary entity leading and carrying out the project within the proposal.

The TA provider may subcontract as necessary to respond to specific requests by grantees. The TA provider is responsible for managing any subcontracts and for ensuring their compliance with terms of the grant agreement.

Applicants should clarify where they have the in-house capacity and talent to accomplish proposed outcomes and where they will subcontract.

1.5 Questions and Answers

All questions regarding this RFP must be submitted online at www.health.state.mn.us/communities/tobacco/initiatives/youth/grants.html. Answers will be posted on the RFP webpage on Tuesdays no later than 4:00 p.m. central time. Please submit questions no later than 4:00 p.m. Central time on October 26, 2021.

To ensure the proper and fair evaluation of all applications, other communications regarding this RFP, including verbal, telephone, written or internet initiated by or on behalf of any applicant to any employee of the Department, other than questions submitted to as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

RFP Information Webinar

Potential applicants are urged to attend an optional informational webinar on October 12, 2021, from 2 p.m. - 3 p.m. Central time. A recording of the webinar will be available on the RFP webpage within two business days. All questions regarding this RFP must be submitted online at www.health.state.mn.us/communities/tobacco/initiatives/youth/grants.html.

Part 2: Program Details

2.1 Priorities

Health Equity Priorities

It is the policy of the State of Minnesota to ensure fairness, precision, equity, and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. [The Policy on Rating Criteria for Competitive Grant Review](#) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

The TA provider will serve a group of diverse youth-serving organizations across Minnesota. The TA provider will implement a statewide campaign to effectively engage Minnesota's youth experiencing disproportionately high e-cigarette and other commercial tobacco product use rates.

Applications are strongly encouraged from organizations who have successfully partnered with youth in communities of color, American Indian, and LGBTQ+ communities; those experiencing a substance use disorder or mental illness; and rural youth. If the TA provider does not have in-house expertise to serve a particular community, they will be expected to subcontract with an individual or entity to provide support and training, or other needs.

If the applicant is funded, MDH will work with the grantee to measure performance in reaching diverse populations in annual work plans, progress reporting, and program evaluation of grant activities.

2.2 Eligible Projects

Eligible applicants must successfully lead and coordinate a statewide youth engagement campaign, convene collaborative efforts with community grantees and the marketing agency, and support the community grantees in capacity building efforts. Applicants must align their approach with the [CDC's Best Practices for Youth Engagement in Tobacco Prevention and Control](#).

CDC's Best Practices for Youth Engagement in Tobacco Prevention and Control⁴ recommends engaging youth as essential partners and agents of policy change. Youth comprise a large segment of our population targeted by the e-cigarette and tobacco industry and are allies to help communicate the impacts and change social norms around commercial tobacco use in their communities.

⁴ Centers for Disease Control and Prevention. Best Practices User Guide: Youth Engagement in Tobacco Prevention and Control. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2019.

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Building collaborative partnerships is important to ensure project activities reflect the needs and views of youth. Applicants should address in their application how they will authentically engage youth.

Applicants should describe how they will achieve the following outcomes:

- Propose an innovative and coordinated statewide youth engagement campaign.
- Lead the planning and implementation of new statewide youth engagement activities including an annual youth leadership summit and peer-to-peer youth educational video challenge.
- Utilize strategies and approaches grounded in best and emerging practices to develop a campaign that empowers youth and adult partners to lead efforts in their communities.
- Provide technical assistance, which includes organizational assessment of authentic youth and engagement, facilitation of strategic and coordinated activities, and training for youth leaders and adult partners.
- Provide technical assistance for youth outreach and communication skills such as storytelling, team building, public speaking, community organizing, and media literacy.
- Promote [My Life, My Quit™](#), Minnesota's quit-nicotine program for teens
- Integrate mental well-being into youth engagement activities and messaging.
- Develop resources and training materials (for example guidebooks, handouts, toolkits, train-the-trainer materials). These resources should help community grantees implement strategies and activities in their communities.

Applications will be accepted that include subcontractors or outside partners designated to carry out specific activities in the proposal. Applications should indicate which activities would be carried out by a subcontractor (if proposed).

Commercial Tobacco-Free Organizational Commitment

NOTE: The following is *not* a requirement for tribal governments to receive these funds. Tribal governments are exempt from this organizational commitment requirement.

Grantees are required to make an organizational commitment to addressing the harms of commercial tobacco through organizational policy change. Creating commercial tobacco-free environments and not accepting tobacco industry funds contribute to changing community social norms, supporting cessation, and rejecting tobacco industry influences. Grantees must have or be working toward a commercial tobacco-free grounds policy (excluding traditional tobacco gardens or use for ceremonial purposes) and not accept funding from tobacco companies or their subsidiaries or parent companies during the grant period.

Applicants without a policy must indicate they will work toward adopting a policy during the grant period. Technical assistance will be provided. Applicants must acknowledge their commitment as part of their application.

Ineligible Expenses

Ineligible expenses include but are not limited to:

- Fundraising
- Taxes, except sales tax on goods and services
- Lobbying, lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds
- Costs not directly related to the grant
- Cash assistance paid directly to individuals to meet their personal or family needs
- Alcohol, gifts for staff, staff meals (except approved travel), or parties
- Capital improvements or alterations
- Costs incurred prior to the grant award
- Start up or ongoing costs of a private business venture
- Nicotine replacement therapies (NRT) or cessation medication
- Direct cessation services, medical care, or clinical care
- Tobacco compliance check inspections
- Commercial tobacco prevention curriculum for schools
- Synar or FDA compliance monitoring
- Research
- Ongoing costs of a program

2.3 Grant Management Responsibilities

Grant Agreement

Each grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. Once the grant agreement is signed, the grantee is expected to read and comply with all conditions of the grant agreement.

No work on grant activities can begin until a fully executed grant agreement is in place.

The funded applicant will be legally responsible for assuring implementation of the work plan and compliance with all applicable state requirements including worker's compensation insurance, nondiscrimination, data privacy, budget compliance, and reporting.

Accountability and Reporting Requirements

It is the policy of the state of Minnesota to monitor progress on state grants by requiring grantees to submit written progress reports at least annually until all grant funds have been expended and all the terms in the grant agreement have been met. Additional requirements include:

- Participating in monthly check-in calls with the MDH grant manager
- Tracking all activities and work done under the grant
- Submitting quarterly progress reports
- Producing a final report

Grant Monitoring

Minn. Stat. §16B.97 and Policy on Grant Monitoring require the following:

- One monitoring visit during the grant period on all state grants over \$50,000
- Annual monitoring visits during the grant period on all grants over \$250,000
- Conducting a financial reconciliation of grantee's expenditures at least once during the grant period on grants over \$50,000

Grant Payments

Per [State Policy on Grant Payments](#), reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. The State shall review each request for reimbursement against the approved grant budget, grant expenditures to-date and the latest grant progress report before approving payment. Grant payments shall not be made on grants with past due progress reports unless MDH has given the grantee a written extension.

Invoices will be due by the last day of the month for the preceding month.

2.4 Grant Provisions

Contracting and Bidding Requirements

(a) Municipalities A grantee that is a municipality, defined as a county, town, city, school district or other municipal corporation or political subdivision of the state authorized by law to enter into contracts is subject to the contracting requirements set forth under Minn. Stat. § 471.345. Projects that involve construction work are subject to the applicable prevailing wage laws, including those under Minn. Stat. § 177.41, et. seq.

(b) Non-municipalities Grantees that are not municipalities must adhere to the following standards in the event that duties assigned to the Grantee are to be subcontracted out to a third party:

- i. Any services or materials that are expected to cost \$100,000 or more must undergo a formal notice and bidding process consistent with the standards set forth under Minnesota Statutes 16B.
- ii. Services or materials that are expected to cost between \$25,000 and \$99,999 must be competitively awarded based on a minimum of three (3) verbal quotes or bids.
- iii. Services or materials that are expected to cost between \$10,000 and \$24,999 must be competitively awarded based on a minimum of two (2) verbal quotes or bids or awarded to a targeted vendor.
- iv. The grantee must take all necessary affirmative steps to assure that targeted vendors from businesses with active certifications through these entities are used when possible:

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- Minnesota Department of Administration's Certified Targeted Group, Economically Disadvantaged and Veteran-Owned Vendor List (<http://www.mmd.admin.state.mn.us/process/search>);
 - Metropolitan Council's Targeted Vendor list: Minnesota Unified Certification Program (<https://mnuccp.metc.state.mn.us/>) or
 - Small Business Certification Program through Hennepin County, Ramsey County, and City of St. Paul: Central Certification Program (<https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/contract-compliance-business-development-9>).
- v. The grantee must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts.
- vi. The grantee must maintain support documentation of the purchasing or bidding process utilized to contract services in their financial records, including support documentation justifying a single/sole source bid, if applicable.
- vii. Notwithstanding (i) - (iv) above, State may waive bidding process requirements when:
- Vendors included in response to competitive grant request for proposal process were approved and incorporated as an approved work plan for the grant or
 - There is only one legitimate or practical source for such materials or services and that grantee has established a fair and reasonable price.
- viii. Projects that include construction work of \$25,000 or more, are subject to applicable prevailing wage laws, including those under Minnesota Statutes 177.41 through 177.44.
- ix. Grantee must not contract with vendors who are suspended or debarred in MN: The list of debarred vendors is available at: <http://www.mmd.admin.state.mn.us/debarredreport.asp>.

Conflicts of Interest

MDH will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers per [Minn. Stat. §16B.98](#) and [Conflict of Interest Policy for State Grant-Making](#).

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 contemplated by this RFP. The list must provide the name of the entity, the relationship, and a discussion of the conflict. Submit the list as an attachment to the application. 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:

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- a grantee or applicant is unable or potentially unable to render impartial assistance or advice to the Department due to competing duties or loyalties
- a grantee's or applicant's objectivity in carrying out the grant is or might be otherwise impaired due to competing duties or loyalties

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.

Public Data and Trade Secret Materials

All applications submitted in response to this RFP will become property of the State. In accordance with Minnesota Statute Section 13.599, all applications and their contents are private or nonpublic until the applications are opened.

Once the applications are opened, the name and address of each applicant and the amount requested is public. All other data in an application is private or nonpublic data until completion of the evaluation process, which is defined by statute as when MDH has completed negotiating the grant agreement with the selected applicant.

After MDH has completed the evaluation process, all remaining data in the applications is public with the exception of trade secret data as defined and classified in Minn. Stat. § 13.37, Subd. 1(b). A statement by an applicant that the application is copyrighted or otherwise protected does not prevent public access to the application or its contents. (Minn. Stat. § 13.599, subd. 3(a)).

If an applicant submits any information in an application that it believes to be trade secret information, as defined by Minnesota Statute Section 13.37, the applicant must:

- Clearly mark all trade secret materials in its application at the time it is submitted,
- Include a statement attached to its application justifying the trade secret designation for each item, and
- Defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless MDH and the State of Minnesota, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense.
- This indemnification survives MDH's award of a grant agreement. In submitting an application in response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of MDH. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

MDH reserves the right to reject a claim that any particular information in an application is trade secret information if it determines the applicant has not met the burden of establishing that the information constitutes a trade secret. MDH will not consider the budgets submitted by applicants to be proprietary or trade secret materials. Use of generic trade secret language encompassing substantial portions of the application or simple assertions of trade secret without substantial explanation of the basis for that designation will be insufficient to warrant a trade secret designation.

If a grant is awarded to an applicant, MDH may use or disclose the trade secret data to the extent provided by law. Any decision by the State to disclose information determined to be trade secret information will be made consistent with the Minnesota Government Data Practices Act (Minnesota Statutes chapter 13) and other relevant laws and regulations.

If certain information is found to constitute trade secret information, the remainder of the application will become public; in the event a data request is received for application information, only the trade secret data will be removed and remain nonpublic.

Audits

Per [Minn. Stat. §16B.98](#) Subdivision 8, the grantee's books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from the grant agreement end date, receipt, and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

Affirmative Action and Non-Discrimination Requirements for all Grantees

The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified. [Minn. Stat. §363A.02](#). The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

The grantee must not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The grantee agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Minnesota Rules, part [5000.3500](#)

The grantee agrees to comply with the rules and relevant orders of the Minnesota Department of Human Rights issued pursuant to the Minnesota Human Rights Act.

2.5 Review and Selection Process

Review Process

Funding will be allocated through a competitive process. Applications will be reviewed by a committee of content specialists with relevant knowledge and experiences with youth

engagement. The review committee will evaluate all eligible and complete applications received by the deadline.

MDH will review the committee's recommendations. The top candidate(s) will be invited to participate in a teleconference interview with MDH. Interviews are anticipated to be scheduled for the week of December 6, 2021.

MDH will review all committee recommendations and is responsible for award decisions. **The award decisions of MDH are final and not subject to appeal.** Additionally:

- MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The RFP does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to cancel this RFP if it is considered to be in its best interest.
- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the application, as submitted, substantially complies with the requirements of this RFP. There is, however, no guarantee MDH will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure that all sections of their application are complete to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

Selection Criteria

The review committee will be reviewing each applicant on a 100-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

The scoring factors that applications will be judged are based on the scoring criteria in Attachment E. Applicants are encouraged to score their own application using the evaluation score sheet before submitting their application. This step is not required but may help ensure applications address the criteria evaluators will use to score applications. This is for the benefit of the applicant. **Do not include sample score sheet with your application.**

Grantee Past Performance and Due Diligence Review Process

- It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them.
- State policy requires states to conduct a financial review prior to a grant award made of \$25,000 and higher to a nonprofit organization, in order to comply with [Policy on the Financial Review of Nongovernmental Organizations](#).

Notification

MDH anticipates notifying all applicants via email of funding decisions by 1/31/2022.

Part 3: Application and Submission Instructions

LETTER OF INTENT

Applicants are strongly encouraged to submit a non-binding letter of intent by October 15, 2021, to tobacco@state.mn.us with the subject line “Youth TA and Training Letter of Intent”. While prospective applicants are strongly encouraged to submit a letter of intent, it is not a requirement of this RFP. This means that an application may still be considered even if the applicant did not submit a letter of intent. Likewise, an applicant is not obligated to submit an application just because they submitted a letter of intent.

3.1 Application Deadline

All applications *must* be received by MDH no later than 4:00 p.m. Central time on November 5, 2021.

Late applications will not be accepted. It is the applicant’s sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever. MDH will not be responsible for delays caused by computer or technology problems.

3.2 Application Submission Instructions

Application materials can be found on the RFP webpage www.health.state.mn.us/communities/youthTA.

Applications must be submitted by:

1. Completing and submitting the **online** Application, Work Plan, and Budget; and
2. **Emailing** your completed Due Diligence Review Form (Attachment C) to tobacco@state.mn.us with the subject line “Youth TA and Training Grant Application”.

3.3 Application Instructions

You must submit all of the following for the application to be considered complete:

Online Submission:

- Application
- Work Plan
- Budget

Email Submission:

- Due Diligence Review (Attachment C)

Incomplete applications will be rejected and not evaluated.

Applications must include all required application materials, including attachments. Do not provide any materials that are not requested in this RFP, as such materials will not be considered nor evaluated. **MDH reserves the right to reject any application that does not meet these requirements.**

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By submitting an application, each applicant warrants that the information provided is true, correct, and reliable for purposes of evaluation for potential grant award. The submission of inaccurate or misleading information may be grounds for disqualification from the award, as well as subject the applicant to suspension or debarment proceedings and other remedies available by law.

All costs incurred in responding to this RFP will be borne by the applicant.

Part 4: Attachments

- **Attachment A: *Sample* Application Questions**
- **Attachment B: *Sample* Budget**
- **Attachment C: Due Diligence Review Form**
- **Attachment D: *Sample* Work**
- **Attachment E: Scoring Criteria**

Attachment A: *Sample* Application Questions

Youth E-Cigarette Prevention and Cessation Initiative: Technical Assistance and Training Grant

This document is NOT the application form. It is meant to provide the applicant¹ with the questions required prior to completing the application online. Please use the link provided on the RFP webpage for the online application form.

Remember: You must email the Due Diligence and Work Plan forms, and letters of support separately to tobacco@state.mn.us, using this subject line: Youth Community Grant Application

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 Organization²

The lead organization is defined as the primary entity leading and carrying out the project within the targeted community.

Organization Name:

DUNS Name:

Federal Employer ID (EIN):

Address:

Executive Director/Chief Executive Officer Name:

DUNS Number:

Minnesota Tax ID:

Application Contact Name:

Title:

¹ The applicant refers to all entities submitting a joint application for this RFP.

² The lead organization is defined as the primary entity leading and carrying out the project within the targeted community.

Phone:

Email:

If the lead organization does not have an EIN or MN Tax ID, organization MUST apply with a Fiscal Agent.

Fiscal Agent³ (if different from lead organization)

Only provide this information if the lead organization *DOES NOT* have state or federal recognition and is applying with a fiscal agent.

Fiscal Agent Organization Name:

DUNS Name:

DUNS Number:

Federal Employer ID (EIN):

Minnesota Tax ID:

Address:

Executive Director/Chief Executive Officer Name:

Application Contact Name:

Title:

Phone:

Email:

Commercial Tobacco-Free Organizational Commitment

The lead organization must acknowledge and commit to the following:

- Grantees must have or be working towards a commercial tobacco-free grounds policy (excluding traditional tobacco gardens or use for ceremonial purposes).
- Grantees must not accept funding from tobacco companies or their subsidiaries or parent companies during the grant period.

-OR-

- Applicant represents a Tribal government and is exempt from this requirement.

Conflicts of Interest

MDH will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers per [Minn. Stat. §16B.98](#).

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 contemplated by 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

³ A fiscal agent is an organization that assumes full legal and contractual responsibility for the fiscal management and award conditions of the grant funds and has authority to sign the grant agreement. A fiscal agent may be a different entity from the lead organization (which performs the work). In a multi-entity collaboration, one entity must be designated as the fiscal agent.

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:

- A grantee or applicant is unable or potentially unable to render impartial assistance or advice to the Department due to competing duties or loyalties
- A grantee's or applicant's objectivity in carrying out the grant is or might be otherwise impaired due to competing duties or loyalties

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:

Organizational Capacity and Values

(5,000 character limit/question)

Note: If applying with a collaborative and/or contracted organization(s), please include information on all organizations in response to each organization capacity questions below.

1. Describe the history of the organization, major programming, and how the proposed work aligns with the organization's mission and values.
2. Describe how the staff, leadership, and board are representative of the community(ies) you propose to serve.
3. Describe your organization's previous experience developing and leading a coordinated statewide campaign(s), providing examples of success.
4. Describe your organization's experience with youth engagement, including examples of the strategies and approaches employed to effectively engage and involve youth.
5. Describe the organization's experience in developing and providing group training and individual technical assistance.

Project Description and Work Plan

(5,000 character limit/question)

6. Describe your organization's overall vision and the major components of a statewide youth e-cigarette campaign. Describe the goals milestones that your organization hopes to achieve and how the activities will achieve the goals.
7. Describe the technical assistance, resources, and training that will be provided to the youth leaders and adult partners. These reflect the anticipated needs to successfully implement the applicant's statewide campaign and support community grantee needs.

SAMPLE

8. Describe your experience serving diverse grantee needs. Include examples from previously successful work.
9. Describe the organization's process gathering input and incorporating feedback from large stakeholder groups and how it will inform your work.
10. Describe how My Life My Quit™ will be promoted in their efforts.
11. Describe how mental well-being concepts and practices will be integrated into youth engagement and prevention and cessations approaches.

SAMPLE



Attachment B: *Sample* Budget Information

This document is NOT the budget form. It is meant to provide applicants with the questions required prior to completing the application and budget online. Please use the link provided on the RFP webpage for the online application form.

Year 1 (March 1, 2022 – February 28, 2023)

Applicant Information

Total Projected Budget:	\$Click here to enter text.
--------------------------------	-----------------------------

Personnel

For each proposed funded position, list the title, the full time equivalent, the expected rate of pay, fringe rate (%), total annual salary and fringe, and the percent of each position being charged to the grant.

Total Personnel Costs:	\$Click here to enter text.
-------------------------------	-----------------------------

Staff Name, Staff Title	Staff Description	FTE, Salary, Fringe
<i>List each staff member's name and job title (or TBD if unknown or a future hire).</i>	<i>Provide a brief description (2-4 sentences) of each staff member's role and responsibilities related to the TFC grant work.</i>	<i>Enter amount of time in FTE, salary, and fringe for each staff working on the grant.</i>
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

SAMPLE

Personnel

Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

Contractual Services

List the services that are expected to be contracted out, the contractor's name, the length of time the services will be provided, and the total amount expected to be paid. Supplies and travel of the contractor should be included here, if applicable. Itemize equipment rented or leased for the project.

Total Contractual Services Costs:	\$Click here to enter text.
Name of Contractor	Scope of Work
<i>Enter the contractor's name. Enter TBD and contractor type if currently unknown.</i>	<i>Describe the work and activities that the contractor will provide.</i>
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

SAMPLE

Travel

List the expected travel costs, including mileage, parking, lodging, and meals. If program staff will travel, itemize the costs, frequency and nature of the travel.

In-State & Out-of-State Travel:

- *Include the staff name or title, event name, destination, and purpose.*
- *Include calculations for mileage, meals, lodging, event/conference fees, and other expenses as appropriate.*

Total Travel Costs: \$Click here to enter text.

Total In-State Travel Costs: \$Click here to enter text.

Staff Name/Title	Event Name	Destination/Purpose	Cost Calculations
Click here to enter text.	Click here to enter text.	Click here to enter text.	
Click here to enter text.			
Click here to enter text.			
Click here to enter text.			
Click here to enter text.			



S A M P L E

Total Out-of-State Travel Costs:		\$Click here to enter text.	
Staff Person/Title	Event Name	Destination/Purpose	Cost Calculations
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Supplies and Equipment

List the expected costs for supplies and equipment that will be purchased to run the grant program. Include telephone expenses that are part of this proposal; cell phones and new telephone equipment to be purchased, if applicable. Estimate postage if part of the project. List printing and copying costs necessary for the project (other than occasional copying on an office copy machine). List office and program supplies and expendable equipment such as training materials, curriculum, and software. Generally, supplies include items that are consumed during the course of the project, equipment under \$5,000 and items such as rent for program space, participant transportation, participant training and other direct costs as needed.

Total Supplies and Equipment Costs:	\$Click here to enter text.
Item Name/Description	Cost Calculations
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

SAMPLE

Supplies and Equipment

Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

Other

List and describe any other project-related expense that do not fit on another category. Include the item and calculations of costs. Items in this category may include educational materials, marketing or media materials, and incentives or promotional items.

Total Other Costs: \$Click here to enter text.

Item Name/Description	Cost Calculations
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

Administrative (Indirect) Costs

Total Administrative (Indirect) Costs: \$Click here to enter text.

MDH will accept an organization's federally approved indirect cost rate or up to 10% of the total grant award. Include your indirect cost rate, calculation of your total indirect cost and provide a brief description or list of expenses included in your indirect cost.

Indirect Cost Rate	List/Description of Expenses	Total Indirect Cost Calculation
Click here to enter text.	Click here to enter text.	Click here to enter text.

Attachment C: Due Diligence Review Form

The Minnesota Department of Health (MDH) conducts pre-award assessments of all grant recipients prior to award of funds in accordance with federal, state and agency policies. **The Due Diligence Review is an important part of this assessment.**

These reviews allow MDH to better understand the capacity of applicants and identify opportunities for technical assistance to those that receive grant funds.

Organization	Information
Organization Name:	
Organization Address:	
If the organization has an Employer Identification Number (EIN), please provide EIN here:	
If the organization has done business under any other name(s) in the past five years, please list here:	
If the organization has received grant(s) from MDH within the past five years, please list here:	

Section 1: To be completed by all organization types

Section 1: Organization Structure	Points
1. How many years has your organization been in existence? <input type="checkbox"/> Less than 5 years (5 points) <input type="checkbox"/> 5 or more years (0 points)	
2. How many paid employees does your organization have (part-time and full-time)? <input type="checkbox"/> 1 (5 points) <input type="checkbox"/> 2-4 (2 points) <input type="checkbox"/> 5 or more (0 points)	
3. Does your organization have a paid bookkeeper? <input type="checkbox"/> No (3 points) <input type="checkbox"/> Yes, an internal staff member (0 points) <input type="checkbox"/> Yes, a contracted third party (0 points)	
SECTION 1 POINT TOTAL	

DUE DILIGENCE REVIEW FORM

Section 2: To be completed by all organization types

Section 2: Systems and Oversight	Points
<p>4. Does your organization have internal controls in place that require approval before funds can be expended?</p> <p><input type="checkbox"/> No (6 points)</p> <p><input type="checkbox"/> Yes (0 points)</p>	
<p>5. Does your organization have written policies and procedures for the following processes?</p> <ul style="list-style-type: none"> • Accounting • Purchasing • Payroll <p><input type="checkbox"/> No (3 points)</p> <p><input type="checkbox"/> Yes, for one or two of the processes listed, but not all (2 points)</p> <p><input type="checkbox"/> Yes, for all of the processes listed (0 points)</p>	
<p>6. Is your organization’s accounting system new within the past twelve months?</p> <p><input type="checkbox"/> No (0 points)</p> <p><input type="checkbox"/> Yes (1 point)</p>	
<p>7. Can your organization’s accounting system identify and track grant program-related income and expense separate from all other income and expense?</p> <p><input type="checkbox"/> No (3 points)</p> <p><input type="checkbox"/> Yes (0 points)</p>	
<p>8. Does your organization track the time of employees who receive funding from multiple sources?</p> <p><input type="checkbox"/> No (1 point)</p> <p><input type="checkbox"/> Yes (0 points)</p>	
SECTION 2 POINT TOTAL	

DUE DILIGENCE REVIEW FORM

Section 3: To be completed by all organization types

Section 3: Financial Health	Points
<p>9. If required, has your organization had an audit conducted by an independent Certified Public Accountant (CPA) within the past twelve months?</p> <p><input type="checkbox"/> Not Applicable (N/A) (0 points) – if N/A, skip to question 10</p> <p><input type="checkbox"/> No (5 points) – if no, skip to question 10</p> <p><input type="checkbox"/> Yes (0 points) – if yes, answer question 9A</p>	
<p>9A. Are there any unresolved findings or exceptions?</p> <p><input type="checkbox"/> No (0 points)</p> <p><input type="checkbox"/> Yes (1 point) – if yes, attach a copy of the management letter and a written explanation to include the finding(s) and why they are unresolved.</p>	
<p>10. Have there been any instances of misuse or fraud in the past three years?</p> <p><input type="checkbox"/> No (0 points)</p> <p><input type="checkbox"/> Yes (5 points) – if yes, attach a written explanation of the issue(s), how they were resolved and what safeguards are now in place.</p>	
<p>11. Are there any current or pending lawsuits against the organization?</p> <p><input type="checkbox"/> No (0 points) – If no, skip to question 12</p> <p><input type="checkbox"/> Yes (3 points) – If yes, answer question 11A</p>	
<p>11A. Could there be an impact on the organization’s financial status or stability?</p> <p><input type="checkbox"/> No (0 points) – if no, attach a written explanation of the lawsuit(s), and why they would not impact the organization’s financial status or stability.</p> <p><input type="checkbox"/> Yes (3 points) – if yes, attach a written explanation of the lawsuit(s), and how they might impact the organization’s financial status or stability.</p>	
<p>12. From how many different funding sources does total revenue come from?</p> <p><input type="checkbox"/> 1-2 (4 points)</p> <p><input type="checkbox"/> 3-5 (2 points)</p> <p><input type="checkbox"/> 6+ (0 points)</p>	
<p>SECTION 3 POINT TOTAL</p>	

DUE DILIGENCE REVIEW FORM

Section 4: To be completed by nonprofit organizations with potential to receive award over \$25,000 (excluding formula grants)

Office of Grants Management Policy 08-06 requires state agencies to assess a recent financial statement from nonprofit organizations before awarding a grant of over \$25,000 (excluding formula grants).

Section 4: Nonprofit Financial Review	Points
<p>13. Does your nonprofit have tax-exempt status from the IRS?</p> <p><input type="checkbox"/> No - If no, go to question 14</p> <p><input type="checkbox"/> Yes – If yes, answer question 13A</p>	Unscored
<p>13A. What is your nonprofit’s IRS designation?</p> <p><input type="checkbox"/> 501(c)3</p> <p><input type="checkbox"/> Other, please list:</p>	Unscored
<p>14. What was your nonprofit’s total revenue (income, including grant funds) in the most recent twelve-month accounting period?</p> <p>Enter total revenue here:</p>	Unscored
<p>15. What financial documentation will you be attaching to this form?</p> <p><input type="checkbox"/> If your answer to question 14 is less than \$50,000, then attach your most recent Board-approved financial statement</p> <p><input type="checkbox"/> If your answer to question 14 is \$50,000 - \$750,000, then attach your most recent IRS form 990</p> <p><input type="checkbox"/> If your answer to question 14 is more than \$750,000, then attach your most recent certified financial audit</p>	Unscored

Signature

I certify that the information provided is true, complete and current to the best of my knowledge.

- **SIGNATURE:**

- **NAME & TITLE:**

- **PHONE NUMBER:**

- **EMAIL ADDRESS:**

MDH Staff Use Only

Section 4A: Nonprofit Financial Review Summary

Complete Section 4A for nonprofit organizations with the potential to receive an award over \$25,000 (with the exception of formula grants). Skip Section 4A and move to Section 5 for all other grantee types.

1. Were there significant operating and/or unrestricted net asset deficits?
 - Yes – if yes, answer questions 3 and 4
 - No – if no, skip questions 3 and 4 and answer questions 5 and 6
2. Were there any other concerns about the nonprofit organization’s financial stability?
 - Yes – if yes, answer questions 3 and 4
 - No – if no, skip questions 3 and 4 and answer questions 5 and 6
3. Please describe the deficit(s) and/or other concerns about the nonprofit organization’s financial stability:
4. Please describe how the grant applicant organization addressed deficit(s) and/or other concerns about the nonprofit organization’s financial stability:
5. Granting Decision:
6. Rationale for grant decision:

Section 5: Total Points

Section 1	+	Section 2	+	Section 3	=	Total Points
	+		+		=	

Section 6: Program Information

MDH Grant Program	Information
Applicant Project Name	
MDH Grant Program Name	
Division/Section	
Date Nonprofit Review Completed	
Review conducted by	

DUE DILIGENCE REVIEW FORM

Minnesota Department of Health
Revised 1/2019.

To obtain this information in a different format, call: 651-201-5796. Printed on recycled paper.



Attachment D: *Sample* Work Plan

Youth E-Cigarette Prevention and Cessation Initiative: Technical Assistance and Training Grant

This document is NOT the work plan form. It is meant to provide applicants with the questions required prior to completing the application online. Please use the link provided on the RFP webpage for the online application form.

Year 1 (March 1, 2022 – February 28, 2023)

Work Plan	
Project Goal:	Click here to enter text.
One-Year Objective(s):	Click here to enter text.
Youth/Community(ies) Served:	Click here to enter text.
Geographic Area(s)	Click here to enter text.

Implementation Activities Key activities, steps, or processes to achieve objectives	Milestones How will you know you have accomplished the activity	Start Date	End Date	Lead	Key Partners
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.	Click here to enter text.	Click here to enter text.

S A M P L E

Implementation Activities Key activities, steps, or processes to achieve objectives	Milestones How will you know you have accomplished the activity	Start Date	End Date	Lead	Key Partners
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter a date.	Click here to enter text.	Click here to enter text.

Instructions

The work plan must be submitted in the format provided. Follow the directions below to complete the work plan. **A separate work plan must be completed for each distinct Project Goal.**

1. **Project Goal:** State the overall goal(s) for your work. A goal is a broad, brief statement that provides focus or vision for planning. You may have one or a few Project Goals. Complete a separate work plan for each Project Goal.
2. **One-Year Objective(s):** State the one-year objective(s) that will help reach your Project Goal(s). It is best to focus on just a few (1-2) objectives per Project Goal. Follow the “SMART” approach to develop objectives. SMART Objectives are:
 - **Specific** – Objectives should provide the “who” and the “what” for project activities. They should also be concrete, detailed, and well defined so that you know where the work is going and what to expect as it progresses.
 - **Measurable** – Objectives should quantify the amount of change expected.
 - **Achievable** – Objectives should be attainable or accomplished within the proposed time frame.
 - **Realistic** – Objectives must consider constraints such as resources, personnel, cost, and time frame.
 - **Time-bound** – Objectives should provide a time frame indicating when the objective will be measured or when the objective will be met.
3. **Youth/Community(ies) Served:** Specify the community(ies) you propose to serve.
4. **Geographic Area(s):** Enter the geographic area. Geographic areas can be a neighborhood, city, county, or region.
5. **Implementation Activities:** Specify activities, steps, or processes to achieve objectives. List ONLY key activities that will result in observable, measurable milestones.
6. **Milestones:** Identify how you will know you have accomplished your activity.
7. **Start Date and End Date:** Click on the menu to select your start and end dates for each activity.
8. **Lead:** The person or group responsible for the activity.
9. **Key Partners:** Enter names of individuals and/or organizations that will help you implement your activities. Do not list individuals and/or organizations who are only providing you consultation, technical assistance, or guidance on your work such as MDH staff and TA providers.

Attachment E: Scoring Criteria

Youth E-Cigarette Prevention and Cessation Initiative: Technical Assistance and Training Grant

Note: Applicants are encouraged to score their own application using the evaluation score sheet before submitting their application. This step is not required but may help ensure applications address the criteria evaluators will use to score applications. This is for the benefit of the applicant. Do not include sample score sheet with your application.

Rating Levels

All answers are worth up to 5 points. Some points are weighed.

Rating or Score	Description
Excellent or 5	Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; no significant weaknesses
Very Good or 4	Substantial response; meets in all aspects and in some cases exceeds, the minimum requirements; no significant weaknesses.
Good or 3	Generally, meets minimum requirements; significant weaknesses, but correctable.
Marginal or 2	Lack of essential information; significant weaknesses, but correctable.
Unsatisfactory or 1	Fails to meet minimum requirements; needs major revision to make it acceptable.
Left blank or 0	Did not answer the question or offered no response at all

SCORING CRITERIA

Scoring Sections

Organizational Capacity and Values (40 points)

	Score
1. Describes the history of the organization, major programming, and how the proposed work aligns with the organization's mission and values.	____ /5
2. Describes how their staff, leadership, and board are representative of the community(ies) they propose to serve.	____ /5
3. Describes organization's previous experience developing and leading coordinated statewide campaign(s), providing examples of success.	____ /5 (x 2)
4. Describes organization's experience with youth engagement initiatives, including examples of the strategies and approaches employed to effectively engage and involve youth.	____ /5 (x 2)
5. Describes the organization's experience in developing and providing group training and individual technical assistance.	____ /5 (x2)
Total score points for this section:	____ /40

Project Description and Work Plan (45 points)

Reviewers should take into account information provided by the applicant in both the project description and work plan. Overall, the proposed project should align with the recommendations in the [CDC's Best Practices for Youth Engagement in Tobacco Prevention and Control](#).

SCORING CRITERIA

	Score
6. Applicant describes a strong, specific, and achievable plan for implementing the proposed scope of work. They effectively describe how they will engage youth throughout planning and implementation. The proposed plan meets the goals of the RFP.	___/5 (x 3)
7. The work plan clearly identifies the goals and milestones the applicant aims to achieve over the first year of the grant and the timeline of the key accomplishments is reasonable.	___/5 (x 2)
8. Describes the technical assistance, resources, and training that will be provided to the youth leaders and adult partners. These reflect the anticipated needs to successfully implement the applicant’s statewide campaign and support community grantee needs.	___/5
9. Demonstrates cultural competence and has experience to serving diverse grantee needs. Includes examples from previously successful work.	___/5
10. Describes the organization’s process gathering input and incorporating feedback from large stakeholder groups and how it will inform your work.	___/5
11. Describes how My Life My Quit™ will be promoted in their efforts.	___/3
12. Describes how mental well-being concepts and practices will be integrated into youth engagement and prevention and cessations approaches.	___/2
	Total score points for this section: ___/45

SCORING CRITERIA

Budget (15 points)

	Score
13. The requested level of funding is reasonable for the proposed statewide youth engagement activities and project requirements.	___/5
14. The requested level of funding is reasonable for the proposed technical assistance and training support.	___/5
15. Staffing is adequate to successfully carry out the planned activities and respond to individual grantee requests.	___/5
Total score points for this section:	___/15

Final Scores

Scoring Sections	Maximum Points	Awarded Points
Organizational Capacity and Values	40	
Project Description and Work Plan	45	
Budget	15	
Total	100	

Recommendation

Please select your funding recommendation and include a rationale.

Fund Do Not Fund

Rationale: