

**TOBACCO CESSATION RESOURCE PROJECT**  
**FY2017 Small, No-Bid Grant Application Guidelines**  
**April 3, 2017 – June 30, 2017**

**Purpose:**

The Bureau of Health Promotion and Risk Reduction, Division of Tobacco Prevention and Control (DTPC), is offering small, no-bid grants, of up to \$10,000, to community-based organizations and small businesses in Pennsylvania to fund evidence-based initiatives for the period April 3, 2017 through June 30, 2017 that connect community members and/or employees to tobacco cessation resources, including the PA Free Quitline. Applicants are encouraged to work with their local Regional Primary Contractor (see **Appendix A – 2016-2017 Regional Primary Contractors**). Copies of this application and its attachments are available on the PA Department of Health's webpage [Tobacco Cessation Resource Project](#).

**Statement of the Problem:**

Tobacco use remains the leading cause of preventable death. Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD) which includes emphysema and chronic bronchitis.

Although cigarette smoking has declined significantly since 1964, disparities in tobacco use remain across groups defined by race, ethnicity, educational level, and socioeconomic status and across regions of the country (See <https://www.cdc.gov/tobacco/disparities/index.htm> for patterns of use and quitting behaviors).

Grant projects should target Pennsylvanians who are disproportionately affected by tobacco use including, but not limited to:

- Low socioeconomic status
- Mental Illness and Substance Abuse Disorders
- LGBT (Lesbian, Gay, Bisexual and Trans-gender Persons)
- Persons with chronic disease (such as cardiovascular, respiratory, diabetes, etc.)
- Pregnant women
- Residents of public multi-unit housing

Individual tobacco quit attempts, without supportive tobacco cessation therapy, can be difficult. Supportive tobacco cessation therapies, such as nicotine replacement therapy (NRT) and counseling, are effective treatments for tobacco cessation. Counseling and medication are both effective for treating tobacco dependence, and using them together is more effective than using either one alone.

The following treatments are proven to be effective for smokers who want help to quit:

- Brief help by a doctor (such as when a doctor takes 10 minutes or less to give a patient advice and assistance about quitting)
- Individual, group, or telephone counseling (e.g. the PA Free Quitline\*)
- Behavioral therapies (such as training in problem solving)
- Treatments with more person-to-person contact and more intensity (such as more or longer counseling sessions)
- Programs to deliver treatments using mobile phones

\*[The PA Free Quitline](#) offers clients confidential coaching to become tobacco-free and provides clients free NRT (patches, gum lozenge) when available.

See **Appendix B**, *Quit Smoking Fact Sheet*, for additional information and references.

### Eligibility Requirements:

Eligible applicants must have a Federal Tax ID number. Only one grant may be awarded per grantee per state fiscal year (July 1 – June 30) Informal groups without Federal Tax ID numbers are encouraged to partner with a sponsor organization that may apply on their behalf.

A tobacco company or an agent or subsidiary of a tobacco company is not eligible to apply.

An individual, division or department within an institution that receives money from a tobacco company, a tobacco company subsidiary, or an agent engaged in the manufacture, distribution, or sale of tobacco products may not be awarded a contract.

Eligible applicants include, but are not limited to, the following organizational types:

• Community groups/coalitions	• Minority Groups
• Healthcare Organizations	• Medical Providers
• Patient Advocates	• Schools/colleges/universities
• Educational Providers	• Faith-based organizations
• Social/human service agencies	

### Application Timeline:

- **December 31, 2016 *Email of Intent* must be sent by 5 p.m. ET** to [RA-DHTobaccoGrants@pa.gov](mailto:RA-DHTobaccoGrants@pa.gov) OR postmarked mail or hand delivered to the Department of Health to the following address:  
Bureau of Health Promotion and Risk Reduction  
Division of Tobacco Prevention and Control  
Attention: Bill Newton  
625 Forster Street  
Room 1032 Health & Welfare Building  
Harrisburg, PA 17120-0701.
- Include the following information in the ***Email or Letter of Intent***:
  - Name of organization (applicant)
  - Contact person
  - Brief description of intended grant project
  - How you heard about this small, no-bid grant opportunity
  - Name of Regional Primary Contractor (RPC) in your area, and whether you currently partner with the RPC or plan to partner with them for this grant project.
- **Applications must be received by 5 p.m. ET on January 23, 2017 by email, or postmarked mail, or hand delivered** to the Department of Health at the above address. **Late applications will not be accepted.**
- Awards will be announced **the week of February 27, 2017.**

## Application Guidelines

### Narrative - Attachment A

**Primary Contact:** Ensure that the application includes the name, phone number, and email address of someone who will be knowledgeable about the grant and easily accessible for the DOH to contact if we have questions about your application.

The narrative may be no more than 6 pages, single-spaced printed on one side of the page, using 12 point un-reduced Times New Roman font on 8.5” by 11” paper with one inch margins. Applications should be page-numbered and unbound.

- For purposes of this grant, a “**quit**” is defined as having used no tobacco for at least 24 hours.
- **Acronyms:** If using technical jargon or specialized terminology, briefly define the term. Spell out the acronym the first time it is used.
- If the proposed activities include training on cessation, include a copy of the **core training materials** or a copy of the table of contents from a cessation book that will be used.
- If the American Lung Association (ALA) **Freedom from Smoking** cessation curriculum will be used, explain this in the application narrative. Do NOT include a copy of the curriculum with your application.
- Describe your proposed evidence-based initiatives to connect community members and/or employees to tobacco cessation resources, including to the PA Free Quitline. PA Free Quitline county-level data may be available to use as part of your follow-up or project evaluation. Division of Tobacco Prevention and Control (DTPC) staff will assist grantees with PA Free Quitline data when requested.
- Include copies of any **survey, evaluation or data collection tool** that will be used for grant activities with the application. (See Appendix C for

### Budget – Attachment B

**Fiscal contact:** In the grant application, include the name of the fiscal contact if it is different from the primary contact.

The budget section of your application must include a budget narrative detailing by line item how project funds will be used and the degree to which competitive bids were secured for purchases. Price quotes, estimates, catalog samples, or any other proof of cost must be submitted for every purchase proposed.

### Eligible Costs:

The maximum cumulative award to any one applicant (as identified by Federal Tax ID number) is \$10,000 per fiscal year (e.g. July 1, 2016 – June 30, 2017).

Expenses eligible for reimbursement under this project include, but are not limited to:

1. PA Free Quitline promotional media (includes print, radio, online or other types of paid or earned media. Does not include promotional trinkets, such as pens, t-shirts, water bottles, etc.

2. Honorarium: for speaker/trainer. A maximum of 30% of the total amount requested may be used for honorariums or speaking fees.
3. Room Rental: if hosting a conference or training.
4. Travel: associated with a conference or training.
5. Education: training materials, books, workbooks, brochures, posters, translation of educational materials into different languages and for different populations, etc.
6. Teaching tools: displays, print material, audio visual material.
7. Nicotine Replacement Therapy (NRT). Cessation products, as part of grant initiatives, is restricted to NRT in the form of patches, lozenges, and gum. If other pharmacotherapy (e.g. Chantix, Zyban) is required, the need must be explained in detail with supporting data and it will be considered for approval.

### **Ineligible Costs:**

The following costs are NOT eligible for reimbursement under this program:

1. Administrative/Indirect costs.
2. Research.
3. Clinical care.
4. Food purchases.
5. New building construction or structural renovation of an existing space.
6. Capital expenses or equipment.
7. Staffing/Personnel wages.
8. School-based prevention activities will not be funded.
9. Purchase of promotional trinkets (e.g. carabiners, pens, t-shirts, water bottles), wearable goods, quit coins or other similar items to advertise the PA Free Quitline or other cessation initiatives.

### **Signature Requirements**

An authorized official who can bind the applicant organization to the provisions of the grant proposal must sign and date the Budget (Attachment B) **for expenses occurring within the vendor's identified grant period.**

### **Media - Attachment C**

If media will be used: describe type of media that will be used for the grant activities. Complete Attachment C, *Small No-bid Grant Media Approval Form* and submit copies of all proposed media to DTPC with your application.

**Submission Requirements** – Email OR Mail. **Incomplete applications will not be reviewed.**

**Electronic Submission:** Submit a **scanned signed PDF copy** of your application (including Narrative, Budget, Media Approval Form, and all supporting attachments) to [RA-DHTobaccoGrants@pa.gov](mailto:RA-DHTobaccoGrants@pa.gov)

\*\*\*\*\* **OR** \*\*\*\*\*

**Mail** completed signed printed copy of your application to:

Bureau of Health Promotion and Risk Reduction  
Division of Tobacco Prevention and Control  
Attn. Bill Newton  
625 Forster Street  
Room 1032 Health & Welfare Building  
Harrisburg, PA 17120-0701

**Contact information:**

Call 717-783-6600 or e-mail [RA-DHTobaccoGrants@pa.gov](mailto:RA-DHTobaccoGrants@pa.gov)

Mini-Grant Application Checklist: 	
_____	One electronic <u>OR</u> paper copy of Attachment A - Application Narrative
_____	One <u>SIGNED</u> electronic <u>OR</u> paper copy of Attachment Proposed Budget Attachment
_____	One electronic <u>OR</u> paper copy of quotes, samples, or any other proof of proposed costs for each item on budget
_____	One electronic <u>OR</u> paper copy of Media Approval Form with copies of all proposed media (if applicable)
_____	One electronic OR paper copy of PA FREE Quitline Data Request Form

**Award Determination:**

All applications are reviewed by a Department of Health, Bureau of Health Promotion and Risk Reduction review team. Reviewers may request additional backup information or materials during the review of an application. Funding decisions are contingent upon the availability of allocated Tobacco Cessation Resource funds and Department of Health approval.

**Notification of Award:**

Applicants will be notified of award results the week of February 27, 2017.

In order to do business with the Commonwealth of Pennsylvania, providers are required to be enrolled in the SAP (Systems, Applications, and Products) system. Applicants who are not enrolled must apply for a CVMU (Central Vendor Management Unit) number at [www.vendorregistration.state.pa.us/](http://www.vendorregistration.state.pa.us/) or by calling toll free at 1-877-435-7363. Payment of expenses will not occur without the applicant enrolled in the SAP system.

**Small, No-Bid Grant On-Site Review:**

Grantees may receive at least one on-site visit from a representative of the Department of Health, DTTC.

**Final Report and Invoice Procedures:**

Awardees will receive Final Report and Project Invoice templates and instructions when the award is made. We anticipate reimbursement will be issued within 60 days of submission of appropriate and accurate completed forms after the project is completed.

- Only purchases that occur within the vendor's identified grant period, ending no later than **June 30, 2017**, will be reimbursed with project funds.
- The Project Invoice, with documentation of **all** approved expenses, is due by **July 15, 2017**. Grantees will submit one invoice following the grant period to cover all approved expenses made during the grant period.
- A Final Report of funded activities, including an assessment of its impact, is due by **August 15, 2017**.

**APPENDIX A**  
**2016-2017 Regional Primary Contractors**

**Regional primary contractors:**

- Provide tobacco use prevention and cessation activities across Pennsylvania
- Increase the capacity of community based organizations serving Pennsylvania's youth disparate population groups
- Increase the utilization of approved cessation programs within the region
- Conduct enforcement compliance checks and monitor compliance with Pennsylvania youth access to tobacco law
- Increase the current number of Pennsylvanians utilizing the services of the PA Free Quitline (Quitline) within the region
- Increase the number of private insurers that cover cessation counseling and pharmacotherapy
- Design and utilize sound qualitative and quantitative methods to support a comprehensive process and outcome evaluation of the comprehensive Tobacco Control Program
- Use locally based program delivery agencies to assist them in providing tobacco control programs.

**Allegheny Region**

Counties served: *Allegheny*

Tobacco Free Allegheny

[www.tobaccofreeallegheny.org](http://www.tobaccofreeallegheny.org)

Contact: Joyce Petrow Email: [jpetrow@tobaccofreeallegheny.org](mailto:jpetrow@tobaccofreeallegheny.org)

Phone: 412-322-8321 Fax: 412-322-8323

**Northeast Region**

Counties served: *Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Susquehanna, Wayne, and Wyoming*

American Lung Association in Pennsylvania

[www.lung.org](http://www.lung.org)

Contact: Meredith Casey Email: [mcasey@lunginfo.org](mailto:mcasey@lunginfo.org) Phone: 610-253-5060 x 241 Fax: 484-268-1302

**Northcentral Region**

Counties served: *Bradford, Centre, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, and Union*

American Lung Association in Pennsylvania

[www.lung.org](http://www.lung.org)

Contact: Sarah Lawver Email: [slawver@lunginfo.org](mailto:slawver@lunginfo.org) Phone: 717-541-5864 x 127 Fax: 888-415-5757

**Northwest Region**

Counties served: *Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango and Warren.*

Erie County Health Department

[www.ecdh.org](http://www.ecdh.org)

Contact: Sarah Morgan Email: [smorgan@eriecountypa.gov](mailto:smorgan@eriecountypa.gov) Phone: 814-451-6700 Fax: 814-451-6716



### **Southeast Region**

Counties served: *Berks, Bucks, Chester, Delaware, Lancaster, Montgomery, and Schuylkill.*

Health Promotion Council of Southeastern PA, Inc.

[www.hpcpa.org](http://www.hpcpa.org) or [www.sepatobaccofree.org](http://www.sepatobaccofree.org)

Contact: Jamie Magee Email: [jamagee@phmc.org](mailto:jamagee@phmc.org) Phone: 215-731-6186 Fax: 215-731-6199

### **Southcentral Region**

Counties served: *Adams, Bedford, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lebanon, Mifflin, Perry, and York*

American Lung Association in Pennsylvania

[www.lung.org](http://www.lung.org)

Contact: Caitlin Cluck Email: [ccluck@lunginfo.org](mailto:ccluck@lunginfo.org) Phone: 717-541-5864 x 126 Fax: 888-415-5757

### **Southwest Region**

Counties served: *Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Washington, and Westmoreland.*

Adagio Health, Inc.

[www.adagiohealth.org](http://www.adagiohealth.org)

Contact: Mary Anne Poutous Email: [mapoutous@adagiohealth.org](mailto:mapoutous@adagiohealth.org) Phone: 412-253-8166 Fax: 412-288-9036

### **Philadelphia Region**

Counties served: *Philadelphia*

Philadelphia Department of Public Health

[www.smokefreePhilly.org](http://www.smokefreePhilly.org)

Contact: Jarma J. Frisby Email: [Jarma.Frisby@phila.gov](mailto:Jarma.Frisby@phila.gov) Phone: 215-685-5693 Fax: 215-685-5666

## APPENDIX B Quitting Smoking Fact Sheet

Please see the [CDC Fact Sheet](#) – Quitting Smoking for additional information.

Tobacco use can lead to tobacco/nicotine dependence and serious health problems. Quitting smoking greatly reduces the risk of developing smoking-related diseases.

Tobacco/nicotine dependence is a condition that often requires repeated treatments, but there are helpful treatments and resources for quitting.

Smokers can and do quit smoking. In fact, today there are more former smokers than current smokers.

**Most former smokers quit without using one of the treatments that scientific research has shown can work. However, the following treatments are proven to be effective for smokers who want help to quit:**

- Brief help by a doctor (such as when a doctor takes 10 minutes or less to give a patient advice and assistance about quitting)
- Individual, group, or telephone counseling
- Behavioral therapies (such as training in problem solving)
- Treatments with more person-to-person contact and more intensity (such as more or longer counseling sessions)
- Programs to deliver treatments using mobile phones

**Medications for quitting that have been found to be effective include the following:**

- Nicotine replacement products
  - Over-the-counter (nicotine patch [which is also available by prescription], gum, lozenge)
  - Prescription (nicotine patch, inhaler, nasal spray)
- Prescription non-nicotine medications: bupropion SR (Zyban®), varenicline tartrate (Chantix®)
- Counseling and medication are both effective for treating tobacco dependence, and using them together is more effective than using either one alone.
- More information is needed about quitting for people who smoke cigarettes and also use other types of tobacco.

Sources:

U.S. Department of Health and Human Services. [The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General](#). 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, 2014 [accessed 2015 May 21].

Fiore MC, Jaén CR, Baker TB, et al. [Treating Tobacco Use and Dependence: 2008 Update—Clinical Practice Guidelines](#). Rockville (MD): U.S. Department of Health and Human Services, Public Health Service, Agency for Healthcare Research and Quality, 2008 [accessed 2015 May 21].

Centers for Disease Control and Prevention. [The Guide to Community Preventive Services: Reducing Tobacco Use and Secondhand Smoke Exposure](#) [accessed 2015 May 21].

**APPENDIX C  
PA FREE Quitline Data Request Form**

Requests for PA FREE Quitline Data will be honored when the requesting party demonstrates a legitimate need for the data, such as:

- to evaluate a specific population, treatment approach, or disorder as relevant to tobacco use and/or tobacco cessation attempts:
- to plan, develop or evaluate program initiatives as relevant to tobacco use and/or tobacco cessation attempts.
- to evaluate outcomes for tobacco cessation attempts, such as a successful quit at 30, 90, 180 days.

Requests yielding information for less than 5 callers in any area smaller than a county will not be disclosed due to confidentiality concerns. The Division of Tobacco Prevention and Control (DTPC) must approve all data requests and the resulting data information document prior to the release of such data document. Requests may be Approved, Approved with Modifications, or Denied. Only requests related to DTPC funded work will be considered for approval.

**Data Request Information**

<b>Date of Request</b>	
<b>Purpose of Request</b>	
<b>Intended Audience</b>	
<b>Date Range Requested</b>	
<b>Data Requested</b>	

**APPENDIX C**  
**PA FREE Quitline Data Request Form**

<b>Primary Contact Regarding this Data Request</b>	
<b>Name</b>	
<b>Title</b>	
<b>Organization</b>	
<b>Phone Number</b>	
<b>Email Address</b>	

I understand that no individual level data will be released and information that may compromise Quitline caller confidentiality will not be disclosed. As a condition for my sharing the data, through publication, presentation, or any other means, I agree to submit my work to the Division of Tobacco Prevention and Control for review prior to its release. I also agree to cite Pennsylvania Department of Health and PA FREE Quitline as data sources and note that data were prepared by PHMC.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**