



# **ACTION State Grant Program Request for Proposals**

## **Grant Application Guidelines and Requirements**

### **1. Overview**

Partnership for Prevention will award grants of \$20,000 to \$40,000 for the implementation of innovative strategies to increase access to tobacco cessation treatments. Funds are to be used primarily for the development of state alliances/summit meetings and the creation of strategic plans. Grant proposals must be submitted by February 24, 2010.

Each year, more than 435,000 people in the United States die from illnesses related to tobacco use, which is also responsible for \$193 billion in annual health care costs and lost productivity. Despite the recent federal tax increase on tobacco products and the many state and local initiatives increasing taxes and restricting smoking in public areas, 20 percent of the adult U.S. population still smokes or uses some form of tobacco product. Effective cessation therapies have been proven successful – they save lives and save money.

Partnership for Prevention's Call for ACTION – Access to Cessation Treatments of Tobacco in Our Nation – has set a goal to expand access to comprehensive tobacco cessation treatments to 50% of smokers by 2015 and 100% by 2020. Many organizations and institutions deliver services to help people quit, but there has been no coordinated effort to make access to effective tobacco cessation treatments a public health priority. Currently, treatments to help tobacco users quit are available to some, but access is largely a function of geography, income, employment status, and demographics.

On December 1, 2009, Indiana held the first state-specific ACTION Summit, which brought together 85 state public health leaders to discuss access to tobacco cessation treatment. Key partners in attendance included representatives from business, employer, insurer and religious groups, as well as representatives from state and local tobacco control coalitions and public health organizations. The day-long dialogue sought to establish guiding principles for the state's tobacco cessation efforts; strengthen partnerships to support change within each state sector; share ideas and resources available for promoting tobacco cessation; and ensure access to treatment for the state's tobacco users. An Indiana Summit case study is in development that will serve as a model of how states can expand the Partnership's *Call for ACTION*. A link to the Indiana Tobacco Cessation Gallery Guide is provided in the Resources section of this RFP.

## 2. Purpose of the Grants

With generous funding from Pfizer Inc. and the Pfizer Foundation, Partnership for Prevention hopes to dramatically increase access to and use of proven tobacco cessation treatments through this grant program. This will be accomplished through the development or strengthening of state level alliances for tobacco cessation. These alliances will chart a course for increasing coverage for these services in States, strengthening quitlines, and promoting the importance of tobacco cessation. As a result, utilization of these treatments will increase and tobacco use will decline.

The grants will be one year in duration, with a possibility of further funding in the second year. The application process is designed to be short and simple, with a quick turnaround time. Sample templates for the technical proposal and budget are provided in these guidelines (see attachments).

## 3. Important Dates

- **Request for Proposals released: January 15, 2010** (available online at [www.actiontoquit.org](http://www.actiontoquit.org) -- click on ACTION State Grants).
- **Informational telephone conference for prospective applicants: January 27, 2010, 3:00 to 4:00p.m. Eastern Standard Time.**  
Please register in advance by e-mail to [acttiongrants@prevent.org](mailto:acttiongrants@prevent.org). Call-in information will be provided when your participation is confirmed.
- **Submission deadline for grant proposals: February 24, 2010.**
- **Grant awards announced: March 23, 2010**
- **Meeting in Washington D.C. for all grantees: April 14&15, 2010**

## 4. Eligibility

State/territorial agencies and organizations may apply for these funds. Applicants might include state health departments, state tobacco control agencies, state tobacco control coalitions, state quitlines, or non-profit organizations (such as the American Lung Association, American Heart Association, American Cancer Society, etc.). It is suggested broad alliances be formed and that only one proposal be submitted per state or territory. Potential targeted partners could include organizations or agencies representing health care systems, employers/purchasers, insurers/health plans, quitlines, tobacco control/public health advocates, and policymakers. Applicants must partner with a minimum of two other organizations/agencies. Applicants are strongly encouraged to collaborate with their state department of health. Grants will not be awarded to individuals.

## **5. Requirements of Grantees**

Funded grantees will:

- Participate in regular conference calls with Partnership for Prevention and other grantees. In preparation for these calls, grantees will be expected to submit progress reports following a standardized format.
- Prepare a final report that will describe the project and its objectives, audiences, strategies, activities, and measurable results.
- Provide copies of any materials that were developed for the project.
- Provide examples of any media coverage.
- Submit an end-of-project financial report summarizing the project budget and expenditures.
- Prepare and submit a project case study for dissemination to other states.

Technical assistance will be available to grantees through Partnership for Prevention to aid with program implementation and evaluation.

## **6. Funding**

It is anticipated that five to eight grants will be awarded to organizations building/facilitating state alliances for tobacco cessation. The grants will range from \$20,000 to \$40,000. The grant year will run from April 1, 2010 to March 31, 2011, at which time projects must be completed.

Funds may be used only for the project described in the submitted proposal. Funds may not be used for the day-to-day operations of an organization - see pages 5 and 6 for more information about allowable use of grant funds. The grantee may extend funds to collaborating organizations or consultants who are conducting activities relating to the proposed project.

## **7. Focus of the Grants**

Successful proposals will include innovative strategies and collaborative activities to increase access to tobacco cessation therapies throughout the state. All grant projects must include the convening of key stakeholders to discuss the best means to increase access to tobacco cessation treatments. All projects must also include the creation of a state action plan. Applicants are encouraged to think creatively about project objectives and ways to reach targeted audiences.

Proposed projects should be designed to address one or more of these strategies:

- Outreach to employers, insurers, benefits managers, and health plan administrators to ensure employee access to comprehensive cessation treatments
- Improvement of cessation benefits in publicly-funded health plans
- Outreach to health systems and providers to encourage utilization of all approved cessation medications and therapies
- Public education efforts to highlight the benefits of cessation and urge smokers to seek treatment

Grant award preference will be given to proposals that ensure the production of measurable results and present a model that can be replicated in other states.

## 8. Resources

Applicants are encouraged to access national/state data to prepare a proposal that meets local needs and is based on sound strategies. Listed below are some publications and links that might be helpful:

- **Partnership for Prevention.** “A Call for ACTION – Access to Cessation Treatment for Tobacco In Our Nation”. 2008.  
[http://www.actiontoquit.org/uploads/documents/call\\_for\\_action.pdf](http://www.actiontoquit.org/uploads/documents/call_for_action.pdf)
- **Partnership for Prevention and American Lung Association.** “Save Lives and Money – Help State Employees Quit Tobacco”. 2010.  
<http://www.prevent.org/images/stories/2009/save%20lives%20and%20money%20-%20january%202010%20update.pdf>
- **Indiana Tobacco Prevention and Cessation.** “Tobacco Cessation Gallery Guide”. 2009.  
[http://actiontoquit.org/uploads/documents/GalleryGuide\\_CessationSummit2009.pdf](http://actiontoquit.org/uploads/documents/GalleryGuide_CessationSummit2009.pdf)
- **Centers for Disease Control and Prevention.** “Best Practices for Comprehensive Tobacco Control Programs”. 2008.  
[http://www.cdc.gov/tobacco/stateandcommunity/best\\_practices/index.htm](http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm)
- **U.S. Public Health Service.** “Clinical Practice Guideline on Treating Tobacco Use and Dependence”. 2008.  
<http://www.ahrq.gov/path/tobacco.htm#Clinic>
- **Institute of Medicine.** “Ending the Tobacco Problem: A Blueprint for the Nation”. 2007.  
<http://www.iom.edu/Reports/2007/Ending-the-Tobacco-Problem-A-Blueprint-for-the-Nation.aspx>
- **Multi-State Collaborative.** An alliance reducing tobacco use through health systems change.  
<http://www.multistatecessationcollaborative.org/>
- **North American Quitline Consortium.** An organization helping smokers quit through evidence-based quitline services.  
[www.naquitline.org](http://www.naquitline.org)
- **American Lung Association.** State Tobacco Cessation Coverage Database.  
[www.lungusa.org/cessationcoverage](http://www.lungusa.org/cessationcoverage)
- **Resources available through your state department of health.**

## 10. APPLICATION REQUIREMENTS

Complete proposals must be received by **February 24, 2010 by 5:00 p.m. Eastern Standard Time** by electronic e-mail to **acttiongrants@prevent.org**. Proposals must be submitted in Word or PDF format, using 11 or 12-point type. Late submissions will not be reviewed.

The following items must be included in your submission:

- Letter of commitment from the head of your organization or agency, which describes your commitment to carry out project based on proposed timeline and budget.
- Cover page (use the template, Attachment A).
- Narrative proposal and work plan (maximum of five pages). Your description must follow the outline provided in section 11 and the sample work plan in Attachment B.
- Project budget (maximum two pages). You may use the template in Attachment C.
- Resume or CV for project director and up to two other key staff.
- Letters of commitment from at least two collaborating organizations/agencies.

## 11. Narrative Proposal Outline (maximum five pages)

Applicants should use the following outline for their narrative response. Please use the same headings in your proposal. You may submit your proposal in paragraph or bulleted form. This section of your proposal may not exceed five pages, including the work plan template in Attachment B.

### A. Innovative Idea

Describe your innovative idea/proposed project.

### B. Technical Approach

#### B. 1. Measurable objectives

Describe your project objectives in measurable terms.

#### B. 2. Target audiences/systems

Define the population(s) your project will reach and influence. Delineate outreach/communication strategies.

#### B. 3. Your state's environmental scan

Using the best available data, briefly describe current tobacco cessation treatment access and utilization in your state, including private and publicly funded programs. Comment on both existing programs and gaps in local services.

**B. 4. Work plan and timeline**

You may use Attachment B to describe activities, responsibility, and timeline.

**B. 5. Performance measures**

Describe the methods or processes that you will use to monitor and assess the results of your project.

**C. Your Partners**

Applicants should partner with at least two other organizations or agencies. Describe the partners, their interest in tobacco cessation, and their roles in the project.

**D. Staff and Organizational Capacity**

Describe the role and qualifications of the project director and other key staff. Describe your organization including its mission, experience in tobacco cessation, and ability to implement the proposed project successfully.

**E. Vision for Year 2**

Briefly describe what project activities might occur in your state if additional funds were made available for a second year.

**12. Budget (maximum two pages)**

Your proposal should include a detailed, line-item budget. Grant funds may be used to pay for direct costs including staff salaries, consultant fees, materials production, meetings, local travel, and other direct project expenses. Replacement of salary dollars for staff already working in tobacco cessation is not the intent of the ACTION grants.

Grant funds may not be used for the purchase or maintenance of office equipment, or to pay for registration/travel costs for participation in professional development meetings or courses. Your budget should include the amount of grant funds requested, not to exceed \$40,000. However, applicants are encouraged to provide in-kind contributions and other sources of funds to implement the proposed project.

If this funding represents only part of a larger program budget, please include the other amounts and sources of funding in your overall budget. However, you must indicate specifically how the ACTION State Grant funds will be spent. You may use the template, Attachment C, for your budget.

**Your budget should include the following, if applicable:**

**Expenses**

**A.** Staff salaries: Name of person, hourly or daily rate, total number of hours/days or % of time.

**B.** Consultant costs: Name of person, hourly or daily rate, total number of hours/days or % of time.

- C. Meetings and related expenses
- D. Local travel
- E. Materials production
- F. Other expenses – limit of \$500 without prior permission

**Additional Resources (if any)**

- A. In-kind contributions
- B. Other sources of funds

**Totals**

- A. Total project budget
- B. Total grant request

**13. Selection Process and Criteria**

A grant review team, consisting of experts in public health and tobacco control, will review and score the grant proposals. Partnership for Prevention may contact applicants to obtain additional information.

The reviewers will evaluate and score the proposals according to the following criteria:

Points	Criteria
10	Innovative approach that could be replicated in other communities
40	Technical approach, including measurable objectives, target population, environmental scan, work plan, and performance measures
20	Demonstrated commitment of at least two other organizations/agencies
20	Staff and organizational capacity
10	Appropriate budget, including in-kind contributions and other sources of funding.
100	TOTAL

#### **14. Additional Information for Applicants**

If you have questions about the grant application guidelines and requirements please email them to [actiongrants@prevent.org](mailto:actiongrants@prevent.org). Assistance with the application process will not be provided after February 19, 2010.

An informational telephone conference for prospective applicants will be held Wednesday January 27, 2010, 3:00 to 4:00pm Eastern Standard Time. Please register in advance by sending an e-mail to [actiongrants@prevent.org](mailto:actiongrants@prevent.org). Call-in details will be provided when your participation is confirmed.

ACTION State Grant Program guidelines and requirements can be downloaded at [www.actiontoquit.org](http://www.actiontoquit.org).

## Coalition Backs Plan To Provide Access To Cessation Treatment

WASHINGTON, Nov. 18, 2008 – Nearly two dozen of the nation’s business, labor, insurance, government and health care leaders – including three former Secretaries of Health and Human Services and two former Surgeons General – today endorsed a bold plan to provide every American with access to comprehensive tobacco cessation treatment services by the year 2020.

The *National Working Group for ACTION* (Access to Cessation Treatment for Tobacco In Our Nation) unveiled the plan in a document entitled “A Call for ACTION.”

“Ending tobacco addiction is crucial to our nation’s health and its economic well-being,” said Diane Canova of Partnership for Prevention, a nonprofit organization that coordinated the working group’s efforts. “But while 70 percent of the nation’s smokers say they want to quit, only 30 percent of them are using proven cessation techniques, and only 1 in 50 employers currently provide workers with any cessation treatment coverage.”

The plan unveiled today calls for immediate, systemic and lasting action in key areas identified in recent reports issued by the CDC, the Institute of Medicine, and the U.S. Public Health Service. Those reports cited three vital areas where the country should take action to improve access to comprehensive treatment:

- **Insurance Coverage:** Provide comprehensive first-dollar coverage for tobacco use treatment under all public and private insurance.
- **Quitlines:** Increase funding for state quitline infrastructure and promotion and provide incentives for quality improvement efforts.
- **Healthcare systems:** Institutionalize the routine treatment of tobacco use in all out-patient and in-patient service delivery.

A detailed listing of all the recommendations in these three areas is available online at <http://www.acttiontoquit.org>.

“There are many steps to a comprehensive program: first of all, providers need to remind patients that it’s important to stop smoking and insurers must pay for comprehensive cessation benefits,” said Julie Gerberding, director of the Centers for Disease Control and Prevention (CDC), which helped sponsor the working group and endorsed the plan.

The call was also endorsed by former HHS Secretaries Tommy Thompson, Donna Shalala and Richard Schweiker, as well as former Surgeons General Richard H. Carmona and Joycelyn Elders. In addition to Gerberding, current government officials endorsing the call included Judy Monroe, Indiana’s state health commissioner and president of the Association of State and Territorial Health Officials; Nathaniel Cobb, tobacco control chair at the Indian Health Service; and John Niederhuber, director of the National Cancer Institute.

The National Working Group’s efforts were sponsored by the American Legacy Foundation, the Centers for Disease Control and Prevention, Partnership for Prevention, Pfizer, Smoking Cessation Leadership Center, and UnitedHealth Group.

## Attachment A: Cover Page for ACTION State Grants

**Name of Organization:**

**Address:**

**Phone number:**

**Project Director:**

**Job title:**

**Phone:**

**E-mail:**

**Project Title:**

**Partnering Organizations/Agencies:**

**ACTION Grant Funding Request:**

**Proposal requirements checklist:**

\_\_\_ Letter of commitment  
from CEO

\_\_\_ Project budget  
(2 page maximum)

\_\_\_ Cover page

\_\_\_ Resumes/CV's

\_\_\_ Technical proposal and work plan  
(5 page maximum)

\_\_\_ Letters of commitment from  
from collaborating organizations

## Attachment B: Work Plan Template

<b>Activities</b> <i>Please limit the description of each activity to three sentences.</i>	<b>Person or Organization Responsible</b>	<b>Activity Time Line: 12 Months</b> <i>Please place an X in the block that corresponds with the duration of each activity.</i>											
		A	M	J	J	A	S	O	N	D	J	F	M
1.													
2.													
3.													
4.													
5.													
6.													

## Attachment C: Sample Budget Template

Applicant Organization Name: \_\_\_\_\_

Use of Grant Funds: See pages 5 and 6 for information.

Line Item	Justification	ACTION Request	Other Funding*	In-Kind Support	Total
<b>Personnel**</b>					
<b>Sub-Total</b>		\$	\$	\$	\$
<b>Other Costs***</b>					
<b>Sub-Total</b>		\$	\$	\$	\$
<b>Total</b>		\$	\$	\$	\$

\* Specify other sources of funding that will be used to support this program: \_\_\_\_\_

\_\_\_\_\_

\*\*Personnel can include your staff and consultants. Please include name of person, hourly or daily rate, total number of hours/days, and total cost.

\*\*\*Other costs could include materials, supplies, local travel, subcontracts to collaborating partners and other direct project expenses.