



State of Arkansas
ARKANSAS DEPARTMENT OF HEALTH
4815 West Markham Little Rock, Arkansas 72205

DH-24-0029

Application Packet

Purpose of Sub-Grant: The TPCP Sub-Grant program is comprised of state and community-based interventions that address:

- Prevent initiation among youth and young adults.
- Promoting quitting among adults and youth.
- Eliminating exposure to second-hand smoke.
- Identify and eliminate tobacco-related disparities among population groups.

RFA Issued March 27, 2024

Applications Due April 11, 2024 - NLT 2:00PM

Central Time

APPLICATION SIGNATURE PAGE

Type or Print the following information.

APPLICANT'S INFORMATION			
Company:			
Address:			
City:		State:	Zip Code:
Business Designation:	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Public Service Corp
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian American
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Pacific Islander American
	<input type="checkbox"/> Service-Disabled Veteran		
	<input type="checkbox"/> Women-Owned		
	AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>
APPLICANT CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Issuing Officer:	Tim O'Brien	Phone Number:	501-280-4573
Email Address:	timothy.obrien2@arkansas.gov	Alternate Number:	501-747-9132
ADH Website:	http://www.healthy.arkansas.gov/aboutADH/Pages/GrantBidOpportunities.aspx		
ILLEGAL IMMIGRANT CONFIRMATION			
By signing and submitting a response to this <i>solicitation</i> , the applicant agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the recipient certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.			
ISRAEL BOYCOTT RESTRICTION CONFIRMATION			
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel and, if selected, will not boycott Israel during the aggregate term of the contract.			
<input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.			
Geographical Coverage Area: Indicate geographical coverage area as either statewide or by individual counties, alphabetically.			

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

By signing and submitting a response to this Notice of Funds Availability (NOFA), the prospective recipient agrees to comply with all requirements, and that any exception that conflicts with a requirement of this NOFA will cause the application to be disqualified.

Authorized Signature: _____ Title: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

Vendor Agreement and Compliance

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal sub-grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, subgrant, loan, or cooperative agreement.

2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal contract, sub-grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," attached hereto, in accordance with its instructions. This disclosure form must be filed with the Arkansas Department of Health (ADH) at the end of each calendar quarter in which there occurs any event that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed. An event that materially affects the accuracy of the information reported includes:
 - a. A cumulative increase of \$25,000 or more in the amount paid or expected to be paid for influencing or attempting to influence a covered federal action; or,
 - b. A change in the person(s) or individuals(s) influencing or attempting to influence a covered federal action; or,
 - c. A change in the officer(s), employee(s), or member(s) contracted to influence or attempt to influence a covered federal action.

3. The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

By signature below, vendor agrees to and **shall** fully comply with all requirements as shown in this section of the bid solicitation.

Authorized Signature: _____
Use Ink Only

Printed/Typed Name: _____ **Date:** _____

Information for Evaluation

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- **Do not** include additional information if not pertinent to the itemized request.

		Maximum Raw Score Available
E.1	Abstract (Limit: 1 Page)	5 Points
1.	Provide a detailed overview of the application. It should be clear, concise, and specific. It should describe your organization, the scope of your project, and the amount you are requesting.	
E.2	Introduction (Limit: 3 Pages)	5 Points
1.	Describe any previous funding through ADH/TPCP or UAPB/MISRGO and other tobacco control funding received.	
2.	Describe in detail, previous experiences related to reducing tobacco use in your community and policies that have been implemented or in the process of implementation at schools, worksites, churches, parks, etc..	
3.	Describe your ability and capacity to develop, implement, and evaluate all activities listed in the application.	
4.	Describe previous experiences with policy development, media advocacy, developing training, community planning, or developing/implementing community organization strategies.	
5.	Describe your organizational capacity for sound fiscal management.	
E.3	Work Plan	5 Points
E.3.1	Work Plan Mission and Vision (Limit: 2 Pages)	
1.	Provide a description of the mission and vision of the overall work pertinent to this specific RFA.	
E.3.2	Work Plan (Limit: 10 Pages)	
1.	Provide all deliverables listed in applicant application that addresses this RFA using the Work Plan template provided.	
E.4	Budget	5 Points
1.	Applicants must use the budget template form provided. Budget should include salaries, office equipment if needed, travel, media and health communication, and all necessities required to complete activities of the workplan.	

Workplan Instructions

Applicants are required to complete a workplan template for year one (1). The applicant will review the annual objective listed on the template and provide a data source and then list up to five (5) activities that support the annual objective listed on the templates. The applicant will list any partners that will be involved in the activities, the anticipated start and end date, and marketing the appropriate box(s) for the strategies that will be used. Failure to complete the workplan templates shall disqualify the applicant.

A sample template is included to show an example of how to complete the workplan template activities. Please note that the start and end dates may vary due to the workplan deliverables. All sample responses are notated in red.

Recap of the boxes on the template that the applicant must fill out for the RFA:

- Data source for baseline measurements
- Activities
- Partners (may put N/A if not applicable)
- Start date
- End date
- Strategies0418

Applicant Name: _____

FY25 WORK PLAN SUBMISSION

Intervention Area 2: Promote Quitting among adults and youth							
Intervention Area 4: Identify and eliminate tobacco-related disparities among population groups							
Annual Objective for Indicator:		By June 30, 2025, the applicant will conduct two (2) six-hour statewide trainings for healthcare providers in tobacco cessation best practices such as Brief Tobacco Interventions (BTI). Trainings will be free to attendees.					
Baseline measurement for this indicator:		Number of trainings Number of providers reached Number of toolkits developed Number of CEUs earned					
Data source for baseline measurement:		Registered list of attendees.					
Timeframe for Activities							
Deliverable	Strategies	Activities	Partners	Start Date (Month/Year)		End Date (Month/Year)	
Applicant will coordinate, plan, and implement trainings for healthcare providers in best practices to increase: access to trained tobacco cessation counselors in motivational interviewing and pharmacotherapy; referrals to Be Well Arkansas; the number of providers that implement system changes to integrate screening and treatment of tobacco use and dependence as a core component of patient care. DUE: June 30, 2025	<input type="checkbox"/> Data <input checked="" type="checkbox"/> Education <input type="checkbox"/> Media & Communication <input type="checkbox"/> Partnership Building <input checked="" type="checkbox"/> Engagement	Develop graphics and media for trainings.	TPCP, OHC	July	2024	September	2024
		Distribute posters/inserts/flyers to throughout healthcare facilities in the state.	N/A	September	2024	October	2024
		Create and disseminate email reminder messages for training participants.	N/A	July	2024	December	2024
		Complete pre/post test report from attendees no later than 30 days after event and send to TPCP.	N/A	December	2024	January	2025
Deliverable	Strategies	Activities	Partners	Start Date (Month/Year)		End Date (Month/Year)	
Applicant will host two (2) six-hour trainings in Brief Tobacco Intervention (BTI). Applicant will train a minimum of forty (40)	<input type="checkbox"/> Data <input type="checkbox"/> Education <input checked="" type="checkbox"/> Media & Communication	Develop graphics and media for trainings.	TPCP, OHC	January	2025	February	2025
		Distribute posters/inserts/flyers to throughout healthcare facilities in the state.	N/A	February	2025	March	2025

Applicant Name: _____

FY25 WORK PLAN SUBMISSION

Intervention Area 2: Promote quitting among adults and youth Intervention Area 4: Identify and eliminate tobacco-related disparities among population groups							
Annual Objective for Indicator:		By June 30, 2025, the applicant will coordinate, plan, and implement four (4) statewide trainings to increase knowledge and skills among healthcare professionals on current tobacco cessation initiatives such as screening, tobacco cessation interventions, and treatment of tobacco use and dependence. (Trainings will be free to attendees.)					
Baseline measurement for this indicator:		Total number of cities/counties engaged in the need to restrict or prohibit the number of tobacco retailers within the city/county limits and/or restrict density of tobacco retailers.					
Data source for baseline measurement:		Data from trainings including: attendees, pre/posttests, follow-up surveys					
Timeframe for Activities							
Deliverable	Strategies	Activities	Partners	Start Date (Month/Year)		End Date (Month/Year)	
Applicant will coordinate, plan, and secure speakers/trainers to implement training content for the Tobacco and Disease Symposium. DUE: June 30, 2025	<input type="checkbox"/> Data						
	<input type="checkbox"/> Education						
	<input type="checkbox"/> Media & Communication						
	<input type="checkbox"/> Partnership Building						
	<input type="checkbox"/> Engagement						
Applicant will coordinate, plan, and secure speakers/trainers to implement training content for the Family Physicians Spring Review. DUE: June 30, 2025	<input type="checkbox"/> Data						
	<input type="checkbox"/> Education						
	<input type="checkbox"/> Media & Communication						
	<input type="checkbox"/> Partnership Building						
	<input type="checkbox"/> Engagement						
Deliverable	Strategies	Activities	Partners	Start Date (Month/Year)		End Date (Month/Year)	

Applicant Name: _____

FY25 WORK PLAN SUBMISSION

<p>Applicant will coordinate, plan, and secure speakers/trainers to implement training content for one (1) training outside of the Little Rock area.</p> <p>DUE: June 30, 2025</p>	<input type="checkbox"/> Data						
	<input type="checkbox"/> Education						
	<input type="checkbox"/> Media & Communication						
	<input type="checkbox"/> Partnership Building						
	<input type="checkbox"/> Engagement						
<p>Applicant will coordinate, plan, and secure speakers/trainers to implement training content for the Arkansas Nurses Association Symposium.</p> <p>DUE: JUNE 30, 2025</p>	<input type="checkbox"/> Data						
	<input type="checkbox"/> Education						
	<input type="checkbox"/> Media & Communication						
	<input type="checkbox"/> Partnership Building						
	<input type="checkbox"/> Engagement						

Applicant Name: _____

FY25 WORK PLAN SUBMISSION

Intervention Area 2: Promote quitting among adults and youth Intervention Area 3: Eliminate exposure to secondhand/third hand smoke Intervention Area 4: Identify and eliminate tobacco-related disparities among population groups							
Annual Objective for Indicator:		By June 30, 2025, the applicant will assess current tobacco control partners and develop an action plan to recruit/train new partners and strengthen current partnerships.					
Baseline measurement for this indicator:		Number of assessments created and conducted					
Data source for baseline measurement:							
Timeframe for Activities							
Deliverable	Strategies	Activities	Partners	Start Date (Month/Year)		End Date (Month/Year)	
Applicant will conduct an assessment to evaluate the status of active tobacco control partnerships/champions within their network/coalition and identify the roles they represent. DUE: June 30, 2025	<input type="checkbox"/> Data						
	<input type="checkbox"/> Education						
	<input type="checkbox"/> Media & Communication						
	<input type="checkbox"/> Partnership Building						
	<input type="checkbox"/> Engagement						
Applicant will use the assessment information to identify strengths, weaknesses, and gaps for tobacco control partners. DUE: June 30, 2025	<input type="checkbox"/> Data						
	<input type="checkbox"/> Education						
	<input type="checkbox"/> Media & Communication						
	<input type="checkbox"/> Partnership Building						
	<input type="checkbox"/> Engagement						
Applicant will meet with TPCP 10 of 30	<input type="checkbox"/> Data						
	<input type="checkbox"/> Education						

Applicant Name: _____

FY25 WORK PLAN SUBMISSION

<p>to review the assessment information and discuss the strengths, weaknesses, and gaps within their network for tobacco control partners.</p> <p>DUE: June 30, 2025</p>	<input type="checkbox"/> Media & Communication <input type="checkbox"/> Partnership Building <input type="checkbox"/> Engagement						
<p>Applicant will develop an action plan to recruit/train partners.</p> <p>DUE: June 30, 2025</p>	<input type="checkbox"/> Data <input type="checkbox"/> Education <input type="checkbox"/> Media & Communication <input type="checkbox"/> Partnership Building <input type="checkbox"/> Engagement						
<p>Applicant will provide the action plan to TPCP.</p> <p>DUE: June 30, 2025</p>	<input type="checkbox"/> Data <input type="checkbox"/> Education <input type="checkbox"/> Media & Communication <input type="checkbox"/> Partnership Building <input type="checkbox"/> Engagement						
<p>11 of 18 Once the action plan is implemented, the applicant will track/document the number of new partnerships</p>	<input type="checkbox"/> Data <input type="checkbox"/> Education <input type="checkbox"/> Media & Communication						

Applicant Name: _____

FY25 WORK PLAN SUBMISSION

and how they will assist in reaching TPCP's tobacco control goals. DUE: June 30, 2025	<input type="checkbox"/> Partnership Building						
	<input type="checkbox"/> Engagement						

Applicant Name: _____

FY25 WORK PLAN SUBMISSION

Intervention Area 2: Promote quitting among adults and youth
Intervention Area 4: Identify and eliminate tobacco-related disparities among population groups

Annual Objective for Indicator: By June 30, 2025, the applicant will develop and implement one media plan promoting: Be Well Arkansas; Evidence-based tobacco cessation interventions; Opportunities to educate healthcare professionals and the general population on the harms of tobacco/nicotine in any form; and Awareness of Tobacco related Cancers/Lung Cancer Screening Program.

Baseline measurement for this indicator: Social Media Metrics (posts, likes, shares, reach, page growth)
 Print Media Metrics (circulation/reach, impressions, duration of ad)

Data source for baseline measurement:

Timeframe for Activities

Deliverable	Strategies	Activities	Partners	Start Date (Month/Year)		End Date (Month/Year)	
Applicant will develop one media plan and submit to TPCP no later than September 29, 2024. DUE: Sept. 29, 2024	<input type="checkbox"/> Data						
	<input type="checkbox"/> Education						
	<input type="checkbox"/> Media & Communication						
	<input type="checkbox"/> Partnership Building						
	<input type="checkbox"/> Engagement						
Applicant's staff will be responsible for: researching/designing message content for target audience; submitting all media ads (paid or earned) for OHC approval; ensuring the Be Well logo and other required logos for paid media are prominent; ensuring maintenance of their webpage to include up-to-date information and displays required for Be Well logos; and providing	<input type="checkbox"/> Data						
	<input type="checkbox"/> Education						
	<input type="checkbox"/> Media & Communication						
	<input type="checkbox"/> Partnership Building						
	<input checked="" type="checkbox"/> Engagement						

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Applicant Name: _____

FY25 WORK PLAN SUBMISSION

required documentation supporting media buys. DUE: June 30, 2025							
Applicant will report digital (website), social, and print media metrics/indicators in REDcap (TCP reporting tool). DUE: June 30, 2025	<input type="checkbox"/> Data <input type="checkbox"/> Education <input type="checkbox"/> Media & Communication <input type="checkbox"/> Partnership Building <input checked="" type="checkbox"/> Engagement						
Applicant will ensure that all media is approved by OHC prior to any obligations of funds and placement of ads. DUE: June 30, 2025	<input type="checkbox"/> Data <input type="checkbox"/> Education <input type="checkbox"/> Media & Communication <input type="checkbox"/> Partnership Building <input checked="" type="checkbox"/> Engagement						

Applicant Name: _____

FY25 WORK PLAN SUBMISSION

Intervention Area 2: Promote quitting among adults and youth Intervention Area 4: Identify and eliminate tobacco-related disparities among population groups.							
Annual Objective for Indicator:		By June 30, 2025, the applicant will document and report tobacco cessation interventions via the Low Dose CT Screening Project at the University of Arkansas for Medical Sciences (UAMS).					
Baseline measurement for this indicator:		Number of consultations offered by Tobacco Cessation Specialists Number of referrals to Be Well Arkansas Tobacco Cessation Program Number enrolled in Be Well Arkansas Tobacco Cessation Program Number completed the Be Well Arkansas Tobacco Cessation Program Number of follow-up phone calls to patients receiving counseling to assess behavior change Other reported data as determined by the Low Dose CT Screening Project					
Data source for baseline measurement:							
Timeframe for Activities							
Deliverable	Strategies	Activities	Partners	Start Date (Month/Year)		End Date (Month/Year)	
Applicant will ensure the baseline measurements are reported in the TPCP reporting tool. DUE: June 30, 2025	<input type="checkbox"/> Data						
	<input type="checkbox"/> Education						
	<input type="checkbox"/> Media & Communication						
	<input type="checkbox"/> Partnership Building						
	<input type="checkbox"/> Engagement						

Tobacco Prevention & Cessation Program Budget Justification Form

YEAR 1

For the Period July 1, 2024 to June 30, 2025

Name of Fiscal Agent

List counties served - in alphabetical order

Total Amount Requested **\$0.00**

A. REGULAR SALARY: List each employee by name and position title. Enter annual salary for each employee and the percentage of time to be devoted to the TPCP grant. Compensation paid to employees engaged in these activities must be consistent with that paid for similar work within the applicant organization. **NOTE:** Applicants must hire/retain one (1) full-time (40 hours per week) TPCP Coordinator .

Name and Position Title	Annual Salary	Percent of Time Spent	Amount Requested
1			\$0.00
2			\$0.00
Total Salary			\$0.00

B. FRINGE BENEFITS: Provide the rate for computing fringe benefits for each position. Fringe benefits are allowable as a direct cost in proportion to the salary charged to the grant, to the extent that such payments are made under formally established and consistently applied organizational policies. **NOTE:** Dependent care health insurance is not an allowable cost to the grant.

Fringe Benefit Type - Employee One	Annual Salary	Rate	Amount Requested
1	\$0.00		\$0.00
2	\$0.00		\$0.00
3	\$0.00		\$0.00
4	\$0.00		\$0.00
5	\$0.00		\$0.00
6	\$0.00		\$0.00
Employee Two			
1	\$0.00		\$0.00
2	\$0.00		\$0.00
3	\$0.00		\$0.00
4	\$0.00		\$0.00
5	\$0.00		\$0.00
6	\$0.00		\$0.00
Total Fringe Benefits			\$0.00

C. M & O: Costs such as copying, postage, office supplies, phone and internet services, food costs, facility rental, educational tools and minor purchases.

Item	Justification/Description	Frequency	Unit Cost	Amount Requested
1				\$0.00
2				\$0.00
3				\$0.00
4				\$0.00
5				\$0.00
6				\$0.00
Total M&O				\$0.00

D. EQUIPMENT: Equipment is defined as an item having a useful life of one or more years and an acquisition cost of \$250 or more per unit. Provide a justification describing how the items will be used to support work plan activities. Identify the related objectives when appropriate.

Item	Justification/Description	Frequency	Unit Cost	Amount Requested
1				\$0.00
2				\$0.00
3				\$0.00
Total Equipment				\$0.00

E. Media - All Media requests and Educational items must be Approved by ADH Office of Communication before obligation of funds. Media costs can not be over 3% of your total direct program cost. Educational Items have no cost limitation but must be allocated in the budget.

Media & Health Communication	Justification/Description	Frequency	Unit Cost	Amount Requested
1				\$0.00
2				\$0.00
3				\$0.00
4				\$0.00
Total Media				\$0.00

F. Educational Items - Educational items are items distributed to the public that include an educational message. All educational item approvals will be submitted directly to the ADH Office of Health Communication for review and approval.

Educational Items	Justification/Description	Frequency	Unit Cost	Amount Requested
1				\$0.00
2				\$0.00
3				\$0.00
Total Educational Items				\$0.00

G. CONTRACTOR/CONSULTANT SERVICES: List each contractor by name (if known) and provide a justification that identifies the related object(s). **NOTE:** All fees paid to contractors/consultants must be reasonable and at the current market rate for similar services.

NAME OF CONTRACTOR	Justification/Description	Frequency	Unit Cost	Amount Requested
1				\$0.00
2				\$0.00
Total Contractor/Consultant Services				\$0.00

H. TRAVEL: Identify the related objective(s) when appropriate.

Travel Related Cost	Justification/Description	Frequency	Unit Cost	Amount Requested
1				\$0.00
2				\$0.00
3				\$0.00
4				\$0.00
5				\$0.00
Total Travel				\$0.00
Total Direct Cost				\$0.00

I. INDIRECT/ADMINISTRATIVE COST: Cost in this category cannot exceed 10% of the total Direct cost.

Item	Justification/Description	Frequency	Unit Cost	Amount Requested
1				\$0.00
2				\$0.00
3				\$0.00
4				\$0.00
				\$0.00
Your Administrative cost should not exceed			\$0.00	
Total Administrative Cost				\$0.00
In-Kind Contribution				\$0.00

Tobacco Prevention & Cessation Program Accounting System and Financial Capability Questionnaire

Please complete the following questions and sign to certify the information provided is accurate and true. (Form should be signed by the Fiscal Agent and/or CFO of the organization) Note this information is subject to TPCP monitoring.

Legal Name of Organization: _____
Address of Organization: _____

Is your organization a registered 501c3: Yes No

Fiscal Agent Name, if applicable _____

Organizational Policies & Procedures

Please indicate whether the organization has written policies and procedures in the following areas.

Yes	No	Item
		Financial/Accounting Practices
		Staff Code of Conduct/Statement of Ethics
		Nepotism Policy
		Internal Control Policy
		Timekeeping Guide or Policy
		Records Retention
		Travel & Reimbursement Guide or Policy
		Property Management
		Smoke Free Policy
		Procurement Guide or Policy
		Employee Benefits
		Salary, and Promotion Policies
		Board of Directors by laws
		Other:

General Information

1. What year was the organization established? _____

2. List the number of employees in your organization:

Full-Time Employees _____ Part-Time Employees _____

Tobacco Prevention & Cessation Program Accounting System and Financial Capability Questionnaire

3. Enter the beginning and ending dates or your organization's fiscal (financial) year.
From (month, day) _____ To (month, day) _____

4. Check the organization's total operating budget for the most current completed fiscal year:

- \$0 - \$74,999
- \$75,000 - \$ 124,999
- \$125,000 - \$299,999
- \$300,000 - \$599,999
- 600,000 - \$1 Million
- Over 1 Million

5. Does your organization require a minimum unrestricted cash fund/reserves balance?

- Yes
- No

If yes, what percent of the operating budget does this represent: _____%

6. Does your organization have a written fund-raising plan?

- Yes
- No

7. Has your organization been audited by an independent Certified Public Accountant firm within the past two years?

- Yes
- No

If "Yes," please attach a copy of the most recent audit.

If no, please attach a copy of the following financial information:

- a. A Balance Sheet for most current completed fiscal or calendar year; and
- b. A Revenue and Expense Statement for your most current completed fiscal or calendar year

8. If you answered yes to question 7, who accepts/reviews the audit reports?

- Board Chair
- Board of Directors
- Chief Executive
- Finance Committee
- Audit Committee
- Chief Financial Officer
- Other specify: _____

9. Does your organization have any pending litigations?

Tobacco Prevention & Cessation Program Accounting System and Financial Capability Questionnaire

Yes

No

If yes, please briefly explain the nature of the litigation: _____

10. Please attach a list of the name of your Board of Directors indicating positions and committees on Board letterhead signed by the Board President.

11. Does your organization engage in any activity that would generate program income from events such as conferences, workshops, or trainings in which fees are charges for participation/attendance or from selling products etc?

Yes

No

Financial and Reporting Information

12. Which of the following best describes your organization's accounting system?

Manual

Automated

Combination

13. Which of the following books of accounts do you maintain?

General Ledger	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Purchasing Journal	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Payroll Journal	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Cash Receipts Journal	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
General Journal	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Disbursements Journal	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Petty Cash	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
None of the Above <input type="checkbox"/>									

Tobacco Prevention & Cessation Program Accounting System and Financial Capability Questionnaire

14. Does your organization maintain its own accounting books, or do you contract with a bookkeeper or accountant to prepare accounting records, financial statements, reports, reconciliations, and request for reimbursements?

In-house Hire outside vendors Both

15. Which of the following reports are prepared for Board of Directors review and how often:

Yes	No	NA	Report Type/Financial Information	Monthly	Quarterly	Annually	Other
			Balance Sheet				
			Income Statement				
			Cash Flow				
			Budget to Actual				
			Overdraft Fees/Insufficient Funds				
			Budget Revisions				
			IRS 990				
			Sub -Contract Reports				
			Large Purchases (amount set by board)				
			Compliance (individual grant report/updates)				
			Cash Reserve Levels				
			Line of Credit Use (amounts for period)				
			Other:				

16. Does the accounting system provide for the recording of expenditures for each grant by component project and budget cost category shown in approved budgets?

Yes No

17. Does your accounting system completely and accurately track the receipt and disbursement of funds by each grant or funding source?

Yes No

18. Does your accounting system enable you to track and document disbursements of funds (expenditures) from original invoice through final payment, for a clear audit trail?

Yes No

19. Are common or indirect costs accumulated into cost pools for allocation to project, contract, and grants?

Yes

No

20. Does the accounting system provide for the recording of cost sharing for each project and ensure that documentation is available to support recorded cost sharing?

Yes

No

21. How does your organization identify overspending of grant funds?

Accounting system compares actual to budget

Use excel spreadsheet to compare actual to budget

Other

22. Is the organization generally familiar with the existing guidelines containing the cost principles and procedures for the determination and allowance of cost in connection with TPCP funds?

Yes

No

Unsure

23. Are time distribution records maintained by funding source and/or project for each employee to account for total actual hours worked?

Yes

No

24. Are employee timesheets appropriately signed by the employee and by a responsible supervisory official that has firsthand knowledge of the activities performed by the employee?

Yes

No

25. Is payroll prepared in-house staff or by a payroll service or by a contracted accountant/bookkeeper?

In-house

Payroll Service

Accountant/bookkeeper

Tobacco Prevention & Cessation Program Accounting System and Financial Capability Questionnaire

26. Does your organization have the capability to keep accounting records including invoices, vouchers, and time sheets for at least five years after the final request for reimbursement of TPCP funds?

Yes

No

Internal Controls

27. Is a separate bank account maintained for grant funds?

Yes

No

28. Are at least two original signatures required on check written above a dollar threshold (determined by the organization) from any bank account(s) that are used for the receipt and/or disbursement of organizational funds, including those from TPCP sources?

Yes

No

If yes, what is the dollar threshold: \$ _____

29. Is Board level approval required for any of the following financial transactions?

Opening/Closing Bank Accounts

Yes

No

Opening Lines of Credit

Yes

No

Assigning Credit Cards

Yes

No

Financial Investment/Divestment

Yes

No

Other specify: _____

30. Has the organization issued any loans to an employee or officer of the organization, forgiven, or written-off any loans or debts of any type in the past 12 months?

Yes

No

31. Does your organization use a line of credit?

Yes

No

If "Yes" how often in the prior fiscal year, on average, did you use the line of credit?

Weekly

Monthly

Quarterly

Annually

Did not use

Tobacco Prevention & Cessation Program
Accounting System and Financial Capability Questionnaire

32. Are the duties of the accountant/bookkeeper/record keeper separate from cash functions (receipts or payment of cash)?

Yes

No

33. Are checks signed by individual(s) whose duties exclude recording cash received, approving vouchers for payment, and preparation of payroll?

Yes

No

34. Do you maintain inventory records for equipment?

Yes

No

35. How often do you compare inventory records to actual equipment?

Annually

Biannually

Other Specify _____

36. Who is responsible for maintaining the accounting records?

Name and position of individual _____

37. Who is responsible for tracking and safeguarding equipment inventory?

Name and position of individual _____

38. Who in the organization is responsible for signing Checks?

Name and position of individual _____

39. Who is responsible for keeping all receipts and other expense documentation for grants?

Name and position of individual _____

**Tobacco Prevention & Cessation Program
Accounting System and Financial Capability Questionnaire**

40. Who in the organization is responsible for checking expenditures to make sure they are allowable?

Name and position of individual _____

41. How often are bank account(s) reconciled?

Monthly Quarterly Annually Do not reconcile

42. Who reconciles the bank statement?

Title: _____

43. Who reviews or approves reconciled bank statements?

Title: _____

Preparer Certification:

By my signature, I certify that the above information is complete and correct to the best of my knowledge and ability.

Preparer: _____

Name of Preparer: _____ Date: _____

Title of Preparer: _____

Telephone: _____ E-Mail _____

**IDENTIFY ANYONE ELSE
INVOLVED IN THE PREPARATION
OF THIS SURVEY BY NAME AND
POSITION TITLE:** _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR:

SUBCONTRACTOR NAME: DH-24-0029

Yes No

IS THIS FOR:

Goods?

Services?

Both?

TAXPAYER ID NAME:

YOUR LAST NAME:

FIRST NAME:

M.I.:

ADDRESS:

CITY:

STATE:

ZIP CODE:

COUNTRY:

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse *is* a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>					
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input type="checkbox"/>	<input type="checkbox"/>					

None of the above applies

FOR A VENDOR (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>						
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>						
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>						
State Employee	<input type="checkbox"/>	<input type="checkbox"/>						

None of the above applies

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor’s Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor’s Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature _____ Title _____ Date _____

Vendor Contact Person _____ Title _____ Phone No. _____

Agency use only

Agency _____ Agency _____ Agency _____ Contact _____ Contract
Number_0645_ Name_ AR Department of Health_ Contact Person_ Nichole Brewer _____ Phone No. 501-280-4603_ or Grant No. _____

Agreement #	DH-24-0029		
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CERTIFICATION REGARDING LOBBYING

**CERTIFICATION FOR CONTRACTS, SUB-GRANTS,
LOANS, AND
COOPERATIVE AGREEMENTS**

BYRD ANTI-LOBBYING AMENDMENT Contractors who apply or bid for an award of \$100,000 or more shall file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, officer or employee of Congress, or an employee of a Member of Congress in connection with obtaining any Federal contract, grant, or any other award covered by 31 U.S.C. § 1352. Each tier shall also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the recipient who in turn will forward the certification(s) to the awarding agency.

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal sub-grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, sub-grant, loan, or cooperative agreement.

2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal contract, sub-grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," attached hereto, in accordance with its instructions. This disclosure form must be filed with the Arkansas Department of Health (ADH) at the end of each calendar quarter in which there occurs any event that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed. An event that materially affects the accuracy of the information reported includes:
 - a. A cumulative increase of \$25,000 or more in the amount paid or expected to be paid for influencing or attempting to influence a covered federal action; or,
 - b. A change in the person(s) or individuals(s) influencing or attempting to influence a covered federal action; or,
 - c. A change in the officer(s), employee(s), or member(s) contracted to influence or attempt to influence a covered federal action.

3. The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.
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Agreement #	DH-24-0029		
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This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature of Authorized Recipient Representative

Date

Name of Recipient Agency

Title of Grant Program

Title of Grant Program

Title of Grant Program

Title of Grant Program

Title of Grant Program
