TOBACCO CONTROL PROGRAM – COMMUNITY GRANT

REQUEST FOR PROPOSALS- Release Date: October 2, 2018  
Application Deadline: October 19, 2018 at 5:00 PM

PURPOSE
Build capacity of Alameda County residents to participate in tobacco control campaigns by creating community engagement activities that increase knowledge and enthusiasm about addressing risks and harms associated with flavored tobacco products and/or smoking in multi-unit housing.

BACKGROUND
The Alameda County Public Health Department (ACPHD) Tobacco Control Program (TCP) wants to ensure that residents are healthy. Over the past decade, the health of many Alameda County residents has improved. However, serious health inequities persist, and tobacco-related diseases continue to be the leading cause of preventable death in the United States. New trends like flavored cigarillos and electronic smoking devices have become very popular among middle and high school students, reversing the reductions in youth tobacco use. Additionally, smoking in multi-unit housing and second-hand smoke in public spaces continues to impact the health of all residents. ACPHD would like to equip residents with the necessary information to participate in tobacco control policy and awareness-raising efforts.

GRANT ACTIVITIES
The Alameda County Public Health Department is seeking community-based organizations working in any of the communities in Alameda County to participate in community engagement projects related to

1) restricting the sale of candy-flavored tobacco products, and/or
2) promoting smoke-free multi-unit housing.

TIMEFRAME
Approximately November 1, 2018 – June 30, 2019. Exact timeframe may change based on ACPHD’s contracting process.
REQUIRED Activities
1. Attend one orientation meeting/training*: Ensure that 1-3 designated program staff or active volunteers receive up to 3 hours of training on tobacco control prior to starting this project. (*In-person training will be provided by ACPHD.)
2. Ensure agency representation at 3 quarterly Alameda County Tobacco Control Coalition meetings.
3. Complete a brief final report that documents completion of agreed upon activities, lessons learned, and at least one vignette about the work completed.

ADDITIONAL ACTIVITIES
In addition to the Required Activities, grant recipients must select 2-4 activities from the list below and/or propose other innovative activity ideas to accomplish the grant activity.

Suggested activities:
1. Gather at least 25-50 signatures for petitions about the issue of restrictions on the sale of tobacco products. Guidelines or samples can be provided by ACPHD.
2. Provide presentations (minimum of 15 minutes each) about sales restriction policies and harms of flavored tobacco to at least 3-5 local organizations (e.g. by getting on existing community meeting agendas). Sample presentation can be provided by ACPHD.
3. Implement a storytelling or Photovoice project on harms related to flavored tobacco use, or the impact of drifting secondhand smoke in multi-unit housing. Share completed project at community presentations or public meetings.
4. Recruit and train at least 3-5 Alameda county residents to participate in policy activities, including speaking at public hearings and writing newspaper ‘letters to editor’ regarding tobacco control policy.
5. Include a tobacco control component in any existing educational or workshop activities.
6. Organizing or participating in community walks to raise awareness about tobacco control issues.
7. Share tobacco control information/resources (will be provided by ACPHD) by tabling at 2-3 community events (e.g. events that your organization regularly attends/hosts, such as music festivals, holiday events).
8. Other novel ways of reaching persons in your community. Please include the details in your application.
AWARD

- Up to five successful agencies will be awarded at least $10,000 each.
- Community grant funding is provided from Alameda County Master Settlement Agreement funds.

The Master Settlement Agreement (MSA) is an accord reached in November 1998 between the state Attorneys General of 46 states, five U.S. territories, the District of Columbia, and the five largest cigarette manufacturers in America concerning the advertising, marketing and promotion of cigarettes. Alameda County has designated a portion of its MSA funding towards tobacco control and prevention.
- Funds will be dispersed in 2 installments.

BENEFITS OF PARTICIPATION

- Receive at least a $10,000 award to increase agency capacity to lead local tobacco control policy efforts in order to further health equity among community members most disproportionately impacted by tobacco-related illnesses.
- Gain hands-on local policy advocacy knowledge and skills to apply to a variety of community social justice issues of organizational interest.
- Strengthen agency’s capacity to engage in positive community empowerment events.

ELIGIBILITY CRITERIA

Applicants must be:

- An Alameda County-based community agency.
- a non-profit organization with tax-exempt 501(c)(3) status and in good standing. If your agency isn’t currently a 501(c)(3) organization, you must show proof of partnership with a fiscal sponsor.
- an agency with no prior experience working on tobacco control policy.
- willing to sign or previously signed a ‘non-acceptance of tobacco industry funds’ declaration.
- able to communicate with Alameda County Tobacco Control Program about planned media campaigns, including sharing social media and digital posts.

<table>
<thead>
<tr>
<th>CALENDAR OF EVENTS</th>
<th>DATES</th>
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<tbody>
<tr>
<td>Application Issued</td>
<td>10/02/18</td>
</tr>
<tr>
<td>Application Due</td>
<td>10/19/18</td>
</tr>
<tr>
<td>Application(s) Review Period</td>
<td>10/19/18 - 10/26/18</td>
</tr>
<tr>
<td>Notification of Award</td>
<td>Oct 29,2018</td>
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<td>Award Distribution</td>
<td>In 2 installments: to be discussed at the orientation mtg</td>
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<tr>
<td>Program/Contract Period</td>
<td>Approximately November 1, 2018-June 30, 2019</td>
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SELECTION CRITERIA

Members of the Alameda County Public Health Department’s Tobacco Control Program (ACPHD) Selection Committee will assess eligible and complete applications based on criteria including:

- Realistic capacity and commitment to complete the grant activities & deliverables.
- Reasonable & appropriate scope of activities & budget.
- Supporting communities of color and LGBTQ residents impacted by tobacco related diseases.
- Priority may be given to agencies that have not previously received funding from Alameda County Public Health Department’s Tobacco Control Program.

APPLICATION PROCESS

To apply, please submit the attached Tobacco Control Program application with all relevant documentation to guenet.sebsibe@acgov.org by **October 19 @ 5pm**.

Please include:

- Application Cover Sheet
- 501(c)(3) letter or proof of fiscal sponsorship
- Budget - brief overview of your proposed budget on separate page(s).

**Allowable expenses**: Staff salaries and benefits, stipends for community members, food for community presentations or town hall meetings, indirect costs if your organization has an established indirect cost rate, office supplies, educational materials, promotional items.

These funds may **not** be used to purchase equipment.

- Brief narrative (2-page maximum, double-spaced) Narrative to address the following 4 topics:

  1. Briefly describe your organization’s mission, relevant experience and how receiving a tobacco control community grant may benefit your organization. (NOTE: Prior experience in tobacco control **NOT** required)

  2. Describe your experience **engaging** the residents of your city/area.

  3. Briefly describe how you would propose to utilize the funds.
   - How you will recruit participants?
   - What are the demographic groups you intend to reach?
   - Are there specific changes that you are seeking to achieve?
   - How will you keep participants engaged?
   - Include a sample timeline of activities.
Only completed applications will be accepted. Late submissions will not be considered. Email confirmation will be sent within two business days of successful application submission.

ACPHD-TCP reserves the right to request additional information or clarification from applicants as needed. Oral interviews may be conducted as needed with highest scoring bidders.

**QUESTIONS**

Please direct program and application related questions to Guenet Sebsibe, Program Specialist, at guenet.sebsibe@acgov.org or 510-268-2490 by November 19, 2018 @ 5:00 p.m.

All organizations interested in the health of Alameda County residents are encouraged to apply.
TOBACCO CONTROL PROGRAM- COMMUNITY GRANT APPLICATION COVER SHEET

Application Deadline: October 19, 2018 @ 5:00 p.m.

Agency Name: ________________________________

Street Address: ________________________________

City: __________________ State: ______ Zip Code: ______________

Phone Number: __________________ Website: __________________

Agency Primary Contact Information: Name /Title: ________________________________

Telephone Number: ______________ Fax Number: __________________

Email: ________________________________

Another contact person at the agency: (name/email) ________________________________

Type of Entity / Organizational Structure (check one):

☐ Non-Profit Agency with 501(c)(3) (Attach copy or proof of fiscal sponsorship)

☐ Agency working in partnership with Fiscal Sponsor (If checked, please include below)

Fiscal Sponsor Organization Name: ________________________________

Street Address: ________________________________

City: __________________ State: ______ Zip Code: ______________

Contact Name/Title: ________________________________ Phone Number: ______________

Email: ________________________________ Website: __________________

Agency or Fiscal Sponsor Federal Tax Identification Number (EIN): ________________________________

Certification: The undersigned hereby affirms that the statements contained in the application package are true and complete to the best of the applicant’s knowledge and accepts as a condition of award the obligation to comply with applicable state and federal requirements, policies, standards and regulations. The undersigned is authorized to bind the agency to adhere to program requirements.

Name and Title of Agency Signer: ________________________________

Signature of Agency Authorized Representative: ________________________________ Date: __________

Name / Title of Fiscal Sponsor Signer: ________________________________

Signature of Fiscal Sponsor Authorized Representative: ________________________________ Date: __________

For QUESTIONS: Guenet Sebsibe, guenet.sebsibe@acgov.org or 510-268-2490