



TOBACCO PREVENTION AND CESSATION COMMISSION REQUEST FOR APPLICATIONS FOR STATEWIDE PARTNERSHIPS FOR GRANT PERIOD JANUARY 1, 2014 – JUNE 30, 2015

The Tobacco Prevention and Cessation Commission of the Indiana State Department of Health (TPC/ISDH) announce the availability of approximately \$565,000 in funds to support grants for statewide tobacco prevention and cessation efforts. The funding period is from January 1, 2014 – June 30, 2015.

Background

The Tobacco Prevention and Cessation Commission of the Indiana State Department of Health exists to prevent and reduce the use of all tobacco products in Indiana and to protect citizens from exposure to tobacco smoke.

TPC/ISDH has selected four priority areas for the 2015 Indiana Tobacco Control Strategic Plan. These four areas are:

1. Decrease Indiana youth smoking rates.
2. Increase proportion of Hoosiers not exposed to secondhand smoke.
3. Decrease Indiana adult smoking rates.
4. Maintain state and local infrastructure necessary to lower tobacco use rates and thus make Indiana competitive on economic fronts.

Special emphasis will be given to projects that focus on the ISDH priority of reducing adult smoking and to evidence based interventions that impact smoking during pregnancy as part of the ISDH plan to reduce infant mortality.

TPC/ISDH reserves the right to correct any errors in and/or omissions in the application.

Who May Apply

A public or private, state, or local government entity may apply as the Lead Agency for the statewide partnership grant program. To avoid any potential or perceived conflict of interest between TPC/ISDH's grant recipients and tobacco-related entities, the TPC/ISDH has adopted a contractual funding condition that requires any grantee shall not accept any grant or anything else of value from any tobacco manufacturer, distributor, or other tobacco-related entity.

This RFA is based on the objectives and strategies outlined in the Indiana Tobacco Control 2015 Strategic Plan (http://www.in.gov/isdh/tpc/files/2015_Tobacco_Control_Strategic_Plan_2011_2.pdf.)

The following table outlines TPC/ISDH priority areas for reducing tobacco use by community indicator for local community-based and minority-based partnerships, as well as the indicators that are to be addressed by the statewide partnerships applications.

TPC/ISDH Community Programs		
Community Indicator	Priority Area #1: Decrease youth smoking rates	Statewide Partnership Focus
2	Extent of community activism among youth to support community change that includes youth involved in the VOICE movement.	
Priority Area #2: Increase proportion of Hoosiers not exposed to secondhand smoke		
4	Proportion of tobacco-free campus policies for hospitals, health care centers, community mental health centers and clinics, and addiction treatment centers.	X
5	Proportion of local and/or statewide smoke-free policies for worksites, including restaurants, bars, and gaming facilities.	X
7	Proportion of school districts with comprehensive tobacco-free campuses.	
8	Proportion of smoke-free policies for public housing.	X
9	Proportion of tobacco control policies on university/college campuses. This includes indoor and outdoor spaces such as student housing, classroom buildings, and athletic facilities.	
Priority Area #3: Decrease Indiana adult smoking rates		
11	Extent of cessation systems change including the Indiana Tobacco Quitline throughout the community.	X
12	Proportion of health care providers and health care systems that have fully implemented the 2008 Clinical Practice Guideline for Treating Tobacco Use and Dependence.	X
13	Proportion of worksites that provide employer-sponsored tobacco treatment services and benefits for employees who use tobacco.	X
Priority Area #4: Protect and Maintain a State and Local Infrastructure Necessary to Lower Tobacco Use Rates		
14	Extent of participation by partners within the broad-based coalition.	X
15	Extent of participation by groups representing disparately affected (i.e. hard to reach) populations in the community.	

Requests for Application: Statewide Partnerships

Rationale and Focus Areas

TPC/ISDH announces the availability of approximately \$565,000 in funds to support grants for statewide tobacco prevention and cessation efforts. It is intended that the statewide grants will help to advance the work underway through the local community and minority grants.

Awards issued for these grants must focus on one of the following: 1) Cessation Systems Change, utilizing the Indiana Tobacco Quitline as the primary focus for cessation through communities, health

care providers, organizations, and employers; 2) Smoke Free Air, through community, worksite, and health care system policy change and public housing policy; or 3) Media and communication support for coalition building, cessation systems change and smoke free air.

1). CESSATION SYSTEMS CHANGE UTILIZING THE INDIANA TOBACCO QUITLINE

Application must include the following:

- ✓ **Have a statewide impact**
- ✓ **Be adult-focused**
- ✓ **Agree to fully collaborate and participate in the complete community-based program funded through TPC/ISDH and include a plan for interfacing with the TPC/ISDH local partners**
- ✓ **Demonstrate that the program has a strong likelihood for a sustainable effort should funding not be available in the future.**

One or more of the following strategies must be addressed in the application:

- Incorporate tobacco cessation detailing as defined in the TPC/ISDH Tobacco Cessation Detailing Guide (available upon request) by sectors not limited to the following types of organizations:
 - Hospital networks
 - Worksites
 - Benefit Management organizations
 - Associations/Organizations that reach Human Resource/Benefit Management Professionals
 - Electronic Medical Records experts
 - Medicaid members, managed care entities and community health centers
- Propose evidence-based tobacco-use treatment strategies utilizing the Indiana Tobacco Quitline that addresses a minimum of one of the following areas:
 - Promoting cessation strategies to pregnant women
 - Promoting cessation strategies to Mental health/Substance Abuse health care providers and staff
 - Promoting cessation strategies to health care providers
 - Promoting cessation strategies to employers
 - Expand outreach to low income, Medicaid, underinsured, uninsured adults to increase utilization of the Indiana Tobacco Quitline
 - Training for healthcare professionals on the Public Health Service Practice Guidelines
 - Marketing and outreach projects to young adult tobacco users (ages 18-35)

Use strategies and recommendations from the Public Health Service-sponsored Clinical Practice Guideline, *Treating Tobacco Use and Dependence*. It assists clinicians, smoking cessation specialists; and health care administrators, insurers, and purchasers in identifying and assessing tobacco users and in delivering effective tobacco dependence interventions.

Use the CDC's A Practical Guide to Working with Health-Care Systems on Tobacco Use Treatment (http://www.cdc.gov/tobacco/quit_smoking/cessation/practicalguide.htm)

2). SMOKE FREE AIR

Application must include the following:

- ✓ **Have a statewide impact**
- ✓ **Be adult-focused**
- ✓ **Agree to fully collaborate and participate in the complete community-based program funded through TPC/ISDH and include a plan for interfacing with the TPC/ISDH local partners.**
- ✓ **Demonstrate that the program has a strong likelihood of a sustainable effort should funding not be available in the future.**

One or more of the following strategies must be addressed in the application:

- Conduct outreach to the community to educate leaders on the benefits of smoke free air policies
- Implement communication strategies consistent with the public education campaign messages to encourage business leaders to talk with their peers about the health and economic benefits of smoke free air.
- Provide legal assistance for smoke free air policies to include but not limited to drafting legislation, providing policy assistance to community leaders; assist municipal attorneys with legal research and analysis; provide policy analysis on smoke free multi-unit dwellings and campuses; legal research and monitoring of retail and Internet tobacco sales and marketing; and policy analysis of tobacco industry documents.

3). MEDIA AND COMMUNICATION SUPPORT TO COALITIONS

Application must include the following:

- ✓ **Have a statewide impact**
- ✓ **Be adult-focused**
- ✓ **Agree to fully collaborate and participate in the complete community-based program funded through TPC/ISDH and include a plan for interfacing with the TPC/ISDH local partners.**

One or more of the following strategies must be addressed in the application:

- Support local coalitions to conduct a community level public education campaign that includes paid and earned media and social media strategies.
- Provide training on communication strategies as identified by the coalition members and TPC staff.

Funding Level:

The funding period is from January 1, 2014 - June 30, 2015. There will not be a guaranteed allotment or a suggested funding range for each application. The grant award size will vary by circumstances, need, and program model. Please note, however, that it is the intention of TPC to award several grants with this funding. Submission of grant application, even one that meets all grant requirements, does not guarantee receipt of an award.

Under this grant, TPC/ISDH will NOT consider applications for:

- Costs for nicotine replacement therapy and pharmaceuticals or other smoking cessation products
- Basic research or clinical trials
- Projects focusing on substances other than tobacco
- Grants to support operating deficits
- Construction of buildings or building renovations; depreciation of existing buildings or equipment; contributions, gifts, donations, entertainment; automobile purchases, rental and/or leases; interest and other financial costs; fines and penalties; bad debts; contingency funds; food; political contributions; or to pay for personal items or for expenses that do not relate to the purpose of the project.
- Direct, individual services to patients, clients or customers.

Activities are reported monthly on a Statewide Program Monthly Report. Fiscal activities are reported on a Statewide Quarterly Fiscal Report. **Funds will be paid to the Lead Agency monthly upon receipt of invoice.**

How to Apply

Applicants should submit a grant request to the Tobacco Prevention and Cessation Commission using the guidelines provided in this announcement.

- ❑ **The due date for applications is October 25, 2013, by 5:00pm.**
- ❑ Applicant must submit one original with all documents including the Declarations Form, Vendor Information Form and Entity Annual Report
- ❑ Submit one copy of the application excluding the Declarations Form, Vendor Information Form and Entity Annual Report
- ❑ Submit three compact discs (CD's) or USB drives of the application excluding the Declarations Form, Vendor Information Form, and Entity Annual Report
- ❑ Submit application and copies to:
Anita Gaillard
Director of Community Programs
Tobacco Prevention and Cessation Commission
2 N. Meridian, 5th floor
Indianapolis, IN 46204
(317) 234.1782
agaillard@isdh.in.gov

PLEASE DO NOT SEND APPLICATION IN NOTEBOOKS, SPIRAL BINDERS, WITH TABS OR DIVIDERS. PLEASE SECURE THE APPLICATION FORMS IN ORDER WITH A BINDER CLIP.
***THE FINANCIAL ATTACHMENTS ARE ONLY NEEDED TO BE INCLUDED IN THE ORIGINAL. THESE FORMS ARE NOT TO BE SAVED ON THE ELECTRONIC FORMAT.**

The application must include:

- ❑ *Application Cover Sheet*
- ❑ *Executive Summary*
Summarize the Grant Proposal (No more than 1 page).
- ❑ *Applicant Organization Capacity and History to Complete Tobacco Control Population-Based Interventions*
This section should briefly introduce the organization's main accomplishments and experience in tobacco control. (No more than 2 pages).
- ❑ *Sustainability Statement*
This section should explain how the program will be sustained after funding is no longer available. The application should answer the question: How will the work in this grant continue if funding is not available for subsequent years? (No more than 1 page).
- ❑ *Project Narrative*
The project narrative should outline the following:
 1. *Statement of Need and Project Rationale*
 - This section should convince the review team that the proposal responds to a clear, documented tobacco control need in Indiana for building capacity for passing smoke free air policy, changing and building cessation systems including the Indiana Tobacco Quitline, or media and communication support. Explain how your organization meets the requirement for statewide reach. (No more than 4 pages).
 2. *Project Objectives*
 - Objectives must be clearly stated, measurable, reasonable in scope, and tied directly to the project need and rationale. (No more than 3 pages).
 - Objectives must clearly link to one of the following Community Indicators:
 - #4-Proportion of tobacco free campus policies for hospitals, health care centers, community mental health centers and clinic, and addiction treatment centers.
 - #5-Proportion of local and/or statewide smoke free policies for worksites, including restaurants, bars, and gaming facilities.
 - #8-Proportion of smoke free policies for public and private multi-unit housing
 - #11-Extent of cessation systems change including the Indiana Tobacco Quitline throughout the community
 - #12-Proportion of health care providers and health care systems that have fully implemented the Public Health Service guidelines for cessation.
 - #13-Proportion of worksites that provide employer-sponsored cessation support for employees who use tobacco.
 - #14-Extent of participation by partners within the broad-based coalition
 3. *Evaluation Plan*
 - Successful applicants will be required to report activities monthly to TPC/ISDH. In addition to the quarterly report system, please outline how you will evaluate the outcomes from the grant program. (No more than 2 pages)
 4. *Job Descriptions*
 - Include all job description(s) for positions that are proposed to be paid by the grant.
- ❑ *Project Outcomes, Activities, Start Date and Deliverables*
The overall project strategy along with activities, starting date and deliverables should be outlined on Form A-Project Work Plan. Use additional pages of this form as necessary.
- ❑ *Itemized and Detailed Budget*
The budget should contain all anticipated fund. Use Form B-Budget Worksheet.
- ❑ *Budget Narrative - Use Form C.*
- ❑ *Scope of Work – Use Form D (new)*
- ❑ *Declarations Page - Signed*
- ❑ *Vendor Information Form - Signed*
- ❑ *Audited Financial Statements*
This applies to any non-governmental entities. Non- governmental entities need to submit audited financial statements not over two periods old.

A limited amount of items may be included in an Appendix including letters of support and relevant staff biographies and resumes; however, there is no guarantee that these materials will be part of the review process.

Review Process

All applications submitted will undergo a multi-stage review process that will include:

- Technical analysis by Commission staff;
- Review by the TPC/ISDH's expert Review Team.

Review Criteria

Applications will be assessed on the basis of the following criteria:

Organizational capacity and accomplishments to date

The proposal should:

- ❑ Provide evidence of organizational experience in tobacco control programs;
- ❑ Demonstrate the applicant's ability to provide sound programmatic and fiscal oversight;
- ❑ Include a detailed overview of tobacco control related accomplishments to date as well as an evaluation of those accomplishments.

Statement of need and program rational

The proposal should:

- ❑ Include a needs assessment including source documentation, a review of current tobacco cessation or prevention activities relevant to the proposed effort, and a description of the targeted population;
- ❑ Summarize how the proposed project will advance other funded programs of the TPC/ISDH; and
- ❑ Review resources available for the proposed effort.

Soundness of proposed plan, strategy, activities, start dates

The proposal should:

- ❑ Include a detailed summary of the project's principal objectives and expected outcomes
- ❑ Demonstrate evidence based tobacco control efforts;
- ❑ Demonstrate a strong likelihood for a sustainable effort after the contract period.

Proposed budget and cost

The proposal should:

- ❑ Include a cost-effectiveness budget appropriate to the scope and nature of the program;
- ❑ Demonstrate how the requested funds relate to the applicant's organization budget for the current year.

Use of Funds

TPC/ISDH expects that funds allocated through this request for proposals will only support program development, implementation, and coordination for the proposed project. **Indirect costs are not permitted.**

Declaration

It is TPC/ISDH policy that any organization or individual receiving funding from TPC/ISDH must agree as a condition of receiving funds that they will not accept any funding from the tobacco industry.

The TPC/ISDH may seek additional information from an applicant prior to or during the review of the application.

The TPC/ISDH reserves the right to negotiate a modification of the proposed work plan and/or budget and will award funds after agreement has been reached.

The TPC/ISDH reserves the right to examine the physical location, all books, documents, papers, accounting records, and other evidence (Records) pertaining to administration of the program upon request and copies thereof shall be furnished at no cost to TPC/ISDH. Grantees may be subject to a monitoring engagement per TPC/ISDH's request.

Technical Assistance

Applicants should submit questions by email regarding proposals to the TPC/ISDH by 4:00pm on Friday, September 27, 2013. All questions and answers will be posted on the TPC/ISDH website at www.in.gov/isdh/tpc by Tuesday, October 8, 2013. Questions should be submitted to:

Anita Gaillard
Director of Community Programs
Tobacco Prevention and Cessation Commission
2 N. Meridian, 5th floor
Indianapolis, IN 46204
(317) 234.1782
agaillard@isdh.in.gov

Tobacco Prevention and Cessation Program January 1, 2014 – June 30, 2015

Cover Sheet

LEAVE BLANK FOR TPC/ISDH USE ONLY

NUMBER _____ DATE RECEIVED _____

Statewide Grant

Lead Agency Information

Lead Agency Name:

County:

Lead Agency Contact, Director or CEO:

Address:

City:

Zip Code:

Telephone:

Fax:

Email:

Signature of Lead Agency Contact:

Primary Contact Information

Primary Contact to TPC/ISDH:

Primary Contact Address if different from above:

City:

Zip Code:

Telephone:

Fax:

Email:

Signature of Primary Contact:

**Primary Contact Supervisor Information –
Lead Agency Employee**

Primary Contact's Direct Supervisor:
Supervisor Address if different from above:
City: _____ Zip Code: _____
Telephone: _____
Fax: _____
Email: _____

Signature of Primary Contact's Direct Supervisor: _____

**Lead Agency Financial Contact Person
Information – Lead Agency Employee**

Lead Agency Financial Contact Person:
Address if different from above:
City: _____ Zip Code: _____
Telephone: _____
Fax: _____
Email: _____

Signature of Lead Agency Financial Contact Person: _____

Proposal Information

Total Funding Requested: _____ \$

FORM A-Project Work plan

Community Indicator:		
Objective(s):		
Outcome Measures:		
Activities to Accomplish Objective (bulleted steps)	Start Date	Deliverables

BUDGET EXPLANATION

Description of Budget Line Items

The following line items should be included if applicable. Use the budget form provided or a similar format. Explanation of budget items must be submitted on a separate page or incorporated into a budget form.

1. Personnel

a. Salaries and Wages

For each staff position proposed, include the title of the position, percentage of time (FTE), annual salary, number of years salary requested, and a summary of the job description or responsibilities. Staff position(s) paid by statewide, community- or minority-based partnership funds must be dedicated only to approved tobacco use prevention activities in the work plan. Full-time employees may not have another full-time position outside of the TPC grant. **TPC does not recommend that a lead agency employ a part-time person to do tobacco control work funded by this grant that currently has another full-time position. The position requires personnel to attend mandatory activities during the day and periodically during evening hours. TPC does not take exception to an incumbent employed by the grant that works two part-time positions; part-time position is defined as 20 hours or less per week or as defined by the lead agency. Variations from strict full-time (37.5 to 40 hours/week or as defined by lead agency) or part-time assignments (20 hours or less per week, or as defined by lead agency) must be reviewed and approved on a case-by-case basis.**

Tobacco programming activities must occur during the calendar month for which the staff is being paid salaries and wages. Paid staff must document hours worked and summarize activities performed on a daily log. Salaries and wages paid to staff must be for hours worked in the same calendar month and evidenced by the daily log.

Salary and wage increases for staff are effective only after an individual has worked toward approved plan goals for more than 12 months. A cap on annual salary increases is limited to the consumer price index – all urban consumers, as published by the U.S. Department of Labor, Bureau of Labor Statistics Data (www.bls.gov) or 3% of the current approved salary and wages, whichever percentage is less. Please apply the percentage, not to exceed the 3% limit, as applicable, by checking the year and month that corresponds with the one-year anniversary of the staff person in question. Please remember that the earliest date staff could have been actively employed is the initial term date on the grant contract. The final signature date is the date the contract is considered fully executed, the date the contract is signed by the Indiana State Attorney General's office.

b. Fringe Benefits

For each position, indicate the rate and compute the amount charged for fringe benefits usually and customarily provided by the Lead Agency for employees. TPC grant funding cannot be used to provide benefits in excess of those normally and customarily offered to all employees. If the Lead Agency does not provide fringe benefits to all employees, TPC grant dollars cannot be used to provide benefits not normally and customarily offered. Please refer to the human resources department of your Lead Agency for written guidance on this budget line item.

2. Travel

Expenditures for travel will be limited to the rate customarily paid by the agency or the current rate being paid by the State of Indiana, whichever is less. A chart summarizing the maximum reimbursement amounts from the State of Indiana's Financial Management Circular No. 2003-1 effective January 1, 2004, is included for reference.

a. In-state or Out-of-state Travel

Expenses incurred to attend tobacco use prevention and cessation trainings, conferences and meetings in state are appropriate. Out-of-State travel must be pre-approved in writing by TPC. Please submit a written request to your primary contact at TPC prior to travel. Present the following for each event: Description of the event or conference; rationale for attending (this should connect directly to the partnership's vision and tobacco program activities); anticipated follow-up from the event after you return to the community; budget estimate (travel, lodging, meals, registration fees, other expenses.)

3. Supplies

Supplies may include: office supplies or meeting supplies, including those supplies not specifically excluded. The purchase of tobacco use prevention educational supplies should be consistent with the goals and objectives of TPC. Include a narrative justification outlining the intended use and incorporation of the supplies into the local program. **Promotional items and other similar items must be pre-approved. Submit a written request to your primary contact at TPC for consideration prior to approval.**

4. Contractual

Descriptions of contracts for program activities must be included along with budget information. Legal professional services to be secured from outside of the unit need to be secured by contract. Legal services **must** be pre-approved by TPC. On the budget form or on another page, describe for each contract the following information:

- A) scope of work including tasks and deliverables,
- B) time period of the contract,
- C) person in the agency who will supervise or manage the subcontract,
- D) name of the contractor or, if not yet known, what method will be used to select the contractor, e.g. bids, request for proposals, mini-grants, sole

source, etc.

5) amount or budget for the contract ,

6) process for contractor to secure payment,

7) how the contract will be supervised, managed, or otherwise monitored by the Lead Agency.

The subcontract / mini-grant agreement formats provided by the Tobacco Prevention and Cessation Commission should serve as a boilerplate to collect at minimum information on subcontractors or mini-grantees. If additional space is needed to explain the details of a contract please attach and reference these documents within the body of the subcontract or mini-grant agreements. The boilerplate contract documents provided are not intended to be the sole source of information for executing a contract for goods or services, but the information requested in the boilerplate must be contained in any subcontract or mini-grant agreement executed.

5. Other

This category can include costs for items such as telephone, rent, copying, printing, postage, mailing, publications, and professional education costs.

Rent to be paid for space exclusively reserved for tobacco prevention and cessation programming activities cannot exceed the fair market value for the space. Document how the rental expense was determined and retain this documentation in the records.

Cell phone expense paid from tobacco grant funds must be for calls to conduct tobacco prevention and cessation business. To be reimbursed for cell phone calls, the grantee must have an approved line item in the budget for cell phone expense and provide itemized billing receipts with tobacco prevention and cessation phone calls highlighted. The reimbursement can only be for the calls to conduct tobacco prevention and cessation business. No reimbursement will be issued for cell phone expenses without itemized billing for calls that can be documented for tobacco prevention and cessation activities. To pay a vendor for cell phone expenses you must have itemized billings, highlight the calls for tobacco grant programming activities and only pay for the calls that are for tobacco grant programming activities. If you contract for a flat fee for cell phone expenditures, you must still get itemized billing, highlight the calls that are for tobacco programming activities and calculate the percentage of the total expense that was incurred to conduct tobacco grant programming activities. Only charge the tobacco grant for the percentage of tobacco grant program calls applicable.

6. Paid Media

Advertising and communication media must utilize the media campaign imaging and the common messages developed by TPC. **All paid media must be pre-approved by TPC prior to placement. The Lead Agency is responsible for any and all costs related to paid media.**

7. Furniture and Equipment

Office furniture, equipment and computer/software upgrades, are allowable, provided they are reasonable expenditures relative to the work proposed and were not purchased in a previous year. All equipment purchased with grant funds, which cost \$500 or more, shall remain the property of TPC and shall not be sold or disposed of without written consent from TPC. All office furniture, equipment and computer/software upgrades purchased which cost \$500 or more must be listed on a fixed assets ledger, see sample document in Tab 9.

8. Additional Conditions

The Grantee agrees to abide by the following additional conditions:

a. That grant funds and program income shall not be expended for:

1. Construction of buildings, building renovations;
2. Depreciation of existing buildings or equipment;
3. Contributions, gifts or donations
4. Entertainment;
5. Automobile purchases, rental and/or leases;
6. Interest and other financial costs;
7. Fines and penalties;
8. Bad debts;
9. Contingency funds;
10. Food; and
11. Political contributions.

b. All disbursements are required by law to be fully itemized. IC 4-10-11-1 states that "vouchers shall not be approved by any officer or officers authorized to approve the same, unless so itemized, giving minutiae of detail, and when vouchers are presented to the auditor of state for warrants, they shall be accompanied by said itemized accounts and statements." Other state statutes requiring fully itemized state payments include the following:

IC 5-11-10-1 Disbursements for claims

IC 4-10-12-1 Itemized vouchers; expenditure for purpose appropriated.

Information necessary to sufficiently itemize payments range from listing specific contract program detail to providing unit costs, quantity, and descriptions for each item or service received. Adequate information must be provided to substantiate hourly billing, such as activities performed and cost

per hour. If reference is made to a vendor invoice, statement, or bill, it should be attached. Blank or incomplete invoices should never be certified or paid by Grantees.

Public funds may not be used to pay for personal items or for expenses that do not relate to the functions and purposes of the tobacco grant program.

Personal long distance calls are not allowed to be charged to the grant. Cellular phone service, which is paid for with grant funds, is for the sole benefit of the program for which grant funds have been received. Grantees have a responsibility to monitor cellular phone expenses to ensure they are not paying for airtime that is not needed. Cellular phone service is paid only via reimbursement with detailed billing.

Dues and subscriptions paid from public funds should be for institutional memberships; i.e. in the name of the organization, or grantee's organization name, not an individual's name.

No checks can be issued for cash to pay expenditures. Checks must be made out to the subcontractor, mini-grantee and/or supplier.

No petty cash funds can be established.

No debit cards can be authorized or utilized on the tobacco grant bank account holding State of Indiana – Indiana State Department of Health Tobacco Prevention & Cessation funds.

Grantees must reimburse staff for travel expenditures; no advance payments without specific written permission from TPC.

Grantees are responsible for collecting any overpayment or duplicate payments made. Repayment should be sought immediately once an overpayment has been identified.

Grantees are obligated to collect, document and retain all such information necessary to certify invoices submitted for payment for goods or services received. Grantees have the duty to pay properly documented invoices in a timely fashion. With the exception of payroll expenditures for the Lead Agency employees, all contracts and other payments from the grant should be paid upon receipt of a properly documented invoice for contracts, billings or requests for reimbursement.

c. The Grantee will maintain a fixed assets ledger as prescribed in the budget explanation. See sample of Fixed Assets Ledger in Tab 9. If an internal tracking system exists within your Lead Agency, follow those prescribed procedures to document any equipment purchases.

- d. Grantees will account for tobacco grant funds separately from other organization funds and will reconcile the tobacco grant fund account monthly. Tobacco grant funds cannot be co-mingled with other agency funds. If tobacco grant funds are deposited in an account with other funds, a separate accounting ledger **must** be maintained, including the proper division and crediting of interest to the various components of the account. At the end of the quarter the fund and account statement, including interest must reconcile to the quarterly fiscal reports submitted to TPC.
- e. That acceptance of any services offered under this Grant Agreement shall be voluntary on the part of the individual to whom such services are offered and that acceptance of any services shall not be a prerequisite to eligibility for the receipt of any other services under the Grant Agreement.
- f. That any proposed changes in the target population served under this Grant Agreement or any proposed changes in geographic location of service sites must be submitted in writing to TPC.
- g. That funding is contingent upon providing individualized data files in a file structure specified by TPC. Grantee will submit said data files to TPC according to a specific schedule determined by TPC. The data provided by the Grantee will be used to perform statistical and evaluative functions, and other reporting requirements.
- h. That changes in line items in the budget will be requested in writing and approved by a duly authorized representative of TPC **prior to implementation**.
- i. That payment is contingent upon timely receipt of required client data in accordance with procedures and schedules established by TPC, a copy of which is available upon request.
- j. That all income generated by grant funds shall be added to the grant fund balance in the period in which it is earned and is subject to the same requirements as the basic grant monies. All grant monies must be invested in types of investments as directed by current statute, IC 5-13-9-1 thru 5. Please refer to the current statute for guidance.
- k. To adopt and enforce a no smoking policy in project facilities at all times.
- l. Within 30 days after the end of the fiscal year, the Lead Agency must file Form E-1 with the Indiana State Board of Accounts so the audit requirements can be determined and communicated to the agency. For additional information please contact Sherry Parton, Supervisor for Non-Governmental Entities at (317) 232-2525 or <http://www.in.gov/sboa/3104.htm> to review the information on-line. See Form – E1 included.

Form B - Budget Worksheet Statewide Grant

Lead Agency _____

	Expenses
1. Personnel (Salaries/Wages)	
a. %FTE/ Wage Annual Salary/Hours per Month #	
Years/#Months	
1. (Position Title)	
2. (Position Title)	
TOTAL SALARIES/WAGES >	
b. Fringe Benefits	
1. (Position Title)	
2. (Position Title)	
TOTAL FRINGE BENEFITS >	
2. Travel	
a. In-State	
b. Out-of-State	
TOTAL TRAVEL >	
3. Supplies	
a.	
b.	
TOTAL SUPPLIES >	
4. Contracts	
a.	
b.	
TOTAL SUBCONTRACTS >	
5. Other	
a.	
b.	
TOTAL OTHER>	
6. Paid Media (not to exceed 20% of total grant awarded)	
a.	
b.	
TOTAL Paid Media>	
7. Furniture & Equipment	
a.	
b.	
TOTAL FURNITURE & EQUIPMENT >	
TOTAL BUDGET >	
TOTAL NEW FUNDING	

Note: 1. Line items must be explained in detail in the Budget Narrative Form.

FORM C - BUDGET NARRATIVE

Statewide Grant

Lead Agency _____

Personnel: %FTE / Wage Annual Salary/Hours per Month #Years/#Months
(Salaries/Wages)

Salaries – (list each employee separately)

****Be specific and show how personnel expenses are determined***

- *Percent FTE x Annual Salary Wage x # Years = Personnel Expenses*
- *Hourly Wage x Hours per Months x # Months= Personnel Expenses*
- *List names and job titles*

****Provide a written job description in the Grant Application for all funded positions. Make sure the job titles are the same as in the Budget Narrative***

Benefits - (list each employee separately)

- *Percent FTE dedicated to grant x Normal & Customary Fringe Benefits to All Employees by Lead Agency*
- *Please list all types of fringe benefits provided such as health insurance, social security tax, vision, life, paid time off, and sick leave.*

Travel:

In-State

- *Estimate monthly mileage*
- *Monthly Miles Traveled x 24 x .44=Total In-State Travel*
- *Examples may include 5 TPC required trainings and 4 Regional Cluster Meetings*

Out of State – Upon written approval on a case-by-case request

- *Describe anticipated out of travel to conferences and trainings*
- *Travel expenses must be reimbursed at the State rate (provided on the “Summary of Travel Allowance”).*
- *Please document mileage (addresses, total miles traveled to and from on either the provided travel voucher or one that you already use). This must be signed by the traveler and also the supervisor.*
 - *Mileage: odometer reading; number of miles traveled x reimbursement rate = total*
 - *Lodging: number of nights x reimbursement rate = total*
 - *Per diem: number of days x reimbursement rate = total*

Supplies:

Office Supplies – *Be specific*

- *Paper, toner, notepads, toner, ink cartridges, staples, paper clips and other miscellaneous supplies.*

Program Supplies – *Be specific*

- *DVDs and educational materials*

Contracts: Be as specific as possible. The Project Manager must approve all subcontracts and or mini-grants even when they are submitted as part of this application.

**Subcontracts
Mini-grants**

Other: Be specific

- ***Examples may include telephone, rent, copying, printing, postage, publications, professional education cost, coalition dues to organizations and societies.***

*****Other** or **miscellaneous** categories should be specifically explained.***

Paid Media: Limited to 20% or less of total award. All paid media must be pre-approved by TPC prior to placement.

Furniture and Equipment: For tobacco related programming activities only

INDIRECT COSTS ARE NOT PERMITTED

USE ADDITIONAL SHEETS AS NECESSARY TO FULLY EXPLAIN BUDGET

FORM D - SCOPE OF WORK
Statewide Grant

Lead Agency _____

This form is required by ISDH and submitted with the budget for contractual purposes.

Summary of Program (Limit one (1) Page):

List each indicator and two bullet points which best describe the expected outcome of the Work Plan. Do not use abbreviations or acronyms without explanation - spell out the term and designate the abbreviation.

Tobacco Prevention and Cessation Commission (TPC) Declarations

Must be initialed and signed by the signatory authority of the Lead Agency

_____ The TPC may seek additional information from an applicant prior to or during the review of the application.

_____ The TPC reserves the right to negotiate a modification of the proposed work plan and will award funds after agreement has been reached.

_____ The TPC reserves the right to examine the physical location, all books, documents, papers, accounting records, and other evidence (Records) pertaining to the administration of the community program upon request and copies thereof shall be furnished at no cost to the Tobacco Prevention and Cessation Commission.

_____ The signatory for this Organization represents that he/she has been duly authorized to executive agreements on behalf of the organization and has obtained all necessary or applicable approvals from the home office of the organization.

_____ It is policy of the TPC that any organization or individual receiving funding from TPC must agree as a condition of receiving funds that they will not accept any funding from the tobacco industry. By entering into this grant agreement the grantee agrees to abide by this policy during the term of this agreement. Any violation of this clause by the grantee could lead to termination of this agreement by the State.

_____ It is policy of the TPC that any organization or individual receiving funding from TPC must agree as a condition of receiving funds that they will adopt a tobacco-free campus policy. By entering into this agreement the grantee agrees to abide by this policy during the term of this agreement. Any violation of this clause by the grantee could lead to termination of this agreement by the State.

By initialing above and signing below you indicate that you have read and understand these declarations. For questions and assistance please call: Tobacco Prevention and Cessation Commission at (317) 234-1787

Signature

Date

Printed Name

Lead Agency Name

Reset Form



VENDOR INFORMATION

State Form 53788 (R2 / 10-09)
Approved by Auditor of State, 2009
Approved by State Board of Accounts, 2009

Name and telephone number of the person who completed this document must be provided.

Name: _____

Daytime telephone number: _____

Print or Type
Legal Name (Owner of the EIN or SSN as name appears on your tax return. Do not enter the business name of a sole proprietorship on this line.)
Trade Name (Doing Business as Name D/B/A) (Complete only if payment is to be made payable to the DBA name)
Remit Address (number and street, city, state, and ZIP code)
Purchase Order Address - Optional (number and street, city, state, and ZIP code)

Enter 9-digit Taxpayer Identification Number (TIN) of the legal name:
(SSN=Social Security Number, EIN=Employer Identification Number)
(Individual's SSN) _____ - _____ - _____ or EIN _____ - _____

Check legal entity type (A box must be checked in this section. Check only one box.)
[] Individual [] Sole Proprietorship [] Partnership
[] Estate / Trust Note: Show above, the name and number of the legal trust, or estate, not personal representatives
[] Other [Limited Liability Company (LLC) (attach IRS Form 8832 if applicable), Joint Venture, Club, etc.]
[] Corporation Do you provide legal or medical services? [] Yes [] No
[] Government (or Government operated entity)
[] Organization Exempt from Tax under Section 501(a)

One box must be checked [] I am a U.S. Person (including a U.S. resident alien) [] I am not a U.S. Person (a W-8 must be filed with the Auditor of State)

[] Add Deposit [] Change Deposit Indiana law (I.C. 4-13-2-14.8) requires that YOU receive PAYMENT(S) by means of electronic transfer of funds.

SECTION 1: AUTHORIZATION
According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:
Account Holder's Name: _____ Account Number: _____
Type of Account: [] Checking (Demand) [] Savings
[] Please check this box if your direct deposit will be automatically forwarded to a bank account in another country.

SECTION 2: FINANCIAL INSTITUTION'S APPROVAL (Attach a non-altered voided check or have your financial institution complete this section)
The financial institution identified below agrees to accept automated deposits under the terms set forth herein:
Name of Financial Institution: _____
Telephone: (_____) _____
Address: _____
Number and Street, and/or P.O. Box No. _____ Financial Institution's Authorized Signature
City, State, and ZIP Code (00000-0000) _____ Title
ABA Transit-Routing Number _____ Date _____, 20____

SECTION 3: ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS
(Complete this section only if you are requesting electronic notification. You may provide up to four email addresses.)
I hereby request that all future notices of EFT deposits to the bank account specified above be sent to the following email addresses:

I agree to the provisions contained on the reverse side of this form.
NAME (print or type) _____ TITLE _____
AUTHORIZED SIGNATURE _____ DATE _____ TELEPHONE NUMBER _____

REQUEST FOR VENDOR INFORMATION

THIS FORM APPLIES TO YOU, IF YOU ARE:

- 1) A U.S. person (including a U.S. resident alien); and
- 2) A person, business, or other entity who has or will receive a payment from the state; or
- 3) A state employee who has or will receive a payment, other than payroll, from the state.

PURPOSE OF FORM:

The Auditor of State of Indiana (Auditor) must have correct vendor information to make payments to vendors. This includes the vendor's legal name, doing business as name (if any), address, Taxpayer Identification Number (TIN), entity type, and banking information. This form allows you to provide your correct name, address, TIN, entity type, and banking information.

If you do not provide us with the information, your payments may be subject to federal income tax withholding. In addition, if you do not provide us with this information, you may be subject to a penalty imposed by the Internal Revenue Service per I.R.C. 6723.

Federal law on withholding preempts any state and local law remedies, such as any rights to a mechanic's lien. If you do not furnish a valid TIN, we are required to withhold a percentage of our payment to you. Withholding is not a failure to pay you. It is an advance tax payment. You should report all withholdings as a credit for taxes paid on your federal income tax return.

INSTRUCTIONS:

- 1) Enter your legal name on the designated line. Your legal name is the one that appears on your Social Security Card or, if you are a business, the Employer Identification Number (EIN) as it is in the IRS records. If you are a sole proprietor, then your legal name is the business owner's name. If you have a "doing business as" (d/b/a) name, enter this on the trade name line. Enter your remit address on the next line, and if you have a separate address for purchase orders, enter that address on the appropriate line.
- 2) Record the appropriate TIN in the space provided and check the box that corresponds to the correct organization type for your name. Note that individuals and sole proprietors are the only types that should record a social security number (SSN). a) If you are a corporation, you must indicate whether you provide legal or medical services. b) If you are a sole proprietor, you must show the business owner's name in the legal name box and you may show the business name in the trade name box. You cannot use only the business name. For a sole proprietor, you may use either the individual's SSN or the EIN of the business. However, we prefer you provide the SSN.
- 3) Check the appropriate box that indicates whether you are or are not a U.S. person.
- 4) Complete Section 1: Authorization
- 5) Have your financial institution complete Section 2: Financial Institution's Approval. Your financial institution should return the completed form to you. A voided check may be provided in lieu of having your financial institution complete this section. Attach only preprinted checks. Deposit slips, starter checks, or checks that have been altered will not be accepted.
- 6) Complete Section 3: Electronic Notification of Electronic Fund Transfer (EFT) Deposits, only if you choose to receive electronic EFT notifications by email. If this section is not completed, your notification will be sent by U.S. Mail to the remit address designated on the reverse side of this form.
- 7) Fax the completed form to (317) 234-1916 or mail to the Indiana Auditor of State, 240 Statehouse, 200 W. Washington St., Indianapolis, IN 46204.
- 8) Retain a copy of the completed form for your records.
- 9) Any form submitted without an authorized signature will be destroyed and will not be entered into the Auditor's vendor file.

BY SIGNING THIS FORM:

You represent that you understand and agree that:

- 1) You are authorized to provide this information on behalf of yourself or your organization.
- 2) The State of Indiana is authorized to initiate credits (deposits) in various amounts, by EFT through automated clearing house (ACH) processes, to the checking (demand) or savings account in the financial institution designated on the reverse side of this form.
- 3) If necessary, you will accept reversals from the State for any credit entries made in error to a bank account per National Automated Clearing House Association (NACHA) regulations.
- 4) You may only revoke this request and authorization by notifying the Auditor in writing, at the above address, at least fifteen (15) days before the effective date of revocation.
- 5) Any change to the account or to a new financial institution will require a new Vendor Information form be completed and submitted to the Auditor of State at the above address. Failure to provide timely notification to the Auditor that your account has changed will result in a delay in payment.
- 6) The State of Indiana and its entities are not liable for late payment penalties or interest if you fail to provide information necessary for an EFT transaction and/or you do not properly follow the Instructions above.
- 7) The email addresses provided in Section 3 for electronic EFT notification will allow for appropriate application of all payments.
- 8) You acknowledge that it will cause disruption to the notification process if the email addresses provided for electronic EFT notification are frequently changed or changed without promptly providing an updated email address to the Auditor.
- 9) You acknowledge that an email notification returned as undeliverable may be removed from the Auditor's email notification system and all future notices of EFT deposits to you will be provided by the Auditor via U.S. Mail to the remit address designated on the reverse side of this form until you have provided a valid email address to the Auditor.
- 10) You are responsible for contacting the Auditor if you are not receiving electronic notices of EFT deposits.



ENTITY ANNUAL REPORT
 State Form 54402 (8-10) / Form E-1
 Prescribed by State Board of Accounts

STATE BOARD OF ACCOUNTS
 302 West Washington Street, Room E418
 Indianapolis, Indiana 46204-2765
 Telephone: (317) 232-2513
 Fax: (317) 232-4711
 Web Site: www.in.gov/sboa

Note: The Entity Annual Report (Form E-1) is used to determine the audit requirements placed on your entity by IC 5-11-1-9. File report within sixty (60) days of the close of your entity's fiscal year end. Instructions for completing Form E-1 are available at www.in.gov/sboa.

Fiscal Year End of Entity		
____	____	____
Month	Day	Year

OFFICE USE ONLY	
SBA Number:	_____
Audit Determination (check one):	
<input type="checkbox"/> Complete	<input type="checkbox"/> Waived

Legal Name		Federal ID Number	
Doing Business As (DBA)		Business Telephone Number ()	
Street Address (number and street)			
City	County	State	ZIP Code
E-mail Address of Entity			
Name of Operating Officer		Title	
TYPE OF ORGANIZATION (check one)		LEGAL STATUS (check one)	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	<input type="checkbox"/> Association
		<input type="checkbox"/> For Profit	<input type="checkbox"/> Not-For-Profit

FINANCIAL INFORMATION	
1. Government funds received during year (Detailed on Page 2)	\$ _____
2. Government funds disbursed during year	\$ _____
3. Entity's total disbursements (or expenditures) for the year	\$ _____
4. Percent of government funds disbursed to entity's total disbursements (or expenditures) (Line 2 divided by Line 3)	_____ %
This information is reported on the (check one) <input type="checkbox"/> cash basis <input type="checkbox"/> accrual basis.	

Is this the initial Form E-1 filing for the entity? (check one) Yes No

CERTIFICATION	
This is to certify that the data contained in this report is accurate to the best of my knowledge and belief.	
Signature: _____	Title: _____
Printed Name: _____	Date Signed (month, day, year): _____

DETAIL OF GOVERNMENT FUNDS RECEIVED			
List the government funds received during the year by agency, address, program title and amount received. Attach additional sheets if necessary.			
GOVERNMENT AGENCY	ADDRESS	PROGRAM TITLE	AMOUNT RECEIVED
Date organization was founded (<i>month, day, year</i>): _____			
Describe organization's purpose: _____ _____			
Describe organizational governing structure: _____ _____			
Have you ever been audited by an Independent Public Accountant (IPA)? (<i>check one</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, what was the last fiscal year audited? _____			
Name and address of IPA that conducted audit: _____ _____			

Entity Annual Report - Form E-1 Entity Annual Report - Form E-1

Instructions for Entity Annual Report (Form E-1) (Form E-1 located at bottom of page)

Nongovernmental organizations (entities) receiving financial assistance from governmental sources in the form of grants, subsidies or contributions, are required by Indiana Code (IC) 5-11-1-4 to file an Entity Annual Report (Form E-1) with the State Board of Accounts.

Receipt of the funding referred to above subjects your organization to State audit requirements discussed in IC 5-11-1-9. The information you report on the Entity Annual Report enables us to assist you in correctly determining your auditing and reporting requirements. Therefore, it is extremely important that you exercise care in the preparation of this report.

You should report as "government funds" all cash received from any state or local government. These may be in the form of grants, contracts, subsidies, contributions, reimbursements, loans or possibly other agreements. "Government funds" may include Federal funds if the Federal funds go to state or local government first and then are subgranted to your entity. Federal funds received directly from a Federal agency should not be reported as "government funds" on this report. Also, non-Federal funding arrangements that are considered "purchase of service" agreements and not "financial assistance" should not be reported as "government funds" on this report. However, both should be included in your entity's total disbursements (Line 3).

"Purchase of Service" agreements are those where a government agency reimburses you based on specified "per diem" or "per unit" rate for services actually provided. Please note that contracts with a government unit to provide services for a flat fee or contract amount are not considered "purchase of service" agreements and, therefore should be reported.

Since the purpose of the Entity Annual Report is to determine the audit requirements placed on your entity by IC 5-11-1-9 it is important that you report "government funds" in accordance with the preceding paragraphs. Failure to properly report "government funds" could result in a violation of IC 5-11-1-9 and possibly other statutes.

This report is used to determine your STATE audit and reporting requirements. Your entity may be subject to other audit and reporting requirements (specifically Federal OMB Circular A-133 or other contractual agreements with the grantor agency). Please contact the grantor agencies for help in determining your entity's overall audit and reporting requirements. If your entity receives both direct Federal awards and state or local funds, we recommend audit arrangements to meet both requirements.

If your organization receives federal funds, please note that the threshold requiring an audit under OMB Circular A-133 has increased significantly for fiscal years ending after December 31, 2003. It is possible that an organization exempt from audit under OMB Circular A-133, will still need to have an audit done under IC 5-11-1-9. In these instances an audit done in accordance with generally accepted auditing

standards (GAAS), rather than generally accepted government auditing standards (GAGAS), will suffice, if this is acceptable with your funding agencies.

Shortly after the date you file the Entity Annual Report, you will be notified if an organization-wide audit is required, or if you qualify for a waiver of the State requirements. If you qualify for a waiver, a tentative waiver letter will be sent and you must supply us with financial information supporting the amounts reported on the Entity Annual Report. If you have qualified for a waiver in the prior year and believe you will qualify in the current year, you may send the supporting documentation at the time of sending your Entity Annual Report. If in fact you do qualify for a waiver, a final letter will be sent, completing the process. All organizations qualifying for a waiver will be processed as such.

Please make any name or address changes directly on this form. Mail to: Indiana State Board of Accounts, 302 West Washington Street, Room E418, Indianapolis, IN 46204, within 60 days after the close of your entity's accounting year end. If you have a name or address change between reporting periods, please contact our office.

The Entity Annual Report should not be confused with the Secretary of State's Business Entity Report. This is a separate form that is required to be filed by all corporations with the Secretary of State's Office. The Business Entity Report has a filing fee, typically \$10 for not-for-profit corporations, which should also be sent to the Secretary of State's Office. Any questions concerning the Business Entity Report should be addressed to the Secretary of State's Office at (317)232-6576.

If you need assistance in filing your Entity Annual Report, please contact [Sherry Parton](#), Supervisor for Non-Governmental Entities, at (317) 232-2525.

Job Description Template

TPC Local Program Coordinator:

Will be responsible for working ___ per week in the state, available to travel in-state and to other locations in the state several times per year for training or meetings (see page 30 "Lead Agency Profile Form).

Physical lifting required for materials or AV equipment.

The Coordinator will submit periodic electronic reports, as required and respond to local and state needs for information as directed.

Media responsibilities include developing partnerships with local news venues and providing accurate local, state, national and international information on tobacco control to the news media as is necessary for education of the public on tobacco issues.

Will recruit from the community, members both individuals and organizational representatives, to form a coalition representing diverse interest and backgrounds. The coalition will strategize action to reduce tobacco use in the state, through policy and programs.

Coordinator will fully engage community and coalition members, including specific task force groups in the business of tobacco control. For this purpose, coordinator is an excellent communicator written and oral.

Will commit to participation in training and study of CDC's Best Practices models in tobacco control and use proven, evidence-based actions to reduce tobacco use, exposure to secondhand smoke and to prevent tobacco use in the community.

Coordinator will monitor completion of activities contracted in the written work plan submitted with this proposal by the Lead Agency _____.

Other TPC positions:

Detail specific functions that support TPC tobacco control contract for positions paid with TPC funds: i.e. funds management (hours, review, and budget development), supervising (hours, face-to-face, and electronic communication).

(This job description is only meant to be a sample. Please use the format from the Lead Agency).

Summary of Travel Allowances

1. Overnight Travel: The subsistence allowance for in-state travel is \$26.00 per day.
Example:

	<u>SUBSISTENCE</u> <u>IN-STATE</u>	<u>SUBSISTENCE</u> <u>OUT-OF-STATE</u>
Before 12:00 pm Departure	\$26.00	\$32.00
Between 12:00 pm and 4:30 pm Departure	\$13.00	\$16.00
After 4:30 pm Departure	\$0.00	\$0.00
Before 12:00 pm Return	\$13.00	\$16.00
After 12:00 pm Return	\$26.00	\$32.00

2. Meals provided are to be listed and deducted as follows:

	<u>IN-STATE</u>	<u>OUT-OF-STATE</u>
Breakfast	\$6.50	\$8.00
Lunch	\$6.50	\$8.00
Dinner	\$13.00	\$16.00

3. ONE DAY TRIPS:	<u>IN-STATE</u>	<u>OUT-OF-STATE</u>
Gone less than 12 hours	\$0.00	\$0.00
Gone more than 12 hours and leave before 6:00 a.m.	\$6.50	\$8.00
Gone more than 12 hours and return after 6:00 p.m.	\$13.00	\$16.00
Gone more than 12 hours and leave before 6:00 a.m. and return after 6:00 p.m.	\$19.50	\$24.00

WHEN A MEAL IS PROVIDED, NO SUBSISTENCE WILL BE REIMBURSED FOR THAT MEAL.

4. MILEAGE	<u>IN-STATE</u> \$0.44	<u>OUT-OF-STATE</u> \$0.44
5. LODGING	\$89.00/\$97.00	

Effective October 1, 2007 the maximum rate for In-State, outside of the Indianapolis Metropolitan area, lodging will be \$89.00 per night per person plus applicable taxes and inside of the Indianapolis Metropolitan area, lodging will be \$97.00 per night per person plus applicable taxes.

Overnight parking at the Airport in Indianapolis is limited to \$9.00 per day reimbursement.

Guidelines to Follow for Timely Payment of Invoices

Payments must be submitted on your invoice preferably within 5 days of the month following date of services. Invoices must be on your letterhead. Below are instructions for preparing an invoice. A sample is attached.

- Right Side: List your Invoice number
- List Invoice Date: This is the date the invoice is prepared
- Order Number: Found in the upper right hand corner box of the (Order Number)
- Fund: Found on the Invoice (in the case of TPC, it is always 30418)
- Underneath Description Fill in;
 - Federal ID number:
 - Contract period: **01/01/2014-06/30/2015**
 - Contract amount: ***this is the total amount of your grant award***
 - Contract number: ***this will be given to you once your contract is fully executed***
 - Date of services: **01/01/14-02/01/14 (the one month of service)**
 - Total submitted for payment

- Keep a monthly detail of charges. Submit Quarterly Fiscal Report as before.

- Maintain travel vouchers and time sheets on file for reference if necessary

- Signature: Invoice requires the original signature of the person authorized to do business for your organization and the date signed.

YOU MAY SUBMIT AS FOLLOWS:

Mail to:
Indiana State Department of Health
Tobacco Prevention and Cessation Commission
ATTN: Kristen Kearns
2 North Meridian Street, 2T
Indianapolis, IN 46204

Fax to: TPC
317.234.1786
ATTN: Kristen Kearns

E-mail to:
kkearns@isdh.in.gov or itpcreports@isdh.in.gov

Preferred method is email.

**Vendor's Letterhead
100 North Street
Anytown, IN 46000**

Invoice No. 0001

Sold To: Indiana State Department of Health
ATTN: Finance/Purchasing, 2C
2 N. Meridian Street
Indianapolis, IN 46204

Invoice Date:
Order Number: **Kristen will provide this to you**
Fund: 30418

Tobacco Grant
EDS# (Kristen will send this to you)

Federal ID:

Contract Period: 01-01-2014 to 6-30-2015

Contract Amount: \$

Contract Number: **This is your EDS number**

Date of Services:

Payment requested for contract deliverables outlined in Scope of Work labeled "Attachment A"
in contract

Total paid: \$10,000

Project Code: N/A

Activity Code: N/A

Vendor's Signature

Date