TOBACCO PREVENTION AND CESSATION COMMISSION
REQUEST FOR APPLICATIONS
FOR HEALTH SYSTEMS CHANGE PARTNERSHIPS
FOR GRANT PERIOD JANUARY 1, 2018 – June 30, 2019

The Tobacco Prevention and Cessation Commission of the Indiana State Department of Health (TPC/ISDH) announces a request for applications (RFA) for TPC Health Systems Change Partnerships concentrated on tobacco dependence treatment. The organization will help build capacity of health systems to impact tobacco use in Indiana. The funding period is from January 1, 2018 – June 30, 2019. This RFA is an invitation to join together to make the Tobacco Prevention and Cessation Commission’s vision…. To significantly improve health in Indiana and reduce the disease and economic burden tobacco use places on Hoosiers of all ages—a reality for the State of Indiana.

The ISDH Tobacco Prevention and Cessation Commission (TPC) exists to prevent and reduce the use of all tobacco products in Indiana and to protect citizens from exposure to tobacco smoke. Indiana’s 2020 Tobacco Control Strategic Plan has four priority areas:

• Decrease Indiana youth tobacco use rates.
• Increase proportion of Hoosiers not exposed to secondhand smoke.
• Decrease Indiana adult smoking rates.
• Maintain state and local infrastructure necessary to lower tobacco use rates.

Who May Apply
This RFA is seeking organizations to partner with TPC staff to build capacity among health systems to routinely assess and address tobacco use. This RFA supports integration of tobacco dependence treatment within all types of health systems that provide primary care, specialty care or both. Specialty care clinics and services may include, but are not limited to, behavioral health, dental, pediatric or hospital services. To avoid any potential or perceived conflict of interest between TPC grant recipients and tobacco-related entities, the TPC has adopted a contractual funding condition that requires any grantee shall not accept any funding, grant, gift, or in-kind donation from any tobacco manufacturer, distributor, or other tobacco-related entity.

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

Eligibility Requirements
All organizations applying must:

• Be a legally established organization, operating in Indiana.
  • The systems change work proposed must be conducted in Indiana.
• Experience working with Indiana health systems on quality improvement or health systems change initiatives (specific experience working with health care provider organizations that serve populations with higher rates of tobacco use is desired).
• Experience working with senior level leadership within Indiana health systems to elevate and prioritize similar work and initiatives.
• Experience developing, refining and disseminating tools and resources to build capacity or address identified resource needs.
• Possess the financial and administrative capacity to manage grant funds and the technical expertise to successfully implement the full range of activities outlined in the applicant’s proposed scope of work.
• Comply with all TPC’s policies and directives. Certification of compliance is acknowledged by signing and submitting an application.
• Not apply for funding that would supplant existing funding or duplicate activities or services already being provided.
All organizations funded under this RFA must:

- Hire or designate appropriately qualified staff to implement the activities included in the proposed project.
- Accept all TPC-offered or recommended technical assistance.
- Actively participate in any TPC evaluation efforts – requirement of all applicants to collaborate with external evaluator on any TPC-sponsored evaluations related to this work.
- Actively participate in all TPC-sponsored meetings, conference calls and trainings.
- Adhere to TPC’s expense reimbursement and travel policy requirements.
- 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.
- Review current offering of employee insurance coverage addressing tobacco dependence treatment and/or discuss with leadership the provision of employee insurance coverage or other support for tobacco dependence treatment.

Overview of Health Systems Change

**Systems Change**: a sustainable, integrated solution at the organization level that supports clinicians and health care systems to address tobacco use consistently and effectively.

According to the U.S. Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence: 2008 Update*, systems change leads to improvements or modifications in the way health care systems operate to enhance or improve clinician interventions and to integrate tobacco into health care delivery using the following strategies:

- Identify all tobacco users at every visit using a system-wide identification system
  - Implement a tobacco user identification system that ensures that for every patient at every clinic visit, tobacco use status is queried, documented, and referred to treatment (including the Indiana Tobacco Quitline)
- Provide education, resources and feedback to promote provider intervention and referrals for tobacco dependence treatment
  - Educate all staff in the health care setting. On a regular basis, offer training on tobacco dependence treatments, and provide continuing education (CE) credits and/or other incentives for participation.
  - Provide resources such as ready access to the Indiana Tobacco Quitline and other community resources, self-help materials, and information about effective medications
- Dedicate staff to provide tobacco dependence treatment and assess its delivery in staff performance evaluations
  - Designate a tobacco dependence treatment coordinator for every clinical site
- Promote hospital policies that support and provide inpatient tobacco dependence services and offer tobacco dependence treatment to all hospitalized patients who use tobacco¹

The evolving health care environment allows for more comprehensive implementation of systems change strategies to address tobacco use. Integrating these strategies optimize health system performance which supports attaining three key objectives – 1) improving the patient experience of care (including quality and satisfaction), 2) improving the health of populations and 3) reducing the per capita cost of health care. Addressing tobacco use is an ideal candidate for such efforts. Data demonstrate:

- Increased patient satisfaction with their health care when their tobacco use is addressed²;

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• The positive health effects of quitting tobacco use\(^3\); and
• A positive return on investment for delivering tobacco dependence treatment\(^4\).

Instituting tobacco cessation interventions in a systematic way significantly increases the likelihood that health care providers will consistently screen patients for tobacco use and intervene with patients who use tobacco to provide or connect them with appropriate treatment. An estimated 80% of tobacco users in the United States see a health care provider each year, making the health care system an important setting in which to reduce smoking rates among diverse populations, including those most at risk\(^5\). When a health system seeks to intervene with every tobacco user at every visit, it can significantly increase patients’ tobacco cessation.

This RFA supports evidence based tobacco control interventions, TPC seeks to ensure that tobacco dependence treatment is recognized as a chronic, relapsing condition and is fully integrated into the continuum of health care – similar to the diagnosis and management of other chronic, relapsing conditions such as hypertension. There is strong and deep evidence that shows combining counseling with medication(s) provides people who use tobacco the best chance of quitting and staying quit. TPC seeks organizations who are willing to fully integrate tobacco dependence treatment into the continuum of care offered by Indiana health systems. By normalizing the treatment of tobacco dependence within the health care environment, TPC anticipates that not only will patients’ health be improved but that health care systems will have the potential to realize cost savings. Applicants must be able to demonstrate how their proposed systems change strategies will change health care systems processes and lead to a seamless, integrated approach to addressing tobacco use for all patients.

Based on the above evidence, recommended strategies for health systems change and opportunities to build capacity within health care provider organizations may include:

- Encouraging health systems to develop and utilize EHR systems and data to address tobacco use and cessation in quality measurement or outcome data. Sub recipient-grants may be helpful to increase interest and engagement.
- Identifying/developing and disseminating information on work flow processes and care models that incorporate tobacco cessation services and follow up.
- Identifying/developing and disseminating culturally-specific tools and resources.
- Identifying/developing and disseminating shared-decision making tools to assist providers in tobacco use counseling and referral.

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\(^5\) https://www.cdc.gov/tobacco/quit_smoking/cessation/pdfs/using-health-systems-change508.pdf
Health Systems Change Rationale and Focus Areas

Strategies and recommendations from the U.S. Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence: 2008 Update* provide effective clinical treatments for addressing tobacco dependence. The overarching goal of these recommendations is that clinicians strongly recommend the use of effective tobacco dependence counseling and medication treatments to their patients who use tobacco, and that health systems, insurers, and purchasers assist clinicians in making such effective treatments available.

TPC understands that each health system will be in a different stage of readiness for health systems change. The proposed methods to further integrate tobacco dependence treatment into each system will likely be unique to each organization and will not necessarily include all of the focus areas or strategies presented in this RFA. TPC is seeking applicant organizations that will provide technical assistance to integrate health systems change for treating tobacco dependence that support the following focus areas and strategies:

**Focus Area I: Implementing Best Practices for Tobacco Dependence Treatment – Care Coordination**

Health systems may develop processes to ensure that tobacco dependence treatment, and its documentation, is fully integrated into care and sustained over time (beyond direct treatment delivery to an individual patient). Possible strategies include, but are not limited to, defining roles for all members of the health team for addressing tobacco use, establishing a multidisciplinary team across departments, creating processes and accountability measures to ensure all team members are fulfilling defined roles, providing continuous staff training and education, creating mechanisms or processes to ensure that delivery of tobacco dependence treatment is coordinated as patients navigate their continuum of care (e.g., between clinic and hospital) and including outreach to community agencies or partners to establish relationships with external stakeholders (e.g. housing, social services, etc.) that can then build on and strengthen systems change efforts.

**Focus Area II: Quality Improvement**

Health systems may implement quality improvement processes to enable integration of tobacco dependence treatment best practices into routine care. Possible strategies include, but are not limited to, linking tobacco to internal and external quality improvement initiatives to ensure tobacco dependence treatment is elevated as an ongoing quality priority for the health system, using rapid cycle improvement processes to build upon the current state of tobacco dependence treatment, and implementing reporting and provider feedback to ensure all who are involved in tobacco dependence treatment are aware of their (or their team’s) performance and are supported to improve.

**Focus Area III: Utilization of Electronic Health Record (EHR) System**

Health systems may demonstrate meaningful use of the EHR system. Possible strategies include, but are not limited to, documentation within the EHR that goes beyond just “asking” about tobacco use, integrating tobacco dependence diagnoses in problem lists and creating order sets for tobacco dependence treatments including pharmacy orders, integrating referral resources into the EHR, including Indiana Tobacco Quitline referrals, and creating functionality for documentation of follow-up care or to support care coordination for tobacco dependence treatment. (Funding to modify EHR is capped at 5 percent of the total grant award (including indirect costs)).

Evidence and Examples of Health Systems Change


University of Wisconsin Center for Tobacco Research and Intervention: How-To Guide for Treating Patients Who Use Tobacco

Tobacco Cessation Toolkit for Indiana Dental Practices
http://www.indental.org/Latest-Updates/Tobacco-Cessation-Toolkit-for-Indiana-Dental-Pract.
Funding Level
The funding period is from January 1, 2018 – June 30, 2019. The grant award will vary by need, program model and available funding. Awards may be made for up to 18 months and total project costs may not exceed $200,000. Submission of grant application, even one that meets all grant requirements, does not guarantee receipt of an award.

All applications must include adequate justification for the selected project objectives, timeline and budget to support the requested award amount and duration.

All grants are contingent upon the availability of funding. “When the Director of the State Budget Agency makes a written determination that funds are not appropriated or otherwise available to support continuation of performance of this contract, the contract shall be canceled. A determination by the Director of the State Budget Agency that funds are not appropriated or otherwise available to support continuation of performance shall be final and conclusive.” Financial Management Circular #2007-1.

TPC will NOT consider applications for:
- Costs for nicotine replacement therapy and pharmaceuticals or other smoking cessation products
- Basic research or clinical trials
- Costs for direct, individual services to patients, clients or customers (e.g. face-to-face counseling, group counseling)
- Duplicating or supplanting systems changes for tobacco dependence treatment already in your organization’s budget or planned through other related initiatives
- Activities that are not directly related to systems change to integrate tobacco dependence treatment into the continuum of care as defined in this funding opportunity
- 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

Program and fiscal accountability
Activities are reported quarterly on a Statewide Program Report. Funds will be reimbursed monthly (or quarterly) upon receipt of invoice and compliance with program and fiscal reports.

How to Apply
Interested applicants should submit a 1-page Letter of Intent (LOI) with the following information:

A brief description of the system and service area in which you are proposing to work including why you are interested in this partnership, a brief summary of your proposed approach to integrating tobacco dependence treatment and your capacity to successfully implement the project.

Submit your LOI via email to Brian Busching, TPC Director of Tobacco Cessation and Health Systems, at bbuschings@isdh.in.gov by 5:00 PM EST on October 25, 2017.

Based on the LOI, applicants will be invited to submit a grant proposal to the Tobacco Prevention and Cessation Commission using the guidelines provided in this announcement.

- The due date for applications is November 22, 2017, by midnight EST.
- The completed application forms and all attachments must be submitted electronically via email at TPCApplications@isdh.in.gov and must be received by midnight EST on Wednesday, November 22, 2017.
- APPLICATIONS WILL ONLY BE ACCEPTED AT THE EMAIL ADDRESS ABOVE.
**Technical Assistance**
Applicants should submit questions by email regarding proposals to the TPC by 5:00pm on November 3, 2017. All questions and answers will be posted on November 10, 2017 on the TPC website at [www.in.gov/isdh/tpc](http://www.in.gov/isdh/tpc). Questions should be submitted to [bbusching@isdh.in.gov](mailto:bbusching@isdh.in.gov).
The application must include:

- **Application Cover Sheet** (See form)

- **Organization Profile**— A brief summary of your proposed approach to integrating tobacco dependence treatment into the continuum of care within Indiana health systems. Be specific regarding which location(s)/service line(s) you are intending to work on for this project (e.g. health system, department, etc.). (No more than 2 pages).

- **Organization Experience**— Relevant knowledge and experience working with Indiana health systems and health care providers systems change or quality improvement initiatives. Specifically describe your experience (No more than 2 pages):
  - Working collaboratively with health care provider organizations on health systems change or quality improvement initiatives.
  - If currently working on systems change efforts, describe how this opportunity will complement as to not duplicate efforts
  - Working with health care provider organizations that serve populations with a higher prevalence of tobacco use and articulate your competency in working with these health care provider organizations.
  - Working with senior level leadership within Indiana health care provider organizations to elevate and prioritize similar work and initiatives.
  - Assessing capacity and resource needs within health care provider organizations and designing relevant resources/solutions to build capacity.
  - Developing, refining and disseminating tools and resources to health care provider organizations to address identified resource needs.
  - Knowledge/expertise on health systems changes for tobacco dependence treatment.

- **Organization Strategic Approach**— Based on your understanding of the health care environment in Indiana and with the direction provided in this RFA, propose an approach to work collaboratively with TPC to achieve health systems change outlined within this RFA. Include proposed objectives, the potential strategies to work towards these goals and provide specific examples on how you propose to work with Indiana health systems. Include a potential planning process to this work, an approximate timeline, and necessary communication and collaboration plans. Consider and demonstrate how you anticipate these efforts to be sustained after the contract period as well as suspected limitations to the proposed approach. (No more than 4 pages)

- **Evaluation Plan**— Applicants will be required to report activities quarterly to TPC. In addition to the quarterly report, please outline how you will measure the objectives and activities described in the project. Please also summarize how you will assess whether this TPC funding initiative is successful from your institution’s perspective, include relevant descriptions of data or reports that may be available to help assess success. (Examples include: number of identified tobacco users, number of tobacco users counseled, number of referrals to community resources, number of referrals to Indiana Tobacco Quitline, number of tobacco users that received medication, knowledge, beliefs and attitudes of providers about addressing tobacco use, performance reviews – are staff addressing tobacco use at every visit, quality reporting measure outcomes, etc.) (No more than 2 pages)

- **Itemized and Detailed Budget**— The budget should contain all anticipated funds. Use Budget Worksheet and Budget Narrative Forms. Job description: Include all job description(s) for positions that are proposed to be paid by or will support the work of the project, including sub recipient-grant awards, if using. (Funding to modify EHR is capped at 5 percent of the total grant award (including indirect costs)).

- **TPC Declarations Page** – 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 number 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 a technical analysis by TPC staff and review by a team of state and national experts.

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

Organizational capacity and accomplishments
The proposal should:
- Provide evidence of organizational systems change experience, including experience with tobacco dependence treatment;
- Demonstrate the organization has capacity and sound level of readiness to implement proposed project;
- Demonstrate the applicant's ability to provide sound programmatic and fiscal oversight;

Statement of need and program rationale
The proposal should:
- Describe approaches that are grounded in current systems change evidence-base;
- Provide clear description of proposed project objectives and activities that are tied to one or more systems change strategies;
- Potential to advance practice within Indiana health systems;

Soundness of proposed plan, strategy, activities, dates (18 month timeline)
The proposal should:
- Include a summary of the project's principal objectives, activities and expected outcomes;
- Demonstrate potential to achieve project's objectives based on planning process and timeline, and integrate tobacco dependence treatment into the continuum of health care delivery;
- Demonstrate acknowledgment of any known or suspected limitations to the proposed approaches;
- Demonstrate a strong likelihood for a sustainable effort after the contract period;

Proposed budget and cost
The proposal should:
- Include a complete and accurate Budget Worksheet and Budget Narrative with reasonable assumptions for projected expenses
- Include a cost-effective budget appropriate to the scope and nature of the project;
- Demonstrate how the requested funds relate to the applicant’s organization budget
- Include all requested financial information and organization’s capacity to provide accurate and ethical financial oversight of the project
- Provide evidence demonstrating in-kind resources/support (not required)

Use of Funds
TPC expects that funds allocated through this request for proposals will only support program development, implementation, and coordination for the proposed project.

Declaration
It is TPC policy 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.
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/or budget 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 administration of the program upon request, and copies thereof shall be furnished at no cost to TPC. Grantees may be subject to a monitoring engagement per TPC’s request.
HEALTH SYSTEMS CHANGE PARTNERSHIPS

Organization Information
Organization Name:
County:
Organization Contact, Director or CEO:
Address:
City: Zip Code:
Telephone:
Fax:
Email:

Signature of Organization Contact:

Primary Contact Information – Organization Employee
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 – Organization 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: ______________________

**Organization Financial Contact Person**

**Information – Organization Employee**

Organization Financial Contact Person:
Address if different from above:
City: Zip Code:
Telephone: Fax:
Email:

Signature of Organization Financial Contact Person: ______________________

**Proposal Information**

Total Funding Requested: $
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 partnership funds must be dedicated only to approved tobacco use prevention activities in the work plan. Full-time employees paid with the grant may not have another full-time position outside of the TPC grant. TPC does not recommend that a health system 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 health system. Variations from strict full-time (37.5 to 40 hours/week, or as defined by health system) or part-time assignments (20 hours or less per week, or as defined by health system) 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 health system for employees. TPC grant funding cannot be used to provide benefits in excess of those normally and customarily offered to all employees. If the health system 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 Health System for written guidance on this budget line item.

2. Travel
   Expenditures for travel will be limited to the rate customarily paid by the health system or the current rate being paid by the State of Indiana, whichever is less. A chart summarizing the maximum reimbursement amounts is included for reference.

   a. In-state Travel
      Expenses incurred to attend TPC systems change trainings, conferences and meetings in state are appropriate (when applicable). 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. 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, 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 health system.

The subcontract format provided by the Tobacco Prevention and Cessation Commission should serve as a boilerplate to collect at minimum information on subcontractors. If additional space is needed to explain the details of a contract please attach and reference these documents within the body of the subcontract. 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 agreement executed. (Funding to modify EHR is capped at 5 percent of the total grant award (including indirect costs)).

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. Marketing/Promotion
Advertising and communication media must utilize the media campaign imaging and the common messages developed by TPC. All marketing/promotion must be pre-approved by TPC prior to placement. The organization is responsible for any and all costs related to marketing/promotion.

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.

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 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 health system 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. A sample of Fixed Assets Ledger can be provided on request. If an internal tracking system exists within your health system, 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 tobacco free policy in project facilities at all times.
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<td>1. (Position Title)</td>
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<td>2. (Position Title)</td>
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<tr>
<td>TOTAL FRINGE BENEFITS &gt;</td>
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<td>2. Travel</td>
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<td>a. In-State</td>
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<td>b.</td>
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<td>TOTAL TRAVEL &gt;</td>
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<td>3. Supplies</td>
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<td>TOTAL SUPPLIES &gt;</td>
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<td>4. Contracts</td>
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<tr>
<td>TOTAL SUBCONTRACTS &gt;</td>
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<td>5. Other</td>
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<td>TOTAL OTHER &gt;</td>
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<td>6. Marketing/Promotion</td>
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<td>a.</td>
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<td>b.</td>
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<tr>
<td>TOTAL Paid Media &gt;</td>
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<td>7. Furniture &amp; Equipment</td>
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<td>a.</td>
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<td>b.</td>
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<tr>
<td>TOTAL FURNITURE &amp; EQUIPMENT &gt;</td>
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| | | | TOTAL BUDGET>

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

Personnel: Salaries/Wages  %FTE  Annual Salary  #Months
Salaries – (list each employee separately)
Benefits - (list each employee separately)

*Be specific and show how salaries are determined
  - What percentage of the salary is coming from this grant?
  - Percent FTE x Annual Salary Wage x # Months = Salary
  - 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

Travel:
  In-State
  - 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: 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

  Program Supplies – Be specific

Contracts: Be as specific as possible – contract approval required prior to executing the final contract.

Subcontracts

Other: Be specific

”Other” or “miscellaneous” categories should be specifically explained.

Marketing/Promotion:

Furniture and Equipment: For tobacco related programming activities only

INDIRECT COSTS ARE NOT PERMITTED

USE ADDITIONAL SHEETS AS NECESSARY TO FULLY EXPLAIN BUDGET
This form is required by ISDH and submitted with the budget for contractual purposes.

Summary of Program (Limit one (1) Page):
Provide an overview of key project activities and deliverables. 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 Health System**

_____ 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 execute 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

________________________________________________________________________
Health System Name
Per Diem Subsistence

- To be eligible for per diem subsistence, travel must include an overnight stay. Single-day trips are not eligible for per diem.
- Traveler must provide proof of lodging to claim per diem.
- If traveler is requesting per diem, provide the following times:
  - Departure time at the beginning of each trip
  - Arrival time at the end of that same trip

<table>
<thead>
<tr>
<th></th>
<th>IN-STATE</th>
<th>OUT-OF-STATE</th>
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<tbody>
<tr>
<td>Departure before 12:00 PM</td>
<td>$26.00</td>
<td>$32.00</td>
</tr>
<tr>
<td>Departure between 12:00 PM and 4:30 PM</td>
<td>$13.00</td>
<td>$16.00</td>
</tr>
<tr>
<td>Departure after 4:30 PM</td>
<td>NONE</td>
<td>NONE</td>
</tr>
<tr>
<td>Return before 12:00 PM but after 7:30 AM</td>
<td>$13.00</td>
<td>$16.00</td>
</tr>
<tr>
<td>Return after 12:00 PM</td>
<td>$26.00</td>
<td>$32.00</td>
</tr>
</tbody>
</table>

- If a conference/seminar registration fee includes meal, these provided meal must be deducted from the traveler’s per diem. Traveler is to deduct from their per diem for any meal provided within a registration fee whether or not the travel ate that meal.

<table>
<thead>
<tr>
<th></th>
<th>IN-STATE</th>
<th>OUT-OF-STATE</th>
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</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>$6.50</td>
<td>$8.00</td>
</tr>
<tr>
<td>Lunch</td>
<td>$6.50</td>
<td>$8.00</td>
</tr>
<tr>
<td>Dinner</td>
<td>$13.00</td>
<td>$16.00</td>
</tr>
</tbody>
</table>

- Traveler should select from one of three options when indicating per diem claims:
  - All meals provided; no per diem claimed
  - Some meals provided; deducting the following meals: (List all provided meals)
  - No meals provided; all per diem claimed
- Travelers do not have to deduct continental breakfasts from per diem.
- Travelers do not have to deduct airplane meals from per diem. The time a traveler leaves their station determines if a meal provided via air will be reimbursed.
- When two time zones are involved on one trip, please retain a consistent time zone when reporting departure time and arrival time. It is expected that traveler leaves from and returns to the same time zone.

Hotel Rate

- Hotels may request to see State ID to verify the State Government Rate.
- The current Indiana State maximum overnight lodging rate is $91 per night.
- Taxes should be paid and reimbursed if lodging is secured using a personal credit card. Lodging transactions using the State T-Card are tax exempt.
- If a hotel informs that their government rate is more than $91 plus tax, traveler needs to find a hotel that will honor the current in-state maximum rate or contact ISDHTravels@isdh.in.gov. The traveler will be required to pay the overage above the State’s maximum allowable without prior approval.
- Some hotels confuse the Federal rate and the State rate. Ensure your hotel is using the State rate.

Mileage

- As of August 1, 2016 the state mileage reimbursement rate is $0.38 per mile (subject to change per the Indiana Department of Administration)