

**COMMUNITY–BASED TOBACCO PREVENTION
INTERVENTIONS
REQUEST FOR APPLICATIONS
RFA #: 25-003**

APPLICATION GUIDELINES

FY 2026-2027

**Florida Department of Health
Bureau of Tobacco Free Florida**

Application Deadline:

February 16, 2026

Authorized under Section 381.84, Florida Statutes

Disclaimer – NOTE: *The receipt of applications in response to this grant opportunity does not imply or guarantee that any one or all qualified applicants will be awarded a grant from the Florida Department of Health.*

This grant opportunity is not subject to Section 120.57 (3) Florida Statutes.

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FLORIDA DEPARTMENT OF HEALTH STANDARD CONTRACT

TIMELINE

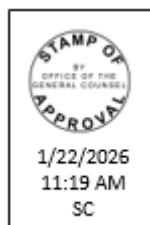
| Schedule | Due Date | Information |
|---|---------------------------|---|
| RFA Released and advertised | 2/2/2026 | http://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html http://www.myflorida.com/apps/vbs/vbs_main_menu |
| Submission of Written Questions | 2/6/2026 by 2:00 p.m. EDT | All questions must be submitted electronically to: RequestforApplication@flhealth.gov |
| Answers To Questions Posted (anticipated date) | 2/11/2026 | Posted electronically via http://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html http://www.myflorida.com/apps/vbs/vbs_main_menu |
| Applications Due (No fax, or delivered copies of applications accepted) | 2/16/26 By 5:00 PM EDT | Applications must be submitted electronically to: https://requestforapplications.floridahealth.gov/ Instructions In Section 6.0 |
| Anticipated Evaluation of Grant Applications | 2/17/26 –2/24/26 | Evaluation of Grant Application |
| Anticipated Posting of Intent to Award | 2/27/2026 | Posted electronically via http://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html http://www.myflorida.com/apps/vbs/vbs_main_menu |
| Anticipated Grant Start Date | 7/1/2026 | |

It is the applicants' responsibility to regularly check the Vendor Bid System.

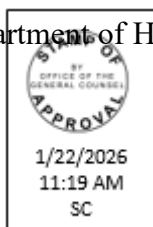
Section 1.0 INTRODUCTION

1.1 Definitions

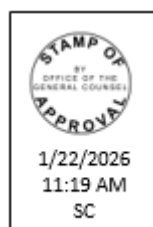
1.1.1 General Definitions



- 1.1.1.1 Area Health Education Centers (AHEC): The organizations the Bureau of Tobacco Free Florida is legislatively mandated to contract with to conduct the AHEC cessation initiative. Each AHEC is affiliated with an AHEC program office and there are ten centers within Florida. AHEC program offices may subcontract with one or more centers to deliver tobacco-related contract-specified initiatives or activities within its service area.
- 1.1.1.2 Automated Tobacco Activity Collection System (ATACS): A system used by the Department for planning, monitoring, and documenting short and long-term tobacco prevention intervention goals and outcomes. This allows the Department to review progress towards the CDC's *Best Practices for Comprehensive Tobacco Control Programs* (2014), as amended to ensure the annual Work Plan adheres to the goal, outcome, strategy, and activity standards, allows for the collection of data related to quarterly progress towards Work Plan goals, allows for the need to document the necessity for any changes to the annual Work Plan commitments, and provides reports to evaluate progress and ensure accountability. ATACS is a 24 hour a day, 7 day a week online system utilized by the Bureau of Tobacco Free Florida (BTFF), contracted program evaluators, contracted Providers and other authorized users.
- 1.1.1.3 Bureau of Tobacco Free Florida (BTFF): Bureau within the Department of Health also known as Florida's Comprehensive Statewide Tobacco Education and Use Prevention Program. It is also called the Program.
- 1.1.1.4 CDC Best Practices for Comprehensive Tobacco Control Programs 2014 (CDC Best Practices) - is an evidence-based guide produced by the Centers for Disease Control and Prevention which is designed to help states plan and establish comprehensive tobacco control programs.
http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm
- 1.1.1.5 Centers for Disease Control and Prevention (CDC): A federal agency within the United States Department of Health and Human Services established to protect public health and safety through the control and prevention of disease.
- 1.1.1.6 Community Tobacco Free Partnership: Brings together a diverse group of individuals and organizations with various skills and expertise to address a specific issue. The purpose of a Community Tobacco Free Partnership includes, but is not limited to, implementing activities of the annual Work Plan in the areas of preventing initiation of tobacco use among youth and young adults, eliminating secondhand smoke exposure, and promoting cessation from tobacco use. Community Tobacco Free Partnerships are required to adopt bylaws that focus on tobacco prevention and control and have an agenda focused on tobacco control. Community Tobacco Free Partnerships are formed to reduce the burden of tobacco use and shape tobacco-free norms so that tobacco becomes less desirable, acceptable, and accessible.
- 1.1.1.7 Department: The Florida Department of Health (DOH).



- 1.1.1.8 Guide to Community Preventive Services - a free resource for evidence-based recommendations and findings from the Community Preventive Services Task Force, an independent, nonfederal, volunteer body of public health and prevention experts which bases its recommendations and findings on systematic reviews of scientific literature. <https://www.thecommunityguide.org/topic/tobacco>
- 1.1.1.9 Key Staff: Any staff member with 50% or more of his/her position description dedicated to tobacco prevention and control responsibilities within the proposed community intervention tobacco grant.
- 1.1.1.10 Policy: A law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions achieved in support of Department policy initiatives.
- 1.1.1.11 Provider: Responder who is awarded grant funds through this RFA and responsible for coordinating and implementing the tobacco prevention program outlined in the application. If several organizations join to propose an intervention, the provider will be the fiscal agent for the others.
- 1.1.1.12 RFA: Request for Application.
- 1.1.1.13 Standard Contract: Basic outline of legal and programmatic requirements by the State Department of Health for entering into agreement with a separate party.
- 1.1.1.14 State and Community Interventions – this component of BTFF sets the work plan for tobacco control interventions at the state and community level and oversees and manages the Provider contracts
- 1.1.1.15 Students Working Against Tobacco (SWAT): A statewide youth organization working to mobilize and educate Florida youth about tobacco prevention. SWAT promotes youth leadership and community involvement while focusing primarily on policy change.
- 1.1.1.16 Subcontractor: An individual or entity, which signs a contract and is retained to perform or satisfy any portion of the obligations of this contract. (A subcontractor does not receive a W- 2, Wage and Tax Statement and is not considered an employee.)
- 1.1.1.17 Tobacco Free Florida (TFF) Campaign: Department’s statewide tobacco youth prevention and adult cessation media campaign which includes all campaign activities/services for the TFF campaign, including but not limited to the following components: graphic design and printing, media production, media buying, public relations and web/interactive.



- 1.1.1.18 Tobacco Products: Loose tobacco leaves, and products made from tobacco leaves, in whole or in part, and cigarette wrappers, which can be used for smoking, sniffing, or chewing; and any nicotine product or vapor-generating electronic device.
- 1.1.1.19 Young Adults: Floridians ages 18-26.
- 1.1.1.20 Youth: Floridians ages 11-17.
- 1.1.1.21 Work Plan: The summary of project period containing the goals, objectives, strategies, annual budget, and activities Provider commits to complete toward its BTFF approved policy initiatives.

1.2 **Program Authority**

Article X, Section 27, Florida Constitution, requires the Florida Legislature to annually fund a comprehensive, statewide tobacco education and control program using tobacco settlement money. The Constitution further requires the tobacco program to conform to the CDC Best Practices, as amended, in order to implement effective population-based interventions and strategies. The program is implemented through section 381.84, Florida Statutes.

(http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm)

1.3 **Notice and Disclaimer**

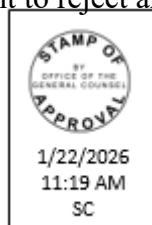
Grant funds awarded under this RFA will be determined by the Department at its sole discretion based on the availability of funds and the evaluation of the applications. Additionally, the Department reserves the right to negotiate the final terms and conditions of the grant award.

The receipt of applications in response to this publication does not imply or guarantee that any one or all qualified applicants will be awarded a grant or result in a contract with the Department. If during the grant funding period, the authorized funds are reduced or eliminated by the Florida Legislature, the Department may immediately reduce or terminate the grant award by written notice to the Providers.

It is the intent of this provision to prohibit the sale of goods or services developed using BTFF grant funds.

Providers receiving funds under this grant are responsible for the completion of all tasks and deliverables as stated in the contract. Purchase of goods or services from another community intervention Provider, AHEC, or any other BTFF funded entity will require prior approval from BTFF which reserves the right to reject any of these purchases.

The Department reserves the right to reject any and all applications.



The Program reserves the right to:

- Add, remove, and revise requirements during the grant period.
- Negotiate annual Work Plans during the grant period
- Add, remove, and revise required policy areas during the grant period

All staff receiving payment through this grant must be tobacco free and must not use electronic nicotine delivery systems in accordance with grant terms. Attestations of staff compliance with this requirement must be provided upon request.

The application is for the purpose of applicant selection. Final negotiation of the annual Work Plan will be completed after grant award. The work plan must meet the minimum program requirements to pass validation which is enforced by ATACS before it can be submitted. Once submitted, the work plan undergoes a multi-point Department review and approval process.

1.4 Program Purpose

The CDC has determined that tobacco use is the single most preventable cause of death in the United States and a leading cause of many long-term chronic health conditions. The purpose of the State and Community Intervention component is to reduce Floridian's tobacco use and exposure to secondhand smoke. The BTFF is seeking applications from organizations to promote policy and system change to impact social norms about and de-normalization of tobacco use. Through community-based activities, Providers will address tobacco disparities with a special focus upon the low socioeconomic status (SES) population. In addition, Providers are expected to implement programs to encourage and support youth and young adults to make behavior choices to prevent the initiation of emerging tobacco products, including e-cigarettes.

1.5 Available Funding

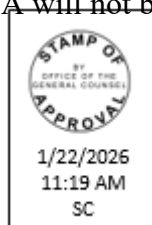
The BTFF has \$139,524.00 available for State and Community Intervention grant in Walton County for the 2026 – 2027 project period.

1.6 Matching Funds

Applicants must provide an annual match equivalent to 7% of their annual grant funding amount. Match will be described in their financial reports. Match may be an actual expenditure of private funds, unrecovered indirect expenses or in-kind in the form of free services or human resources. The match may include in-kind services, office support, other tangible support, or offset of costs.

1.7 Grant Renewal

The grant awarded under this RFA will not be renewed by the Department.



1.8 Alternate Award Procedures for Vacated Awards

If Provider's contract is terminated for any reason, the Department may award an alternate Provider from the existing pool of awarded Providers to assume the grant in that county. The Department will consult with the Tobacco Education and Use Prevention Advisory Council prior to making the alternate award.

Section 2.0 PROGRAM OVERVIEW

2.1 Background

Tobacco addiction is among the leading preventable causes of morbidity and mortality in Florida and in the United States. The list of illnesses caused by tobacco use is long and contains many of the most common causes of death, including heart disease, stroke, lung disease, many forms of cancer, and vascular diseases.

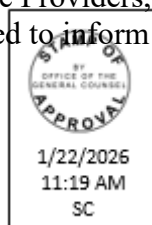
Cigarette use alone results in more than 490,000 deaths each year in the US, including 32,300 deaths in Florida. Exposure to secondhand smoke also causes disease and death. 6% of Floridians report being exposed to secondhand smoke in their homes. Additionally, many people working in some service industry jobs and outdoor occupations are exposed to secondhand smoke because workers in these positions may not have the same protections under the Florida Clean Air Act. The tobacco industry spends approximately \$587.5 million in Florida annually to market its products, (Sources: http://www.tobaccofreekids.org/facts_issues/toll_us/florida http://www.tobaccofreekids.org/facts_issues/toll_us/, *Florida Adult Tobacco Survey, 2024*).

The Program works within the Department's mission to promote and protect the health and safety of all people in Florida by working towards comprehensive tobacco prevention and control efforts.

Over the last eighteen years, the BTFF, through a competitive procurement process, has contracted with providers to establish or maintain tobacco-related activities in each county. Historically, Provider activities have contributed to local policy and systems interventions recommended by the BTFF based upon the CDC's *Best Practices for Comprehensive Tobacco Control Programs*. Local policies are in the form of resolutions, ordinances, organizational policies and systems change to address tobacco use or avoidance.

All activities of the BTFF are evaluated by an external, independent evaluator to inform program and policy direction, monitor and document short, intermediate, and long-term population outcomes, ensure accountability, and evaluate the effectiveness of the program in meeting its goals.

Data reported into ATACS by the Providers, along with several other state-level surveillance data sources, are used to inform policy direction and evaluate the



community interventions contribution to progress in achieving the programmatic goals. Applicants that are awarded a grant will submit required documentation and data to be utilized in program evaluation.

2.2 Priority Areas

All Provider activities must be consistent with recommendations for effective program components contained in the *CDC Best Practices for Comprehensive Tobacco Control Programs (2014), as amended*.

2.3 Program Expectations

As directed by 381.84, Florida Statutes, BTFF's goals include reducing tobacco prevalence, reducing the per capita consumption of inhaled nicotine, reducing exposure to environmental tobacco smoke, and enforcing the Florida Clean Air Act.

The following are the primary goals designed to achieve the program purpose:

1. Prevent initiation of tobacco use among Florida's youth and young adults.
2. Eliminate Floridians' exposure to secondhand smoke.
3. Promote quitting among Florida's adults and youth.
4. Sustain a Statutorily Mandated Comprehensive Statewide Tobacco Education and Use Prevention Program.

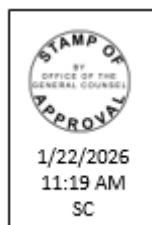
The implementation of policy, social norm, systems and environmental changes, with a special emphasis on youth and other vulnerable populations, are the major outcomes needed to achieve and sustain these goals.

2.4 Current and Prior Funded Projects

Applicants must demonstrate achievements from current and prior project efforts and have the following qualifications and work experience:

1. Mobilized or contributed to the mobilization of the community regarding a specific public health issue or community concern resulting in a policy change.
2. Maintained or participated in a community partnership implemented to advocate for or change a specific public health issue or community concern.
3. Advocated for or changed a specific public health issue or community concern.
4. Used media to bring public awareness for a specific public health issue or community concern.
5. Possess the organizational capacity required to make a change to a specific public health issue or community concern.
6. Capable of engaging diverse, representative population within their area of service.

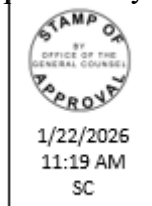
2.5 Project Requirement



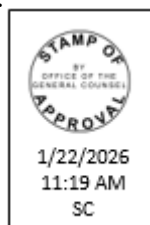
All Provider activities must be consistent with recommendations for effective program components contained in the CDC *Best Practices for Comprehensive Tobacco Control Programs (2014)* and the *Guide to Community Preventive Services*

The Provider will be responsible for meeting the following requirements within its service area:

1. Initiate services within 30 days of contract execution with the Department.
2. Align local media, marketing, and public relations materials with the Department's campaign. Use the Department's statewide campaign materials located on the TFF Media Hub and on the BTFF SharePoint site to promote local initiatives. Must have or create a Microsoft account in order to access SharePoint resources. If statewide campaign materials are not available for a specific tobacco topic or target audience, the Department will advise on what materials can be used. Local marketing efforts must complement the statewide campaign but not duplicate the current statewide campaign media vendor's activities. Local marketing initiatives include but are not limited to:
 - Presence at local events to promote or attain policy changes or to create tobacco free social norms;
 - Signage at local parks, sports fields, playgrounds, etc. to promote or attain policy changes or to create tobacco free social norms;
 - Advertisements in yearbooks, school newspapers, community newspapers, etc. to promote or attain policy changes or to create tobacco free social norms;
 - Additional media purchased to increase saturation of statewide Campaign; and
 - Soliciting earned/free media opportunities to promote tobacco free policies and initiatives.
3. Utilize a percentage of budget as directed by the Department, not to exceed 1% of budget annually, to meet the requirement that each county health department prominently display in all treatment rooms and waiting rooms counter marketing and advertisement materials in the form of wall posters, brochures, television advertising if televisions are used in the lobby or waiting room, and screensavers and Internet advertising if computer kiosks are available for use or viewing by people at the county health department. For year 1, the budgeted amount is set at 1%.
4. Collaborate with other DOH tobacco-related funded projects, providers and contractors, and local and statewide non-profit agencies and partners to support community and inter-agency initiatives.
5. Identify policy scope, summarize community readiness for proposed policies, identify partner strengths and challenges in achieving policy, and analyze decision maker support of proposed policies.
6. Prepare a draft of the annual Work Plan through ATACS.
7. Implement and complete the activities outlined in the currently approved annual Work Plan.
8. Attend all meetings, trainings, new staff orientations, conference calls, and webinars as determined and specified by the Department.



9. Obtain required Department approval prior to initiating any activities such as marketing, sponsorships, and training.
10. Inform other tobacco prevention programs and partners, including, but not limited to DOH local offices, schools, and community organizations, of their work in the county where the project is operating.
11. Participate in the Department's statewide campaigns and observances as required by the Department.
12. Contact and meet with state and local elected officials in order to educate them on CDC Best Practices, BTFF efforts, and Provider initiatives.
13. Establish and maintain community tobacco free partnerships.
14. Build strategic partnerships comprised of local stakeholders to increase the community's capacity to educate and advocate for tobacco policy change.
15. Engage and collaborate with organizations serving priority populations to ensure that partnerships leverage the skills and expertise necessary to address health disparities.
16. Establish and maintain one county chapter of the Students Working Against Tobacco organization.
17. Collaborate with local partners to support policy initiatives detailed in the approved annual Work Plan. County specific policy activities will be directed to the policy areas assigned to the county as indicated in the table provided in Appendix II. Appendix IV provides descriptions of the policy and infrastructure areas and should be cross referenced with Appendix II to determine requirements for the county.
18. Communicate and report project performance in a manner established by the Department.
19. Collaborate and cooperate with the Department and other Providers to participate in mentoring and peer learning communities.
20. Notify the Contract Manager within five business days of any change or event in the corporate status, e.g. administrative dissolution, or changes in staffing. Maintain minimum staffing levels as outlined in Appendix II.
21. Participate in the Department's statewide campaigns as required.
22. Facilitate engagement with local elected officials in order to conduct policy change work and to educate them on tobacco prevention and promotion activities.
23. Prepare and submit the Quarterly Progress Update (QPU) through ATACS within 15 days following the end of each quarter. The QPU reporting may include the following documentation but is subject to change:
 - a) Financial information for each quarter including personnel expenses, direct expenses and indirect expenses.
 - b) An Executive Summary of the quarterly progress made on Work Plan objectives.
 - c) Strengths, weaknesses, opportunities and threats (SWOT) analysis for each quarter.
 - d) Details of the progress made toward approved policy-specific, measurable, achievable, realistic and timely (S.M.A.R.T.) objectives for each quarter.
 - e) Details of progress made towards approved non-policy S.M.A.R.T. objectives specific to each quarter.



- f) Details of steps taken which lead to achievement of policy based SMART Objective.
- g) Details of all Work Plan activities specific to the quarter as specified in the approved Work Plan.
- h) Upload all Work Plan activity and specific backup documentation into the ATACS.

Providers will be required to report performance measures in the annual Work Plan on a quarterly basis which support their achievement of the programmatic goals identified in **Section 2.3**.

Section 3.0 TERMS AND CONDITIONS OF SUPPORT

3.1 Eligible Applicants

Applicants must be legal business entities with an office in Florida and include, but are not limited to, local health departments, schools, health care providers, community organizations, and not-for-profit 501(c)(3) entities.

3.2 Eligibility Criteria

To be eligible to receive a grant, all corporations, limited liability companies or partnerships and their sub-contractors seeking to do business with the State shall be registered with the Florida Department of State in accordance with the provisions of Chapter 607, 608, 617 and 620, Florida Statutes.

3.3 Minority Participation

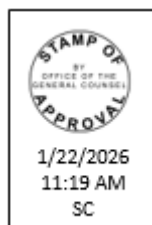
In keeping with the One Florida Initiative, the Department encourages minority business participation in all its procurements. Applicants are encouraged to contact the Office of Supplier Development at 850- 487-0915 or visit its website at <http://osd.dms.state.fl.us> for information on becoming a certified minority vendor or for names of existing certified minority vendors who may be available for subcontracting or supplier opportunities.

3.4 Period of Support

The initial project term shall be for a funding period of five years beginning July 1, 2026 and ending June 30, 2031.

3.5 Use of Grant Funds

The Department will provide payment to the Provider for allowable costs that are reflected in the proposed budget and approved by the Department.



Allowable and Unallowable Costs:

Allowable and unallowable expenditures are defined by at least one of the following:

1. Reference Guide for State Expenditures found at <https://www.myfloridacfo.com/Division/AA/Manuals/documents/ReferenceGuideforStateExpenditures.pdf>
2. Sections 112.061, 286.27, 381.84, and 215.97, Florida Statutes
3. Florida Administrative Code Chapter 691-5
4. The current Tobacco Prevention Purchasing Agreement as provided by BTFF

Section 4.0 APPLICATON REQUIREMENTS

4.1 Application Forms

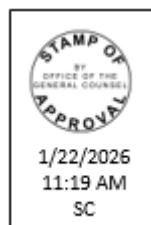
Applicants must use the official forms attached to this RFA. Alternate forms may not be used. Any alteration of the forms will result in disqualification.

4.2 Order of Application Package

Applications for funding must address all sections identified below and in as much detail as requested. See Attachment I and Attachments III-VI, attached herein. Do not include appendices or Attachment II instructions. The final application packet must be combined into a single PDF file, in the order listed below prior to uploading to: <https://requestforapplications.floridahealth.gov/> .

The completed online application must include all of the following components:

1. Cover Page (Attachment I): See the PDF fillable form provided by the Department.
2. Main Application Template (Attachment II): Use the format provided by the Department. This is not a form. Create the attachment in a word processing program. Include section headings from format. Applicant must adhere to stated formatting requirements and to page limitations for each section and save it as a PDF document.
3. Attachments (III-VI): See the PDF fillable forms provided by the Department.
4. Additional Attachment VI forms for each staff member proposed.
5. Four Letters of Support: The Department did not provide a form or format for this requirement.
6. Organizational Chart: The Department did not provide a form or format for this requirement.
7. Staff Resumes: The Department did not provide a form or format for this requirement.
8. Certification of Drug Free Work Place on the applicant organization's letterhead: The Department did not provide a form or format for this requirement.
9. Certification of Tobacco Free Staff: The Department did not provide a form or format for this requirement.



4.3 **COVER PAGE**

Each application must include a signed Cover Page. The template for the Cover Page can be found in **Attachment I**. A PDF copy of the signed Cover Page must be uploaded into the online application. Instructions for downloading and uploading a signed copy of the Cover Page are provided within the online application.

4.4 **APPLICATION FOR FUNDING**

The revised Attachment II, referenced herein, is provided as a template for the Application. Applicants must follow the instructions and adhere to page limitations as defined in the template. Applicants will create this document in a word processing program using the format provided and including the listed headings for sections 5.1 through 5.5. Instructions from Attachment II should not be included in the application document. Page limitations must be adhered to for each section as specified. The Attachment II will be combined with the PDF forms and other required components as specified in section 4.2 Order of Application Package, combined into a single PDF file and submitted at the following web link: <https://requestforapplications.floridahealth.gov>

4.4.1 **Budget Information**

Applicants must provide a proposed budget for the first year of the project using the format provided in Attachment III.

4.4.2 **Budget Narrative**

Each expenditure detailed in Attachment III must be accompanied by a narrative (Attachment IV) that justifies how the expenditure relates to the stated goals of the proposed project. See the Budget Narrative (Attachment IV) for instructions.

4.4.3 **Current and Prior Funded Projects**

To demonstrate prior work experience, the applicant shall submit its organization's Current and Prior Funded Projects in Attachment V.

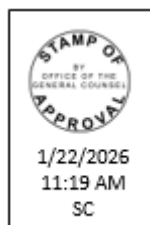
4.4.4 **Staff Qualification Survey**

Applicants must complete a Staff Qualification Survey (Attachment VI) for each staff member who will work on this project.

4.5 **LETTERS OF SUPPORT**

Applicants must submit a Letter of Support from **four** Collaborative Partners. Each letter submitted on a Partner Organization letterhead must identify the partner including the main contact, their role, and their contribution to the project. The letters must describe the past, present, and anticipated future working relationship with the applicant along with a description of anticipated successes and the expected relationship within the next six years with the applicant. Letters of support must be signed by an authorized representative of the partner organization.

4.6 **ORGANIZATIONAL CHART**



Provide an organizational chart that includes the project staff and local partner organizations and indicates how each member relates to each other. The chart should label key staff, partner organizations and core partner contacts necessary to achieve the program objectives. Labels should also include the functional role of partner organizations.

4.7 PROJECT RESUMES

Applicants shall submit resumes for each staff member who will work on this project. Position descriptions may be submitted for positions that have not been filled.

4.8 CERTIFICATION OF DRUG FREE WORKPLACE

Applicants shall provide certification of a drug free workplace on the applicant organization's letterhead.

4.9 CERTIFICATION OF TOBACCO FREE STAFF

Applicants shall provide certification that all staff working on this project are tobacco free and do not use electronic nicotine delivery systems.

Section 5.0 REQUIRED CONTENT OF THE NARRATIVE SECTION

It is the intent of the BTFF to direct the activities of this grant towards interventions that will make the largest public health impact. BTFF has analyzed county tobacco-related policy achievements, county demographics, and data collected through multiple administrations of the Florida Youth Tobacco Survey, Behavior Health Risk Factor Surveillance System, and the Florida Adult Tobacco Survey to establish the need for specific policy types in each county. See Attachment II for all information pertaining to the required content of the narrative section.

5.1 Appendices

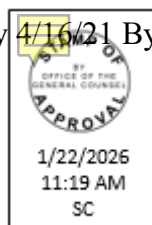
All appendices must be clearly referenced and support elements of the narrative.

- I. County Budget Allocation
- II. County Policy Assignment
- III. Professional Staffing Qualification
- IV. Department of Health Standard Contract
- V. Financial and Compliance Audit

Section 6.0 SUBMISSION OF APPLICATION

6.1 Application Deadline

Applications must be received by 4/16/21 By 5:00:00 PM EDT.



6.2 Submission Methods

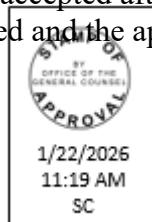
INSTRUCTIONS FOR SUBMITTING APPLICATIONS:

1. Only electronic applications received through the online application system will be accepted for this RFA. (Mailed or Hand-Delivered Applications will not be accepted).
2. Pages should be single-spaced, numbered, with one-inch margins.
3. The font size must be 11 points, the type must be Arial.
4. Application, to include all components as listed in **Section 4.2**, must be submitted as one PDF file.
5. The file size of the uploaded application file must not exceed 5 MB.
6. Contents of the application must be in the order of the outline defined in **Section 4.2**.
7. Appended material may not be used to circumvent the page limit for the application.
8. Applications shall not contain personally identifiable information (PII). PII includes information such as social security numbers and birth dates.
9. PDF files must not require special certificates or passwords to open.
10. All forms required to be completed will be available on the application submission site.
11. Multiple county applications will not be accepted in a single application. If submitting applications for multiple counties, separate electronic applications must be submitted for each county.
12. It is the responsibility of the Applicant to assure the application is submitted at the place and time indicated in the timeline. If the deadline has passed, the system will prevent application submission.
13. Applicants should anticipate that the volume of online activity may increase as the application deadline approaches and this may slow upload times. Applicants are encouraged to submit online applications well in advance of the deadline to avoid any delays due to busy servers or other potential internet failures. The date and time stamp of receipt is based on when the submission is complete, not when the process began.
14. No late applications will be accepted, under any circumstances, regardless of the reason(s) for its late submission. The submission site will not allow late submissions.

6.3 Where to Send Your Application

To complete the application process:

1. Applicants may access the submission site and submit questions regarding this RFA at: <https://requestforapplications.floridahealth.gov/>.
2. An application cannot be changed after the submission due date. Errata sheets or replacement files will not be accepted after the application deadline. If an application has been submitted and the applicant wishes to change the submitted



application before the deadline, resubmit the revised application following the same submission process. The revised version must contain the same title and vendor as the original version and must contain the word “revised” in the file name.

Applicants may contact technical assistance at (850) 245-4122 if assistance is needed to access the submission site.

<https://requestforapplications.floridahealth.gov/>

3. Resubmission must occur before the application deadline in order to be eligible for consideration.

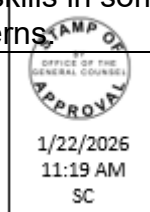
Section 7.0 EVALUATIONS OF APPLICATIONS

7.1 Receipt of Applications

Applications will be screened upon receipt. **If the applicant doesn’t submit all required components as described in Section 4.0, the application will not be considered for review.** Complete applications are those that include the required forms in the Application Requirements Section of this application. Incomplete applications will be returned with notification that it did not meet the submission requirements and will not be entered into the review process.

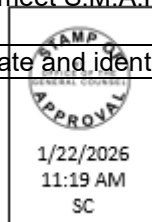
7.2 How Applications are Scored

| Scoring Scale for the Community–Based Tobacco Prevention Interventions Application Guidelines | Score (whole numbers only) |
|--|----------------------------|
| Yes/No Questions: 5,6,12,14,16,19,21 | |
| Yes/No Questions – The Reply for this criterion is <u>yes</u> . | 5 |
| Yes/No Questions – The Reply for this criterion is <u>no</u> . | 0 |
| Other Questions: 1,2,3,4,7,8,9,10,11,13,15,17,18,20,22 | |
| The Reply for this criterion demonstrates and/or describes extensive competence, proven capabilities, an outstanding approach to the subject area, innovative, practical and effective solutions, a clear and comprehensive understanding of the requirements and/or planning for the unforeseen. The Evaluator could not determine any significant limitations or concerns. | 5 |
| The Reply for this criterion demonstrates and/or describes clear competency, consistent capability, a reasoned approach to the subject area, feasible solutions, and/or a sound understanding of the requirements. The Evaluator could determine only minor limitations or concerns. | 4 |
| The Reply for this criterion demonstrates and/or describes a fundamental competency, adequate capability, basic approach to the subject area, apparently feasible but somewhat unclear solutions, a fair understanding of the requirements and/or a lack of staff experience and skills in some areas. The Evaluator could determine notable limitations or concerns. | 3 |

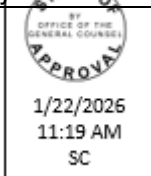


| | |
|--|----------|
| The Reply for this criterion demonstrates and/or describes a minimal capability, an inadequate approach to the subject area, infeasible and/or ineffective solutions, somewhat unclear, a lack of understanding of the requirements and/or a lack of demonstrated experience and skills. The Evaluator could determine serious flaws and concerns. | 2 |
| The Reply for this criterion demonstrates and/or describes a significant or complete lack of understanding, an incomprehensible approach, and/or a significant or complete lack of skill and experience | 1 |
| The Reply for this criterion is so severely flawed as to render an essential element of the criterion unworkable or the criterion is not addressed. | 0 |

| # | Evaluation Criteria | Evaluator Score Scale (0-5) | Criterion Weight Factor Scale (1-5) | Criterion Points |
|---|---|-----------------------------|-------------------------------------|------------------|
| Statement of Need (questions 1 to 6). Maximum Possible Score for the Section is 65 | | | | |
| 1 | How well does the Applicant demonstrate understanding of the target county's demographics regarding tobacco use in the county? | _____ | 2 | _____ |
| 2 | How well does the Applicant demonstrate understanding of the need for funding to address tobacco prevention and control within the target county? | _____ | 2 | _____ |
| 3 | How well does the Applicant understand the strengths and challenges of tobacco control and prevention in the county? | _____ | 2 | _____ |
| 4 | How well does the Applicant understand the county's prevalence of tobacco free environments and the community's attitudes and behaviors related to tobacco use? | _____ | 2 | _____ |
| 5 | How well does the Applicant demonstrate and identify the priority populations and existing tobacco related disparities proposed to be served by the activities, including age gender, race and ethnicity, socioeconomic status and mental health. | _____ | 2 | _____ |
| 6 | Does the Applicant cite all data and statistics used to validate the need? (State surveillance data is available to all applicants.) YES or NO | _____ | 3 | _____ |
| Program Plan (questions 7 to 19). Maximum Possible Score for the Section is 240. | | | | |
| 7 | Does the Applicant address the minimum policy and infrastructure areas as outlined in the county's requirements in <i>Appendix II County Policy Infrastructure Assignments</i> ? YES or NO | _____ | 5 | _____ |
| 8 | How well does the Applicant demonstrate and identify how proposed strategies activities will meet S.M.A.R.T. objectives? | _____ | 5 | _____ |
| 9 | How well does the Applicant demonstrate and identify | _____ | | _____ |



| # | Evaluation Criteria | Evaluator Score Scale (0-5) | Criterion Weight Factor Scale (1-5) | Criterion Points |
|---|---|-----------------------------|-------------------------------------|------------------|
| | how population groups disparately affected by tobacco use will be impacted by proposed activities? | | 5 | |
| 10 | How well does the Applicant demonstrate expertise implementing evidence-based practices to change local policy? | | 2 | |
| 11 | To what extent does the Applicant describe capacity, expertise, experience, and strategy in developing and maintaining collaborative partners in the targeted county as part of the response related to the applied policy areas? | | 3 | |
| 12 | How well does the Applicant demonstrate and identify the roles and responsibilities of collaborative partners to support proposed activities? | | 3 | |
| 13 | How well does the Applicant demonstrate and identify the readiness of existing partnership to pursue policy advocacy? | | 3 | |
| 14 | How well does the Applicant demonstrate and identify how partners will be recruited and engaged from underrepresented populations and/or those groups disparately impacted by tobacco? | | 3 | |
| 15 | How well does the Applicant demonstrate and identify their knowledge of the existing Students Working Against Tobacco (SWAT) organization within the county? | | 3 | |
| 16 | How well does the Applicant demonstrate and identify how to engage SWAT members in local policy advocacy to achieve proposed policy outcomes? | | 3 | |
| 17 | How well does the Applicant demonstrate and identify strategies to integrate SWAT members into the activities of the tobacco free partnership? | | 3 | |
| 18 | How well does the Applicant demonstrate experience, understanding, and competence in writing each objective in the Program Plan as Specific, Measurable, Achievable, Realistic, and Timely? | | 5 | |
| 19 | Do the proposed policy responses under Program Plan address the initial three fiscal year grant term (2021-2024) Yes OR No | | 5 | |
| Management Plan (questions 20 to 29). Maximum Possible Score for the Section is 185. | | | | |
| 20 | How well does the Applicant describe administrative structure, staff expertise and capacity, current or previous grant experience, overall mission, and how it relates to the statement of purpose for this RFA? | | 5 | |
| 21 | Does the Applicant comply with the demonstrated prior work experience description required by this RFA? Yes | | | |



| # | Evaluation Criteria | Evaluator Score Scale (0-5) | Criterion Weight Factor Scale (1-5) | Criterion Points |
|----|---|-----------------------------|-------------------------------------|------------------|
| | OR No | _____ | 5 | _____ |
| 22 | How well does the Applicant demonstrate experience and expertise in managing a project similar to the one in this RFA? | _____ | 3 | _____ |
| 23 | The Applicant has never had a grant revoked. Yes OR No | _____ | 3 | _____ |
| 24 | How well does the Applicant demonstrate experience, expertise, and capacity to manage the policy change activities described in the RFA? | _____ | 3 | _____ |
| 25 | How well does the Applicant demonstrate experience and expertise in developing and implementing county-based tobacco prevention and control initiatives? | _____ | 3 | _____ |
| 26 | Does the Applicant comply with the requirement to submit resumes for each staff member and complete the Staffing Qualification Survey for each staff member? Yes OR No | _____ | 5 | _____ |
| 27 | How well does the Applicant demonstrate strategy, capacity, expertise, and experience in employing competent staff to accomplish project objectives described in this RFA? | _____ | 3 | _____ |
| 28 | Is the organizational chart included and in compliance with the RFA? Yes OR No | _____ | 5 | _____ |
| 29 | How well does the Applicant demonstrate experience and strategy to financially sustain the local project once the funding period ends? | _____ | 2 | _____ |
| | Total Criterion Points Awarded by Evaluation Team Member | _____ | | _____ |
| | Maximum Points Possible | 145 | | 490 |

7.3 Grant Awards

The Department intends to award a Community Based Tobacco Prevention Interventions Provider in Walton County. One award may be granted depending on the availability of funding.

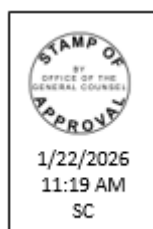
7.4 Award Criteria

Funding decisions will be determined by the Department after consultation with the Tobacco Education and Use Prevention Advisory Council on the basis of merit as determined by the RFA.

7.5 Funding

The Department reserves the right to revise proposed plans and negotiate final funding prior to execution of contracts.

7.6 Awards



Awards will be listed on the website at:

<http://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html>

on or about January 13, 2020

Section 8.0 REPORTING AND OTHER REQUIREMENTS

8.1 Post Award Requirements

Funded applicant will be required to negotiate with the BTFF staff to create and finalize the annual Work Plan.

ATTACHMENTS

Attachment I – Cover Page

Insert Attachment II here – Application Template

Insert Attachment III- RFA Annual Budget Template

Insert Attachment IV- Budget Narrative Template - Budget Narrative

Insert Attachment V- Current Prior Funded Projects Attachment 2020

Insert Attachment VI-Staff Qualification Survey

Insert Appendix I -Proposed Funding by County for Fiscal Year 2021-2022

Appendix II County Policy Infrastructure Assignments for RFA

Appendix III - Professional Staffing Qualifications

Appendix IV Policy and Infrastructure Area Descriptions

Appendix V –Standard Contract

End of RFA

