The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Rev 8

APPLICATION RESPONSE FORM, INSTRUCTIONS, AND CHECKLIST

General Instructions:

1. **See the RFR and COMMBUYS posting for complete procurement specifications.**
2. **All responses are to be submitted using the online submission tools available to Vendors registered in COMMBUYS.** There is no charge to register in COMMBUYS. To Register go to www.COMMBUYS.com and click on the "Register" link on the front page.
   Bidders are solely responsible to monitor COMMBUYS for Bid amendments, if any. Bidders may monitor the record by frequently checking the Amendment Section on the Summary screen for the BID in COMMBUYS.
3. **All Bidders are advised to allow adequate time for submission by considering potential online submission impediments like Internet traffic, Internet connection speed, file size, and file volume.** DPH is not responsible for delays encountered by Bidders or their agents, or for a Bidder's local hardware failures, such as computers or related networks, associated with bid compilation or submission. Bids submitted via COMMBUYS are time stamped by the COMMBUYS system clock which is considered the official time of record.

Formatting Instructions:

This document was prepared using Microsoft Word's forms feature. Complete the form on your computer using Microsoft Word.

1. Save this document file to your computer.
2. Enter your responses in the text box, moving between the text boxes using the tab key on your keyboard.
3. Responses to check boxes are made by clicking once on the check box. To remove the X from a check box, click on the check box again.
4. Text responses are limited to a maximum number of characters and the limits are noted in each question. Once the maximum character limit is reached, MS Word will not allow more than this limit. Please note that a space is counted as a character, and using the enter key to begin a new line in a response is also counted as a character. It is not recommended that applicants insert graphics into the responses. Spell-check does not work in text boxes.
5. Those with visual impairments may use an electronic text reader by unlocking the Application Response Form.

APPLICATION RESPONSE COVER PAGE – REGIONAL PROGRAMS

Municipal Tobacco and Public Health Policy Programs RFR #190128

Organization

Organization Name: [City of Lynn]

Address:
[3 City Hall Square]

[Rm# 401]

City: [Lynn] State: [MA] Zip: [01901]

Municipal/Regional Organization CEO (Chief Executive Officer):

First Name: [Thomas] Last Name: [McGee] Title: [Mayor]

FEIN: [ ] Vendor Code: [ ]

Contact Person for this Proposal

First Name: [Joyce] Last Name: [Redford]

Title: [Program Director]

Telephone: (781) 586-6821

E-Mail: [putitout@lynnma.gov]

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

QUESTIONS FOR RESPONSE - REGIONAL PROGRAMS

Enter your response in the text boxes using Microsoft Word.

1) Provide a description of your proposed program including populations within the region that are disparately impacted by tobacco. Describe the region's need for tobacco programming and how this grant will address these needs. Also include the project lead and all municipalities involved. Indicate how the municipalities involved were selected for this application.

☒ Municipal participation forms from all municipalities including the lead agreement form uploaded to COMMBUYS.
☒ Eligibility form uploaded to COMMBUYS.

The proposed region with Lynn as lead includes Beverly, Danvers, Essex, Gloucester, Hamilton, Ipswich, Manchester, Marblehead, Nahant, Peabody, Rockport, Salem, Saugus, Salem & Wenham with total population of 382,743. 304,332. (80%) of the areas, population is disparately impacted by tobacco. Communities selected are based on a continuance of the existing tobacco program with the addition of Ipswich, who has not been covered by a tobacco program in recent years. With 80% of the population within this, collaborative being identified as negatively impacted by tobacco the need for additional enforcement, education, and policy interventions is critical. In the current program we have achieved high levels of success in policy advancement, with 7 of the municipalities adopted or enacted flavor restrictions, 5 permit capping, 9 pharmacy bans and 12 MLSA of 21. Other municipalities within this proposed collaborative have expressed a desire strengthen policies within their municipality, which would increase protections while creating a level playing field for retailers. With these regulations in place, the need for ongoing consistent enforcement is paramount.

2. Administrative capacity of lead municipality or regional agency:
   a) Identify the municipality or regional agency that will serve as the lead for this program. Briefly describe the infrastructure and experience of this department/agency in managing grants and why they are best suited to coordinate this program.

The Lynn Health Department sits within the City's Inspectional Service Division and has been the lead community of the current tobacco program for six years.
Lynn Health Department works with community partners to advances issues of public health within the city, such as the implementation of a smoke-free housing policy in collaboration with the TCP and the Lynn Housing Authority. The Board of Health has consistently upheld the strict enforcement of their tobacco regulations resulting in higher rates of compliance. In FY17 the compliance rate was 86% and in FY18 that rate increased to 93%. Health Director Michele Desmarais has recently led efforts to improve the city's tobacco policy through updates that include language capping the number of tobacco permits raising the MLSA to 21 and creating a tracking mechanism to ensure that the permit cap is not exceeded.
The Health Department has a long and successful history of managing MDPH grants. In addition to the tobacco grant, Lynn manages six other public health grants related to wellness and substance use prevention (Bureau of Substance Abuse Services - Mass.Opioid Abuse Prevention Collaborative, Substance Abuse Prevention Collaborative & Partnership for Success- 2015 and Mass In Motion, Prevention Wellness Trust Fund & Costal Pollutant Remediation). As well as a Grant Accounting Specialist who is certified in the PACE system, which means the City, is poised to continue as lead community without interruption.

   b) Describe the lead's ability to provide leadership and influence to a regional program including past experience leading initiatives or grants on tobacco prevention, substance use prevention, chronic disease or other related public health issues.

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The City of Lynn Health Department has demonstrated leadership within the collaborative serving as the lead agency on the regional opiate prevention grant with Peabody and Salem sponsoring a regional opioid caucus and collaborating with the Essex County DA's office on the Drug Diversion program. Most recently hosting an Opioid Addiction Informational Form with several panelists that included: Essex County DA Blodgett, and Essex County Sheriff, Coppinger, Bridgewell's Director of Behavioral Health and Prevention Programs and Dr. Mahaniah CEO of Lynn Community Health Center. Lynn is the largest municipality within the collaborative area, with the highest population and the greatest number of residents who meet the criteria of "in need" face critical public health inequities and disparages impacts of tobacco. Understanding those adverse health effects the Health Department has updated their tobacco policies and consistently implemented penalties when violations occur, a strategy echoed throughout the municipalities represented in this proposal.

3. Describe past efforts in the region/collaborative to implement and/or enforce tobacco prevention or secondhand smoke policies. Discuss both successes and challenges of the region and how this grant would enhance the successes and address the challenges.

☒ Local policy & enforcement form uploaded to COMMBUYS.

This region has a long history of cooperation and collaboration on public health initiatives. They are a well-organized and integrated group who have worked together to advance and improve health status indicators within the region for over 20 years.
The group is comprised of the same communities covered by North Shore – Cape Ann Emergency Preparedness Region 3D established in 2004, with the addition of the Town of Ipswich. Examples of collaboration are evident in coordinated emergency preparedness drills, partnering in shelter set-up during weather emergencies, and jointly organized flu clinics.
Although the diverse composition of the region can sometimes present challenges – for instance, aligning the interests of Towns vs. Cities or communities with different demographics, overall the diversity is a strength and presents opportunities to capitalize on connecting like communities when advancing certain public health policies in smaller more manageable groups.
Other areas of municipal cooperation include organized co-buys of certain municipal supplies such as road salts, emergency medical supplies, and recycle bins sharing and saving with limited resources. The communities successfully share best practices when promulgating new regulations (i.e. tobacco, body art, hoarding & food code) or creating educational materials and enforcement tools.
Historically, this region has come together on tobacco control issues coordinating regulatory adoption and enactment dates in similar communities.
These cohesive characteristics consistently demonstrate the spirit of cooperation within this region to address significant public health topics. Collaboration is the norm rather than the exception. Because of these existing relationships, mechanisms necessary for sharing information, strategies and best practices already exist. Collaborative successes such as smoke free housing policies implemented in 6 out of 8 housing authorities and having 13 communities to adopt the 2013 food code together. All which create further opportunities for advancement of meaningful public health policies.

4. Describe an example of how local or state policies can lead to unintended health inequities. What role should a municipal tobacco program play in addressing these inequities?

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Zoning laws can affect certain service accessibility i.e. siting requirements for methadone clinics, medical marijuana dispensaries, or emergency shelters, creating unintended inequities. Cambridge's MIM -Complete Streets Strategy, intended to promote walkable neighborhoods, resulted in inadvertently limiting access to handicapped parking in front of a pharmacy. It may be challenging to gauge the impact of a strategy in the planning stage. Therefore, planners must use all available tools such as health impact studies and engage all stakeholders, especially populations the policy or law is intended help. Community partners, those who would be impacted by the strategy, can help identify potential limitations, barriers or unintended consequences. The collaborative implementation of Smoke-free Housing is a good example of best practices and lessons learned. The process included resident surveys and dialog meetings with residents, the results of which were incorporated into the planning steps. As a result of the feedback, we arranged for cessation classes for residents who had expressed interest in quitting. However, we found an unintended inequity in that the centralized location of cessation classes sometimes proved difficult for residents from other Housing Authority sites to attend. Also, residents held strong connections to their own housing sites and support network of neighbors, resulting in underutilization of the program by residents living at other sites. This inequity could be remedied by offering cessation programs at more individual sites.

5. Describe the organizational structure of your proposed program and how that structure will facilitate effective communication within the region and with tobacco program staff. Include how decisions impacting the entire collaborative will be made, methods and tools used to communicate within the collaborative, and meeting schedules.

The City of Lynn will be the lead agency. In addition, there are fifteen participating municipalities, these same municipalities make up the Region 3D of the Massachusetts Department of Public Health Emergency Preparedness Coalition. This well-organized and integrated group has a long history of working collectively to advance public health and improve health status indicators for nearly twenty years. Individual municipal health departments have shown willingness to act cohesively on significant policy issues such as MLSA 21 and flavor restrictions to promote consistency of messaging and business practices. Because of this longstanding collaboration, mechanisms for sharing strategies and best practices already exist.
This group meets monthly and tobacco program director attends these meeting quarterly with regional and statewide program updates. In addition, the program director attends board of health meeting regularly to provide testimony or obtain any required votes. Other means of communications frequently practiced are via telephone, e-mail and text.
The tobacco program consists of one director who will handle all aspects of the day-to-day operation of the program requirements. In addition, direct staff will include two inspectors one part-time and one per-diem to assist in conducting retailer inspections, pricing surveys and data entry. Contracted youth inspectors needed to conduct retailer compliance checks.

6. **If applying as a lead municipality:** Describe the relationship you have with other municipalities in the proposed region. Describe the organizational relationship and routine cooperation with other parts of internal municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the organizational relationship between the Board of Health/Health Department to the Mayor and/or Town Manager's office.
If applying as a regional planning agency or government council: Describe your organization and its relationships with municipalities. Describe the agency's experience collaborating with municipal health departments. Describe the agency's experience working with other parts of municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the agency's experience working with Mayors and/or Town Managers. Specifically respond to this question on matters related to public health or those transferrable to the tobacco program.

The Lynn Health Department, Building Department and Building Facilities Department are all part of the Inspectional Service Division. As such, the interconnectedness and access to other department's staff, information, assistance and collaboration is practiced and often mitigates the typical challenges encountered in navigating the organizational structure of a large city. The Health Department and Tobacco Program have strong relationships with both the Police and Fire Departments working together on many shared goals.

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The City has strong multi departmental relationships working closely on many of the complex issues we face as the 6th largest City in the Commonwealth. Recently, the Health Dept. was interested in adopting a health regulation to address the adult use cannabis and a committee was convened, that included the Health Dept., Mayor's office, two City Councilors, Police Dept., Legal Dept., Building Dept. and the Tobacco Program Director to address components of the proposed regulation that were already in place as part of the City's Tobacco regulation.
The City's newly elected Mayor Thomas McGee has consistently supported public health initiatives and smoking prevention and cessation in his former roles as a State Representative and Senator. He recognizes the negative health impacts of tobacco are especially high in the City of Lynn. I am confident under his leadership that public health prevention will continue to be a priority and support positive policy development.
The Tobacco Program Director has well established relationships with all health directors and members of the current fifteen municipal boards of health. She attends board of health meeting regularly with updates on the retail environment, emerging products information and compliance data. She has a comprehensive understanding of each municipality's demographics, political structure and many local and statewide stakeholders. This long-term relationship has earned her much respect and trust in assisting municipal boards of health in developing and updating tobacco policies.

☒ Organizational chart that includes where tobacco program will be located within entity uploaded to COMMBUYS.

7. Describe the proposed staffing pattern including roles and responsibilities for all positions funded in part or totally by MTCP. Attach job descriptions for all these positions including consultants or include resumes if staff roles are currently filled. Job descriptions should include job duties and qualifications and should clearly indicate the supervisor of the position. (See RFR Appendix C for recommended entry-level skills for tobacco control staff and tasks related to tobacco control programs).

One permanent full-time program director, and two inspectors (1 part-time, 1 per-diem) and contracted youth inspectors. She will handle all aspects of the grant including managing targets and milestones; supervision of staff, prioritizing workloads, budget and quarterly reports; maintain a regional retailer database; attend MTCP meetings/trainings; attend collaborative meetings. Director will attend stakeholder and Board of Health meeting to promote policies and introduce or strengthen tobacco regulations; conduct compliance checks and inspections/surveys; respond to smoke-free workplace complaints; report compliance results to regional municipalities; prepare reports for court or board of health hearings and maintain a chain of evidence; and follow-up on any permitting sanctions issued.
Inspectors will handle assigned inspections/pricing survey data collection; enter data into RDMS or POST; convey to merchants all regulatory requirements; provide signage and educational materials to merchants; and report all findings to the program director.
Youth who participate in conducting compliance will be required to pass FDA and MTCP approved online training and product knowledge training organized by the program director.

☒ Staffing pattern form completed and uploaded to COMMBUYS.
☒ Job descriptions or resumes uploaded to COMMBUYS.

8. Discuss the ability and willingness of each municipality in the region to enforce local and state tobacco policies, including issuing and upholding tickets and permit suspensions for violation of local and state tobacco policies. In communities without prior tobacco enforcement experience, confirm each municipality's willingness to enforce. In communities with past tobacco enforcement experience, discuss any challenges and how the program will address these challenges.

Within this region, a majority of our fifteen municipalities have continually adopted and enacted the strongest available regulatory language of tobacco regulations as they have advanced through the years of the program. Opportunities for merchant trainings and comprehensive educational visits have been built into program processes to provide the greatest opportunities for permitted tobacco merchants to understand and comply with the evolution of tobacco regulations. Having taken into consideration the importance of these preliminary steps and the desire to work equitably with merchants, Health Directors and Board of Health members understand the importance of applying

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consistent and level enforcement of their tobacco regulations. Between January and December 2017, compliance checks resulting in permit suspensions were conducted throughout the region:

Beverly	2, 7-day & 1, 30-day suspension(s) and 1, $300. Violation of an issued suspension
Gloucester	3, 7-day & 1, 30-day suspension(s)
Hamilton	1, 7-day & 1, 30-day suspension(s)
Lynn	7, 7-day & 5, 30-day suspension(s)
Manchester	1, Permanent revocation
Peabody	1, 3-day suspensions
Salem	5, 7-day suspensions and 7, $100. Violation of Flavor restriction
Saugus	1, 7-day suspension
Swampscott	1, 7-day suspension

Clearly, historic actions within of our current collaborative municipalities demonstrate their commitment to upholding the enforcement of local and state tobacco policies. This consistency has translated into 10% increased rate of compliance within the seven identified communities of need within this region.
Additionally, Ipswich, the only municipality not previously covered by MTCP, has conducted independent tobacco compliance checks and has and confirmed their willingness to update and enforce tobacco regulations. Any challenges faced would be addressed as in the past strategically and with regional support, strength and shared best practices.

9. Provide an annual line item budget and a brief narrative justifying the line items. Full-Time Equivalents (FTEs) must be listed for full and part-time staff positions. If the budget includes subcontractors describe the responsible parties and structures for operation and accountability. In the budget narrative list the hours and rate of pay of independent contractors.

The budget reflects one full-time 37.5 hour weekly salary of the program director with 20 years of experience managing the tobacco policy program. Two inspectors will assist in meeting the MTCP scope of serves required in this RFR. Further reflected under fringe, taxes and relief are the benefits provided to the program director as a full-time employee of the City of Lynn.
One contracted inspector with extensive experience with the tobacco control and database knowledge will work approximately 60 hours per quarter at a flat rate of $35.00 per hour. The second inspector will be per-diem she began working in the program as a youth inspector and after aging out, continued working for the program conducting pricing surveys and retailer inspections on an as needed base at a rate of $25.00 per hour.
The budget also includes $2500.00 to conduct compliance checks, representing the cost of providing youth stipends at a rate of $11.00-$13.00 per hour, based on experience and the cost of tobacco products buys as well as youth food allowances.
Travel is paid to the director at a rate of .54¢ per mile. Telephone/Devices pay for one cell phone provided to the program director and one tablet for data entry shared by all staff as needed. Program support is set up to pay for office supplies and MTCP; approved membership associations to Tobacco Free Mass. Lastly, the agency administrative support of 11.5 percent is paid to the City of Lynn who provides office space and support for administrative tasks such as payroll and purchasing for the Program.

☒ Program Budget form is uploaded to COMMBUYS.

CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

All documents listed below must be submitted via COMMBUYS in order for you response to be considered complete. Files must be uploaded and follow the naming convention indicated in the chart.

Document Title	File Name

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	Assign when creating documents
Application Response Form	Applicant Name _ RFR 190128 _App Resp Form
Organization Chart	Applicant Name _ RFR 190128 _Org Chart
Eligibility Form	Applicant Name _ RFR 190128 _Eligibility
Lead applicant agreement form	Applicant Name _ RFR 190128 _Lead Form
Municipal participation form	Municipality _ RFR 190128 _Muni Form
Staffing pattern	Applicant Name _ RFR 190128 _Staffing
Job description/resumes	Applicant Name_ RFR 190128 _JobDesc
Local policy and enforcement form	Applicant Name _ RFR 190128 _Policy
Regulations from each municipality	Municipality _ RFR 190128 _Regulation
List of retailers/permits from each municipality	Municipality_ RFR 190128 _Retailers
Permit application from each municipality	Municipality_ RFR 190128 _Permit App
Program Budget	Applicant Name _ RFR 190128 _Program Budget

Scanned documents will be accepted. All scanned documents must be scanned in such a way that they can be read on a computer monitor and printed on 81/2" x 11" paper, unless otherwise specified. Attachments must be uploaded individually and cannot be combined in a zipped file.

Addendums or uploads not specifically requested in this document, the RFR or on the COMMBUYS Bid Solicitation screen will not be reviewed.

APPLICATION INSTRUCTIONS

1. **Save, read and review** the completed Application Response Form. Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes.
2. **Upload in COMMBUYS** the Application Response Form with the attachments according to the application Checklist.
3. **Confirm** that "No Charge" is checked or a dollar amount entered in the Unit Cost field on the Item screen in COMMBUYS. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide service or products at no charge.
4. **Submit** your electronic quote in COMMBUYS. (Vendors must be registered in COMMBUYS to submit quotes)

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APPLICATION RESPONSE COVER PAGE – SINGLE MUNICIPALITY

Municipal Tobacco and Public Health Policy Programs RFR # 190128

Organization

Organization Name: [Boston Public Health Commission]

Address:
[1010 Massachusetts Avenue]

[ ]

City: [Boston] State: [MA] Zip: [02118]

Municipal CEO (Chief Executive Officer):

First Name: [Monica] Last Name: [Valdes Lupi] Title: [Executive Director]

FEIN: [043316655] Vendor Code: [VC6000183007]

Contact Person for this Proposal

First Name: [Nikysha] Last Name: [Harding]

Title: [Director, BTCP]

Telephone: (617) 534-2807

E-Mail: [NHarding@bphc.org]

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

QUESTIONS FOR RESPONSE – SINGLE MUNICIPALITY PROGRAMS

Enter your response in the text boxes using Microsoft Word.

1) Provide a description of your proposed program including the populations within the region that are disparately impacted by tobacco. Describe the municipality's need for tobacco programming and how this grant will address these needs.

☒ Municipal participation form uploaded to COMMBUYS.
☒ Eligibility form uploaded to COMMBUYS.

The mission of the Boston Tobacco Control Program is to protect Boston residents, workers, students and youth from harmful effects of second hand smoke exposure.

In Boston there are 860 tobacco retailers. This is a high number of retailers when compared to the average of other Massachusetts cities, for every 1,000 adults in Boston, there are 1.67 tobacco retailers; the Massachusetts average is 1.47. And although the percentage of students who reported smoking cigarettes decreased between 2007 and 2015, the number of retailers in a community impacts the exposure youth have to tobacco industry tactics. Increased exposure can lead to an increase in use of tobacco products.

According to most recent Health of Boston Report data in 2015, 16% of Boston adult residents reported smoking cigarettes every day or some days, and the data show disparate impacted populations are based on education and income level.

We address Boston's needs for tobacco programming through the implementation of a comprehensive approach to tobacco control and prevention utilizing regulations, training and education, policy, systems and environmental changes.

2. Administrative capacity of applicant:
   a) Briefly describe your municipality's infrastructure and experience in managing grants and its capacity to coordinate this program.

The BPHC's mission is to protect, preserve and promote the health and well-being of Boston residents, particularly those who are most vulnerable. We work with academic medical centers, community health centers, federal and state agencies and a broad spectrum of community agencies and leaders to plan urban health policy, conduct research related to the health of the city's neighborhoods and provide residents with access to health promotion and disease prevention.

The BPHC has a strong tobacco control infrastructure and an excellent track record in regulation and enforcement. The Tobacco Prevention and Control Program (BTPCP) Director, Nikysha Harding has over 10 years of experience overseeing the development and enforcement of regulations that control the sale, use, and distribution of tobacco, and leads initiatives to promote smoking cessation, protect residents from second hand smoke, prevent youth from becoming smokers and monitors data to identify high risk populations.

The BPHC has expertise in managing grants. With an operating budget of over $70 million, we have an expert fiscal infrastructure to ensure that the project is administratively and fiscally sound, including a dedicated post-awards grant office. We operate dozens of programs, employ 1,100 staff and receive over $20 million in annual federal, state and private grant funding.

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b) Describe the municipality's ability to provide leadership and influence within the community, including past experience leading initiatives or grants on tobacco prevention, substance use prevention, chronic disease or other public health issues.

The BPHC is a national leader in tobacco and substance abuse prevention, chronic disease and other public health issues.

In May 2003, we received national recognition for being one of the first major cities to implement a comprehensive workplace smoking ban, leading to a statewide ban within a year. In 2007 we received a multi-year grant from the MA DPH to address disparities in tobacco use and exposure. In 2008 the Board of Health banned the sale of tobacco products by educational and healthcare institutions in the city, banned the sale of blunt wraps, and extended the workplace smoking ban to outdoor workspaces that are adjacent to indoor workspaces. The BPHC has a well-developed system of youth access compliance checks at retail establishments to enforce laws against the sale of tobacco products to minors. We also promote smoke-free housing policies and help residents connect to tobacco cessation services.

In 2010-2012, the BPHC successful implemented a CDC Communities Putting Prevention to Work Tobacco Prevention & Control grant (one of seven communities nationwide funded for both tobacco and obesity funding). Our CPPW tobacco project leveraged strong, productive partnerships with BPS, the Boston Housing Authority, community health centers, and youth and community groups. In 2010 the BPHC lead the HUD-funded Healthy Homes Demonstration Project to develop and implement new models of staff training, resident and landlord engagement, inspection and remediation that promote integrated pest management and smoke free housing policies.

3. Describe past efforts in the city to implement and/or enforce tobacco prevention or secondhand smoke policies. Discuss both successes and challenges in your municipality and how this grant would enhance the successes and address the challenges.

☒ Local policy & enforcement form uploaded to COMMBUYS.

The BTCP has a strong history of implementing and enforcing tobacco prevention and secondhand smoke policies:

- 2003 Smoke Free Workplace Regulation
- 2008 Smoke Free Homes
- 2008 Restricting Pharmacies from selling tobacco products
- 2008 Expanding the Smoke Free Workplace Regulation to include outdoor workspaces
- 2008 Blunt wrap restrictions
- 2012 Cigar packaging (2012)
- 2012 Including electronic cigarettes in the Smoke Free Workplace Regulation
- 2012 Boston Public Schools tobacco & nicotine policy
- 2012 Tobacco-free hospitals
- 2013 Smoke Free Parks
- 2015 Tobacco 21 And Flavored Tobacco Restrictions

Challenges include the ever-changing market, i.e. in 2012 the cigar packaging restriction was passed to combat the growing presence of cheap cigars. In response, the tobacco industry introduced products like the four pack of Rock n Roll and Hype Cigars which retail for $2.59. When the flavor restriction was passed in 2015, the tobacco industry renamed flavored products in an effort to elude regulations.

There is great value to the BTCP having a constant presence in the retail environment. In addition to providing education and conducting enforcement activities, it allows us to monitor trends in the tobacco industry by speaking with customers, retail personnel and seeing new products as they are introduced into the market.

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We have the benefit of having in-house counsel. The General Counsel's office is staffed by three full-time attorneys, a paralegal and a secretary. BTCP works with the General Counsel's office at all stages of reviewing law and emerging policy approaches, proposing local regulatory changes, and enforcement and appeal matters. The office also acts as hearing officer when retailers appeal fines and suspensions.

By regulation, fines and fees collected are rolled back into the program to be used for program activities.
Boston Tobacco retailers are generally in compliance with local tobacco regulations due to BTCP's constant presence in the retail environment.With DPH funding we will continue our efforts in the retail environment and continue to strengthen our existing regulations.

It is imperative to continue to build on challenges and lessons learned, including the importance of: monitoring tobacco industry and regulating new products; including tobacco in substance disorder services; increasing community participation in cessation programs; and developing effective partnerships.

4. Describe an example of how local or state policies can lead to unintended health inequities. What role should a municipal tobacco program play in addressing these inequities?

An example of a city tobacco policy that could have unintended health equity consequences include smoke free policies in public housing and subsidized housing. While such policies in Massachusetts have produced significant reductions in residents' exposure to second-hand smoke, and have been widely supported by residents and communities, they could produce additional demand for smoking cessation services among residents who face new restrictions on where they can smoke. BTCP has seen a marked increase in demand for smoking cessation services since the transition to smoke-free affordable housing was implemented in Boston.

Without efforts directed toward connecting residents of public and subsidized housing to these cessation services, there could therefore be increased inequities in the number of low-income residents who want smoking cessation services but do not have ready access to them. A municipal tobacco program can address this potential access inequity by targeting resources toward residents of smoke free public and subsidized housing to help them connect to tobacco cessation services. We are fortunate in that MassHealth's cessation benefit is among the most comprehensive and generous and has been a model for other insurance companies.

5. How will the program facilitate effective communication within the municipality? Include how decisions that impact other parts of municipal government will be made and methods used to communicate with these entities. Describe communications channels that will help the tobacco program influence community change.

The BPHC Tobacco program works closely with other municipal entities (see question 6.) as well as working with local community organizations to influence community change. With strong leadership and support from the Mayor's office, the BPHC Tobacco Program Director meets regularly with the city of Boston's housing and development agencies, public health and public schools, housing developers and chief executive or other officers of higher education and health care institutions, the Massachusetts Tobacco Prevention and Control Director and youth representatives.

For example, by working with the Parks and Recreation Department, no-smoking signage was posted in the city's 135 playgrounds. With support from the superintendent of Boston Public Schools, all 128 schools incorporated a policy restricting tobacco use within 50 feet of school property and integrated an evidence-based tobacco prevention curriculum into the health education classes for all grades.

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We have a long history of working with the BHA, which implemented a portfolio-wide smoke-free policy. BPHC has direct involvement in transition of over 50,000 mostly affordable housing to smoke free and from 2014-2017 distributed and posted over 30,000 "Welcome to our smoke free building" signs to BHA and other affordable housing.

The BPHC continues to run numerous public information campaigns, including youth-developed campaigns, and the Tobacco Control Program has received local exposure through earned and paid media, including television, radio and print.

6. Describe the organizational relationship and routine cooperation with other parts of municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the organizational relationship between the Board of Health/Health Department to the Mayor and/or City Manager's office.

The BTCP has regular communication and collaboration with ISD, BFD, BPD and the Liquor Licensing Board. For example, in 2008, just four months before the Mandarin Oriental was scheduled to open, there was a fire caused by the improper disposal of a cigarette resulting in $2 million in damages. As a result of this fire, the Boston Fire Department created a Construction Unit to concentrate on construction sites to ensure that they are following fire safety precautions including no smoking on the site. While the Boston Fire Department issue tickets when smoking violations are found, they refer these cases to BTCP for follow-up.

The Boston Police Department has a unit that conducts inspections at liquor license holders; when officers witness smoking violations they issue citations and notify BTCP; BTCP conducts early morning bar and night club inspections with BPD; and BTCP occasionally request BPD to accompany Compliance Officers to conduct inspections at challenging permitted tobacco retailers or smoke free workplace complaints.

In addition, the BTCP occasionally participates in Liquor Licensing hearings for challenging permitted tobacco retailers who are also permitted to sell alcohol.

The BPHC is governed by a board of 7 members who are appointed by the Mayor of Boston. The Executive Director of the BPHC also sits on the Board.

☒ Organizational chart that includes where tobacco program will be located within municipality uploaded to COMMBUYS.

7. Describe the proposed staffing pattern including roles and responsibilities for all positions funded in part or totally by MTCP. Attach job descriptions for all these positions including consultants or include resumes if staff roles are currently filled. Job descriptions should include job duties and qualifications and should clearly indicate the supervisor of the position. (See RFR Appendix C for recommended entry-level skills for tobacco control staff tasks related to tobacco control programs).

It is crucial that the tobacco staff reflect the city's diversity. All staff reside in Boston and have a first-hand knowledge of Boston's neighborhoods. Staff speak a variety of languages including Spanish, Portuguese, Cape Verdean Creole and Arabic.

- Director- oversees daily operations of program and supervision of staff; staff assignments; prepares reports; budget administration; works in collaboration with General Counsel and Executive Director; provides technical assistance to other Tobacco Control Programs and community based organizations doing tobacco related work.

- Program Coordinator I (Administrative)- responsible for processing permits, processing tickets, maintaining retailers files; scheduling and preparing materials needed for hearings; ordering of materials; conducting in-office education with newly permitted retailers.

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- Program Coordinator II (Compliance) – responsible for conducting enforcement and educational activities including: merchant inspections, surveys, compliance checks, smoke free workplace inspections, education of newly implemented regulations, data entry, preparing supporting documentation for hearings, and overseeing permit suspensions by conducting unannounced inspections.

☒ Staffing pattern form completed and uploaded to COMMBUYS.
☒ Job descriptions or resumes uploaded to COMMBUYS.

8. Discuss the ability and willingness of the municipality to enforce local and state tobacco policies, including issuing and upholding tickets or permit suspensions for violation of local and state tobacco policies. If the municipality does not have prior tobacco enforcement experience, confirm the municipality's willingness to enforce. If the community has past tobacco enforcement experience, discuss any challenges and how the program will address these challenges.

BTCP has a long history of enforcing local and state tobacco regulations:

-Tobacco permit fees are $300, among the highest in the state;
-Tobacco violation structure among the strictest in the state:
-Youth Access Regulation- 24 month tolling period; 1st violation $200, 2nd violation $400with a 7 day suspension, 3rd violation $600 with a 30 day suspension 4th violation and 60 day suspension;
-Smoke Free Workplace Regulation- 24 month tolling period; 1st violation $200 2nd violation $700 3rd and subsequent violations $1,000.

- Boston is one of the only cities in MA with an internal hearing procedure that expedites the appeal process;
- BTCP staff closely monitors suspended retailers. Enforcement activities include unannounced merchant inspections and compliance checks with adults.

As of October 26, 2017:

- 28 suspensions have been scheduled and overseen this year.
-165 Youth Access Regulation tickets have been issued this year.
- Of the 165 tickets issued, none were waived and only 2 tickets were reduced.
- 6 Smoke Free Workplace Regulation tickets issued this year.

Challenges: After passing the Youth Access Regulation amendment in 2015, there was resistance from tobacco retailers around the restriction of flavored tobacco products. Because of the complexity of the flavor restriction, BTCP staff had to have an active presence in the retail environment throughout 2016 conducting routine inspections, surveys and compliance checks while offering additional education/clarification of the amendments. During this extended educational period, warnings were issued to those retailer found to be in violation. In January, 2017 BTCP began full enforcement of the amended regulations and retailers who received warnings in the past were prioritized to ensure compliance.

9. Provide an annual line item budget and a brief narrative justifying the line items. Full-Time Equivalents (FTEs) must be listed for full and part-time staff positions. If the budget includes subcontractors describe the responsible parties and structures for operation and accountability. In the budget narrative list the hours and rate of pay of independent contractors.

Program Director: $34,678 (0.44 FTE) : Provides oversight of the Boston Tobacco Control Program including: staff supervision; policy development and implementation; community education and mobilization; submit quarterly reports on targets and milestones and technical assistance to other municipalities to promote and enact evidence-based policies sentences)

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Project Coordinator II: $21,941 (0.39 FTE) Conduct Compliance Checks, Merchant Inspections and Smoke Free Workplace Inspections. Issues citations and prepares documentations for hearings; attends and testifies at hearings.

Project Coordinator II: $ 19,908 (0.35 FTE) Conduct Compliance Checks, Merchant Inspections and Smoke Free Workplace Inspections. Issues citations and prepares documentations for hearings; attends and testifies at hearings.

Project Coordinator: $ 10,026 (0.22 FTE) Organizes, coordinates and manages office operations. Maintains and generates fiscal, payroll and personnel records. Processes invoices, permit applications and tickets. Schedule hearings for violations, maintain permit files, performs data entry in permit database as well as maintain records in RDMS.

Fringe and taxes: 51% = $43,882. Includes: health insurance, dental insurance, pension, FICA, unemployment, disability, workers compensation, payroll taxes
and other related costs.

☒ Program Budget form is uploaded to COMMBUYS.

CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

All documents listed below must be submitted via COMMBUYS in order for you response to be considered complete. Files must be uploaded and follow the naming convention indicated in the chart.

Document Title	**File Name** **Assign when creating documents**
Application Response Form	Applicant Name _ RFR190128 _App Resp Form
Organization Chart	Applicant Name _ RFR190128_Org Chart
Eligibility Form	Applicant Name _ RFR190128 _Eligibility
Lead Applicant Agreement Form	Applicant Name _ RFR190128 _Lead Form
Staffing Pattern	Applicant Name _ RFR190128 _Staffing
Job Description/Resumes	Applicant Name_ RFR190128 _JobDesc
Local Policy and Enforcement Form	Applicant Name _ RFR190128 _Policy
Regulations from each municipality	Municipality _ RFR190128 _Regulation
List of retailers/permits from each municipality	Municipality_ RFR190128 _Retailers
Permit application from each municipality	Municipality_ RFR190128 _Permit App
Program Budget	Applicant Name _ RFR190128 _Program Budget

Scanned documents will be accepted. All scanned documents must be scanned in such a way that they

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The Commonwealth of Massachusetts
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Formatting Instructions:
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1. Save this document file to your computer.
2. Enter your responses in the text box, moving between the text boxes using the tab key on your keyboard.
3. Responses to check boxes are made by clicking once on the check box. To remove the X from a check box, click on the check box again.
4. Text responses are limited to a maximum number of characters and the limits are noted in each question. Once the maximum character limit is reached, MS Word will not allow more than this limit. Please note that a space is counted as a character, and using the enter key to begin a new line in a response is also counted as a character. It is not recommended that applicants insert graphics into the responses. Spell-check does not work in text boxes.
5. Those with visual impairments may use an electronic text reader by unlocking the Application Response Form.

APPLICATION RESPONSE COVER PAGE – REGIONAL PROGRAMS

Municipal Tobacco and Public Health Policy Programs RFR #190128

Organization

Organization Name: [City of Worcester, Division of Public Health]

Address:
[455 Main St]

[ ]

City: [Worcester] State: [MA] Zip: [01608]

Municipal/Regional Organization CEO (Chief Executive Officer):

First Name: [Edward] Last Name: [Augustus Jr.] Title: [City Manager]

FEIN: [046001418] Vendor Code: [6000192145]

Contact Person for this Proposal

First Name: [Karyn] Last Name: [Clark]

Title: [Director]

Telephone: (508) 799-8531

E-Mail: [clarkke@worcesterma.gov]

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QUESTIONS FOR RESPONSE - REGIONAL PROGRAMS

Enter your response in the text boxes using Microsoft Word.

1) Provide a description of your proposed program including populations within the region that are disparately impacted by tobacco. Describe the region's need for tobacco programming and how this grant will address these needs. Also include the project lead and all municipalities involved. Indicate how the municipalities involved were selected for this application.

☒ Municipal participation forms from all municipalities including the lead agreement form uploaded to COMMBUYS.
☒ Eligibility form uploaded to COMMBUYS.

The Worcester Regional Tobacco Control Collaborative's (WRTCC) mission is to promote social change through four main goals: (1) prevent initiation of tobacco use among youth, (2) eliminate exposure to environmental tobacco smoke, (3) promote smoking cessation, and (4) identify and eliminate tobacco-related disparities in vulnerable population groups. These goals are accomplished by providing enforcement of local and state laws and policy technical assistance. WRTCC is made up of 19 municipalities (Auburn, Boylston, Dudley, Grafton, Holden, Leicester, Millbury, Northborough, Oxford, Paxton, Shrewsbury, Southbridge, Spencer, Sturbridge, Sutton, Webster, Westborough, West Boylston, and Worcester), which were chosen based on geographic location, prior participation in the collaborative, and health inequities. 47%, or nine communities total, are communities of need, based on information in Appendix B (Communities of Need). Southbridge, Worcester and Webster face extensive challenges with the lowest median income (<$48,700), highest percentage of the population below the poverty line (12.2-18.3%), the highest smoking rates (>16%) and risk factor ranges (MassHealth >13.3% and Poor Mental Health >11.2%).

2. Administrative capacity of lead municipality or regional agency:
   a) Identify the municipality or regional agency that will serve as the lead for this program. Briefly describe the infrastructure and experience of this department/agency in managing grants and why they are best suited to coordinate this program.

The Worcester Division of Public Health (WDPH) has served as the lead agency of the WRTCC since 2005. Being the first nationally accredited health department in Massachusetts through the Public Health Accreditation Board (PHAB), WDPH has proven to meet the high standards that are set forth and required by PHAB. WDPH is also the lead for the Central MA Regional Public Health Alliance (CMRPHA) a regional public health district. This has helped us to leverage resources and maximize efficiency, while minimizing waste. This regional model is also utilized in providing services to the WRTCC. WDPH provides physical office space and management of regional grant programs and their staff. The program management includes fiscal, supervisory, communications, as well as coordination and disbursement of regional resources. When a board of health requests enforcement or policy assistance, they contact the Program Coordinator who works with their team to conduct enforcement or attend meetings. The City of Worcester has a centralized fiscal management office for grant oversight and administration. The Budget Office provides direct oversight of the budget and finance operations. Grant expenditures are reviewed on an ongoing basis to ensure they are allowable and appropriate. All payments are analyzed by the City's Auditing Department prior to payment. Budget Analysts maintain all financial records of the grant and work in conjunction with WDPH program staff to ensure all funding agency requirements are adhered to.

   b) Describe the lead's ability to provide leadership and influence to a regional program including past experience leading initiatives or grants on tobacco prevention, substance use prevention, chronic disease or other related public health issues.

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WDPH manages multiple Massachusetts Department of Public Health regional grant programs, such as our many Bureau of Substance Abuse Services (BSAS) grants, and Health and Medical Coordinating Coalition (HMCC) emergency preparedness grants. With regard to the HMCC grant, WDPH is able to facilitate the coordination of multiple agencies (including hospitals, long-term care facilities, nursing homes, and boards of health) to work together in the event of an emergency. WDPH convenes Worcester partners, and all others throughout Central Massachusetts (spanning 74 cities and towns). A leader and influencer on local policy change for tobacco, the City of Worcester was one of the first municipalities to adopt a ban on the sale of tobacco products in healthcare institutions. The combination of key stakeholders included youth groups (specifically working with our local 84 Chapters, which involves youth leading social norms campaigns around not smoking or using tobacco), health, and community agencies. As the second largest city in the Commonwealth, Worcester had a direct influence on other municipalities to follow suit.

3. Describe past efforts in the region/collaborative to implement and/or enforce tobacco prevention or secondhand smoke policies. Discuss both successes and challenges of the region and how this grant would enhance the successes and address the challenges.

☒ Local policy & enforcement form uploaded to COMMBUYS.

Although Tobacco Control Program funding has seen a major decrease over the years, it has been a major asset in the Worcester region's efforts to improve public health. While our region has improved the smoking rates in youth and adults, challenges remain. Some boards of health in smaller communities do not have the capacity to hold a meeting on a consistent basis and are limited in their ability to address issues that are outside the state mandated functions. However, the regional model that the WDPH/CMRPHA and the WRTCC employs helps to pool resources and take some of the direct burden off of small towns to complete enforcement work on their own. This grant would help to continue supporting regionalized efforts in tobacco control and prevention with a focus on those communities that have the heaviest burden. There are nine communities in our region considered communities of need. They have the highest youth retail density rates and the highest smoking rates. In these communities where median income is below their counterparts and the poor mental health rate leads the region, the tobacco control program will have a profound impact. In the communities with the highest smoking rates, the Program Coordinator will work closely with these communities to implement strategies that aim to improve tobacco control and prevention efforts.

WDPH has made it a priority to work with our local academic institutions and ensure that our college campuses are smoke free. In 2015, a meeting of the colleges and universities was held to offer technical assistance to the campuses in going smoke free. All but two of the eleven campuses are now smoke-free. College students are a large part of our community and WDPH and the WRTCC are committed to working with the remaining campuses to ensure a healthy environment for all students and staff.

Additionally, the Worcester region has done very well in implementing smoke-free housing policy in collaboration with the local housing authorities. The majority of public housing units are smoke-free. However, many private housing complexes, apartments, and single family homes that are being rented are still not smoke-free. In 2016, WDPH staff attended the Worcester Landlord Summit to present to over 500 local landlords on smoke-free policy that they could implement in their leases. They were also given tool kits from the makesmokinghistory.com website to help residents in the transition.

4. Describe an example of how local or state policies can lead to unintended health inequities. What role should a municipal tobacco program play in addressing these inequities?

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Zoning policy can have unintended consequences. Certain areas, mostly urban, are zoned to have more retailers and businesses that sell tobacco while suburbs are residential. This inadvertently increases the density of tobacco retailers in low-income communities of color, which are targeted by the tobacco industry. Clustering retailers and increasing advertisement in these low socio-economic areas negatively affect youth, as studies have found that the likelihood of youth experimenting with tobacco increases as their exposure to advertisement increases. Municipal tobacco programs have the ability to address these inequities by working with boards of health. Local tobacco programs can facilitate reviewing and understanding policies at the deepest level in an effort to eliminate health inequities that might be created by such policies. It is important that boards of health make informed decisions around policy and consider all community members before passing local regulations. Municipal tobacco programs should be trained in the social determinants of health to better advise and educate key stakeholders around these issues. WDPH is deeply committed to health equity, in particular through the work of the Greater Worcester Community Health Improvement Plan (CHIP). The overarching goal of the CHIP is health equity with three core principles; investing first in community, empowering, listening to, and respecting community voice, and eliminating gaps between services. The same approach is applied to tobacco enforcement and prevention work of WRTCC.

5. Describe the organizational structure of your proposed program and how that structure will facilitate effective communication within the region and with tobacco program staff. Include how decisions impacting the entire collaborative will be made, methods and tools used to communicate within the collaborative, and meeting schedules.

The WRTCC will continue to be led by WDPH, whose staff is highly skilled in facilitation and implementation of regional partnerships and contracts. WDPH is a city division that is situated under the Department of Health and Human Services, overseen by a Commissioner who reports directly to the Office of the City Manager. The Program Coordinator will be responsible for oversight and reporting of the grant, as well as working on policies with local boards of health and smoke-free environment initiatives. The Program Coordinator will work through clear channels of communication to ensure the efficient coordination of all partners and to help connect to community members, including the engagement of youth groups. The Program Coordinator will oversee an inspector that will enforce local policy through inspections, compliance checks and pricing surveys. Work plan meetings with the full collaborative will be held on an annual basis, with any additional meetings being scheduled on an as needed basis. The Program Coordinator, in addition to communications via email and phone, will also schedule a time to present to each board of health at least once a year on any new and emerging issues surrounding policy, enforcement, and general information on tobacco and tobacco products. In addition, all WRTCC boards of health will deputize the inspectors and the Program Coordinator to enforce local policy in their town or city. WDPH maintains up to date records on all current retailers in the collaborative and sends copies of all violations/issues to each respective board of health.

6. **If applying as a lead municipality:** Describe the relationship you have with other municipalities in the proposed region. Describe the organizational relationship and routine cooperation with other parts of internal municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the organizational relationship between the Board of Health/Health Department to the Mayor and/or Town Manager's office.
   If applying as a regional planning agency or government council: Describe your organization and its relationships with municipalities. Describe the agency's experience collaborating with municipal health departments. Describe the agency's experience working with other parts of municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the agency's experience working with Mayors and/or Town Managers. Specifically respond to this question on matters related to public health or those transferrable to the tobacco program.

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As the lead agency for the WRTCC, WDPH aims to facilitate the program as efficiently and effectively as possible. The WRTCC municipalities look to WDPH as the local experts in tobacco control and prevention. However, WDPH also relies on local boards of health to be knowledgeable about their respective towns and help provide guidance on the unique aspects of working with their specific municipality. In working with local boards of health, the program also relies on collaboration with other town and city departments such as police, fire, and inspectional services' buildings office, to ensure equal and fair enforcement of regulations as well as coordination with other municipal regulations and by-laws. Working with police departments on awareness of second-hand smoke issues is helpful when stretching limited resources. WDPH maintains positive professional relationships with these entities and actively responds to growth and development changes. Specifically, in permitting smoking bars, WDPH works in a multidisciplinary fashion with other city departments to make sure that there is coordination across the board. Worcester is in a unique position with the number of hookah and cigar bars that are currently in operation. In order to ensure compliance with all City regulations and by-laws as well as state level laws, organization between departments is essential. There is a detailed process in which joint inspections, with fire and buildings, are conducted before a permit is issued to the location. Continued communication between these entities facilitates continued compliance with the regulations and helps to maximize resources.
WDPH is a Division of the City's Health & Human Services Department. The HHS Commissioner reports to the City council-appointed City Manager, who handles the traditional day-to-day chief executive functions. In some cases, WDPH meets with the City Manager directly to report on division activities, including proposed tobacco control policy.

☒ Organizational chart that includes where tobacco program will be located within entity uploaded to COMMBUYS.

7. Describe the proposed staffing pattern including roles and responsibilities for all positions funded in part or totally by MTCP. Attach job descriptions for all these positions including consultants or include resumes if staff roles are currently filled. Job descriptions should include job duties and qualifications and should clearly indicate the supervisor of the position. (See RFR Appendix C for recommended entry-level skills for tobacco control staff and tasks related to tobacco control programs).

Director of Public Health executive manager of the division, supervises the administration and operations of the program. The Director works closely with the Program Coordinator on fiscal oversight, activity planning, external communications, and political technical assistance.

Program Coordinator oversees overall operations of the program. Responsibilities include training and supervising the grant staff and consultant(s), managing their workflow, and coordinating all collaborative meetings for WRTCC partners. They provide technical assistance to boards of health around local policy for youth access and second hand smoke. The Program Coordinator develops and monitors the program budget, and works with the City's Budget Office on municipal financial requirements including purchase orders, funding contract requirements, and payroll.

Chief of Community Health contributes to program oversight and guidance in the area of policy and regulation, as well as makes recommendations on prevention strategies and control resources.

Consultant serves as a tobacco inspector under the supervision of the Program Coordinator and performs retailer education visits around local tobacco policy, inspections, pricing surveys, and compliance checks.

☒ Staffing pattern form completed and uploaded to COMMBUYS.
☒ Job descriptions or resumes uploaded to COMMBUYS.

8. Discuss the ability and willingness of each municipality in the region to enforce local and state tobacco policies, including issuing and upholding tickets and permit suspensions for violation of local and state tobacco policies. In communities without prior tobacco enforcement experience, confirm each municipality's willingness to enforce. In communities with past tobacco enforcement experience, discuss any challenges and how the program will address these challenges.

The communities in the WRTCC support full compliance of the retailers through local and state regulations. Most of the challenges in enforcement involve second-hand smoke regulations, as there are limited staff and resources in the

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program to go out and ticket individuals for smoking. However, some of the municipalities have helped to combat this issue by paying for adequate signage. Another strategy that some towns and cities have adopted is to get the police department on board to help with enforcement. The boards of health are very supportive in helping the WRTCC with regulation compliance. WDPH works with all of the communities to host presentations in order to help inform and educate the public about the dangers and consequences of tobacco use. Retailers that participate in the training and outreach programs have expressed appreciation for the information, which has been effective in preventing potential compliance issues. Staff expertise in environmental tobacco smoke regulations and enforcement promotes residents and landlords look to WDPH as their first point of contact when issuing a complaint. Another issue that is surfacing more frequently is the smoking of both recreational and medical marijuana in housing. Although it has been recommended that regulations around tobacco and marijuana be kept separate, this is a complex and changing landscape. New laws around marijuana are being developed. Working with the expertise provided through the Massachusetts Association of Health Boards and Massachusetts Municipal Association, WDPH has been able to point WRTCC municipalities in the right direction. Continued and additional collaboration will be needed in the future to navigate the enforcement of tobacco with the legalization of marijuana.

9. Provide an annual line item budget and a brief narrative justifying the line items. Full-Time Equivalents (FTEs) must be listed for full and part-time staff positions. If the budget includes subcontractors describe the responsible parties and structures for operation and accountability. In the budget narrative list the hours and rate of pay of independent contractors.

WDPH is applying for $147,200.00 for the purposes of this grant. Based on the number of retailers (479), and the guidelines given in the grant application of 1 FTE per 340 retailers, WDPH would have 1.40 FTEs. Director of Public Health (0.10 FTE, $10,000.00) - based on program knowledge, would provide administrative oversight to the Program Coordinator. Prevention Specialist/Program Coordinator (0.75 FTE, $40,000.00) - would be in charge of managing the program through direct oversight of the program budget, as well as providing technical assistance to boards of health on municipal policy, and oversight of enforcement efforts and would maintain some field work as well. Tobacco Inspector - (0.50 FTE, $40,000.00) - would be responsible for enforcement of and compliance with local policies and regulations through inspections, pricing checks, compliance checks, and retailer education. Chief of Community Health (0.20 FTE, $13,000.00) - would provide day to day support around programming and communication with partner agencies. An added $10,930.00 for fringe would be needed.

Direct Care/Program Costs;
(Youth Buy Stipend - $6,000.00) monies to pay youth to conduct compliance checks. Would be increased from past line item amounts given that MDPH/MTCP is allowing for additional enforcement work which will be used towards an additional round of compliance checks, based on minimum legal sales age in the town; (Buy Stipend - $500.00) for the purchase of tobacco products during compliance checks; (Vehicle Costs - $2,070.00) vehicle maintenance; (Travel Expenses - $500.00) travel expenses for meeting, trainings and conferences; (Technology Costs - $3,000.00) service for IPads and cell phones; (Program Support - $2,000.00) office supplies, materials and other support for programming.

WDPH has also included a 15% administrative rate ($19,200.00).

☒ Program Budget form is uploaded to COMMBUYS.

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Program Budget	Applicant Name _ RFR 190128 _Program Budget

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Addendums or uploads not specifically requested in this document, the RFR or on the COMMBUYS Bid Solicitation screen will not be reviewed.

APPLICATION INSTRUCTIONS

1. **Save, read and review** the completed Application Response Form. Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes.
2. **Upload in COMMBUYS** the Application Response Form with the attachments according to the application Checklist.
3. **Confirm** that "No Charge" is checked or a dollar amount entered in the Unit Cost field on the Item screen in COMMBUYS. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide service or products at no charge.
4. **Submit** your electronic quote in COMMBUYS. (Vendors must be registered in COMMBUYS to submit quotes)

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4. Text responses are limited to a maximum number of characters and the limits are noted in each question. Once the maximum character limit is reached, MS Word will not allow more than this limit. Please note that a space is counted as a character, and using the enter key to begin a new line in a response is also counted as a character. It is not recommended that applicants insert graphics into the responses. Spell-check does not work in text boxes.
5. Those with visual impairments may use an electronic text reader by unlocking the Application Response Form.

APPLICATION RESPONSE COVER PAGE – REGIONAL PROGRAMS

Municipal Tobacco and Public Health Policy Programs RFR #190128

Organization

Organization Name: [Tri-Town Health District]

Address:
[45 Railroad Street]

[ ]

City: [Lee] State: [MA] Zip: [01238]

Municipal/Regional Organization CEO (Chief Executive Officer):

First Name: [James J.] Last Name: [Wilusz] Title: [Executive Director]

FEIN: [046001196] Vendor Code: [00023005]

Contact Person for this Proposal

First Name: [James J.] Last Name: [Wilusz]

Title: [Executive Director]

Telephone: (413) 243-5540

E-Mail: [jim@tritownhealth.org]

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

QUESTIONS FOR RESPONSE - REGIONAL PROGRAMS

Enter your response in the text boxes using Microsoft Word.

1) Provide a description of your proposed program including populations within the region that are disparately impacted by tobacco. Describe the region's need for tobacco programming and how this grant will address these needs. Also include the project lead and all municipalities involved. Indicate how the municipalities involved were selected for this application.

☒ Municipal participation forms from all municipalities including the lead agreement form uploaded to COMMBUYS.
☒ Eligibility form uploaded to COMMBUYS.

The proposed collaborative will consist of (14) communities: Adams, Cheshire, Dalton, Egremont, Great Barrington, Hinsdale, Lanesborough, Lee, Lenox, North Adams, Otis, Pittsfield, Stockbridge, and Williamstown; 5 of which are new communities committing to tobacco control. A solicitation including local data was sent to each community explaining that communities of need were 1st priority followed by other towns willingness to commit to tobacco control. Ten of the 14 towns (71%) are designated communities of need; 94% of retailers are in a MTCP designated community of need. According to the 2010 Census, the Berkshires had a population of 131,219 and a total area of 946 square miles. The towns included in this proposal cover 85% of the Berkshire population. The average adult smoking prevalence rate in the towns that have local data in this proposal is 20% as compared to the state average of 15.5% and smoking during pregnancy rate average is 18% as compared to the state average of 6.8%. Berkshire County Health Rankings show our ranking as 12th out of 14 counties statewide in health outcomes with morbidity also ranking 9th. The project lead is Tri-Town District with the town of Lee acting as the district's fiduciary.

2. Administrative capacity of lead municipality or regional agency:
   a) Identify the municipality or regional agency that will serve as the lead for this program. Briefly describe the infrastructure and experience of this department/agency in managing grants and why they are best suited to coordinate this program.

The Tri-Town District is a regional public health department comprised of the towns of Lee, Lenox, and Stockbridge and established in 1929 in accordance with the provisions of Massachusetts General Laws.The District is well positioned to meet this RFR based on the many years of success in grant writing, leading, implementing, administering and collaborating on a regional approach with various environmental and public health grants from public, state, and federal resources. For over 25 years, the district has received funding from a variety of sources including the State Department of Public Health, MTCP, Attorney General's Office, MA Council on Aging, Emergency Preparedness, and the Prevention and Wellness Trust Fund. Tri-Town was awarded Mass in Motion funding in 2009 and currently serves as the lead agency to support 8 Berkshire communities.The foundation of our success is built on our longtime community relationship-collaborative capital and continues to be the basis that helps our district be sustainable. The District, our lead fiduciary and partners all recognize and support these grant initiatives to reduce overall health disparities in the county and will continue to support work on a regional approach to improve the overall health status and to close the gap on health inequalities.Our operational bylaws were amended in 2012 to include a priority to focus on health disparities and equity. All board members and staff have received formal training on health equity.

   b) Describe the lead's ability to provide leadership and influence to a regional program including past experience leading initiatives or grants on tobacco prevention, substance use prevention, chronic disease or other related public health issues.

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As the only regional health district in the county, we have continued to provide leadership and support on a regional approach in the community. The District was established because of community partnerships back in 1929. We foster the same approach and philosophy today. As a legacy MiM program since 2009, the District has implemented a series of environmental and systems policy changes by promoting the Healthy Dining Options program where over (30) restaurants offer healthier food choices. Other policy efforts include supporting communities to implement Complete Street policies, walk/bike to school initiatives, Mayor's Fitness challenges, integrating SNAP benefits at local farmers markets and increasing access to healthy foods in underserved areas. Other grants include the former municipal employee wellness initiative (prior to Mass in Motion) in the towns of Lee, Lenox, Stockbridge, Lanesborough, and the city of Pittsfield that focused on improving the health outcomes to employees with elevated health risk factors to Police, Fire, DPW, and others. We were previously awarded an Attorney General Grant with Berkshire Health Systems and created the Get Cuffed Berkshires Program. Clinical staff offered community workshops and gave away at no cost, free blood pressure monitors to those that were diagnosed as pre-hypertensive/chronic hypertension and Tri-Town District promoted policy changes in retail/food establishments to reduce sodium products and the removal of salt shakers at tables.

3. Describe past efforts in the region/collaborative to implement and/or enforce tobacco prevention or secondhand smoke policies. Discuss both successes and challenges of the region and how this grant would enhance the successes and address the challenges.

☒ Local policy & enforcement form uploaded to COMMBUYS.

Over the past few years we have assisted several boards of health (funded and unfunded) to adopt and implement local tobacco control regulations in Berkshire County including the ban of sales in health care and educational institutions, raising the age to purchase to 21 years of age, permit capping, cigar packaging, flavored tobacco product restrictions to adult only establishments and others. Communities we assisted include Adams, Dalton, Egremont, Great Barrington, Lanesborough, Lee, Lenox, Stockbridge, North Adams and Pittsfield. In addition, we have assisted 90% of our housing authorities to convert to a 100% smoke free policy through our collaborative with tobacco control and supported by the Prevention and Wellness Trust Fund. Through existing partnerships, we have documented over 3,000 units in the county that have converted to smoke free. Working in concert with our local tobacco community partnership, we created and hosted several regional youth training programs to promote the 84 chapters. As part of our regional and sustainable mission as a tobacco district, we have been successful by providing leadership and municipal support to our membership towns by educating staff and boards on how to properly enforce and follow-up on tobacco related violations. All towns within the collaborative have committed to ensure appropriate enforcement. To be consistent with messaging, we provide routine reports that summarize local policies, grant deliverables, and other tobacco related information to our stakeholders. By doing so, it has provided a platform to attend public meetings to review the tobacco disparities in addition to attending board of health meetings. Challenges of the region include the consistent turnover in board of health membership, limited/part time staffing in many of the rural towns, and elections that yield changes to leadership. In addition, there are no tenancy advocacy associations in the county that can support and expand the messaging of the dangers of secondhand smoke. Due to these challenges, it takes resources to continue the advocacy, education and promotion of tobacco policies. It has also been challenging to expand more 84 chapter youth groups due to competing school related factors of school advisors. Having the ability to continue to improve and expand on our successes by receiving grant funding will allow us to enhance local policies to protect our youth as well as the need to continue to expand smoke free properties.

4. Describe an example of how local or state policies can lead to unintended health inequities. What role should a municipal tobacco program play in addressing these inequities?

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There is a positive correlation between the built environment and outcomes of health inequities due to poor nutrition, access to healthy foods, lack of exercise, and other factors that contribute to health inequities in our region. Berkshire County is mainly rural and with archaic zoning policies in place has created negative effects that have created unintended health inequities. Many Berkshire towns had zoning policies that promoted a high frequency of fast food and tobacco retail stores and subsequent barriers that made access to healthy foods and farmers markets difficult. Mass in Motion staff tapping into tobacco control experise have allowed both programs to collaborate in a collective approach to make zoning reform a priority. Seven municipalities updated master plans that incorporate Complete Streets policies, identification of food deserts, promoting and creating easier access for farmer's markets within business zoned areas, and incorporates the identification of health inequities as a priority. Tri-Town District and Mass in Motion staff played a key role in identifying and working with stakeholders on a collective impact to identify any potential unintended health inequities as part of any policy development process. By working together, programs can support each other by utilizing experience in policy development and we will continue to cross pollenate DPH funded programs to work on evidence based strategies to reduce the health inequities by adapting environmental and systems policy changes to close the gap on inequity.

5. Describe the organizational structure of your proposed program and how that structure will facilitate effective communication within the region and with tobacco program staff. Include how decisions impacting the entire collaborative will be made, methods and tools used to communicate within the collaborative, and meeting schedules.

The District is governed by the 3-town board of health under its existing Articles of Organization. The current demographic of district staff includes 50% female and 25% of employees are non-white. A strong emphasis is placed on equal opportunity to promote diversity in the workplace. The Executive Director is responsible for ensuring compliance with the operational by-laws and to deliver the 10 essential services of public health, including the promotion of health equity and compliance with grant deliverables. Other employees have varying responsibilities to ensure compliance with all grant deliverables. All staff, regardless if they are funded through the grant is cross trained and informed on a routine basis on all initiatives and grants to ensure consistency and appropriate messaging to our membership and grant funded partners. Interdepartmental staff meetings occur bi-monthly where all staff review grant deliverables, milestone and work progress, review of all retail inspections and compliance checks and formal review of tobacco control policies. All staff are trained on SharePoint and database reporting, quarterly reports and has routine contact with all tobacco control funded communities. Decisions are based on a collaborative decision-making approach. Although each community is autonomous and policy priorities and timelines may vary by town; workplans, grant requirements, and other supporting resources are shared amongst the entire collaborative by utilizing varying methods of communication. Such methods include routine conference calls for those that can attend, sharing of PowerPoint and other resources using online tools, and regional and in person meetings. Due to the size of the county and the limitations of partnership staffing and conflicting scheduling, the District is exploring options to utilize online webinar software.

6. **If applying as a lead municipality:** Describe the relationship you have with other municipalities in the proposed region. Describe the organizational relationship and routine cooperation with other parts of internal municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the organizational relationship between the Board of Health/Health Department to the Mayor and/or Town Manager's office.
If applying as a regional planning agency or government council: Describe your organization and its relationships with municipalities. Describe the agency's experience collaborating with municipal health departments. Describe the agency's experience working with other parts of municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the agency's experience working with Mayors and/or Town Managers. Specifically respond to this question on matters related to public health or those transferrable to the tobacco program.

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As a longstanding health district there is a natural relationship with many of the municipal officials within the collaborative towns including departmental staff, appointed and elected officials, and other decision makers. Many towns recognize the importance of sharing services and to streamline municipal operations. Our district continues to be sought out on advice with our District model for guidance. Recently, due to the longstanding health district's model, the towns of Lee and Lenox consolidated to one Town Manager, a shared Human Resources director, and a shared building department. A larger number of towns are now utilizing the same online permitting system. Our District has played a significant role in assisting the towns during that transition. Due to existing collaborations including the countywide Opioid Abuse Leadership collaborative, Mass in Motion Leadership committees, Age Friendly Berkshires Coalition, Emergency Preparedness coalition, and the County Boards of Health association, has created an opportunity to cross pollinate and strengthen relationship capital between communities. Tri-Town was also designated by its peers as the Clinical/Community Intervention Leader for the county to lead all tobacco control related policies through the PWTF grant. Many departments communicate on best practices with special permitting processes and other permitting approval processes. All communication, documentation, and meeting materials with respect to tobacco control are shared with all town managers and staff. Due to the longevity of our relationships, there have been past instances where we called upon municipal leadership support including Police Chiefs and Mayors to ensure compliance with grant deliverables. Recently, the North Adams City Council, endorsed by the Mayor, issued a letter of support which was sent to the Board of Health to encourage them to adopt a full comprehensive set of tobacco control policies. The City Council asked for our assistance and by doing so is a direct reflection and validates the relationship capital that our tobacco district has created. Based on the many years of success administering a health district on a regional approach and encompassing a wide variety of grant initiatives, we feel confident that the lead municipality as well as our member towns will continue to provide the necessary support and continued collaboration to ensure the district's mission and program deliverables remain a long-term success.

☒ Organizational chart that includes where tobacco program will be located within entity uploaded to COMMBUYS.

7. Describe the proposed staffing pattern including roles and responsibilities for all positions funded in part or totally by MTCP. Attach job descriptions for all these positions including consultants or include resumes if staff roles are currently filled. Job descriptions should include job duties and qualifications and should clearly indicate the supervisor of the position. (See RFR Appendix C for recommended entry-level skills for tobacco control staff and tasks related to tobacco control programs).

The proposed staffing pattern includes the Program Director (.25 FTE) which will be responsible for administration, directing, planning, and implementation of the tobacco program and activities. Management and administrative duties including oversight and training of all staff, coordinate regular collaborative meetings, act as a liaison with boards of health and their staff, promote and implement tobacco policies, engage and promote youth 84 chapters, and attend MTCP related meetings. The Compliance Check/Enforcement Supervisor (.25 FTE) is responsible to oversee youth that conducts compliance checks, supervises the Enforcement Inspector, conduct all related tobacco compliance checks, pricing surveys, retail inspections, assuring accurate retail store lists, data collection, issue orders, attend BOH related hearings, and follow-up with all inspectional service activities as outlined in the grant. The Enforcement Inspector (.18 FTE) is responsible for conducting tobacco retail inspections, pricing surveys, and compliance checks. The Inspector will ensure proper maintenance of retail stores listing, data entry in the POST system, and attend any necessary hearings and meetings as part of tobacco control related work.

☒ Staffing pattern form completed and uploaded to COMMBUYS.
☒ Job descriptions or resumes uploaded to COMMBUYS.

8. Discuss the ability and willingness of each municipality in the region to enforce local and state tobacco policies, including issuing and upholding tickets and permit suspensions for violation of local and state tobacco policies. In communities without prior tobacco enforcement experience, confirm each municipality's willingness to enforce. In communities with past tobacco enforcement experience, discuss any challenges and how the program will address these challenges.

The ability and willingness for the tobacco collaborative to enforce and follow through with necessary enforcement measures is supportive by all towns. Over the years, significant resources have been dedicated to communities by

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educating, training, and providing support to municipal staff to enforce tobacco policies and linking communities to technical assistance support. Majority of towns in the collaborative that have experience in tobacco control utilize the board of health enforcement process under Mass General Law Chapter 111. This method has proven to be an effective and efficient approach as compared to the non-criminal disposition process. There have been minimal appeals to date using this method. The 5 new communities in this proposal have made commitments to implement the necessary permitting and enforcement processes if we are selected for this RFR. Being selected for this grant will allow us the necessary resources to focus and dedicate capacity to the new communities as well as to continue to support current towns with tobacco control needs. Challenges of enforcement are limited to turnover in board and staff membership, and to be sure that each town's legal counsel is part of the tobacco control process and to link them with technical assistance as necessary. Although there is a natural turnover in board positions, part of our responsibility is to monitor turnover in staff and board membership and provide the necessary education and support to be sure enforcement is not compromised. For the new communities, we anticipate challenges as tobacco control is a new concept. Our tobacco program will work closely with the Tobacco Free Community Partnership to develop a public education and implementaion strategy that will assist in the support of implementing new tobacco control policies.

9. Provide an annual line item budget and a brief narrative justifying the line items. Full-Time Equivalents (FTEs) must be listed for full and part-time staff positions. If the budget includes subcontractors describe the responsible parties and structures for operation and accountability. In the budget narrative list the hours and rate of pay of independent contractors.

The Program Director will be budgeted for 10 hours/week with a rate of $35/hour. This position is responsible for general oversight and grant administration as outlined in this proposal. The Compliance Check Program/Enforcement Supervisor is budgeted for 10 hours/week with a rate of $21/hour and is responsible to oversee inspectional service requirements and enforcement. The Enforcement Inspector is 7 hours/week with a rate of $20/hour and is responsible for conducting tobacco related inspections as outlined in the grant application. Fringe benefits of $9,000 is an estimate of the benefit costs for FY19 that include workman's compensation, retirement, life insurance and other required fringe for town of Lee employees. Direct care staffing total is $45,400. Program Support of $3,350 includes costs for tablet wifi service, copier and paper, office supplies, and other support needed to ensure compliance with deliverables. Travel costs include $3500 which is estimated miles traveled at the federal rate of .535/mile. Compliance check youth at $12/hour will be utilized as needed to conduct at least 2 full rounds of targeted compliance checks plus the required assignment for SYNAR checks. Agency administration of $8,500 will be utilized to cover necessary grant administration indirect costs. Indirect cost includes town hall to process payroll, billing, and town accounting. The request for year one is $62,500. In analyzing the needs of the collaborative including the capacity needed to implement policies for 5 newly funded towns, two full rounds of targeted non-SYNAR compliance checks, and all required deliverables, we feel confident that the staffing capacity request in this application is adequate to meet the needs with this proposal while at the same time being fiscally cognizant to MTCP.

☒ Program Budget form is uploaded to COMMBUYS.

CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

All documents listed below must be submitted via COMMBUYS in order for you response to be considered complete. Files must be uploaded and follow the naming convention indicated in the chart.

Document Title	**File Name** **Assign when creating documents**
Application Response Form	Applicant Name _ RFR 190128 _App Resp Form
Organization Chart	Applicant Name _ RFR 190128 _Org Chart
Eligibility Form	Applicant Name _ RFR 190128 _Eligibility

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Lead applicant agreement form	Applicant Name _ RFR 190128 _Lead Form
Municipal participation form	Municipality _ RFR 190128 _Muni Form
Staffing pattern	Applicant Name _ RFR 190128 _Staffing
Job description/resumes	Applicant Name_ RFR 190128 _JobDesc
Local policy and enforcement form	Applicant Name _ RFR 190128 _Policy
Regulations from each municipality	Municipality _ RFR 190128 _Regulation
List of retailers/permits from each municipality	Municipality_ RFR 190128 _Retailers
Permit application from each municipality	Municipality_ RFR 190128 _Permit App
Program Budget	Applicant Name _ RFR 190128 _Program Budget

Scanned documents will be accepted. All scanned documents must be scanned in such a way that they can be read on a computer monitor and printed on 81/2" x 11" paper, unless otherwise specified. Zipped files will be accepted and must be in a .zip format when saved. Other zip file formats will not be accepted.

Addendums or uploads not specifically requested in this document, the RFR or on the COMMBUYS Bid Solicitation screen will not be reviewed.

APPLICATION INSTRUCTIONS

1. **Save, read and review** the completed Application Response Form. Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes.
2. **Upload in COMMBUYS** the Application Response Form with the attachments according to the application Checklist.
3. **Confirm** that "No Charge" is checked or a dollar amount entered in the Unit Cost field on the Item screen in COMMBUYS. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide service or products at no charge.
4. **Submit** your electronic quote in COMMBUYS. (Vendors must be registered in COMMBUYS to submit quotes)

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Rev 8

APPLICATION RESPONSE FORM, INSTRUCTIONS, AND CHECKLIST

General Instructions:

1. **See the RFR and COMMBUYS posting for complete procurement specifications.**
2. **All responses are to be submitted using the online submission tools available to Vendors registered in COMMBUYS.** There is no charge to register in COMMBUYS. To Register go to www.COMMBUYS.com and click on the "Register" link on the front page.
   Bidders are solely responsible to monitor COMMBUYS for Bid amendments, if any. Bidders may monitor the record by frequently checking the Amendment Section on the Summary screen for the BID in COMMBUYS.
3. **All Bidders are advised to allow adequate time for submission by considering potential online submission impediments like Internet traffic, Internet connection speed, file size, and file volume.** DPH is not responsible for delays encountered by Bidders or their agents, or for a Bidder's local hardware failures, such as computers or related networks, associated with bid compilation or submission. Bids submitted via COMMBUYS are time stamped by the COMMBUYS system clock which is considered the official time of record.

Formatting Instructions:
This document was prepared using Microsoft Word's forms feature. Complete the form on your computer using Microsoft Word.

1. Save this document file to your computer.
2. Enter your responses in the text box, moving between the text boxes using the tab key on your keyboard.
3. Responses to check boxes are made by clicking once on the check box. To remove the X from a check box, click on the check box again.
4. Text responses are limited to a maximum number of characters and the limits are noted in each question. Once the maximum character limit is reached, MS Word will not allow more than this limit. Please note that a space is counted as a character, and using the enter key to begin a new line in a response is also counted as a character. It is not recommended that applicants insert graphics into the responses. Spell-check does not work in text boxes.
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APPLICATION RESPONSE COVER PAGE – REGIONAL PROGRAMS

Municipal Tobacco and Public Health Policy Programs RFR #190128

Organization

Organization Name: [Town of Andover]

Address:
[36 Bartlet Street]

[ ]

City: [Andover] State: [MA] Zip: [01810]

Municipal/Regional Organization CEO (Chief Executive Officer):

First Name: [Andrew] Last Name: [Flanagan] Title: [Town Manager]

FEIN: [046001069] Vendor Code: [6000191696]

Contact Person for this Proposal

First Name: [Thomas] Last Name: [Carbone]

Title: [Director of Public Health]

Telephone: (978) 623-8640

E-Mail: [tcarbone@andoverma.gov]

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

QUESTIONS FOR RESPONSE - REGIONAL PROGRAMS

Enter your response in the text boxes using Microsoft Word.

1) Provide a description of your proposed program including populations within the region that are disparately impacted by tobacco. Describe the region's need for tobacco programming and how this grant will address these needs. Also include the project lead and all municipalities involved. Indicate how the municipalities involved were selected for this application.

☒ Municipal participation forms from all municipalities including the lead agreement form uploaded to COMMBUYS.
☒ Eligibility form uploaded to COMMBUYS.

The program led by Andover since 1994 includes Amesbury, Andover, Billerica, Chelmsford, Dracut, Haverhill, Lynnfield, Methuen, Middleton, Newbury, Newburyport, North Andover, North Reading, Rowley, Salisbury, Tewksbury and Topsfield. All except Chelmsford have worked together for many years. Methuen, Haverhill and Salisbury have among the lowest median incomes in Essex County. Haverhill has this coalition's highest poverty rate (11.1%) and joins Salisbury and Dracut with its highest smoking rate (>16%). Our coalition has a proven record of adopting progressive policies. Haverhill and Dracut banned tobacco sales in pharmacies in 2013 and 2014. In 2014, Newburyport banned pharmacy sales, set minimum cigar prices, and capped tobacco permits , prompting dialogue in neighboring Salisbury. In 2015, Methuen adopted a flavored tobacco restriction, as did Billerica in 2016. Eight of our communities passed among the most stringent tobacco control policies, including the flavor restriction. By setting high standards in neighboring towns, political leaders who were initially hesitant to adopt new policies eventually embraced them. We will continue to follow this course of promoting policy with a focus on communities of need.

2. Administrative capacity of lead municipality or regional agency:
   a) Identify the municipality or regional agency that will serve as the lead for this program. Briefly describe the infrastructure and experience of this department/agency in managing grants and why they are best suited to coordinate this program.

Andover has 22 years' experience coordinating a tobacco control program and managing its supporting grants. The town's accounting office works closely with the current tobacco control program, using MUNIS software to track all receipts and expenditures of the grant. The tobacco control program accounts for its spending through the readily available records and reports from the accounting office. The Program Director has developed a relationship with the accounting staff, and utilizes the expertise of the Office Manager in the Community Development and Planning Department. Andover's health department, town manager's office, treasury division, human resource office, information technology and plant and facilities departments, have integrated the tobacco control program as part of its municipal team. The Director of Public Health has 30 years of municipal experience and provides advice, guidance and technical experience in interactions with local boards of health as well as the state's Department of Public Health. The Program Director participates in monthly health department staff meetings, allowing for smooth administration of the program. This efficient and cooperative administration of the tobacco control program in Andover maximizes the time focused on policy development and program deliverables.

   b) Describe the lead's ability to provide leadership and influence to a regional program including past experience leading initiatives or grants on tobacco prevention, substance use prevention, chronic disease or other related public health issues.

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Andover has led a regional Tobacco Control Program for 22 years, growing the program from the original 6 municipalities to its current size of 18. Andover considers itself a leader in the region, organizing regular meetings of health agents to discuss public health issues as needed. The town is the lead agency for the Greater River Valley Medical Reserve Corps and has served 9 years as the fiscal agent for Region 3B in MDPH's OPEM federal grant program. The Director of Public Health has 30 years' experience in local public health, serving 16 years as Director in Tewksbury, and the last 11 in Andover. He has served on state-wide advisory boards and is a past president of MHOA. The Program Director brings 15 years of experience working in tobacco control programs and has worked with member communities in establishing positive changes via policy and regulation. He regularly attends state program meetings and works collaboratively with other programs as needed, often agreeing to take on special projects to test their effectiveness before the state rolls them out to all programs. Andover has adopted strict tobacco control regulations in an effort to complete a regional framework designed to deter youth access to tobacco products, with the belief that tobacco control cannot stop at municipal borders if further inroads to prevention are to be met.

3. Describe past efforts in the region/collaborative to implement and/or enforce tobacco prevention or secondhand smoke policies. Discuss both successes and challenges of the region and how this grant would enhance the successes and address the challenges.

☒ Local policy & enforcement form uploaded to COMMBUYS.

Andover, one of the first communities in MA to ban smoking in restaurants in 1994, has since banned pharmacy sales, restricted flavored tobacco, prohibited smoking bars, raised the minimum legal age to 21, and capped the number of retail tobacco sales permits. Assisted by grant funds, Haverhill adopted regulations in 2012 that banned pharmacy sales, eliminated smoking and vaping in retail tobacco stores, prohibited smoking bars, and prevented electronic cigarette sales to minors. In 2013 Middleton set minimum cigar prices followed by Newburyport in 2014. Today, 9 coalition members have set minimum cigar prices. In 2014 N. Andover was one of a few to restrict flavored tobacco; Methuen did so 8 months later, as did Tewksbury and Billerica in 2016. Nine communities restrict or ban blunt wraps sales; 8 restrict flavors; 7 set 21 as the minimum legal sales age; 7 prohibit new stores selling tobacco within 500 feet of schools; 6 ban pharmacy sales; 4 set a cap on retail sales permits; 11 prohibit youth vape sales and prohibit vaping where smoking is prohibited; 11 ban smoking bars and 10 prohibit smoking in retail smoke shops. Grant funding fuels these successes by providing information to member Boards about how others are enacting stricter regulations. The grant creates policy momentum that counteracts the challenge of aggressive marketing by the tobacco industry. Funding also provides enforcement to assure the adoption of policy is meaningful. Another challenge is our representation of 5 out of 6 communities that border NH in upper northeastern MA, with many other communities not far from that border. NH stores sell cigarettes 35% cheaper and have no sales tax. A DPH grant providing technical support to these communities close to NH provides confidence to boards of health that the public health transcends any economic burdens associated NH competition. Our regulatory success in Methuen is a case in point. Grant funding fuels communication with stakeholders providing assurance that evidence-based strategies to curb tobacco use can be maximized while minimizing controversy in a community. Education of retailers prior to and during the initial stages after a policy takes effect fosters respect and minimizes the need for enforcement actions. It provides a level of comfort for other communities considering the same policies but may be tentative about it. This grant motivates communities to be engaged in change, which prompts action where it is most needed.

4. Describe an example of how local or state policies can lead to unintended health inequities. What role should a municipal tobacco program play in addressing these inequities?

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WIC provides access to healthy foods for families struggling economically. Unintended health inequities may be exacerbated when WIC-approved stores offer tobacco products. Of the 40 stores approved by WIC in Methuen (where 7.1% of residents live below poverty), 70% sell tobacco. The risk is that those most economically disadvantaged are unwittingly shepherded to establishments marketing an unhealthy lifestyle. Convenience stores display nurturing foods on one shelf near deadly tobacco products on another. This incongruity reminds us of the rationale for the pharmacy ban that eliminated sales of tobacco sales alongside medicines. That same logic applies to stores selling healthy food alongside tobacco. Local tobacco programs can promote stores that refrain from tobacco sales. A local health department can tout tobacco-free WIC stores at health fairs and issue press releases and newsletters publicizing these stores. Municipal tobacco control staff can visit local Boys and Girls Clubs, YMCAs and YWCAs and the like to promote tobacco-free food markets. Local farmers markets can feature tobacco-free stores as well. The vision is to reinvent the convenience store model. Local policies that marginalize the role of tobacco also play a part in reducing the traditional convenience store model (i.e. permit caps and prohibiting new tobacco stores near schools). The concept of a convenience store without tobacco needs to become a reality, especially for those areas where those most vulnerable are targeted by the tobacco industry.

5. Describe the organizational structure of your proposed program and how that structure will facilitate effective communication within the region and with tobacco program staff. Include how decisions impacting the entire collaborative will be made, methods and tools used to communicate within the collaborative, and meeting schedules.

This coalition has a longstanding history of meeting at least annually to discuss the program and provide guidance to the Program Director and host agency. Under this new grant, Boards of Health, through their professional staff, will continue to meet at least annually and more frequently on an as needed basis to develop work plans and discuss policy. All member communities have access to the Program Director via one-on-one meetings and by telephone and email. The Program Director will regularly communicate with each community to discuss inspections and compliance checks, providing health agents with copies of his correspondence to retailers regarding both enforcement and educational action. The Program Director provides health staff with evidence-based research and an ability to build support for policy advancements, and has direct access to partners at MHOA, MAHB & MMA should additional guidance be needed. Informed responses to questions from health agents are crucial in giving health department personnel the confidence that they can regard the Program Director as part of their own municipal team and not only a resource from a separate state-funded organization. Decisions affecting the entire coalition will be by consensus. The meetings for all health agents in the collaborative provide an interactive forum for members to see the big picture from the results of policy advancement within their own region and throughout the state. It also provides an opportunity to give members perspective on the coalition's standing in tobacco control policy and the lessons from those who have successfully maneuvered its passage. These meetings will be structured to encourage Communities of Need to strengthen their local policies, and to develop strategies regionally that leverages more prosperous communities to assist those who need policy assistance.

6. **If applying as a lead municipality:** Describe the relationship you have with other municipalities in the proposed region. Describe the organizational relationship and routine cooperation with other parts of internal municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the organizational relationship between the Board of Health/Health Department to the Mayor and/or Town Manager's office.
If applying as a regional planning agency or government council: Describe your organization and its relationships with municipalities. Describe the agency's experience collaborating with municipal health departments. Describe the agency's experience working with other parts of municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the agency's experience working with Mayors and/or Town Managers. Specifically respond to this question on matters related to public health or those transferrable to the tobacco program.

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The Town of Andover has a 22-year history as a lead municipality with MTCP. The proposed collaborative of cities and towns work cooperatively on tobacco control issues and have invited Chelmsford to join them. All communities are located within MDPH's Region 3 and meet collectively as a Health and Medical Coordinating Coalition through OPEM. The communities cover 3 emergency planning sub-regions. Many of the health officers in the coalition have worked together on projects through the years to benefit both regional and local public health. Several communities have entered into mutual aid agreements, and neighboring health agents assist each other in vacation coverage. The Andover Health Division is part of the town's Community Development and Planning Department, and the Department Head is the Deputy Town Manager; the Building, Conservation, and Planning Divisions are part of the department, and the Fire Prevention Office is co-located in the department. Health Division staff is appointed by the Town Manager, but policy and regulatory authority come from the Board of Health. The Andover Board of Health is a three member board appointed by the Town Manager. The Health Director participates in weekly staff meetings with the department head, as well as monthly senior staff meetings with the Town Manager and leaders of other municipal departments. The Program Director of the tobacco control program attends monthly Health Division staff meetings; his office is in the same building as the Health Division. Cooperation across departments is consistent. The Town Clerk and Health Division work together to address Burial Permits and Death Certificates, and applications for new business licenses are often routed through the department for approval and comment. Interdepartmental task forces of municipal agencies include plan review teams, a social media working group, and a community event review group. The departmental Office Manager provides support to the Tobacco Control Program Director by processing payments through the accounting system. The Program Director has direct access to the Accounting Office to ensure compliance with town and state spending requirements. Further, the Program Director has free access to the Health Director, and routinely coordinates tobacco control related programs across the entire region.

☒ Organizational chart that includes where tobacco program will be located within entity uploaded to COMMBUYS.

7. Describe the proposed staffing pattern including roles and responsibilities for all positions funded in part or totally by MTCP. Attach job descriptions for all these positions including consultants or include resumes if staff roles are currently filled. Job descriptions should include job duties and qualifications and should clearly indicate the supervisor of the position. (See RFR Appendix C for recommended entry-level skills for tobacco control staff and tasks related to tobacco control programs).

The program will employ 1 Program Director, as it does currently. Since fiscal year 2014, the tobacco control program, has consisted of 18 municipalities and approximately 350 retailers. The proposed coalition will include 17 communities with approximately 370 retailers. All compliance checks and retail inspections are performed by the director, as are trainings of retail store staff. The director is responsible for all enforcement activities, including the issuance of citations, preparing for and attending court hearings on appeals by retailers and presenting testimony before boards of health for their hearings concerning possible tobacco sales permit suspensions. Other responsibilities of the director include promoting progressive tobacco control policies to health directors and boards of health, as well as communicating with the media and members of the public regarding the rationale for these polices. All other responsibilities listed in the scope of service section of the RFR application are also handled by the full-time director, including the management of the program's budget, the preparation of work plans, the maintenance of a retailer database system and participating in MTCP meetings and training sessions.

☒ Staffing pattern form completed and uploaded to COMMBUYS.
☒ Job descriptions or resumes uploaded to COMMBUYS.

8. Discuss the ability and willingness of each municipality in the region to enforce local and state tobacco policies, including issuing and upholding tickets and permit suspensions for violation of local and state tobacco policies. In communities without prior tobacco enforcement experience, confirm each municipality's willingness to enforce. In communities with past tobacco enforcement experience, discuss any challenges and how the program will address these challenges.

Sixteen out of 17 communities in the proposed collaborative are funded by MTCP and consistently enforce their regulations by issuing citations. Chelmsford is the only community not part of a tobacco control program and the town's health director states its Board is willing to enforce its regulations. The program director confirms payments by

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communicating with health department staff or town/city clerks. Citation payment is documented in a MTCP database; the following number of citations were issued since FY14 (unless otherwise noted, 100% of the citations were paid in full in each community): Amesbury-12, Andover-5, Billerica-36, Dracut-16, Haverhill-50, Lynnfield-8, Methuen-15 (in 3 cases the fine was reduced by the Court from $300 to $100 after appeal), Middleton-10, Newbury-10, Newburyport-8, North Andover-10 (one citation was dismissed after appeal), North Reading-8, Rowley-5, (Rowley began issuing fines 3/4/17), Salisbury-7, Tewksbury-25 and Topsfield-6. Appeals of citations are rare: just 4 out of a total of 231 citations issued (less than 2%) since FY14 with only 1 resulting in a dismissal. Recently Andover and Tewksbury began requiring that first time under-aged sales appear before the Board of Health. Region-wide there have been 16 license suspensions since FY14. Where fines have been reduced or dismissed, the Program Director has worked with the local health agent to determine if any regulatory or enforcement practice change is needed. Some local Boards have shown a willingness to consider including the FDA inspections as part of the violation history.

9. Provide an annual line item budget and a brief narrative justifying the line items. Full-Time Equivalents (FTEs) must be listed for full and part-time staff positions. If the budget includes subcontractors describe the responsible parties and structures for operation and accountability. In the budget narrative list the hours and rate of pay of independent contractors.

The director's salary is commensurate with similarly situated town employees. Fringe benefits cover health insurance, predicted to increase 5-8% next year. Payroll tax breakdown is: social security/medicare 1.45%, retirement 4.47%, workers comp 1.17%, unemployment insurance 0.21%, and OPEB (Other Post Employment Benefits) 10.27%. Youth stipends averaged $3,775.00 annually over the past 3 years. The $4,077.36 stipend request covers about 17 more retailers with the addition of Chelmsford. Travel expenses averaged $1,847.25 yearly for the past 3 years. The geography covered is expansive. The distance between the northern most community (Salisbury) and southernmost (Billerica) is over 40 miles while the furthest east/west towns are 30 miles away. A $1,995.03 travel line item is adjusted for a 6% increase in retailers and 2% estimated increase in projected travel costs. Costs for program supplies in FY19 are $1,200 with $739 for smart phone service and the remaining $461 for office supplies such as paper, printer cartridges, envelopes, etc. The program support line item of $4,023.05 covers compliance check related expenses such as transportation, tobacco purchases, and food items for compliance check youth. This line item has averaged $3,725.05 annually for the past 3 years. An 8% increase to $4,023.05 is factored in to cover Chelmsford compliance checks. The $2,000 line item for "Occupancy" is for the charge for office space in town offices and includes janitorial services, heating, water, and electricity costs. The $8,000.00 for administrative support represents a charge of approximately 7% and covers expenses for administering the tobacco control program, including payroll and accounting services and supervision costs.

☒ Program Budget form is uploaded to COMMBUYS.

CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

All documents listed below must be submitted via COMMBUYS in order for you response to be considered complete. Files must be uploaded and follow the naming convention indicated in the chart.

Document Title	**File Name** **Assign when creating documents**
Application Response Form	Applicant Name _ RFR 190128 _App Resp Form
Organization Chart	Applicant Name _ RFR 190128 _Org Chart
Eligibility Form	Applicant Name _ RFR 190128 _Eligibility
Lead applicant agreement form	Applicant Name _ RFR 190128 _Lead Form
Municipal participation form	Municipality _ RFR 190128 _Muni Form

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Staffing pattern	Applicant Name _ RFR 190128 _Staffing
Job description/resumes	Applicant Name_ RFR 190128 _JobDesc
Local policy and enforcement form	Applicant Name _ RFR 190128 _Policy
Regulations from each municipality	Municipality _ RFR 190128 _Regulation
List of retailers/permits from each municipality	Municipality_ RFR 190128 _Retailers
Permit application from each municipality	Municipality_ RFR 190128 _Permit App
Program Budget	Applicant Name _ RFR 190128 _Program Budget

Scanned documents will be accepted. All scanned documents must be scanned in such a way that they can be read on a computer monitor and printed on 81/2" x 11" paper, unless otherwise specified. Zipped files will be accepted and must be in a .zip format when saved. Other zip file formats will not be accepted.

Addendums or uploads not specifically requested in this document, the RFR or on the COMMBUYS Bid Solicitation screen will not be reviewed.

APPLICATION INSTRUCTIONS

1. **Save, read and review** the completed Application Response Form. Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes.
2. **Upload in COMMBUYS** the Application Response Form with the attachments according to the application Checklist.
3. **Confirm** that "No Charge" is checked or a dollar amount entered in the Unit Cost field on the Item screen in COMMBUYS. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide service or products at no charge.
4. **Submit** your electronic quote in COMMBUYS. (Vendors must be registered in COMMBUYS to submit quotes)

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Rev 8

APPLICATION RESPONSE FORM, INSTRUCTIONS, AND CHECKLIST

General Instructions:

1. **See the RFR and COMMBUYS posting for complete procurement specifications.**
2. **All responses are to be submitted using the online submission tools available to Vendors registered in COMMBUYS.** There is no charge to register in COMMBUYS. To Register go to www.COMMBUYS.com and click on the "Register" link on the front page.
   Bidders are solely responsible to monitor COMMBUYS for Bid amendments, if any. Bidders may monitor the record by frequently checking the Amendment Section on the Summary screen for the BID in COMMBUYS.
3. **All Bidders are advised to allow adequate time for submission by considering potential online submission impediments like Internet traffic, Internet connection speed, file size, and file volume.** DPH is not responsible for delays encountered by Bidders or their agents, or for a Bidder's local hardware failures, such as computers or related networks, associated with bid compilation or submission. Bids submitted via COMMBUYS are time stamped by the COMMBUYS system clock which is considered the official time of record.

Formatting Instructions:
This document was prepared using Microsoft Word's forms feature. Complete the form on your computer using Microsoft Word.

1. Save this document file to your computer.
2. Enter your responses in the text box, moving between the text boxes using the tab key on your keyboard.
3. Responses to check boxes are made by clicking once on the check box. To remove the X from a check box, click on the check box again.
4. Text responses are limited to a maximum number of characters and the limits are noted in each question. Once the maximum character limit is reached, MS Word will not allow more than this limit. Please note that a space is counted as a character, and using the enter key to begin a new line in a response is also counted as a character. It is not recommended that applicants insert graphics into the responses. Spell-check does not work in text boxes.
5. Those with visual impairments may use an electronic text reader by unlocking the Application Response Form.

APPLICATION RESPONSE COVER PAGE – REGIONAL PROGRAMS

Municipal Tobacco and Public Health Policy Programs RFR #190128

Organization

Organization Name: [Town of South Hadley]

Address:
[116 Main Street Suite 102]

[ ]

City: [South Hadley] State: [MA] Zip: [01075]

Municipal/Regional Organization CEO (Chief Executive Officer):

First Name: [Michael] Last Name: [Sullivan] Title: [Town Administrator]

FEIN: [046001303] Vendor Code: [VC6000191983]

Contact Person for this Proposal

First Name: [Sharon] Last Name: [Hart]

Title: [Public Health Director]

Telephone: (413) 538-5013

E-Mail: [shart@southhadleyma.gov]

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

QUESTIONS FOR RESPONSE - REGIONAL PROGRAMS

Enter your response in the text boxes using Microsoft Word.

1) Provide a description of your proposed program including populations within the region that are disparately impacted by tobacco. Describe the region's need for tobacco programming and how this grant will address these needs. Also include the project lead and all municipalities involved. Indicate how the municipalities involved were selected for this application.

☒ Municipal participation forms from all municipalities including the lead agreement form uploaded to COMMBUYS.
☒ Eligibility form uploaded to COMMBUYS.

The Town of South Hadley proposes to address tobacco access, exposure and use for both youth and adults through: tobacco retailer surveillance and data collection; enforcement - including retail inspections and compliance checks; policy promotion and adoption; and education. The selected region consists of 18 communities that are part of the FH-STOPP Coalition and 9 new communities. Current communities include: Amherst*, Buckland, Charlemont, Conway, Easthampton*, Gill, Granby*, Greenfield*, Hadley*, Hatfield, Leverett, Montague*, Northampton*, Shelburne, South Hadley*, Southampton*, Wendell, Whately, Williamsburg. Because FH-STOPP has a proven track record of success with policy and enforcement, the coaliton will use its existing infrastructure and knowledge to mentor 9 new communities in Hampden County. The new communities include: Agawam*, East Longmeadow, Longmeadow, Ludlow*, Monson*, Palmer*, Southwick*, West Springfield* and Wilbraham*, many of which have not conducted compliance activities in many years. Sixteen (16) communities were selected because they are disparately impacted by tobacco.The remainder were selected due to readiness to adopt policies and serve as a model to other communities. Despite progress, tobacco use remains the primary cause of preventable death and health disparities. Youth e-cigarette use exemplifies the need for grant funding to keep pace with industry tactics and public health impacts. By 12th grade 1/4 of Hampshire (21%) and Franklin (28%) youth report using e-cigarettes regularly.

2. Administrative capacity of lead municipality or regional agency:
   a) Identify the municipality or regional agency that will serve as the lead for this program. Briefly describe the infrastructure and experience of this department/agency in managing grants and why they are best suited to coordinate this program.

Lead Agency: The Town of South Hadley, Public Health Department

Infrastructure: The South Hadley Town Administrator and Selectboard have been, and continue to be, in full support of the South Hadley Health Department, the MTCP grant and the expansion of the program into Hampden County.

Tobacco Grant Management: The Town of South Hadley, through its Health Department is well suited to coordinate the MTCP grant for several reasons. First, the South Hadley Health Department has a history of administering and coordinating the MTCP grant since 2007. Under South Hadley's guidance, the MTCP-funded Coaliton (FH-STOPP) has grown to from 7 boards of health in the region in 2007 to 26 communities in 2012. Second, the Town has experience with managing large grants. They successfully administered the federal SAMHSA Drug Free Communities Support Program for the past 5 years, which has been recognized for its work in reducing alcohol, marijuana, opioids and tobacco use among youth. Third, South Hadley and the FH-STOPP Coalition have strong partnerships in the region including working relationships with local prevention coalitions, law enforcement, boards of health, town administrators, and council of governments. The Town and the Coalition also collaborate with youth-led 84 Chapters and the Hampshire Franklin Tobacco-Free Partnership. Finally, South Hadley is centrally located in Hampshire County situated between Hampden County and Franklin County making it accessible as a regional leader in tobacco control efforts.

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b) Describe the lead's ability to provide leadership and influence to a regional program including past experience leading initiatives or grants on tobacco prevention, substance use prevention, chronic disease or other related public health issues.

The Public Health Director, Sharon Hart, who is responsible for administering the MTCP grants for South Hadley has vast experience in grant management and coalition coordination. She is well respected by regional partners and her peers a a leader in public health policy. For nine years, Ms. Hart chaired the Hampshire Public Health Preparedness Coalition - a group of 19 boards of health thoughout Hampshire County. She is President of Western Massachusetts Public Health Association and a member of the Five-College Collaborative. Ms. Hart is an active member of several drug and alcohol prevention coalitions in the region including the South Hadley Drug & Alcohol Prevention Coalition (DFC), the Hampshire Heroin and Opioid Prevention & Education Coalition (BSAS/MOAPC), and the SPIFFY Coalition (BSAS/SAPC), In 2009, the South Hadley Health Department was the first in the state, and second in the nation to implement a 24/7 prescription drug drop box and was a model for drop boxes across the state. The Health Department also secured 400 Evzio naloxone auto-injectors valued at $1,000,000 that were disbursed to communites in need across the region. This is a sampling of the ways that South Hadley provides leadership and influence in the region, and testimony to its capacity to continue to implement this MTCP grant.

3. Describe past efforts in the region/collaborative to implement and/or enforce tobacco prevention or secondhand smoke policies. Discuss both successes and challenges of the region and how this grant would enhance the successes and address the challenges.

☒ Local policy & enforcement form uploaded to COMMBUYS.

The FH-STOPP coalition, under fiscal management of South Hadley, successfully guided 17 local communities in Hampshire and Franklin County to pass a set of 5 key tobacco policies recommended by MAHB including: ban of tobacco sales in pharmacies; cap on number of retail licenses; minimum legal sales age of 21, restriction on packaging of cheap cigars; and restriction on the sale of flavored products. This accounts for the largest contiguous region in the state to adopt strong tobacco-free policies.

FH-STOPP successfully oversees twice yearly educational visits and compliance checks of all retail outlets identified by MTCP in the region. These activities served to reduce youth access by enforcing laws and regulations and providing education to retailers about local tobacco regulations.

A strength of the Coalition is its ability to bring together key community leaders and boards of health to enact local tobacco regulations. FH-STOPP partners with several DFC and BSAS funded prevention coalitions in the region to mobilize both adults and local youth to testify in support of smoke-free regulations at local hearings
.
The FH-STOPP coalition utilizes local community data provided by SPIFFY Coalition and Communities That Care Coalition in Hampshire and Franklin Counties. These prevention coalitions consult with FH-STOPP about what tobacco questions we want included on the surveys, and provide us with town-specific data that is instrumental in identifying trends and influencing local policy makers.

There are a few challenges we have experienced in our region. Small towns with one or two retail stores often don't see the need to adopt full regulations as a preventative measure. Health agents in small towns, who may work part-time and are under resourced, fear that adopting regulations will add one more mandate to their workload.

While many of our communities in Hampshire and Franklin Counties adopted Smoke-Free Public Housing regulations including Greenfield, Northampton, Easthampton, South Hadley and Amherst, some people see mandated smoke-free housing to be a social justice issue because it only applies to publicly funded housing for veterans and low-income residents. However, proponents feel that these regulations protect the rights of non-smokers in these vulnerable populations.

These challenges are bridged through relationship and trust building that occurs at FH-STOPP coalition meetings and through on-going community education and board mentoring.

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4. Describe an example of how local or state policies can lead to unintended health inequities. What role should a municipal tobacco program play in addressing these inequities?

In Hampshire and Franklin counties most communities have banned flavored tobacco products, including flavored vape products. In Massachusetts, 24% of youth use e-cigarettes regularly (in the past 30 days) compared to only 2.9% of adults. Most popular among youth is the Juul vaping devise which is small, easy to conceal, and contains a highly concentrated liquid that emits little odor or aerosol. Because these products are not readily available in stores in our region, youth report that they purchase Juuls in Hampden county or on-line using disposable VISA cards. The highly concentrated juice creates nicotine dependence among youth quickly and schools are requesting cessation services for students as young as 5 and 6th grade. The unintended consequence of having strong regulations to prohibit sales of flavored e-juice is that youth who are now addicted to nicotine report that they turn to combustible traditional cigarettes when they can't access Juul replacement cartridges. In addition to the need for better regulation of on-line sales and promotions targeting youth in Hampden County, communities need greater regulatory support to limit flavored e-cigarette products that are attractive to youth and consistent regional regulation of e-cigarettes so that youth cannot go to neighboring communities to get the products. In addition, education is needed to help school staff, parents, and youth to understand the real risks of e-cigarettes and the potential pathway to combustible tobacco use.

5. Describe the organizational structure of your proposed program and how that structure will facilitate effective communication within the region and with tobacco program staff. Include how decisions impacting the entire collaborative will be made, methods and tools used to communicate within the collaborative, and meeting schedules.

The organizational structure will be similar to the existing structure of the Hampshire Public Health Emergency Preparedness Coalition (HPHPC). It will consist of a Regional Committee and an Advisory Committee. The Regional Committee will meet annually to review budget and deliverables. At the annual meeting an Advisory Committee of 5-7 members will be selected. Member communities interested in being part of the Advisory Committee will identify themselves and Regional Coalition members will vote for the communities they would like to represent them. Special attention will be made for representation of all 3 counties on the Advisory Committee. Meeting locations will rotate between the three communities. The Advisory Committee will serve as the governing(oversite) body of the staff to ensure deliverables are met appropriately following MTCP grant guidelines. The Advisory Committee, which is open to all members, will meet once quarterly and additional meetings may be scheduled as necessary. Agendas of both regional and advisory meetings will be shared with grant participants. All meetings are open to the public.

Special mentoring meetings will be set up with individual communities in Hampden County to share the experiences of seasoned communities with adopting model tobacco regulations including challenges and successes.

Coalition staff will keep up-to-date contact list of representatives from all participating communities, develop agendas with support from the Advisory Committee, notify communities of upcoming meetings, and generate and disburse minutes. Staff will attend local board of health meetings and hearings as needed, and create open channels of communication with community partners. After compliance activities occur in a community, the staff person will notify appropriate municipal officials (e.g. health agents/directors) of results. All communication will be through a combination of phone, email, text, and in-person.

6. **If applying as a lead municipality:** Describe the relationship you have with other municipalities in the proposed region. Describe the organizational relationship and routine cooperation with other parts of internal municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the organizational relationship between the Board of Health/Health Department to the Mayor and/or Town Manager's office.

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If applying as a regional planning agency or government council: Describe your organization and its relationships with municipalities. Describe the agency's experience collaborating with municipal health departments. Describe the agency's experience working with other parts of municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the agency's experience working with Mayors and/or Town Managers. Specifically respond to this question on matters related to public health or those transferrable to the tobacco program.

As a result of our 11 years coordinating the MTCP grants, South Hadley has deep relationships with municipalities throughout the region including municipal leaders and key stakeholders. South Hadley is highly collaborative and works closely with the boards of health in Franklin, Hampshire, and Hampden counties coming together regularly to partner on a number of projects including tobacco policy, substance misuse, public health emergency preparedness, and the newly formed Pioneer Valley Mosquito Control District. The South Hadley board of health also works with the eight DFC and BSAS funded prevention coalitions in the region to address underlying risk and protective factors related to tobacco use.
South Hadley's municipal government demonstrated inter-departmental cooperation by setting up teams made up of representatives from multiple departments. The town has also created bylaws that cross over more than one municipal department, requiring collaboration to implement and enforce, resulting in better accountability and overall health and safety in the community. One example of interdepartmental cooperation is the South Hadley Abandon Housing Initiative in which the Health Department Director works closely with Inspectional Services, Fire Department, Town Administrator and the Attorney General's Office to deter housing blight within the community. South Hadley also coordinatored with DEP and other town departments to develop Trash Hauler Regulations which are now used as a state model.
Like many other small towns in our region, South Hadley's municipal leaders and department heads, are often engaged in all aspects of community life. They have an "open door" policy and are fully accessible when issues arise that impact other departments and the community at large. The Selectboard and Police both hold monthly Meet and Greet coffee hours where they can engage with local residents about concerns. These open and informal networks often facilitate health community policies and practices. One example is when parents raised concerns about smoking at the local park where youth recreational events are held and families gather. Parents approached the Town Administrator who involved the appropriate departments and a bylaw was passed to prohibit smoking on all municipal parks. Multiple departments coordinated to provide signage, education, and enforcement of this policy. This small town approach ensures buy-in at all levels and sectors of the community.

☒ Organizational chart that includes where tobacco program will be located within entity uploaded to COMMBUYS.

7. Describe the proposed staffing pattern including roles and responsibilities for all positions funded in part or totally by MTCP. Attach job descriptions for all these positions including consultants or include resumes if staff roles are currently filled. Job descriptions should include job duties and qualifications and should clearly indicate the supervisor of the position. (See RFR Appendix C for recommended entry-level skills for tobacco control staff and tasks related to tobacco control programs).

Tobacco Staffing Pattern will include:
Grant Manager: Sharon Hart, Public Health Director, is responsible for oversight of the grant and ensuring all deliverables are met.

Tobacco Control Program Coordinator: The Coordinator will be responsible for day-to-day operations of the grant. The responsibilities include setting and attending Board of Health meetings and hearings where tobacco control is being discussed. The Coordinator will also set agendas and be responsible for drafting work plans, policies and all outreach to community groups. This position will issue tickets, follow up in housing court, monitor and inspect tobacco retailers, complete merchant education visits, and recruit and train youth.

Tobacco Compliance Officer: This position will issue tickets, attend meetings and public hearings, follow up in housing court, monitor and inspect tobacco retailers, complete merchant education visits, recruit and train youth.

Program Assistant: The assistant is responsible for all related business of the proposal, records maintenance, budget maintenance, mailing tickets and other administrative duties as needed.

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☒ Staffing pattern form completed and uploaded to COMMBUYS.
☒ Job descriptions or resumes uploaded to COMMBUYS.

8. Discuss the ability and willingness of each municipality in the region to enforce local and state tobacco policies, including issuing and upholding tickets and permit suspensions for violation of local and state tobacco policies. In communities without prior tobacco enforcement experience, confirm each municipality's willingness to enforce. In communities with past tobacco enforcement experience, discuss any challenges and how the program will address these challenges.

By signing the Participating Municipalities Agreement, and with support from FH-STOPP staff, every municipality has agreed to provide culturally appropriate education about local and state laws, and regulations to workplaces and tobacco retail stores impacted by those laws and regulations.

The majority of communities have a history of implementing these required components of the tobacco control program by educating the public and retailers about tobacco laws, inspecting stores, enacting policy, and actively upholding violations. Based on past history, we anticipate that these communities will continue to have a commitment to implementing these tobacco and public health programs and regulations.

In Hampden County communities enforcement hasn't been conducted in many years, with the exception of West Springfield. These communities have expressed the need and willingness to conduct educational visits and compliance checks, but they currently lack the resources. They lack the staffing to create and implement policy changes. Funding from this grant will support these communities with needed financial resources and technical assistance.

One challenge to upholding tobacco-free regulation is the continual turnover in Board of Health members. New members often don't have historical perspective, or hold the same tobacco-free priorities or values. Some Board of Health members, especially those who also serve as selectboard members, may be drawn to support the local businesses in a struggling economic environment, rather than promote public health. This grant will enable staff personnel to do outreach to new board of health members to provide education and resources to help them understand the importance of tobacco control efforts including local regulations.

9. Provide an annual line item budget and a brief narrative justifying the line items. Full-Time Equivalents (FTEs) must be listed for full and part-time staff positions. If the budget includes subcontractors describe the responsible parties and structures for operation and accountability. In the budget narrative list the hours and rate of pay of independent contractors.

Total budget requested is $99,800.00

PERSONNEL:
Tobacco Grant Manager: Sharon Hart, South Hadley Public Health Director, (in-kind), .2 FTE will be the Fiscal Manager for the grant.

Tobacco Control Program Coordinator: unknown, $50,000.00, .75 FTE will assist in the coordination and in the supervision of staff to ensure all requirements of the grant are implemented. Attend BOH and MTCP meetings, hearings and trainings. Conduct educational visits and youth access compliance checks of tobacco retail establishments and follow up; in assigned communities according to schedule, procedures and conditions.

Tobacco Compliance Officer: per diem, $11,000, .5 FTE, will conduct educational visits and youth access compliance checks of tobacco retail establishments and follow up: in assigned communities according to schedule, procedure and conditions.

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Tobacco Program Assistant: $20,000, .5 FTE Maintain retailers lists, fiscal records, current copies of tobacco regulations for all towns and cities in the grant. Attend all Regional and Advisory Committee meetings; assist with the agenda and minutes, and other related adminstrative tasks.

OTHER RELATED EXPENSES:

Youth Buyer Stipend: ($2,800.00): Youth buyers will be trained and paid an average rate of $11.00 an hour. Compliance checks will be conducted with two youths.

Supplies: ($1,000.00): This line item will be used to purchase necessary office supplies and printing.

Program Support: ($2,000.00): This line item will be used to purchase tobacco products, cell phone support and postage.

Host agency Administrative Support: ($13,000.00) The host agency will assess 15% of the total award.

☒ Program Budget form is uploaded to COMMBUYS.

CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

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Document Title	**File Name** **Assign when creating documents**
Application Response Form	Applicant Name _ RFR 190128 _App Resp Form
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Eligibility Form	Applicant Name _ RFR 190128 _Eligibility
Lead applicant agreement form	Applicant Name _ RFR 190128 _Lead Form
Municipal participation form	Municipality _ RFR 190128 _Muni Form
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Job description/resumes	Applicant Name_ RFR 190128 _JobDesc
Local policy and enforcement form	Applicant Name _ RFR 190128 _Policy
Regulations from each municipality	Municipality _ RFR 190128 _Regulation
List of retailers/permits from each municipality	Municipality_ RFR 190128 _Retailers
Permit application from each municipality	Municipality_ RFR 190128 _Permit App
Program Budget	Applicant Name _ RFR 190128 _Program Budget

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

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APPLICATION RESPONSE COVER PAGE – REGIONAL PROGRAMS

Municipal Tobacco and Public Health Policy Programs RFR #190128

Organization

Organization Name: [City of Somerville]

Address:
[City Hall]

[93 Highland Avenue]

City: [Somerville] State: [MA] Zip: [02143]

Municipal/Regional Organization CEO (Chief Executive Officer):

First Name: [Joseph] Last Name: [Curtatone] Title: [Mayor]

FEIN: [046001414] Vendor Code: [6000192138]

Contact Person for this Proposal

First Name: [Cory] Last Name: [Mashburn]

Title: [Director of Prevention]

Telephone: (617) 625-6600

E-Mail: [cmashburn@somervillema.gov]

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QUESTIONS FOR RESPONSE - REGIONAL PROGRAMS

Enter your response in the text boxes using Microsoft Word.

1) Provide a description of your proposed program including populations within the region that are disparately impacted by tobacco. Describe the region's need for tobacco programming and how this grant will address these needs. Also include the project lead and all municipalities involved. Indicate how the municipalities involved were selected for this application.

☒ Municipal participation forms from all municipalities including the lead agreement form uploaded to COMMBUYS.
☒ Eligibility form uploaded to COMMBUYS.

The 6-City Tobacco Initiative includes the cities of Cambridge, Chelsea, Everett, Revere, and Somerville, and the town of Winthrop. Somerville serves as project lead. The five cities have been engaged together in successful, MTCP-funded tobacco control work since 1992. They invited Winthrop to join in 2011 because it had no regulations or permitting processes for tobacco sales and advertising, and extremely high bronchus and lung cancer mortality rates; strengthening Winthrop would strengthen the entire region. All of the 6-City Initiative's municipalities contain large populations disparately impacted by tobacco, most significantly low-income adults and children and immigrant groups whose cultures embrace tobacco. The Initiative works with Boards of Health in each community to: 1) Educate anyone affecting or affected by tobacco, including lawmakers, business owners, parents, teachers, and children; 2) Enforce tobacco control regulations in stores, restaurants, workplaces, and indoor and outdoor venues; and 3) Promote development of tobacco control policies within the Initiative's communities, including adoption of the state's model policies.

2. Administrative capacity of lead municipality or regional agency:
   a) Identify the municipality or regional agency that will serve as the lead for this program. Briefly describe the infrastructure and experience of this department/agency in managing grants and why they are best suited to coordinate this program.

The City of Somerville will serve as program lead for the 6-City Tobacco Initiative and house the Initiative in its Office of Prevention, a division of its Health and Human Services Department (HHS). Somerville is best suited to coordinate the Initiative because it has a successful 25-year track record of tobacco control program leadership, it has been leading the 6-City Initiative since 2012, and its Initiative partners have requested that it continue to lead. Somerville has also developed a highly-effective management infrastructure to support the 6-City region's work that includes a full-time Tobacco Control Director who works with all partner municipalities, an experienced grants manager, time-tested communications and accountability systems, and fully-outfitted office space. HHS's Grant Administrator has been employed by the City since 1994, and in that time has met every administrative, billing, and reporting deadline. She managed MTCP's Tobacco Control Grant for Somerville and four partners (1992-2011, $1,814,625.12), and is currently managing its Board of Health Tobacco, Alcohol and Related Public Health Policy Programs Grant for the 6-City Initiative (2012-2018, $768,732.82). She has managed eleven MDPH grants since 1994 totaling $5,964,295.82.

   b) Describe the lead's ability to provide leadership and influence to a regional program including past experience leading initiatives or grants on tobacco prevention, substance use prevention, chronic disease or other related public health issues.

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Somerville has been providing leadership and influence for regional tobacco control programming since 1992. From 1992 through 2011, it led regional initiatives for the 5-City Tobacco Control Collaborative (Cambridge, Chelsea, Everett, Revere, Somerville) to address smoking prevention among youth and secondhand smoke protection, raise public awareness, and change community norms on tobacco use. Successes include collaborations between the health and school departments in all five cities that created and implemented anti-tobacco presentations in school health classes and afterschool programs throughout the region. From 2012 to the present, Somerville has led the 6-City Tobacco Initiative described in Q1 above. Somerville's influence has guided five of the six cities toward adoption of nearly all of the state's model policies and is guiding adoption in the sixth city. Since 2015, Somerville has also been leading the Substance Abuse Prevention Collaborative (Arlington, Cambridge, Everett, Somerville), funded by BSAS. Somerville's leadership has helped these municipalities to develop a regional plan for amending local policies, regulations, and environmental strategies to prevent underage drinking and other drug use region-wide. They are currently developing environmental strategies and regional regulations based on the plan.

3. Describe past efforts in the region/collaborative to implement and/or enforce tobacco prevention or secondhand smoke policies. Discuss both successes and challenges of the region and how this grant would enhance the successes and address the challenges.

☒ Local policy & enforcement form uploaded to COMMBUYS.

Policymaking: The six cities have made great progress in regional policymaking.
Successes: Five cities have adopted most of the state's 22 model regulations and one is working toward adoption; regionally-consistent rules facilitate compliance, particularly among retailers with limited English capacity and those with stores in multiple cities.
Challenges: One city is still working toward adoption of model regulations; one city's adoption has been stalled by a lawsuit; it is still cheaper to obtain a retail permit in some cities than others; maintaining regional consistency requires higher-level communications among the six cities.

Education and Enforcement: The Tobacco Control Director, as regional enforcement officer, inspects 100% of retailers annually to check their permit, displays, pricing and database information and educate them about the region's regulations and compliance requirements. She trains Youth Buyers for compliance checks (100% of retailers annually) and Synar checks (25% of retailers annually). She issues tickets, conducts follow-up inspections, and presents evidence at hearings. She investigates smoke-free complaints for the region and has conducted education forums in the community.
Successes: In 2015, Somerville instituted a model permit suspension system to coordinate hearing notifications, record board orders, and track suspension enforcement. Retail signage in the region has greatly improved. Compliance violations are down 65% since 2012. The Director's visibility in the community has prompted more residents to make smoke-free complaints.
Challenges: Processes for appealing and enforcing tickets and penalties are different in each municipality (e.g.: some involve hearing officers, some involve the District Court System). Weak, confusing systems hinder enforcement.

This Grant will enable the 6-City partners, backed by their new regulations, to maintain their proven-effective staffing, inspection, compliance, and complaint investigation systems while establishing new regional systems for ticketing, enforcement, and communications. The Initiative will adapt Somerville's permit suspension model to fit each city's internal operations, work toward instituting a hearing officer system in each city to eliminate District Court involvement, help the last two cities to adopt/implement the model regulations, and establish monthly e-newsletters and trend reports to facilitate communications.

4. Describe an example of how local or state policies can lead to unintended health inequities. What role should a municipal tobacco program play in addressing these inequities?

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The City of Somerville has implemented a policy that facilitates the issuing of food retailing permits to bodegas and corner stores in low-income, food-insecure neighborhoods that have not been able to attract a full-service supermarket. Residents are better able to buy their groceries locally, but must do so in stores with limited capacity to provide fresh produce and check-out areas crowded with displays for tobacco products and the Lottery. In such cases, the municipal tobacco program must ramp up its education and enforcement activities to ensure that retailers in these neighborhoods understand how to separate tobacco products from food products in their stores, why their concerted attention to these regulations is important for their customers and their community, how they can ensure that they do not sell tobacco products to minors, how they will be monitored, what the penalties are if they ignore or violate regulations, and how these penalties are enforced. As in Somerville, the tobacco program can also work with the local Board of Health to require that ID card readers be installed in stores to highlight the stores' accountability. Taking a holistic approach, the tobacco program can also notify municipal staff and/or community organizations that run nutritional and anti-addiction programs that these neighborhoods may have a heightened need for education and services.

5. Describe the organizational structure of your proposed program and how that structure will facilitate effective communication within the region and with tobacco program staff. Include how decisions impacting the entire collaborative will be made, methods and tools used to communicate within the collaborative, and meeting schedules.

The 6-City Initiative will maintain a centralized structure with Somerville as lead agency responsible for program oversight, grant administration, budget management, and provision of a Tobacco Control Director to staff the Initiative for all six partners. The Director will have primary responsibility for inspections and compliance checks, but, as needed, will employ a contractor to conduct some inspections and checks. The Director will also train and supervise Youth Buyers who participate in compliance checks.

The Director will maintain day-to-day contact with tobacco program staff in each partner municipality, using group emails to discuss 6-City Initiative business and pertinent tobacco control issues, facilitate decision-making, enforce decision-making deadlines, and share outcomes. The Director will also schedule and lead bi-monthly phone meetings to discuss regional news, trends, and Board of Health activity.

The Director will attend monthly Board of Health meetings in each partner municipality as needed (at least quarterly). She will inform Board members about smoke-free and retailer violations that will likely come before the Board, as well as educate Board members about new tobacco products and guide their discussions about whether their stores should sell them. If the Board is considering a new regulation, she will facilitate discussion and provide examples of products that the city's vendors can no longer sell if the regulation passes. She will also keep Board members apprised of activities in the other five municipalities to place their discussions and decisions in regional context.

Somerville's Director of Prevention will supervise the Tobacco Control Director and ensure that the Initiative has all resources needed to fulfill its contractual requirements.

6. **If applying as a lead municipality:** Describe the relationship you have with other municipalities in the proposed region. Describe the organizational relationship and routine cooperation with other parts of internal municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the organizational relationship between the Board of Health/Health Department to the Mayor and/or Town Manager's office.
If applying as a regional planning agency or government council: Describe your organization and its relationships with municipalities. Describe the agency's experience collaborating with municipal health departments. Describe the agency's experience working with other parts of municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the agency's experience working with Mayors and/or Town Managers. Specifically respond to this question on matters related to public health or those transferrable to the tobacco program.

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Having worked on tobacco control with the cities in the proposed region for many years, Somerville has developed an easy, informal, committed, and sustaining relationship with each one. The partners trust Somerville's Tobacco Control Director to guide their activity, and to facilitate the system of group emails that keeps them in touch with each other without requiring time-consuming live meetings. The Director ensures that all appropriate information is shared equally among the partners and each partner's voice is heard.

In each of the six cities, the Health, Health & Human Services, and Inspectional Services Departments are variously responsible for issuing retail permits, addressing smoke-free complaints, scheduling hearings, and issuing suspensions. In Somerville, ISD also tracks ticket payments. Thus, Somerville's Tobacco Control Director works with these departments at least monthly to ensure that vendors are properly permitted, hearings and suspensions proceed appropriately, and tickets and suspensions are properly paid/enforced.

The Tobacco Control Director has limited direct contact with Mayors/Town Managers but she does advise key staff whose job it is to educate their municipal leadership about the importance of maintaining tobacco control programming, adopting and enforcing model regulations, and promoting tobacco control in their city. She provides critical content for their advocacy.

In addition:

Licensing Boards: When a tobacco retailer applies for a new or transferred retail permit, all six cities rely on Somerville's Tobacco Control Director to provide history regarding whether the retailer has abused a previous permit, is applying under another name, etc. Issuance of a permit prompts the Director to visit the retailer for inspection and education.

Police Departments: The Director responds to police requests for repeat compliance checks on retailers suspected of multiple violations.

Zoning Boards: This is a growth area for Tobacco Control as the Cities adopt and implement regulations that address the number of tobacco vendors and tobacco sales around schools. The Director helps Zoning Boards to incorporate these regulations into city planning.

City Clerks: In all six cities, the Tobacco Control Director works with the Clerk's Office to confirm licensing for specific retailers. In Chelsea and Cambridge, the Clerk's Office also tracks ticket payment.

☒ Organizational chart that includes where tobacco program will be located within entity uploaded to COMMBUYS.

7. Describe the proposed staffing pattern including roles and responsibilities for all positions funded in part or totally by MTCP. Attach job descriptions for all these positions including consultants or include resumes if staff roles are currently filled. Job descriptions should include job duties and qualifications and should clearly indicate the supervisor of the position. (See RFR Appendix C for recommended entry-level skills for tobacco control staff and tasks related to tobacco control programs).

Funded totally by MTCP:
Tobacco Control Director (1.0 FTE): Manages all administrative and programmatic aspects of the 6-City Initiative. Serves as liaison to the six partnering Boards of Health and respective tobacco control staff, and supports their policymaking, program development, and enforcement efforts. Supervises the Tobacco Retail Inspector and Youth Buyers. Reports to the Director of Prevention.

Tobacco Retail Inspector (contractual): Performs enforcement tasks as needed. Reports to the Tobacco Control Director.

Youth Buyers, ages 15-17 (contractual): Participate, with enforcement officers, in compliance checks by attempting to purchase tobacco products from retailers. The Initiative keeps 3-4 Buyers on-call to ensure availability.

Funded in part by MTCP:

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Grant Administrator (0.15 FTE): Manages the program budget; processes weekly payroll and purchases/payments; serves as administrative liaison to Somerville's Auditing, Purchasing, Personnel, and IT departments. Submits quarterly Expenditure Reports to MTCP. Reports to the Health & Human Services Director.

Not funded by MTCP:
Director of Prevention: Provides comprehensive oversight for the 6-City Collaborative.

☒ Staffing pattern form completed and uploaded to COMMBUYS.
☒ Job descriptions or resumes uploaded to COMMBUYS.

8. Discuss the ability and willingness of each municipality in the region to enforce local and state tobacco policies, including issuing and upholding tickets and permit suspensions for violation of local and state tobacco policies. In communities without prior tobacco enforcement experience, confirm each municipality's willingness to enforce. In communities with past tobacco enforcement experience, discuss any challenges and how the program will address these challenges.

The 6-City partners have done tremendous work in the past six years to develop and institute regionally-consistent policies. They have every intention of honoring that hard work through persistent enforcement.

All of the 6-City partners have the ability to enforce local and state tobacco policies, including the issuing and upholding of tickets and suspensions. This includes Winthrop, the only municipality that has not yet passed the model regulations. All six have, in place, staff responsible for tobacco control, active Boards of Health, and enforcement systems; staff in all six municipalities have commented that regionally-consistent policies will support enforcement by preventing retailers and enforcement officers from relying on more parochial methods and networks. Recently, for example, the Tobacco Control Director informed a retailer about the new regulations in his city. The retailer violated several and was ticketed. The angry retailer went straight to the mayor of his municipality to contest the ticket. The mayor confidently referred the retailer back to the new regulations and the retailer realized that he would have to contest a codified regulation through his city's established hearing process.

The challenge, going forward, is that the region's permit suspension systems are still not consistent in terms of methodology, consistency of result, and timeframe. The 6-City Initiative will use MTCP funding to make both policies and enforcement systems fully regional. This will involve continued support for policy development in Winthrop, guidance for Revere as it faces a legal challenge from retailers over its new policies, and continued work with municipal staff and Boards of Health in five cities to bring these cities in line with Somerville's model permit suspension system.

9. Provide an annual line item budget and a brief narrative justifying the line items. Full-Time Equivalents (FTEs) must be listed for full and part-time staff positions. If the budget includes subcontractors describe the responsible parties and structures for operation and accountability. In the budget narrative list the hours and rate of pay of independent contractors.

The 6-City Tobacco Initiative is requesting $94,662.16 for year 1 costs.

Direct Care/Program Support Staff
Tobacco Control Director (1.0 FTE): $30.60/hr for 40hr/wk, totaling $63,648. Rate based on experience and comparable salaries.
Grant Administrator (0.15 FTE): $31.08/hr for 6 hrs/wk, totaling $9,696.96. Rate based on experience and comparable salaries.
Fringe: Cost to Somerville, Director's Health Insurance, $824.25/mo totaling $9,891.
Payroll Taxes: 3.55% for both staff; includes unemployment (1.9%), FICA (1.45%), and workers' comp (.2%) costs for Somerville, totaling $2,603.75.

Other Direct Care/Program Costs

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Tobacco Retail Inspector (Subcontractor): $35/hr for 100 retailers/yr (25 retailers/qtr based on trends) at .5hr/retailer visit, totaling $1,750. Rate based on experience and comparable salaries. Position reports directly to Tobacco Control Director, conducts compliance checks and retail inspections, and updates Director after each visit, per protocols established by Director. Inspector also notifies Director when violators must be ticketed (only Director has the ability to ticket retailers).
Youth Buyers (Subcontractors): $3/store for 448 retailer visits/yr (based on 1 visit each for 358 retailers plus 90, or 25%, additional visits), totaling $1,344. Youth assist Director with compliance checks of retailers.
Tobacco Purchasing: $10/pack for 80 sales, based on trends and anticipated regulation changes, totaling $800 for purchase of tobacco products by minors on compliance checks.
Travel/Gasoline: 60mi/wk (based on past trends, including attending regional conferences and visiting partner communities weekly or more often) at $.535/mi (federally approved rate) for 52 wks, for $1669.20.
User License for CitizenServe portal: $500 for Grant Admin access.
Office Supplies/Printing/Postage: $1,822 (see Program Budget for detail).

☒ Program Budget form is uploaded to COMMBUYS.

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Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

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APPLICATION RESPONSE COVER PAGE – REGIONAL PROGRAMS

Municipal Tobacco and Public Health Policy Programs RFR #190128

Organization

Organization Name: [City of Newton]

Address:
[1000 Commonwealth Ave]

[ ]

City: [Newton] State: [MA] Zip: [02459]

Municipal/Regional Organization CEO (Chief Executive Officer):

First Name: [Ruthanne] Last Name: [Fuller] Title: [Mayor-elect]

FEIN: [046-001-4] Vendor Code: [VC000192120]

Contact Person for this Proposal

First Name: [Teresa] Last Name: [Kett]

Title: [Public Health Program Speciali]

Telephone: (617) 796-1420

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A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

QUESTIONS FOR RESPONSE - REGIONAL PROGRAMS

Enter your response in the text boxes using Microsoft Word.

1) Provide a description of your proposed program including populations within the region that are disparately impacted by tobacco. Describe the region's need for tobacco programming and how this grant will address these needs. Also include the project lead and all municipalities involved. Indicate how the municipalities involved were selected for this application.

☒ Municipal participation forms from all municipalities including the lead agreement form uploaded to COMMBUYS.
☒ Eligibility form uploaded to COMMBUYS.

Newton/Waltham Tobacco Control would be a partnership between two local public health departments in contiguous communities just outside Boston. Newton is a part of a currently funded tobacco control program and has robust municipal policies covering tobacco and nicotine delivery products. The City of Newton, led by its Health and Human Services Department, has a history of innovation when it comes to progressive tobacco related policies, particularly those focused on youth prevention. This grant would allow Newton to continue to innovate through a health equity lens, and to introduce similar policies in the City of Waltham where currently there is no tobacco program. Newton would be the lead community fiscally and programmatically. Waltham -- a tier 1 community of need -- has residents disparately impacted by tobacco due to socioeconomic status (11.5 % below poverty), Masshealth insurance status (>13.3%), smoking rates (12-16%) or poor mental health (9.5-11.2%). Newton would benefit by addressing its own communities of need that are more demographically similar to Waltham. The two cities were selected for the application based on existing partnerships, experience, need and proximity, and are excited to collaborate.

2. Administrative capacity of lead municipality or regional agency:
   a) Identify the municipality or regional agency that will serve as the lead for this program. Briefly describe the infrastructure and experience of this department/agency in managing grants and why they are best suited to coordinate this program.

The City of Newton would serve as the lead municipality for this program. Tobacco control would rest in the Health and Human Services (HHS) Dept., whose staff manages federal, state and local grants with success. The department receives entitlement grant funding and competitive awards, and has experience making the most of limited dollars and spending within guidelines established by funders. Several are long-time grants of 10 years or more, indicating successful work and responsible fiscal management. The department is led by the Commissioner and Deputy Commissioner who oversee five divisions including nearly 50 FTE staff members. More than half of the staff has more than 10 years of experience within the city, indicating a well-managed department. The City of Newton is best suited to coordinate this program because its health department staff is experienced at managing grant funding, running innovative programs and supporting other communities. Newton has twice been awarded the MDPH-funded Essential School Health Services grant. As a result, it has developed a model School Health program with excellent return to class rates, an electronic medical record, progressive professional development programs, comprehensive healthcare plans, and a model school-based influenza vaccination program. The National Association of County and City Health Officials recognized the department's food grading program developed under a federal food grant as a Model Practice. Both programs involve supporting other communities with best practices and lessons learned.

   b) Describe the lead's ability to provide leadership and influence to a regional program including past experience leading initiatives or grants on tobacco prevention, substance use prevention, chronic disease or other related public health issues.

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The Newton Health & Human Services Department (Newton HHS) has a positive history of collaborating with other health departments on many public health initiatives. It was among the departments who spearheaded efforts in the early 2000s to coordinate West Nile virus messaging and prevention. With funding, it eventually led to a highly functioning emergency preparedness coalition, Region 4b. Newton HHS led collaborative work to test early emergency dispensing site plans as a sub-region and develop a regionally cooperative Medical Reserve Corps program. Newton was a key author and planner with Brookline on the current MTCP grant funding for local health departments, regularly bringing the five communities together in Newton to discuss tobacco prevention and other relevant public health work. Newton was one of a handful of New England communities awarded a Food and Drug Administration grant to work toward the voluntary food standards, and has developed and shared food safety tools, and hosted regional sharing sessions on the topic. Presently, Newton and Waltham are a part of Metro Boston Project Outreach, a six-community substance use prevention coalition, led by Waltham. They meet regularly, have developed common prevention materials and collaborate monthly to host recovery resource drop-in nights. Local public health can be isolating because of Massachusetts' individual city and town structure. But the Newton HHS department has made a long-term commitment to collaboration with its neighbors and beyond because of the public health benefits.

3. Describe past efforts in the region/collaborative to implement and/or enforce tobacco prevention or secondhand smoke policies. Discuss both successes and challenges of the region and how this grant would enhance the successes and address the challenges.

☒ Local policy & enforcement form uploaded to COMMBUYS.

The City of Newton in 1983 enacted the first MA ordinance to protect the public against environmental tobacco smoke. It followed up in 1993 as an early adopter of a workplace secondhand smoke ordinance that included provisions prohibiting distribution of tobacco products to children. Many communities followed suit statewide using Newton's policy work as a model. Public support for these changes varied widely, but eventually smoke-free restaurants, bars and other workplaces became the widespread norm. Newton's Board of Aldermen in 2005 and again in 2014 passed ordinances regulating tobacco product sales in healthcare facilities, increasing the minimum purchase age and requiring minimum pricing and packaging on other tobacco products. Most significantly, new products like electronic cigarettes and flavored tobacco and nicotine delivery products were regulated. Ordinance changes are not easy, but the department makes use of MTCP funded resources and consultants to provide guidance in making these important policy updates. Challenges include: pushback from the tobacco retailer community, the size of Newton's legislative body, and task of educating elected officials, constituents, and retailers of varying backgrounds and levels of understanding and support for public health. Success was achieved in the end by making the changes youth-focused and sticking to a message to educate and garner support. This experience will be built upon in Waltham where similar policy updates are desired by its Board of Health. Waltham’s demographics and social factors are different than Newton’s, as evidenced by its designation as a MTCP community of need. Understanding these differences through collaboration with Waltham’s staff would be a key component of policy update planning. Waltham, due not to a lack of commitment but a lack of resources, recognizes its tobacco-related policies are outdated. The Waltham Board of Health in 2015 with little pushback increased the minimum tobacco purchase age to 21. Other than this change, Waltham's regulations haven't been updated since 2001 and lack key point of sale policies such as regulating electronic cigarettes, flavored tobacco products and a pharmacy sales ban. This grant would provide staff time and leadership to manage the process of updating the regulations, educating the retailers and the community about the changes, and post-enactment work.

4. Describe an example of how local or state policies can lead to unintended health inequities. What role should a municipal tobacco program play in addressing these inequities?

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Tobacco policies enacted during the last two decades were designed to protect health, particularly vulnerable populations who may suffer from health inequities and disparities. Yet the tobacco industry works hard and spends big to stay ahead with its own products, policies and marketing practices. Despite a decrease in youth cigarette smoking (Newton from 12 % in 2006 to 2 % in 2016), current youth electronic cigarette use (Newton, 4 %, Waltham, 27 %) is alarming and anecdotally increasing. (The question has been asked only on the most recent Youth Risk Behavior Survey.) The existence of varied policies addressing electronic cigarettes and flavored tobacco products across a small geographic area is an unintended health inequity, particularly when other factors such as income, insurance status, mental health status and race compound the differences already separating the populations. Newton regulates e-cigarettes the same way it regulates regular cigarettes. Waltham does not. Newton restricts the sale of flavored tobacco and nicotine delivery products (including e-cigarettes) to adult-only retailers. Waltham does not. Waltham is not unique, these differences exist widely. The health inequity of a child being able to buy a strawberry e-cigarette in Waltham but not in Newton (potentially resulting in health disparities) would be addressed as of this grant with policy changes in Waltham. Newton's role is to support Waltham, and other similar communities, in making policy changes and creating programs to address inequities and reduce disparities.

5. Describe the organizational structure of your proposed program and how that structure will facilitate effective communication within the region and with tobacco program staff. Include how decisions impacting the entire collaborative will be made, methods and tools used to communicate within the collaborative, and meeting schedules.

This proposed program would be a part of the Newton Health and Human Services (HHS) Department. It would rest in the public health division with other related programs including the substance use and suicide prevention. It would be run by the program assistant (currently Elizabeth Grella), as a part of her full-time duties. She will have time for this because another grant-funded program ends June 30, 2018. Her full-time status with 15 hours weekly dedicated to this program allows for flexibility in scheduling work and communication with MTCP and Waltham staff.The program assistant works from Newton City Hall with the rest of the HHS staff. Elizabeth would make regular visits to Waltham to conduct inspections and compliance checks, to meet with her primary point of contact in Waltham, the Assistant Director Michelle Feeley, and to attend meetings related to policy work. The public health program specialist (currently Teresa Kett with 10 years of local public health experience) oversees the program assistant's work. Monthly, relevant staff from both health departments (commissioner, program specialist, program assistant, director, assistant director) will meet to review progress, ask questions, express any concerns and problem solve. Decisions impacting the entire collaborative would be made by the Newton Commissioner and the Waltham Director, and every effort to reach consensus will be made. Professionals from both communities are already successfully collaborating on the substance use prevention work, so adding tobacco control activities fits easily. Telephone/conference calls, email and in person communication are the tools that would be used. It's about a 15 minute drive from one health department to the other, so the smaller size of this collaboration is an advantage because valuable time is spent doing the work instead of traveling.

6. **If applying as a lead municipality:** Describe the relationship you have with other municipalities in the proposed region. Describe the organizational relationship and routine cooperation with other parts of internal municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the organizational relationship between the Board of Health/Health Department to the Mayor and/or Town Manager's office.
If applying as a regional planning agency or government council: Describe your organization and its relationships with municipalities. Describe the agency's experience collaborating with municipal health departments. Describe the agency's experience working with other parts of municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the agency's experience working with Mayors and/or Town Managers. Specifically respond to this question on matters related to public health or those transferrable to the tobacco program.

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Waltham and Newton have a history of collaboration. About 20 years ago, the two communities and two others worked together on tobacco control until funding dried up, but continue to collaborate on other work. Newton participates in a Waltham-led substance use prevention initiative -- Metro-Boston Project Outreach, along with four other communities. This effort, based on a Plymouth County model, is designed to create regionally consistent outreach for those suffering from addiction, and provide connection to resources. Newton and Waltham both are served by Newton-Wellesley Hospital, and work together to develop impactful community benefits initiatives with the hospital. The Newton HHS Dept. (which includes the Board of License Commissioners) reports to the Executive Department, as do most other city departments including Inspectional Services/Zoning, Police Department and the Fire Department. These department heads see each other daily during a morning meeting where relevant issues are brought to the group's attention. This regular meeting provides the opportunity not only for collaborative problem-solving around "red flag issues," but also for connection about other overlapping work. Recent examples of routine cooperation among these departments include the city's proposed boarding house ordinance and new food truck ordinance that each would better protect vulnerable residents' health and safety. These departments also collaborate regularly in several other city-run working groups around hoarding and emergency management, among other things. Newton's police, fire, HHS, and ambulance provider serve together with community-based organizations and Newton-Wellesley Hospital on Newton PATH, a substance use prevention coalition led by the HHS department. Newton faces typical inter-departmental challenges many municipalities face, usually around differing priorities as opposed to significant discord. But because of the work the HHS department does, and the leadership-level commitment to collaboration, the HHS department enjoys a peacemaker status and is often able to bring people together over divisive and challenging work. HHS expects this to continue during executive transition. The newly-elected mayor, Ruthanne Fuller, has already demonstrated a commitment to public health and substance use prevention work. She provided opening remarks during a recent substance use family support night regarding her interest in HHS continuing this work when she takes office.

☒ Organizational chart that includes where tobacco program will be located within entity uploaded to COMMBUYS.

7. Describe the proposed staffing pattern including roles and responsibilities for all positions funded in part or totally by MTCP. Attach job descriptions for all these positions including consultants or include resumes if staff roles are currently filled. Job descriptions should include job duties and qualifications and should clearly indicate the supervisor of the position. (See RFR Appendix C for recommended entry-level skills for tobacco control staff and tasks related to tobacco control programs).

2 Newton HHS staff members would be funded in part by MTCP. They meet weekly to evaluate progress on workplans, plan initiatives and partner on public health programs. Adding tobacco control fits naturally.
1. Program Assistant (0.4 FTE MTCP funded, 1.0 FTE total, reports to Public Health Program Specialist) would assume the role of tobacco control coordinator as a part of her duties which include suicide prevention, school health, emergency preparedness and the Medical Reserve Corps. The program assistant would implement “tobacco and public health programming to enact and enforce policies, systems, and environmental changes that reduce tobacco use, protect the public from secondhand smoke and improve health.” She would carry out the retail inspections, compliance checks, conduct retail surveillance and data collection, update municipal policies and ensure compliance with MTCP requirements.
2. Public Health Program Specialist (0.1 FTE MTCP funded, .75 FTE total, reports to Commissioner, oversees Program Assistant) supervises the program assistant’s work, and would assist particularly with Waltham's proposed policy changes. She spearheaded the 2014 tobacco ordinance changes in Newton, and has experience fostering collaboration.

☒ Staffing pattern form completed and uploaded to COMMBUYS.
☒ Job descriptions or resumes uploaded to COMMBUYS.

8. Discuss the ability and willingness of each municipality in the region to enforce local and state tobacco policies, including issuing and upholding tickets and permit suspensions for violation of local and state tobacco policies. In communities without prior tobacco enforcement experience, confirm each municipality’s willingness to enforce. In communities with past tobacco enforcement experience, discuss any challenges and how the program will address these challenges.

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The Newton HHS department regularly enforces local and state tobacco policies, including issuing and upholding tickets and suspending permits. Through its current MTCP funding, the Brookline-based coordinator regularly conducts inspections and compliance checks. Approximately 30 tickets during recent years were issued and paid by the offenders. One retailer's second sale resulted in a seven-day permit suspension which the coordinator and Newton's health inspectors followed up on to ensure no sales occurred. Two retailers appealed tickets to Newton District Court. The program specialist, Teresa Kett, each time prepared for Newton's appearances by consulting with the coordinator and city legal counsel to argue a strong case to uphold. Though the tickets were not upheld, every effort was made to inform and educate the magistrate, building a case for future tickets to be upheld.
The City of Waltham does not have recent prior tobacco enforcement experience. However, its Town Manager, Board of Health Director, and Board of Health are supportive both of this application and of enforcing both current and new policies expected to come as a part of participating in this grant. For example, when health inspectors recommend to the Board of Health that a particular restaurant should work with a consultant or temporarily close to address serious public health issues, the Waltham Board of Health typically follows recommendations of its staff and issues the order. The same would be the case for tobacco control enforcement. With plans for proposed policy changes if this grant is awarded to update Waltham's tobacco regulations, the staff anticipates a bumpy road in managing retailers who are ticketed after the post-enactment education period. But Waltham is committed to enforcing both current local and state regulations and new ones that may come later.

9. Provide an annual line item budget and a brief narrative justifying the line items. Full-Time Equivalents (FTEs) must be listed for full and part-time staff positions. If the budget includes subcontractors describe the responsible parties and structures for operation and accountability. In the budget narrative list the hours and rate of pay of independent contractors.

$18,916/Program Assistant (.4 FTE MTCP funded): Anticipated salary for FY19, $24.25/hour for 15 hours weekly dedicated to this program.
$7,500/Program Specialist (.1 FTE MTCP funded): Anticipated salary for FY19, $38.45/hour for 3.75 hours/weekly dedicated to this program.
$5,544/Fringe: Includes health, dental, life insurance, retirement contributions for program assistant and program specialist, only for % of salary funded by this grant
$344/Payroll taxes: Includes program assistant and program specialist only for % of salary funded by this grant
$500/Cell Phone Stipend: Per the requirements of the grant the program assistant would have access to a cell phone for business use.
$600/Travel: These funds would reimburse the program assistant and program specialist for program related travel in a personal vehicle at the city's standard rate of 31 cents per mile. Travel would be to MTCP meetings, Kick Butts Day and around Newton and Waltham for program work.
$600/Compliance Check purchases: These funds would be used to purchase tobacco and nicotine delivery products. The line item budget is based upon an average purchase of $12, and an estimated 50 purchases during follow-up and post-enactment enforcement. The program would follow MTCP guidance on specific product purchase and numbers of compliance checks, and adjust the budget accordingly.
$1,200/Student Stipends: These funds would be used to pay youth who conduct compliance checks. Estimated at $12/hour, but willing to follow MTCP guidance. Estimated at 300 compliance checks.
$1,000 Training/Prevention: With MTCP permission, develop and print materials for new policies, enactment, and distribute. Materials for retailer training around new policies.
$4,000/Agency Admin support, requested at approximately 10 percent, which is less than the 15 percent maximum.

☒ Program Budget form is uploaded to COMMBUYS.

CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

All documents listed below must be submitted via COMMBUYS in order for you response to be considered complete. Files must be uploaded and follow the naming convention indicated in the chart.

Document Title	**File Name** **Assign when creating documents**
Application Response Form	Applicant Name _ RFR 190128 _App Resp Form
Organization Chart	Applicant Name _ RFR 190128 _Org Chart
Eligibility Form	Applicant Name _ RFR 190128 _Eligibility
Lead applicant agreement form	Applicant Name _ RFR 190128 _Lead Form
Municipal participation form	Municipality _ RFR 190128 _Muni Form
Staffing pattern	Applicant Name _ RFR 190128 _Staffing
Job description/resumes	Applicant Name_ RFR 190128 _JobDesc
Local policy and enforcement form	Applicant Name _ RFR 190128 _Policy
Regulations from each municipality	Municipality _ RFR 190128 _Regulation
List of retailers/permits from each municipality	Municipality_ RFR 190128 _Retailers
Permit application from each municipality	Municipality_ RFR 190128 _Permit App
Program Budget	Applicant Name _ RFR 190128 _Program Budget

Scanned documents will be accepted. All scanned documents must be scanned in such a way that they can be read on a computer monitor and printed on 81/2" x 11" paper, unless otherwise specified. Zipped files will be accepted and must be in a .zip format when saved. Other zip file formats will not be accepted.

Addendums or uploads not specifically requested in this document, the RFR or on the COMMBUYS Bid Solicitation screen will not be reviewed.

APPLICATION INSTRUCTIONS

1. **Save, read and review** the completed Application Response Form. Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes.
2. **Upload in COMMBUYS** the Application Response Form with the attachments according to the application Checklist.
3. **Confirm** that "No Charge" is checked or a dollar amount entered in the Unit Cost field on the Item screen in COMMBUYS. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide service or products at no charge.
4. **Submit** your electronic quote in COMMBUYS. (Vendors must be registered in COMMBUYS to submit quotes)

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Rev 8

APPLICATION RESPONSE FORM, INSTRUCTIONS, AND CHECKLIST

General Instructions:

1. **See the RFR and COMMBUYS posting for complete procurement specifications.**
2. **All responses are to be submitted using the online submission tools available to Vendors registered in COMMBUYS.** There is no charge to register in COMMBUYS. To Register go to www.COMMBUYS.com and click on the "Register" link on the front page.
   Bidders are solely responsible to monitor COMMBUYS for Bid amendments, if any. Bidders may monitor the record by frequently checking the Amendment Section on the Summary screen for the BID in COMMBUYS.
3. **All Bidders are advised to allow adequate time for submission by considering potential online submission impediments like Internet traffic, Internet connection speed, file size, and file volume.** DPH is not responsible for delays encountered by Bidders or their agents, or for a Bidder's local hardware failures, such as computers or related networks, associated with bid compilation or submission. Bids submitted via COMMBUYS are time stamped by the COMMBUYS system clock which is considered the official time of record.

Formatting Instructions:
This document was prepared using Microsoft Word's forms feature. Complete the form on your computer using Microsoft Word.

1. Save this document file to your computer.
2. Enter your responses in the text box, moving between the text boxes using the tab key on your keyboard.
3. Responses to check boxes are made by clicking once on the check box. To remove the X from a check box, click on the check box again.
4. Text responses are limited to a maximum number of characters and the limits are noted in each question. Once the maximum character limit is reached, MS Word will not allow more than this limit. Please note that a space is counted as a character, and using the enter key to begin a new line in a response is also counted as a character. It is not recommended that applicants insert graphics into the responses. Spell-check does not work in text boxes.
5. Those with visual impairments may use an electronic text reader by unlocking the Application Response Form.

APPLICATION RESPONSE COVER PAGE – REGIONAL PROGRAMS

Municipal Tobacco and Public Health Policy Programs RFR #190128

Organization

Organization Name: [New Bedford Health Department]

Address:
[1213 Purchase Street]

[ ]

City: [New Bedford] State: [MA] Zip: [02740]

Municipal/Regional Organization CEO (Chief Executive Officer):

First Name: [Jonathan] Last Name: [Mitchell] Title: [Mayor]

FEIN: [046001402] Vendor Code: [VC600092118]

Contact Person for this Proposal

First Name: [Damon] Last Name: [Chaplin]

Title: [Director]

Telephone: (508) 991-6199

E-Mail: [damon.chaplin@newbedford-ma.gov]

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QUESTIONS FOR RESPONSE - REGIONAL PROGRAMS

Enter your response in the text boxes using Microsoft Word.

1) Provide a description of your proposed program including populations within the region that are disparately impacted by tobacco. Describe the region's need for tobacco programming and how this grant will address these needs. Also include the project lead and all municipalities involved. Indicate how the municipalities involved were selected for this application.

☒ Municipal participation forms from all municipalities including the lead agreement form uploaded to COMMBUYS.
☒ Eligibility form uploaded to COMMBUYS.

The project lead will be the New Bedford Health Department. Partnering communities include Fairhaven, Acushnet, Dartmouth, Freetown, Marion and Rochester. These communities were selected because of their proximity to New Bedford, as well as, being communities that the New Bedford Health Department is working on current initatives with or communities that we would like to continue to work with on future initatives to have a strong, consistent regional approach to community health.

Of the 219 establishments in these communites, nearly 80% of the establishments operate within a designated community of need. New Bedford and Fairhaven have higher rates of adult use, lung cancer incidence and lung cancer mortality than the state as a whole. Acushnet has higher rates of adult use and lung cancer incidence than the state.

According to the 2016 Community Needs Assessment, approximately 25.0% of South Coast Hispanics currently smoke, compared to about 15.0% of Hispanics Massachusetts-wide. 42.3% of Blacks in Greater New Bedford currently smoke—a rate almost double that of Whites in this sub-region and more than double among Blacks in Massachusetts (17.5%).

Tobacco programming in our communities will help to ensure that all establishments are in compliance with all regulations and do not selling to youth under 18. We are planning to raise the age to buy cigarettes in New Bedford from 18 to 21 and within the collaborative as well. By taking these steps, we hope to decrease the availability of cigarettes and prevent use among youth.

2. Administrative capacity of lead municipality or regional agency:
   a) Identify the municipality or regional agency that will serve as the lead for this program. Briefly describe the infrastructure and experience of this department/agency in managing grants and why they are best suited to coordinate this program.

The New Bedford Health Department will be the lead agency for this program. The department's senior management team includes, but is not limited to: 1) Health Director, 2) Assistant Health Director, and 3) Grants Auditor. This managment team has more than 35 years of collective experience managing key stakehold relationships, coordinating team activities and delivering high quality results for mission driven initiatives on both the state and local level. The Health Department currently manages several multi-year grants including, three Bureau of Substance Addiction Services opioid grants, two Food and Drug Administration (FDA) voluntary standards grants, a car seat grant and a Robert Wood Johnson, National League of Cities, technical assistance grant. We believe the health department's internal structure, leadership capacity and content expertise provides the necessary framework to support regional success and outcomes for the lead organization and collaborative communities.

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b) Describe the lead's ability to provide leadership and influence to a regional program including past experience leading initiatives or grants on tobacco prevention, substance use prevention, chronic disease or other related public health issues.

Damon Chaplin, Director of the New Bedford Health Department, has a wealth of local and regional leadership experience. His experience includes leading the development of the Massachusetts Largest Cities Project, which was designed to strengthen the Massachusetts public health system by promoting a collaborative public health learning environment for the Massachusetts fourteen largest municipalities. As the Regional Director for the Office of Local and Regional Health, he also led agency activities in partnership with public and private municipal leaders and organizations in the Greater Boston Region with a strong focus on mobilizing and supporting community partnerships to address community and health disparities. The New Bedford Health Department is currently the lead agency for three substance use prevention grants funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) which uses a similar regional model in which we are working with 4 of the 7 cities (Dartmouth, Marion, Rochester and Fairhaven) identified in this grant application.

3. Describe past efforts in the region/collaborative to implement and/or enforce tobacco prevention or secondhand smoke policies. Discuss both successes and challenges of the region and how this grant would enhance the successes and address the challenges.

☒ Local policy & enforcement form uploaded to COMMBUYS.

One of the challenges cities face when developing tobacco regulations is the lack of collateral enforcement or "border control". One of the benefits of participating in this grant initiatitve would be the creation of regional tobacco policies which would ensure the equitable enforcement of regional tobacco regulations between adjacent communities. The Health Department also hopes to leverage these collaborative relationships to work on future regional efforts. Some past efforts within the region include:

Tobacco free pharmacy policies have been passed in Dartmouth, Fairhaven, New Bedford, Marion and Rochester.

In 2014 the New Bedford Housing Authority went smoke- free in all buildings and provided tobacco cessation services to residents who wanted to quit.

In 2014 the New Bedford Health Department in collaboration with the Department of Parks, Recreation and Beaches made all parks, playgrounds, zoo, and beaches smoke -free. Signs were created and posted in all locations, but a challenge that the city faces is the enforcement of the ordinance. Dartmouth has a similar policy that can be enforced through a fine, but is mainly enforced through warnings.

4. Describe an example of how local or state policies can lead to unintended health inequities. What role should a municipal tobacco program play in addressing these inequities?

Local zoning laws may inadverently encourage convenience stores that sell tobacco to locate closer to lower income neighborhoods. Residents and young people in these neighborhoods will have greater access and exposure to tobacco, tobacco products and tobacco advertising. The municipal tobacco program will ensure that establishments do not sell to young people under the age of 18 to help mitigate this effect on young people.

5. Describe the organizational structure of your proposed program and how that structure will facilitate effective communication within the region and with tobacco program staff. Include how decisions impacting the entire collaborative will be made, methods and tools used to communicate within the collaborative, and meeting schedules.

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The Tobacco Enforcement position will be housed in the New Bedford Health Department under supervision of the Director and Assistant Director. The Director, Tobacco Enforcement officer and Assistant Director will hold an initial meeting with the collaborative to discuss inspection/compliance check schedule, as well as, policy/regulation needs. Meetings will be held on a quarterly basis to identify challenges and successes. The Tobacco Enforcement officer will communicate with the Board of Health or their designee when entering their community to perform site assessments, inspections, compliance checks and/or for the implementation of a secret shopper program. If a decision needs to be made outside of the quarterly collaborative meetings, a special meeting will be organized to discuss issue among the group.

6. **If applying as a lead municipality:** Describe the relationship you have with other municipalities in the proposed region. Describe the organizational relationship and routine cooperation with other parts of internal municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the organizational relationship between the Board of Health/Health Department to the Mayor and/or Town Manager's office.
If applying as a regional planning agency or government council: Describe your organization and its relationships with municipalities. Describe the agency's experience collaborating with municipal health departments. Describe the agency's experience working with other parts of municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the agency's experience working with Mayors and/or Town Managers. Specifically respond to this question on matters related to public health or those transferrable to the tobacco program.

The New Bedford Health Department is currently working with Dartmouth, Fairhaven, Marion and Rochester on their substance use prevention grants. The department has not worked with Freetown in the past, but has a good working relationship with the new Health Director/Agent for the town. The department also has not worked with Acushnet in the past, but Acushnet has worked successfully with other communites in the collaborative.

Through the New Bedford Health Department's minimum housing, trash enforcement and food inspections, the department is reguarly working in collaboration with other city departments including Inspectional Services, Licensing Board, Police Department and Zoning Department.
A few examples of these relationships include:
- Inspectional services: In cases of comingling, the department would work with inspectional services to do a group inspection of the property.
- Licensing Board - The health department works closely with licensing in cases were establishment owners change or if a establishment that sells alcohol or tobacco has their food permit suspended.
- Police Department - The health department notifies the police department if an establishment is selling non-food products associated with illicit or synthetic drug use.
- Zoning Department - The health department works with the zoning board and the planning, housing and community development department to identfy and/or monitor businesses not conforming to local zoning regulations.

The New Bedford Health Department was granted the opportunity through the National League of Cities to participate in the Mayors' Institute on Opioids. This opportunity is a year long technical assistance grant were the city team, along with Mayor Jonathan Mitchell, work with other Mayors and city teams to discuss best practices and strategies pertaining to the opioid epidemic.

☒ Organizational chart that includes where tobacco program will be located within entity uploaded to COMMBUYS.

7. Describe the proposed staffing pattern including roles and responsibilities for all positions funded in part or totally by MTCP. Attach job descriptions for all these positions including consultants or include resumes if staff roles are currently filled. Job descriptions should include job duties and qualifications and should clearly indicate the supervisor of the position. (See RFR Appendix C for recommended entry-level skills for tobacco control staff and tasks related to tobacco control programs).

Our collaborative is proposing a staffing plan of 1 FTE to cover the collaborative. This Tobacco Enforcement officer will be responsible for the following:

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- Routine communication and meetings with collaborative
- Data collection and reporting (including all required MTCP deliverables)
- Retail Inspections in all communities (education and enforcement in those establishments)
- Work with youth to complete compliance checks for all communities
- Work with communities to develop and pitch comprehensive regulations to BOH, Town Adminstrators, Mayors etc.
- Work with collaborative to come up with regional approach to tobacco policies

☒ Staffing pattern form completed and uploaded to COMMBUYS.
☒ Job descriptions or resumes uploaded to COMMBUYS.

8. Discuss the ability and willingness of each municipality in the region to enforce local and state tobacco policies, including issuing and upholding tickets and permit suspensions for violation of local and state tobacco policies. In communities without prior tobacco enforcement experience, confirm each municipality's willingness to enforce. In communities with past tobacco enforcement experience, discuss any challenges and how the program will address these challenges.

Through the MTCP program, communities will be encouraged to come together to discuss and enforce local and state policies. Although the aim is to work in collaboration with the establishments to educate them and get them into compliance, communities are willing to uphold ticketing and permit suspensions where necessary. Some challeneges that have been faced in communities with tobacco enforcement experience include the tiered penalty system. Some communities have expressed concerns about their ability to collect fees and fines associated with tobacco violations and have suggested alternative approaches to repeat offenders including but not limited to: 1) mandatory health and safety trainings for repeat offenders and/or 2) associated food permit suspensions.

9. Provide an annual line item budget and a brief narrative justifying the line items. Full-Time Equivalents (FTEs) must be listed for full and part-time staff positions. If the budget includes subcontractors describe the responsible parties and structures for operation and accountability. In the budget narrative list the hours and rate of pay of independent contractors.

1. Direct Care/Program Support
Tobacco Enforcement Officer($65,000): This position will be a 40 hour/week position. The Tobacco Enforcement Officer will monitor and collect data, enforce state and local policy through inspections and compliance, partake in policy promotion and coordinate communications and activities with partnering communities.
Fringe Benefits:$8,450: Pension and Health costs
Payroll Tax:$9,750:Federal, State and local taxes

2.Other Direct Care/Program
Supplies/Printing ($5,000): Printing costs (signs, educational materials, tickets, reports), office supplies (pens, paper, ink)
Training ($1,500): Costs associated with any tobacco trainings.
Mileage($5,000):Cost associated with any qualified transportation activity.
Food ($500): Lunch for youth on compliance checks
Phone/tablet: ($2000):Costs associated with the use and/or purchase of mobile devices.
Secret Shopper program ($5000): Costs associated with youth participating in the Secret Shopper programs.

3. Agency Admin ($15,000): Costs of associated with grant processing including purchasing, auditors, personnel and treasurers.

☒ Program Budget form is uploaded to COMMBUYS.

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CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

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Lead applicant agreement form	Applicant Name _ RFR 190128 _Lead Form
Municipal participation form	Municipality _ RFR 190128 _Muni Form
Staffing pattern	Applicant Name _ RFR 190128 _Staffing
Job description/resumes	Applicant Name_ RFR 190128 _JobDesc
Local policy and enforcement form	Applicant Name _ RFR 190128 _Policy
Regulations from each municipality	Municipality _ RFR 190128 _Regulation
List of retailers/permits from each municipality	Municipality_ RFR 190128 _Retailers
Permit application from each municipality	Municipality_ RFR 190128 _Permit App
Program Budget	Applicant Name _ RFR 190128 _Program Budget

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4. Text responses are limited to a maximum number of characters and the limits are noted in each question. Once the maximum character limit is reached, MS Word will not allow more than this limit. Please note that a space is counted as a character, and using the enter key to begin a new line in a response is also counted as a character. It is not recommended that applicants insert graphics into the responses. Spell-check does not work in text boxes.
5. Those with visual impairments may use an electronic text reader by unlocking the Application Response Form.

APPLICATION RESPONSE COVER PAGE – REGIONAL PROGRAMS

Municipal Tobacco and Public Health Policy Programs RFR #190128

Organization

Organization Name: [Boards of Health Tobacco Control Alliance]

Address:
[City Hall]

[25 West Street]

City: [Leominster] State: [MA] Zip: [01453]

Municipal/Regional Organization CEO (Chief Executive Officer):

First Name: [Dean J] Last Name: [Mazzarella] Title: [Mayor]

FEIN: [046006004] Vendor Code: [6000192105]

Contact Person for this Proposal

First Name: [Joan] Last Name: [Hamlett]

Title: [Director]

Telephone: (978) 660-4221

E-Mail: [[redacted] **]**

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QUESTIONS FOR RESPONSE - REGIONAL PROGRAMS

Enter your response in the text boxes using Microsoft Word.

1) Provide a description of your proposed program including populations within the region that are disparately impacted by tobacco. Describe the region's need for tobacco programming and how this grant will address these needs. Also include the project lead and all municipalities involved. Indicate how the municipalities involved were selected for this application.

☒ Municipal participation forms from all municipalities including the lead agreement form uploaded to COMMBUYS.
☒ Eligibility form uploaded to COMMBUYS.

The Boards of Health Tobacco Control Alliance was established in 1994 and has been providing comprehensive tobacco control services as a regulatory education program that focuses on preventing youth use of tobacco products, reducing exposure to Environmental Tobacco Smoke and providing Cessation information for 23 years. Member communities may have variances in disparity, in term of economic leveis, smoking rates, education,health rates, substance abuse rates etc, however member Boards are committed to preventing youth tobacco use & reducing exposure to secondhand smoke through policy, enforcement and educational measures. For this RFR we have 26 member communites participating. 11 (42%) with a total of 70% of retailers are identified Communites of Need.All 34 participating communities were notified, 26 communities returned the required MuniForm. Communities of Need: Lead:Leominster,Athol,Ayer,Barre,Fitchburg,Gardner,Orange,Templeton,Townsend,Warren,Winchendon. Other:Ashburnham,Ashby,Berlin,Bolton,Clinton,Dunstable,Groton,Hubbardston,Lancaster,Littleton,Maynard,Princeton ,Royalston,Stow,Westminster. Based on working knowledge, demographics,and health disparities, we strongly argue that Clinton is a community of need.

2. Administrative capacity of lead municipality or regional agency:
   a) Identify the municipality or regional agency that will serve as the lead for this program. Briefly describe the infrastructure and experience of this department/agency in managing grants and why they are best suited to coordinate this program.

The Leominster Board of Health was committed to tobacco control & education prior to MTCP funding.They worked with Fitchburg in Twin city efforts that included tobacco education, permitting & looking into using nuicance to address smoking in restaurant complaints.The Boards of Health Tobacco Control Alliance was first established in 1994, with the City of Leominster taking on the role of lead city. The Leominster Board of Health was instrumental in writing the grant for the 1st MTCP funding Cycle by reaching out to surrounding communities to form the first 14 community Alliance. The City of Leominster took on the fiscal management of the MTCP funds. There is a 23 year history of successfully managing funds and program deliverables. We once received a best fiscal practices award from MTCP.The City of Leominster remains committed to the goals and purposes of the BOH Tobacco Control Alliance. The Mayor is the contract signatory, the Program Director is in charge of the total mangement of the program and contract deliverables, follows all DPH & City of Leominsters Fiscal practices & procedures.

   b) Describe the lead's ability to provide leadership and influence to a regional program including past experience leading initiatives or grants on tobacco prevention, substance use prevention, chronic disease or other related public health issues.

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The Leominster BOH has been the lead in piloting many tobacco inititives. The Leominster BOH watches the trends released in draft tobacco regulations. They usually take the lead and invite Fitchburg & Gardner to join n a tri-city effort to update regulations. Their tri-city efforts lead other member communities to follow suit. Examples where they took the Lead in Tri-City efforts: In the late 90's the the first to require restaurants to be smoke-free is under a certain size or if larger, separately ventaled smoking sections, took lead to require lock out devices on vending machines & then later prohibit them, prohibit self-sevices displays, free samples and couponing, the first to pass additional regulations above and beyond the smoke-free workplace law. More recently, they lead the a multi-community effort to ban blunt wraps, prohibit sales in pharmacies, cap & price restrict cigars. Most recently they completed a tri-city effort to pass and implement a flavor restriction, they invited other towns to join. Those towns were able to break off & complete tri-town effort because they were ready before the tri-city could pass due to political push back in Fitchburg, However Leominster's established multi-community practices help the tri-town effort move ahead sucessfully. Leominster is a member of the Montachusett Public Health Network.This group works together in efforts to address regional health issues, apply for grants & pool resources: ie opinnoid crisis,hoarding,disressed properties,obesity etc.& a member Emergency Preparedness Region II.

3. Describe past efforts in the region/collaborative to implement and/or enforce tobacco prevention or secondhand smoke policies. Discuss both successes and challenges of the region and how this grant would enhance the successes and address the challenges.

☒ Local policy & enforcement form uploaded to COMMBUYS.

Each member community with BOH Tobacco Control Regulations (YA and/or ETS), have individual enforcement plans that outline the penalities, tickets, violation notices and procedures for each set of regulations per community so it is clear what needs to be done in the event of violation. Pre-notification & post enactment enforcment work right after passing a new policy, then again 6 month later is key to having long term compliance policies. With ETS policies it is easier to work on enforcement issues when it is a business, property or an entity where someone is in charge. It is trickier to enforce in public situations, such as bus stops, public parks & municipal property grounds, where the general public may be violating. A BOH tobacco agent who approaches a citizen in these situations may not get cooperation. It is important to work with stakeholders in these situations. For example, we had repeated complaints about someone who was smoking at a Leominster bus stop everyday. We staked out the bus stop, verified the complaint, identified the person by sight. Then we asked a Leominster Police officer to accompany us to the stop to keep the peace while we explained to the violator that they were in violation. After that we did not receive anymore complaints and the person could be seen at the stop daily complying. We also get "seasonal" ETS violations in inclement weather. These violations are often difficult to address because they only happen on occasion & are reported after the fact. In some cases a reminder email or notice to managers helps. For example, every winter we send a reminder email to DPW directors that there is no smoking in municipal snow removal vehicles and provide no smoking in this vehicle stickers annually to each DPW. This helps cut down on municipal employee complaints. However with budget retrictions & being in minimum reach program status, often there isn't time & resouces for preventative education measures. Often we are addressing complaints in the order that they come in. After the initial assessment, due to time & budget limitations, we have not always been able to provide the follow-up and re-inspections for ETS complaints that we would like. This new RFR shifts the BOH focus back to educational regulartory policy and enforcement activiites. It will allow us more time, a bit more inspection money & resources to address ETS enforcement & ETS policy development in communities that do not have any additional policy.

4. Describe an example of how local or state policies can lead to unintended health inequities. What role should a municipal tobacco program play in addressing these inequities?

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Unintended health inequities occur when there is not equal distribution of resources amoungst populations. An example of this is found in the lack of true cessation resources available to the dual diagnosed mental health population that have high smoking rates. The majority of cessation resources currently available in MA are not taylored to meet the needs of this population and traditional cessation methods are not typically successful the dual diagnosed populations creating a health inequity. An example to address an inequity: the tobacco industry targets youth in neighborhoods with disparities, usually low income, minority neighborhoods to become replacement tobacco users. So tobacco policy and education efforts have to focus on protecting and educating those populations with efforts such as restricing the sale of flavored products, raising the prices of cheap tobacco products and OTPs, reduce tobacco retail density by capping locations, restricting tobacco stores from opening within 500 feet of a current retailer, no sales of tobacco within 500ft of a school to create health equity. A recent non tobacco example that I saw recently was where a community created a bike path that was intended to be used for exercise and recreational use. To create this bike path they needed to remove parking spots in town. In removing the parking spots that made the bike path work, they reduced the number of handicapped accessible spots making it hard for the handicapped to access local businesses and services creating an inequity for the handicapped.

5. Describe the organizational structure of your proposed program and how that structure will facilitate effective communication within the region and with tobacco program staff. Include how decisions impacting the entire collaborative will be made, methods and tools used to communicate within the collaborative, and meeting schedules.

There is an Alliance Steering Committee, Director of the Alliance, & Member Communities. There is an Alliance Steering Committee (BOH Directors or Agents of Leominster, Gardner, Fitchburg, Maynard, Templeton) that was established in 1994, that hires the Director & meets if there is an issue or concern that would effect the Alliance as a whole. For example this grant only allowed for 30 communities, the current Alliiance has 34 member communities. If more than 30 responded, than the Steering committee would have voted on which communities to include. The Steering committee initially met monthty, then quarterly, but now that the Alliance has operating for 23 years, the Steering committee only meets on an as needed basis. The Director manages all aspects of the program & provides the allowed services to each member community. Each community has a service plan that outlines the work Alliance inspectors have permission to conduct. The Director also hires & manages the work assignments of alliance per diem inspectors. The Alliance Director, has office space Athol & in the Leomnster Health Department & checks in weekly with Director of the Leominster Health Department, who is also the Alliance Steering Committee Chair. The Alliance communicates with each member Board of Health by email, attending Board of Health meetings, phone calls and texting. When scheduling meetings, the Alliance keeps a monthly chart of each meeting. Because many BOH's only meet once a month, if there are two meetings that the Alliance needs to attend on the same night, the Director will ask a per diem inspector or Dj/MassMunicipal or Cheryl/MAHB to attend rather then wait another month to address issues. Allliance correspondance goes out to every community by group email. Correspondence completed for each town as their tobacco agent goes directly to each BOH office.

6. **If applying as a lead municipality:** Describe the relationship you have with other municipalities in the proposed region. Describe the organizational relationship and routine cooperation with other parts of internal municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the organizational relationship between the Board of Health/Health Department to the Mayor and/or Town Manager's office.
   If applying as a regional planning agency or government council: Describe your organization and its relationships with municipalities. Describe the agency's experience collaborating with municipal health departments. Describe the agency's experience working with other parts of municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the agency's experience working with Mayors and/or Town Managers. Specifically respond to this question on matters related to public health or those transferrable to the tobacco program.

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The Mayor of Leominster is very supportive of the Boards of Health Tobacco Control Alliance. In terms of work and services he does not interfere with program work or deliverables. He supports the Leominster BOH in making Tobacco Control decisions for Leominster and supports that each member community decides whats best for them. Every member Board of Health meets designates the Alliance Staff as Tobacco Control Agents of that town through a motion & BOH meeting vote. We communicate and provide work updates to each BOH as any of their paid agents would. We attend each town BOH meeting when ever there is a need or desire for policy updates, non-compliance/enforment issues or at the request of the BOH. We meet the agents and secretaries of each BOH and work with them to institionalize practices.For example many of the health agents will issue a tobacco violation when finding violations during other health inspections such as food and housing inspections and then we will conduct any follow up inspection. We have met all Clerk Magistrates in 4 different Courts that cover the Alliance Service area. Many of our towns require us to send business tobacco violations to their licensing boards/alcohol commissions.In some communities, we have relationships with community & school police officers and send them any new products that we learn about so they can help with parent education of new tobacco products geared toward youth. We have met & know most of the town managers/amdninstrators in member communities. We meet with Selectman, Police, Fire, School personal, and other stakeholders as needed as dictated by the needs of the service or deliverable being worked on at the time. All my communities are autonomous and are not part of an inspectional service make up. However we are working more with Building & Zoning departments as more vape/smoke shops are opening. We have always informed these offices when a BOH passes a that no business can open 500 feet from a school, playground or another tobacco retailer, as often people opening businesses go to these offices first.

☒ Organizational chart that includes where tobacco program will be located within entity uploaded to COMMBUYS.

7. Describe the proposed staffing pattern including roles and responsibilities for all positions funded in part or totally by MTCP. Attach job descriptions for all these positions including consultants or include resumes if staff roles are currently filled. Job descriptions should include job duties and qualifications and should clearly indicate the supervisor of the position. (See RFR Appendix C for recommended entry-level skills for tobacco control staff and tasks related to tobacco control programs).

There is one full time Director that implements the contract, manages the program operation and diverables, responsible for all fiscal management of the operating budget following MTCP and City of Leominster fiscal procedures, mananges all policy development and enformcement activites for each community, hires, trains and manages all per diem inspector staff. Per Diem inspectors conduct inspection and enfocement assignments, attend enforcement hearing when necessary and assist with policy development as needed.

☒ Staffing pattern form completed and uploaded to COMMBUYS.
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8. Discuss the ability and willingness of each municipality in the region to enforce local and state tobacco policies, including issuing and upholding tickets and permit suspensions for violation of local and state tobacco policies. In communities without prior tobacco enforcement experience, confirm each municipality's willingness to enforce. In communities with past tobacco enforcement experience, discuss any challenges and how the program will address these challenges.

Warren is the only member community with out enforcment experience. They require a permit but do not have a formal regulation. They are currently looking at a draft regualation. We are on their January agenda to review the draft and move toward a public hearing. It is expected that they will have a regulation that is implemented before July 1, 2018. Discussions with their office indicate that they will be on board with inspections and enformcement. All remaining 25 Alliance Communities are on board with enforcing their regulations as written. The remaining Boards follow their violation section consistently, however some BOH's do not have any significant non-compiance problems. The remaining 25 Boards all us to issue the violation letters/Tickets for fines and issue the appropriate permit suspension as per the regulation. However fine appeals are primarily heard by clerk magistrates in District or housing courts. Permit suspsension hearings are heard in Board of Health meetings. In most cases, the fine appeals and permit suspensions are up held. Non-compliance comes in waves, sometimes with no known explanation. We could suddenly have non-compliance issues in a community due to turnover in store ownerships.We work with each BOH to

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make sure they notifiy us of any change of ownership new location so we can set up a pre-opening inspection or new owner inspection as soon as possible to head off problems. We also have problems locations that get complained about on a regular basis, however does not sell to youth inspector. These are often neighborhood location that sells to the youth that is known to the clerk. We do have several members with outdated regulations and will be working on updates prior to the July 1. (Barre, Berlin, Princeton,Royalston, Littleton). Lancaster, Bolton, Ashburnham, Ashby & Hubbardston are willing to add flavor.

9. Provide an annual line item budget and a brief narrative justifying the line items. Full-Time Equivalents (FTEs) must be listed for full and part-time staff positions. If the budget includes subcontractors describe the responsible parties and structures for operation and accountability. In the budget narrative list the hours and rate of pay of independent contractors.

1 full time Director $87,202. This line Item has only seen one 3% increase in 8 years. The Director has worked in this postiion for 22 years and this salary is in line with the City of Leominster Pay scale S10,which is the rating for a Public Health Director at mid-step 7. Per Diem Inspectors $18,000. This line item provides about 600 per diem hours of help per year to help with inspections, enforcment, court hearings, vacation coverage and BOH meetings as needed. Fringe Benefits $9500, this is the projected City of Leominster Charge to the grant for benefits charges for FY19. Payroll Taxes $2998, this the projected City of leominster Charge for Payroll Taxs for fy 19. Youth Buyer Stipends-$3200, this is the projected costs of youth buy buyer stipends and tobacco purchases for fy19 based on adding costs for the additional youth access inspection as per the RFR. Travel-$9300, this is the estimated costs for fy 19 which is based on fy 18 expense. We will be traveling to a few less communities, but with the added compliance check & focus on post enactment & enforcement activities we are expecting simiar travel expenses. Program Supplies, $2400.00 projected for FY 19 based on supplies need to date. Slight increase will help with items we have needed but have gone with out. Program Support $4500 is the projected fy 19 costs for Athol Phone, Fax, internet line, postage, IT services, limited advertising, prinitng costs, misc. Agency Admin-$12000, this is the City of Leominster Agency charge at 8%. Capital Expense $900 for a computer for the Leominster Office, current one is outdated. The Athol office has a newer computer. We have a lap top, that is used on the road at BOH meetings to edit draft regulations as Boards make decisions. The laptop is not usuable at the Leominster office as laptops are not allowed on the server.

☒ Program Budget form is uploaded to COMMBUYS.

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4. Text responses are limited to a maximum number of characters and the limits are noted in each question. Once the maximum character limit is reached, MS Word will not allow more than this limit. Please note that a space is counted as a character, and using the enter key to begin a new line in a response is also counted as a character. It is not recommended that applicants insert graphics into the responses. Spell-check does not work in text boxes.
5. Those with visual impairments may use an electronic text reader by unlocking the Application Response Form.

APPLICATION RESPONSE COVER PAGE – REGIONAL PROGRAMS

Municipal Tobacco and Public Health Policy Programs RFR #190128

Organization

Organization Name: [Town of Hanover]

Address:
[550 Hanover Street]

[ ]

City: [Hanover] State: [MA] Zip: [02339]

Municipal/Regional Organization CEO (Chief Executive Officer):

First Name: [Anthony] Last Name: [Marino] Title: [Acting Town Manager]

FEIN: [046001171] Vendor Code: [ ]

Contact Person for this Proposal

First Name: [Dawn] Last Name: [Sibor]

Title: [Consultant]

Telephone: (781) 710-2946

E-Mail: [redacted]

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

QUESTIONS FOR RESPONSE - REGIONAL PROGRAMS

Enter your response in the text boxes using Microsoft Word.

1) Provide a description of your proposed program including populations within the region that are disparately impacted by tobacco. Describe the region's need for tobacco programming and how this grant will address these needs. Also include the project lead and all municipalities involved. Indicate how the municipalities involved were selected for this application.

☒ Municipal participation forms from all municipalities including the lead agreement form uploaded to COMMBUYS.
☒ Eligibility form uploaded to COMMBUYS.

The project lead for this program is the Town of Hanover with the Towns of Norwell, Pembroke, Rockland and Weymouth collaborating. The towns of Pembroke, Rockland and Weymouth have been designated as communities of need and are disparately impacted by tobacco. All three of these communities have a medium/high rate of adult smoking and two of the communities are below the MA average median income. All five towns in this program have a high number of tobacco retailers compared to other MA communities.

This program will work to eliminate these tobacco related disparities through a comprehensive program that includes the development of local policies and regulations, enforcement of existing regulations, changing social norms regarding tobacco use, increasing protections against secondhand smoke and improving access and information to cessation resources.

The involved municipalities are located in a contiguous area on the south shore and collaborated previously on tobacco control programs, work together now on emergency preparedness, recycling, planning councils and some communities share personnel. All of these towns were chosen because of their shared commitment to work together on tobacco policy, enforcement and regulations.

2. Administrative capacity of lead municipality or regional agency:
   a) Identify the municipality or regional agency that will serve as the lead for this program. Briefly describe the infrastructure and experience of this department/agency in managing grants and why they are best suited to coordinate this program.

The Town of Hanover, Community Services Department will serve as the lead for the South Shore Tobacco Control Program. The Town of Hanover has the infrastructure and experience to manage, lead and operate a regionally based tobacco program.

The Board of Health/Community Services Department currently has an MDPH Emergency Preparedness Grant, which it has managed since 2004. It also has a Green Community grant, and oversees an Executive Office of Elder Affairs grant along with having a Healthy Aging Grant with MDPH in 2016. Hanover through its facilities and fire services departments has been active in receiving and managing grants, and works collaboratively with the Community Services Department and other town departments.

The Board of Health/Community Services Department has successfully managed a variety of state and federal grants for the past 13 years and has the experience in grant management that makes it well suited to coordinate this program.

   b) Describe the lead's ability to provide leadership and influence to a regional program including past experience leading initiatives or grants on tobacco prevention, substance use prevention, chronic disease or other related public health issues.

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The Hanover Board of Health was an active participant in a tobacco control program in the early 2000's, but has yet to lead a tobacco prevention grant. The Board of Health/Community Services Department has successfully managed emergency preparedness and healthy aging grants and has begun to focus its efforts on expanding its programs to include public health prevention and promotion issues. This grant is an opportunity to provide much needed regional tobacco control policy development and enforcement.

The consultant who will be helping with the implementation of this grant, Dawn Carmen Sibor has many years of experience leading and directing public health programs, including tobacco control program initiatives. She has worked closely with all of the health directors and staff in the five communities and will oversee the development and implementation of this tobacco control program.

The Town of Hanover Community Services Director works as part of the Board of Health and with departments in the town. Because of its small size, departments collaborate and are knowledgeable about many areas of town government. There is much support for this grant, beyond the Board of Health, which will be of great assistance for providing leadership.

Each of the communities in this proposal are supportive of Hanover coordinating and leading this program. All towns brought this tobacco control grant proposal led by Hanover to their Boards of Health and all are enthusiastically supporting this program led by the Town of Hanover.

3. Describe past efforts in the region/collaborative to implement and/or enforce tobacco prevention or secondhand smoke policies. Discuss both successes and challenges of the region and how this grant would enhance the successes and address the challenges.

☒ Local policy & enforcement form uploaded to COMMBUYS.

Three of the communities in the region worked collaboratively in the 1990's and early 2000's on tobacco control. During those years because of collaboration, coordination and community support there was success in implementing youth access and secondhand smoke regulations, some of which are still in effect at this time.

Due to lack of staff and funding, the five communities have had a variety of tobacco control policy successes. Several communities have developed 21 as the legal age at which to purchase tobacco products. Most communities have updated their tobacco sales regulations, but only one has included a flavored tobacco product ban in its tobacco sales regulation. A couple of the communities have local smoke-free workplace regulations, but most have not been updated for many years. All tobacco regulations in these five communities need to be reviewed and updated. One community conducts compliance checks regularly, others sporadically and some not at all. One of the communities' regulations are from the mid 1990's with some minor amendments. There is not current collaboration or consistency among these communities in working on tobacco control issues.

The biggest challenge for these communities is funding and staff to work on a comprehensive and continuous program. Most of the communities have minimal staff and resources, so working on tobacco control only comes about when a problem or complaint is brought to their attention. A grant from MTCP will allow for the creation of an organized structure in order to develop comprehensive and coordinated tobacco control enforcement and regulations in the five communities. This grant will assist these communities to strengthen local policy promotion as well as improve retailer education and enforcement of regulations.

This grant will enhance success and address the challenges faced by these communities by providing all communities with a dedicated and experienced tobacco control expert to work to support tobacco prevention and secondhand smoke policies. This person will coordinate the work to revise and implement local tobacco control policies and regulations and work to strategize to prevent and reduce tobacco use, reduce exposure to secondhand smoke and work to eliminate tobacco related disparities.

The five communities in this proposed program are committed to working collaboratively to successfully develop, implement and enforce tobacco control policies.

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4. Describe an example of how local or state policies can lead to unintended health inequities. What role should a municipal tobacco program play in addressing these inequities?

Health inequities in these communities are created and affected by social determinants of health, tobacco industry influence and a lack of comprehensive and coordinated tobacco control policies and strategies at the local level. This program will enforce existing regulations and policies and develop new comprehensive regulations and policies, which work to change social norms regarding tobacco use, increase protections against exposure to secondhand smoke and improve access and information to cessation resources among those who face the greatest burden of tobacco use and exposure.

Developing regulations and policies at the state and/or local level to increase tobacco costs, implement smoke free public housing or eliminate sales of certain types of tobacco products, may have the unintended consequence of leading to health inequities among poorer and less educated populations. Lower income and fewer years of education is directly correlated with tobacco use. Therefore, this program will work at the local level to seek to alleviate health inequities through the development of a comprehensive tobacco control plan, which includes culturally and linguistically tailored cessation efforts for those who are low income or less educated residents. Since the five communities in this program have a high number of tobacco retailers when compared to other MA communities, and because exposure to advertising can lead to an increase in tobacco use among youth, point of sale advertising strategies to limit exposure will be part of the program.

5. Describe the organizational structure of your proposed program and how that structure will facilitate effective communication within the region and with tobacco program staff. Include how decisions impacting the entire collaborative will be made, methods and tools used to communicate within the collaborative, and meeting schedules.

Each of the five communities will appoint a liaison who will work directly with the Tobacco Control Program Coordinator to facilitate effective communication. The Tobacco Control Program Coordinator will be responsible for the day-to-day operations of the program,shall attend all MTCP meetings, maintain the retailer database, conduct compliance checks and retailer education, develop and enforce tobacco regulations and policies and respond to secondhand smoke complaints. He/ She will be responsible to fulfill all requirements as directed in the scope of services. He/She will be the person who is the contact for all of the communities and will meet on a regular basis with each community liaison.

The Tobacco Control Program liaisons for the five communities will meet quarterly at a minimum to review what has transpired in all communities, discuss next steps and set goals and objectives for the next quarter based upon direction from MTCP. These liaisons will act as an advisory board to the Tobacco Control Program.
Overseeing the day-to-day work of the Tobacco Control Program Coordinator will be the Hanover Board of Health Agent/Nurse. She will be available to offer support and assistance within Hanover and with coordinating the work with the other municipalities.

The consultant/contractor will work with the Coordinator to develop, organize and implement the tobacco control program in the five communities. She will use her tobacco experience to help guide the program and will work in coordination and under the supervision the Hanover Health Agent/Nurse.
All three will work together and meet regularly to discuss the progress of the program. The Health Agent/Nurse and Consultant will work with the Coordinator to develop the agendas and attend the quarterly meetings with the community liaisons.

6. **If applying as a lead municipality:** Describe the relationship you have with other municipalities in the proposed region. Describe the organizational relationship and routine cooperation with other parts of internal municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the organizational relationship between the Board of Health/Health Department to the Mayor and/or Town Manager's office.

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If applying as a regional planning agency or government council: Describe your organization and its relationships with municipalities. Describe the agency's experience collaborating with municipal health departments. Describe the agency's experience working with other parts of municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the agency's experience working with Mayors and/or Town Managers. Specifically respond to this question on matters related to public health or those transferrable to the tobacco program.

The Town of Hanover Board of Health/Community Services Department works with the towns of Norwell and Weymouth on Emergency Preparedness programs, the Medical Reserve Corps (MRC) as well as in the Recycling Cooperative. The Hanover Director of Community Services is also now the acting Town Manager and has worked in the Building Department/Inspectional Services in the Town of Pembroke for many years. The Board of Health in Hanover works cooperatively with the building department, and is overseen by the Community Services Department, which also oversees Building, Elder Services and the Hanover VNA. The Town of Hanover is a small community and thus all town departments work together often. The employees all know each other and they work collaboratively and interact on a daily basis.

Recently the Hanover Board of Health in conjunction with the Region 4b/ Hanover Medical Reserve Corps (MRC), Hanover Public Schools and Hanover Police Department sponsored a flu clinic drill. All departments worked together and had a very successful clinic. Collaboration among town departments in Hanover works very well.
When the previous 14- community tobacco control program was based in Hanover, the police, fire, school and other departments worked collaboratively with the health departments. In each of the participating towns at this time, there is cooperation among the health, police, fire and other town departments. It is expected that this support, cooperation and collaboration will continue.

The health departments in this proposal have worked collaboratively on a variety of public health issues. While some of the work has been done in different regions, the work includes Emergency Preparedness, CHNA activities, Medical Reserve Corps, Recycling Cooperative, Old Colony Planning Council and Mosquito Control work. All five of the communities have tobacco permits, regulations and in the past had an active and engaged tobacco control program. This grant funding will assist the towns to develop a regionally sustainable program that promotes healthy equity in its communities and is consistent with best practices around tobacco prevention and control.

☒ Organizational chart that includes where tobacco program will be located within entity uploaded to COMMBUYS.

7. Describe the proposed staffing pattern including roles and responsibilities for all positions funded in part or totally by MTCP. Attach job descriptions for all these positions including consultants or include resumes if staff roles are currently filled. Job descriptions should include job duties and qualifications and should clearly indicate the supervisor of the position. (See RFR Appendix C for recommended entry-level skills for tobacco control staff and tasks related to tobacco control programs).

The Hanover Board of Health/Community Services Department is the lead agency for the communities of Norwell, Pembroke, Rockland and Weymouth. Each community will appoint a liaison to an advisory board to make decisions including setting goals, priorities and budgeting based on MTCP requirements. The Advisory Board will meet quarterly at a minimum, more often when needed. A proposed organizational chart for the tobacco control program is attached. A 19-hour per week Program Coordinator will be hired to carry out program activities and recruit and supervise youth for compliance checks in all five communities. The coordinator will be directly supervised by Nancy Funder, the Board of Health Agent and RN. She will provide onsite in-kind supervision.

Dawn Sibor, a former MTCP director will be a (.06) contractor helping guide the program as a subject matter expert. She has extensive tobacco control program experience and managed the program for 14 south shore communities, three of which are included in this grant proposal (Hanover, Norwell and Rockland).
Resumes for Dawn Sibor and Nancy Funder are attached. A draft job description for the Tobacco Control Program Coordinator is also attached.

☒ Staffing pattern form completed and uploaded to COMMBUYS.

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

☒ Job descriptions or resumes uploaded to COMMBUYS.

8. Discuss the ability and willingness of each municipality in the region to enforce local and state tobacco policies, including issuing and upholding tickets and permit suspensions for violation of local and state tobacco policies. In communities without prior tobacco enforcement experience, confirm each municipality's willingness to enforce. In communities with past tobacco enforcement experience, discuss any challenges and how the program will address these challenges.

All five communities have regulations that require tobacco permits and have procedures for fines and suspension of licenses. Each community is willing to enforce its current regulations, most are not able to conduct routine compliance checks to determine if sales to minors or other violations of the regulations occur. During food inspections, the towns can assess basic adherence to regulations, but because of a lack of staff and resources cannot do routine compliance checks. When the communities had tobacco control funding they could conduct compliance checks, work on secondhand smoke issues and point of sale advertising.

Weymouth is the only community that has been conducting quarterly compliance checks and an annual inspection to ensure that retailers are not selling prohibited items. They investigate complaints about smoking in prohibited locations and issue necessary citations. One of the challenges now and in the past, has been to recruit, train and have youth be available to conduct compliance checks. This program will address this challenge by reaching out to programs beyond schools. The plan is to work with youth organizations in each community along with schools to help get youth to participate.

All communities in this proposal agree to: Conduct retail inspections at all establishments that sell tobacco and compliance checks at establishments using guidelines set forth by MTCP; Conduct additional inspections, education and enforcement after local policies are passed or any violations found; Issue timely notification if violations found; Have staff appear at hearings, if needed; Conduct follow-up compliance checks when illegal sales or complaints about illegal sales occur to minors; Respond to complaints about violations of MA Smoke-free workplace law and local regulations; Conduct follow-up inspections to ensure compliance.

9. Provide an annual line item budget and a brief narrative justifying the line items. Full-Time Equivalents (FTEs) must be listed for full and part-time staff positions. If the budget includes subcontractors describe the responsible parties and structures for operation and accountability. In the budget narrative list the hours and rate of pay of independent contractors.

The communities of Hanover, Norwell, Pembroke, Rockland and Weymouth are requesting $51,500.00 for the Tobacco Control Program. This funding will be used to develop, implement and sustain a comprehensive regional tobacco control program, which is research and evidenced based, and can become an integral part of each of the five communities.

The Tobacco Control Program is requesting funding for a .50 Program Coordinator who will work 19 hours per week and be paid at the rate of $30.00 per hour. The Program Coordinator will be responsible for the day-to-day operations and all program requirements. Payroll taxes for this position have been estimated. She/he will have an on-site supervisor, the Board of Health Nurse/ Health Agent who is providing supervision in-kind.

A former MTCP Director will be a subcontractor who will be a subject matter expert and oversee reporting responsibilities. She has been doing consulting work for the Town of Hanover for several years and will work an average of 10 hours per month at a rate of $50.00 per hour on this tobacco control program. She will continue to report to the Health Agent and Director of Community Services.

Administrative Support money will be used to help Hanover support the tobacco control program.

As a new program it is anticipated that there will be numerous program supplies needed for the program as well as program support such as a cell phone for tobacco control work, wifi and other items as needed.

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Mileage reimbursement is needed for the MTCP Coordinator to travel throughout the five communities and to required MTCP meetings and trainings.

Stipends for youth will be used to pay for youth while trained and when conducting compliance checks.

The capital expense is for an iPad to be used for retailer inspections, compliance checks and maintain the retailer database system as required.

☒ Program Budget form is uploaded to COMMBUYS.

CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

All documents listed below must be submitted via COMMBUYS in order for you response to be considered complete. Files must be uploaded and follow the naming convention indicated in the chart.

Document Title	**File Name** **Assign when creating documents**
Application Response Form	Applicant Name _ RFR 190128 _App Resp Form
Organization Chart	Applicant Name _ RFR 190128 _Org Chart
Eligibility Form	Applicant Name _ RFR 190128 _Eligibility
Lead applicant agreement form	Applicant Name _ RFR 190128 _Lead Form
Municipal participation form	Municipality _ RFR 190128 _Muni Form
Staffing pattern	Applicant Name _ RFR 190128 _Staffing
Job description/resumes	Applicant Name_ RFR 190128 _JobDesc
Local policy and enforcement form	Applicant Name _ RFR 190128 _Policy
Regulations from each municipality	Municipality _ RFR 190128 _Regulation
List of retailers/permits from each municipality	Municipality_ RFR 190128 _Retailers
Permit application from each municipality	Municipality_ RFR 190128 _Permit App
Program Budget	Applicant Name _ RFR 190128 _Program Budget

Scanned documents will be accepted. All scanned documents must be scanned in such a way that they can be read on a computer monitor and printed on 81/2" x 11" paper, unless otherwise specified. Zipped files will be accepted and must be in a .zip format when saved. Other zip file formats will not be accepted.

Addendums or uploads not specifically requested in this document, the RFR or on the COMMBUYS Bid Solicitation screen will not be reviewed.

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APPLICATION INSTRUCTIONS

1. **Save, read and review** the completed Application Response Form. Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes.
2. **Upload in COMMBUYS** the Application Response Form with the attachments according to the application Checklist.
3. **Confirm** that "No Charge" is checked or a dollar amount entered in the Unit Cost field on the Item screen in COMMBUYS. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide service or products at no charge.
4. **Submit** your electronic quote in COMMBUYS. (Vendors must be registered in COMMBUYS to submit quotes)

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Rev 8

APPLICATION RESPONSE FORM, INSTRUCTIONS, AND CHECKLIST

General Instructions:

1. **See the RFR and COMMBUYS posting for complete procurement specifications.**
2. **All responses are to be submitted using the online submission tools available to Vendors registered in COMMBUYS.** There is no charge to register in COMMBUYS. To Register go to www.COMMBUYS.com and click on the "Register" link on the front page.
   Bidders are solely responsible to monitor COMMBUYS for Bid amendments, if any. Bidders may monitor the record by frequently checking the Amendment Section on the Summary screen for the BID in COMMBUYS.
3. **All Bidders are advised to allow adequate time for submission by considering potential online submission impediments like Internet traffic, Internet connection speed, file size, and file volume.** DPH is not responsible for delays encountered by Bidders or their agents, or for a Bidder's local hardware failures, such as computers or related networks, associated with bid compilation or submission. Bids submitted via COMMBUYS are time stamped by the COMMBUYS system clock which is considered the official time of record.

Formatting Instructions:
This document was prepared using Microsoft Word's forms feature. Complete the form on your computer using Microsoft Word.

1. Save this document file to your computer.
2. Enter your responses in the text box, moving between the text boxes using the tab key on your keyboard.
3. Responses to check boxes are made by clicking once on the check box. To remove the X from a check box, click on the check box again.
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APPLICATION RESPONSE COVER PAGE – REGIONAL PROGRAMS

Municipal Tobacco and Public Health Policy Programs
RFR #190128

Organization

Organization Name: [Framingham]

Address:
[150 Concord Road]

[Suite 205]

City: [Framingham] State: [MA] Zip: [01702]

Municipal/Regional Organization CEO (Chief Executive Officer):

First Name: [Louise] Last Name: [Miller] Title: [Chief Financial Officer]

FEIN: [04-600115] Vendor Code: [6000191793]

Contact Person for this Proposal

First Name: [William] Last Name: [Murphy]

Title: [Director of Public Health]

Telephone: (508) 532-5470

E-Mail: [wmurphy@framinghamma.gov]

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

QUESTIONS FOR RESPONSE - REGIONAL PROGRAMS

Enter your response in the text boxes using Microsoft Word.

1) Provide a description of your proposed program including populations within the region that are disparately impacted by tobacco. Describe the region's need for tobacco programming and how this grant will address these needs. Also include the project lead and all municipalities involved. Indicate how the municipalities involved were selected for this application.

☒ Municipal participation forms from all municipalities including the lead agreement form uploaded to COMMBUYS.

Framingham leads the current Tobacco Control District funded by MTCP. Framingham and Marlboro have disproportionate numbers of tobacco retailers within MDPH EJ designations. 47% of all tobacco retailers in the proposed district are in EJ areas. Keeping policies current, strict surveillance and enforcement, and educational and training are still needed. The towns added were to align with 3 current PHE regions.

The table below indicates the MW Tobacco Control District towns, population (based on US Census Bureau), and 5-year smoking rates for 2019 and for 2023 (from left to right, according to data from the Behavioral Risk Factor Surveillance System MDPH).

Ashland	18832	9.8	10.5
Bedford	14383	NA	9.8
Concord	18491	NA	8.6
Framingham (Lead)	72362	15.1	15.2
Holliston	14996	10.2	10.1
Hopkinton	18758	8.9	9.6
Hudson	15749	14.1	14.2
Marlborough	41793	16.6	16.3
Medway	13115	12.6	11.9
Millis	8460	10.2	10.6
Natick	37006	8.9	9.4
Norfolk	11662	NA	10.5
Southborough	10450	8.6	NA
Sudbury	18934	7.1	7.7
Wayland	13943	7.0	NA
Westborough	21567	NA	10.1
TOTAL	350501		

Towns to be added in the future, as the RFR Question 2 prohibits unfunded municipalities from being added:

Boylston	4849	NA	10.0
Northborough	15741	NA	11.7
TOTAL	371091		

2. Administrative capacity of lead municipality or regional agency:
   a) Identify the municipality or regional agency that will serve as the lead for this program. Briefly describe the infrastructure and experience of this department/agency in managing grants and why they are best suited to coordinate this program.

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Framingham is leading the grant. Per population, it is the largest city within the district and has the most tobacco establishments, all of which are in environmental justice areas. Framingham has a history of obtaining and managing grants to improve health and well-being. Below are some previous and current grants that have successfully met deliverables.

Regional Project
- Public Health Emergency Preparedness Region 4A, since 2003 (12 communities)
- Mass in Motion, since 2012 (Framingham, Hudson, Marlborough)
- Prevention and Wellness Trust Fund, 2014-2018 (Framingham, Hudson, Marlborough)
- Massachusetts Opioids Prevention Collaborative, since 2016, (Ashland, Framingham, Hudson, Natick)
- Substance Abuse Prevention Collaborative, since 2015 (Ashland, Framingham, Hudson, Natick, Southborough)
- Public Health Nursing, since 2020 (Ashland, Framingham, Holliston, Hudson)
- Dementia Friendly Communities, since 2018 (Hudson, Marlborough)
- MetroWest Community Health Needs Assessment, since 2013 (Framingham, Hudson, Marlborough)
- MetroWest Community Health Improvement Planning, since 2014 (Framingham, Hudson, Marlborough)

Framingham's organizational structure includes community health, public health inspections, environmental protection, and public health nursing. The grant would receive cross-disciplinary support from these divisions. The current Director, Assistant Director, and Community Health manager have experience applying various tobacco control enforcement efforts.

b) Describe the lead's ability to provide leadership and influence to a regional program including past experience leading initiatives or grants on tobacco prevention, substance use prevention, chronic disease or other related public health issues.

Framingham has a strong background in providing leadership and influence on regional grants and initiatives, particularly related to tobacco and substance use response and prevention. Examples of this regional leadership include the following grants, for which we are or have been the fiscal agent:

- MA Tobacco Cessation and Prevention Program – 2020-2023
- Massachusetts Opioid Abuse Prevention Collaborative (MOAPC) – 2015-2021
- Overdose Data to Action (OD2A) – 2020-2023
- Fatal Overdose Grief Outreach Project – 2021-2023

These partnerships continue to be successful because of the strong interconnectedness that Framingham has with a vast range of stakeholders across social service agencies and regional boards of health. Framingham has a very robust Health Department infrastructure, with the capacity for 18 full-time staff with expertise in community health, public health inspections, environmental protection, and public health nursing. This allows Framingham to continue to be the nucleus of regional public health efforts across our PHE catchment area.

Our successes in being the fiscal lead for the existing MA Tobacco Cessation and Prevention Program provide a foundation that will facilitate further achievement in this RFR program. A wealth of resources—including staff experience, detailed data documentation, retailer information, and familiarity with fiscal procedures—will allow us to efficiently and effectively transition regional tobacco efforts to a new funding mechanism.

3. Describe past efforts in the region/collaborative to implement and/or enforce tobacco prevention or secondhand smoke policies. Discuss both successes and challenges of the region and how this grant would enhance the successes and address the challenges.

Our regional tobacco cessation and prevention efforts have been incredibly successful. The table below provides retailer inspectional data over the past 3 years. This illustrates a clear trend, across almost every measurable outcome, that the consistent presence of a Tobacco Control Program Manager improves our region's tobacco safety over time. This position has allowed for relationship-building, continued education, manufacturer information, and accountability among retailers.

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

Initial Inspections Completed	298	208	221
Inspections with Violations	217 (46%)	95 (36%)	1 (0%)
Reinspections Required	169	59	0
Reinspections That Required Additional Follow-Up	21	0	0
Missing Signage	207	2	0
Selling Flavored Products	13	6	0
Missing DOR or Local permit	37	10	1
Local Cigar Sales Violations	6	0	0

The largest challenge we've experienced in our tobacco cessation and prevention efforts have been due to short-term funding. This has provided significant limitations in our ability to hire and post positions during vacancies. Similarly, it was difficult to maintain contracts with partnering agencies (such as Health Resources in Action (HRiA)) who we utilized for funding youth buyers for compliance checks. Finally, developing longer-term infrastructure for the region and for education efforts has been impossible with uncertain funds each year.

This grant would maximize our previous successes and greatly reduce our experienced challenges by providing continued, reliable funds for a 5-year period. This allows our Tobacco Control Program Manager to maintain relationships and presence in the community, sustain stronger tobacco education programs, and reduce the time spent delaying program efforts in contractual and hiring processes.

4. Describe an example of how local or state policies can lead to unintended health inequities. What role should a municipal tobacco program play in addressing these inequities?

Local policies can lead to unintended health inequities. An approximated 1/3 of the tobacco retailers are located in the two cities, Framingham and Marlborough. The majority of these two cities are designated EJ areas. The tobacco regulations of most participating towns have the permit cap and retirement section in which permits will diminish when businesses close over time. Towns often have smaller business districts and have shown that there is a decease in total permits. This is not like to happen as the Latino population continues to increase and businesses rarely close and are transferred.

The Tobacco Control District towns, revolving account status, # of tobacco retailers, # of tobacco establishments, and # of establishments in EJ areas (left to right) are below:

Ashland	Yes	17	17	17
Bedford	No	6	6	0
Concord	No	14	14	0
Framingham	No	53	60	60
Holliston	No	10	10	0
Hopkinton	Yes	9	9	0
Hudson	Yes	20	21	11
Marlboro	No	40	44	41
Medway	No	12	13	0
Millis	Yes	9	9	0
Natick	Yes	21	22	6
Norfolk	No	6	6	0
Southboro	Yes	10	10	0
Sudbury	Yes	7	8	0
Wayland	No	14	14	0
Westboro	No	19	19	9
TOTAL		267	282	144

Towns to be added in the future:

Boylston	No	6	6	0
Northboro	No	14	14	0

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TOTAL	287	302	144

A potential solution to this issue is not only to cap and retire permits but to define the EJ areas based on risk and cap and retire equitably in higher risk areas. Latino youth have greater potential access to products based on the number of permitted retailers in the area they reside.

5. Describe the organizational structure of your proposed program and how that structure will facilitate effective communication within the region and with tobacco program staff. Include how decisions impacting the entire collaborative will be made, methods and tools used to communicate within the collaborative, and meeting schedules.

Framingham Public Health Department has 18 positions and is structurally comprised of 4 divisions; community health, public health inspections, environmental protection and public health nursing. The tobacco control program and its manager fall within the community health section and is supported by a division manager, two community health coordinators, and an intervention specialist.

The division manager has extensive experience managing grants and meeting deliverables. The two community health coordinator positions, currently being filled, manage substance abuse prevention grants. These two MA DPH-funded substance abuse grants, MassCALL3 and SOR-PEC, require relationships with regional community stakeholder groups, which are critical with tobacco programming.

The current tobacco control program, led by the manager, established an advisory group with a representative from each community. They meet quarterly or more often if needed. The purpose of this advisory group is to inform communities of regulatory changes, work collectively, and gain consensus and alignment for policy, education, and enforcement initiatives. Currently, all of the participating and proposed communities (Ashland, Bedford, Concord, Holliston, Hopkinton, Hudson, Marlborough, Medway, Millis, Natick, Norfolk, Southborough, Sudbury, Wayland, and Westborough (Boylston and Northborough in the future)) have strong leadership and Boards of Health that traditionally act, through adopting stringent regulations, to protect the health and wellness of their communities.

Communication tools such as virtual and/or in-person meetings with groups or individuals will be the primary method to stay informed. Attendance at individual Board of Health meetings will be available upon request. The office of the tobacco control manager will be located at Framingham City Hall. Work hours are Monday, Wednesday, and Thursday from 8am-5:00pm, Tuesdays from 8:30am- 7pm and Fridays from 8:30am- 12:30pm.

6. **If applying as a lead municipality:** Describe the relationship you have with other municipalities in the proposed region. Describe the organizational relationship and routine cooperation with other parts of internal municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the organizational relationship between the Board of Health/Health Department to the Mayor and/or Town Manager's office.
If applying as a regional planning agency or government council: Describe your organization and its relationships with municipalities. Describe the agency's experience collaborating with municipal health departments. Describe the agency's experience working with other parts of municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the agency's experience working with Mayors and/or Town Managers. Specifically respond to this question on matters related to public health or those transferrable to the tobacco program.

The Framingham Public Health department's external and internal relationships are critical with managing a successful tobacco grant. Current and past personnel participating in this grant served on the Coalition of Local Public Health as representatives of associations including Mass. Health Officers Association and Mass. Environmental Health Association. Framingham had a "seat at the table" through these positions and former Framingham Health Directors serve on a Special Commission.

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Through this Commission, the current public health system is being transformed utilizing the "Blueprint for Public Health Excellence: Recommendations for Improved Effectiveness and Efficiency of Local Public Health Protections" issued in June 2019. The report documents findings and makes recommendations for strengthening local public health services across the Commonwealth. Working regionally to support public health responses is identified as one method in address many inequities. Public Health Excellence Shared Services (PHE) grants are a first step in addressing regional disparities.

A deliberate effort was made to align this grant collaborative with PHE shared services grant groupings. 6 of the 8 MetroWest PHE towns (Ashland, Framingham, Hopkinton, Hudson, Millis, Natick) and 4 of 7 Great Meadows PHE towns (Sudbury, Wayland, Bedford, and Concord) are participating. The other towns within those PHE's were approached and asked to join, but either expressed an interest to stay with their current coalition or felt that tobacco control efforts should remain local and not regional.

Westborough, of the four town Borough PHE, is joining this proposed coalition with existing member Southborough. At the time of this grant, Northborough and Boylston expressed interest in joining but are not allowed due to currently being unfunded. We will work with MDPH to include these towns.

It is no secret that the recent COVID-19 pandemic created stresses on the public health workforce. Many qualified professionals left the profession due to these stresses and there has been a large turnover of staffing, including in Framingham. Framingham's new health director is building internal relationships with the new Mayor and his administration. Initial meetings with the Chief Operating Officer, Fire Chief, Chief Financial Officer, and the Police briefed the departments regarding this opportunity.

☒ Organizational chart that includes where tobacco program will be located within entity uploaded to COMMBUYS.

7. Describe the proposed staffing pattern including roles and responsibilities for all positions funded in part or totally by MTCP. Attach job descriptions for all these positions including consultants or include resumes if staff roles are currently filled. Job descriptions should include job duties and qualifications and should clearly indicate the supervisor of the position. (See RFR Appendix C for recommended entry-level skills for tobacco control staff and tasks related to tobacco control programs).

We budgeted three positions to run a successful program including the Tobacco Control Program Manager, a consultant that conducts compliance checks, and administrative support. The Tobacco Control Manager manages the grant. The job description is attached and specifies duties, essential functions, and educational requirements. The position is not filled currently although the health department is conducting many interviews to fill open community health positions. There were many qualified individuals for substance abuse grants which would qualify for the Tobacco Manager position. We are optimistic about filling the Tobacco Control Manager position when its advertised.

The consultant would be hired to conduct compliance checks. Specifically, to train, manage and supervise youth working as underage purchasers, create onboarding and training materials for youth buyers, budget oversight and reimburse of supplies and expenses, conduct check-ins all communities, and regularly meet for check-ins and attend hearings as needed. There are a number of consultants which have been successfully utilized in the past.

Lastly, with a program of this size, eight hours per week of administrative time is budgeted to support the manager.

☒ Staffing pattern form completed and uploaded to COMMBUYS.
☒ Job descriptions or resumes uploaded to COMMBUYS.

8. Discuss the ability and willingness of each municipality in the region to enforce local and state tobacco policies, including issuing and upholding tickets and permit suspensions for violation of local and state tobacco policies. In communities without prior tobacco enforcement experience, confirm each municipality's willingness to enforce. In communities with past tobacco enforcement experience, discuss any challenges and how the program will address these challenges.

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The thirteen towns currently participating in the MetroWest Tobacco Control collaborative aligned philosophically on enforcement. This includes multiple compliance checks and inspections throughout the year as the primary way to limit access to harmful products. Issuing order letters promptly, including fines, and mandating suspensions are standard procedure. Recently, 8 of 14 Framingham tobacco permit holders sold to minors without checking identification. This was very disappointing after multiple education visits and outreach. New order letters were produced based on the new State regulations and fines. Next week, two of the 8 establishments requested hearings with the Board of Health to modify or withdraw the Order. Our Board of Health will set precedent as an example to the other participating Boards.

The added towns, Bedford, Concord, and Westborough, are currently participating in different coalitions. Although those coalitions are operating separately and independently, many have adopted and revised their regulations to be similar. Early meetings with the new group will address enforcement to be consistent. In the future, the towns of Northborough and Boylston will be similar as well. All towns mentioned have enforcement experience but all equitable solutions will be considered.

It is expected, with the new substantial fines, that hearing requests will be common. The Tobacco Control Manager will provide guidance on compliance checks, enforcement orders, non-criminal disposition tickets, hearing requests, and ticket appeals among other techniques.

Although management and workforce of the participating local public health departments are currently stable, enforcement training will be necessary with changes in personnel.

9. Provide an annual line item budget and a brief narrative justifying the line items. Full-Time Equivalents (FTEs) must be listed for full and part-time staff positions. If the budget includes subcontractors describe the responsible parties and structures for operation and accountability. In the budget narrative list the hours and rate of pay of independent contractors.

The Tobacco Control Manager is FTE (1.0) starting at a salary of $67,000. The position is fully benefited. The job description is attached. City employees work a 37.5 hour week. Feedback was received from the previous manger that the budget for the consultant should increase, especially if towns we being added and compliance checks would increase. Additional clerical support was also recommended with the increase in towns and demand for increased correspondence, budgeting, and meetings.

Administrative support would be 8 hours a week at a rate of $20/hour for approximately $9000/year. A current administration job description is attached.

The consultant contract includes the following:

- Creation, coordination, and maintenance of hiring materials for youth inspectors (application form, age verification, parental consent form, medical release form, youth agreement, CORI)
- Creation of onboarding and training materials designed for youth
- Management of the youth buyer database including active and former underage purchasers
- Bi-weekly payroll for youth stipends
- Budget oversight and reimbursement of supplies and expenses for adult inspectors
- Monitoring and advising on hourly pay rates for underage purchasers
- Regular bi-weekly check-ins and frequent email communication with Framingham Health Dept

The typical rate for these services is $60-$75 per hour. $32,500 is budget for over 400 hours dedicated to enforcement in 16 towns.

☒ Program Budget form is uploaded to COMMBUYS.

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CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

All documents listed below must be submitted via COMMBUYS in order for you response to be considered complete. Files must be uploaded and follow the naming convention indicated in the chart.

Document Title	**File Name** **Assign when creating documents**
Application Response Form	Applicant Name _ RFR 190128 _App Resp Form
Organization Chart	Applicant Name _ RFR 190128 _Org Chart
Eligibility Form	Applicant Name _ RFR 190128 _Eligibility
Lead applicant agreement form	Applicant Name _ RFR 190128 _Lead Form
Municipal participation form	Municipality _ RFR 190128 _Muni Form
Staffing pattern	Applicant Name _ RFR 190128 _Staffing
Job description/resumes	Applicant Name_ RFR 190128 _JobDesc
Local policy and enforcement form	Applicant Name _ RFR 190128 _Policy
Program Budget	Applicant Name _ RFR 190128 _Program Budget

Scanned documents will be accepted. All scanned documents must be scanned in such a way that they can be read on a computer monitor and printed on 81/2" x 11" paper, unless otherwise specified. Zipped files will be accepted and must be in a .zip format when saved. Other zip file formats will not be accepted.

Addendums or uploads not specifically requested in this document, the RFR or on the COMMBUYS Bid Solicitation screen will not be reviewed.

APPLICATION INSTRUCTIONS

1. **Save, read and review** the completed Application Response Form. Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes.
2. **Upload in COMMBUYS** the Application Response Form with the attachments according to the application Checklist.
3. **Confirm** that "No Charge" is checked or a dollar amount entered in the Unit Cost field on the Item screen in COMMBUYS. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide service or products at no charge.
4. **Submit** your electronic quote in COMMBUYS. (Vendors must be registered in COMMBUYS to submit quotes)

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Rev 8

APPLICATION RESPONSE FORM, INSTRUCTIONS, AND CHECKLIST

General Instructions:

1. **See the RFR and COMMBUYS posting for complete procurement specifications.**
2. **All responses are to be submitted using the online submission tools available to Vendors registered in COMMBUYS.** There is no charge to register in COMMBUYS. To Register go to www.COMMBUYS.com and click on the "Register" link on the front page.
   Bidders are solely responsible to monitor COMMBUYS for Bid amendments, if any. Bidders may monitor the record by frequently checking the Amendment Section on the Summary screen for the BID in COMMBUYS.
3. **All Bidders are advised to allow adequate time for submission by considering potential online submission impediments like Internet traffic, Internet connection speed, file size, and file volume.** DPH is not responsible for delays encountered by Bidders or their agents, or for a Bidder's local hardware failures, such as computers or related networks, associated with bid compilation or submission. Bids submitted via COMMBUYS are time stamped by the COMMBUYS system clock which is considered the official time of record.

Formatting Instructions:
This document was prepared using Microsoft Word's forms feature. Complete the form on your computer using Microsoft Word.

1. Save this document file to your computer.
2. Enter your responses in the text box, moving between the text boxes using the tab key on your keyboard.
3. Responses to check boxes are made by clicking once on the check box. To remove the X from a check box, click on the check box again.
4. Text responses are limited to a maximum number of characters and the limits are noted in each question. Once the maximum character limit is reached, MS Word will not allow more than this limit. Please note that a space is counted as a character, and using the enter key to begin a new line in a response is also counted as a character. It is not recommended that applicants insert graphics into the responses. Spell-check does not work in text boxes.
5. Those with visual impairments may use an electronic text reader by unlocking the Application Response Form.

APPLICATION RESPONSE COVER PAGE – REGIONAL PROGRAMS

Municipal Tobacco and Public Health Policy Programs RFR #190128

Organization

Organization Name: [County of Barnstable]

Address:
[3195 Main Street]

[P.O. Box 427]

City: [Barnstable] State: [MA] Zip: [02630]

Municipal/Regional Organization CEO (Chief Executive Officer):

First Name: [John] Last Name: [Yunits, Jr.] Title: [County Administrator]

FEIN: [046001419] Vendor Code: [6000194979]

Contact Person for this Proposal

First Name: [Sean] Last Name: [O"Brien]

Title: [Department Director]

Telephone: (508) 375-6618

E-Mail: [sobrien@barnstablecounty.org]

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

QUESTIONS FOR RESPONSE - REGIONAL PROGRAMS

Enter your response in the text boxes using Microsoft Word.

1) Provide a description of your proposed program including populations within the region that are disparately impacted by tobacco. Describe the region's need for tobacco programming and how this grant will address these needs. Also include the project lead and all municipalities involved. Indicate how the municipalities involved were selected for this application.

☒ Municipal participation forms from all municipalities including the lead agreement form uploaded to COMMBUYS.
☒ Eligibility form uploaded to COMMBUYS.

The Program will serve a collaborative of 22 local municipalities. The project lead is the Barnstable County Department of Health and Environment. Municipalities include Barnstable, Brewster, Bourne, Chatham, Chilmark, Eastham, Edgartown, Falmouth, Harwich, Mashpee, Nantucket, Oak Bluffs, Orleans, Plymouth, Provincetown, Sandwich, Tisbury, Truro, Wareham, Wellfleet, West Tisbury and Yarmouth.These towns have historically addressed major public health issues at a regional level since it has disparately impacted populations that include the Mashpee Wampanoag Tribe. (MADPH:The smoking rate among tribe members is 2.6 times higher than the general population).There exists a sizeable LGBTQ community in the region with data indicating that this population smokes at rates 22.8% or higher compared to the MA adult rate of 14.7%. Other populations with tobacco-related health disparities/health inequities include the homeless, mentally ill, military personnel, and Brazilian immigrants. All of these exceed MA population and tobacco-use averages. The latest Youth Risk Behavior Survey indicates that youth are vaping at a 25% rate. The program will focus on these groups along with a creative education plan for communities of need.

2. Administrative capacity of lead municipality or regional agency:
   a) Identify the municipality or regional agency that will serve as the lead for this program. Briefly describe the infrastructure and experience of this department/agency in managing grants and why they are best suited to coordinate this program.

The Barnstable County Department of Health and Environment (BCDHE) will be the lead agency for this grant. Grant deliverables will be administered by the Cape Cod Regional Tobacco Control Program (CCRTCP), a division of the BCDHE. CCRTCP has been a leading Tobacco Control Program in Massachusetts since 1994, under the direction of Robert D. Collett IV. Mr. Sean O'Brien, Director of the BCDHE, oversees the numerous programs offered to the public by the department. BCDHE has a lengthy history of serving the residents of Cape Cod and the Islands with public health services.

The Barnstable County Resource Development Office (BCRDO) manages the fiscal budgets of Barnstable County Programs, including Tobacco Control. The grant manager maintains close contact with the CCTRTCP Program Director and the Massachusetts Department of Public Health regarding fiscal management of the grant. Budget proposals and changes must be approved by the BCRDO and BCDHE Director prior to submittal to MA DPH for final approval. Barnstable County utilizes the MUNIS system to track grant expenditures and manage budgets.

   b) Describe the lead's ability to provide leadership and influence to a regional program including past experience leading initiatives or grants on tobacco prevention, substance use prevention, chronic disease or other related public health issues.

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The BCDHE has a long history of serving the communities of Cape Cod and the Islands through regional collaborative public health programs, including the Cape Cod Regional Tobacco Control Program CCRTCP, a program of the Massachusetts Department of Public Health since 1994. The CCRTCP has successfully worked with its collaborative members to implement effective tobacco control regulations and enforcement strategies, eliminating exposure to environmental tobacco smoke in indoor public places, restricting youth access to nicotine delivery products and assisting public housing developments in becoming smoke-free. The BCDHE also provides several other public health initiatives, such as Lyme Disease Education, Public Health Nursing, Drinking Water/Beach Water Quality Testing, Emergency Management, The Cape Cod Hoarding Task Force, and a Community Septic Loan Program. Monthly meetings of the Cape Cod and Islands Health Agents Coalition provide updates, education and support for coaltion members from each municipality. The CCRTCP has been the leading source of information/education regarding the emerging vaping epidemic over the past year in all 22 proposed communities and provided numerous educational presentations and resources for school districts across the region. CCRTCP continues to strategize with schools in this area.The FY19 plan will address tobacco use within disenfranchised and minority groups (LGBTQ, Wampanoag, homeless, Brazilian and military communities) by recruiting and mobilizing members from within those groups through open forums.

3. Describe past efforts in the region/collaborative to implement and/or enforce tobacco prevention or secondhand smoke policies. Discuss both successes and challenges of the region and how this grant would enhance the successes and address the challenges.

☒ Local policy & enforcement form uploaded to COMMBUYS.

The Cape Cod Regional Tobacco Control Program (CCRTCP) has been a forerunner in the tobacco control movement both statewide and on a national level since 1994 when efforts to educate the public and local stakeholders about the dangers of smoking and exposure to environmental tobacco smoke began. After a 3-year-long effort to adopt a smoke-free indoor public place and workplace on a regional basis failed, the Town of Wellfleet became the first town within the CCRTCP collaborative to do so. Over the ensuing 6 years, Cape Cod and Islands became the first geographic region in Massachusetts to become 100% smoke-free. This was achieved through working with each individual municipality to assist with drafting and implementing smoke-free policies, an arduous and contentious process which required continuous, intense education of the public and stakeholders. Barriers to this process were numerous. They included organized opposition from restaurant and bar owners, tobacco industry lobbyists and smokers who patronized these businesses, along with those who viewed indoor smoking bans as violating one's civil rights and personal choices. Enforcement has been conducted through random checks of affected establishments, and responding to complaints submitted to the CCRTCP, DPH, and local Boards of Health. Along with policies protecting the public from environmental tobacco smoke, the CCRTCP has also worked extensively with Public Housing Authorities, providing technical assistance for those aiming to provide smoke-free living spaces for their residents. Though these policies have been largely supported by residents of these multi-unit developments, again there has been an element of resistance from a small percentage of lifelong smokers. Considerable educational efforts have been required to assist in the transition to smoke-free public housing, and necessity of enforcement persists. This grant will strengthen the CCRTCP's ability to continue with enforcement and education efforts in both the indoor public place and workplace arenas, as well as its capacity to provide technical assistance and education to smoke-free multi-unit housing developments. The decision to reduce the number of municipalities served by the CCRTCP will concentrate the program's efforts to address the latest tobacco industry products (including electronic nicotine delivery devices (ENDS) that target youth and other marginalized populations and protect the public from secondhand smoke.

4. Describe an example of how local or state policies can lead to unintended health inequities. What role should a municipal tobacco program play in addressing these inequities?

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The CCRTCP Program will strenghten its network of Boards of Health and community representatives to implement policies that protect populations against nicotine delivery product use. Massachusetts and its local municipalities have adopted laws restricting the sale and use of tobacco products. These actions, along with increases in taxation, have resulted in sharp decreases in use. However, patterns of tobacco use are changing, as the use of "Other Tobacco Products "OTP", is increasing. Despite research linking these products to many health problems, they are less regulated. These "new" products have strong youth appeal. The CCRTCP will provide increased outreach to the targeted populations and ethnic groups within the area including the Wampanoags. Data indicate that American Indians have the highest prevalence of smoke-free tobacco and cigar use. Other populations with a high prevalence of "dual" product use including those with less than a high school education, those living in poverty, and young adults and African Americans who see more OTP advertising in their neighborhoods. Data has shown recent increases in the use of Electronic Nicotine Delivery Systems (ENDS), such as e-cigarettes, e-hookahs and vape pens. Among current cigarette smokers, use of these has increased from 10% in 2010 to 36.5% in 2013. Use of these products among high school students has increased by 900% since 2011. The LGBTQ population uses these products at a higher rate as well. E-cigarette awareness is found to be low among women, minorities and low-education populations.

5. Describe the organizational structure of your proposed program and how that structure will facilitate effective communication within the region and with tobacco program staff. Include how decisions impacting the entire collaborative will be made, methods and tools used to communicate within the collaborative, and meeting schedules.

The CCRTCP is a division of the Barnstable County Department of Health and Environment, serving 14 towns on Cape Cod, five towns on Martha's Vineyard, Nantucket and the towns of Plymouth and Wareham. Communication with each collaborative member is maintained primarily through e-mail and telephone. Violations of tobacco control regulations are reported via e-mail within 24 hours of occurrence to the Director. General information is shared through group e-mails to the entire collaborative on a regular basis. The CCRTCP Director visits individually with health agents in each municipality, typically while conducting retail inspections. Health Agents from Barnstable County Martha's Vineyard and Nantucket meet monthly at the Barnstable County Department of Health and Environment to share ideas and information. Group decisions are made during these meetings. For FY19, CCRTCP Director will provide quarterly updates, decisions, and new Tobacco Control developments on the BCDHE website. The CCRTCP Director meets with the Wareham Board of Health monthly to provide updates and technical assistance and will meet with the new, pro-active Director of the Plymouth Health Department, who is working diligently to organize community support for new tobacco policies. The CCRTCP Director will be an integral resource and mentor for this overarching strategy that will also include reports from the Tobacco Youth Buyers. CCRTCP, along with various groups across the region that are subject to health inequities, such as the Wampanoag Tribe, social service agencies that serve the homeless and mentally ill, youth, LGBTQ and other marginalized populations will form focus groups to help mitigate the impact of tobacco use within their circles of influence and participate, as needed, on an ad hoc basis .

6. **If applying as a lead municipality:** Describe the relationship you have with other municipalities in the proposed region. Describe the organizational relationship and routine cooperation with other parts of internal municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the organizational relationship between the Board of Health/Health Department to the Mayor and/or Town Manager's office.
If applying as a regional planning agency or government council: Describe your organization and its relationships with municipalities. Describe the agency's experience collaborating with municipal health departments. Describe the agency's experience working with other parts of municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the agency's experience working with Mayors and/or Town Managers. Specifically respond to this question on matters related to public health or those transferrable to the tobacco program.

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The Barnstable County Department of Health and Environment (BCDHE) has long provided public health services to all Cape Cod and Islands municipalities. The various divisions of the BCDHE provide services on a regional basis, in cooperation with local municipal Boards of Health, including Tobacco Control, Hoarding Education and Interventional Services, Water Quality Testing Services, Emergency Planning and Disaster Preparedness, a Septic Loan Program, Alternative Septic System Testing and Public Health Nursing. The BCDHE also provides local municipalities with temporary health department staff when the need arises. BCDHE staff routinely attends local Board of Health meetings to report on assistance provided to the respective towns, and provides ongoing training to local municipal employees in all areas of the public health arena. Frequent attendees at trainings include Health Agents, Health Inspectors, Police, Firefighters and Public Health Nurses.
Emergency Planning and Disaster Preparedness efforts include wide-scale collaborations with local town managers, elected leaders, police, firefighters, the Barnstable County Sheriff's Department, Massachusetts State Police, local meteorologists and several volunteer organizations.

As a Barnstable County Department, BCDHE is accountable to the Barnstable County Administrator, the Barnstable County Commissioners and the Barnstable County Assembly of Delegates. BCDHE enjoys an excellent reputation among Cape Cod and Islands municipalities, lending to a high level of support from these Barnstable County leaders.

☒ Organizational chart that includes where tobacco program will be located within entity uploaded to COMMBUYS.

7. Describe the proposed staffing pattern including roles and responsibilities for all positions funded in part or totally by MTCP. Attach job descriptions for all these positions including consultants or include resumes if staff roles are currently filled. Job descriptions should include job duties and qualifications and should clearly indicate the supervisor of the position. (See RFR Appendix C for recommended entry-level skills for tobacco control staff and tasks related to tobacco control programs).

Cape Cod Regional Tobacco Control Program staff includes 1 Program Director. This person oversees all program operations, and is responsible for program deliverables as set forth by DPH. These include retail inspections and tobacco compliance checks on each tobacco retailer per fiscal year, technical assistance and tobacco education to collaborative Boards of Health, educating the public, working with municipal stakeholders, creating and functioning within a program budget, maintaining effective communication with Health Agents, training and managing youth buyers, meeting reporting requirements, providing technical assistance to local Housing Authorities, ability to work within a flexible schedule and changing environments, and ability to work with small business owners and city and town governments. The Director also discusses program information and needs with the Director of the BCDHE at least weekly, and receives supervisory direction and suggestions in return. The BCDHE also performs an annual Employee Job Performance Review, and shares program information regularly with the Barnstable County Administrator and Commissioners, which lend enthusiastic support to CCRTCP.

☒ Staffing pattern form completed and uploaded to COMMBUYS.
☒ Job descriptions or resumes uploaded to COMMBUYS.

8. Discuss the ability and willingness of each municipality in the region to enforce local and state tobacco policies, including issuing and upholding tickets and permit suspensions for violation of local and state tobacco policies. In communities without prior tobacco enforcement experience, confirm each municipality's willingness to enforce. In communities with past tobacco enforcement experience, discuss any challenges and how the program will address these challenges.

All of the Cape Cod Regional Tobacco Control Boards of Health Collaborative members are empowered to enforce existing Youth Access to Tobacco Regulations and Smoking Regulations by the powers granted to them by Massachusetts state law, limited by Non-Criminal Disposition statutes. All Collaborative members have regularly fined and/or suspended the tobacco sales permits of those who have violated local and/or state tobacco regulations, within the limitations of the Enforcement Phase within each individual regulation. On occasion, an offending retailer will appeal a ticket or fine, in which case an appeal hearing is heard either by the issuing Board of Health, or in some cases, the District Court. However, since the evidence presented in these cases is typically indisputable, the violators

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rarely appeal penalties. CCRTCP supports each BOH with legal and technical assistance as it relates to enforcement. The consistency and willingness with which collaborative Boards of Health have acted upon violations has deterred violators from challenging enforcement actions. By reducing the numbers of municipalities for FY19, the program will concentrate its efforts within enforcement, including regularly scheduled compliance checks, inspections of permitted tobacco retailers, and enhanced communication with Boards of Health and tobacco retailers in an effort to further reduce illegal sales and retail environment violations. The long history of collaboration and geographic connectedness among all proposed communities, under the leadership and guidance of CCRTCP, has resulted in a high level of compliance with local and state Tobacco Control efforts. CCRTCP will continue to assist local Boards of Health with the rare but occasional challenging situation through direct intervention with retailers and enhanced enforcement efforts.

9. Provide an annual line item budget and a brief narrative justifying the line items. Full-Time Equivalents (FTEs) must be listed for full and part-time staff positions. If the budget includes subcontractors describe the responsible parties and structures for operation and accountability. In the budget narrative list the hours and rate of pay of independent contractors.

The Cape Cod Regional Tobacco Control Program (CCRTCP) proposed budget of $122,519.40 includes salary for the 1.0 FTE Program Director at $74,500, and fringe benefits totaling $21,701.02. Payroll taxes are projected to be $1080.25, and there is a mileage/travel projected budget of $8,000.00. The service area is geographically expansive, and includes travel to Martha's Vineyard and Nantucket several times per year. The Compliance Agent line, $2,000.00 is designated for two Youth Buyers, also on a contractual basis at $10.00 per hour for 100 hours each.The proposed budget also includes a Telephone line item for $1,600.00 at $133.33/month x 12 months, and a Program Support line item for $2,000.00 for supplies, materials,and updated technology for remote data input.
Additionally, the CCRTCP will pay a projected Administrative Support Fee to Barnstable County of $11,138.13, or 10% of the budget.

☒ Program Budget form is uploaded to COMMBUYS.

CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

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Document Title	**File Name** **Assign when creating documents**
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Eligibility Form	Applicant Name _ RFR 190128 _Eligibility
Lead applicant agreement form	Applicant Name _ RFR 190128 _Lead Form
Municipal participation form	Municipality _ RFR 190128 _Muni Form
Staffing pattern	Applicant Name _ RFR 190128 _Staffing
Job description/resumes	Applicant Name_ RFR 190128 _JobDesc
Local policy and enforcement form	Applicant Name _ RFR 190128 _Policy
Regulations from each municipality	Municipality _ RFR 190128 _Regulation
List of retailers/permits from each municipality	Municipality_ RFR 190128 _Retailers
Permit application from each municipality	Municipality_ RFR 190128 _Permit App
Program Budget	Applicant Name _ RFR 190128 _Program Budget

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Rev 8

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2. Enter your responses in the text box, moving between the text boxes using the tab key on your keyboard.
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APPLICATION RESPONSE COVER PAGE – REGIONAL PROGRAMS

Municipal Tobacco and Public Health Policy Programs RFR #190128

Organization

Organization Name: [City of Fall River]

Address:
[One Government Center]

[ ]

City: [Fall River] State: [MA] Zip: [02722]

Municipal/Regional Organization CEO (Chief Executive Officer):

First Name: [Jasiel] Last Name: [Correia, II] Title: [Mayor]

FEIN: [ ] Vendor Code: [ ]

Contact Person for this Proposal

First Name: [Marilyn] Last Name: [Edge]

Title: [Tobacco Control Coordinator]

Telephone: (508) 324-2423

E-Mail: [medge@fallriverma.org]

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

QUESTIONS FOR RESPONSE - REGIONAL PROGRAMS

Enter your response in the text boxes using Microsoft Word.

1) Provide a description of your proposed program including populations within the region that are disparately impacted by tobacco. Describe the region's need for tobacco programming and how this grant will address these needs. Also include the project lead and all municipalities involved. Indicate how the municipalities involved were selected for this application.

☒ Municipal participation forms from all municipalities including the lead agreement form uploaded to COMMBUYS.
☒ Eligibility form uploaded to COMMBUYS.

The program consists of 9 communities all within Bristol County and include: Fall River (lead applicant), Attleboro, Berkley, Dighton, Norton, Somerset, Swansea, Taunton and Westport. Of the 9, 7 are considered Communities of Need. DPH statistics include poverty rates: Taunton-12.1%; Fall River-23% (more than double the state's percentage of 10%); Attleboro-7.2%; and Berkley-6.2%. All 9 cities/towns have a smoking rate higher than 14% and 7 of the communities have a pregnancy smoking rate of at least 10% higher than the state including: Fall River -188% higher, Taunton -99% higher and Westport - 47% higher. Also significant is a lung cancer mortality rate for Attleboro that is 40% higher than that of the state and a 28% higher rate for Taunton. Bristol County as a whole has the 2nd highest adult smoking prevalence in the state (17.3%) and has ranked as the 2nd unhealthiest county for the past 2 years (DATA USA).
This grant will enable participating cities/towns to employ a proactive, targeted approach to interventions that will reduce tobacco use and improve public health. Municipalities for this grant were chosen by need, desire to address tobacco enforcement and geographic continuity.

2. Administrative capacity of lead municipality or regional agency:
   a) Identify the municipality or regional agency that will serve as the lead for this program. Briefly describe the infrastructure and experience of this department/agency in managing grants and why they are best suited to coordinate this program.

The City of Fall River's Health and Human Services Department (HHSD) will be the lead agency for the proposed program. This department is comprised of the Coucil on Aging, Youth Services and Public Health and its Department Head also oversees Insepctional services, planning/conservation/Licensing and the Library, an auditing department who oversees all spending for the entire City and a Tobacco Control Coordinator who has coordinated the Tobacco Program since its inception in 2004, and is responsible for all reporting and programmatic oversight of the DPH Tobacco Grant.
The HHS's Department Head has served in the position for the past 10 years, over that time the Department has been awarded and successfully managed numerous grants; such as the DPH Tobacco Grant, the MOAPC grant, Mass-in-Motion, SHANNON and SSYI youth grants. These grants are in excess of $1 million a year. The New City Auditor also meeets monthly with all HHS grant coordinators to review their expenditures, reporting and current status. All grants are subject to the City of Fall River's annual audit, performed by an independent 3rd party.

   b) Describe the lead's ability to provide leadership and influence to a regional program including past experience leading initiatives or grants on tobacco prevention, substance use prevention, chronic disease or other related public health issues.

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Fall River's Health and Human Services Department (HHSD) has served as the regional agent for the DPH Tobacco Grant for the past 14 years. Since 2004, relationships with participating communities have been fostered to encourage and implement policy through the planning and implementation of Kick Butts Day, an annual event that focuses on tobacco prevention, education and awareness for youth. Fall River is the lead in the Massachusetts Opioid Abuse Program Collaborative (Fall River, Taunton, Dighton & Norton), and has a long history of overseeing DPH funded grants for substance abuse prevention, wellness such as Mass in Motion, Municipal Wellness and Community Wellness; Naloxone grants and youth violence prevention..

Marilyn Edge, Coordinator for the present Tobacco Control Collaborative has upgraded the youth access regulations in all 9 cities/towns. She is an active member of the Fall River Community Health Network Area (CHNA), which represents Fall River and the towns of Somerset, Swansea, and Westport. Ms. Edge is a participating member of several community health coalitions including: the District Attorney Underage Substance Abuse Task Force, the BOLD Coalition, Taunton's Safe Neighborhood Initiative, and the Southeast Regional Inter-CHNA. In addition, she meets monthly with currently funded Boards of Health to provide them with results of compliance inspections, regulation updates, and other relevant information. Other leadership experience includes HHS's public health collaboration with Somerset and Swansea.

3. Describe past efforts in the region/collaborative to implement and/or enforce tobacco prevention or secondhand smoke policies. Discuss both successes and challenges of the region and how this grant would enhance the successes and address the challenges.

☒ Local policy & enforcement form uploaded to COMMBUYS.

Since 2004, Fall River and other participating communities have worked together to implement and enforce tobacco policies. Compliance checks are conducted in each municipality, attendance at BOH meetings and regular communication between the Tobacco Control Coordinator and key city and town officials, occur on a routine basis. Successes are evidenced by improved policies including Attleboro passing a 21 and over policy and Norton moving toward adoption of a comprehensive tobacco regulation in April 2018. Other efforts and successes include a higher rate of ticket violations and suspensions being upheld and the incorporation of neighboring communities such as Berkley and Dighton. These towns are geographically connected to areas of high need and the collaborative was able to expand its efforts into the 2 towns, which improved retailer education and enabled enforcement activities. These activities then enhanced prevention efforts by stopping the sale of tobacco products to youth from neighboring communities with high need.

Challenges experienced include the consistent enforcement of suspensions and the balance municipality officials sometimes struggle with when supporting the retail business owners in their community while also supporting tobacco policies. If awarded, the Tobacco Program will continue its prevention and cessation efforts through enhanced enforcement activities, regional collaborative brainstorming sessions, retailer education, youth education and the use of model communities from within the program, who have been able to advance policy and enforcement.

4. Describe an example of how local or state policies can lead to unintended health inequities. What role should a municipal tobacco program play in addressing these inequities?

Policies not designed with a strong infrastructure and implementation plan, as well as a lack of input from those that the policies effect, can widen health disparities. For tobacco, low-income populations, those with mental illness, and/or a lack of education are just some of the inequities already present. Policies passed without input from the targeted population leads to difficulty in implementation and enforcement. Marketing by tobacco manufacturers are heavily aimed in low-income communities and lack of access or affordability of cessation activities can negatively impact tobacco control efforts. To address these inequities, a municipal tobacco program can work with community members in identified populations to provide education, outreach and campaigns with mental health providers, thus ensuring reachability to those encompassing several of the inequities commonly characteristic of tobacco users. A comprehensive plan is needed to address and counter tobacco marketing including the combining of interventions as well as helping to make known free and accessible cessation services.

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5. Describe the organizational structure of your proposed program and how that structure will facilitate effective communication within the region and with tobacco program staff. Include how decisions impacting the entire collaborative will be made, methods and tools used to communicate within the collaborative, and meeting schedules.

The proposed program is overseen by the Tobacco Control Coordinator (TCC), who has administered the Tobacco Program for 14 years. Over that time the TCC has worked collaboratively with participating towns/cities, attending licensing board meetings, BOH and community group meetings. The TCC maintains ongoing communication with Chiefs of Police, Health Agents and Superintendents in the collaborative. Decisions related to the Tobacco Program are made by TCC with input from other local officials, as appropriate, and in accordance with MTCP guidelines and regulations. All communities within the collaborative maintain communication through a quarterly newsletter sent via email by the TCC to all participating communities in order to update one another on happenings within the group, offer support and enforcement advice and create an open dialogue amongst the collaborative. Communication amongst participating cities/towns is further enhanced by scheduled time following the end of monthly Emergency Preparedness meetings. These meetings are attended by representatives from each of the proposed 9 communities and serve as an opportunity to facilitate in-person communication amongst the collaborative.

6. **If applying as a lead municipality:** Describe the relationship you have with other municipalities in the proposed region. Describe the organizational relationship and routine cooperation with other parts of internal municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the organizational relationship between the Board of Health/Health Department to the Mayor and/or Town Manager's office.
If applying as a regional planning agency or government council: Describe your organization and its relationships with municipalities. Describe the agency's experience collaborating with municipal health departments. Describe the agency's experience working with other parts of municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the agency's experience working with Mayors and/or Town Managers. Specifically respond to this question on matters related to public health or those transferrable to the tobacco program.

The currently funded Tobacco Program works cooperatively with the government offices of Fall River, Taunton, Attleboro, Berkley, Dighton, Norton, Somerset, Swansea, and Westport. As an example, we notify liquor licensing boards of any tobacco sales to minors violations in their liquor licensed establishments, as well as the municipality's food inspectors and inspectional services of any blatant violations that may be found when conducting tobacco inspections.
Regular communication with the local police departments for all participating communities is maintained and sharing of relevant information on retail stores occurs as needed. Other continuous communication includes the FNS EBT Fraud Investigator for New England; BOH's in participating communities that have one; and current Mayors in Fall River and Taunton. At the beginning of each year, the Tobacco Control Coordinator meets with the various Boards of Selectman/Licensing Boards for each city/town to provide education, statistical information for their community and to promote policy and enforcement efforts.
Contact with the Town Managers is limited to Somerset as the BOH/BOS work independently of the Town Manager's Office in all other communities.

☒ Organizational chart that includes where tobacco program will be located within entity uploaded to COMMBUYS.

7. Describe the proposed staffing pattern including roles and responsibilities for all positions funded in part or totally by MTCP. Attach job descriptions for all these positions including consultants or include resumes if staff roles are currently filled. Job descriptions should include job duties and qualifications and should clearly indicate the supervisor of the position. (See RFR Appendix C for recommended entry-level skills for tobacco control staff and tasks related to tobacco control programs).

SEE ATTACHED JOB DESCRIPTIONS AND RESUMES
The staffing pattern will include a full-time Tobacco Control Coordinator (1.0 FTE) and a part-time Tobacco Inspector (.5 FTE) at 19 hours per week.

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Tobacco Control Coordinator: Attends any BOH/BOS/CBO meetings as requested; conducts retailer inspections, compliance checks and pricing survey visits; conducts re-inspections of violators; provides education to CBO; school/parent/faculty/staff as requested; maintains accurate information in state database; conducts pre-inspections for new retailers as BOH requests; processes citations for violators and appears in District Court, when necessary; provides oversight of the Tobacco Program and provides coordination of the collaborative;

Tobacco Inspector: conducts inspections, compliance checks and pricing surveys; attends above mentioned meetings in Tobacco Control Coordinator's absence; conducts pre-inspections for new retailers as BOH requests; processes citations for violators and appears in District Court, when necessary.

☒ Staffing pattern form completed and uploaded to COMMBUYS.
☒ Job descriptions or resumes uploaded to COMMBUYS.

8. Discuss the ability and willingness of each municipality in the region to enforce local and state tobacco policies, including issuing and upholding tickets and permit suspensions for violation of local and state tobacco policies. In communities without prior tobacco enforcement experience, confirm each municipality's willingness to enforce. In communities with past tobacco enforcement experience, discuss any challenges and how the program will address these challenges.

Attleboro, Berkley, Dighton, Norton, Somerset, Swansea and Westport consistently uphold all tickets and permit suspensions, with Attleboro and Norton introducing even stricter policies. While Taunton BOH at times is inconsistent at upholding suspensions, the Mayor and Police Chief are strong advocates of enforcement programming. The Fall River BOH has vigorously supported the TCC and routinely administers the maximau allowable suspensions as well as strong encouraging permit holders to have written policies and eattend trainings. The Taunton and Attleboro District Courts routinely uphold all violation citations. This program will enhance the willingness of hesitant officials within any of the 9 municipalities by working together as a regional approach and utilizing successful communities as models. Each community's successes and struggles will be shared through quarterly newsletters prepared and sent via email to all participating cities/towns, with a goal of lending one another support through modeling and brainstorming of ideas and addressing any challenges experienced. The Tobacco Control Coordinator will continue to attend monthly meetings in all participating communities, foster relationships with enforcement officials and provide education to retailers and municipalities.

9. Provide an annual line item budget and a brief narrative justifying the line items. Full-Time Equivalents (FTEs) must be listed for full and part-time staff positions. If the budget includes subcontractors describe the responsible parties and structures for operation and accountability. In the budget narrative list the hours and rate of pay of independent contractors.

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APPLICATION RESPONSE COVER PAGE – SINGLE MUNICIPALITY

Municipal Tobacco and Public Health Policy Programs RFR # 190128

Organization

Organization Name: [CITY OF SPRINGFIELD MASSACHUSETTS]

Address:
[36 COURT STREET]

[ ]

City: [SPRINGFIELD] State: [MA] Zip: [01103]

Municipal CEO (Chief Executive Officer):

First Name: [Domenic] Last Name: [Sarno] Title: [Mayor]

FEIN: [04-600141] Vendor Code: [VC6000192140]

Contact Person for this Proposal

First Name: [NEVILLE] Last Name: [ANGLIN]

Title: [PROGRAM COORDINATOR]

Telephone: (413) 750-2078

E-Mail: [nanglin@springfieldcityhall.com]

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

QUESTIONS FOR RESPONSE – SINGLE MUNICIPALITY PROGRAMS

Enter your response in the text boxes using Microsoft Word.

1) Provide a description of your proposed program including the populations within the region that are disparately impacted by tobacco. Describe the municipality's need for tobacco programming and how this grant will address these needs.

☒ Municipal participation form uploaded to COMMBUYS.
☒ Eligibility form uploaded to COMMBUYS.

The proposed program for Springfield includes a full-time Program Coordinator, reporting directly to the city's Deputy Public Health Commissioner, and responsible for: tobacco retail surveillance/data collection; retail inspections/compliance checks; notification of violations and enforcement; promote/support the development of tobacco sales and control regulations/ordinances in the city; provide retailers with education on local/state tobacco policies to help with compliance.

Springfield (pop.154,070) is one of the most ethnicallly and culturally diverse cities in MA. An estimated 48% of the city's residents are non-White, over 25% is under age 18. The city has high rates of poverty, 27.6% of persons living below 100% and 44% living below 200% FPLs.

Springfield residents suffer disproportionately from high rates of chronic diseases, mental disorders (11.2%), smoking rates (16%) and one of the highest rates of opioid overdose fatalies in MA. MTCPP 2016 reports in Springfield adult smoking rates are 35% higher, smoking pregnant women 79% higher, and illegal sales to minors 40% higher than state-wide rates.

Grant will help to prevent and reduce prevalence of tobacco use.

2. Administrative capacity of applicant:
   a) Briefly describe your municipality's infrastructure and experience in managing grants and its capacity to coordinate this program.

Springfield's Health Department and the Tobacco Cessation & Prevention Program (TCPP) are part of the Springfield Department of Health & Human Services (SDHHS),1 of 11 municipal departments reporting to the Springfield Mayor. SDHHS Commissioner, Helen Caulton-Harris, reports directly to Mayor Dominic Sarno. TCPP Program Coordinator, Neville Anglin, reports to and is supervised by Soloe Dennis, SDHHS Deputy Public Health Commissioner, and takes direction from SDHHS Commissioner on issues related to tobacco control policies/ordinances. The Public Health Council (PHC), a 10-member board is appointed by the Mayor and advises the Mayor on health related matters, reviews and makes recommendations on health policies/ordinances. SDHHS Commissioner is a voting member of the PHC.

SDHHS has a broad mandate to provide community health care, health education and prevention services. SDHHS has been responsible for the successful management/administration and coordination of various federal and state grant programs including: BPHC 330(h) Health Services for the Homeless Health Center & Dental Clinics, Mass In Motion and Maternal Child Health initiatives, and MADPH BSAS initiatives to prevent opioid overdose and prevention programs.

Since 1994, SDHHS and TCPP has been working closely and collaboratively with the Springfield Mayor, PHC, and the Citiy Council to successfully advocate and conduct policy changes by enacting youth access regulations, smoking bans in restaurants, smoking policies in member associations, and enforcing secondhand smoking regulations.

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b) Describe the municipality's ability to provide leadership and influence within the community, including past experience leading initiatives or grants on tobacco prevention, substance use prevention, chronic disease or other public health issues.

SDHHS has demonstrated considerable experience and success in providing leadership/influence within the Springfield community and the region by conducting health and human services program planning, policy advocacy, education, and facilitating the delivery of primary healthcare and support services.

SDHHS has extensive experience as a grantee collaborating with community partners and managing a wide range of state and federal grants including:
1) Federal BPHC 330(h) grants to provide a program of primary healthcare, oral health, behavioral health and enabling services to the homeless populations, who disproportionately suffer from chronic diseases and mental illness in Springfield and the 3-county (Hampden, Hampshire, Franklin) service area.
2) MADPH BSAS grant awards (MOAPC, SAPC, PFS) have provided support in addressing the serious problem of opioid fatalties and substance addictions in Springfield.
3) MADPH Mass In Motion Initiative brings together a wide cross-section of the city's key stakeholders responsible for health, wellness, education, youth, nutrition with a focus on improving healthy living and physical activity.
4) MADPH funding for TCPP enables the city to: conduct inspections and compliance checks of tobacco retailers, workplaces, bars, restaurants; ensure penalties are fairly and consistently enforced when violations of city ordinances/state laws are violated; educate public and local policymakers about the need to amend/strengthen youth access regulations.

3. Describe past efforts in the city to implement and/or enforce tobacco prevention or secondhand smoke policies. Discuss both successes and challenges in your municipality and how this grant would enhance the successes and address the challenges.

☒ Local policy & enforcement form uploaded to COMMBUYS.

SPRINGFIELD SUCCESSES in the last 5 years to implement and/or enforce tobacco prevention or secondhand smoke policies include the following:

1) City Ordinances passed to: prohibit the sale of tobacco products in pharmacies; ban smoking in membership associations; prohibit the sale of e-cigarettes to minors; amend youth access by increasing the fine for out-of-pocket sale of 'loosies' by local retailers with suspensions for 3rd and subsequent offenses; tolling period increased from 12 to 15 months.

2) Public Health Council (PHC) is working with MMA's DJ Wilson and currently hearing public testimonies on proposed city ordinances that would increase to 21 the legal sales age for tobacco products in the city of Springfield, prohibit the sale of cheap single cigars, and restricting the sale of blunt wraps.

PHC is reviewing proposals to: restrict the sale of tobacco products within 500 ft. of a school zone; and increase tolling period from 15 to 24 months.

3) TCPP Program Coordinator working with the city's law department to draft an ordinance that would restrict the sale of flavored tobacco products.

4) Tobacco permit fees have been increased from $50 to $100 annually.

5) TCPP Program Coordinator works closely with the Tobacco-Free Community Partnership led by the Gandara Center, MLK 84, and housing organizations to educate local groups on tobacco issues and support local tobacco prevention strategies.

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6) From 1/2009-12/2015,1395 smokers enrolled in QuitWorks due to TCPP Program Coordinator referring patients to the MA Smokers Quitline, and an additional 522 Springfield residents completed an intake with the Quitline to quit smoking.

Springfield's challenges include: Very high numbers of retailers (244) that impact youth exposure to tobacco industry tactics. For every 1000 adults in Springfield, there are 2.26 tobacco retailers, state average is 1.47. Increased exposure leads to increase in tobacco product use. Currently, the city does not prohibit the sale of single cheap cigars, and flavored tobacco products to adult-only tobacco retail stores.

4. Describe an example of how local or state policies can lead to unintended health inequities. What role should a municipal tobacco program play in addressing these inequities?

One of TCPP's priorities is to address health inequities by educating at-risk middle and high school students and reaching out to Springfield's underserved, low income, and the unemployed, as well as, persons experiencing homelessness, and persons with mental disorders.

The city's ordinances on tobacco control do not address the high rates of smokers among people with mental disorders and substance addictions. The most common causes of death among people with mental disorders is lung disease caused by smoking.

The city's TCPP Program Coordinator plans to work with the Gandara Center and other mental health and substance abuse programs in the city to educate their patients on the harmful effects of tobacco use and to bring about greater awareness that persons with mental illness and addictions are being exploited by Big Tobacco's aggressive marketing.

5. How will the program facilitate effective communication within the municipality? Include how decisions that impact other parts of municipal government will be made and methods used to communicate with these entities. Describe communications channels that will help the tobacco program influence community change.

The city's TCPP will build on its existing relationships and effective communication about tobacco control efforts by meeting regularly with the city's SDHHS Commissioner and Deputy Health Commissioner, who meet with the Springfield Mayor, City Council members, and department heads. Decisions are made collaboratively through regularly scheduled meetings among the Mayor, SDHHS Commissioner and other municipal department heads on tobacco control activities.

Tobacco control ordinances are developed by the TCPP Program Coordinator working with the Commissioner and Deputy Commissioner for Public Health and put on the Public Health Council (PHC) agenda for review. Once approved by the PHC, the proposed ordinance is scheduled by the city's law department for a public hearing. If the proposed tobacco control ordinance has an economic impact it is reviewed by the City Council and if approved scheduled for a public hearing. Decisions are made in light of what impact the proposed ordinances/regulations will have on Springfield residents, businesses, and city departments.

TCPP Program Coordinator plans to continue using a wide range of communication channels that will help the program raise public awareness and influence communitiy change including: the city's general website www.springfieldcityhall.com and a website for city employees only; TV and radio (La Bamba 91.7) public service announcements, press releases in the Springfield Union, The Point of View, El Pueblo Latino, and other popular community newsletters.

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Program Coordinator will continue to collaborate with the Hampden Co. Tobacco Free Community Partners, MLK Jr. Family Services Youth Engagement Program, and the strong Neighborhood Councils throughout Springfield that have proven to be effective advocates for ordinances to be adopted by PHC to enhance citizen well-being.

6. Describe the organizational relationship and routine cooperation with other parts of municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the organizational relationship between the Board of Health/Health Department to the Mayor and/or City Manager's office.

Organizationally, Springfield's Health Department Commissioner, Helen Caulton-Harris, reports directly to the Springfield Mayor and has a strong and extensive working relationship with the Mayor's Office and other department heads. TCPP Program Coordinator reports directly to the Public Health Deputy Commissioner, who in turn reports to the Commissioner.

TCPP Program Coordinator maintains good working relationships with: the SDHHS's Environmental Health Department which issues permits and licenses to restaurants and retail stores, and ensures that permits/licenses are not issued if there are outstanding monies owed to the city, such as real estate and excise taxes or unpaid violations; the city's law department which drafts ordinances on tobacco control; and the Springfield Public School system which works to prevent student tobacco use and provides education on tobacco health risks.

The Springfield Police Department's community police communicate routinely with the TCPP Program Coordinator by mail or telephone reporting any violantion of the MA Smoke-Free Workplace laws and city ordinances restricting youth access to tobacco.

The Springfield Fire Department often seeks clarification from the TCPP Coordinator regarding applications of Smoke-Free Workplace laws and in special circumstances such as half-way houses and nursing homes where residents may wish to smoke in their rooms.

The Program Coordinator receives from the local Liquor Licensing Board a list of all Springfield establishments with valid pouring licenses and types of license issued. The Program Coordinator uses these lists as a further reference on permits and an opportunity for mailing information about tobacco control laws and regulations to bar and restaurant owners. The Program Coordinator works, as well, with the Springfield Liquor Commission to obtain current electronic copies of the Commission's records of package stores and bars that sell tobacco products.

☒ Organizational chart that includes where tobacco program will be located within municipality uploaded to COMMBUYS.

7. Describe the proposed staffing pattern including roles and responsibilities for all positions funded in part or totally by MTCP. Attach job descriptions for all these positions including consultants or include resumes if staff roles are currently filled. Job descriptions should include job duties and qualifications and should clearly indicate the supervisor of the position. (See RFR Appendix C for recommended entry-level skills for tobacco control staff tasks related to tobacco control programs).

Proposed staffing pattern includes a full-time TCP Program Coordinator, 2 inspectors, 2 youth inspectors.
Program Coordinator, Neville Anglin, will report directly to and receive supervision from SDHHS Deputy Public Health Commissioner.
TCPP Program Coordinator responsibilities:
+Administer MTCP funded TCPP in Springfield and collaborate with other programs to strengthen tobacco control.
+Maintain accurate lists/profiles of local establishments selling tobacco products in the MTCP retailer database.
+Continue to maintain a collaborative relationship with the Environmental Health Office to receive updates on closed/ open businesses/license renewals.
+Survey up to 25% of retailers each quarter on industry promotions and tobacco pricing.
+Conduct annual retail inspections and inspection checks of all establishments selling tobacco/OTP.
+Conduct compliance checks/followup when illegal sales to minors occur.
+Issue timely violation notifications and appear at hearings.

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+Promote/support development of tobacco sales and secondhand smoke regulations.
+Use surveillance data to support tobacco regulations.

Inspectors will assist in retail store compliance with state/local regulations.
Youth Inspectors will conduct youth compliance checks.

☒ Staffing pattern form completed and uploaded to COMMBUYS.
☒ Job descriptions or resumes uploaded to COMMBUYS.

8. Discuss the ability and willingness of the municipality to enforce local and state tobacco policies, including issuing and upholding tickets or permit suspensions for violation of local and state tobacco policies. If the municipality does not have prior tobacco enforcement experience, confirm the municipality's willingness to enforce. If the community has past tobacco enforcement experience, discuss any challenges and how the program will address these challenges.

The city of Springfield has demonstrated a strong ability and willingness to enforce local and state tobacco policies including issuing and upholding tickets or permit suspensions for violations of local and state tobacco policies.

Since January 1, 2017, the TCPP conducted 175 compliance checks in the City of Springfield, 24.57% failed inspection. The compliance checks included youth buyers who were able to make 43 tobacco product purchases which resulted in fines and several permit suspensions for repeat offenders.

One of the biggest challenges we face in enforcement is the sale of single cigarettes (loosies). We found several retail establishments selling 'loosies' and we issued fines for the violations. We also issued fines for violation of MA Smoke Free Workplace Law MGL c.270 s.22.

Another challenge we face in enforcement involves the ability to communicate properly because of language barriers. Over 44% of Springfield's population is Latino. For a significant number of Latinos in Springfield, English is not their primary language. Consequently, there have been instances when our inspectors have had difficulty adequately communicating during enforcement. The MTCP grant funding will allow our program to hire a bi-lingual in English and Spanish Inspector who will be able to bridge this communication gap.

9. Provide an annual line item budget and a brief narrative justifying the line items. Full-Time Equivalents (FTEs) must be listed for full and part-time staff positions. If the budget includes subcontractors describe the responsible parties and structures for operation and accountability. In the budget narrative list the hours and rate of pay of independent contractors.

The proposed annual budget for the Springfield TCPP includes:
STAFFING
Program Coordinator (Neville Anglin) 1.0 FTE who will be responsible for managing the city's TCPP by: conducting tobacco retail surveillance, maintaining accurate data collection and lists/profiles on local establishments selling tobacco products, enforcing local/state policies by conducting retail and compliance checks, issuing violation notifications and appearing at hearings; promoting/supporting development of tobacco sales regulations,and assisting to enact evidence-based public health policies. The annual salary in fiscal year 2018 is $43,747.

FRINGE BENEFITS
Springfield has an approved fringe benefit rate of 34% for city employees. Fringe benefits calculated at $14,874. Payroll Tax calculated at 5% or $2,187.

OTHER STAFF UNDER CONTRACT
Two (2) Inspectors (1 bilingual in Spanish) totaling 30 hours per week for 52 weeks @ $17 per hour to assist the Program Coordinator in conducting inspections of 244 retail stores in Springfield selling tobacco products for compliance with state and local regulations or $26,520.

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Two (2) Youth Inspectors totaling 16 hours per week for 52 weeks @ $11 per hour to conduct youth compliance checks related to the sale of tobacco products to minors or $9,152.

PROGRAM SUPPLIES: annual costs for general office supplies, printer ink, paper, pens, writing pads, totaling $700.

PROGRAM SUPPORT: essential items to support program operations including enforcement and compliance related supplies and costs, IPAD for Program Coordinator, totaling $2,000.

TRAVEL: Costs related to travel for inspections, MADPH required meetings, parking fees, highway tolls for meeting purposes, totaling $3,000.

ADMINISTRATIVE SUPPORT: calculated at 6.5% or $6,642.
TOTAL PROGRAM BUDGET REQUEST: $108,822

☒ Program Budget form is uploaded to COMMBUYS.

CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

All documents listed below must be submitted via COMMBUYS in order for you response to be considered complete. Files must be uploaded and follow the naming convention indicated in the chart.

Document Title	**File Name** **Assign when creating documents**
Application Response Form	Applicant Name _ RFR190128 _App Resp Form
Organization Chart	Applicant Name _ RFR190128 _Org Chart
Eligibility Form	Applicant Name _ RFR190128 _Eligibility
Lead Applicant Agreement Form	Applicant Name _ RFR190128 _Lead Form
Staffing Pattern	Applicant Name _ RFR190128 _Staffing
Job Description/Resumes	Applicant Name_ RFR190128 _JobDesc
Local Policy and Enforcement Form	Applicant Name _ RFR190128 _Policy
Regulations from each municipality	Municipality _ RFR190128 _Regulation
List of retailers/permits from each municipality	Municipality_ RFR190128 _Retailers
Permit application from each municipality	Municipality_ RFR190128 _Permit App
Program Budget	Applicant Name _ RFR190128 _Program Budget

Scanned documents will be accepted. All scanned documents must be scanned in such a way that they can be read on a computer monitor and printed on 81/2" x 11" paper, unless otherwise specified. Zipped files will be accepted and must be in a .zip format when saved. Other zip file formats will not be accepted.

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Addendums or uploads not specifically requested in this document, the RFR or on the COMMBUYS Bid Solicitation screen will not be reviewed.

APPLICATION INSTRUCTIONS

1. **Save, read and review** the completed Application Response Form. Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes.
2. **Upload in COMMBUYS** the Application Response Form with the attachments according to the application Checklist.
3. **Confirm** that "No Charge" is checked or a dollar amount entered in the Unit Cost field on the Item screen in COMMBUYS. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide service or products at no charge.
4. **Submit** your electronic quote in COMMBUYS. (Vendors must be registered in COMMBUYS to submit quotes)

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Rev 8

APPLICATION RESPONSE FORM, INSTRUCTIONS, AND CHECKLIST

General Instructions:

1. **See the RFR and COMMBUYS posting for complete procurement specifications.**
2. **All responses are to be submitted using the online submission tools available to Vendors registered in COMMBUYS.** There is no charge to register in COMMBUYS. To Register go to www.COMMBUYS.com and click on the "Register" link on the front page.
   Bidders are solely responsible to monitor COMMBUYS for Bid amendments, if any. Bidders may monitor the record by frequently checking the Amendment Section on the Summary screen for the BID in COMMBUYS.
3. **All Bidders are advised to allow adequate time for submission by considering potential online submission impediments like Internet traffic, Internet connection speed, file size, and file volume.** DPH is not responsible for delays encountered by Bidders or their agents, or for a Bidder's local hardware failures, such as computers or related networks, associated with bid compilation or submission. Bids submitted via COMMBUYS are time stamped by the COMMBUYS system clock which is considered the official time of record.

Formatting Instructions:
This document was prepared using Microsoft Word's forms feature. Complete the form on your computer using Microsoft Word.

1. Save this document file to your computer.
2. Enter your responses in the text box, moving between the text boxes using the tab key on your keyboard.
3. Responses to check boxes are made by clicking once on the check box. To remove the X from a check box, click on the check box again.
4. Text responses are limited to a maximum number of characters and the limits are noted in each question. Once the maximum character limit is reached, MS Word will not allow more than this limit. Please note that a space is counted as a character, and using the enter key to begin a new line in a response is also counted as a character. It is not recommended that applicants insert graphics into the responses. Spell-check does not work in text boxes.
5. Those with visual impairments may use an electronic text reader by unlocking the Application Response Form.

APPLICATION RESPONSE COVER PAGE – REGIONAL PROGRAMS

Municipal Tobacco and Public Health Policy Programs RFR #190128

Organization

Organization Name: [City of Melrose]

Address:
[562 Main Street]

[ ]

City: [Melrose] State: [MA] Zip: [02176]

Municipal/Regional Organization CEO (Chief Executive Officer):

First Name: [Gail] Last Name: [Infurna] Title: [Mayor]

FEIN: [046001401] Vendor Code: [VC6000192116]

Contact Person for this Proposal

First Name: [Ruth] Last Name: [Clay]

Title: [Health Director]

Telephone: (781) 979-4130

E-Mail: [rclay@cityofmelrose.org]

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

QUESTIONS FOR RESPONSE - REGIONAL PROGRAMS

Enter your response in the text boxes using Microsoft Word.

1) Provide a description of your proposed program including populations within the region that are disparately impacted by tobacco. Describe the region's need for tobacco programming and how this grant will address these needs. Also include the project lead and all municipalities involved. Indicate how the municipalities involved were selected for this application.

☒ Municipal participation forms from all municipalities including the lead agreement form uploaded to COMMBUYS.
☒ Eligibility form uploaded to COMMBUYS.

The proposed program will include retail surveillance and data collection, enforcement of local & state laws, and advancement of tobacco/nicotine product policies.
Malden and Medford comprise 61% of the Coalition's population. The region's need is reflected in the high smoking rates for Malden (17.92%) and Medford (12.44%), populations living below the poverty level (12.8% & 8.3%) and non-white residents (43.3% and 21.4%). This grant will allow for the primary focus of policy enforcement and prevention education to be in Malden and Medford while we continue to service all five communities. The large immigrant populations show the need for language specific education and cessation programs, particularly Russian and Mandarin. Both cities have high percentages of large rental multi-family buildings which are not smoke-free. Working with landlords to provide smoke-free housing while supporting the tenants will be a priority.
Project lead: Melrose
Malden, Medford, Wakefield and Winchester have been part of the current tobacco program for the past seven years. We invited an abutting unfunded Community of Need to join our Coalition, however, they decided to continue their current status.

2. Administrative capacity of lead municipality or regional agency:
   a) Identify the municipality or regional agency that will serve as the lead for this program. Briefly describe the infrastructure and experience of this department/agency in managing grants and why they are best suited to coordinate this program.

Melrose, the lead municipality, has an experienced Health Department with a strong infrastructure including a Heath Director, Public Health Nurse, 3 Health Inspectors, Animal Control Officer, as well as Tobacco, Substance Abuse, Underage Drinking, and Mass in Motion Program Coordinators. A three-member Board of Health meets monthly and sets policy, promulgates regulations, and provides enforcement.

Melrose is best suited to be the lead municipality as it has history being the lead agency for four current regional grants addressing tobacco control, underage drinking, Mass in Motion, and food safety. There is a strong working relationship with the staffs and Boards of Health of the other four communities and have proven successful experience in building regional coalitions necessary to promote and enforce health policy.

The Director has 32 years' experience managing a variety of grants including food protection from the FDA, skin cancer prevention from a private foundation, Essential School Health Services from MDPH, and substance abuse prevention from MDPH and Substance Abuse and Mental Health Services Agency(SAMHSA). All five of the municipalities included in this application are involved in one or more of these programs.

This group of 5 communities formed a Public Health Coalition 14 years ago as the Mystic Valley Emergency Preparedness Coalition. Since that time, the Health Directors have met monthly and become a strong team who support each other's efforts, offer services as a region, and apply for grants as a region.

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b) Describe the lead's ability to provide leadership and influence to a regional program including past experience leading initiatives or grants on tobacco prevention, substance use prevention, chronic disease or other related public health issues.

The Health Director, a past president of the MA Association of Health Officers and the MA Environmental Health Association, as well as a Fellow with BU's Local Public Health Institute, has more than 30 years' experience as a leader in local public health.

The current tobacco grant lead, Melrose takes the initiative to adopt and revise the most current tobacco regulations. It is often the first community in the area to adopt new regulations, providing momentum and support to its neighbors. Melrose is also the lead community for MDPH's regional underage drinking grant. As a recognized leader in underage drinking policy, the grant's coordinator successfully organized a statewide effort for public health professionals to be included in the State Treasurer's recent Statewide Alcohol Task Force resulting in public health concerns being included in the final report.

For 2 years, Melrose prevention staff mentored Stoneham and North Reading community members to help create thriving community coalitions, resulting in both receiving multi-year, $650,000 federal grants.

Melrose also successfully applied for a 5-year federal grant to improve local food protection programs in Melrose, Wakefield, Malden, Medford, and Winchester. Melrose has led the work of updating regulations, training staff, providing hardware and software to enable communities to collect meaningful data, and provide written policies and procedures for this region.

In addition, all 5 communities participate in the current regional tobacco, underage drinking and opioid prevention grants.

3. Describe past efforts in the region/collaborative to implement and/or enforce tobacco prevention or secondhand smoke policies. Discuss both successes and challenges of the region and how this grant would enhance the successes and address the challenges.

☒ Local policy & enforcement form uploaded to COMMBUYS.

The past six years the Mystic Valley Collaborative, in addition to rigorously enforcing state and local tobacco policies, has focused on raising awareness about the newer nicotine products as well as continuing to educate the public about the ongoing danger of second-hand smoke in multi-family dwellings. By building relationships with city and town officials, health departments, health board members, and school administrators, and by participating actively in regional substance use prevention coalitions and presenting to educators, coaches, parents, health care professionals and others, we have been able to encourage the adoption of many of the newer tobacco regulations as well as the adoption of smoke-free housing policies.

Successes: All seven communities in this collaborative have adopted nicotine delivery product language, a pharmacy ban, cessation sign requirements, and blunt wrap ban. Six have cigar pricing minimums, five have flavor restrictions, permit caps and proximity bans. Those without the "newer" regulations are currently considering them. All seven Public Housing Authorities have adopted smoke-free policies.

Barriers: Some communities are concerned that some regulations, especially the Flavor Restriction, may be "overreach" and may be "bad for business." The challenge is to diplomatically remind the Boards that their charge is to view issues from a health perspective rather than from an economic perspective. Some feel that adults should be able to buy flavored nicotine products the same way that they buy flavored alcohol products. Pushing Boards for movement can alienate some Board members and even the Health Director/Agent.

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The new grant would allow the collaborative to continue to advocate for all municipalities in the region to adopt all the newer regulations so that there are no gaps that allow underage youth to more easily purchase nicotine products. As new products & packaging continue to emerge, the goal is to continue to educate BoH members, educators, coaches, youth organization leaders, health care professionals and others so that they themselves are aware of the dangers so they can become advocates for change in their local community. We must also continue to support our landlords and local Housing Authorities to enforce smoke-free living policies, polices that are critical but also often viewed as intrusive by residents who smoke.

4. Describe an example of how local or state policies can lead to unintended health inequities. What role should a municipal tobacco program play in addressing these inequities?

A local policy could include a "no smoking" policy by a Housing Authority. The residents of these buildings primarily include low income people of all ages. Data has shown a direct correlation between socio-economic status and smoking rates.

One of many unintended health inequities could be homelessness. By definition, people with a low income are more likely to live in rental units and subsidized units. They do not have control over a policy set by their landlord which affects their living conditions. If they are unable to overcome their smoking addiction and continue to smoke in their unit, they may lose their housing. Losing their subsidized living unit puts them at an extreme risk of homelessness and the poor health outcomes associated with this condition. People with a higher socio-economic status may be able to afford to rent or purchase their own living unit and have control over their living space allowing them to smoke in their housing if they wish.

The municipal tobacco program can work with the Housing Authority to advocate for an adequate lead time for implementation to give residents time to find alternative housing, enroll in a cessation program or work with their healthcare provider to quit. Local cessation programs can be identified and communicated to the residents. Staff can address residents' concerns by attending tenants' meetings.

5. Describe the organizational structure of your proposed program and how that structure will facilitate effective communication within the region and with tobacco program staff. Include how decisions impacting the entire collaborative will be made, methods and tools used to communicate within the collaborative, and meeting schedules.

The Melrose Health Director serves as the direct supervisor to the Tobacco Coordinator. The Melrose administrative assistant performs payroll and billing duties.

This structure facilitates communication as the Health Director is a member of the Mystic Valley Public Health Coalition (MVPHC) which includes the 5 communities in this application. The Coalition has an executive committee (health directors from the five communities in this application) and a substance abuse prevention (SAP) committee (prevention staff and partners from the five municipalities). These groups meet monthly for face- to-face communication. The MVPHC also maintains a website accessible through the websites of the 5 health departments. Decisions impacting the entire collaborative are discussed at the monthly MVPHC meetings. They are initially discussed at the SAP Committee meetings which includes the Tobacco Coordinator. Once consensus is reached, the Coordinator reports to the Executive Committee. The Health Directors then discuss the issue at their respective Board of Health monthly meetings. The communities share lessons learned, best practices, professional development opportunities, & collaborate on prevention strategies.

The Coordinator will work with and report progress to health directors through face-to-face meetings, email, telephone, and at bimonthly executive committee meetings. She will meet with the Boards of Health at least twice a year to educate members on current trends and products, as well as new or revised regulation opportunities. The Coordinator communicates with tobacco program staff regularly through mandatory meetings, telephone calls and e-mail. The Health Director communicates with MA Health Officers Association (MHOA) tobacco staff funded by the tobacco program, at monthly MHOA meetings as well as the MHOA annual meeting.

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6. **If applying as a lead municipality:** Describe the relationship you have with other municipalities in the proposed region. Describe the organizational relationship and routine cooperation with other parts of internal municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the organizational relationship between the Board of Health/Health Department to the Mayor and/or Town Manager's office.
   If applying as a regional planning agency or government council: Describe your organization and its relationships with municipalities. Describe the agency's experience collaborating with municipal health departments. Describe the agency's experience working with other parts of municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the agency's experience working with Mayors and/or Town Managers. Specifically respond to this question on matters related to public health or those transferrable to the tobacco program.

The Health Dept includes 19 staff led by a Health Director. She reports directly to the Mayor and an appointed 3 member Board of Health. Program areas include inspectional services, public health nursing, school nursing, animal control, substance abuse prevention including tobacco control, and Mass in Motion. The staff work as a team; our close physical quarters provide an unintended opportunity for collaboration! For example, when the substance abuse prevention staff provided a photo project to our youth group, photos that included tobacco products were used by the Tobacco Coordinator in her talks with community groups.

Working with other municipalities is our biggest strength. We have successfully operated as a regional health dept with Wakefield for the past nine years, four years of which included Reading. As a member of the Mystic Valley Public Health Coalition, we currently work together on five regional grants. The Coalition meets monthly at which time the Coordinators update the Directors. Melrose has been the lead agency for the Tobacco Grant for the past seven years. In addition, our substance abuse prevention staff and tobacco coordinator have been mentoring the Stoneham and North Reading substance abuse prevention coalitions resulting in both receiving federal Drug Free Community Grants!

Working with other municipal departments is part of our daily work. Housing inspections often require follow up or joint efforts with the Building, Plumbing, &/or Electrical Inspectors. Our staff performs the alcohol compliance checks for the local Alcohol Board and provided language to update the local alcohol regulations adopted by the Board of Aldermen (BoA). The Director works with the Planning Office to review new projects to ensure health issues are addressed in the plans.

The Health Director has worked with 6 different Mayors during her tenure in Melrose. All have been very supportive of the department and its work, even when the Board of Aldermen have not. For example, Mayor Guerreiro was openly supportive of the Board's efforts to ban smoking in public places at a public forum with Governor Cellucci in attendance (who was openly against such regulations).

☒ Organizational chart that includes where tobacco program will be located within entity uploaded to COMMBUYS.

7. Describe the proposed staffing pattern including roles and responsibilities for all positions funded in part or totally by MTCP. Attach job descriptions for all these positions including consultants or include resumes if staff roles are currently filled. Job descriptions should include job duties and qualifications and should clearly indicate the supervisor of the position. (See RFR Appendix C for recommended entry-level skills for tobacco control staff and tasks related to tobacco control programs).

Staffing includes 1 FTE Program Coordinator with administrative support (payroll and bill payment) provided in-kind by Melrose. The Coordinator is supervised by the Health Director who has received similar grants since the beginning of the MTCP.
The Coordinator will be responsible for all grant deliverables including community education, enforcement of local and state tobacco regulations, and promotion of tobacco policies as directed by DPH. Other duties include adherence to the budget, submission of required reports, and maintenance of accurate records for RDMS and/or POST and SharePoint.

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Current education entails both the community (parents, school administration, youth coaches, et al) and policymakers such as Boards of Health and City Councils/Boards of Selectmen on topics such as the science of nicotine addiction, tobacco business tactics, and smoking cessation resources. The primary focus will be continued frequent education efforts at a variety of forums in Malden and Medford to address the alarming increase of youth vaping as well as support policies and laws.

Enforcement includes conducting regular compliance checks, issuing tickets, responding to appeals, and testifying at suspension/revocation hearings.

☒ Staffing pattern form completed and uploaded to COMMBUYS.
☒ Job descriptions or resumes uploaded to COMMBUYS.

8. Discuss the ability and willingness of each municipality in the region to enforce local and state tobacco policies, including issuing and upholding tickets and permit suspensions for violation of local and state tobacco policies. In communities without prior tobacco enforcement experience, confirm each municipality's willingness to enforce. In communities with past tobacco enforcement experience, discuss any challenges and how the program will address these challenges.

Proving ability and willingness, all five municipalities have issued tickets and have upheld applicable permit suspensions in the past seven years of the current grant cycle.

Winchester tickets are written and delivered by the Health Director. After completing a round of compliance checks the Program Coordinator communicates results to the Health Director. She issues the ticket and reports back when the fine is paid or appealed. In the case of an appeal the Coordinator appears at the hearing along with the Health Director. There have been no second offenses/ permit suspensions. No tickets were revoked by the Board of Health. The Coordinator issues tickets in the other municipalities (Malden, Medford, Melrose, Wakefield). The ticket and accompanying letter is mailed, certified, to the store owner. A copy of the violation letter along with a copy of the compliance check form and ticket are mailed to the Health Director. Retailers are provided with details of the offense as well as their right to appeal. If the violation results in suspension the store owner is advised of the date of the suspension hearing and the protocol for removing nicotine products from store shelves. All Boards of Health have upheld the suspensions upon a second violation of a sale to a minor.

All communities have agreed to follow the current procedures in the future grant period as these procedures have worked well. One challenge has been that on occasion, the Clerk's Office has not notified the Health Department when a fine has been paid or past due. The Coordinator now tracks ticket payment status and proactively follows-up. Another challenge has been keeping current with frequent openings and closings of stores. The Coordinator now has well established two-way communication with each department.

9. Provide an annual line item budget and a brief narrative justifying the line items. Full-Time Equivalents (FTEs) must be listed for full and part-time staff positions. If the budget includes subcontractors describe the responsible parties and structures for operation and accountability. In the budget narrative list the hours and rate of pay of independent contractors.

Salary
The full-time Tobacco Coordinator is responsible for not only grant management, report submissions and data input but also for the enforcement and education programming of the grant. Our incumbent Tobacco Coordinator spends the majority of her time in Malden and Medford at a wide variety of events, especially evening and weekend events. Many of these target specific populations such as Hallmark Health's monthly mobile food market where she is able to meet with low-income population with proven high tobacco use rates. This intensive community work is vital to the success of the implementation of policies and laws as well as changing community norms. Her background as a

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member of the Melrose Human Rights Commission has made her sensitive and responsive to the needs of the multiple cultures that comprise the Malden and Medford communities.

Fringe Benefits
This covers the City's portion of the TC's individual health insurance policy.

Payroll taxes
This is the FICA tax based on the salary.

Youth Compliance Checks:
This pays for 2 enforcement actions per year per community.

Travel
Mileage is paid at the current federal government rate each year. The number of miles is based on current usage.

Supplies
This pays for the products purchased during compliance checks, postage and office supplies. Not only does Melrose not request an administrative amount, it also provides the phone, fax, and copy machine use of the Health Dept.

Verizon data plan
This pays for one laptop computer used in the field for enforcement as well as general office and e-mail use.

☒ Program Budget form is uploaded to COMMBUYS.

CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

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Document Title	**File Name** **Assign when creating documents**
Application Response Form	Applicant Name _ RFR 190128 _App Resp Form
Organization Chart	Applicant Name _ RFR 190128 _Org Chart
Eligibility Form	Applicant Name _ RFR 190128 _Eligibility
Lead applicant agreement form	Applicant Name _ RFR 190128 _Lead Form
Municipal participation form	Municipality _ RFR 190128 _Muni Form
Staffing pattern	Applicant Name _ RFR 190128 _Staffing
Job description/resumes	Applicant Name_ RFR 190128 _JobDesc
Local policy and enforcement form	Applicant Name _ RFR 190128 _Policy
Regulations from each municipality	Municipality _ RFR 190128 _Regulation
List of retailers/permits from each municipality	Municipality_ RFR 190128 _Retailers
Permit application from each municipality	Municipality_ RFR 190128 _Permit App
Program Budget	Applicant Name _ RFR 190128 _Program Budget

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The Commonwealth of Massachusetts
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250 Washington Street, Boston, MA 02108-4619

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APPLICATION RESPONSE COVER PAGE – REGIONAL PROGRAMS

Municipal Tobacco and Public Health Policy Programs RFR #190128

Organization

Organization Name: [City of Lowell]

Address:
[375 Merrimack Street]

[ ]

City: [Lowell] State: [MA] Zip: [01852]

Municipal/Regional Organization CEO (Chief Executive Officer):

First Name: [Kevin] Last Name: [Murphy] Title: [City Manager]

FEIN: [046001396] Vendor Code: [600192108]

Contact Person for this Proposal

First Name: [Cesar] Last Name: [Pungirum]

Title: [Tobacco Control Director]

Telephone: (978) 674-1073

E-Mail: [cpungirum@lowellma.gov]

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

QUESTIONS FOR RESPONSE - REGIONAL PROGRAMS

Enter your response in the text boxes using Microsoft Word.

1) Provide a description of your proposed program including populations within the region that are disparately impacted by tobacco. Describe the region's need for tobacco programming and how this grant will address these needs. Also include the project lead and all municipalities involved. Indicate how the municipalities involved were selected for this application.

☒ Municipal participation forms from all municipalities including the lead agreement form uploaded to COMMBUYS.
☒ Eligibility form uploaded to COMMBUYS.

The program will consist of a partnership between the Boards of Health of the cities of Lowell and Lawrence. They have been operating successfully as a Tobacco Control Collaborative for the last six years. It made sense to select them to remain so by applying jointly for this tobacco grant. Lowell will continue to be the lead agency and fiscal agent.

Lowell is the 4th largest city in the state and 17.5% of its population lives below the poverty level. It is a very diverse community with 39.7% being comprised of non-whites, mostly Asians.

Lawrence is also a very diverse community with 57.2% of its population being non-whites, mostly Hispanics. At least 26.5% lives below the poverty level.

Both cities have high smoking and poor mental health rates, greater than 16% and 11.1%, respectively. They also have high retail tobacco density with ratios ranging from 5.03 to 5.59 retail tobacco stores per 1,000 youth.

Therefore, tobacco control programming is still needed due to the demographics and risk factors mentioned above, which facilitate targeting by the tobacco industry. This grant will provide the funding for continued enforcement of several existing tobacco control policies, as well as the development of potential new policies.

2. Administrative capacity of lead municipality or regional agency:
   a) Identify the municipality or regional agency that will serve as the lead for this program. Briefly describe the infrastructure and experience of this department/agency in managing grants and why they are best suited to coordinate this program.

The City of Lowell will be the lead agency and fiscal agent for this proposed Tobacco Control Program. Lowell has been the lead agency in the current Tobacco Control Program, which has been funded by the Massachusetts Department of Public Health (MDPH) since 2011.

The Lowell Health and Human Services Department will continue to administer the grant and oversee the program. The Department consists of a Director, Kerran Vigroux, and a Deputy Director of Finance, Brendan Flynn, who oversee the four divisions of Public Health Nursing, Substance Use and Prevention, School Health, and Finance and Administration. Collectively, the Department has over 554 years of public health programs management and administration experience.

The Department is best suited to coordinate the proposed Tobacco Control Program because of its great infrastructure and long history in managing a variety of public health grants, which includes MDPH grants such as Tobacco Control, Immunization, School Health, Emergency Preparedness and Substance Use Disorder grants. In addition, it operates out of a dedicated building with plenty of office space and parking.

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The Tobacco Control Program has been successfully managed by the Department for more than a decade. While the Department initially administered a stand-alone Tobacco Control Program, for the last six years it has been the lead agency in the Tobacco Control Program that also includes the City of Lawrence.

b) Describe the lead's ability to provide leadership and influence to a regional program including past experience leading initiatives or grants on tobacco prevention, substance use prevention, chronic disease or other related public health issues.

Lowell has demonstrated its ability to provide regional leadership through its history of working with the health departments of surrounding communities to offer services such as flu clinics, emergency preparedness and response, unwanted medication disposal programs, lead poisoning prevention and substance use prevention education programs, to name a few.

And as briefly mentioned in part a) of this question, the Lowell Health and Human Services Department has had extensive experience in successfully managing a variety of MDPH grants. The Emergency Preparedness and Response grant was funded from 2004 to 2016, and the Department continues to be the lead agency for preparedness activities in the region. The Tobacco Control Program has been funded to develop, implement, and enforce tobacco control policies in Lowell and Lawrence since 2011. Substance Use Prevention grants such as MassCall2/MOAPC/PFS have been funded since 2009. And lastly, the Mass-in-Motion grant has been funded to keep residents active and healthy for the last 6 years.

Lowell has also successfully managed grants awarded by other funders. Since 2014, the Lowell Health and Human Services Department has received funding from Lowell General Hospital to conduct opioid and synthetic drugs outreach education in the city. This partnership was forged after the Lowell City Council adopted a synthetic drugs ordinance in the summer of 2014.

3. Describe past efforts in the region/collaborative to implement and/or enforce tobacco prevention or secondhand smoke policies. Discuss both successes and challenges of the region and how this grant would enhance the successes and address the challenges.

☒ Local policy & enforcement form uploaded to COMMBUYS.

Lawrence and Lowell have been very successful in developing, implementing and enforcing tobacco control regulations. In the area of prevention policies, both cities have adopted: 1) A prohibition of the sale of tobacco products in pharmacies; 2) A prohibition of the sale of tobacco products by educational institutions; 3) A prohibition of the sale of non-residential Roll-Your-Own (RYO) cigarette machines; 4) A prohibition on the sale of blunt wraps, which are tobacco wrappers made out of, or containing tobacco; 5) A restriction on the sale of nicotine delivery products such as electronic cigarettes and liquid nicotine; 6) A restriction on the pricing and packaging of cigars; and 7) An increase of the minimum age to purchase tobacco from 18 to 21. In addition, Lowell adopted a flavored tobacco restriction that reduced the availability of these products by allowing their sales only at stores that prohibit the entry of anyone younger than 21.

Both cities have adopted secondhand smoke regulations that enhanced the Massachusetts Smoke-Free Workplace Law. Specifically, they have implemented: 1) A prohibition on the operation of smoking bars; 2) A prohibition of hookah smoking at all establishments regulated by each city's respective Board of Health; and 3) A buffer zone prohibiting smoking within 15 feet of municipal building entrances. Lawrence also prohibited smoking at outdoor bar and restaurant patios, and Lowell prohibited the use of electronic cigarettes where smoking is already prohibited by law.

A strong alliance formed with Diane Knight, Director of the North Essex Tobacco-Free Community Partnership, has been key to our successes. Ms. Knight has been instrumental in getting the right people to testify at public hearings in support of our tobacco control policies.

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The most significant challenge has been addressing the growing use of electronic hookahs at night clubs in Lawrence. The Board of Health decided not to adopt a provision in 2014 that would have restricted vaping where smoking is prohibited by law. Addressing this challenge will require an ongoing assessment of the political climate in the city, the membership of the Board and its willingness to re-visit the issue.

The Lawrence Board of Health has begun discussions to adopt a possible flavored tobacco restriction. Continued grant funding will ensure that the program will educate, guide and move the process forward. It will also ensure ongoing enforcement of existing tobacco regulations.

4. Describe an example of how local or state policies can lead to unintended health inequities. What role should a municipal tobacco program play in addressing these inequities?

Recently, a perfect example of how a local policy can lead to unintended health inequities was on the news. In trying to protect the lives of cyclists and prevent serious injuries or death, the City of Cambridge decided to expedite the installation of bike paths. This measure was precipitated by the death of two cyclists in separate crashes that occurred in 2016.

Although this policy was motivated by a legitimate public safety concern, it has resulted in an unforeseen and adverse impact on disabled people who require a wheelchair to get around the city.

In a particular instance, the owner of an apothecary on Cambridge Street pointed out that the installation of a bike lane near his business has made it impossible for one customer, who is wheelchair-bound, to get safely to his store.

Now that the bike lane has been installed, if he were to park on the street, as he has done for decades, and attempt to get out of his vehicle, he would be placing his wheelchair right on the bike lane. That would create a hazardous condition that could result in injury and conflict with those using the bike lane.

Thus, a well-intended policy designed to protect the lives of cyclists created unintended health and safety disparities for those who are wheelchair-bound.

A municipal tobacco program should strive to include as many stakeholders as possible in a policy development effort in order to fully assess the broader impact of a proposed tobacco regulation. This would help to identify areas where a health disparity might result if the policy is adopted as proposed.

5. Describe the organizational structure of your proposed program and how that structure will facilitate effective communication within the region and with tobacco program staff. Include how decisions impacting the entire collaborative will be made, methods and tools used to communicate within the collaborative, and meeting schedules.

The program will be housed at the Lowell Health and Human Services Department. This decision makes sense on a logistical level as the building offers adequate working space and dedicated free parking. It also makes sense given the program's public health-focused goals and objectives. As the lead agency and fiscal agent for this grant, the City of Lowell will handle most of the administrative and fiscal tasks of the program through work performed by the Health and Human Services, Human Relations, Purchasing, Auditing, IT, and Law departments.

The proposed structure has been tested and proven to work as the program has successfully utilized it for over six years. The communication flow will be centered on the position of the Tobacco Control Director (TCD). The TCD will be the conduit of communications between the Lowell Health and Human Services Director, the Lawrence Health Agent, the Lawrence Head of Inspectional Services and the Massachusetts Tobacco Cessation and Prevention Program (MTCP). They will make decisions affecting the entire collaborative through discussions and deliberation.

Although each City will establish its own policy objectives and timelines for their completion, it will be done so in a manner consistent with MTCP goals and the grant's scope of services.

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Communication within the collaborative will be facilitated by the use of technology such as email, phone calls, phone conferences and the occasional webinar, when appropriate. In addition, in-person meetings will be scheduled twice a year to discuss issues that may affect the collaborative as a whole.

6. **If applying as a lead municipality:** Describe the relationship you have with other municipalities in the proposed region. Describe the organizational relationship and routine cooperation with other parts of internal municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the organizational relationship between the Board of Health/Health Department to the Mayor and/or Town Manager's office.
   If applying as a regional planning agency or government council: Describe your organization and its relationships with municipalities. Describe the agency's experience collaborating with municipal health departments. Describe the agency's experience working with other parts of municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the agency's experience working with Mayors and/or Town Managers. Specifically respond to this question on matters related to public health or those transferrable to the tobacco program.

Lawrence has been part of our current Tobacco Control Program since 2011. During this time, the Tobacco Control Director has established many important relationships with various departments and personnel within the city. These relationships have been crucial in ensuring that tobacco control projects and activities are successful.

The Inspectional Services Department in Lawrence is responsible for many of the administrative attributions commonly performed by health departments in other communities. This department processes tobacco permit applications, issues permits, maintains retailers' records, keeps copies of regulations, processes fine payments and posts notices of Board of Health meetings and hearings.

The Tobacco Control Director interacts routinely with the Inspectional Services Director, the Building Commissioner, who is the designated Health Agent, code inspectors and office personnel. During a policy development process, the Tobacco Control Director also works collaboratively with the City Attorney's office.

The Fire Department, the Licensing Commission, and the Police Department routinely conduct joint inspections of bars and night clubs in the city and notify the Tobacco Control Director when they come across anything that they suspect could be a violation of the city's tobacco control regulations. As a matter of fact, the tobacco control director has successfully issued a ticket solely on the basis of a report provided by the Fire Department.

On several occasions, the Police Department has provided police escorts to accompany the Tobacco Control Director during night inspections of night clubs alleged to be in violation of the Massachusetts Smoke-free Workplace Law and/or Lawrence Board of Health's smoking regulation.

In addition, the Tobacco Control Director has coordinated and participated in night smoking inspections of night clubs as a member of a task force composed of personnel from Lawrence's Licensing Commission, Inspectional Services, Fire Department and Police Department.

The Tobacco Control Director meets with the Mayor and advisors when appropriate and as needed to inform them of existing policies and procedures and to talk about prospective future tobacco control policies. The Tobacco Control Director also ensures that the Mayor is informed of program activities through routine reporting to the Inspectional Services Director and the Health Agent.

☒ Organizational chart that includes where tobacco program will be located within entity uploaded to COMMBUYS.

7. Describe the proposed staffing pattern including roles and responsibilities for all positions funded in part or totally by MTCP. Attach job descriptions for all these positions including consultants or include resumes if staff roles are currently filled. Job descriptions should include job duties and qualifications and should clearly indicate the supervisor of the position. (See RFR Appendix C for recommended entry-level skills for tobacco control staff and tasks related to tobacco control programs).

The proposed staffing pattern will be as follows:

Tobacco Control Director

The Tobacco Control Director will be responsible for overseeing, planning and carrying out all activities designed to satisfy the programmatic and administrative expectations described in the RFR's scope of service. The Tobacco Control Director will also be the liaison with the participating Boards of Health and their respective Health Directors, and will collaborate with other MTCP-funded programs serving the Tobacco Control Program's geographic area. The Tobacco Control Director will report to the Lowell Health and Human Services (LHHS) Director.

Youth Tobacco Buyers (as needed)

The role of Youth Tobacco Buyer will be fulfilled by youth, ages 15 to 17, recruited and trained to attempt to purchase a variety of tobacco products during routine compliance checks of retail stores. The Youth Tobacco Buyers will receive stipends as compensation for the work they perform and will not be listed as city employees or contractors. The Youth Tobacco Buyers will report to the Tobacco Control Director.

Deputy Director-Finance

The Deputy Director will provide oversight of the administrative requirements of the program and will report to the LHHS Director.

☒ Staffing pattern form completed and uploaded to COMMBUYS.
☒ Job descriptions or resumes uploaded to COMMBUYS.

8. Discuss the ability and willingness of each municipality in the region to enforce local and state tobacco policies, including issuing and upholding tickets and permit suspensions for violation of local and state tobacco policies. In communities without prior tobacco enforcement experience, confirm each municipality's willingness to enforce. In communities with past tobacco enforcement experience, discuss any challenges and how the program will address these challenges.

Lowell and Lawrence have been enforcing Board of Health tobacco regulations and the Massachusetts Smoke-free Workplace Law for many years. As an example, in the last 6 years alone, Lawrence has issued 32 tickets for the sale of tobacco products to minors and Lowell has issued 56. Lawrence has issued 1 ticket for smoking, while Lowell has issued none. The low numbers of tickets for smoking is a result of low number of complaints received and lack of evidence of violations. One hundred percent of all tickets issued have been paid by the establishments that have committed the violations.

Both cities have consistently carried out tobacco permit suspensions for the sale of tobacco to minors. All but one suspension hearing held in the last six years have resulted in the suspension of the establishment's tobacco permit. The City of Lowell has had six permit suspensions, while the City of Lawrence has had only one. The small number of suspensions is a function of the limited number of repeat sales of tobacco to a minor in a given 2-year period.

The most significant enforcement challenge has been addressing allegations of hookah smoking at night clubs in Lawrence. Night clubs, by their very nature, open their doors for business after 11:00 pm. Most patrons arrive at these clubs after midnight. This creates a logistical problem for enforcement activities and raises safety concerns as fights and occasional shootings at these night clubs are common.

The Tobacco Control Director has begun to address this challenge by assembling a task force including the Police Department, Fire Department, Inspectional Services, and the Licensing Commission in order to conduct night inspections. However, improved protocols for carrying out these joint night enforcement activities will be necessary to prevent leaks of the date, time and place of inspections.

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Tobacco Control Director: $62,388
This salary is paid at the rate of $34.28/hour for 35 hours per week. This position will manage the program. The salary takes into account the union-approved annual increase at the rate of 3 percent.

Fringe: $3,734
Costs associated with FICA and unemployment insurance at the rate of 1.7 percent of earnings. Fringe also includes 22 percent of the City of Lowell's total cost of health insurance coverage for the Tobacco Control Director's position.

Travel: $2,400
It includes mileage and parking incurred during attendance at meetings, retail inspections, compliance checks, and surveys. Mileage is reimbursed at the federal reimbursement rate.

Youth Stipend: $850
Stipends are paid to youth to attempt to purchase tobacco products during compliance checks. The rate is $12.00/hour with an estimated average of 3 hours per round of compliance checks. This rate will increase by $1.00/hour each year.

Tobacco Purchase: $350
Tobacco is purchased during retail compliance checks. The average cost of Marlboro or Newport cigarettes was estimated at $11.00 per pack. The average cost of cigars was estimated at $6.00/pack.

Supplies: $772
Office supplies including paper, toner, file and hanging folders, pens, and other miscellaneous items.

Program Materials: $500
The cost of ticket books, large outdoor metal "no smoking" signs that are not provided by Massachusetts Health Promotion Clearing House, badge holders, Board of Health Cap and jacket for enforcement activities.

Advertising: $1,300
This will cover the cost of posting a legal notice of public hearing on proposed regulations in each city, twice.

Cell Phone: $750
A Cell Phone is needed to ensure safety during enforcement activities. It includes the cost of the phone and monthly maintenance.

Agency Administrative Support: $10,957
Fifteen percent as allowed in the RFR.

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Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

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APPLICATION RESPONSE COVER PAGE – REGIONAL PROGRAMS

Municipal Tobacco and Public Health Policy Programs
RFR #190128

Organization

Organization Name: [Burlington Board of Health]

Address:
[61 Center Street]

[ ]

City: [Burlington] State: [MA] Zip: [01803]

Municipal/Regional Organization CEO (Chief Executive Officer):

First Name: [Paul] Last Name: [Sagarino] Title: [Town Administrator]

FEIN: [04-6001104] Vendor Code: [VC600019170]

Contact Person for this Proposal

First Name: [Susan] Last Name: [Lumenello]

Title: [Director of Public Health]

Telephone: (781) 270-1956

E-Mail: [slumenello@burlington.org]

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

QUESTIONS FOR RESPONSE - REGIONAL PROGRAMS

Enter your response in the text boxes using Microsoft Word.

1) Provide a description of your proposed program including populations within the region that are disparately impacted by tobacco. Describe the region's need for tobacco programming and how this grant will address these needs. Also include the project lead and all municipalities involved. Indicate how the municipalities involved were selected for this application.

☐ Municipal participation forms from all municipalities including the lead agreement form uploaded to COMMBUYS.

This application is being submitted by the municipalities of Burlington, Lexington, and Wilmington, also known as the Tri-ton Collaborative, a public health collaborative formed under the MA Municipal Public Health Excellence (PHE) Shared Services grant program. These municipalities were selected for this application because they would like this grant to align with the Public Health Excellence grant. Burlington is the lead agency for the PHE grant and will also serve as the lead agency for this grant. Population size for each community is Burlington at 24,491, Wilmington at 23,102, and Lexington at 34,498, for a total population size of 82,091 residents. The proposed program will consist of retail education, retail inspections, compliance checks, and enforcement if violations found. Under the PHE grant program, the collaborative is working together to share information and resources and one goal of the coalition to include tobacco programming to better coordinate a collaborative approach that will align our public health efforts to support change in all areas.

2. Administrative capacity of lead municipality or regional agency:
   a) Identify the municipality or regional agency that will serve as the lead for this program. Briefly describe the infrastructure and experience of this department/agency in managing grants and why they are best suited to coordinate this program.

Burlington Health Department will serve as the lead for this program. In addition to being the Lead Agency for the PHE Grant, Burlington has implemented and overseen multiple grants. Burlington has its own federally recognized Medical Reserve Corps (MRC) unit and, since 2006, the BOH has managed multiple grants under this program and others. Grants managed by Burlington have included those from NACCHO, FDA, MA DEP, and MA DPH. In addition, the BOH Director provided assistance with grant management on the Executive Committee for Emergency Preparedness Region 4A (and later Region 4AB) for nine years.
Burlington has staffing resources available to carry out the required support functions of the lead agency and is already providing coordination of the PHE grant. A shared services office has been set up in the Burlington Board of Health office and a Shared Services Coordinator has been hired to oversee all grant programs for the collaborative.

   b) Describe the lead's ability to provide leadership and influence to a regional program including past experience leading initiatives or grants on tobacco prevention, substance use prevention, chronic disease or other related public health issues.

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As previously discussed, the Burlington Board of Health has led regional public health initiatives through both the Emergency Preparedness Coalition and the Medical Reserve Corps (MRC) Program. Burlington's MRC program includes volunteers have a number of different cities and towns. Public health initiatives run by the MRC have included regular blood pressure screenings; participating in Emergency Dispensing Site (EDS) drills; hosting a "Matter of Balance" class for the Senior Center; and, providing education on a variety of public health topics at health fairs. With regards to tobacco programming, Burlington Board of Health has held several hearings to update local regulations with testimony from the Greater Boston Tobacco Free Community Partnership, the MA Municipal Association, and residents. In 2014, Burlington began regular tobacco compliance inspections and, based on those inspections, carried our enforcement procedures. Burlington makes every effort to provide education, including educating residents at health fairs on tobacco use/vaping and providing tobacco retailer training for retail owners and managers.

3. Describe past efforts in the region/collaborative to implement and/or enforce tobacco prevention or secondhand smoke policies. Discuss both successes and challenges of the region and how this grant would enhance the successes and address the challenges.

Wilmington and Lexington have been part of a tobacco collaborative to enforce tobacco policies/regulations while Burlington has been enforcing tobacco regulations independently. This grant would enhance success by creating a Tobacco Collaborative that includes the same communities as an already established Shared Services Collaborative, thereby increasing efficiency and effectiveness of the program. There has been success in the region with conducting the required tobacco inspections and compliance checks, however, there is a need to focus more on prevention efforts. Under the PHE grant an epidemiologist will be collecting and analyzing public health data to manage and develop public health programs, tobacco prevention and education being one of those. In other words, the PHE program will allow public health to know where and how to focus educational efforts and develop programs and this grant will provide the resources to carry out those programs as well as continue with necessary tobacco compliance programs.

4. Describe an example of how local or state policies can lead to unintended health inequities. What role should a municipal tobacco program play in addressing these inequities?

One example of how a local or state policy can lead to unintended health inequities is when an organization expands its educational programming without first identifying the high risk groups to target educational and support programs. In addition, a program's effectiveness and impact should be monitored and documented to improve health outcomes for all. In order to play a role in addressing health inequities, a municipal tobacco program should first understand what is causing the health inequity. For example, specific groups may be targeted by tobacco companies and stressors caused by discrimination and poverty could increase tobacco use. In addition, the inability to obtain adequate health care could prevent treatments for tobacco use and dependence. A municipal tobacco program can address inequities by first identifying high risk groups and targeting programs to those who are most in need.

5. Describe the organizational structure of your proposed program and how that structure will facilitate effective communication within the region and with tobacco program staff. Include how decisions impacting the entire collaborative will be made, methods and tools used to communicate within the collaborative, and meeting schedules.

The organizational structure of the proposed program will be the same as the organizational structure under the PHE grant. Burlington will serve as the lead agency and will oversee a Shared Services Coordinator who will manage the grants under the Collaborative. The Inter-municipal agreement for the Tri-ton Shared Services Collaborative requires the formation of an Advisory Board composed of one member from each municipality. The Advisory Board shall meet not less than quarterly to develop goals, advise on priorities, collaborate on a work plan and policies, and review and provide recommendations on budgets.

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6. **If applying as a lead municipality:** Describe the relationship you have with other municipalities in the proposed region. Describe the organizational relationship and routine cooperation with other parts of internal municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the organizational relationship between the Board of Health/Health Department to the Mayor and/or Town Manager's office.
   If applying as a regional planning agency or government council: Describe your organization and its relationships with municipalities. Describe the agency's experience collaborating with municipal health departments. Describe the agency's experience working with other parts of municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the agency's experience working with Mayors and/or Town Managers. Specifically respond to this question on matters related to public health or those transferrable to the tobacco program.

   The municipalities in the proposed region have established a collaborative relationship under the PHE grant. Burlington, Lexington, and Wilmington will be entering into an inter-municipal agreement and have received support from their Boards of Health and Town Administrations. The leaders in all three communities have recognized the importance of collaboration, thereby setting the tone for routine cooperation with other parts of internal municipal government.

   ☒ Organizational chart that includes where tobacco program will be located within entity uploaded to COMMBUYS.

7. Describe the proposed staffing pattern including roles and responsibilities for all positions funded in part or totally by MTCP. Attach job descriptions for all these positions including consultants or include resumes if staff roles are currently filled. Job descriptions should include job duties and qualifications and should clearly indicate the supervisor of the position. (See RFR Appendix C for recommended entry-level skills for tobacco control staff and tasks related to tobacco control programs).

   The proposed staffing pattern is for a consultant to conduct the work under the grant. The resume of the proposed contractor and the job description is attached.

   ☐ Staffing pattern form completed and uploaded to COMMBUYS.
   ☒ Job descriptions or resumes uploaded to COMMBUYS.

8. Discuss the ability and willingness of each municipality in the region to enforce local and state tobacco policies, including issuing and upholding tickets and permit suspensions for violation of local and state tobacco policies. In communities without prior tobacco enforcement experience, confirm each municipality's willingness to enforce. In communities with past tobacco enforcement experience, discuss any challenges and how the program will address these challenges.

   Each municipality within the region has had past tobacco enforcement experience including issuing and upholding tickets and permit suspensions for violation of local tobacco regulations. Lexington and Wilmington were part of a prior tobacco coalition. Burlington has conducted its own tobacco inspections and education and has employed a subcontractor for many years to conduct tobacco compliance inspections. One challenge to past tobacco enforcement has been the inability to hire/subcontract with a tobacco inspector due to the limited pool of qualified candidates. This has led to inconsistency with the time period during compliance inspections causing an inability to conduct appropriate enforcement actions. To address this challenge, the Tri-ton Collaborative has already identified a subcontractor to conduct inspections. In addition, training can be provided to prospective inspectors under the MA DPH Regional Training Hubs available to the PHE grant coalitions.

9. Provide an annual line item budget and a brief narrative justifying the line items. Full-Time Equivalents (FTEs) must be listed for full and part-time staff positions. If the budget includes subcontractors describe the responsible parties and structures for operation and accountability. In the budget narrative list the hours and rate of pay of independent contractors.

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Line Item	Narrative
Consultants – Inspector & Youth Buyers	Compliance Inspector to conduct inspections, provide education, and enforce local, state and federal regulations in the collaborative communities. Inspectors will work closely with individual retailers, program staff, and Boards of Health on compliance and enforcement issues. Subcontractor will train and coordinate youth buyers for compliance checks. Rate of pay for Inspector is $40/hour at 19.5 hours/week and rate of pay for Youth Buyers is $18/hour
Travel	Mileage for inspector to travel between municipalities and tobacco retailers
Supplies	Supplies for inspector (tobacco products; educational material, etc)

☒ Program Budget form is uploaded to COMMBUYS.

CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

All documents listed below must be submitted via COMMBUYS in order for you response to be considered complete. Files must be uploaded and follow the naming convention indicated in the chart.

Document Title	File Name Assign when creating documents
Application Response Form	Applicant Name _ RFR 190128 _App Resp Form
Organization Chart	Applicant Name _ RFR 190128 _Org Chart
Lead applicant agreement form	Applicant Name _ RFR 190128 _Lead Form
Municipal participation form	Municipality _ RFR 190128 _Muni Form
Program Budget	Applicant Name _ RFR 190128 _Program Budget

Scanned documents will be accepted. All scanned documents must be scanned in such a way that they can be read on a computer monitor and printed on 81/2" x 11" paper, unless otherwise specified. Zipped files will be accepted and must be in a .zip format when saved. Other zip file formats will not be accepted.

Addendums or uploads not specifically requested in this document, the RFR or on the COMMBUYS Bid Solicitation screen will not be reviewed.

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APPLICATION INSTRUCTIONS

1. **Save, read and review** the completed Application Response Form. Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes.
2. **Upload in COMMBUYS** the Application Response Form with the attachments according to the application Checklist.
3. **Confirm** that "No Charge" is checked or a dollar amount entered in the Unit Cost field on the Item screen in COMMBUYS. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide service or products at no charge.
4. **Submit** your electronic quote in COMMBUYS. (Vendors must be registered in COMMBUYS to submit quotes)

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Rev 8

APPLICATION RESPONSE FORM, INSTRUCTIONS, AND CHECKLIST

General Instructions:

1. **See the RFR and COMMBUYS posting for complete procurement specifications.**
2. **All responses are to be submitted using the online submission tools available to Vendors registered in COMMBUYS.** There is no charge to register in COMMBUYS. To Register go to www.COMMBUYS.com and click on the "Register" link on the front page.
   Bidders are solely responsible to monitor COMMBUYS for Bid amendments, if any. Bidders may monitor the record by frequently checking the Amendment Section on the Summary screen for the BID in COMMBUYS.
3. **All Bidders are advised to allow adequate time for submission by considering potential online submission impediments like Internet traffic, Internet connection speed, file size, and file volume.** DPH is not responsible for delays encountered by Bidders or their agents, or for a Bidder's local hardware failures, such as computers or related networks, associated with bid compilation or submission. Bids submitted via COMMBUYS are time stamped by the COMMBUYS system clock which is considered the official time of record.

Formatting Instructions:
This document was prepared using Microsoft Word's forms feature. Complete the form on your computer using Microsoft Word.

1. Save this document file to your computer.
2. Enter your responses in the text box, moving between the text boxes using the tab key on your keyboard.
3. Responses to check boxes are made by clicking once on the check box. To remove the X from a check box, click on the check box again.
4. Text responses are limited to a maximum number of characters and the limits are noted in each question. Once the maximum character limit is reached, MS Word will not allow more than this limit. Please note that a space is counted as a character, and using the enter key to begin a new line in a response is also counted as a character. It is not recommended that applicants insert graphics into the responses. Spell-check does not work in text boxes.
5. Those with visual impairments may use an electronic text reader by unlocking the Application Response Form.

APPLICATION RESPONSE COVER PAGE – REGIONAL PROGRAMS

Municipal Tobacco and Public Health Policy Programs RFR #190128

Organization

Organization Name: [Brookline]

Address:
[11 Pierce St]

[ ]

City: [Brookline] State: [MA] Zip: [02445]

Municipal/Regional Organization CEO (Chief Executive Officer):

First Name: [Swannie] Last Name: [Jett] Title: [Health Commissioner]

FEIN: [046-001-1] Vendor Code: [6000191738]

Contact Person for this Proposal

First Name: [Lynne] Last Name: [Karsten]

Title: [Director of Community Health]

Telephone: (617) 730-2336

E-Mail: [lkarsten@brooklinema.gov]

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QUESTIONS FOR RESPONSE - REGIONAL PROGRAMS

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1) Provide a description of your proposed program including populations within the region that are disparately impacted by tobacco. Describe the region's need for tobacco programming and how this grant will address these needs. Also include the project lead and all municipalities involved. Indicate how the municipalities involved were selected for this application.

☐ Municipal participation forms from all municipalities including the lead agreement form uploaded to COMMBUYS.
☐ Eligibility form uploaded to COMMBUYS.

The Seven Communities Collaborative (7CC) is comprised of Arlington, Belmont, Brookline (lead), Norwood, Randolph, Stoughton, and Watertown. Two communities in 2016 had illegal tobacco sales to minors significantly higher than the state average and two had marginally higher rates (Make Smoking History website, November 27, 2017): Arlington 24%, Belmont 209%, Brookline 16%, and Watertown 104%. Data on three communities was unavailable. As sales are high in towns that have had funding for tobacco control it is likely that towns with no formal tobacco control program have similarly high or higher rates.

There are an estimated 20,665 smokers in the seven communities; however, 47 percent of those live in the three communities designated of need. In Randolph 60% are people of color. 21% and 17% are people of color in Stoughton and Norwood respectively. Retailer density per 1k people in these communities is high:Norwood 1.2, Stoughton 1.3, and Randolph exceeding the state average at 1.5. Increased access to tobacco and increased advertising of tobacco products to minorities,especially menthol, makes these towns vulnerable to predatory practices. Randolph in particular is in need of expanded tobacco regulations as they only have MLSA 21.

Four municipalities were part of the existing collaborative. The other three were chosen in order to close gaps in funded communities around Boston and because these are towns in which large changes in tobacco regulations are possible and have higher rates of minorities who are targeted by tobacco companies.

2. Administrative capacity of lead municipality or regional agency:
   a) Identify the municipality or regional agency that will serve as the lead for this program. Briefly describe the infrastructure and experience of this department/agency in managing grants and why they are best suited to coordinate this program.

The Brookline Department of Public Health (BDPH) will be the lead Health Department for the Tobacco Policy Program for 7CC, as it has been since origin. BDPH has been in the forefront adopting smoke-free policies; it was the first Massachusetts community to enact 100% smoke-free regulations for restaurants and bars and successfully led the effort to extend these regulations to other communities. Brookline was also the first community to issue permits to sell tobacco and to ticket those who sell to minors.

For FY2016, BDPH raised $130,000 in extramural support through state, federal government and private funding sources. It has extensive experience overseeing grants, with town support to assure grant compliance. With this limited outside funding, grant successes include ongoing funding for popular Denny public health lecture; creation of multi-year Passport to Health initiative from MDPH grant allowing adults to test local health facilities; yearly community-wide yoga celebration attracting over 150 families, adults and teens; BHS Peer Leaders program that has grown from 10 students to over 40 to work with middle-school students. BHS peer leaders have been honored by both MDPH and local Select Board for their work. The efforts of a grant-funded BHS liaison to parents results in large attendance at BHS events; recently 250 parents attended a talk on the secret lives of teens. BHS programs are repeatedly refunded, based on their successes linking to parents.

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b) Describe the lead's ability to provide leadership and influence to a regional program including past experience leading initiatives or grants on tobacco prevention, substance use prevention, chronic disease or other related public health issues.

Commissioner Dr. Swannie Jett has been at the forefront of tobacco control. As Executive Director, Seminole County (FL) Health Department, he was on an IOM committee directed by Congress to examine health Implications of raising the age to buy tobacco. He advocated for a Smoke-Free Policy in Bullitt County, KY, winning the Appellant Court decision. Bullitt County received NACCHO's Promising Practices Award for its strategic plan to pass a Smoke-Free Policy.

Lynne Karsten, Director of Community Health and grant supervisor, has extensive experience designing programs on topical public health issues. Annually, her division offers educational programs during Brookline's National Public Health Week, which routinely draw public health professionals and residents from other cities and towns.

Natalie Miller, MTCP program coordinator, successfully led efforts to change other towns' tobacco regulations; specifically, increasing the age for purchasing tobacco and reducing the sale of flavored tobacco among MTCP towns. Interest in the MTCP program is strong in the new communities. In addition to talks with staff in Stoughton and Norwood, Natalie has contacted Jason Dodd, new Randolph Health Director, who worked with the MTCP while in Somerville. All are ready and eager to be a part of the expanded program.

Brookline is a leader in combating alcohol and other drug abuse through its Brookline Coalition Against Substance Abuse (BCASA) program, coordinated through BDPH and Brookline High School. Founded in 2003, BCASA is composed of a diverse group of community partners who have much success in implementing policy and environmental change with tobacco and other drugs. Through its mission to implement research-based prevention strategies addressing underlying issues and risk factors, BCASA has become a model program for other communities.

3. Describe past efforts in the region/collaborative to implement and/or enforce tobacco prevention or secondhand smoke policies. Discuss both successes and challenges of the region and how this grant would enhance the successes and address the challenges.

☐ Local policy & enforcement form uploaded to COMMBUYS.

This grant would support regionalization by building upon the already existing collaborative and expanding to include three towns - Norwood, Randolph, and Stoughton - who currently have no funding to do any significant tobacco control or policy promotion. The current members of the collaborative - Arlington, Belmont, Brookline, and Watertown - have all worked diligently to pass the MTCP priority policies, including MLSA of 21, flavor restrictions, minimum cigar pricing, blunt wrap bans, and capping policies.

Implementation of these policies included an informational letter to all retailers informing them of the regulation change and implementation date, pre-implementation retailer education, and post-implementation inspectional visits directly after and several months after implementation to determine compliance. Because of the informational letter and pre-implementation educational visits, compliance was generally very high. This grant would enable the collaborative to expand on its organized structure in order to bring a comprehensive and coordinated tobacco control program to three previously unfunded communities, thereby strengthening local tobacco control for the entire Metro Boston region. This grant would assist the seven communities to strengthen local policy promotion and change social norms around tobacco by working with Health Resources in Action on integrating community partners in each municipality.

Current challenges revolve around vaping in school and educating teachers and administration on what vaping devices look like, how students may be vaping in class, and what the vapor may smell like. This grant will enable all seven communities to offer educational presentations to faculty and staff to help familiarize them with the products available to students and thereby stanching the rise of youth vaping in schools.

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4. Describe an example of how local or state policies can lead to unintended health inequities. What role should a municipal tobacco program play in addressing these inequities?

Underserved and minority populations are high users of tobacco. Federal, state and local smoking cessation policies have negatively impacted these populations. Two examples suffice. Menthol cigarettes, which government data show are heavily preferred among black smokers, have yet to be banned while candy-flavored cigarettes known to appeal to younger smokers of all races, were banned by the Federal government in 2009. In Brookline, a regulation was adopted that prohibits smoking in public housing sites, home to low-income families, again a population with higher smoking rates. These policies had a negative impact on a specific segment of the population and will be addressed by targeted campaigns. For example, in addition to public education materials for all segments of the population, MTCP will tailor health education campaigns to highlight the added dangers of menthol cigarettes; it will offer information on tools such as smoking cessation courses that are free or low-cost to support smokers in their efforts to stop. In considering future initiatives MTCP will examine possible health inequities among affected populations as part of policy development process.

5. Describe the organizational structure of your proposed program and how that structure will facilitate effective communication within the region and with tobacco program staff. Include how decisions impacting the entire collaborative will be made, methods and tools used to communicate within the collaborative, and meeting schedules.

Brookline is the lead agency for 7CC. Each of the seven communities will appoint a tobacco liaison to a 7CC Tobacco Policy Program Advisory Board to make major decisions, including setting goals, priorities, and budgeting based on this proposal and MA Department of Public Health requirements. The advisory board will communicate via email, conference calls, and in person meetings. Meetings will be coordinated by the program coordinator, with a variety of meeting times available in order to accommodate the schedules of the most people. Having a variety of communication options available to the collaborative will ensure a maximum level of communication among collaborative members in between in person meetings. The advisory board member will also, along with the program coordinator, be the main liaison between the town and the boards of health.

6. **If applying as a lead municipality:** Describe the relationship you have with other municipalities in the proposed region. Describe the organizational relationship and routine cooperation with other parts of internal municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the organizational relationship between the Board of Health/Health Department to the Mayor and/or Town Manager's office.
If applying as a regional planning agency or government council: Describe your organization and its relationships with municipalities. Describe the agency's experience collaborating with municipal health departments. Describe the agency's experience working with other parts of municipal government such as Inspectional Services, Licensing Boards, Police Department and Zoning Department, etc. Describe the agency's experience working with Mayors and/or Town Managers. Specifically respond to this question on matters related to public health or those transferrable to the tobacco program.

Through representation on both the area CHNA Board and Region 4B, Brookline has a well-established relationship with other municipalities and works closely with area towns on regional Emergency Preparedness drills. Brookline has collaborated with nearby towns to offer seasonal flu clinics. Brookline fosters a close working relationship among its departments. Department heads and the Town Administrator meet regularly and jointly address community issues. For example, when a local retailer harassed the current MTCP staff during a compliance check, Environmental Health staff and Brookline police interviewed the staff member. Following that interview, Brookline sent two police officers to meet with the local retailer. Organizationally, the BDPH's Director of Health and Human Services reports to the Town Administrator. Community Health is one of six divisions within the Department, each of whom has a direct line to the Director.

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In addition to bi-annual collaborative meetings in which the communities can review and discuss policies and approaches that work best for them, all the participating towns are members of the state professional associations. All communities are active in and participate with the Massachusetts Health Officers Association (MHOA) the Massachusetts Environmental Health Association (MEHA) and the Massachusetts Association of Health Boards (MAHB). All of these organizations hold workshops and sponsor sessions related to Tobacco Control policies and practices which all the collaborative communities will benefit from.

☐ Organizational chart that includes where tobacco program will be located within entity uploaded to COMMBUYS.

7. Describe the proposed staffing pattern including roles and responsibilities for all positions funded in part or totally by MTCP. Attach job descriptions for all these positions including consultants or include resumes if staff roles are currently filled. Job descriptions should include job duties and qualifications and should clearly indicate the supervisor of the position. (See RFR Appendix C for recommended entry-level skills for tobacco control staff and tasks related to tobacco control programs).

A full-time program coordinator will carry out program activities in all seven communities. The coordinator will recruit and supervise students involved in the program. High school students would conduct compliance checks. A graduate student would assist with program activities, including developing a social media communication plan. In addition to conducting all retail inspections and compliance checks, the coordinator will also attend Board of Health meetings/Town Hall meetings (as needed), respond to workplace smoking violation complaints, offer educational tobacco presentations to educators, and offer support/presentations to housing units wishing to go smoke free.

This coordinator will be directly supervised by the Director of Community Health (Lynne Karsten) in Brookline who has extensive public health prevention and education experience.

☐ Staffing pattern form completed and uploaded to COMMBUYS.
☐ Job descriptions or resumes uploaded to COMMBUYS.

8. Discuss the ability and willingness of each municipality in the region to enforce local and state tobacco policies, including issuing and upholding tickets and permit suspensions for violation of local and state tobacco policies. In communities without prior tobacco enforcement experience, confirm each municipality's willingness to enforce. In communities with past tobacco enforcement experience, discuss any challenges and how the program will address these challenges.

Existing collaborative members have an excellent history of issuing and upholding tickets and permit suspensions. Of 48 tickets issued within the last two years, only three have not been enforced. However, whenever a board has not required the owner to pay the ticket, they have required them to upgrade their point of sale system to one that requires a date of birth to be inputted in order to complete the sale. A suspension of the sales permit has not been overturned by any board in the current collaborative within the last two years.

Two of the three new communities have conducted periodic inspections and compliance checks. Both Norwood and Randolph issued tickets to retailers in violation of local and/or state policy and have had no appeals. They are both ready to continue to enforce. Stoughton, which has not conducted any inspections or compliance checks in the past is eager to have a mechanism by which they can enforce their local regulations. All three new boards have told me that they will uphold any tickets.

Challenges in enforcement, such as a board being unwilling to uphold tickets, will hopefully be addressed through the following methods: Initial and continuing board education/training on town regulations and why upholding tickets is important along with presentations from the towns' youth anti-tobacco groups, will strengthen board resolve. Youth involvement has always served as excellent motivation for boards to pass regulations and having youth describe exposure to tobacco products and industry tactics will encourage boards to uphold tickets and keep retailers accountable for their actions. Collaboration and communication between the members of the entire collaborative will allow board members to hear what other boards have done, what challenges they've faced, and how they were resolved.

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9. Provide an annual line item budget and a brief narrative justifying the line items. Full-Time Equivalents (FTEs) must be listed for full and part-time staff positions. If the budget includes subcontractors describe the responsible parties and structures for operation and accountability. In the budget narrative list the hours and rate of pay of independent contractors.

Staffing: $61,308. 1 FTE. 37.5 hours/week/ at $31.44/hour. Currently the coordinator is a .6FTE staff person. A full-time staff person is needed to meet program demands associated with the addition of three new towns which are geographically further from Brookline and more spread out.

Graduate Student Intern: $ 1,000. $500 stipend per semester .

Supplies: $ 1,700. Printing (paper, color ink).
iPad: $ 750. Yearly data plan for iPad.

Insurance:Required expense because MTCP staff will travel with individuals under 18 to do compliance checks.

Travel Budget: $3,000. For two reasons, the travel budget line item has increased substantially. 1)The number of towns has increased from five to seven. 2)Three towns require significant travel because of their distance from Brookline and because these towns extend over a larger geographic area.

Administrative Support: $10,000. Brookline will serve as the host agency. Tasks include filing required reports, departmental clerical support for required administrative tasks.

☐ Program Budget form is uploaded to COMMBUYS.

CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

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Eligibility Form	Applicant Name _ RFR 190128 _Eligibility
Lead applicant agreement form	Applicant Name _ RFR 190128 _Lead Form
Municipal participation form	Municipality _ RFR 190128 _Muni Form
Staffing pattern	Applicant Name _ RFR 190128 _Staffing
Job description/resumes	Applicant Name_ RFR 190128 _JobDesc
Local policy and enforcement form	Applicant Name _ RFR 190128 _Policy
Regulations from each municipality	Municipality _ RFR 190128 _Regulation
List of retailers/permits from each municipality	Municipality_ RFR 190128 _Retailers
Permit application from each municipality	Municipality_ RFR 190128 _Permit App
Program Budget	Applicant Name _ RFR 190128 _Program Budget

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

Scanned documents will be accepted. All scanned documents must be scanned in such a way that they can be read on a computer monitor and printed on 81/2" x 11" paper, unless otherwise specified. Attachments must be uploaded individually and cannot be combined in a zipped file.

Addendums or uploads not specifically requested in this document, the RFR or on the COMMBUYS Bid Solicitation screen will not be reviewed.

APPLICATION INSTRUCTIONS

1. **Save, read and review** the completed Application Response Form. Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes.
2. **Upload in COMMBUYS** the Application Response Form with the attachments according to the application Checklist.
3. **Confirm** that "No Charge" is checked or a dollar amount entered in the Unit Cost field on the Item screen in COMMBUYS. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide service or products at no charge.
4. **Submit** your electronic quote in COMMBUYS. (Vendors must be registered in COMMBUYS to submit quotes)

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

FY: Contractor Name: Amendment #,if Applicable: If Federal Funds, CFDA #:

PURCHASE OF SERVICE - ATTACHMENT 3: FISCAL YEAR PROGRAM BUDGET

Program Name:	Document ID#:	MMARS Activity Code:	Program Type:	UFR Prog. #:

		Current		Amend. Change		New				
		FTE	Amount	FTE	Amount	FTE	Amount	COST REIMBURSEMENT ONLY		
	Program Component							Offset	Source	Reimbursable Cost
UFR Title #	Direct Care/Program Support Staff/Overtime/ Shift Differential & Relief (Titles 101-141)									
	SUBTOTAL STAFF									
150	Payroll Taxes									
151	Fringe Benefits									
T 100	**Total Direct Care/Program Staff**									
Title	Occupancy									
301	Program Facilities									
* 390	Fac. Oper/Main/Furn									
T 300	**Total Occupancy**									
UFR Title	Other Direct Care/Program Support									
201	Direct Care Consultant									
202	Temporary Help									
203	Clients/Caregivers. Reimb/Stipends									
206	Subcontract Dir.Care									
204	Staff Training									
205	Staff Mileage/Travel									
207	Meals									
208	Contracted Client Trans.									
* 208	Vehicle Expenses									
* 208	Vehicle Depreciation									
209	Incid. Health/Med Care									
211	Client Per. Allowances									
212	Prov. of Material Good									
214	Direct Client Wages									
214	Other Commercial Prod. & Svs.									
* 215	Program Supplies/Mat									
T 200	**Total Other Direct Care/Program**									
Title	Direct Admin Expenses									
216	Program Support									
* 510 (410 & 390)	Other Direct Administrative Expenses									
T 500	**Total Direct Administrative Exp.**									
T	**SUBTOTAL PROGRAM COSTS**									
* 410	**Agency Admin. Support Allocation**	**%**	**$**							
T	**PROGRAM TOTAL**									

Commercial Fee, if applicable, for for-profit contractors only (for informational purposes only; not to be included in the price paid by the Commonwealth): %___$___: N/A for Cost Reimbursement

A. $ _____ Subtotal of offsets which are for non-reimbursable costs.

Non-reimbursable costs must be shown in detail on Attachment 5 when the program is subject to the provisions of Federal OMB Circular A-122 and/or 808 CMR 1.00.

*** Contractor's Board approved capitalization level relative to any negotiated expense costs in lines 208, 215, 390 or 410 is $_____**

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

SUBCONTRACTOR IDENTIFICATION LIST

Vendor Name: _____ **Vendor VC No.:** _____

Program Name: _____ **Contract ID:** _____

Instructions: Providers/vendors must complete and submit to DPH at the time of initial contract execution AND when subcontract dollars and/or vendors/providers are added or deleted. This form must be signed by the DPH program representative to indicate program approval PRIOR TO the execution of said subcontract(s).

Subcontractors must agree to the Terms and Conditions set forth in the RFR, which is part of this contract. Subcontracts must be in writing, in accordance with Section 9 of the Commonwealth Terms and Conditions or the Commonwealth Terms and Conditions for Human and Social Services. Providers may use the standard subcontract template available through DPH contract managers. All subcontracts must be available for review by authorized agents of the Commonwealth. DPH may require the submission of any subcontract at any time during the contract period.

1. **Total Subcontract Dollars*** $ _____

2. **Amount of #1 allocated to identified subcontractors (list below):** $ _____

Subcontractor Name/Vendor Number	Subcontract Amount	Type of Service provided and number of service units, if applicable
TOTAL: (Must = #2 above)		

3. **Amount of #1 not yet allocated to identified subcontractors:** $ _____

Submitted by: _____ **Date:** _____ **Phone:** _____
Provider/Vendor Authorized Signature

Approved by: _____ **Date:** _____ **Phone:** _____
DPH Program Manager

* For contracts using Attachment 3, the Program Budget Form, 2 + 3 must = Line 206 of the form.

DEPARTMENT OF PUBLIC HEALTH REQUEST FOR RESPONSE
LEVELS OF COOPERATIVE ACTIVITIES

Agencies should list the organizations and groups they will be working with in providing this service or program and identify the level of cooperative activities by marking an "X" in the appropriate boxes using the following definitions. Programs must give a concrete example of how each cooperative activity is carried out.

- **Networking**: information-sharing
- **Linkage**: agreements which include referrals, intake, interagency consultations, monitoring referral outcomes, and participation in joint planning meetings which usually do not involve sharing of funds
- **Collaboration**: specific formal agreement to accomplish common purposes including specific allocations of staff time and funds; quantities of services; timeline; use of each other's sites; joint staff trainings; and co-sponsorship of events
- **Integration**: formal horizontal or vertical affiliation or merger of agencies with resultant structural and leadership changes.

ORGANIZATION/GROUP	NETWORKING	LINKAGES	COLLABORATION	INTEGRATION	EXAMPLE

National Culturally and Linguistically Appropriate Services (CLAS) Standards

and

Guidelines for Cultural and Linguistic Competence

National Culturally and Linguistically Appropriate Services (CLAS) Standards

National Standards for Culturally and Linguistically Appropriate Services (CLAS)

The National CLAS Standards are intended to advance health equity, improve quality, and eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:
1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:
2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:
5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:
9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization’s planning and operations.

10. Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

15. Communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Guidelines for Cultural and Linguistic Competence

The objective for establishing standards of care for cultural and linguistic competence is to ensure that clients receive services that are culturally and linguistically appropriate. **Culture** is the integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, and values of individuals and groups, all which may be influenced by race, ethnicity, religion, class, age, gender, gender identity, disability, sexual orientation, and other aspects of life upon which people construct their identities.

Cultural competence is a set of behaviors, attitudes, and policies that come together in a system, agency, or among individuals that enables effective delivery of services.

Linguistic competence is the ability to communicate effectively with people, including those whose preferred language is not the same as the provider's, those who are illiterate or have low literacy skills, and/or those with disabilities. It is important to remember that cultural and linguistic competence is a goal toward which all providers must aspire, but one that may never be completely achieved given the diversity of languages and cultures throughout our communities. However, all providers should be involved in a continual process of learning, personal growth, experience, education, and training that increases cultural and linguistic competence and enhances the ability to provide culturally and linguistically appropriate services to all individuals.

Culturally and linguistically appropriate services are services that:

- respect, relate, and respond to a client's culture, in a non-judgmental, respectful, and supportive manner;
- are affirming and humane, and rely on staffing patterns that match the needs and reflect the culture and language of the communities being served;
- recognize the power differential that exists between the provider and the client and seek to create a more equal field of interaction; and
- consider each client as an individual, and do not make assumptions based on perceived or actual membership in any group or class.

As part of the on-going process of building cultural and linguistic competence, providers should strive to develop:

- a comfort with and appreciation of cultural and linguistic difference;
- interpersonal behaviors that demonstrate and convey concern and respect for all cultures;
- the comfort and ability to acknowledge the limits of personal cultural and linguistic competence and the skills to elicit, learn from, and respond constructively to relevant personal and cultural issues during service interactions; and
- a commitment to increasing personal knowledge about the impact of culture on health and specific knowledge about the communities being served.

On-going trainings that help build cultural and linguistic competence may include traditional cultural and linguistic competency trainings, as well as a range of trainings

that help build specific skills and knowledge to work and communicate more effectively with the communities we serve.

Guidelines for Cultural and Linguistic Competence

Standard	Measure
1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.	1.1 Conduct self assessment to identify gaps and priorities. 1.2 Written CLAS implementation plan and policies.
2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.	2.1 Priorities, goals and activities identified based on self-assessment. Staff from all levels (management, administrations, support, etc.) designated to work on implementation. 2.2 Timelines for outcomes and measures for evaluation set. Results / progress reviewed on a regular basis and new priorities, goals and activities set periodically.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.	3.1 Based on demographic data from service area and clients served, policies and strategies for diversity recruitment, retention and promotion are put in place with the goal of ensuring that staff diversity reflects population in the service area.

Municipal trade association to work with local health department employees
RFQ File Number: 18_500824_1124
Questions and Answers
May 3, 2017

Question 1: Should I consider an outside vendor as a subcontractor for the purpose of this RFQ

Answer: The budget should only reflect the scope of the services described in the RFQ. However, if you will be working with an outside organization to deliver the services within the scope, this should be considered in the budget.

Request for Quotes

Purchasing Department: Massachusetts Department of Public Health Division of Prevention and Wellness

Address: 250 Washington Street, 4th Floor, Boston, MA 02108

Telephone #: 617-624-6040

RFQ File Name/Title Municipal trade association to work with local health department employees

Object Code: M04 **UNSPSC Code:** 93-14-00

RFQ File Number: 18_500824_1124

COMMBUYS Bid Number: BD-17-1031-BCHAP-BCH01-15256

Engagement Team Leader/ Contact Person: Patricia Henley

1. Description Or Purpose of Engagement

The Division of Prevention and Wellness at the Massachusetts Department of Public Health (MDPH) seeks responses from municipal trade association to work with municipal health officers and officials to support the development, implementation, and enforcement of local policies to prevent and reduce chronic disease and associated risk factors and to promote healthier communities.

Eligible applicants must be approved vendors on DPH Statewide Capacity Building DPH RFR 500824 Statewide Capacity Building.

2. Whether Single Or Multiple Contractors Are Required For Engagement(s)

☒ Single Contractor ☐ Multiple Contractors

3. Indicate Engagement Performance and Business Specifications

Scope of Service

The scope of this work is to build capacity within municipalities to implement policy, systems, and environmental change to promote healthier communities. The selected vendor will provide support, technical assistance, and training to municipal health officers and health department employees to develop tobacco control, chronic disease prevention, health promotion, wellness, and other public health strategies with a focus on local interventions and reducing health disparities. Emphasis of work will be on increasing active living, healthy eating, and tobacco-free living.

Activities may include:

1. providing technical assistance, training and consultation to municipal health officers, community or regional partners, MDPH funded programs and MDPH initiatives such as Massachusetts Tobacco Cessation and Prevention Program (MTCP) and Mass in Motion to promote, implement and enforce policy, systems and environmental change to improve local public health;

2. managing projects including pilot projects and mini-grants to promote, implement or enforce policy, systems and environmental change strategies to improve public health;
3. increasing peer-to-peer mentoring among local communities within the state to increase replication of successful strategies;
4. increasing capacity of municipal government and community partners to sustain public health policies with limited funding; and
5. coordinating information exchange with members of own organization to build understanding and support of evidence-based, best practice and promising practice approaches to local public health.

Trade associations that are statewide and represent or work with municipal health officers or health department employees would be eligible to apply. Organizations must have a constituency that influences local public health issues and/or the health of a community.

Organizations working with the Massachusetts Tobacco Cessation and Prevention Program (MTCP) cannot accept tobacco industry contributions.

Evaluation Criteria

Applicant agencies must meet the following criteria:

A. Demonstrated experience and working relationships with relevant state and municipal agencies (such as Health Boards and municipal department heads);
B. Experience providing technical assistance and training on municipal public health and policy, systems and environmental change strategies;
C. Demonstrated capacity to deliver services statewide; and
D. Experience with outreach to both advocacy and grassroots organizations.

Performance Requirements

The Department of Public Health is endeavoring to deliver the Best Value to facilitate our needs. However, it is important to measure the Contractor's performance to ensure the Engagement is in compliance with what has been requested and what the Contractor has offered in this RFQ. The following performance areas will be subject to measurement:

1. Timely Delivery (Commodities, Services, Reports, Billing, etc.)
2. Responsiveness to Departmental Inquiries
3. Quality of Deliverables (Commodities, Services, Reports, etc.)
4. Performance Targets/Benchmarks (Quantities, Outcomes, etc.)
5. Attendance at scheduled meetings

The Procurement Management Team (PMT) shall negotiate with contractors any requirements not set forth in the RFQ.

Engagement Performance Monitoring

To ensure performance monitoring, selected vendor will be required to update the Department of Public Health on progress toward the goals and outcomes of the engagement with at least monthly in person meetings.

4. Expected Duration of Engagement

Anticipated Initial Duration up to: ____months; __1__ year(s)

Anticipated Renewal Options: __6__ options to renew for __1___ year(s) each option

Final End Date of this Engagement: _June 30, 2024_____

5. Anticipated Expenditures, Funding Or Compensation For Expected Duration

Total Estimated Value of engagement (Including Anticipated Renewal Options): $840,000

Annualized Estimated Value of engagement: $105,000, additional funding of approximately $75,000 may be available annually for projects fitting within the scope of this RFQ. Annual amount will be conditional based on final budget determination.

6. Contract Invoicing

Contractors on this contract will bill through the Enterprise Invoice Management (EIM) system.

The following policies apply when billing through EIM for **Cost Reimbursement Contracts:**

- DPH billing procedures through the EIM/ESM system require that contracted providers submit an invoice, on a monthly basis, for all services provided in the previous month.
- DPH requires that this invoice be authorized in EIM-ESM no later than the 14th day of the month, following service delivery. This includes a zero invoice if no services were provided.
- The only exceptions will be when the Bureau has been previously notified of extenuating circumstances and the request has been approved by the bureau contract manager. If corrections need to be made to previously submitted invoices, supplemental invoices must be submitted for the month in which the billing was originally submitted.
- All offsets must be reported for each UFR on the Invoice.

7. Instructions for Submission of Responses

All responses to be submitted electronically using the online submission tools available to Vendors registered in COMMBUYS. There is no charge to register in COMMBUYS. To Register go to www.COMMBUYS.com and click on the "Register" link on the front page.

All Quotes must be received by the Department of Public Health before the specified date, month, year and time of the Bid Opening Date displayed on COMMBUYS. Times are Eastern Standard/Daylight Savings (US), as applicable.

All Bidders are advised to allow adequate time for submission by considering potential online submission impediments like Internet traffic, Internet connection speed, file size, and file volume. DPH is not responsible for delays encountered by Bidders or their agents, or for a Bidder's local hardware failures, such as computers or related networks, associated with bid compilation or submission. Bids submitted via COMMBUYS are time stamped by the COMMBUYS system clock which is considered the official time of record.

COMMBUYS Item Screen

Vendors submitting quotes with "No Bid" checked in the item screen will not be eligible to enter into a contract with DPH. "No Charge" must be checked or a dollar amount entered in the Unit Cost Field. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide services or products at no charge.

File Format

Scanned documents will be accepted and must be scanned in such a way that they can be read on a computer monitor and printed on 81/2" x 11" paper, unless otherwise specified. Zipped files will be accepted and must be in a .zip format when saved. Other zip file formats will not be accepted.

Public Records. All information, documents, and attachments submitted as a response to this RFQ are

considered a public document subject to the Massachusetts Public Records Law, M.G.L., c. 66, s. 10, and to c. 4, s. 7, ss. 26. **Please be aware that checking the "confidential" box in COMMBUYS does not bar these documents from being released as a public record pursuant to these statutes once the procurement is awarded, unless statutorily exempt from disclosure.**

Required elements of response include a budget and deliverables. Staff rates used in calculating the budget must not exceed the rates approved for your contract and posted on COMMBUYS at Master Blanket Purchase Order PO-15-1031-ADMIN-ADM08-00000002565.

To assist bidders in identify the purpose of the attachments for this RFQ; the forms posted on the COMMBUYS attachment section have a prefix according to the following chart:

REQ	Required	Must complete and return document with application
READ	Read Only	Read only documents do not need to be returned with the application.
INFO	Informational	Document is for informational purposes

8. COMMBUYS Support

The following resources are provided to assist Bidders in submitting Quotes:

- An online job aid on **"Creating a Quote in COMMBUYS for DPH; POS BIDs"**
- Webcast video on How to Find Bids (Solicitations) and Submit Quotes (Responses) through COMMBUYS.

Website: Go to www.mass.gov/osd/commbuys and select the COMMBUYS Resource Center link offered under Key Resources.

Email: Send inquiries to the COMMBUYS Helpdesk at COMMBUYS@state.ma.us

Telephone: Call the COMMBUYS Help Desk at 1-888-MA-STATE (1-888-627-8283). The Help Desk is staffed from 8:00 AM to 5:00 PM Monday through Friday Eastern Standard or Daylight time, as applicable, except on federal and state holidays.

COMMBUYS Technical assistance is available during the procurement process through the COMMBUYS Help Desk. Every effort is made to respond to inquiries within one business day.

Bidders are advised that COMMBUYS will be unavailable during regularly scheduled maintenance hours of which all users will be notified.

9. DEADLINE FOR RESPONSES Or Engagement Calendar:

Deadline Date: May 10, 2017

Deadline Time: 4:00 p.m.

Will opportunity for written questions be offered? Yes ☒ **No** ☐
Questions should be submitted to Marilyn Schultz, Office of Community Health and Tobacco Use Prevention at marilyn.schultz@state.ma.us. All questions and answers will be posted on COMMBUYS.

Deadline for questions: May 3, 2017 at 4:00 p.m.

☐ **Check Box if confidentiality form is required.**

Department of Public Health

AWARD NOTICE/BIDDERS LIST & SCORE

DATE: **June 6, 2017**

TO: Interested Parties

FROM: **Patricia Henley**

SUBJECT: Notification of Contract Award/Bidder's List

The following vendor has been awarded a contract as a result of their bid submitted for

RFR TITLE: Municipal trade association to work with local health department employees

RFR NUMBER: **18_500824_1124**

COMMBUYS BID NUMBER: **BD-17-1031-BCHAP-BCH01-15256**

TYPE OF SOLICITATION: ☒ COMMBUYS ☐ 3 Bids ☐ Other (Describe)_____

VENDOR NAME/ADDRESS	**VEND. CUST. NO.**	**CONTACT NAME**	**PHONE, EMAIL** & WWW
NAME: Massachusetts Health Officers Association ADDRESS: 50 Nightingale Rd. #4 Plymouth, MA 02360	**VC 00024085**	Sarah McColgan	VOICE: 413-636-6418 EMAIL: smccolgan@mhoa.com WWW:

No other vendors submitted proposals.

The Commonwealth of Massachusetts would like to express its appreciation and best wishes to all those who participated in the successful completion of this solicitation.

Commbuys Links to Pertinent Procurements
Tenax/NECSEMA FOIA BCHAP-2026-26

Links for each of the procurements listed in Section 2 of PRR request showing award notices, scopes of work, original procurement documents, and application requirements and conditions

RFR# 180725 — Tobacco Free Community Partnership Program (and re-opens)

RFQ# 185008241124 — Municipal Trade Association to Work with Local Health Department Employees

- Commbuys link not public-facing and/or archived. Alternatively, DPH pulled all related records that would have been included as original request narrowed to links.

RFQ# 185008241024 — Municipal Trade Association to Work with Municipal Officials

RFQ# 185008241224 — Municipal Trade Association to Work with Appointed or Elected Local Boards of Health

- Commbuys link not public-facing and/or archived. Alternatively, DPH pulled all related records that would have been included as original request narrowed to links.

RFQ# 500824BCHAP05 — Smoke Free Housing Mobilization Capacity Building

RFR# 190128 — Municipal Board of Health Tobacco and Public Health Policy Programs (and re-opens)

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Template Rev 2.0

APPLICATION RESPONSE FORM, INSTRUCTIONS, AND CHECKLIST

For use with the M04 RFQ Template

General Instructions:

1. **See the RFQ and Commbuys posting for complete procurement specifications.**

2. **All responses are to be submitted using the online submission tools available to Vendors registered in COMMBUYS.** There is no charge to register in COMMBUYS. To Register go to www.COMMBUYS.com and click on the "Register" link on the front page.
   Bidders are solely responsible to monitor COMMBUYS for Bid amendments, if any. Bidders may monitor the record by frequently checking the Amendment Section on the Summary screen for the BID in COMMBUYS.

3. **All Bidders are advised to allow adequate time for submission by considering potential online submission impediments like Internet traffic, Internet connection speed, file size, and file volume.** OSD is not responsible for delays encountered by Bidders or their agents, or for a Bidder's local hardware failures, such as computers or related networks, associated with bid compilation or submission. Bids submitted via COMMBUYS are time stamped by the COMMBUYS system clock which is considered the official time of record.

Formatting Instructions:

This document was prepared using Microsoft Word's forms feature. Complete the form on your computer using Microsoft Word.

1. Save this document file to your computer.
2. Enter your responses in the highlighted gray area, moving between the gray areas using the tab key on your keyboard.
3. Responses to check boxes are made by clicking once on the check box. To remove the X from a check box, click on the check box again.
4. Text responses are limited to a maximum number of characters and the limits are noted in each question. Once the maximum character limit is reached, MS Word will not allow more than this limit. Please note that a space is counted as a character, and using the enter key to begin a new line in a response is also counted as a character. It is not recommended that applicants insert graphics into the responses. Spell-check does not work in text boxes.
5. Those with visual impairments may use an electronic text reader by unlocking the Application Response Form.

APPLICATION RESPONSE COVER PAGE

Make this the first page of your proposal

RFQ TITLE Municipal trade association to work with appointed or elected local BOHs

RFQ: 18_500824_1224

Organization

Organization Name: [ ]

Address:
[ ]

[ ]

City: [ ] **State:** [ ] **Zip:** [ ]

Vendor Code: [ ]

CEO (Chief Executive Officer) First Name: [ ] **Last Name:** [ ]

FEIN: [ ]

Contact Person

First Name: [ ] **Last Name:** [ ]

Title: [ ]

Telephone: ( ) - **FAX:** ( ) -

E-Mail: [ ]

Contact Person Address (if different):
[ ]

[ ]

City: [ ] **State:** [ ] **Zip:** [ ]

Location of Proposed Service

Program Name: [ ]

Program Address:
[ ]

[ ]

City: [ ] **State:** [ ] **Zip:** [ ]

A note about the text boxes [ ]: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

QUESTIONS FOR RESPONSE

Enter your response in the gray shaded areas using Microsoft Word.

1. A. Provide a brief abstract of the proposed program (text input limit 1,875 characters, approximately 300 words).

Enter text here; text limit 1,875 characters

B. Attach an organizational chart that shows the location of the proposed program within your agency.

☐ Organization Chart attached.

2. Describe how the proposed program will link with the mission and programs described in your agency's mission statement (text input limit 1,250 characters, approximately 200 words).

Enter text here: text limit 1,250 characters

Attach a copy of your organization's most recent mission statement to this response

☐ Most recent mission statement attached

3. Briefly describe your experience in working with municipal health boards to support the development, implementation, and enforcement of local policies addressing active living, healthy eating, and tobacco control and prevention (text input limit 3,000 characters, approximately 500 words).

Enter text here; text limit 3,000 characters

4. Describe how internal and external collaborations have and will enhance your ability to target, plan, provide, and evaluate the proposed program. Note how these collaborations will directly benefit the priority population, promote efficiency, and/or improve effectiveness (text input limit 2,500 characters, approximately 400 words).

Enter text here; text limit 2,500 characters

Complete and attach the Levels of Cooperative Activities Chart for this program available on the COMMBUYS procurement screen.

☐ Levels of Cooperative Activities Chart attached.

5. A. It is anticipated that this project will require managing projects, including pilot projects and mini-grants to promote, implement or enforce policy, systems and environmental change strategies to improve public health. Describe your agency's fiscal capacity to manage subcontracts or the distribution of mini-grant funds (text input limit 2,500 characters, approximately 400 words).

Enter text here; text limit 2,500 characters

B. If the proposal being submitted contains subcontracts, name the proposed subcontractors. Describe how the subcontracts will function, including descriptions of responsible parties and structures for operation and accountability. All subcontracts are subject to DPH approval (text input limit 2,500 characters, approximately 400 words).

A note about the text boxes [ ]: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

Enter text here; text limit 2,500 characters

If you are proposing to use subcontractors, complete the Direct Care Subcontractor Identification List, found at the COMMBUYS procurement screen.

☐ Subcontractor Identification List attached (if applicable).

6. Federal standards direct agencies to deliver effective, understandable, and respectful care that is provided in a manner compatible with a client's cultural health beliefs and practices and preferred language. Describe your program's client population and your strategies for delivering culturally competent and linguistically appropriate services. For assistance in developing strategies to provide culturally and linguistically appropriate standards of care, please see the Cultural and Linguistic Appropriate Services Standards and Guidelines attachment available at the COMMNBUYS procurement screen (text input limit 2,500 characters, approximately 400 words).

Enter text here; text limit 2,500 characters

7. Provide two examples of technical assistance and/or training provided by your agency to a local municipality to build capacity for local policy, systems, and/or environmental change to improve public health. Describe the problem and the **impact** of technical assistance and/or training (text input limit 3,000 characters, approximately 500 words).

Enter text here; text limit 3,000 characters

8. Describe the current expertise of your agency in public health issues such as tobacco control, chronic disease, health promotion, wellness, substance abuse, environmental health, school health or related issues (text input limit 3,000 characters, approximately 500 words).

Enter text here; text limit 3,000 characters

9. Program Budget: For cost reimbursement contracts, provide an annual line-item budget using the Program Budget form on the COMMBUYS procurement screen. Use the Purchase of Service Titles - UFR Titles: www.mass.gov/anf/docs/osd/forms/attachmts/postitles.doc, for a list of position codes for the form.

☐ Program Budget form is attached.

Provide a program budget justification narrative, reflecting each line in the Program Budget form. Demonstrate how each budget item supports the overall program (text input limit 6,000 characters, approximately one page).

Enter text here; text limit 6,000 characters

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APPLICATION RESPONSE SUBMISSION PAGE	
Organization **I affirm that I will comply with the requirements of this Request for Quote and with the terms of this proposal.**	
Authorized Signatory: **First Name: [ ] Last Name: [ ]** **Title: [ ]**	**Authorized Signature for the Applicant Organization (in blue ink):**

APPLICATION INSTRUCTIONS

1. **Save, read and review** the completed Application Response Form. Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes.
2. **Upload in COMMBUYS** the Application Response Form with the attachments according to the application Checklist.
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4. **Submit** your electronic quote in COMMBUYS. (Vendors must be registered in COMMBUYS to submit quotes)

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CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

Assemble the documents **in this order** and submit:

- ☐ Application Response Form (cover page on top)
- ☐ Organization Chart
- ☐ Most recent mission statement
- ☐ Levels of Cooperative Activities Chart
- ☐ Subcontractor Identification List
- ☐ **Plus all the other forms listed on the _____.**

Addendums or attachments not specifically requested in this document, the RFQ or on the Commbuys screen will not be reviewed.

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Template Rev 2.0

APPLICATION RESPONSE FORM, INSTRUCTIONS, AND CHECKLIST

For use with the M04 RFQ Template

General Instructions:

1. **See the RFQ and Commbuys posting for complete procurement specifications.**

2. **All responses are to be submitted using the online submission tools available to Vendors registered in COMMBUYS.** There is no charge to register in COMMBUYS. To Register go to www.COMMBUYS.com and click on the "Register" link on the front page.
   Bidders are solely responsible to monitor COMMBUYS for Bid amendments, if any. Bidders may monitor the record by frequently checking the Amendment Section on the Summary screen for the BID in COMMBUYS.

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Formatting Instructions:

This document was prepared using Microsoft Word's forms feature. Complete the form on your computer using Microsoft Word.

1. Save this document file to your computer.
2. Enter your responses in the highlighted gray area, moving between the gray areas using the tab key on your keyboard.
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5. Those with visual impairments may use an electronic text reader by unlocking the Application Response Form.

APPLICATION RESPONSE COVER PAGE

Make this the first page of your proposal.

RFQ TITLE Municipal Trade Association to work with local health department employees

RFQ # 18_500824_1124

Organization

Organization Name: [ ]

Address:
[ ]

[ ]

City: [ ] **State:** [ ] **Zip:** [ ]

Vendor Code: [ ]

CEO (Chief Executive Officer) First Name: [ ] **Last Name:** [ ]

FEIN: [ ]

Contact Person

First Name: [ ] **Last Name:** [ ]

Title: [ ]

Telephone: ( ) - **FAX:** ( ) -

E-Mail: [ ]

Contact Person Address (if different):
[ ]

[ ]

City: [ ] **State:** [ ] **Zip:** [ ]

Location of Proposed Service

Program Name: [ ]

Program Address:
[ ]

[ ]

City: [ ] **State:** [ ] **Zip:** [ ]

A note about the text boxes [ ]: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

QUESTIONS FOR RESPONSE

Enter your response in the gray shaded areas using Microsoft Word.

1. (a) Provide a brief abstract of the proposed program (text input limit 1,875 characters, approximately 300 words):

Enter text here; text limit 1,875 characters

b. Attach an organizational chart that shows the location of the proposed program within your agency.

☐ Organization Chart attached.

2. Describe how the proposed program will link with the mission and programs described in your agency's mission statement (text input limit 1,250 characters, approximately 200 words).

Enter text here: text limit 1,250 characters

Attach a copy of your organization's most recent mission statement to this response.

☐ Most recent mission statement attached.

3. Briefly describe your experience in working with municipal health officers and officials to support the development, implementation, and enforcement of local policies addressing tobacco control and prevention (text input limit 3,000 characters, approximately 500 words).

Enter text here; text limit 3,000 characters

4. Describe how internal and external collaborations have and will enhance your ability to target, plan, provide and evaluate the proposed program. Note how these collaborations will directly benefit the priority population, promote efficiency, and/or improve effectiveness (text input limit 2,500 characters, approximately 400 words).

Enter text here; text limit 2,500 characters

Complete and attach the Levels of Cooperative Activities Chart for this program available on the COMMBUYS procurement screen.

☐ Levels of Cooperative Activities Chart attached.

5. A. It is anticipated that this project will require managing projects, including pilot projects and mini-grants to promote, implement or enforce policy, systems and environmental change strategies to improve public health. Describe your agency's fiscal capacity to manage subcontracts or the distribution of mini-grant funds (text input limit 2,500 characters, approximately 400 words).

Enter text here; text limit 2,500 characters

B. If the proposal being submitted contains subcontracts, name the proposed subcontractors. Describe how the subcontracts will function, including descriptions of responsible parties and structures for operation and accountability. All subcontracts are subject to DPH approval (text input limit 2,500 characters, approximately 400 words).

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Enter text here; text limit 2,500 characters

If you are proposing to use subcontractors, complete the Direct Care Subcontractor Identification List, found at the COMMBUYS procurement screen.

6. Federal standards direct agencies to deliver effective, understandable and respectful care that is provided in a manner compatible with a client's cultural health beliefs and practices and preferred language. Please describe your program's client population and your strategies for delivering culturally competent and linguistically appropriate services. For assistance in developing strategies to provide culturally and linguistically appropriate standards of care, please see the Cultural and Linguistic Appropriate Services Standards and Guidelines attachment available at the COMMNBUYS procurement screen (text input limit 2,500 characters, approximately 400 words):

Enter text here; text limit 2,500 characters

7. Program Budget: For cost reimbursement contracts, provide an annual line-item budget using the Program Budget form on the COMMBUYS procurement screen. Use the Purchase of Service Titles - UFR Titles: www.mass.gov/anf/docs/osd/forms/attachmts/postitles.doc, for a list of position codes for the form. Proposed budgets should include up to 20% for sub-contracting purposes which can be modified with DPH approval.

☐ Program Budget form is attached.

Provide a program budget justification narrative, reflecting each line in the Program Budget form. Demonstrate how each budget item supports the overall program (text input limit 6,000 characters, approximately one page).

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Request for Quotes

Purchasing Department: Massachusetts Department of Public Health Division of Prevention and Wellness

Address: 250 Washington Street, 4th Floor, Boston, MA 02108

Telephone #: 617-624-6040

RFQ File Name/Title: Municipal trade association to work with appointed or elected local BOHs

Object Code: M04 **UNSPSC Code:** 93-14-00

RFQ File Number: 18_500824_1224

COMMBUYS Bid Number:

Engagement Team Leader/ Contact Person: Patricia Henley

1. Description Or Purpose of Engagement

The Division of Prevention and Wellness at the Massachusetts Department of Public Health (MDPH) seeks responses from municipal trade associations to work with appointed and elected municipal board of health members to support the development, implementation, and enforcement of local policies to prevent and reduce chronic disease and associated risk factors and to promote healthier communities.

Eligible applicants must be approved vendors on the Department of Public Health's Statewide Capacity Building Master Agreement List.

2. Whether Single Or Multiple Contractors Are Required For Engagement(s)

☒ Single Contractor ☐ Multiple Contractors.

3. Indicate Engagement Performance and Business Specifications

Scope of Service

The scope of this work is to build capacity within municipalities/local boards of health to implement policy, systems, and environmental change to promote healthier communities. The selected vendor will provide support, technical assistance, and training to appointed and elected members of municipal boards of health to develop tobacco control, chronic disease prevention, health promotion, wellness, and other public health strategies with a focus on local interventions and reducing health disparities. Emphasis of work will be on increasing active living, healthy eating, and tobacco-free living.

Activities may include:

1. providing technical assistance, training and consultation to municipal health board members, community or regional partners, MDPH funded programs and MDPH initiatives such as Massachusetts Tobacco Cessation and Prevention Program (MTCP) and Mass in Motion to promote, implement and enforce policy, systems and environmental change to improve local/regional public health;
2. providing technical assistance including reviewing draft policies, attending public hearings and consulting on challenges to policies;

3. analyzing national, state and local policy initiatives and laws and providing expert testimony;
4. managing projects including pilot projects and mini-grants to municipalities to promote, implement or enforce policy, systems and environmental change strategies to improve public health;
5. developing connectivity and integration between MDPH, local boards of health, municipal government, community health coalitions and community-based partners on state-wide, regional and local initiatives;
6. increasing capacity of municipal boards of health and community partners to sustain public health policies with limited funding; and
7. coordinating information exchange with members of own organization to build understanding and support of evidence-based, best practice and promising practice approaches to local/regional public health.

Trade associations or membership organizations that are statewide and represent or work with elected or appointed municipal board of health members would be eligible to apply. Organizations must have a constituency that influences local public health issues and/or the health of a community.

Organizations working with the Massachusetts Tobacco Cessation and Prevention Program (MTCP) cannot accept tobacco industry contributions.

Evaluation Criteria

Applicant agencies must meet the following criteria:

1. demonstrated experience and working relationships with relevant state and municipal agencies, local boards of health;
2. experience providing technical assistance and training on municipal public health and policy, systems and environmental change strategies;
3. demonstrated capacity to deliver services statewide; and
4. experience with outreach to both advocacy and grassroots organizations.

Performance Requirements

The Department of Public Health is endeavoring to deliver the Best Value to facilitate our needs. However, it is important to measure the Contractor's performance to ensure the Engagement is in compliance with what has been requested and what the Contractor has offered in this RFQ. The following performance areas will be subject to measurement:

1. Timely Delivery (Commodities, Services, Reports, Billing, etc.)
2. Responsiveness to Departmental Inquiries
3. Quality of Deliverables (Commodities, Services, Reports, etc.)
4. Performance Targets/Benchmarks (Quantities, Outcomes, etc.)
5. Attendance at scheduled meetings

The Procurement Management Team (PMT) shall negotiate with contractors any requirements not set forth in the RFQ.

Engagement Performance Monitoring

To ensure performance monitoring, the selected vendor will be required to update the Department of Public Health on progress toward the goals and outcomes of the engagement with at least monthly in person meetings.

4. Expected Duration of Engagement

Anticipated Initial Duration up to: ____months; __1__ year(s)

Anticipated Renewal Options: __6__ options to renew for __1___ year(s) each option

Final End Date of this Engagement: _____June 30, 2024_____

5. Anticipated Expenditures, Funding Or Compensation For Expected Duration

Total Estimated Value of engagement (Including Anticipated Renewal Options): $1,600,000

Annualized Estimated Value of engagement: $200,000, additional funding of approximately $50,000 may be available annually for projects fitting within the scope of this RFQ. Annual amount will be conditional based on final budget determination.

6. Contract Invoicing: Contractors on this contract will bill through the Enterprise Invoice Management (EIM) system.

The following policies apply when billing through EIM for **Cost Reimbursement Contracts:**

- DPH billing procedures through the EIM/ESM system require that contracted providers submit an invoice, on a monthly basis, for all services provided in the previous month.
- DPH requires that this invoice be authorized in EIM-ESM no later than the 14th day of the month, following service delivery. This includes a zero invoice if no services were provided.
- The only exceptions will be when the Bureau has been previously notified of extenuating circumstances and the request has been approved by the bureau contract manager. If corrections need to be made to previously submitted invoices, supplemental invoices must be submitted for the month in which the billing was originally submitted.
- All offsets must be reported for each UFR on the Invoice.

7. Instructions for Submission of Responses

All responses to be submitted electronically using the online submission tools available to Vendors registered in COMMBUYS. There is no charge to register in COMMBUYS. To Register go to www.COMMBUYS.com and click on the "Register" link on the front page.

All Quotes must be received by the Department of Public Health before the specified date, month, year and time of the Bid Opening Date displayed on COMMBUYS. Times are Eastern Standard/Daylight Savings (US), as applicable.

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COMMBUYS Item Screen

Vendors submitting quotes with "No Bid" checked in the item screen will not be eligible to enter into a contract with DPH. "No Charge" must be checked or a dollar amount entered in the Unit Cost Field. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide services or products at no charge.

File Format
Scanned documents will be accepted and must be scanned in such a way that they can be read on a computer monitor and printed on 81/2" x 11" paper, unless otherwise specified. Zipped files will be accepted and must be in a .zip format when saved. Other zip file formats will not be accepted.

Public Records. All information, documents, and attachments submitted as a response to this RFQ are considered a public document subject to the Massachusetts Public Records Law, M.G.L., c. 66, s. 10, and to c. 4, s. 7, ss. 26. **Please be aware that checking the "confidential" box in COMMBUYS does not bar these documents from being released as a public record pursuant to these statutes once the procurement is awarded, unless statutorily exempt from disclosure.**

Required elements of response include a budget and deliverables. Staff rates used in calculating the budget must not exceed the rates approved for your contract and posted on COMMBUYS at Master Blanket Purchase Order PO-15-1031-ADMIN-ADM08-00000002565.

To assist bidders in identify the purpose of the attachments for this RFQ; the forms posted on the COMMBUYS attachment section have a prefix according to the following chart:

REQ	Required	Must complete and return document with application
READ	Read Only	Read only documents do not need to be returned with the application.
INFO	Informational	Document is for informational purposes

8. COMMBUYS Support

The following resources are provided to assist Bidders in submitting Quotes:

- An online job aid on **"Creating a Quote in COMMBUYS for DPH; POS BIDs"**
- Webcast video on How to Find Bids (Solicitations) and Submit Quotes (Responses) through COMMBUYS.

Website: Go to www.mass.gov/osd/commbuys and select the COMMBUYS Resource Center link offered under Key Resources.

Email: Send inquiries to the COMMBUYS Helpdesk at COMMBUYS@state.ma.us

Telephone: Call the COMMBUYS Help Desk at 1-888-MA-STATE (1-888-627-8283). The Help Desk is staffed from 8:00 AM to 5:00 PM Monday through Friday Eastern Standard or Daylight time, as applicable, except on federal and state holidays.

COMMBUYS Technical assistance is available during the procurement process through the COMMBUYS Help Desk. Every effort is made to respond to inquiries within one business day.

Bidders are advised that COMMBUYS will be unavailable during regularly scheduled maintenance hours of which all users will be notified.

9. DEADLINE FOR RESPONSES Or Engagement Calendar:

Deadline Date: May 10, 2017

Deadline Time: 4:00 p.m.

Will opportunity for written questions be offered? Yes ☒ **No** ☐

Questions should be submitted to Marilyn Schultz, Office of Community Health and Tobacco Use Prevention at marilyn.schultz@state.ma.us. All questions and answers will be posted on COMMBUYS.

Deadline for questions: May 3, 2017 at 4:00 p.m.

☐ **Check Box if confidentiality form is required.**

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Template Rev 4

APPLICATION RESPONSE FORM, INSTRUCTIONS, AND CHECKLIST

For use with the M04 RFR Template

General Instructions:

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1. Save this document file to your computer.
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5. Those with visual impairments may use an electronic text reader by unlocking the Application Response Form.

APPLICATION RESPONSE COVER PAGE

Make this the first page of your proposal.

RFR TITLE: Tobacco-Free Community Partnership Program RFR #180725

Organization

Organization Name: [University of Massachusetts Worcester]

Address:
[55 Lave Avenue North]

[ ]

City: [Worcester] State: [MA] Zip: [01655]

Vendor Code: [VC6000178132]

CEO (Chief Executive Officer) First Name: [Michael] Last Name: [Collins]

FEIN: [043167352]

Contact Person

First Name: [Barbara] Last Name: [Grimes-Smith]

Title: [Director, Wellness Initiative]

Telephone: (508) 856-8786 FAX: (508) 856-2725

E-Mail: **[Barbara.Grimes-Smith@umassmed.edu]**

Contact Person Address (if different):
[Department of Psychiatry, S7-802
UMass Medical School]

[55 Lake Ave North]

City: [Worcester] State: [MA] Zip: [01655]

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

QUESTIONS FOR RESPONSE

Enter your response in the text boxes using Microsoft Word.

1. a. Provide a brief abstract of the proposed program. (text input limit 1,875 characters, approximately 300 words)

The UMass Department of Psychiatry, UMass Medical School will work in collaboration with the Massachusetts Tobacco Cessation and Prevention Program, community members, schools, healthcare providers, worksites, faith-based organizations, local officials, community-based organizations, media outlets, parents, former smokers, youth, and community coalitions, to change community norms in order to 1) reduce tobacco use, 2) prevent youth initiation of smoking and 3) reduce exposure to secondhand smoke in Central Massachusetts. In order to achieve these goals, the UMass Department of Psychiatry will implement strategies to enhance the community's support of and capacity to implement tobacco interventions that are consistent with best practices around tobacco prevention and control and target disparate populations disproportionally burdened by tobacco related illness. Strategies include: Raising the community's knowledge of the consequences of tobacco use, tobacco industry tactics and available cessation resources by generating earned media (newspaper, t.v., newsletters, etc.) and by giving presentations; Acting as a tobacco resource to the community; Coordinating MTCP initiatives with local partners; Engaging youth and supporting local 84 Chapters; Educating stakeholders about tobacco control policy initiatives; Collaborating with diverse segments of the community to conduct assessments to determine needs and attitudes that influence tobacco disparities; and by Mobilizing community members to support policy initiatives.

b. Briefly describe your catchment area. Note the anticipated assets, challenges and gaps of the region that specifically relate to the implementation of the proposed tobacco program. (text input limit 1,875 characters, approximately 300 words)

The proposed catchment area consists of 68 cities and towns in the Central Region; comprised of urban, suburban & rural communities; with wide income ranges; and a total population of 900,222 with 57% living in a city/town identified as a community of need. Residents in the region are predominantly white however race/ethnicity in Worcester, Milford, Fitchburg & Southbridge is changing. For example, these cities have growing populations, such as Brazilian, Southeast Asian, Arab & Latino, which tend to have high smoking rates among men. Of the 51 towns with smoking prevalence data, 20 have a smoking rate >16%; and 15 have a smoking rate between 12-16%. There is still a significant number of adults in the region that smoke. There is also a community perception that smoking is no longer an issue due to the MA Smoke-Free Workplace Law and the increase in tobacco tax. Both instances highlight the need for further education on the health hazards of tobacco use, available cessation resources, and why policies are essential to prevent youth initiation of smoking, protect people from secondhand smoke exposure & motivate smokers to quit. 2 towns in the region have strong/comprehensive tobacco control regulations thus highlighting the need to mobilize constituents to support local regulations. The region has many strong allies that have conducted community health assessments (North County, Greater Worcester & South County) identifying tobacco as an issue; and have been partnering with the Central MA Tobacco-Free Community Partnership/UMass Medical School to implement tobacco control strategies. The region also has a strong capacity to engage constituents via agency list-serves, websites, social media, radio & local cable tv shows. Lastly, 65% of the towns are served by MTCP funded Boards of Health in which the Partnership has strong working relationships.

c. Attach an organizational chart that shows the location of the proposed program within your agency.

☒ Organization Chart uploaded to COMMBUYS.

d. Supplier Diversity Plan form for POS (posted in the COMMBUYS Bid Attachment Section): Bidders are to submit a copy of their most recently submitted "SDP Plan Form for POS" with their proposal to signify to the Procurement Management Team that a form has been submitted. Bidders that do not currently hold POS contracts with Commonwealth Departments, Bidders that are exempt from filing a UFR, Bidders who have not yet submitted a SDP Plan Form for POS with their most recent UFR, or Bidders that are not required to submit a UFR are required to complete the Form and include it with their proposal. (No Points)

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☐ **Copy of** SDP plan form is uploaded to COMMUBYS (original was submitted with UFR)
or
☒ **Original** SDP plan form is uploaded to COMMBUYS.

e. Provide a percentage breakdown by job category and race/ethnicity of your agency's staff on the Agency Staff Demographics Table available on the COMMBUYS Bid Attachment Section (attach to this proposal). Please enter percentages as whole numbers (e.g., 2.3% = 2%).

☒ Agency Staff Demographics Table uploaded to COMMBUYS.

2. a. Describe how the proposed program will align with your agency's mission statement. (text input limit 1,250 characters, approximately 200 words)

The goal of the proposed program, to change community norms in order to reduce tobacco use, prevent youth initiation of smoking and reduce exposure to secondhand smoke, aligns with the mission of the UMass Medical School and UMass Department of Psychiatry. The mission of the Medical School is to advance the health and well-being of the people of the commonwealth and the world through pioneering education, research and health care delivery with clinical partner UMass Memorial Health Care. The mission of the Department of Psychiatry is to promote and conduct state-of-the-art and recovery-informed patient care, research, training and community engagement in an effort to enhance the mental health of all citizens of MA and beyond. People with mental illness and/or substance use disorders die 12-25 years sooner than the general population due to changeable behaviors, most notably smoking. To address this health disparity, the Department conducts tobacco trainings; runs a tobacco consultation service within the UMass Memorial Medical Center; and is engaged in projects with community-based organizations to increase their capacity to utilize effective tobacco treatment resources with clients and to adopt tobacco-free policies.

b. Attach a copy of your organization's most recent mission statement to this response.

☒ Most recent mission statement uploaded to COMMBUYS.

3. Relative to the mobilization and policy component of the scope briefly describe the influence that your agency has on creating healthier communities. Provide at least one example of how your agency has educated and mobilized communities to promote policy, systems, and/or environmental change at the municipal level. Include how you identified strategies, who you engaged, and the outcome. Explain how this experience could translate into the proposed program and tobacco prevention work. (text input limit 4,500 characters, approximately 750 words)

The UMass Medical School is a distinguished academic health sciences center advancing the health and well-being of the people of Massachusetts and the world through pioneering advances in education, research and health care delivery. With our clinical partner, UMass Memorial Health Care, we work to improve health and enhance access to care for people within our community, the commonwealth, and the world; provide educational programs for the training of physicians, nurses, advanced practitioners, researchers, and educators; and conduct research to improve the health of the communities we serve. All of these endeavors influence healthcare in the region and state and help to create healthier communities. The Central MA Tobacco Free Partnership aligns with these endeavors by creating healthier communities through educating and mobilizing communities to adopt health policies (systems change). This is accomplished by adhering to the healthy community principles. These principles are key to elevating the tobacco work within communities. This involves providing accurate information to community members; Being inclusive of all stakeholders, including recruiting and engaging youth; Finding common ground among individuals/groups to build ownership; Building community capacity to address their tobacco issues; and Measuring/tracking progress. Following these principles/best practices will positively influence a community's ability to make advances in addressing tobacco issues. A specific example regarding community influence is the work done in the City of Worcester. Beginning in 2011 the Central MA Tobacco Free Community Partnership has consistently worked to build vocal community support for local tobacco policy change in the City of Worcester. All education and community mobilization efforts have been coordinated with our MTCP partners, the Worcester Tobacco Control Collaborative and the HOPE Coalition 84 Chapter (a statewide high school age youth organization that fights the influence of the tobacco industry). Previous to 2015, the Worcester City Council was responsible for voting on tobacco policy. In 2016 a new Board of Health was established with the authority to vote on local tobacco policy. Even though the manner in which policies are adopted had changed, and the target policy makers were different, the education strategies remained the same. 1) Over four years the Partnership Director provided education and awareness presentations on tobacco policy and prevention to

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community-based organizations, substance abuse treatment agency staff, public and private school personnel, parents, local legislators, business community members and faith based organizations in order to build support for tobacco regulations. 2) Coordination with a statewide effort, led by a proactive pediatrician, to promote a policy of increasing the minimum tobacco sales age to 21 helped to educate the City Council and the new Board of Health regarding how the regulation would help to reduce youth access to tobacco products and decrease youth smoking rates. This education was important to lay the foundation of understanding regarding the need for policy change. 3) The Partnership Director successfully secured earned media through local news outlets consisting of published articles and letters to the editor in support of the policy change. Cable TV and radio, newsletter articles and online media were also secured highlighting the need for the policy change. 4) Lastly, the MTCP statewide media awareness campaign, coordinated at the local level by the Program Director, in newspapers, on buses, and online through Facebook ads highlighted the tobacco industry tactics of promoting tobacco products to youth that are cheap, sweet and easy to get. In 2016 when the new Worcester Board of Health held a public hearing on the regulation, to raise the minimum sales age to 21, key community stakeholders, high school youth from the 84 chapter, and health care practitioners testified in support of the policy. As a result of these efforts, the Board of Health voted to pass the regulation. The Partnership Director is a respected partner in the greater Worcester public health community, and will continue to work with Worcester stakeholders in ongoing policy efforts to reduce tobacco use among disparate populations and create a healthy Greater Worcester for all.

4. a. Relative to the partnership development and capacity building component of the scope, explain the types of external partnerships your agency has in the proposed catchment area. Demonstrate the various sectors, types of relationships held, and examples of collaboration. Explain how these relationships will enhance your agency's ability to implement the proposed program, particularly as it relates to reaching populations disproportionately burdened by tobacco use. Complete and attach the Levels of Cooperative Activities Chart for this program available in the COMMBUYS Bid Attachment Section. (text input limit 4,500 characters, approximately 750 words)

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The UMass Department of Psychiatry Tobacco Team has developed comprehensive external collaborations with numerous organizations in the Central Region that directly serve those at highest risk of tobacco use and exposure to secondhand smoke. These organizations include, the Worcester District Medical Society, Worcester Department of Public Health, Genesis Club (assists individuals with a mental illness to attain employment and housing), Central MA Substance Abuse Association, Central MA Area Health Education Center, Milford Hospital, Harrington Hospital, and UMass Memorial Health Care campuses and affiliated hospitals. The Department of Psychiatry has worked with these organizations in many ways including providing technical assistance on tobacco-free campus initiatives; providing expert testimony at public hearings regarding banning tobacco in pharmacies; providing assistance with implementing tobacco-free buffer zones around buildings; promoting tobacco cessation resources; educating staff on emerging tobacco products; and developing culturally appropriate tobacco materials for constituents. These strong community relationships, along with the UMass Department of Psychiatry's extensive public health and tobacco background, serve as a resource and support to the Partnership Director as she continues to mobilize the community to address tobacco issues. Over the course of the past 5 years the Partnership Director has developed collaborative relationships with many sectors of the community, representing schools, worksites, health care, local government, housing authorities, media, parents and youth which have helped the program to work effectively and successfully throughout the Central Region (see Levels of Cooperative Activities form). Many of these organizations work directly with populations disproportionately burdened by tobacco use. Thus, these joint collaborations are crucial in providing the Partnership Director with opportunities to educate and mobilize community members. For example, collaborating with community organizations provides access to priority populations through speaking engagements, inclusion of tobacco information in newsletters, and training agency staff on available cessation resources that they can share with their constituents. It is also through these relationships that the Partnership Director can identify and work with community stakeholders to submit letters to the editor and speak at public hearings in support of tobacco policies. These collaborative relationships take time and a commitment on the part of the Partnership Director and involves participating in community meetings and workgroups in order to establish credibility in the community. Ms. Grosowsky has established strong collaborative relationships with many community organizations in the region. An example of a collaborative process that resulted in policy change is the smoke-free housing work Ms. Grosowsky did in the town of Clinton. In 2015 Clinton was identified as a priority community because the smoking rate was higher than the state average. Although the Clinton Board of Health had been a partner in the Leominster Tobacco Control Collaborative there had been no prior Community Partnership work there. The Clinton Housing Authority was identified to approach to discuss implementing a smoke-free housing policy. Ms. Grosowsky spoke with the Housing Director and was informed the Housing Authority Board was not interested in changing its policy. To begin to build community support for a smoke-free housing policy, Ms. Grosowsky began meeting with local stakeholders and providing education about smoke-free policies and the benefits to residents. She spoke with the Town Manager, Town Planner, members of the Clinton Area Partnerships Coalition, Director of the Clinton Early Childhood Action Council, Superintendent of the Public Schools, Director of the local United Way program and eventually a newly elected Housing Authority Board member. Throughout the process each community stakeholder suggested another stakeholder for Ms. Grosowsky to speak to. Each conversation contributed to building community support for the policy. This process also led to informal conversations between the stakeholders and Housing Authority members. As a result of these efforts, one year later Ms. Grosowsky, along with MTCP TA resource Chris Banthin, were invited to meet with the Board. Subsequently, the Board decided to adopt a smoke-free policy.

☒ Levels of Cooperative Activities Chart uploaded to COMMBUYS.

b. Provide letters of support from three partners that describe past and current relationships between them and your agency and indicates their willingness to work on tobacco related issues with your agency in the future. At least one of the letters should be from an agency that serves or is reflective of disparate populations.

☒ 3 letters of support uploaded to COMMBUYS.

5. Relative to the communications and earned media component of the scope, describe the types of media outlets/channels in your catchment area. Which ones will be most impactful as it relates to the scope of the Tobacco-Free Community Partnership work? How would you leverage them to reach intended audiences? Also, note your agency's experience generating earned media. If you have not generated earned media, describe how you would approach this work. (text input limit 4,500 characters, approximately 750 words)

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The Central Region has many traditional and non-traditional communication vehicles that provide robust platforms to engage constituents. Traditional outlets include: weekly and monthly community newspapers that cover 1-2 towns; daily newspapers that cover multiple towns; a daily regional newspaper (e.g., Worcester Telegram and Gazette); cable access tv shows (e.g., WCCA TV 194 Health Matters, Beacon Hill Chat and Imagine Worcester) and community calendars; and local radio talk shows (e.g., Jim Polito, Hank Stoltz, Jordan Levy). Non-traditional outlets include: local organization e-newsletters, websites, and social media posts. Community members have commented on utilizing these mediums for information. Thus, all of these communication vehicles can be important in advancing the Partnership's work. The communication vehicles chosen to assist the work will depend on the activity (e.g., educating the public about a tobacco issue or mobilizing the public to support a tobacco regulation); geographic location of interest (e.g., town); and intended recipients of the messaging. The Central MA Tobacco Free Partnership Director has for the past five years built relationships with these different communication outlets and has, in collaboration with MTCP, been able to effectively identify topics of interest for particular media outlets thus increasing the success of generating earned media. Also, Ms. Grosowsky has a reputation in the region as an expert on tobacco issues. Over time these efforts have led to an increased number of earned media, even in newspapers (e.g., Worcester T&G) that have traditionally not published tobacco articles. Developing and maintaining communication relationships takes time and effort. The time and effort invested with community organizations shows that you have the best interest of the community at heart. This is demonstrated by consistently coming to the table and contributing to community health efforts, as demonstrated through participation in community meetings and workgroups. Then the organizations will allow you to include your messaging in their communications to constituents. Working with traditional media outlets, such as newspapers, requires a different tactic. One must understand the constituents served by each newspaper in order to present the information in a way that is appealing to the intended audience. For example, elected officials tend to read the Worcester T&G (daily, regional newspaper) to get regional news while community members tend to read their weekly/monthly town newspaper to receive information specific to their community. Thus, the information submitted in each instance would be slightly different to address the particular audience needs. One must also pay attention to the needs of the particular newspaper. Each newspaper can have specific guidelines in terms of word count limit, how the information is submitted to them, or general policies regarding how often one person can submit information, such as a letter to the editor, and have it published. Knowing these specifics will increase the chances of a submission being published. Also, providing reporters with helpful information and being an expert resource for questions enhances the relationship by making their job easier. This can be easily accomplished by periodic check-ins with the reporter or approaching them after a public hearing for example and offering to answer any questions. A specific example of generating earned media is the tri-city work that Ms. Grosowsky did in order to build community support for a flavor restriction regulation in the cities of Gardner, Fitchburg and Leominster. A combination of strategies, including letters to the editor, newspaper articles, and tv, were used. First, Ms. Grosowsky supported 3 constituents in submitting letters of support that were published in the Sentinel & Enterprise and the Gardner News. Second, due to a relationship with a local reporter, 2 educational articles were written in the Sentinel that provided information about the flavored products, what regulations were already in place in the cities and why the flavor regulation was being considered by the Boards of Health. Lastly, the Partnership Director gave interviews on two different Fitchburg Cable TV shows, one including youth from the local 84 chapter. The interviews discussed the concerns about the flavored products and why the regulations were an important strategy in addressing youth access to the products.

6. Relative to the health equity component of the scope, describe your agency's commitment, understanding, and experience in working to reduce health disparities and/or in addressing social determinants of health. Provide at least one example that documents your experience. (text input limit 4,500 characters, approximately 750 words)

Diversity is inherent in UMass Medical School's mission to advance the health and well-being of the people of the Commonwealth and the world. As a leading academic health sciences center, we are preparing tomorrow's physicians, nurses and scientists to serve and relate to a multicultural society by building an inclusive culture characterized by civility and respect; increasing numbers of underrepresented groups in student, faculty and staff positions; improving the cultural competence of our workforce through diversity education and programming; and advancing health equity by making a significant impact on reducing disparities through research, service and practice. The UMass Medical School (UMMS) has many initiatives both internal to the institution and external to address health disparities. One example of the Medical School's experience collaborating with community partners to address health disparities is the Worcester Community Health Improvement Plan (CHIP). Many community partners came together to address the health status of the communities of Greater Worcester through participating in a Community Health Assessment (CHA). This process revealed a number of priorities the community needs to address in order to best improve health. Using the CHA information, a process began to create this Community Health Improvement Plan

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(CHIP). A CHIP is used as a roadmap for health improvement over a 3-5 year period and guides the investment of resources of any organization that has a stake in improving the health of the residents of Worcester and the surrounding communities. The Medical School was a strategic partner in the development of the Worcester CHIP and collaborates with community partners in meeting the goals of the CHIP. The CHIP's primary focus is to eliminate health disparities by addressing health equity priorities. The CHIP consists of 9 domains: access to care; access to healthy food; cultural responsiveness; economic opportunity; substance abuse; mental health; physical activity; racism & discrimination; and safety. Several UMMS administrators, faculty and staff, including the Program Director of the Central MA Tobacco Free Partnership, participated in the different workgroups to identify goals and strategies to address each domain and continue to work collectively to address the health needs of Greater Worcester. The UMMS's Prevention Research Center is also an instrumental resource for evaluation of the CHIP priority areas. A second example is the work that Ms. Grosowsky, the Central MA Tobacco Free Partnership Director, is doing to build support for tobacco control among diverse parts of the community, in particular public housing authorities. Individuals living in public housing have a higher prevalence of tobacco use, lower cessation rates and poorer health outcomes. There is also higher exposure to secondhand smoke for those living in public housing. Ms. Grosowsky connected the Housing Authority Boards of Fitchburg, Gardner, Leominster, Sterling, Worcester, Spencer, Charlton, Bolton, and Webster with technical assistance by Chris Banthin to start discussions around the need for smoke-free housing policies to protect their residents from the hazards of secondhand smoke exposure. Policies, such as no smoking in apartments or common areas, addresses factors that influence tobacco-related disparities by changing community norms about tobacco use. The above mentioned housing authorities did proceed to adopt smoke-free housing policies. Before the policies were enacted, Ms. Grosowsky and MTCP TA resource Chris Banthin conducted resident meetings and Ms. Grosowsky provided cessation presentations at the different housing authority sites. Translators were secured to engage non-English speaking residents in the process. These presentations helped the sites to transition to smoke-free status by informing residents and staff of the resources available to help them quit tobacco. It is important to note that in order for Ms. Grosowsky to connect with the residents and staff of each site, she needed to be thoughtful about using culturally appropriate language, being aware of the Champions in the room and inviting them to share their quit story, and gearing the presentation to the needs of each audience. Connecting people to available cessation resources not only impacts their health and the health of those around them but also impacts them economically by making more funds available to address their needs.

7. Identify an organization or key partner in your proposed catchment area that your agency does not have an existing relationship with that you would like to work with to further the work of the proposed tobacco program. What steps would you take to approach and engage them in your tobacco efforts? (text input limit 3,000 characters, approximately 500 words)

The Worcester Regional Chamber of Commerce is the lead organization for economic development serving the central region's business community. Membership represents many different business sectors including: religious organizations; health care; K-12 and higher education; State Representatives; municipal governments; family, community and civic organizations; and media. New connections within these business sectors would open doors to the Partnership Director and allow her to provide information to educate Chamber members, their employees and constituents about the health hazards of tobacco use; available cessation resources; and how local policies can impact youth initiation of smoking, protect people from secondhand smoke exposure, and motivate smokers to quit. These connections would also provide access to key stakeholders willing to write a letter to the editor on a tobacco issue or speak at a public hearing in support of a local tobacco policy. The Partnership's strategy to engage with the Chamber involves interaction through Chamber networking events, such as the Breakfast Club and the Women's Information Network. The Breakfast Club is held quarterly and draws 350-400 high level professionals and decision-makers from the region. The event typically features a keynote speaker and pays tribute to individuals, civic entities, business firms, and other organizations for major contributions to economic growth, improving the quality of life in the region, major milestones, and for other activities that enhance the Worcester region. Members can nominate an individual or entity to be recognized at a Breakfast Club meeting. This is a wonderful opportunity to submit a nomination that highlights a tobacco issue and a local success. The Women's Information Network meets once a month and features guest speakers, workshops, demonstrations and networking opportunities for women in business. Again, this is an opportunity to present to this group of women on a tobacco issue relevant to them. This may include an OTP (other tobacco products) presentation to inform them of how the tobacco industry is targeting their children. Since the Chamber requires a fee to join, the Tobacco Free Partnership Director will first engage the City of Worcester, a MTCP funded program with a strong working relationship with the Partnership and a Chamber member. The Partnership Director has worked collaboratively with the Worcester Division of Public Health for the past 5 years to address tobacco issues in the City of Worcester and surrounding towns. Together we will work to nominate a

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person or organization to receive a salute at The Breakfast Club for their tobacco control efforts, and also arrange for an opportunity to present at the Women's Information Network. In addition, we will meet with the UMass Medical School representative that participates in the Chamber to discuss connections he/she can make between the Partnership and other Chamber members.

8. Provide a description of staff to be funded as part of the proposed program. Identify the person in your agency that will be responsible for supervising the tobacco program director and describe the support they will provide. Briefly describe the responsibilities of the tobacco program director. Attach resumes of staff anticipated for this position. If the program director is not a current employee, include a posting for the tobacco program director's position. (text input limit 3,000 characters, approximately 500 words)

Two staff members will be funded as part of the proposed program. This includes a 1.0 FTE Program Director; and .03 FTE Program Manager. Tina Grosowsky, MA, will serve as the Program Director. She will be responsible for the day to day operations of the program in accordance with the Massachusetts Tobacco Cessation and Prevention Program guidelines. Major responsibilities include: Establish relationships with coalitions and key stakeholders in the Central region; Mobilize community members to respond to policy or media activity; Conduct community assessments to determine needs and attitudes concerning tobacco use, prevention, and policies; Conduct formal and informal presentations to community groups, decision makers, and other large audiences; Work collaboratively with MTCP-funded programs; and Clearly communicate MTCP issues and priorities with the general public. Additional job responsibilities include: Submit an annual workplan; Attend all required training programs, meetings and webinars; Utilize MTCP communication materials to increase impact of MTCP messages; and Submit quarterly reports in a timely manner. Barb Grimes-Smith, MPH, Program Manager, will provide senior management level oversight to this program to ensure program services meet or exceed all specifications. This will include providing supervision to the Project Director, Ms. Grosowsky; Overseeing contract paperwork; Ensuring invoices are submitted in a timely fashion; Assistance, if needed, with community assessments; Guidance on administrative tasks, such as reports, and how to utilize resources within the UMass Medical School.

☒ Staff resumes or job posting uploaded to COMMBUYS.

9. Program Budget: For cost reimbursement contracts, provide an annual line-item budget using the Program Budget form found in the COMMBUYS Bid Attachment Section. Use the Purchase of Service Titles - UFR Titles: www.mass.gov/anf/docs/osd/forms/attachmts/postitles.doc, for a list of position codes for the form.

☒ Program Budget form is uploaded to COMMBUYS.

Provide a program budget justification narrative, reflecting each line in the Program Budget form. Demonstrate how each budget item supports the overall program (text input limit 6,000 characters, approximately one page):

UFR#	UFR Title	FTE	Amount
101	Project Manager	.03	$2,048

Explanation
This person will provide senior management level oversight to this program to ensure program services meet or exceed all specifications. This will include providing supervision to the Project Director; overseeing contract paperwork; and ensuring invoices are submitted in a timely manner.

UFR#	UFR Title	FTE	Amount
102	Program Director	1.0	$55,205

Explanation
This person reports to the Project Manager. The Program Director will provide day to day oversight of this program to ensure stated outcomes meet or exceed all specifications. Additional job responsibilities are to submit an annual workplan; collaborate with other MTCP-funded programs and staff; attend all required training programs, meetings and webinars; and submit quarterly reports in a timely manner.

UFR#	UFR Title	FTE	Amount
150	Payroll taxes	NA	$1,626

Explanation

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Payroll taxes (FICA and unemployment) estimated at 2.84% of staff salaries.

UFR#	UFR Title	FTE	Amount
151	Fringe Benefits	NA	$19,180

Explanation
Fringe benefits estimated at 33.5% of staff salaries. These benefits include health insurance, short term disability insurance, and workers compensation insurance.

UFR#	UFR Title	FTE	Amount
205	Staff Mileage/Travel	NA	$4,456

Explanation
Staff mileage is for travel required by the Project Director to attend community and statewide meetings and events, conduct community presentations, etc. Reimbursement is .54 cents per mile.

UFR#	UFR Title	FTE	Amount
216	Program Support	NA	$515

Explanation
This covers the data service plan that allows the Program Director to access the internet, e-mails, and connect with partners when out of the office.

UFR#	UFR Title	FTE	Amount
410	Agency Administrative Support Allocation	NA	$11,970

Explanation
This allocation, 12.6% of the contract total, accounts for agency costs to provide support services including: Human Resources Department; Accounting Department; Payroll Department; Management Information Systems Support; Telecommunications Systems Support; Telephone expenses

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APPLICATION RESPONSE SUBMISSION PAGE	
Organization **I affirm that I will comply with the requirements of this Request for Response and with the terms of this proposal.**	
Authorized Signatory: **First Name: [Robert] Last Name: [Jenal]** **Title: [Executive Vice Chancellor for Administration and Finance]**	☒ **By clicking the check box, the submitter attests that s/he is an agent of the Bidder with authority to sign on the Bidder's behalf and is agreeing all affirmations listed above.**

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CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

All documents listed below must be submitted via COMMBUYS in order for you response to be considered complete. Files must be uploaded and follow the naming convention indicated in the chart.

Document Title	**File Name** **Assign when creating documents**
Application Response Form	Company Name _ RFR180725 _App Resp Form
Organization Chart	Company Name _ RFR180725 Org Chart
Supplier Diversity Program Form for POS	Company Name _RFR180725_SDP Form for POS
Agency Staff Demographics Table	Company Name _ RFR180725 _ Agency Staff Demo
Mission Statement	Company Name _ RFR180725 _Mission Statement
Levels of Cooperative Activities Chart	Company Name _ RFR180725 _Coop Act Chart
Proposed Subcontractor Identification List	Company Name _ RFR180725_ Sub Cont List
Program Budget	Company Name _ RFR180725 _Program Budget
Three Letters of Support	Company Name_ RFR 180725_ L O S
Staff Resume or Job Description	Company Name_ RFR180725_ Resume Job Desc

Scanned documents will be accepted. All scanned documents must be scanned in such a way that they can be read on a computer monitor and printed on 81/2" x 11" paper, unless otherwise specified. Zipped files will be accepted and must be in a .zip format when saved. Other zip file formats will not be accepted.

Addendums or uploads not specifically requested in this document, the RFR or on the COMMBUYS Bid Solicitation screen will not be reviewed.

APPLICATION INSTRUCTIONS

1. **Save, read and review** the completed Application Response Form. Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes.
2. **Upload in COMMBUYS** the Application Response Form with the attachments according to the application Checklist.
3. **Confirm** that "No Charge" is checked or a dollar amount entered in the Unit Cost field on the Item screen in COMMBUYS. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide service or products at no charge.
4. **Submit** your electronic quote in COMMBUYS. (Vendors must be registered in COMMBUYS to submit quotes)

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Template Rev 4

APPLICATION RESPONSE FORM, INSTRUCTIONS, AND CHECKLIST

For use with the M04 RFR Template

General Instructions:

1. **See the RFR and COMMBUYS posting for complete procurement specifications.**
2. **All responses are to be submitted using the online submission tools available to Vendors registered in COMMBUYS.** There is no charge to register in COMMBUYS. To Register go to www.COMMBUYS.com and click on the "Register" link on the front page. Bidders are solely responsible to monitor COMMBUYS for Bid amendments, if any. Bidders may monitor the record by frequently checking the Amendment Section on the Summary screen for the BID in COMMBUYS.
3. **All Bidders are advised to allow adequate time for submission by considering potential online submission impediments like Internet traffic, Internet connection speed, file size, and file volume.** DPH is not responsible for delays encountered by Bidders or their agents, or for a Bidder's local hardware failures, such as computers or related networks, associated with bid compilation or submission. Bids submitted via COMMBUYS are time stamped by the COMMBUYS system clock which is considered the official time of record.

Formatting Instructions:

This document was prepared using Microsoft Word's forms feature. Complete the form on your computer using Microsoft Word.

1. Save this document file to your computer.
2. Enter your responses in the text box, moving between the text boxes using the tab key on your keyboard.
3. Responses to check boxes are made by clicking once on the check box. To remove the X from a check box, click on the check box again.
4. Text responses are limited to a maximum number of characters and the limits are noted in each question. Once the maximum character limit is reached, MS Word will not allow more than this limit. Please note that a space is counted as a character, and using the enter key to begin a new line in a response is also counted as a character. It is not recommended that applicants insert graphics into the responses. Spell-check does not work in text boxes.
5. Those with visual impairments may use an electronic text reader by unlocking the Application Response Form.

APPLICATION RESPONSE COVER PAGE

Make this the first page of your proposal.

RFR TITLE: Tobacco-Free Community Partnership Program RFR #180725

Organization

Organization Name: [Health Resources in Action, Inc.]

Address:
[95 Berkeley Street]

[Suite 202]

City: [Boston] State: [MA] Zip: [02116]

Vendor Code: [VC6000158359]

CEO (Chief Executive Officer) First Name: [Steve] Last Name: [Ridini]

FEIN: [042229839]

Contact Person

First Name: [Stacey] Last Name: [Chacker]

Title: [Project Director]

Telephone: (617) 451-0049 FAX: (617) 451-0062

E-Mail: [schacker@hria.org]

Contact Person Address (if different):
[ ]

[ ]

City: [ ] State: [ ] Zip: [ ]

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QUESTIONS FOR RESPONSE

Enter your response in the text boxes using Microsoft Word.

1. a. Provide a brief abstract of the proposed program. (text input limit 1,875 characters, approximately 300 words)

Health Resources in Action (HRiA) is a statewide leader in tobacco policy and community engagement, with capacity to carry out the services for the Tobacco-Free Community Partnership Program in the Metro Boston (MB) catchment area. HRiA will leverage our relationships to implement population-based strategies to educate decision makers, promote community buy-in, enhance community involvement and promote policy change to support tobacco prevention. We will conduct MTCP-provided trainings, provide technical assistance, coordinate among diverse partners, and seek earned local media to elevate tobacco prevention in priority communities. Targeting Priority Communities (see 1b), HRiA will collaborate with and build on our current community partnerships, and connect with new partners; this includes local health and substance abuse prevention coaltions. We will also network with local organizations and residents to identify, recruit and develop champions who may write letters to the editor, educate their communitiy, and/or advocate for tobacco policies, as well as smoke-free housing and workplaces. We will network with youth organizations to recruit youth to join The 84, a statewide movement of youth fighting tobacco in MA, managed by HRiA.

More specifically, HRiA will provide MTCP trainings on how the tobacco industry targets our youth with Other Tobacco Products (e.g. flavored tobacco products), as well as provide information on low-cost/free cessation resources. To build broader support, HRiA will generate media in local community newspapers, televesion and radio stations, and housing/tenant bulletins and newsletters that will reach communites of need.

Ultimately, HRiA aims to reduce the reduce the prevalence of tobacco use, prevent youth initiation of tobacco use, and reduce exposure to secondhand smoke to improve public health.

b. Briefly describe your catchment area. Note the anticipated assets, challenges and gaps of the region that specifically relate to the implementation of the proposed tobacco program. (text input limit 1,875 characters, approximately 300 words)

The MB catchment area priority communities are Boston, Chelsea, Everett, Revere, Somerville, and Winthrop; non-priority are Arlington, Belmont, Brookline, Dedham, Needham, Newton, Watertown, Wellesley and Westwood. Boston (pop. 617,594) and Cambridge (pop. 105,162) are the largest. Boston and Chelsea have highest percentages of households living below the poverty line (21.2% and 24.2 %). Everett, Chelsea, and Revere have the highest smoking rates (24.7 %, 21.9%, and 19.8%), followed by Boston, Somerville, and Winthrop (12-16%). Neither Everett, Revere or Winthrop have comprehensive tobacco regulations.

An asset is that Boston, Chelsea, Cambridge, Watertown, and Somerville have comprehensive tobacco regulations; many municipalities look to Boston as a model for regulation and enforcement. The argument for regulations is made stronger when a neighboring municipality or member of a city collaborative has already passed it. Active community coalitions, leaders, and health workers provide strong networks, making it easier to mobilize community members in policy work.

Anticipated challenges are: a) Retail associations which may oppose tobacco regulations and/or enforcement, such as those in Boston, etc. HRiA will mobilize community coalitions and media to address this challenge; and b) Smoking rates are highest among people with poor mental health (defined as over 15 days in the past month), a disability, less than $25,000 household income, and/or a HS diploma or less, as well as those on MassHealth or who are LGBT. HRiA will strengthen relationships with organizations that can connect us with these hard-to-reach populations. HRiA will seek to partner with organizations that have the capacity to outreach to and provide translation for their constituency.

One gap is the limited availability of cessation services in the MB catchment area.

c. Attach an organizational chart that shows the location of the proposed program within your agency.

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

☒ Organization Chart uploaded to COMMBUYS.

d. Supplier Diversity Plan form for POS (posted in the COMMBUYS Bid Attachment Section): Bidders are to submit a copy of their most recently submitted "SDP Plan Form for POS" with their proposal to signify to the Procurement Management Team that a form has been submitted. Bidders that do not currently hold POS contracts with Commonwealth Departments, Bidders that are exempt from filing a UFR, Bidders who have not yet submitted a SDP Plan Form for POS with their most recent UFR, or Bidders that are not required to submit a UFR are required to complete the Form and include it with their proposal. (No Points)

☐ **Copy of** SDP plan form is uploaded to COMMUBYS (original was submitted with UFR)
or
☒ **Original** SDP plan form is uploaded to COMMBUYS.

e. Provide a percentage breakdown by job category and race/ethnicity of your agency's staff on the Agency Staff Demographics Table available on the COMMBUYS Bid Attachment Section (attach to this proposal). Please enter percentages as whole numbers (e.g., 2.3% = 2%).

☒ Agency Staff Demographics Table uploaded to COMMBUYS.

2. a. Describe how the proposed program will align with your agency's mission statement. (text input limit 1,250 characters, approximately 200 words)

For more than 50 years, HRiA's mission has been to help people live healthier lives and create healthy communities through prevention, health promotion, policy and research. To this end, HRiA is committed to researching, identifying, and developing new policies, environmental strategies, and programs to promote long-term solutions to population health. This proposed program fits seamlessly into HRiA's work in tobacco control, including on youth prevention through the 84 movement, and smoke-free housing initiatives. Our current work in tobacco prevention, community advocacy, and public policy promotion, aims to enhance the capacity of communities to promote improved health.

Specifically, our proposal corresponds with HRiA's key strategies that promote health policy and practice, including: developing bold approaches to address emerging and persistent health problems arising from institutional, political, environmental, cultural, and socio-economic factors; mobilizing community leaders to develop and advocate for policy solutions to public and environmental health problems; and, pursuing media strategies to raise awareness and build support for health policies and best practices that enable sustainable health improvements.

b. Attach a copy of your organization's most recent mission statement to this response.

☒ Most recent mission statement uploaded to COMMBUYS.

3. Relative to the mobilization and policy component of the scope briefly describe the influence that your agency has on creating healthier communities. Provide at least one example of how your agency has educated and mobilized communities to promote policy, systems, and/or environmental change at the municipal level. Include how you identified strategies, who you engaged, and the outcome. Explain how this experience could translate into the proposed program and tobacco prevention work. (text input limit 4,500 characters, approximately 750 words)

HRiA has extensive experience in promoting healthier communities – from promoting municipal tobacco regulations and smoke-free housing policies, to active communities, healthy indoor air quality in schools, youth development and more. Below are two examples of how HRiA's CP Program has educated and mobilized communities to promote policy, systems and/or environmental changes at the municipal level – specifically related to tobacco.

1) In 2015, Boston's Board of Health (BOH) proposed increasing the minimum sales age to 21 and restricting flavored tobacco products to adult-only establishments. The CP Coordinator worked with Boston Public Health Commission, the Boston Alliance for Community Health, and The 84 to mobilize Healthy Champions, and recruit other Boston residents to submit verbal/written testimony to the BOH expressing their support for these regulations. The BOH passed the regulations in December 2015. However, the Retail Association of Massachusetts (RAM) then organized opposition to the enforcement of the flavor restriction, which stalled the City's enforcement of this regulation. HRiA's

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CP Program again collaborated to organize the community to respond the roadblocks that RAM was putting as follows:

- When RAM first approached City Councilor Michelle Wu to oppose the enforcement of the flavor restriction regulation, the CP Coordinator mobilized residents, who had originally testified in support of these regulations, to send letters to City Councilor Wu explaining the importance of limiting youth access to flavored tobacco products.
- When City Council planned to hold a hearing to look at the validity of RAM's concerns and question these regulations, the CP Coordinator helped to secure letters of support from Tobacco Free Mass, American Heart and Lung Association, and Campaign for Tobacco-Free Kids. Boston chapters of The 84 sent letters supporting the regulations, requested the hearing be held after-school hours, and asked to be notified when the hearing was scheduled. With such a strong response in support of the regulations, City Council decided to forgo a hearing and will enforce the flavor restriction starting January 1st, 2017.

2) When a proposal came before the Chelsea Board of Health in 2015 to require tobacco regulations to restrict the sale of flavored products to adult-only establishments, and to increase the minimum sales age of tobacco products to 21, HRiA mobilized the community to support the adoption of these policies. Working with the Somerville Board of Health Six City Tobacco Initiative, HRiA sent a call to action to Chelsea residents to submit letters of support and/or provide verbal testimony at the Chelsea Board of Health hearing. HRiA's CP Program Coordinator identified community coalitions, such as Chelsea School Nurses, Healthy Chelsea Coalition, and Chelsea Collaborative; where community residents and health professionals could be recruited to testify. The CP Program Coordinator held trainings on Other Tobacco Products, tobacco industry tactics, and why proposed regulations are important for preventing youth tobacco use for these coalitions. Through these connections, Chelsea Police Department submitted a letter of support and Massachusetts General Hospital Tobacco Treatment Service provided verbal testimony.

The 84, a statewide youth tobacco prevention program managed by HRiA, specializes in identifying and existing youth groups and coalitions to recruit new youth chapters. At the time of the proposed regulations, there was no active 84 chapter in Chelsea. Recognizing the importance of youth's voice, HRiA reached out to community youth organizations and recruited the Chelsea REACH Program. The Chelsea REACH program is an after-school program for school success and college preparation for high school students. HRiA provided training to the youth involved in Chelsea REACH on tobacco industry tactics, and on how to create testimony for the Board of Health. After the training, youth reported feeling empowered enough to testify; ten of the youth spoke in support of the regulations at the hearing.

Through our community partnerships and networks, HRiA was able to successfully mobilize both youth and adults to show support for the proposed tobacco regulations which were voted and passed by the Chelsea Board of Health after seeing the community's support.

4. a. Relative to the partnership development and capacity building component of the scope, explain the types of external partnerships your agency has in the proposed catchment area. Demonstrate the various sectors, types of relationships held, and examples of collaboration. Explain how these relationships will enhance your agency's ability to implement the proposed program, particularly as it relates to reaching populations disproportionately burdened by tobacco use. Complete and attach the Levels of Cooperative Activities Chart for this program available in the COMMBUYS Bid Attachment Section. (text input limit 4,500 characters, approximately 750 words)

Broad-based partnerships are one of the hallmarks of HRiA's work; HRiA is skilled at working with and across multiple sectors to engage non-traditional partners. Below is a description of some of our relationships with different sectors, and how we collaborated (and continue) to promote tobacco regulations, prevent youth initiation of tobacco use, reduce exposure to secondhand smoke, and/or promote cessation.

HRiA developed a strong relationship with the Revere CARES Coalition Alcohol, Tobacco, and Other Drug Task Force (ATOD). HRiA trained ATOD on tobacco industry tactics, and then joined forces to educate parents of middle school students on the harmful effects of nicotine for youth, and to mobilize community members to support tobacco policies to prevent youth use of tobacco. HRiA and ATOD continue to collaborate to gain community support for restricting flavor tobacco products to adult-only establishments and increase the minimum sales age of tobacco products to 21 years old, as well as to promote enforcement and cessation. Revere CARES focuses on promoting Revere children's and adolescents; social and emotional development, and reducing alcohol, tobacco and other drug use among youth, as well as changing social norms.

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HRiA's CP program has collaborated with BACH to mobilize community support for restricting the sale of flavored tobacco products in Boston. This past year, as described above, the Retail Association of Massachusetts opposed the enforcement of this regulation, and called on the City to rescind the rule. Together we put out a call for residents to submit letters to Boston City Council in support of the regulation, and to ask to be informed of the requested hearing. City Council decided not to hold a hearing, and will be enforcing this regulation in January 2017. BACH - Boston's Community Health Network Area – is a fiscal subsidiary of HRiA. It unites public, private, and non-profit partners in neighborhood-based, data-driven health planning and improvement efforts. BACH brings together over 50 neighborhood coalitions, health centers, hospitals, government agencies, community-based organizations, and residents who work together to determine pressing public health issues in their neighborhoods and to develop evidence-based interventions for implementation. They continue to be an important partner as the City works on tobacco regulation enforcement.

Additionally, HRiA's CP Coordinator built relationships with the following programs which directly serve populations disproportionately burdened by tobacco use organizations in the MB Catchment Area:

- Boston's YWCA. HRiA provided trainings on cessation resources to the staff of its Women's Health and Wellness Program, which provides multi-lingual health education workshops in homeless shelters, halfway homes, and mixed-income housing. Through this connection, we were able to network with housing agencies with mixed-income and senior housing in Dorchester and Roxbury, and provided technical assistance during their smoke-free policy implementation.
- The Family Van, a mobile clinic that connects Boston's underserved communities to healthcare (most on MassHealth). HRiA provided a training to their staff on other tobacco products, and on Quitworks, a cessation resource available for healthcare providers.
- ABCD's Head Start provides free early childhood education for children ages 3-5 years from families that meet the federal low-income guidelines or receive public assistance such as MassHealth, Women, Infants, and Children nutrition program, or Temporary Assistance for Needy Families. ABCD has 31 Head Start sites across Boston. HRiA has trained Head Start Health Managers and teachers on the dangers of second and third hand smoke for children, and on how to coach families on smoking cessation. HRiA has provided Head Start technical assistance with developing their tobacco free policy and continues to provide staff and parents information on cessation resources.
- From our work with smoke-free housing, we have developed partnerships with several community development corporations (CDC) in the MB catchment area, including Codman Square Neighborhood Development Corp., Nuestra Comunidad, and Dorchester Bay Economic Development Corp. We intend to work with them, and other CDCs to provide cessation trainings. We have also provided these trainings in public housing authorities, such as Somerville's – including to residents of senior/disabled housing.

☒ Levels of Cooperative Activities Chart uploaded to COMMBUYS.

b. Provide letters of support from three partners that describe past and current relationships between them and your agency and indicates their willingness to work on tobacco related issues with your agency in the future. At least one of the letters should be from an agency that serves or is reflective of disparate populations.

☒ 3 letters of support uploaded to COMMBUYS.

5. Relative to the communications and earned media component of the scope, describe the types of media outlets/channels in your catchment area. Which ones will be most impactful as it relates to the scope of the Tobacco-Free Community Partnership work? How would you leverage them to reach intended audiences? Also, note your agency's experience generating earned media. If you have not generated earned media, describe how you would approach this work. (text input limit 4,500 characters, approximately 750 words)

There are a multitude of media outlets/channels in the MB catchment area. In addition to the Boston Globe, Boston Herald and major TV and radio news stations, there are town/neighborhood newspapers, access TV stations, smaller radio programs, church bulletins, organizational newsletters, etc.

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HRiA has extensive experience generating earned media. Since HRiA began managing the CP Program in 2011, we have generated nearly 60 articles of print and online earned media articles featured in the Boston Globe, the Everett Advocate, the Chelsea Record, the Everett Independent, Brookline Tab, the Revere Journal, the Somerville Journal, and WickedLocal News. Our experience with nontraditional earned media includes agency newsletters such as the West Suburban Community Health Network Area and the Mass General Hospital Revere CARES newsletter. Examples of earned media include articles promoting mini-grants for 84 chapters; youth participation in leadership events at the Youth Power Summit; youth advocacy efforts on Kick Butts Day, a day to speak out against tobacco; tips for quitting smoking as part of the Great American Smokeout day of cessation; promoting smoke-free housing and workplaces; and local policy efforts for tobacco regulations. In 2013 and 2015, the CP Program Coordinator discussed smoking cessation, the MassHealth cessation benefit for cessation medication, and promoting the Massachusetts Smokers' Helpline for the "Raising Families" segment of Somerville City TV. In 2015, our CP was interviewed by The Chelsea Record to explain why restricting flavors prevents youth access to tobacco products. We have also pitched stories to press where we introduce press members to residents fighting tobacco. For one pitch we promoted a youth member of the Statewide Leadership Team of The 84 who advocated for flavored tobacco regulations in Brookline. We connected the youth with members of the press who covered the Brookline Town Hall meeting, earning a front page headline in the Brookline Tab in November 2016. HRiA has also trained community leaders and health workers on talking points on how the tobacco industry targets our youth. Using these talking points, and a sample template for a letter to the editor, this community leader's letter was published in the Revere Journal.

While we have had the most success earning media in local print and online newspaper outlets, we recognize the opportunity to expand our reach in the community through local TV and radio stations. HRiA plans to reestablish our relationship with Somerville City TV and Boston Neighborhood Network, and to develop relationships with Chelsea Community Cable, Cambridge Community Television, Somerville Community Access Television, Everett Community Television, Winthrop Community Access Television, and Brookline Interactive Group. To expand our nontraditional media outreach, we will identify agency newsletters such as additional Community Health Network Areas, tenant bulletins, housing developments, and church bulletins.

One challenge we have encountered in our work with the media is that journalists prefers to hear directly from sources within the impacted community. HRiA has addressed the challenge by identify residents and community leaders willing to act as a healthy champions or representatives. We offer them talking points and MTCP messaging, have used example templates for writing letters to the editor, and have trained youth on how to provide testimony in support of a regulations which has helped them speak to the media. For example, during the Brookline Town Hall Meeting, the youth Statewide Leadership Team member's testimony was recorded for Brookline Interactive Group. Again, she was also interviewed by the Brookline Tab about her work with The 84, and why Brookline should pass the flavor restriction.

To expand our reach to the Spanish-speaking populations of Chelsea, Revere, and Everett; we plan to utilize El Planeta, El Mundo, and La Semana. We will use resources from our CP contract to get press releases translated into Spanish, or have residents submit letters to the editor in Spanish. We will also explore publications in other languages of large populations in the MB catchment area.

Overall, our plan is to continue building media relationships to strengthen our outreach.

6. Relative to the health equity component of the scope, describe your agency's commitment, understanding, and experience in working to reduce health disparities and/or in addressing social determinants of health. Provide at least one example that documents your experience. (text input limit 4,500 characters, approximately 750 words)

HRiA's organizational vision is "a world where social conditions and equitable resources foster healthy people in healthy communities." We aim to help people live healthier lives and create healthy communities through prevention, health promotion, policy and research. As a public health institute, a belief and commitment to equity is central to our work. We believe that good health is a right, not a privilege. This means working to ensure health and safety in the places where we live, work, and play, and equitable access to information, fair distribution of resources, and empowerment of citizens. Our approach to all of our public health work is based upon a racial and this health equity lens.

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HRiA has been working in the arena of tobacco cessation and prevention for decades. We know that there have been huge strides in both arenas. However, we also know that there are subpopulations that still bear a disproportionate burden of tobacco related diseases and death. These are people with poor mental health (defined as over 15 days in the past month), a disability, less than $25,000 household income, and/or a HS diploma or less, as well as those on MassHealth or who are LGBT. Their children and co-habitants are more likely to be exposed to secondhand smoke. Finally, youth are targeted by the tobacco industry, trying to get them hooked on tobacco. In order to achieve health equity in tobacco cessation and prevention, it is necessary to focus efforts on those who are most burdened by tobacco.

The projects described below highlight HRiA's experience working with populations experiencing health disparities and/or addressing health equity.

- HRiA demonstrates our commitment to health equity and experience working with populations experiencing health disparities through our management of the Boston Alliance for Community Health (BACH)-Boston's Community Health Network Area. BACH is a partnership of over 50 Boston neighborhood coalitions, hospitals, community-based organizations, health centers, government agencies, and residents focused on improving health outcomes and achieving health equity in the City of Boston. BACH uses a community-driven, strategic planning process known as Mobilizing for Action through Planning and Partnerships (MAPP) to address racial and health inequities in the city, including structural and institutional racism and economic inequalities. BACH is engaged in this health planning process on both the neighborhood and citywide scales.

- Since early 2015, HRiA has been working with the Rhode Island Department of Health (RI DOH), Division of Community Health Equity to provide training and technical assistance for the Rhode Island Health Equity Zones (HEZ) Initiative. RI DOH has funded 11 organizations throughout RI to support innovative approaches to prevent chronic diseases, improve birth outcomes, and improve the social and environmental conditions of our neighborhoods. The 11 HEZ grantees are developing community collaboratives comprising municipal and business leaders, residents, transportation and community planners, law enforcement personnel, educators, and health systems professionals. These groups are examining the factors that drive poor health outcomes, and creating action plans based on strategies that have been shown to be successful. As part of this initiative, HRiA has facilitated several training workshops for the HEZ grantees to build their capacity to address the social determinants of health in their communities.

- As part of the its five-year strategic planning process, MDPH Bureau of Substance Abuse Services (BSAS) contracted with HRiA to conduct an Assessment of Substance Abuse, Mental Health and Co-occurrence in Native American Indian (NAI) Populations. The assessment included an analysis of secondary data, as well as primary data collection through key informant interviews with NAI individual and those who serve them. HRiA was then contracted to help build the capacity of BSAS staff to work with NAI communities in MA. HRiA partnered with several NAI leaders and scholars to develop and implement a one-day training on the history of NAI in MA, cultural journeys of several tribes, and current demographic trends. HRiA staff have also conducted a variety of trainings with NAI communities in MA, including three trainings with Mashpee Wampanoag nation members on the Strategic Prevention Framework and how to use it to prepare for grant opportunities.

7. Identify an organization or key partner in your proposed catchment area that your agency does not have an existing relationship with that you would like to work with to further the work of the proposed tobacco program. What steps would you take to approach and engage them in your tobacco efforts? (text input limit 3,000 characters, approximately 500 words)

Winthrop does not currently have policies restricting flavored tobacco products to adult-only retail establishments, and prohibiting the sale of tobacco products in pharmacies; both of which are policies that MTCP has identified as strategies to prevent youth tobacco use. To mobilize the community in support of these two policies, HRiA plans to build a relationship with the local substance abuse prevention coalition, Winthrop Community Action for Safe Alternatives (CASA). CASA is a nonprofit organization and prevention coalition in Winthrop. They collaborate with volunteers and stakeholders to implement data driven strategies to reduce drug use among youth. CASA has monthly coalition meetings to foster communication among stakeholders, provide education on substance abuse prevention, and plan community events. HRiA will reach out to CASA and participate in these monthly coalition meetings. HRiA will propose to the coalition that we offer trainings on Other Tobacco Products, on tobacco industry tactics, and how comprehensive tobacco regulations can be used to prevent youth tobacco use. HRiA will ask to work with CASA to identify and connect with local, community-based organizations which could also benefit from this tobacco training.

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Assuming CASA accepts this, HRiA outreach work with them will focus on identifying youth organizations to recruit youth for The 84 and to train youth workers on tobacco industry tactics; community agencies that service disparate populations; and multi-unit housing entities, including the public housing authority, that do not have a smoke-free housing policy. Through educating the coalition on industry tactics, and building networks through CASA, HRiA will enhance community involvement in addressing the burden of tobacco in Winthrop.

We also seek to collaborate with La Comunidad, Inc., a nonprofit that works with the Latino-American populations of Everett, Chelsea, Revere, East Boston, and Somerville. La Comunidad's mission is to provide quality education services and information including: social services, English as a Second Language, adult education, and community organizing. La Comunidad, Inc.'s organizing goals focus on environmental, social, cultural economic, and political issues. We hope that working with La Comunidad we will be able to expand our engagement of the Latino population – both by offering trainings via La Comunidad, and if there is interest, helping to build leaders to promote tobacco prevention. This is especially important in Revere and Everett where we are working to establish comprehensive tobacco regulations. Should La Comunidad be interested in working with HRiA, we will also inquire about how they share news and events with their clients, and if they recommend any newspapers, or community bulletins that we should reach out to for earned media.

8. Provide a description of staff to be funded as part of the proposed program. Identify the person in your agency that will be responsible for supervising the tobacco program director and describe the support they will provide. Briefly describe the responsibilities of the tobacco program director. Attach resumes of staff anticipated for this position. If the program director is not a current employee, include a posting for the tobacco program director's position. (text input limit 3,000 characters, approximately 500 words)

Lacina Onco, MSW, is a Project Associate at HRiA and has served as CP Program Coordinator for the FY16- FY17. Prior to working at HRiA, Lacina was the Site Manager for Native American Lifelines, a nonprofit urban Indian health facility for the American Indian/Alaska Native population of Boston. During her tenure as CP Program Coordinator (.86 FTE), she has successfully mobilized youth and recruited champions to testify in favor of tobacco policies in: Brookline, Boston, Chelsea, Everett, and Revere. To raise awareness on local tobacco issues, and to promote the achievements of local youth in their fight against the tobacco industry, Lacina has generated earned media in local newspapers in Chelsea, Revere, Boston, Brookline, Everett, Cambridge, Watertown, and Somerville. She has identified community organizations to create new partnerships with and has strengthened existing partnerships. Lacina provides technical assistance to multi-unit housing entities implementing smoke-free policies, and has educated residents on the dangers of secondhand-smoke. Lacina trains agencies on free and low-cost cessation resources, and has educated concerned adults on how the tobacco industry targets our youth.

Stacey Chacker, a Project Director at HRiA, will serve as the supervisor for the CP Program (.07 FTE). She is the current supervisor for the FY16- FY17 CP Program, and previously served as the supervisor of the DPH funded Smoke-free Housing work at HRiA. Stacey leads several initiatives at HRiA, including the Asthma Regional Council and New England Asthma Innovation Collaborative. She is a leader on policy, advocacy, and research on environmental health/justice issues at community and governmental levels, including promoting sustainable financing for Community Health Workers. Previously, Stacey lead the Boston Healthy Homes and Schools Collaborative and the Massachusetts Asthma Action Partnership. Prior to coming to HRiA in 2008, Stacey as Director of Organizing at Neighborhood of Affordable Housing, a community development corporation in East Boston, where she led community organizing campaigns to promote affordable housing, environmental justice/health, immigrant rights and youth development. Ms. Chacker was a Peace Corps volunteer in the Central African Republic, and has a bachelor's degree from Clark University in Urban Social Geography.

Daniel Liss is Contracts Coordinator at HRiA, and will be responsible for invoicing, budget amendments, etc. for the CP Program contract (.03 FTE). He has served in numerous roles in the field of nonprofit administration since joining the sector in 2007. Before joining HRiA in 2012, he worked with City Hall Fellows and the Domestic Violence Services Network of Concord, MA. Mr. Liss earned a BA in Music Theory and Medieval Literature from Amherst College after graduating from Phillips Exeter Academy.

☒ Staff resumes or job posting uploaded to COMMBUYS.

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

9. Program Budget: For cost reimbursement contracts, provide an annual line-item budget using the Program Budget form found in the COMMBUYS Bid Attachment Section. Use the Purchase of Service Titles - UFR Titles: www.mass.gov/anf/docs/osd/forms/attachmts/postitles.doc, for a list of position codes for the form.

☒ Program Budget form is uploaded to COMMBUYS.

Provide a program budget justification narrative, reflecting each line in the Program Budget form. Demonstrate how each budget item supports the overall program (text input limit 6,000 characters, approximately one page):

HRiA respectfully requests $95,000 from the Massachusetts Department of Public Health to support the Tobacco-Free Community Partnership Program. See attached budget for details, as well as justification below (which has rounded numbers).

Personnel costs total $55,441. Staff duties are described above in #8. The personnel costs breakdown as follows: a) Lacina Onco, CP Coordinator (Direct Care III) will work .86 FTE. This is $46,099 (annual salary is $53,783); b) Stacey Chacker, CP Supervisor (Program Director) will work .07 FTE. This is $7094 (annual salary is $99,310); and c) Daniel Liss, Contracts Coordinator (Program Secretarial, Clerical) will work .03 FTE. This is $1248 (annual salary is $49,913).

Fringe Benefits and taxes total $14,919. This is based on 28% of personnel costs, and includes state and federal payroll taxes, employee pension, health and dental, life and disability insurance. Please note that these costs are estimated.

Non-Personnel expenses total $13,25. Allocated costs are based on FTE, so for this contract .96 FTE. Non-personnel costs include:1) $8582 for program facilities (allocated); 2) $1075 for facilities operations/maintenance and furnishing. This includes utilities, office maintenance, equipment rental, equipment maintenance and insurance; 3) $320 for Direct Consultants. This will cover the cost of translation services for press releases, estimate at 10 cents/word for an average of 400 words/press release for eight releases; 4) $928 for staff mileage/travel. This includes mileage ($0.54/mile), tolls, parking, taxis, and public transportation. Travel is to attend coalition and other organization meetings, CP meetings, trainings, hearings, etc.; 5) $551 for supplies and materials. This includes standard office supplies such as paper, pens, folders, name tags, markers, etc., as well as other tobacco products used to show participants in training programs; 6) $1795 for the following allocated expenses: telecommunications and internet, postage and delivery, online and data services, and staff training and professional development.

Indirect, calculated as 15% of the subtotal of personnel and non-personnel expenses, total is $12,391.

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APPLICATION RESPONSE SUBMISSION PAGE	
Organization **I affirm that I will comply with the requirements of this Request for Response and with the terms of this proposal.**	
Authorized Signatory: **First Name: [Steve] Last Name: [Ridini]** **Title: [President]**	☒ **By clicking the check box, the submitter attests that s/he is an agent of the Bidder with authority to sign on the Bidder's behalf and is agreeing all affirmations listed above.**

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CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

All documents listed below must be submitted via COMMBUYS in order for you response to be considered complete. Files must be uploaded and follow the naming convention indicated in the chart.

Document Title	**File Name** **Assign when creating documents**
Application Response Form	Company Name _ RFR180725 _App Resp Form
Organization Chart	Company Name _ RFR180725 Org Chart
Supplier Diversity Program Form for POS	Company Name _RFR180725_SDP Form for POS
Agency Staff Demographics Table	Company Name _ RFR180725 _ Agency Staff Demo
Mission Statement	Company Name _ RFR180725 _Mission Statement
Levels of Cooperative Activities Chart	Company Name _ RFR180725 _Coop Act Chart
Proposed Subcontractor Identification List	Company Name _ RFR180725_ Sub Cont List
Program Budget	Company Name _ RFR180725 _Program Budget
Three Letters of Support	Company Name_ RFR 180725_ L O S
Staff Resume or Job Description	Company Name_ RFR180725_ Resume Job Desc

Scanned documents will be accepted. All scanned documents must be scanned in such a way that they can be read on a computer monitor and printed on 81/2" x 11" paper, unless otherwise specified. Zipped files will be accepted and must be in a .zip format when saved. Other zip file formats will not be accepted.

Addendums or uploads not specifically requested in this document, the RFR or on the COMMBUYS Bid Solicitation screen will not be reviewed.

APPLICATION INSTRUCTIONS

1. **Save, read and review** the completed Application Response Form. Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes.
2. **Upload in COMMBUYS** the Application Response Form with the attachments according to the application Checklist.
3. **Confirm** that "No Charge" is checked or a dollar amount entered in the Unit Cost field on the Item screen in COMMBUYS. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide service or products at no charge.
4. **Submit** your electronic quote in COMMBUYS. (Vendors must be registered in COMMBUYS to submit quotes)

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Template Rev 4

APPLICATION RESPONSE FORM, INSTRUCTIONS, AND CHECKLIST

For use with the M04 RFR Template

General Instructions:

1. **See the RFR and COMMBUYS posting for complete procurement specifications.**
2. **All responses are to be submitted using the online submission tools available to Vendors registered in COMMBUYS.** There is no charge to register in COMMBUYS. To Register go to www.COMMBUYS.com and click on the "Register" link on the front page. Bidders are solely responsible to monitor COMMBUYS for Bid amendments, if any. Bidders may monitor the record by frequently checking the Amendment Section on the Summary screen for the BID in COMMBUYS.
3. **All Bidders are advised to allow adequate time for submission by considering potential online submission impediments like Internet traffic, Internet connection speed, file size, and file volume.** DPH is not responsible for delays encountered by Bidders or their agents, or for a Bidder's local hardware failures, such as computers or related networks, associated with bid compilation or submission. Bids submitted via COMMBUYS are time stamped by the COMMBUYS system clock which is considered the official time of record.

Formatting Instructions:

This document was prepared using Microsoft Word's forms feature. Complete the form on your computer using Microsoft Word.

1. Save this document file to your computer.
2. Enter your responses in the text box, moving between the text boxes using the tab key on your keyboard.
3. Responses to check boxes are made by clicking once on the check box. To remove the X from a check box, click on the check box again.
4. Text responses are limited to a maximum number of characters and the limits are noted in each question. Once the maximum character limit is reached, MS Word will not allow more than this limit. Please note that a space is counted as a character, and using the enter key to begin a new line in a response is also counted as a character. It is not recommended that applicants insert graphics into the responses. Spell-check does not work in text boxes.
5. Those with visual impairments may use an electronic text reader by unlocking the Application Response Form.

APPLICATION RESPONSE COVER PAGE

Make this the first page of your proposal.

RFR TITLE: Tobacco-Free Community Partnership Program RFR #180725

Organization

Organization Name: [Greater Lawrence Family Health Center (GLFHC)]

Address:
[34 Haverhill Street]

[ ]

City: [Lawrence] State: [MA] Zip: [01840]

Vendor Code: [VC6000166708]

CEO (Chief Executive Officer) First Name: [John] Last Name: [Silva]

FEIN: [042708824]

Contact Person

First Name: [Diane] Last Name: [Knight]

Title: [Director, TFP]

Telephone: (978) 722-2864 FAX: (978) 689-3726

E-Mail: [dknight@glfhc.org]

Contact Person Address (if different):
[One Griffin Brook Drive]

[ ]

City: [Methuen] State: [MA] Zip: [01844]

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QUESTIONS FOR RESPONSE

Enter your response in the text boxes using Microsoft Word.

1. a. Provide a brief abstract of the proposed program. (text input limit 1,875 characters, approximately 300 words)

Greater Lawrence Family Health Center (GLFHC) has been the grantee for the Northeast Tobacco Free Community Partnership (TFCP) since 2011 and predecessor grants since 2002. The TFCP will be part of the Merrimack Valley Health Education Center (MVAHEC), a division of the Greater Lawrence Family Health Center (GLFHC). GLFHC will support MTCP goals by working collaboratively with their statewide programs and regional community partners to reduce the prevalence of tobacco use, prevent youth initiation of tobacco use and reduce exposure to secondhand smoke.
The TFCP will provide technical assistance to and build community capacity among community groups, coalitions, decision-makers, schools, healthcare providers, municipalities and workplaces on tobacco intervention efforts. The TFCP will educate community stakeholders on the consequences of tobacco use, secondhand smoke exposure and cessation resources; mobilize the community to advocate for local tobacco policy; mobilize partners to involve youth groups in the 84 Movement and promote policies for smoke free housing. These initiatives will enhance efforts to change social norms, generate earned media, facilitate communications and promote efforts to reach those most burdened by tobacco use.
Under the leadership of its experienced program director, Diane Knight, the TFCP will serve Northeast Massachusetts with a focus on MTCP-designated priority communities. The TFCP will draw from its demonstrated success in generating earned media and in effecting policy and systems changes in tobacco prevention and control.
A key component will be to attain earned media through traditional and non-traditional outlets. The TFCP will ensure that media and education regarding tobacco control initiatives are consistent with Massachusetts Tobacco Control Program priorities, guidelines and best practices.

b. Briefly describe your catchment area. Note the anticipated assets, challenges and gaps of the region that specifically relate to the implementation of the proposed tobacco program. (text input limit 1,875 characters, approximately 300 words)

The demographic profile of Northeastern Massachusetts' is a diverse study in contrasts, containing both Boxford, the 11th wealthiest of Massachusetts' communities, and Lawrence, the poorest community in the state. The catchment area of over one million residents includes communities in Essex and Northern Middlesex counties; a mix of urban, suburban and rural environments varying in size from 3,179 in Dunstable to 106,519 in Lowell. The three primary urban hubs of Lowell, Lynn, and Lawrence are home to a culturally diverse population where 56% to 75% of their residents are Latino or Asian. The urban areas have relatively higher poverty levels and lower education attainment, while the smaller rural communities are more affluent and better educated. The adult tobacco use rates of the urban areas in the region range from Haverhill (18.5%), Lawrence (21.5%) and Lynn (22%) to Lowell (23.8%), each exceeding the state rate (15.5%)(TAFFI). Northeastern Massachusetts has many community and regional assets that can be leveraged to educate and mobilize residents on health issues. There are ten hospitals and three community health centers. Strong organizational partners and tobacco/substance abuse prevention coalitions exist in nearly half of the communities, including the major cities of Lawrence, Lowell and Lynn. Media outlets include regional newspaper publishers, Spanish language print and electronic media, community cable television, and emerging online radio stations and monthly magazines.
Challenges vary based on each community's size and resources. Potential challenges include achieving cultural competency, delivering materials in multiple languages, and using methods that are understood by those with limited literacy skills. Building upon area assets through capacity building will address many of the challenges within the region.

c. Attach an organizational chart that shows the location of the proposed program within your agency.

☒ Organization Chart uploaded to COMMBUYS.

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d. Supplier Diversity Plan form for POS (posted in the COMMBUYS Bid Attachment Section): Bidders are to submit a copy of their most recently submitted "SDP Plan Form for POS" with their proposal to signify to the Procurement Management Team that a form has been submitted. Bidders that do not currently hold POS contracts with Commonwealth Departments, Bidders that are exempt from filing a UFR, Bidders who have not yet submitted a SDP Plan Form for POS with their most recent UFR, or Bidders that are not required to submit a UFR are required to complete the Form and include it with their proposal. (No Points)

☒ **Copy of** SDP plan form is uploaded to COMMUBYS (original was submitted with UFR)
or
☐ **Original** SDP plan form is uploaded to COMMBUYS.

e. Provide a percentage breakdown by job category and race/ethnicity of your agency's staff on the Agency Staff Demographics Table available on the COMMBUYS Bid Attachment Section (attach to this proposal). Please enter percentages as whole numbers (e.g., 2.3% = 2%).

☒ Agency Staff Demographics Table uploaded to COMMBUYS.

2. a. Describe how the proposed program will align with your agency's mission statement. (text input limit 1,250 characters, approximately 200 words)

The mission of the GLFHC is to improve and maintain the health of individuals and families in the Merrimack Valley by providing a network of high quality, comprehensive health care services and by training care professionals to respond to the needs of a culturally diverse population. MVAHEC's mission is to increase access to quality healthcare through the development of community/academic educational partnerships to improve healthcare for the underserved. GLFHC doctors were in the forefront of the advocacy to decrease tobacco use both on the community level and in direct patient care. The TFCP will link directly with both missions by working to build healthy, smoke-free communities through capacity building, technical support, tobacco education and resources to partners. The TFCP will provide the GLFHC with culturally competent cessation resources and education to enhance their health care and tobacco treatment services, while the GLFHC will act as an outlet to promote the TFCP's initiatives, resources and distribution of cessation materials. MVAHEC will work with the TFCP to establish and maintain partners throughout the Northeast region and will also strategize best practices for sustainability and coalition building.

b. Attach a copy of your organization's most recent mission statement to this response.

☒ Most recent mission statement uploaded to COMMBUYS.

3. Relative to the mobilization and policy component of the scope briefly describe the influence that your agency has on creating healthier communities. Provide at least one example of how your agency has educated and mobilized communities to promote policy, systems, and/or environmental change at the municipal level. Include how you identified strategies, who you engaged, and the outcome. Explain how this experience could translate into the proposed program and tobacco prevention work. (text input limit 4,500 characters, approximately 750 words)

GLFHC has been a consistent regional leader in public health, most notably in the areas of prenatal care, childhood obesity, HIV and AIDS, diabetes and hypertension. In years past, Health Center physicians led the effort to remove tobacco-related giveaways at Lawrence community events. GLFHC then applied for all available MDPH grants designed to decrease tobacco use in the community and promote cessation services for our patients. In partnership with the TFCP, the GLFHC developed a major systems change to recognize smoking as an indicator of health and include smoking status in the Electronic Medical Record (EMR) of each patient. A template tracks smoking as a vital sign and links to templates for tobacco screening, interventions and referrals. This provided the GLFHC capacity to collect new tobacco-related health data, and enabled the TFCP to more accurately target the appropriate audience for cessation treatment. During this process, the TFCP collaborated with the GLFHC staff to develop and implement the system changes and develop cessation protocols, which are part of GLFHC's clinical guidelines.
The current Program Director, Diane Knight, enjoys the confidence of the four Board of Health Tobacco Control Programs serving 41 of the 49 communities in the Northeast region. The TFCP led successful efforts to mobilize community support to pass local policy by the City of Lowell Board of Health. In preparation, the partnership identified community leaders with a mutual interest in tobacco related issues and developed local champions. The first policy change sought by the board was to raise the minimum price of cheap $.69 cigars in an effort to reduce youth access

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and to ban the sale of blunt wraps. The largest and most powerful mobilization effort was with The 84 chapter youth from the Teen Block of the Lowell Community Health Center. The community partnership has maintained a working relationship with the 84 youth chapter for years so that when a hearing is scheduled the teens are ready to participate. Seven youth testified at the public hearing with personal stories and MTCP messaging facts prepared well in advance. The local daily newspaper, the Lowell Sun covered the youth participation in the policy story.
The most recent tobacco policy change by the Lowell Board of Health happened earlier this year when the board considered and unanimously voted for restricting the sale of flavored tobacco products to adult only establishments. To enable this vote, the community was mobilized to attend and testify at the public hearing. Along with testimony again by the 84 chapter, forty community partners attended and twelve testified in favor.
The success of these efforts was the direct result of the relationship building groundwork done by the Community Partnership as an active member of the Greater Lowell Health Alliance. The hearing was announced at local substance abuse meetings and at presentations being offered to the Lowell organizations. The partnership seeks venues with community groups and organizations to provide education about other tobacco products and how the tobacco industry is targeting our youth with sweet, cheap and easy to get products. There has been opportunity to educate the members of the Lowell Substance Abuse Working Group, members of the Lowell Asthma Coalition, Lowell Visiting Nurses, Coalition for a Better Acre community group, Lowell School nurses, tobacco treatment specialists, community health and wellness group of Lowell General Hospital, Circle Health community health workers and LICSWs, Lowell mental health providers and local elected officials. The TFCP rallied support for the flavor policy when mobilizing the Coalition for a Better Acre to implement smoke free housing policy. A Lowell Sun reporter attended the hearing and provided a comprehensive feature story about the hearing, the vote and the upcoming flavor restriction in the city.
This year the partnership is strengthening its resident champion and community leader support base in the cities of Haverhill and Beverly, both priority communities in preparation for upcoming tobacco policy that will be proposed later this fiscal year. Educational presentations about flavor and tobacco industry tactics are currently being provided to school nurses, local coalitions, WIC and Headstart staff members. This strategy promotes community interest in attending the public hearing or providing testimony in writing to the Board of Health.

4. a. Relative to the partnership development and capacity building component of the scope, explain the types of external partnerships your agency has in the proposed catchment area. Demonstrate the various sectors, types of relationships held, and examples of collaboration. Explain how these relationships will enhance your agency's ability to implement the proposed program, particularly as it relates to reaching populations disproportionately burdened by tobacco use. Complete and attach the Levels of Cooperative Activities Chart for this program available in the COMMBUYS Bid Attachment Section. (text input limit 4,500 characters, approximately 750 words)

External collaborative partnerships continually grow and expand throughout the Northeast region to include diverse community and youth groups, decision-makers, schools, coalitions, healthcare providers and institutions, municipalities, housing authorities, workplaces and media outlets. These relationships assist the TFCP in raising awareness of tobacco issues, promoting cessation and prevention resources, mobilizing communities, earning media, advocating for policy change and protecting youth from tobacco industry tactics. From the Lawrence Senior Center to the Psychological Center to Women, Infants and Children (WIC), the TFCP's varied and established external collaborations with local and regional community based organizations will allow the program to reach diverse populations with the highest smoking rates.
TFCP continues to connect with substance abuse treatment and mental health providers to train staff on how tobacco products are targeted to youth, available cessation resources and the Mass Health cessation benefit.
The TFCP works with local "84"youth tobacco chapters in preparation to present testimony on a proposed tobacco policy revision and help to mobilize the community to advocate for policy change and provide education on tobacco industry tactics.
Some partnerships include:
Broad based health-focused collaboratives:
Greater Lowell Health Alliance (former Community Health Network Area- CHNA10) with 137 partnering organizations, the Mayor's Health Task Force of Lawrence (former CHNA 11) with well over 100 community partners and the Seacoast Health Partnership (former CHNA 12). The former CHNA groups on the North Shore and the North Suburban Health Alliance seem less active at present, but outreach to them will continue. The TFCP is an active participant in these groups that provide networking opportunities for cessation talks, tobacco materials distribution, presentations on how the tobacco industry targets our youth and protecting families from secondhand smoke exposure. These fertile networks provide opportunities to mobilize the community to advocate for local tobacco policy.

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Youth serving agencies and schools. This year the TFCP supports eighteen 84 chapters in the Northeast. The newest is with the Lawrence /Methuen Community Coalition. In collaboration with TCFP and the Board of Health Tobacco Control Director, they are conducting a survey about the flavored tobacco products in Lawrence and will present their findings to the Board.
Healthcare Providers: The TFCP educated Lahey Health providers about the Mass Health Benefit and the Mass Smokers Helpline so that this information could be shared with residents at each cessation presentation that they provided last year. The TFCP provides an "other tobacco product" presentation to GLFHC resident MD's each spring and partners with community wellness at Lowell General hospital to promote their 1:1 cessation workshops. An info graphic about the Mass Smoker's Helpline was provided to Lowell General Hospital for placement on their main lobby TV scroll.
Housing authorities and multi-unit housing landlords: In 23 cities and towns in the NE region: TFCP educated residents and provided TA to managers on the smoke free housing process, working collaboratively with the Statewide Smoke Free Housing TA Provider. Through the relationship with housing and the Coalition for a Better Acre, the TFCP was able to effectively outreach to the Khmer-speaking population which has very high rates of smoking and associated issues.
Senior Centers in Lawrence, Lowell, Saugus, and Danvers: The TFCP provides presentations to members on tobacco industry tactics, cessation resources and provides education about smoke free housing.
School nurses and health teachers have received education on how "Big Tobacco Targets Kids" and the strategies being used in Lowell. This month OTP presentations will take place with Haverhill and Beverly School Nurses, who will be prepared to share current other tobacco product information, provide cessation resources to smokers and provide testimony to a board of health.
Some of this work evolves organically. After speaking at the Lawrence Methuen Community Coalition meeting about how big tobacco targets our children, with the Mayor of Methuen's Chief of staff in attendance, the Project Director met with a school committee member to formulate a plan to educate parents about these concerning tobacco issues. A plan is moving forward in Methuen.

☒ Levels of Cooperative Activities Chart uploaded to COMMBUYS.

b. Provide letters of support from three partners that describe past and current relationships between them and your agency and indicates their willingness to work on tobacco related issues with your agency in the future. At least one of the letters should be from an agency that serves or is reflective of disparate populations.

☒ 3 letters of support uploaded to COMMBUYS.

5. Relative to the communications and earned media component of the scope, describe the types of media outlets/channels in your catchment area. Which ones will be most impactful as it relates to the scope of the Tobacco-Free Community Partnership work? How would you leverage them to reach intended audiences? Also, note your agency's experience generating earned media. If you have not generated earned media, describe how you would approach this work. (text input limit 4,500 characters, approximately 750 words)

The TFCP has been able to form close, working relationships with the media over the years. From 2006-2010, the TFCP worked on tobacco issues in sixteen North Shore communities. During this time, relationships were built with media outlets, such as the Gloucester Times, Daily News of Newburyport, and other weekly newspapers. Since 2011, the TFCP continues to strengthen their relationships with print and online media outlets in the expanded Northeast region of 49 communities. Currently the TFCP works with more than six daily newspapers, the largest being the Lowell Sun, Eagle Tribune and Lynn Item and at least 25 weekly newspaper publications to promote MTCP priorities and messages that inform the public and decision-makers about tobacco issues. Also, the TFCP has been successful in engaging local partners to incorporate earned media in community newsletters, such as the senior centers of Lawrence, Amesbury and others.
The TFCP works with local cable access television organizations. In partnership with a smoke free housing initiative and Lahey Health, a cessation PSA was created by the Marblehead Cable TV station to promote local and statewide cessation resources. The role of the TFCP was to explain the Mass Smokers' Helpline resource, as well as the Mass Health Benefit. Recently with the Haverhill Cable Access TV, the TFCP recorded MTCP quit tip messages to be used for TV and radio.

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Consistent with its commitment to cultural competency and health equity, the TFCP has established a key relationship with RUMBO, a well respected bilingual (Spanish/English) weekly newspaper serving the Merrimack Valley since 1996. This relationship has generated many opportunities for earned Spanish and English print media. Many years of collaboration have made RUMBO an invested partner in the goals and projects of the TFCP. RUMBO now willingly translates news stories provided by the TFCP and prints free MTCP approved public service announcements about the Smoker's Helpline in Spanish and English. The publishers of RUMBO invite the TFCP Director, Diane Knight, to be a guest on weekly Spanish language radio programs, and kindly provide interpretation. Spanish language radio enjoys a high penetration in the Greater Lawrence market, and is an excellent vehicle for free promotion of the various tobacco initiatives and cessation resources in a culturally competent manner.

The amount of earned print media produced in the Northeast Region last year is a testament to the level of relationship that has been cultivated over the years with our reporters and media outlets. This past year the local newspapers featured nine Kick Butts Day stories of "84" youth chapters visiting the statehouse where they educated their legislators regarding the tobacco industry targeting of youth; four letters to the editor when housing authorities went smoke-free; twenty four news pieces about quitting smoking; thirty three stories about the amazing tobacco policy work that happened last year among the four Boards of Health tobacco control programs in the region; and five stories about local tobacco initiatives being done by local "84" chapters. A back-to-school letter to the editor about new nicotine products that target kids was published in six priority community newspapers and in eight non-priority community newspapers through the work of a Merrimack College intern. The TFCP works closely with the four Board of Health Tobacco Control Directors in the region to effectively use earned media to reach the populations most affected by tobacco use.

As a school project by the TFCP intern last year, a random sample survey of 100 adults was conducted on the streets of Lynn to learn where residents find local news information in order to promote tobacco cessation and prevention. The most popular media outlet was word of mouth and then in descending order was television, newspaper, social media and radio. The TFCP is committed to working with MTCP in an effort to target populations most burdened by tobacco use and to support MTCP in tailoring their messages and outreach strategies to ensure cultural competency.

The TFCP provides the Greater Lowell Health Alliance, the Lawrence Mayor's Health Task Force, the Seacoast Partnership and the North Suburban Health Alliance with tobacco updates such as information about Great American Smokeout and cessation resources. These large networking organizations then share this tobacco news with their networks.

6. Relative to the health equity component of the scope, describe your agency's commitment, understanding, and experience in working to reduce health disparities and/or in addressing social determinants of health. Provide at least one example that documents your experience. (text input limit 4,500 characters, approximately 750 words)

Greater Lawrence Family Health Center was founded by community leaders committed to reduce disparities in health outcomes and address the social determinants of health before these terms became as prominent as they are today. In the late 1970s, leaders of the faith community, Lawrence General Hospital and the Greater Lawrence Community Action Council met to address the growing concern for the health of the emerging Latino community. Primary care doctors had left the area, following their patients to the suburbs. The new arrivals were getting episodic care at the LGH emergency room. The three organizations applied for a National Health Service Corps doctor, raised money for some staffing and rent, and opened GLFHC in 1980.

GLFHC has consistently responded to emerging and ongoing public health needs. With state and federal assistance, the Health Center has designed and implemented programming for prenatal patients, tobacco and other substance use, diabetes, hypertension, HIV and AIDS, and opioid dependence. These programs are all culturally and linguistically competent, pay particular attention to the social determinants of health, and adhere to the Culturally and Linguistically Appropriate Services (CLAS) standards.

GLFHC addresses tobacco related disparities in their population by including smoking as a vital sign and providing 1:1 tobacco treatment services in Spanish and English for smokers interested in quitting.

While smoking rates in Massachusetts have reduced to 14% in the general population, tobacco use and exposure to secondhand smoke is still higher among people with mental illness (30%), low socio-economic status (23.6%), people with disabilities (23.4%) and the LGBTQ community (19.2%). In an effort to reduce tobacco related disparities, the TFCP focuses on the eleven priority cities with the greatest need. Lawrence, Lowell, Lynn, Haverhill and Malden all have higher populations, lower median incomes, higher percentages of non-white residents and higher smoking rates. Residents of multi-unit, subsidized housing are differently impacted by tobacco use and secondhand smoke exposure. Many are elderly, disabled with lower incomes and fewer housing options.

The TFCP adheres to the Culturally and Linguistically Appropriate Services (CLAS) standards and has focused on culturally appropriate initiatives to implement smoke free housing policies at the Lowell Housing Authority, Lynn

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Housing Authority and the Coalition for a Better Acre Housing in Lowell. TCFP worked with management to recruit and train resident champions to assist with the transition and to deliver information in a culturally and linguistically appropriate way as neighbors who would be equally impacted by the new regulation. The resident champions assisted in the resident survey of Spanish and Khmer speakers. The survey results typically revealed overwhelming support for the policy. The resident champions could easily convey to neighbors and friends why this policy is important, the dangers of secondhand smoke and available resources to make a quit attempt. At the Lowell Housing Authority the champions were committed to promoting an in-house cessation group offered by a tobacco treatment provider from Lowell General Hospital. The TFCP arranged for this offering because smokers wanting to quit were not able to attend an evening cessation group at the hospital but would attend a class in their building. Eight smokers from one building successfully stopped smoking.

The TFCP met the director of the Lowell Transitional Living Program at a Great Lowell Health Alliance meeting. The MTCP Statewide provider for the Institute from Health and Recovery was contacted to assess the needs of the agency. The cessation specialist and the TFCP director provided training for program staff in an effort to meet the needs of a disparate population of Lowell residents who smoke at high rates and have multiple health and mental health concerns.

The program manager and tobacco champion of the Lawrence Senior Center wanted to educate Spanish speaking clients on the way Big Tobacco is targeting our children with cheap, sweet and easy to get products. They reached out to the Program Director, who brought a display of products sold at the local bodegas and explained the impact on our children. The message was interpreted by a colleague. Attendees included elders learning to speak English as well as groups of men playing bingo, dominos and pool.

7. Identify an organization or key partner in your proposed catchment area that your agency does not have an existing relationship with that you would like to work with to further the work of the proposed tobacco program. What steps would you take to approach and engage them in your tobacco efforts? (text input limit 3,000 characters, approximately 500 words)

The TFCP has set a goal of establishing a working relationship with the Haverhill Housing Authority in order to assess their readiness to move towards a smoke free multi-unit housing policy. Attempts have been made to reach the executive director without success and the partnership director has been told by a community housing partner that the Haverhill Housing Authority (HA) director is not interested in a smoke free housing policy. Haverhill is an MTCP priority city, a community of need with a smoking rate of 18.5%.

While efforts to develop a relationship with the Haverhill HA will continue, other avenues will be pursued. TFCP has recently developed a new relationship in Haverhill with the Mt Washington Alliance Subcommittee on Health that will bring opportunities to meet community partners interested in protecting adults and families residing in multi-unit housing from the dangers of secondhand smoke exposure. The Mt Washington Alliance is part of a federally funded Working Cities Challenge. This group will allow TFCP to network and locate partners working in housing like Community Action Inc. As TFCPs profile with housing managers and landlords in Haverhill grows, meetings to learn about the smoke free status of multiunit buildings in the city will be possible. Information about the smoke free housing process and the resources available for support will be offered to all. Connections will be made for attendance to any landlord association meetings in the area and the Executive Director of Bethany Homes in Haverhill will be an initial contact for information gathering. If landlords want to assess resident interest about living in a smoke free multi-unit building, the TFCP will provide resources, technical assistance and suggest a brief resident survey. If community groups want to learn more about protecting their families from secondhand smoke exposure, the partnership will offer presentations with church and community groups and events. It may become clear that the demand for smoke free housing is driven from the ground up as the community becomes more educated and vocal.

It may be a perfect opportunity to provide a smoke free housing informational interview with the Haverhill Cable Access TV station. This would not only educate residents on the risks of exposure to SHS, but also mobilize interest at the grassroots level. The movement towards going smoke free in multi-unit complexes around the city may in fact be driven by residents and less by their landlords.

The TFCP will seek the technical assistance of Chris Banthin, the MTCP smoke free housing technical assistance provider for ideas and suggested strategies. Even though Haverhill Housing Authority does not receive HUD funding, after last week's HUD policy change, they may be open to a smoke-free housing discussion.

8. Provide a description of staff to be funded as part of the proposed program. Identify the person in your agency that will be responsible for supervising the tobacco program director and describe the support they will provide. Briefly describe the responsibilities of the tobacco program director. Attach resumes of staff anticipated for this

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position. If the program director is not a current employee, include a posting for the tobacco program director's position. (text input limit 3,000 characters, approximately 500 words)

The primary staff position in the Northeast Tobacco Free Community Partnership is that of the full time Program Director. The incumbent, Diane Knight has nearly 18 years of experience in MTCP community program work. Her overarching responsibility is to implement the Northeast Tobacco Free Community Program of the GLFHC/Merrimack Valley AHEC, by providing assistance and capacity building to community groups, decision-makers, schools, healthcare providers, municipalities, and workplaces on tobacco intervention efforts. These interventions must be consistent with best practices and focused on policy, systems and environmental change. A significant portion of time will be spent working with traditional and nontraditional media outlets to promote MTCP messaging as well as recruiting community support for public hearing on local tobacco policy. Some details of her job description are as follows:

- Develop, track and manage work plans and budgets
- Act as a liaison to funders
- Develop partnerships with community coalitions and community stakeholders
- Mobilize community and youth groups
- Generate earned media
- Build community capacity to implement tobacco policies and initiatives
- Implement communication initiatives with MTCP approved materials
- Collaborate with other MTCP funded programs & staff
- Attend all required trainings and meetings
- Oversee new RFRs and continuation applications

Donna Rivera, SVP and Chief of Community Programs is also the MVAHEC Director and supervises Diane. Donna has in excess of 20 years experience managing public health initiatives. Donna and Diane meet twice monthly to review the work plan and progress, new initiatives, budgeting, meetings, work with coalitions and the legislative delegation, budget, and to develop strategies for any challenges Diane might encounter. Donna and other health center staff support Diane's spending, writing of proposals, media and translation of English documents to Spanish. Please see Diane's and Donna's resumés which appear as attachments.

☒ Staff resumes or job posting uploaded to COMMBUYS.

9. Program Budget: For cost reimbursement contracts, provide an annual line-item budget using the Program Budget form found in the COMMBUYS Bid Attachment Section. Use the Purchase of Service Titles - UFR Titles: www.mass.gov/anf/docs/osd/forms/attachmts/postitles.doc, for a list of position codes for the form.

☒ Program Budget form is uploaded to COMMBUYS.

Provide a program budget justification narrative, reflecting each line in the Program Budget form. Demonstrate how each budget item supports the overall program (text input limit 6,000 characters, approximately one page):

102 Program Director 1 FTE $58,697
This is the full time salary of the incumbent Project Director, Diane Knight. The duties of the Project Director appear in question #8.
101 Program Manager .01 FTE$1,500
This is the .01 salary of Donna Rivera, in the role of Program Manager of Merrimack Valley AHEC, the administrative location of the Tobacco Free Community Partnership in Greater Lawrence Family Health Center. In this role, she has oversight of program budgeting and spending, proposal production, work plans, program performance and direct supervision of the Program Director.

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150, 151 $11,438 Payroll taxes and fringe benefits are calculated at 19%.

390 Program Facility $5,000
This is to defray costs of space used by the program.

205 Staff Mileage/Travel $2,500
Line 205 reimburses program staff for travel in the 49 cities and towns in the catchment area, and attendance at required meetings. Mileage is calculated at $.55/mi. Parking and associated fees are included.

215 Program Supplies $ 1,764
Program Supplies include literature, materials for educational displays non-capitalized small equipment and other associated program needs.

216 Program Support $1,710
These are administrative costs directly associated with the program, such as office supplies and other costs associated with specialized program needs.

410 Agency Administration $12,391
Costs associated with the general agency administration, such as management and clerical staff, auditing, professional fees, and similar expenses.

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APPLICATION RESPONSE SUBMISSION PAGE	
Organization **I affirm that I will comply with the requirements of this Request for Response and with the terms of this proposal.**	
Authorized Signatory: **First Name: [John] Last Name: [Silva]** **Title: [President &CEO]**	☒ **By clicking the check box, the submitter attests that s/he is an agent of the Bidder with authority to sign on the Bidder's behalf and is agreeing all affirmations listed above.**

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CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

All documents listed below must be submitted via COMMBUYS in order for you response to be considered complete. Files must be uploaded and follow the naming convention indicated in the chart.

Document Title	**File Name** **Assign when creating documents**
Application Response Form	Company Name _ RFR180725 _App Resp Form
Organization Chart	Company Name _ RFR180725 Org Chart
Supplier Diversity Program Form for POS	Company Name _RFR180725_SDP Form for POS
Agency Staff Demographics Table	Company Name _ RFR180725 _ Agency Staff Demo
Mission Statement	Company Name _ RFR180725 _Mission Statement
Levels of Cooperative Activities Chart	Company Name _ RFR180725 _Coop Act Chart
Proposed Subcontractor Identification List	Company Name _ RFR180725_ Sub Cont List
Program Budget	Company Name _ RFR180725 _Program Budget
Three Letters of Support	Company Name_ RFR 180725_ L O S
Staff Resume or Job Description	Company Name_ RFR180725_ Resume Job Desc

Scanned documents will be accepted. All scanned documents must be scanned in such a way that they can be read on a computer monitor and printed on 81/2" x 11" paper, unless otherwise specified. Zipped files will be accepted and must be in a .zip format when saved. Other zip file formats will not be accepted.

Addendums or uploads not specifically requested in this document, the RFR or on the COMMBUYS Bid Solicitation screen will not be reviewed.

APPLICATION INSTRUCTIONS

1. **Save, read and review** the completed Application Response Form. Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes.
2. **Upload in COMMBUYS** the Application Response Form with the attachments according to the application Checklist.
3. **Confirm** that "No Charge" is checked or a dollar amount entered in the Unit Cost field on the Item screen in COMMBUYS. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide service or products at no charge.
4. **Submit** your electronic quote in COMMBUYS. (Vendors must be registered in COMMBUYS to submit quotes)

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Template Rev 4

APPLICATION RESPONSE FORM, INSTRUCTIONS, AND CHECKLIST

For use with the M04 RFR Template

General Instructions:

1. **See the RFR and COMMBUYS posting for complete procurement specifications.**
2. **All responses are to be submitted using the online submission tools available to Vendors registered in COMMBUYS.** There is no charge to register in COMMBUYS. To Register go to www.COMMBUYS.com and click on the "Register" link on the front page. Bidders are solely responsible to monitor COMMBUYS for Bid amendments, if any. Bidders may monitor the record by frequently checking the Amendment Section on the Summary screen for the BID in COMMBUYS.
3. **All Bidders are advised to allow adequate time for submission by considering potential online submission impediments like Internet traffic, Internet connection speed, file size, and file volume.** DPH is not responsible for delays encountered by Bidders or their agents, or for a Bidder's local hardware failures, such as computers or related networks, associated with bid compilation or submission. Bids submitted via COMMBUYS are time stamped by the COMMBUYS system clock which is considered the official time of record.

Formatting Instructions:

This document was prepared using Microsoft Word's forms feature. Complete the form on your computer using Microsoft Word.

1. Save this document file to your computer.
2. Enter your responses in the text box, moving between the text boxes using the tab key on your keyboard.
3. Responses to check boxes are made by clicking once on the check box. To remove the X from a check box, click on the check box again.
4. Text responses are limited to a maximum number of characters and the limits are noted in each question. Once the maximum character limit is reached, MS Word will not allow more than this limit. Please note that a space is counted as a character, and using the enter key to begin a new line in a response is also counted as a character. It is not recommended that applicants insert graphics into the responses. Spell-check does not work in text boxes.
5. Those with visual impairments may use an electronic text reader by unlocking the Application Response Form.

APPLICATION RESPONSE COVER PAGE

Make this the first page of your proposal.

RFR TITLE: Tobacco-Free Community Partnership Program RFR #180725

Organization

Organization Name: [Gandara Mental Health Center, INC.]

Address:
[147 Norman Street]

[ ]

City: [West Springfield] State: [MA] Zip: [01089]

Vendor Code: [VC6000164596]

CEO (Chief Executive Officer) First Name: [Henry] Last Name: [East-Trou]

FEIN: [042622756]

Contact Person

First Name: [Henry] Last Name: [East-Trou]

Title: [Executive Director]

Telephone: (413) 736-8329 FAX: (413) 746-4270

E-Mail: [heast@gandaracenter.org]

Contact Person Address (if different):
[ ]

[ ]

City: [ ] State: [ ] Zip: [ ]

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QUESTIONS FOR RESPONSE

Enter your response in the text boxes using Microsoft Word.

1. a. Provide a brief abstract of the proposed program. (text input limit 1,875 characters, approximately 300 words)

Gandara Center has a well-established Tobacco Free Community Partnership Program in Hampden County. The communities in the catchment area of Hampden County have some of the highest poverty rates, concentration of Hispanic and African Americans and highest smoking rates in MA. GC's TFCP Program will employ strategies across four scope components to support MTCP's goals and priorities to: reduce the prevalence of tobacco use, prevent youth initiation of tobacco use, and reduce exposure to secondhand smoke. The four scope components the program will focus efforts on include: communications coordination and earned media, partnership development and community capacity building, community mobilization and promotion of tobacco and secondhand smoke policies, and addressing health equity and tobacco disparities.

b. Briefly describe your catchment area. Note the anticipated assets, challenges and gaps of the region that specifically relate to the implementation of the proposed tobacco program. (text input limit 1,875 characters, approximately 300 words)

Our catchment area is Hampden County, MA (HC). HC has high rates of poverty, unemployment, and lowest education in the Commonwealth. The 2016 County Health Rankings places the County last in the state in key health outcome measures of: quality of life, length of life, health behaviors, and social & economic factors. HC has the 2nd highest prevalence of adult smoking in the state (18%), the highest prevalence of adult obesity (29%), teen birth rate, preventable hospital stays, and unemployment. In Springfield, people of color account for 66% of the population (U.S. Census Bureau, ACS, 2012). An estimated 13% of women in Springfield smoked during pregnancy (2010) - more than double the state rate (6%). Rates of adult smoking in Springfield are 23%, compared to the state rate of 16% (PHC Health Equity Report, Oct 2014).
ASSETS: communities have identified a need for tobacco free capacity building. Staff has fostered relationships with county entities and buy-in from local coalitions; the increase in the number of individuals working on tobacco related issues such as cessation, youth access, policy promotion, general education and health related issues associated with smoking. CHALLENGES: HC consists of a large number or non-English speaking residents. While MTCP is working hard to get materials translated, challenges remain around having materials people can easily understand and sufficient people able to give presentations in native languages. GAPS: There are 5 Medically Underserved Areas (MUA) in Springfield, 3 in neighboring West Springfield, and numerous other MUA across Hampden County, resulting in service gaps that reinforce health disparities. There remains a gap in bridging statewide services and local communities. This an area that we hope to work on with our proposed community partner.

c. Attach an organizational chart that shows the location of the proposed program within your agency.

☒ Organization Chart uploaded to COMMBUYS.

d. Supplier Diversity Plan form for POS (posted in the COMMBUYS Bid Attachment Section): Bidders are to submit a copy of their most recently submitted "SDP Plan Form for POS" with their proposal to signify to the Procurement Management Team that a form has been submitted. Bidders that do not currently hold POS contracts with Commonwealth Departments, Bidders that are exempt from filing a UFR, Bidders who have not yet submitted a SDP Plan Form for POS with their most recent UFR, or Bidders that are not required to submit a UFR are required to complete the Form and include it with their proposal. (No Points)

☒ **Copy of** SDP plan form is uploaded to COMMUBYS (original was submitted with UFR)
or
☐ **Original** SDP plan form is uploaded to COMMBUYS.

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e. Provide a percentage breakdown by job category and race/ethnicity of your agency's staff on the Agency Staff Demographics Table available on the COMMBUYS Bid Attachment Section (attach to this proposal). Please enter percentages as whole numbers (e.g., 2.3% = 2%).

☒ Agency Staff Demographics Table uploaded to COMMBUYS.

2. a. Describe how the proposed program will align with your agency's mission statement. (text input limit 1,250 characters, approximately 200 words)

Gandara Mental Health Center (GC), a private, non-profit, multi-cultural organization, has provided a comprehensive network of family focused, mental health, substance abuse, HIV/AIDS case management, housing and prevention and education services for adults, youth and families in the Pioneer Valley area since 1977. The mission of the agency is to promote the well-being of Hispanics, African-Americans and other culturally diverse populations, through innovative, culturally competent behavioral health, prevention and educational services. GC emphasizes innovative approaches to reduce service gaps and health disparities among underserved populations, embedding access to treatment and residential services, case management and supports services, health education, prevention and community education programs in schools and neighborhoods with the most disparities. Some of the highest disparities among tobacco users exist among low-income residents, MassHealth recipients, those without high school diplomas, teens and young adults. GCs TFCP program targets subpopulations within Springfield, Holyoke and throughout Hampden County for its prevention and community health programs. Thus, having established access to these high need groups.

b. Attach a copy of your organization's most recent mission statement to this response.

☒ Most recent mission statement uploaded to COMMBUYS.

3. Relative to the mobilization and policy component of the scope briefly describe the influence that your agency has on creating healthier communities. Provide at least one example of how your agency has educated and mobilized communities to promote policy, systems, and/or environmental change at the municipal level. Include how you identified strategies, who you engaged, and the outcome. Explain how this experience could translate into the proposed program and tobacco prevention work. (text input limit 4,500 characters, approximately 750 words)

GC has maintained a strategic focus on creating healthy communities, and reducing health disparities in MA for over 35 years. In 2012, GC's TFCP acted as the lead in an effort to promote smoke Free Housing Initiatives across Springfield. Staff from the program, worked collaboratively with the Springfield Board of Health, engaged stakeholders and identified "champions" including: The Executive Director of the Housing Authority, legislative representatives, members of rental housing agencies like the Rental Housing Association of Greater Springfield, HAP, and private property owners. Staff started with the Springfield Housing Authority's E.D upon learning of his interest in the movement. TFCP staff helped to develop a resident survey which was utilized to gauge interest in living in a smoke free environment, including questions assessing resident willingness to support and adhere to smoke-free policy. More than 75% of residents surveyed favored adopting the policy. Springfield's Housing Authority, the largest in Hampden County, is comprised of more than 2,500 units. TFCP staff assisted with the review of surveys and compiling result, and provided educational sessions to staff and residents of the Housing Authority by visiting each complex for an open forum discussion and educational presentation, while working as the go between with the Housing Authority's E.D, resident engagement staff and the MTCP programs/TA providers.

TFCP continues to follow up in intervals to discuss success/issues with implementation and continuation of the policy. For example, staff reviews compliance issues and discusses the process leading up to eviction, although infrequent, if a resident continually disregards the policy. Staff obtain success updates and compiles resident stories about how the policy has improved their quality of life due to the many health benefits of living in a smoke free space. The Housing Authority E.D became a "Champion" and he was called upon to speak at events and help to encourage other local Housing Authorities to adopt similar policies and continues to share his experience and expertise with the policy process. Staff routinely will ask housing authority staff if they know Judge Abrashkins and suggest they reach out to him for advice during the process.
Springfield was among some of the first and one of the largest housing authorities to tackle this in the early days of Smoke Free Housing policy work. The work done, strategies employed, and lessons learned are a model for our continued work in policy promotion. These practices have been adapted in our work with the Pyramid group which

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manages area malls including Holyoke and Springfield's Eastfield Malls to go smoke free, a Pharmacy ban policy which regulates and eliminates the sale of tobacco products in pharmacies or other health care institutions, electronic cigarette bans, and pricing and packaging restrictions. Many of these initiatives have been adopted locally and statewide.

Hampden County is rich with educational institutions and staff have worked closely with Holyoke and Springfield Technical Community Colleges, Westfield State University, Western New England College and Elms College on their smoke free campus policies. Additionally, TFCP routinely visits with local boards of health and community leaders across Hampden County to discuss comprehensive tobacco regulations, including education so they can make informed decisions when updating policies and outdated regulations. Staff works closely with MTCP's TA providers from the Massachusetts Health Officer's Association (MHOA) to ensure coordinated strategies.

Along with Springfield's Board of Health, the TFCP works to gain community support, written testimony, youth support by attending hearings and giving testimony if appropriate or presentation assistance, and education and training around issues relating to tobacco policy action the funded board of health is working on. The Springfield, Holyoke, Agawam, and West Springfield, Ludlow Housing Authorities have made all units smoke free and worked closely with the current program staff for TA during the process. Westfield Housing Authority's smoke-free initiative is underway and TFCP staff are providing them with TA as well. Staff is currently working with the Chicopee Housing Authority to explore initiating smoke free plans. Local realtors, property management companies & housing associations have routinely participated in smoke free housing forums.

4. a. Relative to the partnership development and capacity building component of the scope, explain the types of external partnerships your agency has in the proposed catchment area. Demonstrate the various sectors, types of relationships held, and examples of collaboration. Explain how these relationships will enhance your agency's ability to implement the proposed program, particularly as it relates to reaching populations disproportionately burdened by tobacco use. Complete and attach the Levels of Cooperative Activities Chart for this program available in the COMMBUYS Bid Attachment Section. (text input limit 4,500 characters, approximately 750 words)

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GC has been a leader in youth and community education and prevention activities in greater Springfield for the past 20 years. It has a demonstrated ability to engage community members and high-risk minority families with minorities comprising more than 85% of its participants. Cross program and external community collaborations drive the prevention services environmental, culturally targeted approach. KEY EXTERNAL PARTNERS: PIONEER VALLEY ASTHMA COALITION: Work together on collaborations re: air quality & environmental issues relating to the dangers of second hand smoke and exposure, support each other at events and meetings, cross-refer community members and professionals, shared training opportunities, and routinely offer education, information sharing and presentations to each other and throughout the community. SPRINGFIELD HEALTH AND HUMAN SERVICES DEPARTMENT: Collaborate on statewide events, regional meeting coordination, media coordination, 84 Chapter events, gather written testimony & community support for policy action, attend meetings as requested to offer support education and, co-coordinate events as needed. HOLYOKE'S PREVENTION AND WELLNESS TRUST FUND: TFCP is a partner of this initiative and worked on the planning phase of the grant process and the implementation phase. TFCP staff has worked with the Holyoke YMCA, Holyoke Medical Center, Holyoke Health Center, Holyoke Board of Health and Holyoke's Housing Authority staff members on the integration of this initiative as it relates to tobacco issues such as smoke free housing and policy promotion. BAYSTATE MEDICAL CENTER/ COMMUNITY HEALTH CENTERS: TFCP has several connections to Baystate including their Pulmonary Rehab Center that offers cessation based services to their patients. TFCP provides informational presentations to patients and staff, & educational presentations, outreach and information sharing at Baystate's several health centers several times a year. These satellite sites offer an opportunity to reach populations disproportionality burdened by tobacco use such as, young pregnant or parenting teens, mental health patients, elderly patients and low income families. CARING HEALTH CENTER- CESSASTION TREATMENT: CHC has a cessation treatment specialist, Doris Harris, with whom we have an informal relationship. Staff makes referrals to her or statewide cessation services or insurance funded assistance for those looking to quit smoking as requested by community members. Staff calls upon Ms. Harris for her help in trainings and other educational endeavors, including joint appearances on local radio station (WTCC) to discuss tobacco related issues. TFCP's relationship with CHC is limited to our work with Ms. Harris. We are seeking a more formal, expanded and collaborative partnership as outlined in Q7. CHICOPEE BOARD OF HEALTH & CHICOPEE HOUSING AUTHORITY: Staff has met with Chicopee BOH staff and the local housing authority staff to discuss the process of going smoke free. Staff will provide TA, education and outreach services to the Housing Authority once they make a timeline for the policy adoption. Staff will work closely with the resident engagement staff and residents. MATERNAL AND CHILD HEALTH COMMISSION: Staff has a long-standing connection to the MCHC in Springfield and routinely attends monthly meetings and information sharing sessions. MLK JR. CENTER: TFCP works with the MLK Jr. 84 Chapter and supports their efforts around the community relating to Chapter 84 events. Staff offers media coordination for their events and goes on legislative visits with this group during Kick Butts Day. CHNA #4: TFCP is a member of CHNA#4 and offers educational presentations and outreach and information sharing to this group. RENTAL HOUSING ASSOCIATION OF GREATER SPRINGFIELD: TFCP has been working with the RHAGS group since 2010. Staff has presented at monthly meetings and offered TA to this group around smoke free housing plans and policies. HAP HOUSING: TFCP has been connected with HAP housing for a number of years offering, presentations, outreach, TA and referrals to the MA smoke free housing hotline. VALLEY OPPORTUNITY COUNCIL: TFCP works with VOC to offer parent education as well as educational materials to community members who utilize the services offered through VOC. Staff is closely aligned with the Chicopee office but VOC has offices throughout Hampden County. The VOC has been helpful in reaching hard to reach populations and organizations.

☒ Levels of Cooperative Activities Chart uploaded to COMMBUYS.

b. Provide letters of support from three partners that describe past and current relationships between them and your agency and indicates their willingness to work on tobacco related issues with your agency in the future. At least one of the letters should be from an agency that serves or is reflective of disparate populations.

☒ 3 letters of support uploaded to COMMBUYS.

5. Relative to the communications and earned media component of the scope, describe the types of media outlets/channels in your catchment area. Which ones will be most impactful as it relates to the scope of the Tobacco-Free Community Partnership work? How would you leverage them to reach intended audiences? Also, note your agency's experience generating earned media. If you have not generated earned media, describe how you would approach this work. (text input limit 4,500 characters, approximately 750 words)

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Hampden County has a large number of local media outlets. These include: local television stations: WWLP 22, WGGB 40, CBS 3 and NEC and Local newspapers: The Republican, with a Masslive online version, and a host of weekly publications for most towns and cities. The TFCP program has established relationships with several weekly publications including: the West Springfield Record, Agawam Advertiser, Holyoke Sun, Springfield's Point of View, The Register (which has several different publications in different towns all run by the same company), Westfield Evening News, the Chicopee Register, and the Longmeadow Recorder. Most of these outlets also have social media sites including Facebook, which we also stay connected with.

Mass Appeal is a live morning talk show staff has frequently appeared on and is run by WWLP 22 news. We have also recently been working with Springfield Technical Community College's radio station, WTCC and have appeared on their live health matters show. Staff has also appeared on PBS's Connecting Point, and has been frequently interviewed for local news stories. There is a strong on-line presence in our area and our agency has active Facebook and Twitter pages that are utilized to post tobacco related topics and issues.

The media outlet utilized is largely dependent on the message and/or intended audience. The TFCP program has been successful in cultivating a variety of outlets to allow for tailored, targeted communications. Some examples of this targeted leveraging we have found most successful include: For youth, parent, and local/ community topics -- utilizing the small weekly's is most effective, and for the statewide or national news -- the larger publications are best along with the larger television news outlets. The on-line outlets cross most population and demographic lines and can be useful for youth, parent and general population stories.

We have successfully cultivated relationships with publications in our catchment area that target specific populations such as, A Point of View, which is an African American run and specific publication, and El Pueblo which is the Spanish version of the Republican/Mass Live. In the past we have utilized translation services within our agency to be able to have articles printed in this publication.

Since October 2016, the TFCP program has had over 10 pieces printed in local weekly's. Topics included: back to school information for parents about the dangers of other tobacco products (OTP's) and what to look out for, tobacco industry tactics used to engage youth in using their products. Tactics include pricing, packaging and flavor use in these products and quit tips for those looking to quit smoking.

Gandara Center also employs a full-time Director of Communications and a full-time marketing coordinator. This department has been an asset to the program, building relationships with key community stakeholders including municipal government officials and legislators. Additionally, they have well established relationships with news media outlets that have been leveraged to further the TFC program goals and have been instrumental in spreading the word about tobacco issues, stories through use of Facebook, Twitter and through inter-agency and community partner or contact, email blasts and newsletters.

6. Relative to the health equity component of the scope, describe your agency's commitment, understanding, and experience in working to reduce health disparities and/or in addressing social determinants of health. Provide at least one example that documents your experience. (text input limit 4,500 characters, approximately 750 words)

Gandara is the only multi-service provider that includes a full array of behavioral health services to disadvantaged, underrepresented populations in western Massachusetts, targeting Hispanic, African American and other minority populations residing in the region. 75% of the agency's consumers are Hispanic individuals; 12% are African-American individuals, 10% are White individuals, and 3% represent the region's Asian, Native American, or Other communities. Almost three-quarters of the agency's clients are non- English language speakers. Gandara staff includes nearly 800 individuals, including licensed psychiatrists, psychologists, nurses, social workers, teachers, case managers, youth workers and peer recovery specialists (patient navigators, family partners, peer mentors, Recovery and peer wellness coaches). 75% of the staff is bilingual/bicultural, allowing the agency to deliver an array of innovative and culturally competent services in multiple languages. Over 50% of the agency's Board of Directors is comprised of people of color. In addition, women comprise 50% of the Board membership, and the majority of the agency's senior management.

Gandara Center is firmly rooted in the Hampden County's minority communities through site locations within Federally-designated MUA's, staff demographics, and service delivery mechanisms that are designed to reflect the

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social, work, and familial patterns of local minority populations. Gandara's four service divisions create a strong internal continuum of services that offer participants natural supports, and access to other services, or act as a referral gateways.

Staff, from these service divisions, has built in-depth and overlapping relationships with a number of community based organizations (outlined in Question 4). Additionally, each division has extensive experience in working to reduce health and well-being disparities. Examples include: Prevention & Education Services (the division this TFC program falls under), whose array of services include: Drug Free Communities (neighborhood strategies to end teen substance/tobacco use); PREP (teen pregnancy prevention); and NOEL (bilingual Community Health Worker-led outreach to Hispanic, African American & Vietnamese communities to improve screening or breast, cervical and colorectal cancer). MDPH funds medical case management for 100 individuals living with HIV/AIDS annually including post-release transition to the community of infected inmates and the program participates in Baystate's High Impact HIV Prevention program. Three peer lead Recovery Support Centers (RSC) located in Holyoke Brockton, and Hyannis offer a strong source of peer Recovery Coaches and consumers for the Coordination Team. GC has initiated a cross-divisional Recovery Oriented Systems of Care (ROSC) learning collaborative, to promote an integrated Recovery Focus across all prevention, intervention, treatment and clinical programs. ROSC meets monthly to foster shared values and principles in recovery service delivery.

Clinicians from Gandara's outpatient clinic are co-located at two middle schools, and three primary care health clinics in Springfield. A Substance Abuse Outpatient Addictions Program provides education and treatment 5 days/week. A Community Support Program funded through the MA BH insurers, provides wraparound case management to individuals with physical and behavioral health conditions that result in frequent hospitalizations, with the goal of promoting skills, self-care and support practices to maintain stability in the community.

GC was awarded a SAMHSA, Primary and Behavioral Health Care Integration grant in September, 2016. The project will provide coordinated and integrated services through the co-location of primary health care and behavioral health services at Gandara Center's Outpatient Clinic in the North End of Springfield. It targets the high health disparities among the Hispanic population including, the higher rates of smoking among individuals with Serious Mental Illness. The new integration component will include a strong wellness component as a strategy to increase positive health outcomes for the most at-risk clinical clients. Wellness components, provided in partnership with GC's Prevention Division, include a focus on reducing the harmful effects of tobacco use through Recovery Across the Continuum (TRAC), a stage-based motivational services model to reduce/eliminate tobacco use.

7. Identify an organization or key partner in your proposed catchment area that your agency does not have an existing relationship with that you would like to work with to further the work of the proposed tobacco program. What steps would you take to approach and engage them in your tobacco efforts? (text input limit 3,000 characters, approximately 500 words)

Gandara Center's TFCP seeks to develop a strategic collaboration with Caring Health Center(CHC) through a new partnership aimed at providing a person-centered approach that integrates primary and behavioral health services for individuals with high risk for and/or experiencing high rates of chronic health conditions. CHC is a community based health center located in Springfield MA, created by the community, for the community to provide a high level of health care to the underserved and those challenged by income and cultural barriers. CHC serves the community as a first point of entry to the health care system and as a gateway for additional health care services. CHC specializes in advocating for patient care and working collaboratively with other agencies to ensure a wraparound level of care for clients. CHC works out of three separate locations in Springfield to make it easily accessible to a larger number of people.

The initial approach will involve identifying key stakeholders at CHC who will be invited to participate in several sessions exploring data related to health equity in communities served by both organizations, identifying gaps and proposing new initiatives that will provide greater support for high risk and high need individuals with chronic health and behavioral health conditions. This will be accomplished through shared efforts to screen and identify people eligible for integrated care, as well through exploring opportunities to enhance environmental prevention messaging and targeted tobacco education within selected provider and patient groups of CHC and Gandara Center. The target population for these new services includes individuals, primarily Hispanic people, living with dual diagnosis. These

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individuals are hard to reach, may not routinely connect to and use primary and behavioral health services, and have higher rates of chronic diseases that are linked with tobacco use and other health and wellness related behaviors.

The preliminary scope TFCP proposes includes: engage current tobacco users within their service community and offer cessation presentations, and referrals to the statewide stop smoking services. Convene a group to approach our goals as they relate to decreasing the use of tobacco products and create a work-plan which aligns with the current TFCP scope of services and compliments the work CHC offers to clients. Potential shared learning and collaboration topics will include: strategies to reach hard to engage populations, targeting individuals with serious mental illness; clinic based youth engagement and recruitment resources; and exploring the role of the host agencies have in the process, local policy work, identifying champions in the city, environmental exposure to second hand smoke, policy enforcement and ideas to keep dangerous tobacco products out of the hands of our local youth.

8. Provide a description of staff to be funded as part of the proposed program. Identify the person in your agency that will be responsible for supervising the tobacco program director and describe the support they will provide. Briefly describe the responsibilities of the tobacco program director. Attach resumes of staff anticipated for this position. If the program director is not a current employee, include a posting for the tobacco program director's position. (text input limit 3,000 characters, approximately 500 words)

Staff funded by the GC-TFCP include: Sharon Hall-Smith, Prevention Program Manager, as the Program Manager (0.1 FTE) and Sara Moriarty (1 FTE), who has been the Program Director since 2008.

Ms. Hall-Smith will supervise the Program Director. Key responsibilities include: Administrative supervision to the Program Director which includes regular supervision, administrative support around forms/reporting, training, participating in MTCP meetings, reviews and monitor work plans and quarterly reports; Act as a back-up if the program director is unable to attend coalition meetings; Works collaboratively with MTCP and the program director to develop or amend the work plan; Review media and outreach prior to implementation, Monitor program compliance with the funder, Act as budget liaison between program director and GC Chief Financial Officer, budget development and monitoring with fiscal department and supervises budget amendments, Review performance outcomes; Provide problem solving and Quality Assurance functions.

The responsibilities of the Program Director include: Overseeing the day-to-day operation of the GC TFCP; Providing community partners with capacity building, technical assistance, and community education; Exposing tobacco industry tactics on a local level; and Mobilizing the community to support and adopt evidence based policies and changing community norms. Key duties include: Developing and maintaining strong working relationship with coalitions, agencies and organizations; Coordinate the Ex - Smokers Hall of Fame project; Bring tobacco related information and issues to local coalitions and partners and conducting presentations on evidence based prevention and cessation; Coordinating all communications for the program, including working effectively with the MTCP media consultants and local media;. Work with the local HA's and landlords to reduce exposure to 2nd hand smoke in multi-unit housing, setting and meeting project goals/objectives; Interact with consultants as required to facilitate media and other program goals; Attend internal and external meetings and trainings as required by the agency and funders, Timely submission of all agency paperwork in accordance with policies; Hire, train and evaluate program staff, and assist with budget and grants.

☒ Staff resumes or job posting uploaded to COMMBUYS.

9. Program Budget: For cost reimbursement contracts, provide an annual line-item budget using the Program Budget form found in the COMMBUYS Bid Attachment Section. Use the Purchase of Service Titles - UFR Titles: www.mass.gov/anf/docs/osd/forms/attachmts/postitles.doc, for a list of position codes for the form.

☒ Program Budget form is uploaded to COMMBUYS.

Provide a program budget justification narrative, reflecting each line in the Program Budget form. Demonstrate how each budget item supports the overall program (text input limit 6,000 characters, approximately one page):

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

Total Salaries and Wages for the TFCP budget are based upon 1.1 FTEs.
Salaries and wages have been allocated to the following positions summarized below:

.10 FTE's – Program Manager $ 5,800
Administrative supervision and support; budget development and monitoring; outcome review and QA/QI support.

1.0 FTE's – Program Director $53,000
Oversees day to day operations, serves as public spokesperson for MTCP on local initiatives; establishes relationships with coalitions and key stakeholders throughout the catchment area; build and foster relationships with community partners including: hospitals, health and human service providers, municipalities, schools, business and civic organizations, parents, young people, elected officials, and residents to respond whenever policy or media activity is necessary; gathers information on and accurately assess community needs and attitudes concerning tobacco use, prevention, and policies; collaborates and coordinates efforts with other MTCP-funded programs as needed; makes formal and informal presentations to community groups, decision makers and other large audiences; an communicates MTCP issues and priorities with the general public.

Taxes and Fringe Benefits were determined to be 22% of total calculated salaries for the TFCP.
Total Direct Care/Program Staff: $72,324

Total Non-Personnel Costs – DIRECT PROGRAM COSTS:
The Total Non-Personnel costs were determined based upon the scope of the project for the Tobacco Free Community Partners budget and are listed below with a description of their purpose, and the manner that they were calculated.

Program Facilities: $354.17 per month for 20% percentage of office space for Program Director and Manager- 130 Maple St., Suite 302, Springfield, MA.

Mileage Reimbursement - Staff Mileage = $1,200. Travel @ .40/Mile 3,000 miles annually for 1.1 FTE's, in an Expanded Geographic Area. TFCP staff travels regularly throughout Hampden County to attend, meetings, give presentations, attend local hearings, meet with community groups and attend MTCP statewide meetings and events.

Program Supplies – $241.67/Month plus $50/Month for Meetings = $3,500, which consist of Prevention, Outreach, Educational Materials, Printing and Distribution costs, and Presentation costs.

Supplies Detail: Postage at .41 cents per letter for 10 per month over average of 10 months = $41.00. Copy paper: 5,000/pcs $99.99 at 10 year = $999.99 for correspondence and printed documents. Envelopes: letter 500 box $29.99 per box 500 4 boxes year = $119.96, Clasp envelopes: 10x13 100 box $20.39 x 10 boxes year = $203.90, Hanging folders: 8.5x11" 1/5thtab cut 25 per box x 2 boxes = $57.18, Post-It Notes: 2x2" 25 sheets per pad 8 pkgs $5.17 x 12 = $62.04, Pens: 1 dz $2.79 x 4 = $11.16, Scotch tape: 6 pkg. 1/2 inch 900 inches $46.99 x 2 = $93.98, Printer ink: 10 black 2200 pg yield $45.99 x 6 = $275.94, Flip charts: 20 x 23" table top 2 ct $56.09 x 10 = $560.90, Flip chart markers: 8 per box $8.29 x 10 = $82.90, and $81.65 month for small items including staples, rubber bands, paper clips, replacement 3 hole punches, scissors, staplers, agendas, calendars etc. for $979.89 annually.

Program Support- $1,200
Program support is used for purchasing ads and placing ads. Cost vary depending on market and media.

Agency Administrative Support Allocation: The FY 2017 Administrative support percentage is calculated to be 10.5%. The amount of $8,659.77 has been determined by multiplying a predetermined percentage of 10.5% times the total personnel costs of $72,324, plus total direct program costs of $9,700.

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

APPLICATION RESPONSE SUBMISSION PAGE	
Organization **I affirm that I will comply with the requirements of this Request for Response and with the terms of this proposal.**	
Authorized Signatory: **First Name: [Henry] Last Name: [East-Trou]** **Title: [Executive Director]**	☒ **By clicking the check box, the submitter attests that s/he is an agent of the Bidder with authority to sign on the Bidder's behalf and is agreeing all affirmations listed above.**

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

All documents listed below must be submitted via COMMBUYS in order for you response to be considered complete. Files must be uploaded and follow the naming convention indicated in the chart.

Document Title	**File Name** **Assign when creating documents**
Application Response Form	Company Name _ RFR180725 _App Resp Form
Organization Chart	Company Name _ RFR180725 Org Chart
Supplier Diversity Program Form for POS	Company Name _RFR180725_SDP Form for POS
Agency Staff Demographics Table	Company Name _ RFR180725 _ Agency Staff Demo
Mission Statement	Company Name _ RFR180725 _Mission Statement
Levels of Cooperative Activities Chart	Company Name _ RFR180725 _Coop Act Chart
Proposed Subcontractor Identification List	Company Name _ RFR180725_ Sub Cont List
Program Budget	Company Name _ RFR180725 _Program Budget
Three Letters of Support	Company Name_ RFR 180725_ L O S
Staff Resume or Job Description	Company Name_ RFR180725_ Resume Job Desc

Scanned documents will be accepted. All scanned documents must be scanned in such a way that they can be read on a computer monitor and printed on 81/2" x 11" paper, unless otherwise specified. Zipped files will be accepted and must be in a .zip format when saved. Other zip file formats will not be accepted.

Addendums or uploads not specifically requested in this document, the RFR or on the COMMBUYS Bid Solicitation screen will not be reviewed.

APPLICATION INSTRUCTIONS

1. **Save, read and review** the completed Application Response Form. Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes.
2. **Upload in COMMBUYS** the Application Response Form with the attachments according to the application Checklist.
3. **Confirm** that "No Charge" is checked or a dollar amount entered in the Unit Cost field on the Item screen in COMMBUYS. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide service or products at no charge.
4. **Submit** your electronic quote in COMMBUYS. (Vendors must be registered in COMMBUYS to submit quotes)

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

APPLICATION RESPONSE COVER PAGE

Make this the first page of your proposal.

RFR TITLE Tobacco-Free Community Partnership Program

RFR #180725

Organization

Organization Name: [Collaborative for Educational Services]

Address:
[97 Hawley St.]

[ ]

City: [Northampton] State: [MA] Zip: [01060]

Vendor Code: [VC6000163378]

CEO (Chief Executive Officer) First Name: [William] Last Name: [Diehl]

FEIN: [04-256289]

Contact Person

First Name: [Melinda] Last Name: [Calianos]

Title: [Program Coordinator]

Telephone: (413) 588-5584 FAX: (413) 586-5135

E-Mail: [mcalianos@collaborative.org]

Contact Person Address (if different):
[ ]

[ ]

City: [ ] State: [ ] Zip: [ ]

Location of Proposed Service

Program Name: [Tobacco Free Community Partnership Program - Hampshire/Franklin Region Comm]

Program Address:
[97 Hawley St.]

[ ]

City: [Northampton] State: [MA] Zip: [01060]

QUESTIONS FOR RESPONSE

Enter your response in the text boxes using Microsoft Word.

1. (a) Provide a brief abstract of the proposed program (text input limit 1,875 characters, approximately 300 words):

Hampshire Franklin Tobacco-Free Community Partnership proposes to expand its work improving public health in western Massachusetts. Funded by MDPH as a Tobacco-Free Community Partnership,the Collaborative for Educational Services (CES) stepped in to provide tobacco control services in July 2019 when the prior fiscal agent, HCOG, dissolved. The Partnership is part of the Healthy Families and Communities (DHFC) department of CES which also houses the BSAS SPIFFY Coalition and Healthy Hampshire, an active living and food security coalition. DHFC has a public health focus that serves a vast constituency. CES assists municipalities and community organizations to lower smoking prevalence and exposure to tobacco smoke, deter initiation of tobacco use amongst youth and reduce exposure to secondhand smoke in the 49 cities/towns of the Hampshire-Franklin catchment area. CES will collaborate with key health and substance use prevention coalitions, including PVTC, SPIFFY, and Communities that Care (CTC) coalitions and local stakeholders, human service providers and schools to meet its goals. CES meets with and collaborates with landlords, tenant groups and public housing authorities to promote and establish smoke-free housing in multi-unit dwellings. CES seeks out partners to support lower incidence of tobacco use by those groups most burdened by tobacco use, including those with behavioral health issues and disabilities, LGBTQ, low income, and people of the global majority. We will expand partnerships with healthcare providers and behavioral health providers to share resources and support for cessation. The Partnership continues to implement the Centers for Disease Control Best Practices in Tobacco Control, including engaging local media, coalitions, and stakeholders to update local policy and system changes to promote non-smoking as the social norm.

b. Briefly describe your catchment area. Note the anticipated assets, challenges and gaps of the region that specifically relate to the implementation of the proposed tobacco program. (text input limit 1,875 characters, approximately 300 words)

The Hampshire Franklin catchment area is large (1270 sq. miles) but relatively rural (230,000 population). The populations of its 49 cities and towns vary from Amherst at 37,000 to Monroe at 121 people. The area is at or near the state poverty level with approximately 13% of residents living in poverty versus 12% statewide. Median incomes for both counties are below the state median. The area is largely white, 88% in Hampshire County, and 93.8% in Franklin County. There are growing Latino (5.8%), Asian (4.2%), and Black (5.8%) communities. The region also has a significant LGBTQ population served by targeted outreach, health care services and advocacy coalitions and local media. The community size, income, education levels, and access to health services vary widely. While there are several communities with smoking rates below the state average, 10% of the communities exceed that rate. The wide range of needs, disparities in public health indicators and social determinants of health requires that regional health programs use a targeted approach with resources to maximize impact. Small populations and limited resources often mean that municipalities are understaffed, dependent on unpaid or modestly-paid volunteers working as Boards of Health or Housing Authority Boards, or other civic departments. A public health initiative addressing tobacco competes for scarce time and resources. The area also has significant assets including numerous health care providers, 2 hospitals, local government officials convinced of the benefits of tobacco control policies, community coalitions dedicated to prevention of youth substance use, a history of innovation in local tobacco policies (smoking bans in restaurants/bars long before statewide laws) and 6 colleges. This network of concerned groups insures that tobacco control resources are effectively utilized.

c. Attach an organizational chart that shows the location of the proposed program within your agency.

☒ Organization Chart uploaded to COMMBUYS.

d. Supplier Diversity Plan form for POS (posted in the COMMBUYS Bid Attachment Section): Bidders are to submit a copy of their most recently submitted "SDP Plan Form for POS" with their proposal to signify to the Procurement Management Team that a form has been submitted. Bidders that do not currently hold POS contracts with Commonwealth Departments, Bidders that are exempt from filing a UFR, Bidders who have not yet submitted a SDP Plan Form for POS with their most recent UFR, or Bidders that are not required to submit a UFR are required to complete the Form and include it with their proposal. (No Points)

☐ **Copy of** SDP plan form is uploaded to COMMUBYS (original was submitted with UFR)
or
☒ **Original** SDP plan form is uploaded to COMMBUYS.

e. Provide a percentage breakdown by job category and race/ethnicity of your agency's staff on the Agency Staff Demographics Table available on the COMMBUYS Bid Attachment Section (attach to this proposal). Please enter percentages as whole numbers (e.g., 2.3% = 2%).

☒ Agency Staff Demographics Table uploaded to COMMBUYS.

2. Describe how the proposed program will align with your agency's mission statement (text input limit 1,250 characters, approximately 200 words).

The proposed tobacco program supports CES's strategic goals to address the social-emotional needs of children and overcome obstacles to learning. The program improves residents' quality of life by reducing smoking, youth vaping, and exposure to secondhand tobacco smoke and resulting health problems. The program will educate adults and school staff about vaping dangers and cessation opportunities for youth. The program supports development and adoption of policies to reduce exposure to tobacco smoke; increase knowledge of secondhand smoke and cessation resources in the community; provide technical assistance/training to housing professionals on the benefits of smoke-free housing; support the adoption of CDC Best Practices in Tobacco Control, and mobilize regional support for model environmental tobacco control strategies. The program endeavors to remove health and racial disparities by working to dismantle white supremacy. We will review policies and procedures with an equity lens to understand differential impact and mitigate inequalities. Creating healthier lives for students and families within the context of tobacco policies and dismantling racism, barriers will be removed for successful learning by the young.

Attach a copy of your organization's most recent mission statement to this response.

☒ Most recent mission statement uploaded to COMMBUYS.

3. Relative to the mobilization and policy component of the scope briefly describe the influence that your agency has on creating healthier communities. Provide at least one example of how your agency has educated and mobilized communities to promote policy, systems, and/or environmental change at the municipal level. Include how you identified strategies, who you engaged, and the outcome. Explain how this experience could translate into the proposed program and tobacco prevention work. (text input limit 4,500 characters, approximately 750 words):

CES mobilizes communities to rally support for adoption of local tobacco control policies. This leads to success in creating changes in local tobacco products policies, addressing secondhand smoke issues, and promoting social norms about smoke-free choices. CES has supported local housing authorities to become smoke-free, thus limiting residential secondhand smoke exposure and improving health. Examples of our effective efforts include: all Franklin and Hampshire County housing authority properties have smoke-free policies. This included working with Housing Authority directors, educating Board members, and gaining buy-in from residents. With support from CES, Wayfinders, a regional provider of subsidized housing, is making its new and refurbished properties smoke-free. Larger towns and cities in Hampshire County have updated their comprehensive tobacco regulations and were preparing to restrict sale of menthol products and vapes when the new state law was adopted in 2019 banning flavors, including menthol. Easthampton, the 5th largest town in our program area, has historically been slow to adopt tobacco control measures, but recently proposed strong tobacco policies.CES educated and mobilized the Easthampton community to promote policy, systems, and/or environmental change at the municipal level. The Program Coordinator established strong working relationships with a variety of constituencies in the city to understand points of contention. Prevention-related conversations were held with youth, community organizations and school personnel. To build capacity, the Program Coordinator, presented to faculty at Easthampton High School (EHS) about vaping and tobacco tactics, attended an afternoon coffee with parents, and held 2 meetings with school administration. CES also met with the local prevention coalition and interested youth and faculty members to restart a chapter of the 84 Movement at EHS. CES rallied concerned supporters to testify at hearings in support of the local regulations. CES made sure the BOH had the most updated regulations, a list of all the towns and cities in the region that adopted updated policies, a map showing local towns that adopted the specific policies, and information about the importance of restricting the sale of menthol products popular among teens and people of color as a result of targeted industry marketing. As a result of outreach efforts, community support was strong including testimony by the EHS Assistant Principal, a School Committee (SC) member, and a student. Each spoke passionately at the hearing about their experiences and thoughts about the new policies. Other residents and coalition members prepared letters of support for the policy. The hearing was heated as many convenience store owners voiced their concerns. After listening to all, the BOH seemed supportive of adopting the new regulations putting further protections for youth in place for the community. In the end, they decided to wait to vote in light of the new statewide law to see whether those environmental changes affected youth use rates. Hadley Board of Health, adopted its first ever tobacco regulation. Hadley, the gateway town to UMass Amherst, is a tobacco-producing town. In 2016, after much relationship building with the BOH, answering their questions, and news media aimed at supporting the changes, Hadley BOH voted to adopt the policies. Even a local liquor store owner who initially voiced opposition to the policies supported the policy after learning from how they support youth health. In both these examples, CES mobilized broad public support for the regulation from parents, health care practitioners, and concerned citizens. In 2019, two new The84 chapters were created in the catchment area at Hampshire Regional High School in Westhampton and at Greenfield Middle School due to CES engagements and relationships with the adult advisors. Tobacco control policies are frequently met with resistance from a variety of sources. CES's focus on information, response to specific community questions, and relationships with a local support network, are critical to success. CES builds a base of support for ongoing tobacco control efforts through outreach and education, working with youth groups and community organizations. Understanding that an emotional component also needs to be recognized and addressed is key. Going forward, this experience will translate into future tobacco prevention work.

4. Relative to the partnership development and capacity building component of the scope, explain the types of external partnerships your agency has in the proposed catchment area. Demonstrate the various sectors, types of relationships held, and examples of collaboration. Explain how these relationships will enhance your agency's ability to implement the proposed program, particularly as it relates to reaching populations disproportionately burdened by tobacco use. Complete and attach the Levels of Cooperative Activities Chart for this program available in the COMMBUYS Bid Attachment Section. (text input limit 4,500 characters, approximately 750 words):

CES works with regional coalitions and social service agencies to effectively address the problem of tobacco-related diseases and to prevent young people from starting use of tobacco products. CES's tobacco program actively participates in the PVTC Coalition, with members in both counties. Funded by MDPH, the Coalition works on local policy, systems and environmental changes to reduce tobacco use. The PVTC partnership provides a key regional resource for working with local BOHs to enact effective local tobacco control policies. Many members are health agents or BOH members in their respective towns and cities. It is a networking opportunity for local leaders from towns over a large geographic area to learn about resources CES can provide to residents, housing authorities, landlords, tenant groups, youth groups and others in their towns. CES is as a member of 3 youth substance use prevention coalitions, the Strategic Planning Initiative for Families and Youth (SPIFFY) in Hampshire County and Communities that Care (CTC) in Franklin County, programs funded by SAMHSA and MDPH Bureau of Substance Abuse Services. (SPIFFY is housed at CES). These coalitions monitor youth drug use, prevalence of risk and protective factors via comprehensive school-based surveys in the region and other methods. The coalitions implement environmental strategies to reduce youth risk factors and substance use, including tobacco. CES is on the steering committee of CTC and SPIFFY and is an active member of the Law and Norms workgroup at SPIFFY and the Policy/Practice Change workgroup at CTC. CES is part of at CTC based workgroup to increase the age of first use of substances for the Franklin County/North Quabbin CHiP program. CES is a member of the steering committee of the Easthampton Healthy Youth Coalition and the Northampton Prevention Coalition. In both groups local stakeholders discuss substance abuse issues including nicotine use by youth. Members of these groups include school committee members, local school personnel, and a pediatrician. CES will be a resource to and provide media support for the 3 The84 chapters currently engaged in the MTCP catchment area: South Hadley High School, Hampshire Regional High School, and Greenfield Middle School. CES is also working to reopen the Easthampton High School chapter. CES enjoys a relationship with Community Action! (CA), the area's largest anti-poverty agency. CES works with CA youth engagement leaders, the WIC program, and the Healthy Families program to promote the MTCP goals. Examples include connecting CA and CES regional youth groups for projects and providing resources for smoking cessation throughout the organization. Recently CES showed Black Lives Black Lungs with CA Youth Leadership. CES's tobacco program is in contact with youth groups that are part of CA such as Shout Out! and is known to Gen Q, a confidential educational and social/support group for LGBTQ and straight allies. CES will further these relationships to offer resources and education to adults working with youth who are targeted by the tobacco industry. CES participates in the Quaboag Community Coalition, working to improve the quality of life in that region. CES also works with the Franklin County Community Resource Network (FCRN), representing over 60 social and human service agencies and Hampshire County's Council of Social Agencies (COSA), a network of over 42 social and human service providers. Both COSA and FCRN meet monthly to share broad county-wide information and at least once a year for small group public policy discussions with local legislators and/or their staff aides. CES's tobacco program uses these networks to inform organizations of its program goals, resources and activities to provide updates on emerging tobacco issues and policies. Both FCRN and COSA have members that work with socio-economic groups burdened by tobacco use and with behavioral health service agencies. CES recently provided information to social workers about cessation resources and other tobacco products to caseworkers who work with young, low-income mothers at a COSA meeting. CES has educated residents and managers of the dangers of second-hand smoke in multi-unit housing and cessation resources at both the Belchertown and South Hadley Housing Authorities. CES has also educated Northampton Housing Authority administrators on the dangers of second-hand smoke and assisted them in their effort to go smoke-free.

☒ Levels of Cooperative Activities Chart uploaded to COMMBUYS.

b. Provide letters of support from three partners that describe past and current relationships between them and your agency and indicates their willingness to work on tobacco related issues with your agency in the future. At least one of the letters should be from an agency that serves or is reflective of disparate populations.

☒ 3 letters of support uploaded to COMMBUYS.

5. Relative to the communications and earned media component of the scope, describe the types of media outlets/channels in your catchment area. Which ones will be most impactful as it relates to the scope of the Tobacco-Free Community Partnership work? How would you leverage them to reach intended audiences? Also, note your agency's experience generating earned media. If you have not generated earned media, describe how you would approach this work. (text input limit 4,500 characters, approximately 750 words):

Franklin and Hampshire Counties lie outside major media markets but do have a variety of communication resources including two daily newspapers with digital presence, a number of radio stations including two public radio regional networks, some coverage by Springfield based television stations, and a variety of "hyper local" media: weekly newspapers, local cable channels, community newsletters, bloggers and listservs. The Tobacco Control program has demonstrated its capacity to develop local and regional media stories and to "earn" extensive coverage for tobacco-related events, policies, advocacy efforts, and health initiatives.
Key media outlets are the two area newspapers, The Hampshire Gazette and The Recorder. Both papers have a connection with the area that began in the 18th century and are owned by the same corporation, which also publishes free weekly, widely distributed newspapers and specialty publications. The paid circulation exceeds 28,000 – significant for this area. In addition, The Springfield Republican newspaper's online site, masslive, reaches a very large geographic area beyond our two counties. New England Public Radio covers the entire Western Massachusetts area and claims 200,000 listeners. There are popular commercial radio stations that offer coverage along with Western Mass News (three television channels and a website) and WWLP television.
Long established relationships with these media outlets and a careful application of the CDC's best practices for media advocacy result in a willingness to promote the program's tobacco control activities through press releases and promotion of particular events. The Tobacco Control program is identified as an important source of information by the Health and Managing editors of the Gazette, which allows the program to provide a local "peg" to tie in with state or national stories as well as local human interest in particular about BOH tobacco policies. The local free weekly newspapers and area newsletters such as the South Hadley Town Reminder are willing to distribute information provided by the program. Public libraries are a helpful resource as well.
The Gill-Montague School Health Task Force, which serves a large rural poor population, includes links to GetOutraged and other MTCP communications materials on its Resource webpage. The addition of this information followed a very well attended OTP Parent Presentation. When the Amherst and Northampton Boards of Health were discussing their tobacco regulations, the program worked with the local newspaper and masslive reporters to provide information and context for the Board's actions. Northampton Community Television routinely airs public service announcements on smoking cessation provided by TCFP. The Program Coordinator will soon be a guest on Amherst Media, a local public access channel, to discuss vaping and youth. Frontier Regional Middle/High School has shared TFCP copy about youth targeted tobacco products in several parent newsletters, as has the JFK (Northampton) Middle School PTO newsletter.
To get tobacco cessation and prevention resources information to those who can use it CES also utilizes the Council of Social Agencies newsletter (reaching 42 social service providers in Hampshire County) and Franklin County Resource Network (FCRN) newsletter (reaching over 500 individuals working in social service in Franklin County) to make announcements about tobacco-related resources. MTCP produced PSA/short videos about vaping and cessation resources are sent to all 13 community access TV stations in the 2 counties.
Given the fragmented nature of media and news reporting in our area, the program is careful to maintain relationships with each of the outlets, large and small. The program operates with the recognition that to be successful and get messages out, multiple sources have to be used and coordinated. It also means that the program will need to continually explore new opportunities to communicate with the general public as well as specific interest groups.

☐ Proposed Subcontractor Identification List uploaded to COMMBUYS.

6. Relative to the health equity component of the scope, describe your agency's commitment, understanding, and experience in working to reduce health disparities and/or in addressing social determinants of health. Provide at least one example that documents your experience. (text input limit 2,500 characters, approximately 400 words):

In 2014, CES made Social Justice and Equity (SJE) a key focus of all our work and a priority goal in our 5-Year Strategic Plan. CES has an SJE platform that supports the agency in developing and implementing social justice and equity goals. This includes planning and coordinating ongoing internal SJE staff training, establishing criteria for agency progress, and evaluating and assessing the impact of the agency's internal initiatives. The SJE platform membership is comprised of all agency staff as everyone is responsible for implementing the goals and mission of the SJE Initiative. The SJE platform recently engaged in a process where staff collectively identified areas where CES needs to apply a social justice lens to become more equitable:

- Developing hiring, recruitment, and retention strategies for a more diverse organization
- Ensuring equity in CES policies and practices
- Addressing the impacts of hierarchy in relation to equity and social justice
- Engaging all staff in SJE Work and Racial Inclusion

· Building positive community and culture for equity and social justice
CES Healthy Families and Communities has an extensive history and ongoing practice of prioritizing power-sharing with individuals and communities who have historically been left out of developing solutions to address the social determinants of health. By being part of CES, Hampshire Franklin Tobacco-Free Community Partnership has the benefit of learning from all these initiatives and connecting with the established relationships to promote MTCP goals. The Partnership will participate in the agency-wide Professional Learning Community conversations about dismantling white supremacy and decreasing health disparities. By sitting on the SPIFFY Steering Committee, which is based at CES, The Partnership joins in the opening half hour of meeting time where discussing how to end health disparities and establish racial equity in our communities. The Partnership has also participated in the first conversation in Developing a Community of Practice aimed at ending white supremacy as the unseen assumption in our work and in our lives initiated by Cheryl Dukes, UMass School of Nursing, to be sustained and co-led by participants. The Partnership is a member of Western Mass Health Equity Network and meets quarterly and holds an annual summit for Western Mass professionals to deepen their understanding and application of public health and equity and principals in our work.

7. Identify an organization or key partner in your proposed catchment area that your agency does not have an existing relationship with that you would like to work with to further the work of the proposed tobacco program. What steps would you take to approach and engage them in your tobacco efforts? (text input limit 3,000 characters, approximately 500 words)

CES will explore working with the Amherst Survival Center (ASC). ASC provides fresh food to those in need, and is also a regional center for many services to their clients. ASC provides community meals, both a stationary and mobile food pantry, a community store, and a health clinic staffed by a physician. ASC hosts activities for its constituents from family friendly movies to support finding stable housing. ASC is open 5 days a week including evening hours and Saturdays to meet the needs of the community. Amherst is the most racially and socio-economically diverse town in the catchment area. In Amherst, 28% of residents are non-white, 5.6% are black and 6% Hispanic. 12.8% are listed as Asian, and included in this number is a large often underserved Cambodian community. 33% of people live below the poverty level, 11.2 % report poor mental health and 12.55% smoke. This vibrant food security organization is a hub of activity for those people who are historically most affected by tobacco. CES will perform key informant interviews with ASC supervisors, clinicians and consumers to gather information to profile population needs, resources and readiness to address problems involving tobacco use. CES has already contacted the new ASC director with whom we have a prior relationship, and described some of the resources CES could provide to ASC, including tobacco cessation support. Given the historic use of menthol as the cigarette marketed to and smoked by the subgroups served by ASC, CES will focus on sharing information with an eye to to prepare for the impact of the June 1, 2020 nationwide menthol ban to help ASC support its clients. ASC's clients overlap with subgroups identified by MTCP as burdened by tobacco use: persons of low income, persons with disabilities, individuals with mental illness and those recovering from or currently dealing with substance abuse issues. CES is hopeful that beginning this relationship will serve to connect the healthcare providers and other volunteers at ASC to tobacco cessation and prevention resources including MassSmokers' Helpline and the MassHealth benefit. Research tells us brief interventions are effective in helping tobacco users decide to make a quit attempt and that reinforcing quit smoking messages in multiple settings and from multiple providers is critical to success with quitting tobacco. CES hopes this work will help ASC consumers move toward these goals. Over 700 volunteers serve ASC each year. Reaching even a small portion of these volunteers with cessation information would be an incredible launch into amplifying cessation opportunities to the ASC community. ASC holds multiple Volunteer Orientations each month so a structure exists to join a training schedule if allowed. In addition, given the size and nature of its operation, working successfully with ASC would provide the basis for outreach to other social service and housing organizations.

8. Provide a description of staff to be funded as part of the proposed program. Identify the person in your agency that will be responsible for supervising the tobacco program director and describe the support they will provide. Briefly describe the responsibilities of the tobacco program director. Attach resumes of staff anticipated for this position. If the program director is not a current employee, include a posting for the tobacco program director's position. (text input limit 3,000 characters, approximately 500 words)

The Hampshire Franklin Tobacco-Free Community Capacity Building Program will be staffed by the current Program Coordinator, Ms. Melinda Calianos, J.D. Ms. Calianos will continue in this capacity at 32 hours per week, 0.93 FTE (CES defines full-time as 35 hours per week). Ms. Calianos became a CES employee in July 2019 as the TFCP

Director. Her professional experience includes legal, policy and advocacy work in both substance abuse prevention and tobacco control. From 1999 – 2001 Ms. Calianos worked for Massachusetts Association of Health Boards (MAHB) assisting local Boards of Health throughout the Commonwealth with general BOH questions. Ms. Calianos presented local tobacco regulations to BOHs and helped them in the process of policy adoption. She presented at the MAHB yearly BOH educational workshops. She attended monthly CAST meetings as an attorney for MAHB. The Program Coordinator will be directly supervised by Susan Cairn, Director of the Department of Healthy Families and Communities. She provides regular supervision, shares ideas for new partnerships, keeps Ms. Calianos appraised of the racial/health equity work being done in the Department and the larger organization as well as oversees progress. She shares information with TFCP regarding CES activities and media opportunities. She ensures TFCP updates are provided to the CES Board, helping CES/TFCP to maintain a presence in many of the small, rural towns. Ms. Cairn is funded at .07 FTE from this grant.
The responsibilities of the Program Coordinator include, but are not limited to: developing the annual program workplan and giving input on the program budget; overseeing activities designed to achieve workplan goals; working to dismantle white supremacy, communicating and coordinating tobacco policy issues and MTCP priorities with the public, local coalitions, community organizations and stakeholders; educating decision makers about tobacco control policy initiatives; advocating for evidence-based policy, systems and environmental change; enhancing community involvement and promoting community support for tobacco policies; submitting accurate, MTCP-required program documentation; working with local media to obtain coverage of tobacco issues; assisting agencies to engage in grassroots community action that support social norms of nonuse of tobacco; collaborating with key coalitions on initiatives to raise public awareness about the health and economic burden of tobacco; serving as a regional resource to local media, public officials, and community organizations on emerging tobacco research. She will work with landlord associations, tenant groups, targeted Housing Authorities and housing professionals to: build the capacity to implement smoke-free housing and adopt tobacco policies; provide technical assistance and training; serve as a resource for information and support for the development of smoke-free regulations and policies.

☒ Staff resumes or job posting uploaded to COMMBUYS.

9. Program Budget: For cost reimbursement contracts, provide an annual line-item budget using the Program Budget form found in the COMMBUYS Bid Attachment Section. Use the Purchase of Service Titles - UFR Titles: www.mass.gov/anf/docs/osd/forms/attachmts/postitles.doc, for a list of position codes for the form.

☒ Program Budget form is uploaded to COMMBUYS.

Provide a program budget justification narrative, reflecting each line in the Program Budget form. Demonstrate how each budget item supports the overall program (text input limit 6,000 characters, approximately one page):

The Hampshire-Franklin Tobacco Free Community Partnership Capacity Building Program is requesting $90,000 as an annual operating budget.

That $90,000 would be allocated in the following ways:

UFR 102 Program Coordinator works .93 FTE and will receive a salary of $51,569.
The program manager is the key staff dedicated to overseeing tobacco control efforts in the defined region. The program coordinator stays current on national, state and local tobacco policy, legislation and research, interacts with local stakeholders, partners with substance use prevention coalitions, and serves as the point person for media inquiries and earned media generation. This staff salary is commensurate with the proposed employee's, Ms. Melinda Calianos, credentials: (Juris Doctor), public health experience and tenure with the HCOG and CES. This salary also meets MTCP staffing level requirements in the RFR.

URF 102 Program Director works .07 FTE and will receive a salary of $5,500.
The program director supervises the Program Coordinator and ensures that all goals and requirements of the grant are met.

UFR 151 Fringe Benefits allocation of $21,454 are based on the CES standard agency-wide rates for full-time employees and include the agency costs of health insurance, life insurance, Medicare expenses, retirement, disability insurance, and dental insurance, etc.

UFR 205 Staff Mileage/Travel allocation of $1,750 allows the Program Coordinator to be reimbursed for travel to state grant meetings, community-based presentations, Board of Health meetings and hearings, and coalition meetings in the region to advance the goals of MTCP. Hampshire and Franklin Counties combined create a geographic area over 1,270 square miles. At times within the catchment area the Program Coordinator may travel up to 50 miles to a meeting or event.

UFR 215 Program Supplies and Materials allocation of $1,620 will cover the anticipated costs of printing, paper, office supplies, technology needs, informational brochures and periodic reports.

UFR 410 Agency Administrative Support $8,107. This standard allowable agency administration fee covers agency costs associated with administering the grant: bookkeeping, accounts payable and receivable, administrative support and office space maintenance.

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Template Rev 4

APPLICATION RESPONSE FORM, INSTRUCTIONS, AND CHECKLIST

For use with the M04 RFR Template

General Instructions:

1. **See the RFR and COMMBUYS posting for complete procurement specifications.**
2. **All responses are to be submitted using the online submission tools available to Vendors registered in COMMBUYS.** There is no charge to register in COMMBUYS. To Register go to www.COMMBUYS.com and click on the "Register" link on the front page. Bidders are solely responsible to monitor COMMBUYS for Bid amendments, if any. Bidders may monitor the record by frequently checking the Amendment Section on the Summary screen for the BID in COMMBUYS.
3. **All Bidders are advised to allow adequate time for submission by considering potential online submission impediments like Internet traffic, Internet connection speed, file size, and file volume.** DPH is not responsible for delays encountered by Bidders or their agents, or for a Bidder's local hardware failures, such as computers or related networks, associated with bid compilation or submission. Bids submitted via COMMBUYS are time stamped by the COMMBUYS system clock which is considered the official time of record.

Formatting Instructions:

This document was prepared using Microsoft Word's forms feature. Complete the form on your computer using Microsoft Word.

1. Save this document file to your computer.
2. Enter your responses in the text box, moving between the text boxes using the tab key on your keyboard.
3. Responses to check boxes are made by clicking once on the check box. To remove the X from a check box, click on the check box again.
4. Text responses are limited to a maximum number of characters and the limits are noted in each question. Once the maximum character limit is reached, MS Word will not allow more than this limit. Please note that a space is counted as a character, and using the enter key to begin a new line in a response is also counted as a character. It is not recommended that applicants insert graphics into the responses. Spell-check does not work in text boxes.
5. Those with visual impairments may use an electronic text reader by unlocking the Application Response Form.

APPLICATION RESPONSE COVER PAGE

Make this the first page of your proposal.

RFR TITLE: Tobacco-Free Community Partnership Program RFR #180725

Organization

Organization Name: [Bay State Community Services, Inc]

Address:
[1120 Hancock Street]

[Quincy]

City: [Quincy] State: [MA] Zip: [02169]

Vendor Code: [VC6000161233]

CEO (Chief Executive Officer) First Name: [Daurice] Last Name: [Cox]

FEIN: [042468492]

Contact Person

First Name: [Alejandro] Last Name: [Rivera]

Title: [VP Prevention Services]

Telephone: (617) 471-8400 FAX: (617) 376-0619

E-Mail: [arivera@baystatecs.org]

Contact Person Address (if different):
[ ]

[ ]

City: [ ] State: [ ] Zip: [ ]

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

QUESTIONS FOR RESPONSE

Enter your response in the text boxes using Microsoft Word.

1. a. Provide a brief abstract of the proposed program. (text input limit 1,875 characters, approximately 300 words)

Bay State Community Services, Inc (BSCS) proposes to continue the implementation of the Tobacco-Free Community Partnership Program in the Greater Boston catchment area. The ultimate goal of this program will be to continue to support the following MTCP priorities: 1) reduce the prevalence of tobacco use, 2) prevent youth initiation of tobacco use, and 3) reduce exposure to secondhand smoke. The program will concentrate on four particular components: 1) Communications Coordination and Earned Media, 2) Partnership Development and Community Capacity Building, 3) Community Mobilization and Promotion of Secondhand Smoke Policies, and 4) Addressing Health Equity and Tobacco Disparities.

Activities will be in agreement with CDC Best Practices and other evidence-based approaches. This initiative will be carried out by: a) enhancing community partners' capacity building to implement tobacco policies and interventions, b) providing technical assistance to community groups and related colleagues on tobacco prevention efforts, c) fostering partnerships with coalitions and stakeholders working on tobacco related issues, d) mobilizing communities and youth groups, e) generating earned media and carrying out communication initiatives, and f) identifying and eliminating tobacco-related disparities. The program will likewise utilize all MTCP-produced communication materials and tools, assist with and promote municipal-level policy change, and serve its entire catchment area with a special emphasis on providing more comprehensive services to communities of need.

b. Briefly describe your catchment area. Note the anticipated assets, challenges and gaps of the region that specifically relate to the implementation of the proposed tobacco program. (text input limit 1,875 characters, approximately 300 words)

The Greater Boston catchment area is comprised of 56 cities/towns, located north and south of Boston.
ASSETS: Partnerships developed by BSCS over the years remain an important asset, while anticipated assets lie in the new connections/successes of the proposed program itself. The program made great strides in FY 2016 in Brockton and Holbrook, as each passed a majority of MTCP's priority provisions in their respective tobacco regulations. Additionally, Waltham Housing Authority implemented a smoke-free policy in May, protecting residents from secondhand smoke. Valuable earned media contacts were also made, as partnerships with Brockton Parents Magazine and the online newspaper, The Spark, were leveraged to circulate MTCP messaging. These accomplishments/collaborations will help the program further MTCP priorities in Greater Boston.
CHALLENGES: Challenges for the proposed program are based on tobacco use risk factors. According to Appendix A, many communities of need remain in the proposed catchment area. Communities such as Abington (16.6%) and Brockton (22.1%) present higher smoking rates when compared to the state average (15.5%) (makesmokinghistory.org). Youth retail density is also an issue, as towns like West Bridgewater and Waltham have high figures (11.36 and 9.49 retailers/1,000 youth). Outreach/education must continue throughout the catchment area to address MTCP priorities. Lastly, the proposed program's main location is still a challenge when considering travel distance to the northeastern part of the catchment area.
GAPS: A gap for the program is a lack of collaborations in the northeastern part of Greater Boston. It has been difficult connecting with stakeholders to provide technical assistance. To address this issue, the program will identify partners to build community capacity for tobacco policies and interventions.

c. Attach an organizational chart that shows the location of the proposed program within your agency.

☒ Organization Chart uploaded to COMMBUYS.

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

d. Supplier Diversity Plan form for POS (posted in the COMMBUYS Bid Attachment Section): Bidders are to submit a copy of their most recently submitted "SDP Plan Form for POS" with their proposal to signify to the Procurement Management Team that a form has been submitted. Bidders that do not currently hold POS contracts with Commonwealth Departments, Bidders that are exempt from filing a UFR, Bidders who have not yet submitted a SDP Plan Form for POS with their most recent UFR, or Bidders that are not required to submit a UFR are required to complete the Form and include it with their proposal. (No Points)

☒ **Copy of** SDP plan form is uploaded to COMMUBYS (original was submitted with UFR)
or
☐ **Original** SDP plan form is uploaded to COMMBUYS.

e. Provide a percentage breakdown by job category and race/ethnicity of your agency's staff on the Agency Staff Demographics Table available on the COMMBUYS Bid Attachment Section (attach to this proposal). Please enter percentages as whole numbers (e.g., 2.3% = 2%).

☒ Agency Staff Demographics Table uploaded to COMMBUYS.

2. a. Describe how the proposed program will align with your agency's mission statement. (text input limit 1,250 characters, approximately 200 words)

The proposed program perfectly aligns with BSCS's mission statement based upon the elements of the program's scope. For example, just as BSCS supports "individual, family, and community empowerment," the proposed program aims to strengthen stakeholder, group, and community capacity to implement tobacco policies and interventions. The program intends to further enable communities and individuals to gain support for the adoption of local tobacco policies by identifying and recruiting champions to advocate for such meaningful change.

Moreover, the proposed program continues to effortlessly link to BSCS's mission based on its addressing of health equity and disparities. Just as BSCS aids its clients "through an integrated, culturally competent continuum of social, mental health, addiction, and correctional services," the program seeks to do the same by achieving health equity in tobacco prevention and control. By identifying those that are most affected by tobacco related disparities such as income, mental health disorders, and substance use conditions and tailoring MTCP messaging and strategies to ensure cultural competency, the program will continue to naturally fit into BSCS's overall mission.

b. Attach a copy of your organization's most recent mission statement to this response.

☒ Most recent mission statement uploaded to COMMBUYS.

3. Relative to the mobilization and policy component of the scope briefly describe the influence that your agency has on creating healthier communities. Provide at least one example of how your agency has educated and mobilized communities to promote policy, systems, and/or environmental change at the municipal level. Include how you identified strategies, who you engaged, and the outcome. Explain how this experience could translate into the proposed program and tobacco prevention work. (text input limit 4,500 characters, approximately 750 words)

AGENCY INFLUENCE/COMMUNITY MOBILIZATION: Throughout the years, BSCS has had considerable experience in mobilizing communities in the South Shore in advocating and implementing policy changes regarding tobacco issues and most recently the opioid crisis. Moreover, since the inception of MTCP, BSCS has been the recipient of many DPH grants. Until funding expired, BSCS was the recipient of 4 MTCP programs: 1) Blue Hills Tobacco-Free Community Mobilization Network, 2) Blue Hills Youth Action Alliance, 3) Tobacco Cessation Program (one of the largest on the South Shore), and 4) Innovative Smoking Intervention, targeting the Asian community in Quincy. BSCS was likewise the recipient of a tobacco grant from the American Legacy Foundation, also targeting the Quincy Asian community.
Additionally, in the last 4 years BSCS has taken on a leadership role and developed a prevention cluster model that includes the towns/cities of Braintree, Weymouth, Randolph, Milton, Stoughton, and Quincy. The members of this cluster work to address the issues of underage drinking, opioid abuse, and the non-medical use of RX medications. BSCS has also obtained 3 DPH/BSAS grants – Substance Abuse Prevention Collaborative (SAPC), MA Opioid Abuse Prevention Collaborative (MOAPC), and Partnership for Success 15 (PFS 15) – for which the agency was the lead applicant and thus responsible for the implementation of the identified strategies for each grant.

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POLICY CHANGE, STRATEGY, AND STEPS: BSCS's most marked success involving policy change was the implementation of the Quincy Police Department's Narcan Carrying Policy, the first law enforcement Narcan Carrying Policy in the country. BSCS and Impact Quincy were integral in educating QPD personnel on the issue of addiction (a subject in which the QPD was lacking knowledge and understanding). Using the science based, environmental strategy approved by the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention (SAMHSA CSAP), BSCS and IQ took the following steps to make this policy a reality: 1) Engage and train/educate QPD personnel on the matter of addiction 2) Provide residents and stakeholders the opportunity to learn about the overdose issues facing Quincy and how such issues extend beyond homeless populations and those of low Socio Economic Status (SES) {reforming misconceptions}, and 3) Assist the QPD in finalizing and ultimately implementing the Narcan Carrying policy. Due to these efforts, not only did the QPD institute the first law enforcement Narcan Carrying policy in the country, but IQ was able to train over 1,000 individuals on how to recognize the signs of an overdose and contact 911 if they were to witness an overdose occur. Through training, education, and mobilization, BSCS and IQ were able to educate and mobilize the city of Quincy and QPD around opioid abuse/overdoses and gain enough support from the city to pass and carry out a provision that continues to save lives.

TRANSLATING INTO TOBACCO WORK: Based on the preceding paragraph, BSCS is well positioned to translate the QPD/Narcan policy experience into the proposed program and tobacco prevention work by following similar steps to make policy change possible. Through proper education on tobacco issues and the promotion of community support, the proposed program will be able to effectively encourage policy change within the catchment area, especially in communities of need. An example of such work was seen in the efforts undertaken by the Program Coordinator and MTCP-affiliated technical assistants in producing meaningful tobacco policy change in Holbrook. Steps taken to make such change happen were as follows: 1) Members of Holbrook Cares, a local substance abuse coalition, were educated on other tobacco products, tobacco industry tactics, and tobacco issues in Holbrook during a regularly scheduled meeting, 2) Members of the Board of Health (BOH) were later educated about the same tobacco matters along with policy suggestions by TA, 3) Champion coalition/community members (earlier identified) along with local youth (84 and non-84 members) were educated about the policies at hand and how to testify at a public hearing, and 4) The BOH passed and later implemented a near-comprehensive tobacco sales regulation. BSCS's experience with the QPD and the recent success of the proposed program provide ample evidence that the agency and program will have great success in creating healthier communities.

4. a. Relative to the partnership development and capacity building component of the scope, explain the types of external partnerships your agency has in the proposed catchment area. Demonstrate the various sectors, types of relationships held, and examples of collaboration. Explain how these relationships will enhance your agency's ability to implement the proposed program, particularly as it relates to reaching populations disproportionately burdened by tobacco use. Complete and attach the Levels of Cooperative Activities Chart for this program available in the COMMBUYS Bid Attachment Section. (text input limit 4,500 characters, approximately 750 words)

EXTERNAL PARTNERSHIPS/REPRESENTATIVE SECTORS: When considering the partnership development and capacity building component of the proposed program's scope, BSCS continues to have well-established external partnerships in the catchment area. Such external partnerships have been formed with non-profit, public, and private entities. For example, BSCS has created and maintained partnerships with agencies, organizations, and coalitions such as: 1) South Shore Hospital (non-profit); 2) Beth Israel Deaconess Hospital – Milton (non-profit); 3) Manet Community Health Center (non-profit); 4) Greater Brockton Community Health Alliance (CHNA 22, multi-sector); 5) Blue Hills Community Health Alliance (CHNA 20, multi-sector); 6) Eastern Nazarene College (private); 7) Norfolk District Attorney's Office (public); 8) Quincy College (public); 9) Office of Community Corrections (public); 10) Several local public health departments in the South Shore (public). The types of relationships with these and other agencies/organizations are cooperative in nature and aim to address the human services and health issues within the catchment area.
EXAMPLES OF COLLABORATION: BSCS is currently working on a number of efforts with its external partners. For instance, BSCS and Manet Community Health Center are presently working together with other area partners on the Quincy Weymouth Wellness Initiative (QWWI). Funded by the Prevention and Wellness Trust Fund, the QWWI strives to improve the overall health of the residents of Quincy and Weymouth. The QWWI provides services focusing upon the priority areas of hypertension, falls prevention, tobacco, and substance abuse. BSCS has largely collaborated with MCHC and this initiative to address tobacco related matters in Quincy and Weymouth by offering Freedom From Smoking Tobacco Cessation Community Groups throughout the service area. Moreover, BSCS and Manet Community Health Center (also through the QWWI) likewise undertake smoke free housing efforts within the service area.

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Another example of collaboration between BSCS and its external partners is seen in its association with the Office of Community Corrections. Through funding from the Office of Community Corrections, BSCS provides services to area offenders, which include substance abuse, education, and job development services. Clients are referred to these services by the criminal justice system to fulfill the requirements of their probation. Through this external partnership, BSCS and the Office of Community Corrections ensure that all individuals are empowered to achieve success within life, despite their past, and that health equity is achieved.

EXTERNAL PARTNERSHIP IMPACT: The aforementioned external partnerships will aid BSCS in implementing the proposed program by helping the agency reach those disproportionately burdened by tobacco use. Namely, these partnerships will help BSCS and the proposed program reach these targeted populations because they serve clients who are also similarly affected by tobacco related disparities. For instance, the Norfolk County DA's Office works with BSCS and other area agencies to tackle the issue of substance abuse, a condition that many throughout the Commonwealth currently face. According to the CDC's Health Equity in Tobacco Prevention and Control, substance abuse conditions are identified as tobacco related disparities (p. 9). The QWWI partnership between BSCS and MCHC will likewise help BSCS in assisting those disproportionately affected by tobacco use. The aforementioned group cessation counseling offered by the QWWI is free of charge to its clients, helping those of low SES attempt to quit, effectively addressing the tobacco related disparity of income (p. 8). Moreover, these collaborations will assist the agency and proposed program make additional connections throughout the catchment area, especially in the northeast. These and other external partnerships will introduce new entities and ultimately external partnerships in the proposed program's catchment area, enabling BSCS and the program to further aid those unjustly afflicted by tobacco use.

☒ Levels of Cooperative Activities Chart uploaded to COMMBUYS.

b. Provide letters of support from three partners that describe past and current relationships between them and your agency and indicates their willingness to work on tobacco related issues with your agency in the future. At least one of the letters should be from an agency that serves or is reflective of disparate populations.

☒ 3 letters of support uploaded to COMMBUYS.

5. Relative to the communications and earned media component of the scope, describe the types of media outlets/channels in your catchment area. Which ones will be most impactful as it relates to the scope of the Tobacco-Free Community Partnership work? How would you leverage them to reach intended audiences? Also, note your agency's experience generating earned media. If you have not generated earned media, describe how you would approach this work. (text input limit 4,500 characters, approximately 750 words)

TYPES OF MEDIA OUTLETS/CHANNELS: There are several types of media outlets/channels in the catchment area to communicate MTCP priorities/messages. Media outlets/channels present in the catchment area include: radio, television (public access/general cable), local/state newspapers (online/print), hyperlocal publications (Brockton Parents Magazine), the MBTA, agency newsletters, and social media outlets (Facebook, YouTube, Twitter, and Instagram).

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MOST IMPACTFUL MEDIA & SCOPE: Taking a look at the scope of the Tobacco-Free Community Partnership work, the media channels that will be most impactful are local newspapers, hyperlocal publications, and social media. These outlets will address the scope of service in various ways: 1) Traditional earned media such as letters to the editor and press releases will relay essential MTCP messages in newspapers and hyperlocal publications while social media will instantaneously convey information to those who do not utilize traditional media; 2) The Program Coordinator will continue to build relationships with community stakeholders such as journalists by serving as the expert on tobacco related issues while promoting local policy change; similar collaborations with stakeholders who use social media will also be valuable, as they will quickly convey MTCP messaging to their followers; 3) The distribution of MTCP messaging through local newspapers and hyperlocal publications will assist in the identification of champions who wish to make changes in their communities; the use of social media will similarly inspire youth and young adults, who are frequent users of such outlets, to advocate for local action; 4) The use of local newspapers, hyperlocal publications, and social media has proven to be a method to highlight tobacco related disparities and aid those most affected by them. Not only would these media outlets educate communities, stakeholders, and other individuals, but they will also reach out to the disparate populations themselves. For instance, Brockton Parents' Magazine is available for free at over 60 locations throughout Brockton. The accessibility of Brockton Parents' Magazine will make cessation resources easy to attain for those who may not subscribe to newspapers. Social media is another method to instantly share information about available cessation resources. Messaging about resources could easily be shared amongst peers, which could provide access to cessation options that those affected by tobacco-related disparities could utilize.
LEVERAGING EARNED MEDIA: To reach intended audiences, media channels like newspapers and hyperlocal publications will continue to be leveraged by forming connections with journalists throughout the catchment area, especially those in communities of need. The Program Coordinator will identify herself as an expert on tobacco related issues to untapped media sources and regularly submit MTCP-approved pieces to established contacts for publication. These pieces will relay MTCP priorities and other topics such as policy interventions in the media outlet's city/town or will acknowledge an 84 Chapter or Board of Health for the work they have done in their communities surrounding related tobacco work. To leverage social media outlets, the Program Coordinator will develop relationships similar to those created with traditional media partners. These partnerships will continue to be formed with local leaders, coalitions, and community groups that have an established social media presence. Upon finding common ground in addressing tobacco issues, the Program Coordinator will then compose and submit MTCP-approved media to her partners for release on their respective social media platforms.
AGENCY EXPERIENCE: BSCS has extensive experience in generating earned media. The agency's association with The Patriot Ledger, a local newspaper that covers Quincy and the surrounding areas, has covered events such as overdose vigils. BSCS also partners with local cable access network, Quincy Access Television, and radio station, 95.9 WATD, to address the opioid crisis in the South Shore. BSCS's Impact Quincy coalition has also had experience generating earned media by bringing the issues of underage drinking and the opioid crisis to the forefront in the South Shore. The coalition has similarly guided reporters of The Patriot Ledger in utilizing appropriate language in its stories regarding addiction, an important feat in leading any type of prevention effort.

6. Relative to the health equity component of the scope, describe your agency's commitment, understanding, and experience in working to reduce health disparities and/or in addressing social determinants of health. Provide at least one example that documents your experience. (text input limit 4,500 characters, approximately 750 words)

AGENCY EXPERIENCE AND EXAMPLES: BSCS has considerable experience in understanding and addressing health disparities. According to the CDC's Health Equity in Tobacco Prevention and Control, health disparities related to tobacco use include income, age, education, mental health disorders, and substance abuse conditions (pp. 9 & 10). BSCS understands that it is imperative to tackle these and all other health disparities to achieve health equity throughout the public health field, including tobacco prevention and intervention.

BSCS addresses health disparities through its many programs and services, which are often provided despite a client's ability to pay. BSCS offers outpatient services that focus upon both substance abuse and mental health disorders for clients of all ages. For example, the agency's Intensive Recovery Programs, which service both adults and adolescents, address the tobacco-related disparities of substance abuse and mental health conditions. Each Intensive Recovery Program, which aids teens and adults coming out of inpatient, detox, or other treatment settings, is provided with not only addiction treatment but also psycho education to help deal with their substance misuse issues. Group services that address a variety of topics are likewise available at BSCS, such as relapse prevention, dual diagnosis, and parental support, to name a few. The agency aims to service all individuals in its effort to achieve health equity.

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Education is also highly important to BSCS in addressing health disparities and health equity. BSCS provides education and job development services through its Norfolk County Community Corrections Center program, which is funded by the Office of Community Corrections. Through this program, BSCS provides several different services for individuals on probation. For instance, education services through the program include educational planning and HiSet classes (formerly called GED). Clients who utilize the agency's job development services are offered the opportunity to strengthen competencies required for today's job market, such as interviewing and computer skills. Moreover, the program provides substance abuse treatment for recommended clients; treatment plans vary and can include counseling, drug and alcohol testing, and pertinent education.

Additionally, the Impact Quincy coalition - which includes the proposed program – continues to highlight the agency's understanding and addressing of health disparities and/or social determinants of health. The coalition's Massachusetts Opioid Abuse Prevention Collaborative (MOAPC), Substance Abuse Prevention Collaborative (SAPC), and Partnership for Success 15 (PFS 15) programs promote substance abuse prevention measures and raise community awareness on related issues. Both the SAPC and PFS 15 programs simultaneously address age and substance abuse conditions in their work to provide education on and prevent underage drinking and drug use among Quincy and surrounding area youth.

Lastly, the Quincy Weymouth Wellness Initiative (funded by the Prevention Wellness Trust Fund and in collaboration with Manet Community Health Center) similarly seeks to achieve health equity through its several programs. The QWWI'S programs, which tackle issues such as diabetes, tobacco cessation, and hypertension, are offered free of charge to area residents, eliminating the health/tobacco related disparity of income. Comprehensive healthy behaviors are also important to the QWWI, as it encourages the adoption of workplace-based wellness and healthier behaviors for all within the service area. By helping individuals in Quincy and Weymouth achieve improved overall health, the QWWI works to reduce the rates of the most prevalent and preventable health conditions, many of which tobacco use is the root cause.

7. Identify an organization or key partner in your proposed catchment area that your agency does not have an existing relationship with that you would like to work with to further the work of the proposed tobacco program. What steps would you take to approach and engage them in your tobacco efforts? (text input limit 3,000 characters, approximately 500 words)

Looking at the key partners that BSCS has yet to collaborate with in the Greater Boston catchment area, the proposed program would benefit from partnering with the Wayside (Watertown) Substance Abuse Prevention Collaborative (SAPC). Working "to prevent underage drinking and other drug use across the Commonwealth," the Wayside (Watertown) SAPC is a "Prevention Cluster" made up of the communities of Watertown, Waltham, Brookline, and Belmont (Massachusetts TAPP). Although Brookline and Belmont are not part of the catchment area, Waltham is identified as a community of need for the proposed program. This collaboration will help the program in both addressing tobacco related disparities and partnership development/community capacity building. According to the CDC's Health Equity in Tobacco Prevention and Control, having a substance abuse condition is identified as a tobacco-related disparity, as those who "[enter] treatment for substance abuse [are] more likely to use tobacco than the general population" (p. 9). Like the proposed program's approach to tobacco matters, the Wayside (Watertown) SAPC concentrates upon policy, systems, and environmental changes to tackle underage drinking and alternative drug use. Working collaboratively with the Wayside (Watertown) SAPC, the proposed program would not only be able to effectively address MTCP priorities, but would also be able to further its focus upon the "Health Equity and Tobacco Disparities" and "Partnership and Community Capacity Building" scopes of service. The Wayside (Watertown) SAPC will be an integral partner in assisting the formation of additional collaborations with others in the northeastern part of the catchment area, a recognized gap facing the proposed program.
To engage the Wayside (Watertown) SAPC,the Program Coordinator will initiate contact with the Wayside (Watertown) SAPC Program Coordinator to schedule a meeting. During this initial meeting, the Program Coordinator will: 1) Discuss what the proposed program does, MTCP priorities, and program scope; 2) Review how the Wayside (Watertown) SAPC Program Coordinator can aid in addressing tobacco use issues for those with substance use disorders; 3) Establish tentative dates/times to speak with and/or train pertinent Wayside (Watertown) SAPC staff on youth tobacco use and cessation; 4) Provide cessation resources and other tobacco prevention related materials from the MA Health Promotion Clearinghouse to Wayside (Watertown) SAPC; 5) Discuss other ways to reach out to individuals suffering from substance use disorders and other tobacco related disparities, such as mental health conditions (e.g., publishing Quit Tips for Cessation in a SAPC or agency-wide newsletter); and 6) Follow-up with the Wayside (Watertown) SAPC Program Coordinator to determine if there are other ways to work together to help the

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cluster and others in the Waltham area learn about tobacco issues/cessation resources in the northeastern part of the catchment area.

8. Provide a description of staff to be funded as part of the proposed program. Identify the person in your agency that will be responsible for supervising the tobacco program director and describe the support they will provide. Briefly describe the responsibilities of the tobacco program director. Attach resumes of staff anticipated for this position. If the program director is not a current employee, include a posting for the tobacco program director's position. (text input limit 3,000 characters, approximately 500 words)

Larissa Swenson (current Program Coordinator for the Tobacco Free Community Capacity Building program) will be the Tobacco Free Community Partnership Program Coordinator (please see the uploaded job description). Larissa will be responsible for: the day-to-day operations of the program in accordance with the Massachusetts Tobacco Control Program guidelines. She will also be responsible for coordinating all program efforts related to tobacco issues in all assigned towns, coordinating and developing work plans, monitoring progress of goals and objectives as developed by the program, participating in Tobacco Control/DPH trainings, meetings and events, engaging individuals, community groups and organizations, serving as an advocate for local tobacco control policies and regulations, monitoring and developing earned media strategies, monitoring and coordinating budget related materials, coordinating outreach efforts in all towns, keeping accurate records related to program requirements, and serving as liaison between the program and the program funder, the Massachusetts Tobacco Control Program at DPH.
Alejandro Rivera, Vice President of Prevention Services, will in charge of supervision and support to the Program Coordinator. Mr. Rivera will provide supervision on a bi-weekly basis, and will be available at any time to offer supervision when issues may need immediate attention. In addition, Mr. Rivera will be available for site visits and when Tobacco Control Managers may request his participation in meetings related to the program.

☒ Staff resumes or job posting uploaded to COMMBUYS.

9. Program Budget: For cost reimbursement contracts, provide an annual line-item budget using the Program Budget form found in the COMMBUYS Bid Attachment Section. Use the Purchase of Service Titles - UFR Titles: www.mass.gov/anf/docs/osd/forms/attachmts/postitles.doc, for a list of position codes for the form.

☒ Program Budget form is uploaded to COMMBUYS.

Provide a program budget justification narrative, reflecting each line in the Program Budget form. Demonstrate how each budget item supports the overall program (text input limit 6,000 characters, approximately one page):

Staff ($61,017.65)
The salaries contained in this budget consider prevailing market wages. BSCS believes that the proposed salaries represent a fair price.

Program staffing is comprised of:
- UFR 101 - Program Function Manager-.1 FTE, $9,017.65; VP Prevention Services
- UFR 102 - Full time Program Coordinator at $52,000

The resumes and job descriptions for the Program Function Manager and Program Coordinator are included as attachments for question 8.

UFR 150: Payroll Taxes ($6,101.77)
Payroll taxes are 10.00% of gross salaries. Payroll taxes include BSCS' share of FICA and Medicare, as well as Workers Compensation Insurance.

UFR 151: Fringe ($7,250) Fringe includes 65% of health and 50% of dental benefits paid by BSCS on behalf of staff that chooses to participate in the plans. The budget includes 1 Individual premium for the Program Coordinator and 1 prorated (10%) Family premium for the Program Function Manager.

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UFR 301: Program Facilities ($700)
This amount represents allocated mortgage interest expense. Allocations are based on square footage.

UFR 390: Facility Operations ($1,000)
This amount covers utilities, repair and maintenance and property insurance.

UFR 201: Consultants ($500)
This line item covers estimated IT support.

UFR 204: Training ($1,000)

This line item is for staff professional training that will include training for the certification of prevention specialst and tobacco relevant topics.

UFR 205: Travel ($1,000)
This line item is estimated staff mileage reimbursement (45 cents per mile).

UFR 207: Meals ($700)
Food costs for meetings.

UFR 215: Supplies/Materials ($2,500)
These funds are for non-capital furniture and equipment purchases (, computers, printers, faxes, etc.)

UFR 216: Program Support ($1,563.91)
This line item covers expenses such as office supplies, monthly telephone and cell phone charges, recruiting and advertising, and professional insurance.

UFR 410: Administrative Support ($11,666.67) This line item is at 14% of program expenses, based on BSCS' actual FY16 overhead.

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APPLICATION RESPONSE SUBMISSION PAGE	
Organization **I affirm that I will comply with the requirements of this Request for Response and with the terms of this proposal.**	
Authorized Signatory: **First Name: [Daurice] Last Name: [Cox]** **Title: [President and CEO]**	☒ **By clicking the check box, the submitter attests that s/he is an agent of the Bidder with authority to sign on the Bidder's behalf and is agreeing all affirmations listed above.**

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CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

All documents listed below must be submitted via COMMBUYS in order for you response to be considered complete. Files must be uploaded and follow the naming convention indicated in the chart.

Document Title	**File Name** **Assign when creating documents**
Application Response Form	Company Name _ RFR180725 _App Resp Form
Organization Chart	Company Name _ RFR180725 Org Chart
Supplier Diversity Program Form for POS	Company Name _RFR180725_SDP Form for POS
Agency Staff Demographics Table	Company Name _ RFR180725 _ Agency Staff Demo
Mission Statement	Company Name _ RFR180725 _Mission Statement
Levels of Cooperative Activities Chart	Company Name _ RFR180725 _Coop Act Chart
Proposed Subcontractor Identification List	Company Name _ RFR180725_ Sub Cont List
Program Budget	Company Name _ RFR180725 _Program Budget
Three Letters of Support	Company Name_ RFR 180725_ L O S
Staff Resume or Job Description	Company Name_ RFR180725_ Resume Job Desc

Scanned documents will be accepted. All scanned documents must be scanned in such a way that they can be read on a computer monitor and printed on 81/2" x 11" paper, unless otherwise specified. Zipped files will be accepted and must be in a .zip format when saved. Other zip file formats will not be accepted.

Addendums or uploads not specifically requested in this document, the RFR or on the COMMBUYS Bid Solicitation screen will not be reviewed.

APPLICATION INSTRUCTIONS

1. **Save, read and review** the completed Application Response Form. Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes.
2. **Upload in COMMBUYS** the Application Response Form with the attachments according to the application Checklist.
3. **Confirm** that "No Charge" is checked or a dollar amount entered in the Unit Cost field on the Item screen in COMMBUYS. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide service or products at no charge.
4. **Submit** your electronic quote in COMMBUYS. (Vendors must be registered in COMMBUYS to submit quotes)

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Template Rev 4

APPLICATION RESPONSE FORM, INSTRUCTIONS, AND CHECKLIST

For use with the M04 RFR Template

General Instructions:

1. **See the RFR and COMMBUYS posting for complete procurement specifications.**
2. **All responses are to be submitted using the online submission tools available to Vendors registered in COMMBUYS.** There is no charge to register in COMMBUYS. To Register go to www.COMMBUYS.com and click on the "Register" link on the front page. Bidders are solely responsible to monitor COMMBUYS for Bid amendments, if any. Bidders may monitor the record by frequently checking the Amendment Section on the Summary screen for the BID in COMMBUYS.
3. **All Bidders are advised to allow adequate time for submission by considering potential online submission impediments like Internet traffic, Internet connection speed, file size, and file volume.** DPH is not responsible for delays encountered by Bidders or their agents, or for a Bidder's local hardware failures, such as computers or related networks, associated with bid compilation or submission. Bids submitted via COMMBUYS are time stamped by the COMMBUYS system clock which is considered the official time of record.

Formatting Instructions:

This document was prepared using Microsoft Word's forms feature. Complete the form on your computer using Microsoft Word.

1. Save this document file to your computer.
2. Enter your responses in the text box, moving between the text boxes using the tab key on your keyboard.
3. Responses to check boxes are made by clicking once on the check box. To remove the X from a check box, click on the check box again.
4. Text responses are limited to a maximum number of characters and the limits are noted in each question. Once the maximum character limit is reached, MS Word will not allow more than this limit. Please note that a space is counted as a character, and using the enter key to begin a new line in a response is also counted as a character. It is not recommended that applicants insert graphics into the responses. Spell-check does not work in text boxes.
5. Those with visual impairments may use an electronic text reader by unlocking the Application Response Form.

APPLICATION RESPONSE COVER PAGE

Make this the first page of your proposal.

RFR TITLE: Tobacco-Free Community Partnership Program RFR #180725

Organization

Organization Name: [Berkshire AHEC Inc]

Address:
[703 West Housatonic Street Suite 208]

[ ]

City: [Pittsfield] State: [MA] Zip: [01201]

Vendor Code: [00023214]

CEO (Chief Executive Officer) First Name: [Charles] Last Name: [Joffe-Halpern]

FEIN: [042681453]

Contact Person

First Name: [Charles] Last Name: [Joffe-Halpern]

Title: [Executive Director]

Telephone: (413) 447-2417 FAX: (413) 499-0370

E-Mail: [CJoffe-Halpern@berkshireahec.org]

Contact Person Address (if different):
[ ]

[ ]

City: [ ] State: [ ] Zip: [ ]

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QUESTIONS FOR RESPONSE

Enter your response in the text boxes using Microsoft Word.

1. a. Provide a brief abstract of the proposed program. (text input limit 1,875 characters, approximately 300 words)

Berkshire AHEC proposes to continue lowering smoking prevalence and exposure to second hand smoke by mobilizing our communities to support and adopt evidence-based polices, provide community partners with capacity building, technical assistance and community education, enhance tobacco control efforts at all levels to expose tobacco industry tactics, and ultimately to change social norms using population-based strategies. Berkshire AHEC will build upon its past and current work in the Berkshire County by utilizing our media relationships with all traditional and non-traditional local media outlets. Activities will include: Providing technical assistance and resources to local coalitions, service agencies, municipalities and workplace intervention efforts; Community Cessation Education through presentations and dissemination of materials to individuals, community agencies and small groups; promotion of the 84 by reaching out to interested youth groups and schools to help form local chapters in support of a tobacco free generation in Massachusetts; and Policy Promotion Support working in conjunction with the Boards of Health to educate and support the residents and stakeholders in tobacco control policies on both a local and state level; Media Communication, including traditional and non-traditional outlets, with information on local tobacco control successes and educational topics.

b. Briefly describe your catchment area. Note the anticipated assets, challenges and gaps of the region that specifically relate to the implementation of the proposed tobacco program. (text input limit 1,875 characters, approximately 300 words)

Our proposed service area is Berkshire County. Berkshire County has a total area of 946 square miles; according to the 2010 census it has a population of 131,219, this includes 55,006 households, and 35,115 families with a racial makeup of 92.5% white, 2.7% black or African American, 3.5% Hispanic or Latino, and 1.2% Asian. The median age is 44.7 years. Berkshire's population features a high percent of persons 65 years and older – 18.6% compared to 13.6% statewide. Females make up 52.2% of the population as compared to 51.4% statewide. The median income for a household in the county is $48,907 (2010). 13.0 % of the county's population, compared to 11.6% statewide (2015), is below the poverty line.

Berkshire County ranks 11th of 14 counties statewide in health outcomes with morbidity (fair or poor health) ranked 9th. The county's strength is clinical care, ranked third out of 14. 5 out of 32 towns have a smoking percentage greater than the states average of 16%, 2 towns are less than 16% but greater than 12% and 1 town is less than 12%. Smoking and tobacco use issues are particularly prevalent in the county's two cities, Pittsfield and North Adams. Both are priority communities; Great Barrington is also a priority community. The leading causes of death in Berkshire County remain those associated with smoking including: lung cancer, heart attacks, atherosclerotic heart dsease and COPD. Challenges in Berkshire County remain in the areas of tobacco cessation, second hand smoke, and smoking during pregnancy. These are often associated with low socio-economic status,mental health disorders, significant use of other tobacco products (including vaping), and smokers with low confidence about successfully quitting.

c. Attach an organizational chart that shows the location of the proposed program within your agency.

☒ Organization Chart uploaded to COMMBUYS.

d. Supplier Diversity Plan form for POS (posted in the COMMBUYS Bid Attachment Section): Bidders are to submit a copy of their most recently submitted "SDP Plan Form for POS" with their proposal to signify to the Procurement Management Team that a form has been submitted. Bidders that do not currently hold POS contracts with Commonwealth Departments, Bidders that are exempt from filing a UFR, Bidders who have not yet submitted a SDP Plan Form for POS with their most recent UFR, or Bidders that are not required to submit a UFR are required to complete the Form and include it with their proposal. (No Points)

☐ **Copy of** SDP plan form is uploaded to COMMUBYS (original was submitted with UFR)

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or
☒ **Original** SDP plan form is uploaded to COMMBUYS.

e. Provide a percentage breakdown by job category and race/ethnicity of your agency's staff on the Agency Staff Demographics Table available on the COMMBUYS Bid Attachment Section (attach to this proposal). Please enter percentages as whole numbers (e.g., 2.3% = 2%).

☒ Agency Staff Demographics Table uploaded to COMMBUYS.

2. a. Describe how the proposed program will align with your agency's mission statement. (text input limit 1,250 characters, approximately 200 words)

Berkshire AHEC is the oldest member (1979) of the MassAHEC Network sponsored by UMass Medical School. Berkshire AHEC's mission evolved through the years as we have led coalitions that focused on health and human service issues and we became a leader addressing health disparities. Berkshire AHEC has a history of creating and supporting community coalitions and partnering with other community-based agencies and academic institutions in advancing strategies to improve the health of our communities. From 1984 until 2007, a DPH Model Community Coalition grant funded four active and thriving community coalitions/collaborations. Berkshire AHEC's Board of Directors previously approved a stragic plan that included smoking cessation and substance abuse prevention as an area of focus. Berkshire AHEC has been awarded with by MTCP with two smoking planning grants (Pittsfield, northern Berkshires), a Youth Access Prevention Project (22 Berkshire County towns), and our current Tobacco Free Community Partnership contract.

b. Attach a copy of your organization's most recent mission statement to this response.

☒ Most recent mission statement uploaded to COMMBUYS.

3. Relative to the mobilization and policy component of the scope briefly describe the influence that your agency has on creating healthier communities. Provide at least one example of how your agency has educated and mobilized communities to promote policy, systems, and/or environmental change at the municipal level. Include how you identified strategies, who you engaged, and the outcome. Explain how this experience could translate into the proposed program and tobacco prevention work. (text input limit 4,500 characters, approximately 750 words)

Through our advocacy and collaboration with the Tri-Town Health Department of Lee, we recently helped convert six community housing authorities into becoming smoke-free facilities; one facility will become smoke free in July 2017.

Historically, our influence in helping to create healthier communities dates back to 1994 when, as co-lead agency with the Berkshire Council on Alcoholism and Addictions, Berkshire AHEC created the Berkshire County Tobacco Control Coalition which coordinated tobacco sensation, awareness and prevention education for several years. In 2009, The Massachusetts Department of Public Health (MDPH), Massachusetts Youth Suicide Prevention Project, announced the availability of funds to reduce the rate of suicide mortality among young people ages 10-24. The 6 year project was awarded to Berkshire AHEC and funded through a cooperative agreement with the Substance Abuse and Mental Health Services Administration. The Massachusetts Youth Suicide Prevention Program's goal was to increase the capacities of communities disproportionately affected by suicide to develop more effective early intervention and response systems. Berkshire AHEC worked collaboratively with community leaders to address priority populations at highest risk for suicide identified through a community needs assessment. Using the data gathered in the needs assessment, the steering committee created a strategic plan in partnership with MDPH and the UMASS evaluation team, addressing the key community needs. The program successfully established and sustained a community coalition that leads the efforts today.

Berkshire AHEC's experience and community connections will continue to build a strong community presence for the tobacco-free community partnership.

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4. a. Relative to the partnership development and capacity building component of the scope, explain the types of external partnerships your agency has in the proposed catchment area. Demonstrate the various sectors, types of relationships held, and examples of collaboration. Explain how these relationships will enhance your agency's ability to implement the proposed program, particularly as it relates to reaching populations disproportionately burdened by tobacco use. Complete and attach the Levels of Cooperative Activities Chart for this program available in the COMMBUYS Bid Attachment Section. (text input limit 4,500 characters, approximately 750 words)

Through our many years working to support the creation, development, and sustainability of collaborations, coalitions, networks and partnerships, we have maintained working relationships with diverse groups that helps inform our work. These groups have members that include consumers, social and human service providers, legislative representatives, educational institutions, medical institutions, businesses, and interested individuals.

Berkshire AHEC also implements its mission as an active and contributing member of many collaboratives, coalitions and partnerships. Berkshire AHEC held a federal contract to support the Berkshire Prevention Alliance, a community-based coalition formed in 1992 to address substance abuse and public health issues in Berkshire County. Our employees are currently, or have been in the past, regular participants in the Prevention Wellness Trust Fund Tobacco Intervention Group, Great American Smoke Out Committee, Northern Berkshire Community Coalition, Dementia Friendly Task Force, Healthy Pittsfield, Young Parent Collaborative, South Berkshire Regional School District's Community Health Promotion Committee, Passages Health Families Adolescent Advisory Committee, Pittsfield Family Consortia, Youth Roundtable, Berkshireyouth.org, Pittsfield Public Schools Comprehensive Health Council, Pittsfield Prevention Partnership, Berkshire Community AIDS Alliance, Berkshire Medical Center's Executive Faculty Council, Berkshire Chamber of Commerce, Network for Rural Health, Western Mass. Public Health Association, DPH Office of Rural Health and New England Rural Health RoundTable.

Berkshire AHEC currently contracts with Community Health Programs (a federally qualified CHC), Berkshire Health Systems, and other entities. Board members represent leadership from Berkshire Health Systems, Berkshire Community College, Massachusetts College of Liberal Arts, Tri-Town Health Department and more. These relationships enable us to access high risk and high use populations, share information and share program resources, provide formal and informal presentations, conduct effective campaigns and initiatives, and gather data and information on needs and attitudes. Internally, as our programs provide services within the same geography, we are able to similarly benefit between our varied programs and projects.

☒ Levels of Cooperative Activities Chart uploaded to COMMBUYS.

b. Provide letters of support from three partners that describe past and current relationships between them and your agency and indicates their willingness to work on tobacco related issues with your agency in the future. At least one of the letters should be from an agency that serves or is reflective of disparate populations.

☒ 3 letters of support uploaded to COMMBUYS.

5. Relative to the communications and earned media component of the scope, describe the types of media outlets/channels in your catchment area. Which ones will be most impactful as it relates to the scope of the Tobacco-Free Community Partnership work? How would you leverage them to reach intended audiences? Also, note your agency's experience generating earned media. If you have not generated earned media, describe how you would approach this work. (text input limit 4,500 characters, approximately 750 words)

Berkshire County has 6 newspapers (one seven day, three weekly and two monthly). The Berkshire Eagle is the largest with a readership of 37,000 daily and 44,000 Sunday and covers the county and surrounding areas. Berkshire AHEC has a solid relationship with the Eagle and its reporters. The recent sale of The Berkshire Eagle to local owners with a stronger focus on local news and happenings will further enhance our ability to promote the tobacco-free message; Letters to the Editor, focused articles on policy development, and passage of local tobacco related legislation have been amplified through this relationship. The Berkshire Eagle recently posted both the flavor letter and the Thanksgiving letter for earned media. Our Executive Director, Charles Joffe-Halpern, is on the Citizen's Advisory Board of the Berkshire Eagle and has been asked to provide consulation to editors and reporters on ways to effectively report on health policy.

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The Berkshire Courier, Berkshire Recorder, and Berkshire The View predominately cover southern Berkshire County with copies being available in several distribution locations throughout the county. They have been consistent supporters in promoting the targeted messages relating to a tobacco-free community. They also recently posted both the flavor letter and the Thanksgiving letter for earned media. There are three online only news outlets, including: iBerkshires, Berkshire The Edge, and Rural Intelligence. iBerkshires is a leading source for information in Northern Berkshire County. iBerkshires has over 90,000 unique users with over 900,000 page views per month making it an excellent media outlet to deliver the message to the stakeholders in the priority community of North Adams. Recently they posted both the flavor letter and the Thanksgiving letter for earned media.

Berkshire County is home to several award winning radio stations. There are 9 radio stations, 2 NPR based, and the others range from oldies to contemporary music. From an age perspective, more than 60% of radio listeners are between the ages of 18 and 54, where most advertising seeks to reach. Through community based programming they readily include announcements and will support guest talk show appearances as requested on various tobacco related topics.

There are 4 community based television stations each covering a section of the county (north, central, and south) and 8 network stations that play local commercials for the Berkshire audience. The four community based channels include: PCTV (Pittsfield), Willinet (Williamstown), NBCTC covering the remaining north county area, and CTSB covering south county. They operate Public, Educational, and Governmental Access Television ("PEG Access") available to cable TV viewers on three channels in the Time Warner Cable service area. These channels are an excellent source for talk shows and posting relevant information on their community bulletin boards. Several area agencies, churches, and schools have their own newsletters that are contacted accordingly when their reach matches the focus of a current campaign.

Relationships will be maintained through regular contact with the media sources and the Tobacco Free Community Partnership Program Manager will continue outreach efforts to ensure that information is being disseminated to the public. Experience and knowledge of local media sources will be utilized to select the appropriate outlet per the message to be delivered.

6. Relative to the health equity component of the scope, describe your agency's commitment, understanding, and experience in working to reduce health disparities and/or in addressing social determinants of health. Provide at least one example that documents your experience. (text input limit 4,500 characters, approximately 750 words)

Berkshire AHEC has a strong history of convening groups of professionals, agencies and consumers who work together to achieve solutions to common health and wellness concerns, including such issues as HIV/AIDS, substance use and teen pregnancy. Recently Berkshire AHEC administered a Youth Suicide Prevention Program educating first responders, including school personnel, and mental health providers, on how to respond effectively to individuals who are actively suicidal and in immediate danger. We also recently administered an HPV vaccination awareness grant, alerting communities to the necessity of childhood vaccinations for prevention of the Human papillomavirus.

We currently have a Medical Interpreter Training program where we train bilingual individuals to develop the skills necessary to facilitate effective and reliable interpretation in the clinical setting. The goal of this course is to provide the students with principles, methods, and competencies (both knowledge and skills-based) essential to the delivery of effective, reliable, and comprehensive spoken language interpreting in the clinical and human service field. This addresses health disparity issues that non-english speaking individuals experience. Recent studies showed that the cultural and linguistic minority population has experienced more barriers in accessing health care due to socioeconomic disadvantages and limited English proficiency. It has been observed that inadequate communication between patients with limited English proficiency and providers can be associated with lower access to health care; and that effective communication between patient and doctor is critical to good medical outcomes.

The TFCP Manager works across a variety of coalitions and partnerships to reach those populations affected most by tobacco related products. Some of the groups include: Healthy Pittsfield (lower socio-economic status, aka SES), The Young Parent Collaborative (youth, second hand smoke and lower SES), North Adams Community Coalition (youth, mental health and lower SES) and Pittsfield Prevention Partnership (youth), MCLA (LGBTQAI+ and youth), and Berkshire Health Systems (across all groups). Continued representation and presentations related to tobacco with these groups ensures that we are reaching across diverse sectors of the community. By participating in these groups

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we can gather information and assess community needs and the support required to further the tobacco-free message and gather support for policy initiatives.

7. Identify an organization or key partner in your proposed catchment area that your agency does not have an existing relationship with that you would like to work with to further the work of the proposed tobacco program. What steps would you take to approach and engage them in your tobacco efforts? (text input limit 3,000 characters, approximately 500 words)

A proposed partnership that requires further relationship building is with local Junior and Senior High Schools and Private Schools. This relationship is integral to prevention and cessation of youth addiction to nicotine, education, and Chapter 84 development. There are 47 public schools in Berkshire County, serving 16,765 students. Minority enrollment is 16% (majority Hispanic and Black with a small percentage of Asian). There are 21 private schools serving 2340 students with a minority enrollment of 21%.

Based on the most recent (2015) Prevention Needs Assessment Survey, 14.4% of 8th Graders, 24.6% of 10th Graders, and 37.1% 12th Graders have smoked Cigarettes on more than one occasion. - For those using smokeless tobacco products 6.5% of 8th Graders, 11% of 10th Graders, and 23.2% of 12 graders have used smokeless products on more than one occasion. The current local Prevention Needs Assessment Survey does not have a question in regards to vaping or hookah use which is on the rise. However the CDC High School YRBS 2015 indicates that Massachusetts has a rate of 24% for youth using electronic vapor products as opposed to a 2.3% for conventional cigarette use.

This relationship with schools will be developed by offering Teacher and PTO education, partnership development, and by having a seat at the health and wellness committees in each district and offering resource materials. Contact has already been started in the form of an introductory letter and materials to area Principals and Superintendents as well as Heads of the private schools. This letter not only introduced the TFCP Program Manager, but provided information on Chapter 84 (recruiting and engaging youth), establishing contact with decision makers, and has educated concerned adults on tobacco industry tactics through the provision of educational based materials.

8. Provide a description of staff to be funded as part of the proposed program. Identify the person in your agency that will be responsible for supervising the tobacco program director and describe the support they will provide. Briefly describe the responsibilities of the tobacco program director. Attach resumes of staff anticipated for this position. If the program director is not a current employee, include a posting for the tobacco program director's position. (text input limit 3,000 characters, approximately 500 words)

Our TFCP Program Manger is Joyce Brewer who has a long history of training development, with a strong interest in health and human services. She has volunteer experience at the Untited Way Allocations Committee, the Northern Berkshire Relay for Life, the Berkshire Eagle Santa Fund, and she was a swim coach at the Northern Berkshire and Pittsfield YMCA's, and Wahconah Regional High School.

Ms. Brewer's responsibilities will include, as stated above: Providing technical assistance and resources to local coalitions, service agencies, municipalities and workplace intervention efforts; Community Cessation Education through presentations and dissemination of materials to individuals, community agencies and small groups; promotion of the 84 by reaching out to interested youth groups and schools to help form local chapters in support of a tobacco free generation in Massachusetts; Policy Promotion Support working in conjunction with the Boards of Health to educate and support the residents and stakeholders in tobacco control policies on both a local and state level; Media Communication, including traditional and non-traditional outlets, with information on local tobacco control successes and educational topics; Smoke Free Environment support for the Tri-Town Health Department and its mission to have all public housing becoms smoke-free. Berkshire AHEC provides support through stakeholder presentations, surveys and resident cessation education support prior to and post smoke-free policy adoption.

The person responsible for supervising Ms. Brewer is Charles Joffe-Halpern, who has over 20 years administrative and supervisory experience in health and human services. He will be formally be supervising Ms. Brewer on a weeky basis with frequent daily dialogue and program planning.

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

Sheila Dargie, our Director of Operations, will be providing administrative and secretarial support for this grant. Ms. Dargie has been in her position at Berkshire AHEC for 18 years, as her resume indicates, she has broad adminstrative experiences.

☒ Staff resumes or job posting uploaded to COMMBUYS.

9. Program Budget: For cost reimbursement contracts, provide an annual line-item budget using the Program Budget form found in the COMMBUYS Bid Attachment Section. Use the Purchase of Service Titles - UFR Titles: www.mass.gov/anf/docs/osd/forms/attachmts/postitles.doc, for a list of position codes for the form.

☒ Program Budget form is uploaded to COMMBUYS.

Provide a program budget justification narrative, reflecting each line in the Program Budget form. Demonstrate how each budget item supports the overall program (text input limit 6,000 characters, approximately one page):

The budget we have submitted reflects expenses that Berkshire AHEC incurs to responsibly staff and administer the Tobacco-Free Community Partnership Program. This includes the full-time Tobacco Free Community Partnership (TFCP) Program Manager at 1.0 FTE (UFR 101), .08 FTE for the Berkshire AHEC Executive Director, (UFR 102), who supervises the TFCP Program Manager, and monitors the fiscal budget, and .03 FTE for the Director of Operations (UFR 137, who provides administrative assistance for the grant. Payroll taxes (UFR) 150) at 11% and fringe benefits (UFR 151) at 15.5%, of payroll. Further expenses include: program facilities (UFR 301) which is the cost of rent for this grant in our facility. Staff Mileage/Travel (UFR 205) includes expenses for milage and tolls for the TFCP Program Manager to facilitate the grant. Program Supplies (UFR 215) includes postage, office supplies and equipment charges for grant administration. Program Support (UFR 216) which includes: technology services and support, training expenses, postage, photocopying, printing, and newspaper subscriptions.

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APPLICATION RESPONSE SUBMISSION PAGE	
Organization **I affirm that I will comply with the requirements of this Request for Response and with the terms of this proposal.**	
Authorized Signatory: **First Name: [Charles] Last Name: [Joffe-Halpern]** **Title: [Executive Director]**	☒ **By clicking the check box, the submitter attests that s/he is an agent of the Bidder with authority to sign on the Bidder's behalf and is agreeing all affirmations listed above.**

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CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

All documents listed below must be submitted via COMMBUYS in order for you response to be considered complete. Files must be uploaded and follow the naming convention indicated in the chart.

Document Title	**File Name** **Assign when creating documents**
Application Response Form	Company Name _ RFR180725 _App Resp Form
Organization Chart	Company Name _ RFR180725 Org Chart
Supplier Diversity Program Form for POS	Company Name _RFR180725_SDP Form for POS
Agency Staff Demographics Table	Company Name _ RFR180725 _ Agency Staff Demo
Mission Statement	Company Name _ RFR180725 _Mission Statement
Levels of Cooperative Activities Chart	Company Name _ RFR180725 _Coop Act Chart
Proposed Subcontractor Identification List	Company Name _ RFR180725_ Sub Cont List
Program Budget	Company Name _ RFR180725 _Program Budget
Three Letters of Support	Company Name_ RFR 180725_ L O S
Staff Resume or Job Description	Company Name_ RFR180725_ Resume Job Desc

Scanned documents will be accepted. All scanned documents must be scanned in such a way that they can be read on a computer monitor and printed on 81/2" x 11" paper, unless otherwise specified. Zipped files will be accepted and must be in a .zip format when saved. Other zip file formats will not be accepted.

Addendums or uploads not specifically requested in this document, the RFR or on the COMMBUYS Bid Solicitation screen will not be reviewed.

APPLICATION INSTRUCTIONS

1. **Save, read and review** the completed Application Response Form. Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes.
2. **Upload in COMMBUYS** the Application Response Form with the attachments according to the application Checklist.
3. **Confirm** that "No Charge" is checked or a dollar amount entered in the Unit Cost field on the Item screen in COMMBUYS. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide service or products at no charge.
4. **Submit** your electronic quote in COMMBUYS. (Vendors must be registered in COMMBUYS to submit quotes)

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Template Rev 4

APPLICATION RESPONSE FORM, INSTRUCTIONS, AND CHECKLIST

For use with the M04 RFR Template

General Instructions:

1. **See the RFR and COMMBUYS posting for complete procurement specifications.**
2. **All responses are to be submitted using the online submission tools available to Vendors registered in COMMBUYS.** There is no charge to register in COMMBUYS. To Register go to www.COMMBUYS.com and click on the "Register" link on the front page. Bidders are solely responsible to monitor COMMBUYS for Bid amendments, if any. Bidders may monitor the record by frequently checking the Amendment Section on the Summary screen for the BID in COMMBUYS.
3. **All Bidders are advised to allow adequate time for submission by considering potential online submission impediments like Internet traffic, Internet connection speed, file size, and file volume.** DPH is not responsible for delays encountered by Bidders or their agents, or for a Bidder's local hardware failures, such as computers or related networks, associated with bid compilation or submission. Bids submitted via COMMBUYS are time stamped by the COMMBUYS system clock which is considered the official time of record.

Formatting Instructions:

This document was prepared using Microsoft Word's forms feature. Complete the form on your computer using Microsoft Word.

1. Save this document file to your computer.
2. Enter your responses in the text box, moving between the text boxes using the tab key on your keyboard.
3. Responses to check boxes are made by clicking once on the check box. To remove the X from a check box, click on the check box again.
4. Text responses are limited to a maximum number of characters and the limits are noted in each question. Once the maximum character limit is reached, MS Word will not allow more than this limit. Please note that a space is counted as a character, and using the enter key to begin a new line in a response is also counted as a character. It is not recommended that applicants insert graphics into the responses. Spell-check does not work in text boxes.
5. Those with visual impairments may use an electronic text reader by unlocking the Application Response Form.

APPLICATION RESPONSE COVER PAGE

Make this the first page of your proposal.

RFR TITLE: Tobacco-Free Community Partnership Program RFR #180725

Organization

Organization Name: [Hampshire Council of Governments]

Address:
[99 Main Street]

[ ]

City: [Northampton] State: [MA] Zip: [01060]

Vendor Code: [VC6000192150]

CEO (Chief Executive Officer) First Name: [Todd] Last Name: [Ford]

FEIN: [046001426]

Contact Person

First Name: [Melinda] Last Name: [Calianos]

Title: [Director, TFCP]

Telephone: (413) 584-1300 FAX: (413) 584-

E-Mail: [mcalianos@hampshirecog.org]

Contact Person Address (if different):
[ ]

[ ]

City: [ ] State: [ ] Zip: [ ]

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QUESTIONS FOR RESPONSE

Enter your response in the text boxes using Microsoft Word.

1. a. Provide a brief abstract of the proposed program. (text input limit 1,875 characters, approximately 300 words)

The Hampshire-Franklin Tobacco-Free Community Partnership administered by the Hampshire Council of Governments (HCOG) proposes to expand its work improving public health in western Massachusetts. Funded by MDPH as a Tobacco-Free Community Partnership, HCOG has provided tobacco control services since 1994 to Hampshire County and since 2003 to Franklin County. It assists municipalities and community organizations to lower smoking prevalence and exposure to tobacco smoke, deter initiation of tobacco use amongst youth and reduce exposure to secondhand smoke in the 49 cities/towns of the Hampshire-Franklin catchment area. HCOG will collaborate with key health and substance use prevention coalitions, including FH-STOPP, the federally funded Strategic Planning Initiative for Families and Youth and Communities that Care coalitions and local stakeholders and school leaders to meet its goals. HCOG meets with and collaborates with landlords, tenant groups, and public housing authorities to promote and establish smoke-free housing in multi-unit dwellings. HCOG seeks out partners to support lower incidence of tobacco use by those groups most burdened by tobacco use including those with behavioral health issues and disabilities and LGBTQ. It will expand partnerships with healthcare providers and behavioral and mental health providers to share resources and support for cessation. The Partnership continues to implement the Centers for Disease Control (CDC) Best Practices in Tobacco Control, including engaging local media, coalitions and stakeholders to update local policy and system changes to promote non-smoking as the social norm.

b. Briefly describe your catchment area. Note the anticipated assets, challenges and gaps of the region that specifically relate to the implementation of the proposed tobacco program. (text input limit 1,875 characters, approximately 300 words)

The Hampshire-Franklin catchment area is geographically large (1270 sq. miles) but relatively rural (230,000 population). Its 49 cities and towns vary in size from Amherst at 37,000 to Monroe with 121 people. The area is at or near the state poverty level (approximately13% versus 12%), with median incomes for both counties below the state median. Racially and ethnically, the area is largely white, 88.6% in Hampshire County, 94.5% in Franklin County. There are growing Latino, Asian, and African-American communities; 5.4% and 3.9%, 5.6% and 1.6% and 3.1% and 1.4%% respectively. The region also has a significant LGBTQ population served by targeted outreach, health care services and advocacy coalitions and local media. The community size, income, education levels, and access to health services vary widely. While there are several communities with smoking rates below the state average, 10% of the communities exceed that rate. The wide range of needs and disparities in public health indicators requires that regional health programs effectively target resources to maximize impact. Small populations and limited resources often mean that municipalities are understaffed, dependent on unpaid or modestly-paid volunteers working as Boards of Health or Housing Authority Boards, and other civic departments. A public health initiative addressing tobacco competes with scarce time and resources. The area also has significant assets including numerous health care providers, two hospitals, local government officials convinced of the benefits of tobacco control policies, community coalitions dedicated to prevention of youth substance use, a history of innovation in local tobacco policies (smoking bans in restaurants/bars long before statewide laws) and six colleges. This network of concerned groups insures that tobacco control resources are effectively utilized.

c. Attach an organizational chart that shows the location of the proposed program within your agency.

☒ Organization Chart uploaded to COMMBUYS.

d. Supplier Diversity Plan form for POS (posted in the COMMBUYS Bid Attachment Section): Bidders are to submit a copy of their most recently submitted “SDP Plan Form for POS” with their proposal to signify to the Procurement Management Team that a form has been submitted. Bidders that do not currently hold POS contracts with Commonwealth Departments, Bidders that are exempt from filing a UFR, Bidders who have not yet submitted a SDP Plan Form for POS with their most recent UFR, or Bidders that are not required to submit a UFR are required to complete the Form and include it with their proposal. (No Points)

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☐ **Copy of** SDP plan form is uploaded to COMMUBYS (original was submitted with UFR)
or
☒ **Original** SDP plan form is uploaded to COMMBUYS.

e. Provide a percentage breakdown by job category and race/ethnicity of your agency's staff on the Agency Staff Demographics Table available on the COMMBUYS Bid Attachment Section (attach to this proposal). Please enter percentages as whole numbers (e.g., 2.3% = 2%).

☒ Agency Staff Demographics Table uploaded to COMMBUYS.

2. a. Describe how the proposed program will align with your agency's mission statement. (text input limit 1,250 characters, approximately 200 words)

The Hampshire Council of Governments' mission is to offer a robust suite of programs and services that combine the best practices of government and the private sector in support of municipalities, residents, non-profits, and local businesses.
The proposed tobacco program improves and supports residents' quality of life by assisting municipalities in lower smoking prevalence and exposure to secondhand tobacco smoke. The proposed tobacco program fits well with agency-wide strategic goals. The tobacco program will support the development and implementation of public policies that reduce exposure to tobacco smoke; promote non-smoking as the social norm via print, electronic and online media; increase knowledge of secondhand smoke issues in multi-unit housing; provide technical assistance and training to housing professionals about the benefits of smoke-free housing; educate residents about cessation resources; support the adoption of CDC Best Practices in Tobacco Control; and mobilize regional support for model environmental tobacco control strategies.

b. Attach a copy of your organization's most recent mission statement to this response.

☒ Most recent mission statement uploaded to COMMBUYS.

3. Relative to the mobilization and policy component of the scope briefly describe the influence that your agency has on creating healthier communities. Provide at least one example of how your agency has educated and mobilized communities to promote policy, systems, and/or environmental change at the municipal level. Include how you identified strategies, who you engaged, and the outcome. Explain how this experience could translate into the proposed program and tobacco prevention work. (text input limit 4,500 characters, approximately 750 words)

HCOG mobilizes communities to gain support for adoption of local tobacco control policies. Through relationship building and patience HCOG is successful in creating change in policy around the way tobacco products are locally marketed, issues around secondhand smoke, and social norms about smoking. HCOG has provided assistance to help local housing authorities become smoke-free, thereby limiting residential secondhand smoke exposure and improving health.
Examples as to the effectiveness of HCOG's efforts include: All Franklin County housing authority properties are smoke-free, with guidance from our program; All but four Hampshire County housing authorities have smoke-free policies. HCOG has engaged with the remaining four; HAP, a regional provider of subsidized housing, is making its properties smoke-free. HAP utilizes HCOG as a resource in Hampshire County properties; 17 towns have adopted MTCP recommended comprehensive tobacco regulations, the most recent being Deerfield; In 2016 Hadley Board of Health, adopted its first ever tobacco regulation. Hadley is the gateway town to UMass Amherst, and lies between Northampton, Amherst and southern Franklin County. HCOG mobilized broad public support for the regulation from parents, health care practitioners and concerned citizens; HCOG worked with youth at Easthampton High School SADD/The84 to complete their presentation on youth tobacco use.; Two new the84 chapters in were created in Northampton due to HCOG engagements and relationships with the adult advisors: YMCA Young Leaders and Northampton High School Teen Advocacy Group.
Our work with the City of Northampton provides a detailed example. In 2016 Northampton Board of Health began consideration of two tobacco policies: restriction of sales of flavored products to adult-only establishments and raising the MLSA to 21. Northampton, home to Smith College, is the second largest town in our program area. The residents are well educated and the Board of Health has a history of positive practices in controlling tobacco. But the new proposals, in concert, were seen as too much of a reach for the BOH. At the time, HCOG was the sole MTCP program in the area. The Program Director established a strong working relationship with the city's Health Director

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and worked to understand points of contention. HCOG shared with the Health Director what she needed to know to best address them. At the same time, conversations were held with youth groups, community organizations focused on prevention strategies, interested individuals and statewide resources. The BOH created a two step process. The BOH first held a Public Forum to gather information. HCOG made sure the BOH had the most updated regulations, a list of all the towns and cities in the Commonwealth who had adopted these policies, a map showing the swath of local towns that had adopted the comprehensive policies, and background information from MTCP about how tobacco targets kids and effective ways to fight back. HCOG ensured community support of the policies were there. In addition to a letter of support from HCOG, two local prevention experts who reside in Northampton testified. In early Fall the BOH held an official public hearing on the policies. Although no the84 existed in the city, HCOG cultivated a relationship with the YMCA, and a youth was identified who wanted to testify. In addition to the HCOG, a local partner in prevention and parent testified, and MTCP TA answered legal and constitutional questions posed by the BOH. The combination of quality, comprehensive information and mobilized public support paid off. After considering less comprehensive approaches backed by local retailers, the BOH voted to adopt the proposed regulations as recommended by MTCP.
Tobacco control policies are frequently met with resistance from a variety of sources. HCOG's focus on information, response to specific community questions, and relationships with a local support network, all make the task easier. HCOG endeavors to build a base of support for ongoing tobacco control efforts through ongoing outreach and education, and work with youth groups and community organizations. Understanding that an emotional component also needs to be recognized and addressed furthers the effort. Going forward, this experience will translate into future tobacco prevention work as we encourage the remaining towns without updated regulations to adopt these important policies.

4. a. Relative to the partnership development and capacity building component of the scope, explain the types of external partnerships your agency has in the proposed catchment area. Demonstrate the various sectors, types of relationships held, and examples of collaboration. Explain how these relationships will enhance your agency's ability to implement the proposed program, particularly as it relates to reaching populations disproportionately burdened by tobacco use. Complete and attach the Levels of Cooperative Activities Chart for this program available in the COMMBUYS Bid Attachment Section. (text input limit 4,500 characters, approximately 750 words)

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HCOG works with numerous regional coalitions and social service agencies in order to best address the problem of tobacco-related diseases and to prevent young people from starting to use tobacco products. HCOG's tobacco program actively participates in the FH-STOPP Coalition, with members in both counties. Funded by MDPH, the Coalition works on local policy, systems and environmental changes to reduce tobacco use. The FH-STOPP partnership provides a key regional resource for working with local Boards of Health to enact effective local tobacco control policies. Many members are health agents or board of health members in their respective towns and cities. It is a networking opportunity for local leaders from towns over a large geographic area to learn of the resources HCOG can provide to citizens, housing authorities, landlords, tenant groups, youth groups and other organizations in their towns. HCOG also serves as a member of two youth substance use prevention coalitions, the Strategic Planning Initiative for Families and Youth (SPIFFY) in Hampshire County and Communities that Care (CTC) in Franklin County, programs funded by SAMHSA and MDPH Bureau of Substance Abuse Services. These two coalitions monitor youth drug use, prevalence of risk and protective factors via many methods including a comprehensive school-based surveys in the region. Both coalitions implement environmental strategies to reduce youth risk factors and substance use, including tobacco. HCOG sits on the steering committee of both coalitions and is an active member of the Policy and Practice Change workgroup at CTC. For example, HCOG will help craft the nicotine use question on their upcoming school survey. HCOG is also a member of the steering committee of the Easthampton Healthy Youth Coalition and the Northampton Prevention Coalition. In both groups local stakeholders meet to discuss substance abuse issues including nicotine use by youth. Members of these groups include school committee members, local school personnel, and a pediatrician. HCOG will be a resource to and provide media support for the three the84.org chapters currently in operation in the MTCP catchment area: Easthampton High School, South Hadley High School, and the newly established the84 Hampshire Regional YMCA Youth Leaders and Northampton High School the84/Teen Advocacy Group. HCOG enjoys a relationship with Community Action! (CA), the area's largest anti-poverty agency. HCOG works with their youth engagement leaders, WIC program, and Healthy Families program to promote the goals of MTCP. Examples of collaboration include connecting CA and HCOG regional youth groups for projects of and providing resources for smoking cessation throughout the organization. HCOG's tobacco program is in contact with youth groups that are part of Community Action! such as "Shout Out!" and Generation Q., a confidential educational and social/support group for LGBTQ and straight allies. HCOG will further these relationships to offer resources and education to adults working with youth who are being targeted by the tobacco industry. HCOG participates in the North Quabbin Community Coalition, working to improve the quality of life in that geographic area. HCOG also works with the Franklin County Community Resource Network (FCRN), representing over 60 social and human service agencies and Hampshire County's Council of Social Agencies (COSA), a network of over 50 social and human service providers. COSA meets monthly for public policy discussions with staff aides of local legislators and for broader county-wide information sharing. HCOG's tobacco program uses these networks to inform organizations of its program goals, resources and activities to provide updates on emerging tobacco issue and policies. Both FCRN and COSA have members that work with those socio-economic groups burdened by tobacco use and behavioral health service agencies. As a result of COSA meeting attendance HCOG recently provided information to social workers about cessation resources and other tobacco products to caseworkers who work with young, low-income mothers. HCOG has educated residents and managers of the dangers of second-hand smoke in multi-unit housing and cessation resources at both the Belchertown and South Hadley Housing Authorities. HCOG has also educated Northampton Housing Authority administrators on the dangers of second-hand smoke and the process for going smoke-free.

☒ Levels of Cooperative Activities Chart uploaded to COMMBUYS.

b. Provide letters of support from three partners that describe past and current relationships between them and your agency and indicates their willingness to work on tobacco related issues with your agency in the future. At least one of the letters should be from an agency that serves or is reflective of disparate populations.

☒ 3 letters of support uploaded to COMMBUYS.

5. Relative to the communications and earned media component of the scope, describe the types of media outlets/channels in your catchment area. Which ones will be most impactful as it relates to the scope of the Tobacco-Free Community Partnership work? How would you leverage them to reach intended audiences? Also, note your agency's experience generating earned media. If you have not generated earned media, describe how you would approach this work. (text input limit 4,500 characters, approximately 750 words)

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Franklin and Hampshire Counties lie outside major media markets but do have a variety of communication resources including two daily newspapers with digital presence, a number of radio stations including two public radio regional networks, some coverage by Springfield based television stations, and a variety of “hyper local” media: weekly newspapers, local cable channels, community newsletters, bloggers and listservs. The Council has established relationships with area media outlets in addition to its own digital communication efforts. The Tobacco Control program has demonstrated its capacity to develop local and regional media stories and to ‘earn’ extensive coverage for tobacco-related events, policies, advocacy efforts, and health initiatives.

Key media outlets are the two area newspapers, The Hampshire Gazette and The Recorder. Both papers have a connection with the area that began in the 18th century and are owned by the same corporation, which also publishes free weekly, widely distributed newspapers and specialty publications. The paid circulation exceeds 28,000 – significant for this area. New England Public Radio covers the entire Western Massachusetts area and claims 200,000 listeners. There are popular commercial radio stations that offer coverage along with Western Mass News (three television channels and a website) and WWLP television.

Long established relationships with these media outlets and a careful application of the CDC’s best practices for media advocacy result in a willingness to promote the programs tobacco control activities through press releases and promotion of particular events. The Tobacco Control program is identified as an important source of information by the Health and Managing editors of the Gazette, which allows the program to provide a local “peg” to tie in with state or national stories as well as local human interest. The local free weekly newspapers and area newsletters (like the North Quabbin Newsletter) are willing to distribute information provided by the program. Public libraries are a helpful resource as well.

In addition to these ongoing efforts, the HCOG program was able to be part of radio station WRSI’s fundraising effort for the Cancer Connection, a 24 hour marathon (including camping on the HCOG courthouse lawn). WRSI’s format provides opportunities for discussions about smoking cessation efforts. Senate President Stanley Rosenberg included in his online/email newsletter information on tobacco control/smoking cessation authored by the TCFP. When the Belchertown Board of Health was discussing its tobacco regulations, the program worked with the local weekly newspaper to provide information and context for the Board’s actions. Northampton Community Television routinely airs public service announcements on smoking cessation provided by TCFP. The Gateway Regional High School newsletter is a vehicle used to get information to parents. Gateway Regional serves a rural and relatively poor population. HCOG has been very successful in generating stories about local policy change, practices and places to go for help.

Given the fragmented nature of media and news reporting in our area, the program is careful to maintain relationships with each of the outlets, large and small. The program operates with the recognition that to be successful and get messages out, multiple sources have to be used and coordinated. It also means that the program will need to continually explore new opportunities to communicate with the general public as well as specific interest groups.

6. Relative to the health equity component of the scope, describe your agency’s commitment, understanding, and experience in working to reduce health disparities and/or in addressing social determinants of health. Provide at least one example that documents your experience. (text input limit 4,500 characters, approximately 750 words)

The HCOG is dedicated to reducing health disparities and addressing social determinants of health. The HCOG serves an area that is mostly rural with little industry. The catchment area is comprised mostly of small towns with three small cities. The area has a long history with people living with behavioral and mental health challenges due to the existence of the former Northampton State Hospital and Belchertown State School. The 12-13% poverty rate of the two counties in the catchment area is nearly equal the state average. HCOG tries to better understand the population of the catchment area and those whose social determinants of health create a potentially less healthy outcome by interviewing key stakeholders in the area. This begins with the HCOG councilors, its governing board. The councilors provide the program with insight into their community’s needs and a direct connection with member towns. That experience informs our contact with other communities, through understanding of how local, largely volunteer, governments operate. This helps gain access to both target populations and ideas on how to best provide services. The HCOG enjoys relationships with many of the regional schools and is a member of the Smith Vocational Health Advisory Committee Smith Voc offers a health technology major). The program has a strong relationship with Gateway Regional High School which serves rural and often poor student body. Other HCOG partnerships provide a window to where populations disproportionally affected by tobacco use and exposure to secondhand smoke may reside and frequent. Community Action! is the primary anti-poverty agency in the catchment area. Through that connection HCOG is able to to partner with programs that serve the populations prioritized by MTCP, including Generation Q, a confidential educational and social/support group for LGBTQ youth and straight allies, the WIC Director, youth programming director, and the director of the Healthy Families unit. Similarly, Communities that Care

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is a coalition that works to prevent substance abuse and reduce risk factors among the youth of Franklin County. As a member of both the CTC Steering Committee and Policy and Practice Workgroup, HCOG has been a the table with Health Agents from towns in the North Quabbin area, staff that maintain the statistics for youth substance use in the county, and develop relationships with varied school officials, all of whom provide valuable information to HCOG to best promote the goals of MTCP. The Strategic Planning Initiative for Families and Youth (SPIFFY) in Hampshire County provides access to key resident leaders in local public housing, school districts with high ratios of students with socioeconomic challenges, law enforcement, local hospitals, prevention organizations and the LGBTQ community. These partnerships help HCOG build support for tobacco programming across diverse sectors of the county. In turn, HCOG has the opportunity to educate members of SPIFFY and the local leaders involved of how tobacco targets youth and how certain subpopulations are burdened by tobacco. HCOG has assisted programs in single communities, such as Bridge Family Resource Center in Hadley (part of Clinical Support Options). It serves many people in low socioeconomic circumstances with behavioral or mental health diagnoses. HCOG has done and is slated to do “OTP” and cessation presentations to their clients and staff. HCOG serves as a resource for the Carson Center for Human Services in Ware. Ware has approximately a 20% poverty rate and the adult smoking rate is 68% higher than statewide. The rate of smoking during pregnancy in Ware is 251% higher than statewide. HCOG shared information with the adult caseworkers about cessation and health facts, resources and plans, and discussed the challenges of quitting for those on behavioral or mental health medications and the experience of working with that population. HCOG was invited back to speak with other caseworkers working with youth and to educate ¬ caseworkers about other tobacco products. HCOG looks forward to working more in Ware. At multi-unit housing properties, HCOG assists public housing authorities as they become smoke-free properties. HCOG has also been a resource for HAPhousing which administers both state and federally funded rental assistance programs. HCOG has shared cessation resource information with both Treehouse Properties in Easthampton and Rolling Green Apartments in Amherst.

7. Identify an organization or key partner in your proposed catchment area that your agency does not have an existing relationship with that you would like to work with to further the work of the proposed tobacco program. What steps would you take to approach and engage them in your tobacco efforts? (text input limit 3,000 characters, approximately 500 words)

Looking to the future, HCOG will explore working with ServiceNet, a regional provider of mental health and substance abuse services. ServiceNet serves approximately 500 people with “serious and persistent mental health challenges who live in Hampshire and Franklin counties.” Their programs serve a wide range of adults and transitional youth with mental health diagnoses. Services are provided in a variety of settings, from 24 hour staffed sites, supported housing and independent living. A number of treatment specialists have advanced degrees and provide both direct service and supervison of other clinicians. Outreach workers visit some the clients in their homes; other clients are seen in ServiceNet clinics.

HCOG will meet with decision makers at the agency to first understand better if the agency perceives a need for tobacco control resources from HCOG. HCOG would perform key informant interviews with ServiceNet supervisors or clinicians to gather information to profile population needs, resources and readiness to address problems involving tobacco use. HCOG sees meeting with decision-makers to determine what they would see as helpful information is an important step for HCOG. Individuals with mental illness are one of the groups identified by MTCP as burdened by tobacco use. Some of ServiceNet’s clients overlap with other sub-groups burdened by tobacco use: persons of low income and persons with disabilities. Tobacco use is often concurrent with substance abuse. HCOG is hopeful that beginning this relationship will serve to connect the healthcare providers at ServiceNet to tobacco cessation and prevention resources including MassSmokers’ Helpline and the MassHealth benefit. Hopefully when that connection is made, these resources will be handy tools for ServiceNet treatment providers to share with clients.

HCOG will explore the types of housing managed by ServiceNet and what their smoking policies might be for these properties. If the need and willingness is found, HCOG could offer technical assistance to alleviate secondhand smoke issues.

Given that those with mental illness have been identified as one of the groups burdened by tobacco use, HCOG reaching out to ServiceNet is an important place to begin a relationship. Given the size and nature of its operation, working successfully with ServiceNet would provide the basis for outreach to other social service organizations.

8. Provide a description of staff to be funded as part of the proposed program. Identify the person in your agency that will be responsible for supervising the tobacco program director and describe the support they will provide. Briefly describe the responsibilities of the tobacco program director. Attach resumes of staff anticipated for this

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position. If the program director is not a current employee, include a posting for the tobacco program director's position. (text input limit 3,000 characters, approximately 500 words)

The Hampshire-Franklin Tobacco-Free Community Capacity Building Program will be staffed by the current Director, Ms. Melinda Calianos, J.D. Ms. Calianos will continue in this capacity at 32 hours per week, 0.85FTE (HCOG defines full-time as 37.5 hours per week). Ms. Calianos became a HCOG employee in May 2015 as the TFCP Director. Her professional experience includes legal, policy and advocacy work in both substance abuse prevention and tobacco control. From 1999 – 2001 Ms. Calianos worked for Massachusetts Association of Health Boards (MAHB) assisting local Boards of Health throughout the Commonwealth with general BOH questions. Ms. Calianos presented local tobacco regulations to BOHs and helped them in the process of policy adoption. She presented at the MAHB yearly BOH educational workshops. She attended monthly CAST meetings as an attorney for MAHB. The Program Director will be directly supervised by the HCOG's Executive Director, Todd Ford, at no cost to this proposed MTCP program. He will provide regular supervision, assistance with publicity, marketing and media relations as well oversee progress. He shares information with TFCP regarding HCOG activities and media opportunities. He ensures TFCP updates are provided to Councilors from the towns that comprise the HCOG, helping HCOG/TFCP to maintain a presence in many of the small, rural towns. Melissa Szumski is the Fiscal Administrator for the HCOG. She is funded at .05 FTE from the proposed program. Ms. Szumski handles the fiscal management of the grant. The responsibilities of the Program Director include, but are not limited to: developing the annual program workplan and budget; overseeing activities designed to achieve workplan goals; managing the budget with HCOG's Fiscal Department; communicating and coordinating tobacco policy issues and MTCP priorities with the public, local coalitions, community organizations and stakeholders; educating decision makers about tobacco control policy initiatives; advocating for evidence-based policy, systems and environmental change; enhancing community involvement and promoting community support for tobacco policies; submitting accurate, MTCP-required program documentation; working with local media to obtain coverage of tobacco issues; assisting agencies to engage in grassroots community action that support social norms of nonuse of tobacco; collaborating with key coalitions on initiatives to raise public awareness about the health and economic burden of tobacco; serving as a regional resource to local media, public officials, and community organizations on emerging tobacco research. She will work with landlord associations, tenant groups, targeted Housing Authorities and housing professionals to: build the capacity to implement smoke-free housing and adopt tobacco policies; provide technical assistance and training; serve as a resource for information and support for the development of smoke-free regulations and policies.

☒ Staff resumes or job posting uploaded to COMMBUYS.

9. Program Budget: For cost reimbursement contracts, provide an annual line-item budget using the Program Budget form found in the COMMBUYS Bid Attachment Section. Use the Purchase of Service Titles - UFR Titles: www.mass.gov/anf/docs/osd/forms/attachmts/postitles.doc, for a list of position codes for the form.

☒ Program Budget form is uploaded to COMMBUYS.

Provide a program budget justification narrative, reflecting each line in the Program Budget form. Demonstrate how each budget item supports the overall program (text input limit 6,000 characters, approximately one page):

The Hampshire-Franklin Tobacco Free Community Partnership Capacity Building Program is requesting $90,000 as an annual operating budget.
That $90,000 would be allocated in the following ways:
UFR 102 Program Manager works .85FTE and would receive a salary of $41,000.
This figure supports the program as it allows for one person, dedicated to tobacco issues can become immersed in the issues, have the time to interact with local stakeholders and participate in coalitions in the catchment area, and serve as the point person for media inquiries and earned media generation. This staff salary is commensurate with the proposed employee's, Ms. Melinda Calianos, credentials: (Juris Doctor), public health experience and tenure with the HCOG. This salary also meets MTCP staffing level requirements in the RFR.
UFR 150 Payroll taxes allocation of $5,900 and UFR 151 Fringe Benefits allocation of $31,000 are based on the HCOG standard agency-wide rates for full-time employees and include the costs of Health Insurance, Life Insurance, Medicare Expenses, retirement, disability insurance, Dental Insurance, etc.
UFR 301 $1,200 is the expense for Program Facilities. This $1,200 figure accounts for one year's rent for office/desk space at the HCOG offices. For the $100/month rent the HCOG charges against the grant, the Program Manager receives a cubicle area in a shared office space. The cost figure is determined by the square footage for office space

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at the site. This cost also includes a computer, heat, cooling, electricity, access to office machines and ample storage space for MTCP materials. This figure also gives access to a conference room which the tobacco program Program Director can hold meetings, or organize tobacco presentations.
UFR 205 Staff Mileage/Travel allocation $2,000 allows the Program Manager to be reimbursed for her travel to coalition meetings, community meetings, Board of Health meetings and such to promote the goals of MTCP. Hampshire and Franklin Counties combined create a geographic area over 1,270 square miles. At times within the catchment area the Program Director may be travelling up to as much as 50 miles to a meeting or event. Travel to various statewide MTCP meetings will also be covered here.
UFR 215 Program Supplies and Materials $1,500 to be allocated. This figure will cover the anticipated costs of paper, computer supplies, office supplies, informational brochures and periodic reports.
UFR 216 Program Support allocates $650 to help cover the program manager's share of HCOG information/technology support, shared photocopiers, telephone/internet access, postage and mailing costs, HCOG dues and memberships, and advertising.
UFR 410 Agency Administrative Support $6,750. Among other duties this amount reimburses the HCOG for the hours that the fiscal administrator works on the grant activities such as drawing money from EIM account, distributing draw amongst the different benefits and expenses. The figure is derived from the 7.5% Agency Administrative Support Allocation.

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APPLICATION RESPONSE SUBMISSION PAGE	
Organization **I affirm that I will comply with the requirements of this Request for Response and with the terms of this proposal.**	
Authorized Signatory: **First Name: [Todd] Last Name: [Ford]** **Title: [Executive Director]**	☒ **By clicking the check box, the submitter attests that s/he is an agent of the Bidder with authority to sign on the Bidder's behalf and is agreeing all affirmations listed above.**

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CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

All documents listed below must be submitted via COMMBUYS in order for you response to be considered complete. Files must be uploaded and follow the naming convention indicated in the chart.

Document Title	**File Name** **Assign when creating documents**
Application Response Form	Company Name _ RFR180725 _App Resp Form
Organization Chart	Company Name _ RFR180725 Org Chart
Supplier Diversity Program Form for POS	Company Name _RFR180725_SDP Form for POS
Agency Staff Demographics Table	Company Name _ RFR180725 _ Agency Staff Demo
Mission Statement	Company Name _ RFR180725 _Mission Statement
Levels of Cooperative Activities Chart	Company Name _ RFR180725 _Coop Act Chart
Proposed Subcontractor Identification List	Company Name _ RFR180725_ Sub Cont List
Program Budget	Company Name _ RFR180725 _Program Budget
Three Letters of Support	Company Name_ RFR 180725_ L O S
Staff Resume or Job Description	Company Name_ RFR180725_ Resume Job Desc

Scanned documents will be accepted. All scanned documents must be scanned in such a way that they can be read on a computer monitor and printed on 81/2" x 11" paper, unless otherwise specified. Zipped files will be accepted and must be in a .zip format when saved. Other zip file formats will not be accepted.

Addendums or uploads not specifically requested in this document, the RFR or on the COMMBUYS Bid Solicitation screen will not be reviewed.

APPLICATION INSTRUCTIONS

1. **Save, read and review** the completed Application Response Form. Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes.
2. **Upload in COMMBUYS** the Application Response Form with the attachments according to the application Checklist.
3. **Confirm** that "No Charge" is checked or a dollar amount entered in the Unit Cost field on the Item screen in COMMBUYS. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide service or products at no charge.
4. **Submit** your electronic quote in COMMBUYS. (Vendors must be registered in COMMBUYS to submit quotes)

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Template Rev 4

APPLICATION RESPONSE FORM, INSTRUCTIONS, AND CHECKLIST

For use with the M04 RFR Template

General Instructions:

1. **See the RFR and COMMBUYS posting for complete procurement specifications.**
2. **All responses are to be submitted using the online submission tools available to Vendors registered in COMMBUYS.** There is no charge to register in COMMBUYS. To Register go to www.COMMBUYS.com and click on the "Register" link on the front page. Bidders are solely responsible to monitor COMMBUYS for Bid amendments, if any. Bidders may monitor the record by frequently checking the Amendment Section on the Summary screen for the BID in COMMBUYS.
3. **All Bidders are advised to allow adequate time for submission by considering potential online submission impediments like Internet traffic, Internet connection speed, file size, and file volume.** DPH is not responsible for delays encountered by Bidders or their agents, or for a Bidder's local hardware failures, such as computers or related networks, associated with bid compilation or submission. Bids submitted via COMMBUYS are time stamped by the COMMBUYS system clock which is considered the official time of record.

Formatting Instructions:

This document was prepared using Microsoft Word's forms feature. Complete the form on your computer using Microsoft Word.

1. Save this document file to your computer.
2. Enter your responses in the text box, moving between the text boxes using the tab key on your keyboard.
3. Responses to check boxes are made by clicking once on the check box. To remove the X from a check box, click on the check box again.
4. Text responses are limited to a maximum number of characters and the limits are noted in each question. Once the maximum character limit is reached, MS Word will not allow more than this limit. Please note that a space is counted as a character, and using the enter key to begin a new line in a response is also counted as a character. It is not recommended that applicants insert graphics into the responses. Spell-check does not work in text boxes.
5. Those with visual impairments may use an electronic text reader by unlocking the Application Response Form.

APPLICATION RESPONSE COVER PAGE

Make this the first page of your proposal.

RFR TITLE: Tobacco-Free Community Partnership Program RFR #180725

Organization

Organization Name: [Seven Hills Behavioral Health, Inc.]

Address:
[589 South First Street]

[ ]

City: [New Bedford] State: [MA] Zip: [02740]

Vendor Code: [VC6000157894]

CEO (Chief Executive Officer) First Name: [David] Last Name: [Jordan, DHA]

FEIN: [042173052]

Contact Person

First Name: [Cliff] Last Name: [Cabral, LMHC, NCC, CCMHC]

Title: [Vice President]

Telephone: (401) 309-7331 FAX: ( ) -

E-Mail: **[ccabral@sevenhills.org]**

Contact Person Address (if different):
[ ]

[ ]

City: [ ] State: [ ] Zip: [ ]

A note about the text boxes: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

QUESTIONS FOR RESPONSE

Enter your response in the text boxes using Microsoft Word.

1. a. Provide a brief abstract of the proposed program. (text input limit 1,875 characters, approximately 300 words)

With tobacco use remaining the leading cause of preventable death and disease in Massachusetts, Seven Hills Behavioral Health's (SHBH) Tobacco-Free Community Partnership (TFCP) Program will utilize its 20 plus years of experience and strong, local partnerships with coalitions, housing developments, community-based and youth-serving agencies, and municipalities, to support MTCP's goals and priorities of reducing the prevalence of tobacco use, preventing youth initiation of tobacco use, and reducing exposure to secondhand smoke for communities in Southeastern Massachusetts.

SHBH TFCP Program plans to use the CDC's Best Practices guide for Health Equity in Tobacco Prevention and Control to focus on the future and make sure that populations disproportionately affected by tobacco use are served adequately using evidence-based approaches. We plan to focus especially on the designated "communities of need" within the Southeast catchment area to further carry out MTCP's priorities in places where they are most needed. Our goals will be accomplished by engaging communities in several ways: by disseminating MTCP's priorities and messages via local media sources; by engaging youth in order to further help prevent young people from starting to use tobacco; by connecting with new partners and stakeholders and providing them with cessation and prevention resources and technical assistance; and by mobilizing partners and stakeholders to assist in the passing of local policy in order to change social norms and implement lasting system and environmental changes. Throughout all of this work, there will be a consistent thread of focus on health equity so as to address the needs of those most burdened by tobacco use, such as the subgroups of those who are enrolled in MassHealth, the LGBTQ community, and those of low socio-economic status.

b. Briefly describe your catchment area. Note the anticipated assets, challenges and gaps of the region that specifically relate to the implementation of the proposed tobacco program. (text input limit 1,875 characters, approximately 300 words)

The proposed catchment area is the Southeast region of Massachusetts, which includes 60 communities with a total population of 1,041,291 (found in Appendix A). The 60 towns and cities have populations varying from only 75 in Gosnold to over 95,000 in New Bedford. The SHBH Tobacco-Free Community Partnership has been serving this catchment area for the past 20 years, and understands the different challenges and demographics within the range of each municipalities. The poverty and income levels greatly vary within the region, from high income communities like Marion with only 2.2% of the population below poverty level to low income cities like Fall River, New Bedford, Taunton, Fairhaven, Wareham,and Dennis with 10.2% - 20.2% living below the poverty level. It is no surprise that in all of the communities in the catchment area with more than 10% of the population living below poverty level, the smoking rate is greater than 16%.

Our program has worked with community collaboratives and Community Health Network Area (CHNA) in Fall River, New Bedford, Wareham, Middleboro, Plymouth, and Barnstable, as well as with the two funded Board of Health Tobacco Control Programs in Western Bristol County and Barnstable County. We are familiar with and embedded in the communities with the highest need in our region, and thus well poised to work with the disparate populations within them, as well as important stakeholders and partners. We also have ample experience working with the region's media sources: in-print daily and weekly newspapers, local talk radio shows, cable access programs, and regional newsletters. While we have strong youth engagement via The 84 Movement in several high need communities like New Bedford, Fall River, and Taunton, we have encountered barriers engaging youth on Cape Cod, but will continue to work towards improving our reach there.

c. Attach an organizational chart that shows the location of the proposed program within your agency.

☒ Organization Chart uploaded to COMMBUYS.

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d. Supplier Diversity Plan form for POS (posted in the COMMBUYS Bid Attachment Section): Bidders are to submit a copy of their most recently submitted "SDP Plan Form for POS" with their proposal to signify to the Procurement Management Team that a form has been submitted. Bidders that do not currently hold POS contracts with Commonwealth Departments, Bidders that are exempt from filing a UFR, Bidders who have not yet submitted a SDP Plan Form for POS with their most recent UFR, or Bidders that are not required to submit a UFR are required to complete the Form and include it with their proposal. (No Points)

☒ **Copy of** SDP plan form is uploaded to COMMUBYS (original was submitted with UFR)
or
☐ **Original** SDP plan form is uploaded to COMMBUYS.

e. Provide a percentage breakdown by job category and race/ethnicity of your agency's staff on the Agency Staff Demographics Table available on the COMMBUYS Bid Attachment Section (attach to this proposal). Please enter percentages as whole numbers (e.g., 2.3% = 2%).

☒ Agency Staff Demographics Table uploaded to COMMBUYS.

2. a. Describe how the proposed program will align with your agency's mission statement. (text input limit 1,250 characters, approximately 200 words)

The mission of Seven Hills Foundation, of which SHBH is an Affiliate, is to promote and encourage the empowerment of people with significant challenges so that each may pursue the highest possible degree of personal well being and independence. SHBH has operated outreach, education, prevention and recovery programs in the Southeast region of Massachusetts for more than 45 years. SHBH is a CARF-accredited behavioral healthcare organization serving 15,000 individuals annually providing a wide range of social and human services. In addition to mental health, home-based counseling and psychiatric day treatment services; family support and stabilization programs; educational programs for at-risk youth; and HIV/AIDS prevention, testing, and referral, HIV/AIDS case management, and overdose prevention education services; SHBH is a leader in Southeastern Massachusetts in providing tobacco prevention programming through its TFCP Program. The proposed program aligns with our mission by providing community partners, stakeholders, youth, current smokers, and especially disparate populations and communities of need with the information and resources necessary to enable and encourage change on the individual and systems levels.

b. Attach a copy of your organization's most recent mission statement to this response.

☒ Most recent mission statement uploaded to COMMBUYS.

3. Relative to the mobilization and policy component of the scope briefly describe the influence that your agency has on creating healthier communities. Provide at least one example of how your agency has educated and mobilized communities to promote policy, systems, and/or environmental change at the municipal level. Include how you identified strategies, who you engaged, and the outcome. Explain how this experience could translate into the proposed program and tobacco prevention work. (text input limit 4,500 characters, approximately 750 words)

SHBH has been a leader in working with local municipalities to build healthier communities in the southcoast region of the state for many years. For example, our HIV/AIDS education and prevention program is one of the only local providers approved by the Massachusetts Department of Public Health to provide Nasal Naloxone (Narcan) Opioid Overdose Education, Prevention, Reversal and Enrollment. We have worked closely with local police, fire departments, boards of health, Mayor's offices, and others to mobilize local communities around the current opioid misuse epidemic. As a result of our efforts, both New Bedford police and fire departments now carry Narcan, and the the New Bedford Public School system passed policy change through the school board to make Narcan available at every school in the district. Raising awareness and providing education on the health impact of substance abuse disorders and galvanizing support and buy-in on ways that we can respond as a community is where we do some of our best work.

The SHBH TFCP Program has also been instrumental in efforts to achieve healthier communities, specifically regarding policy work around tobacco sales and creating smoke-free environments to reduce secondhand smoke exposure for children and adults. We believe policy work and systems change at the municipal level to be some of the

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most worthwhile work we do as its lasting effects will outlive our careers, and because the positive results of such changes are tangible in lower smoking rates, reduced exposure to secondhand smoke, and higher quit attempts. Working in a 60-community catchment area with two funded Board of Health programs and many unfunded municipalities, the TFCP - since 1995 - has had ample experience working on educating and mobilizing communities in order to support the passing of comprehensive tobacco policies.

In 2015, Attleboro--a designated community of need with a high smoking rate of greater than 16 percent--was reviewing their tobacco sales regulations for updating. Seeing as this was one of the larger cities in our catchment area with a population of over 43,000 and a community of need, we recognized the need to focus on mobilizing local stakeholders to fight for and support the full, comprehensive model regulation template that was up for review. The TFCP worked in conjunction with the funded board of health program in Attleboro to attend community meetings such as the Community Crisis Intervention Team and appeal to them for support of the regulation. We also worked closely with The 84 at Health Resources in Action and the YMCA to start an 84 chapter in town where we trained youth on the issues at hand and on how to speak to local legislators so that they would be prepared to voice their opinions and concerns at the public hearing. All of these efforts resulted in a public hearing that had ample support from stakeholders, MTCP technical assistance providers, and the youth of the Attleboro YMCA's 84 chapter. The youth's testimony at the hearing was especially instrumental, as their educated stances combined with their real-life anecdotes about the sinister tactics the tobacco industry uses to target them were both effective and moving. While there was quite a bit of local opposition to the regulation present, especially from the vaping community, the strategies we employed to garner local support, especially from the youth, paid off in the end when the city's Commissioner of Health passed the entire comprehensive regulation, including a flavor restriction, minimum cigar packaging, and capping of tobacco sales permits for adult-only establishments.

Going forward, we will use the Attleboro experience to better inform our work. For example, it is not only imperative to get local youth involved when passing policies that largely concern sales access to youth but, for communities of need especially, extra efforts will be put into getting more adult stakeholders to fill the public hearing space as well. This will be done through several means: pre-hearing earned media work, with special attention to involve local leaders and community members for extra impact; reaching out to previous partners and organizations to whom the TFCP has presented to in the past; and post-hearing educational efforts to promote a smooth transition and enforcement.

4. a. Relative to the partnership development and capacity building component of the scope, explain the types of external partnerships your agency has in the proposed catchment area. Demonstrate the various sectors, types of relationships held, and examples of collaboration. Explain how these relationships will enhance your agency's ability to implement the proposed program, particularly as it relates to reaching populations disproportionately burdened by tobacco use. Complete and attach the Levels of Cooperative Activities Chart for this program available in the COMMBUYS Bid Attachment Section. (text input limit 4,500 characters, approximately 750 words)

SHBH has a longstanding relationships with organizations throughout the southcoast that help us fulfill our mission and provide a continuum of supports for clients served. External partnerships include federally qualified health centers, substance abuse and mental health providers, housing authorities, homeless shelters, public transportation authorities, local probate and court systems, legal services, department of transitional assistance, House of Corrections, Catholic Social Services, school departments and universities, visitation programs, food pantries, DCF, DPH, Regional Domestic Violence Providers Group, Parents Helping Parents, Cradles to Crayons, Youth Serving Agencies, and LGBTQ coalitions, to name a few.

The various external partnerships that have already been developed by the Seven Hills Behavioral Health Tobacco-Free Community Partnership will provide the model for further expansion of reach and services in the future. Luckily, the Southeast has a number of Community Health Network Area and community collaborative groups scattered throughout that provide us a great base for networking and support within each pocket of the region. We will continue to attend these groups' meetings in Barnstable, Middleboro, New Bedford, Fall River, and Wareham in order to connect with regional programs, organizations, and stakeholders to further support our ability to make our program successful in carrying out MTCP's priorities. In the past, these meetings have connected us with municipal housing authorities, potential 84 chapters, organizations in need of cessation information, and local residents and stakeholders who have then testified at Board of Health hearings in support of a comprehensive tobacco regulation.

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More recently, the TFCP has been focusing on creating relationships with several different populations, all of which are affected more severely by tobacco use. In our continued efforts to engage youth in the fight against the Tobacco Industry via The 84 Movement, the TFCP has focused our recruitment efforts on existing Gay-Straight Alliance groups at local high schools, especially in some of the current 'priority communities' such as Mashpee, Barnstable, and Seekonk. We also hope to continue to develop and build on our recently established relationship with the Mashpee Wampanoag Tribe by working with their youth and their staff on things like cessation resources and tobacco prevention. By working with these disproportionately affected populations we not only connect with more allies who might support our efforts in policy at the local level, but we also create a much-needed opportunity to build more support for tobacco programming in communities where the need is even higher than normal.

Our external partnerships and collaborations are, indeed, the backbone and lifeblood of a successful Tobacco-Free Community Partnership. Our relationships in the greater region exist at various levels: from once-a-year 'Other Tobacco Product' presentations to school nurses, to years-long relationships with 84 Movement youth and advisors who work within their peer and school groups (and who often help pass policy in their communities and educate their state legislators at Kick Butts Day every March), to continued efforts and support in municipal housing authorities as they transition to smoke-free living. For example, we began by reaching out to the Seekonk Housing Authority (a currently-determined priority community) to touch base about their status in regards to going smoke free. What started as a one-on-one meeting with just the executive director soon led to another meeting with the Housing Authority's board members, and then several scheduled meetings with the residents to educate them throughout the process so that post-implementation goes as smoothly as possible. Through this work, we have also been connected with the Executive Director of the Attleboro Housing Authority, a large housing entity in another city with a high smoking rate above 16 percent. Relationships like these are plentiful and vital to the work that our program does; by being on the ground in each community and having a seat at the table at regional, collaborative meetings on a regular basis, we have established a presence as 'experts' on tobacco prevention and education. This presence, one that has been held by Seven Hills Behavioral Health for many years now, helps to support these relationships that make systems changes possible.

☒ Levels of Cooperative Activities Chart uploaded to COMMBUYS.

b. Provide letters of support from three partners that describe past and current relationships between them and your agency and indicates their willingness to work on tobacco related issues with your agency in the future. At least one of the letters should be from an agency that serves or is reflective of disparate populations.

☒ 3 letters of support uploaded to COMMBUYS.

5. Relative to the communications and earned media component of the scope, describe the types of media outlets/channels in your catchment area. Which ones will be most impactful as it relates to the scope of the Tobacco-Free Community Partnership work? How would you leverage them to reach intended audiences? Also, note your agency's experience generating earned media. If you have not generated earned media, describe how you would approach this work. (text input limit 4,500 characters, approximately 750 words)

The Southeast region has a variety of media outlets that can be used to spread the SHBH Tobacco-Free Community Partnership's messages and priorities. There are several daily in-print and online newspapers across the catchment area: The Standard Times in the greater New Bedford area, the Fall River Herald, the Taunton Daily Gazette, and the Cape Cod Times for the Barnstable/Cape Cod region. In addition to these daily major newspapers, there are also a plethora of weekly newspapers such as The Sun Chronicle in the Attleboro area and The Wanderer in the Marion/Mattapoisett/Rochester region, as well as a number of "Wicked Local" online, town-specific news sites like Wicked Local Middleboro and Wicked Local Mashpee. All of these would be useful outlets for things like letters to the editor aimed at parents and stakeholders, whether they be for educational or policy support purposes. Newspapers would also be the appropriate venue for articles or photos with extended captions highlighting things like 84 chapter events, local cessation programs/resources, and housing that might be going smoke free. The Southeast also has a number of cable-access television channels and talk radio stations, both of which could be used to more directly reach populations that might still be smoking. Another important area that the TFCP will plan to work with is media that is especially consumed by some of those who are most burdened by tobacco use, such as the local Southeast monthly publication Senior Scope, a newsletter for seniors, the newspaper O'Jornal, a publication written mostly in Portuguese and consumed by the high percentage of Portuguese citizens in cities like New Bedford and Fall River, and the Wampanoag Tribe newsletter based within the tribe in Mashpee.

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In the past, theTFCP at Seven Hills Behavioral Health has successfully utilized many of the above examples in order to generate public awareness and interest in several of MTCP's priorities. Several times, we have pitched story ideas to various newspapers in hopes of a staff writer picking up the topic and giving it a full article. For example, last January MTCP's media focus was to push cessation information to coincide with New Year resolutions. To highlight these messages while tying in local services, we pitched to the Standard Times in New Bedford to do a story on our local hospital group's Health Van, which drives around the city and parks in various locations in order to serve those who might not be able to get to a hospital or doctor's office for one reason or another. On board the van, the registered nurses are also trained cessation counselors, and offer services for free at all times. By highlighting this great local effort, we got the word out about a tangible service that was available right in the city's backyard, as well as worked in more general messaging about cessation resources and information. During the same time period, we also sent out the MTCP-produced short video about 1-800-QUIT-NOW to all of the cable access stations in our designated communities of need. About 50 percent of these stations aired the video on a reoccurring loop for over a month's time getting out the pertinent information to smokers who were watching at home.

The TFCP has also had great success with media focused on policy and youth work. In quarter one of fiscal year 2017, a youth from The 84 chapter in North Attleboro had the opportunity to travel to Washington D.C. with the Campaign for Tobacco Free Kids. We connected her with a reporter whom we have an existing relationship with at her town's newspaper, The Sun Chronicle. As a result, her work in D.C., and her separate but local work with The 84 Movement was highlighted in an article accompanied by photos. In a similar vein, in quarter four of fiscal year 2016, the Community Partnership supported MTCP's "Get Outraged!" flavored tobacco products campaign by working to get local stakeholders to sign a letter to the editor that would then be sent to the local major newspapers. We, again, had great success with this endeavor, with letters published in each of the daily newspapers in the region. The letters were signed in New Bedford by the Vice President of YMCA Southcoast, in Fall River and Taunton by the Executive Director of Partners for a Healthier Community Inc., and in Barnstable by the CEO of Cape Cod Child Development.

6. Relative to the health equity component of the scope, describe your agency’s commitment, understanding, and experience in working to reduce health disparities and/or in addressing social determinants of health. Provide at least one example that documents your experience. (text input limit 4,500 characters, approximately 750 words)

The CDC's Best Practices Guide for Health Equity in Tobacco Prevention and Control defines health equity as "the opportunity for everyone to reach their full health potential, regardless of any socially determined circumstance." Having worked with MTCP for years, the Southeast Community Partnership knows firsthand how important health equity is and, as the tobacco prevention field changes and evolves, how those who are left smoking are very often members of disparate populations that have far less health equity than they should. As an agency, Seven Hills Behavioral Health has always demonstrated a great understanding of and commitment to programming that benefits and lifts up those who have to fight harder for health equity and dignity. SHBH is home to a variety of human service programs that address this issue daily: from our adult psychiatric day treatment program, to our Family Support & Stabilization Programs, to our HIV/AIDS and Community Health & Disease Prevention programming that is a leader in Narcan training across the entire region, SHBH has always been on the side of those members of society who need and deserve equity in their medical, mental health, and substance abuse treatment. Specifically in tobacco work, however, we know the definition of health equity to be even more focused: health equity in regards to tobacco use is the idea that every individual should be able to live a tobacco-free life, regardless of race, sexual orientation, and socioeconomic status, etc. We know that this rationale has sadly not been reached yet, and that there is far more work to be done. The CDC identifies the total population's smoking rate at around 22 percent, but many subgroups have a much higher rate: Native Indians have a smoking rate of 38.5 percent; those with less than a high school education 31.5 percent; and those who live below the poverty level 32.5 percent to name just a few.

The reasons for these high numbers are myriad, but a large cause of them lies in the social determinants of health, something that we as tobacco prevention workers must address in our everyday work out in the community. Economic stability, education, social and community context, health and health care, and neighborhood and built environment make up these determinants, and we see them in action everyday. For example, we know that people who live in less than quality housing, such as municipal housing authorities, have a higher chance of being exposed to secondhand smoke in their homes. The Tobacco-Free Community Partnership has worked for years with many municipalities within the catchment area to address this disparity; from small communities like Marshfield to larger cities like Barnstable and New Bedford, we have assisted many housing authorities in going through the process of going smoke-free. By working with executive directors, board members, and residents themselves, we actively promote the benefits of living in a smoke-free environment while also providing backbone support such as accompanying

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cessation resources for residents who might need to quit or cut down in order to successfully comply with their housing authorities' policy.

We have also tried to address the health equity of disparate populations who more heavily use tobacco in our current work, such as with the LGBTQ community and with American Indian tribes within our catchment area, like the Wampanoag Tribe in Mashpee. Though our relationships with these groups are relatively fledgling, we have made it the focus of our current workplan to strive towards engaging both communities, first and foremost through engaging their youth with 84 work, since as young people and members of disparate populations they are even more heavily targeted by the tobacco industry. We are then hoping to engage the adult populations of each of these groups with cessation presentations and information when needed. Within our own organization, we hope to partner with the Family Support and HIV/AIDS programs going forward to further not only interagency collaboration, but to address the disparate populations already being served there by our colleagues and coworkers. By combining their efforts to help their clients achieve health and social equity, we at the TFCP will work to help them acheive equity as it relates to tobacco, because every person deserves to and can live a tobacco-free life.

7. Identify an organization or key partner in your proposed catchment area that your agency does not have an existing relationship with that you would like to work with to further the work of the proposed tobacco program. What steps would you take to approach and engage them in your tobacco efforts? (text input limit 3,000 characters, approximately 500 words)

Since both Manet Community Health Center (Taunton area) and the Greater New Bedford Community Health Center have in-house tobacco services, the SHBH Tobacco-Free Community Partnership has not worked closely with any health centers in the catchment area. Health Centers are important partners to have as they often serve those who are most in need of health equity, such as those of low socio-economic status, etc. Thus, going forward with the program, the TFCP would like to work on developing a relationship with the Community Health Center of Cape Cod in Mashpee, a community of need in the southeastern most part of the catchment area. We would like to partner with the Health Center to further the work of our program, to connect them with services for any and all smokers they might serve, and to address disparate populations for which there is already programming there.

Judging by their official website, it appears that the Community Health Center of Cape Cod in Mashpee has a number of worthwhile programs and services covering a wide range of issues, except for tobacco prevention. This would make them an important local partner to engage, and we would do so by first reaching out to one of the directors of the center to make initial introductions and contact. We would then plan to follow up with specific administrative staff and department heads within the staff, such as the mental health services, substance abuse, veteran's services, and dental departments. Hopefully, by working with these staff members, the Community Partnership could then begin work such as educating the department heads and their staff about MTCP-approved cessation resources that are available to smokers in Massachusetts. Many of these departments, like those that work with mental health, substance abuse, and veterans, already work with specific subgroups and disparate populations who are identified as having higher tobacco use. Working with their staff, we could provide support and technical assistance to address these needs.

Working with the Health Center could also tie into our media work. For example, the Health Center as a whole could become an ally in promoting MTCP's messages, such as playing MTCP's videos about the Smoker's Helpline in their waiting rooms.

8. Provide a description of staff to be funded as part of the proposed program. Identify the person in your agency that will be responsible for supervising the tobacco program director and describe the support they will provide. Briefly describe the responsibilities of the tobacco program director. Attach resumes of staff anticipated for this position. If the program director is not a current employee, include a posting for the tobacco program director's position. (text input limit 3,000 characters, approximately 500 words)

The Vice President of Seven Hills Behavioral Health, Cliff Cabral, LMHC, NCC, CCMHC, will be responsible for supervising the Tobacco Program Director. Mr. Cabral will be allotted as 0.01 FTE in the program's budget, and will be responsible for budget oversight of the TFCP Program. He will be current on the activities of the TFCP and make suggestions to enrich and expand upon the workplan. Overall, the Vice President will oversee the administrative

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supervision for the program by meeting regularly with the Program Director and being available for any questions and assistance that might be needed.

The Program Director of The TFCP Program, Kathleen Wilbur, has served in this capacity since 2014 and will continue in this role working 40 hours per week which represents 1.0 FTE. Ms. Wilbur's resume and job description are attached. She will be responsible for managing the day-to-day activities of the program focusing especially on the Community Partner's scope of service: communication coordination, partnership development in the catchment area- especially communities of need- promotion of policy, systems and environmental strategies, and health equity work among disparate populations. She will provide technical assistance and capacity building support to community groups, decision makers, schools, healthcare providers, municipalities--both in board of health policy and in smoke-free environment/housing work, and workplaces on tobacco intervention efforts. She will ensure that MTCP priority messages are communicated clearly and appropriately through earned, local media; she will inform and present to concerned stakeholders and community organizations concerning tobacco industry tactics that target youth and available cessation resources for current smokers; she will work with The 84 Movement to engage youth in the fight against Big Tobacco; she will mobilize community partners when necessary to support any local policy efforts; and, with a special focus in communities of need, she will aim to work on health equity more than ever by working with specific subgroups of smokers who are disproportionately burdened by tobacco use: those with substance abuse issues, those with mental health diagnoses, members of the LGBT community, and those of low socioeconomic status. The Program Director will also work with MTCP to develop work plans, to support ever-changing health equity strategies and efforts, to work with other MTCP-funded programs such as the two board of health programs in the catchment area, and to utilize MTCP communications as well as attending any MTCP trainings that are provided.

The Director of Business Operations, Tracey DeMello, will provide administrative/office support to the TFCP at .07 FTE.

☒ Staff resumes or job posting uploaded to COMMBUYS.

9. Program Budget: For cost reimbursement contracts, provide an annual line-item budget using the Program Budget form found in the COMMBUYS Bid Attachment Section. Use the Purchase of Service Titles - UFR Titles: www.mass.gov/anf/docs/osd/forms/attachmts/postitles.doc, for a list of position codes for the form.

☒ Program Budget form is uploaded to COMMBUYS.

Provide a program budget justification narrative, reflecting each line in the Program Budget form. Demonstrate how each budget item supports the overall program (text input limit 6,000 characters, approximately one page):

UFR Title #101 – Program Manager .01 FTE, $1,600 Reimbursement - This position will be served by the Vice President of Seven Hills Behavioral Health and will be responsible for the overall implementation and administrative oversight of the program.
UFR Title #102 – Program Director 1.0 FTE, $51,002 Reimbursement - This position will be served by Kathleen Wilbur and will be responsible for the day-to-day operations of the program. She will also be responsible for the management, coordination and execution of the program.
UFR Title #137 – Secretarial/Clerical .07 FTE, $4,420 Reimbursement - This line item is a percentage of the total business office at Seven Hills Behavioral Health. The business office is responsible for processing payroll, accounts payable, human resources, and billing as well as providing general office support.
UFR Title #150 – Payroll Taxes $5,132 Reimbursement - Payroll tax is calculated at 9% of total payroll expenses and is comprised of the mandated federal and state taxes and unemployment insurance.
UFR Title #151 – Fringe Benefits $5,702 Reimbursement - Fringe benefits are calculated at 10% of total payroll expenses and is comprised of employee benefits including health insurance, life insurance, and long-term disability insurance.
UFR Title #301 – Program Facilities $1,100 Reimbursement - This line item is for expense associated with the use of one office for the Program Director at the 589 South First Street, New Bedford location.
UFR Title #390 – Facilities Operations/Maintenance/Furniture $6,000 Reimbursement - Costs in this line item include expenses associated with the office space, such as, electric, gas, alarm, maintenance, security, and insurance.
UFR Title #201 – Direct Care Consultant $2,500 Reimbursement –Consultants will be used, if necessary, to assist with program work as needed in order to help the program successfully meet all the goals set in the annual work plan.

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UFR Title #205 – Staff Mileage/Travel $2,000 Reimbursement –Mileage costs are incurred when traveling to meetings, presentations, and trainings within the program's catchment area and occasionally outside of it for statewide, MTCP-hosted events and meetings.
UFR Title #215 – Program Supplies/Materials $500 Reimbursement - This line items is for the purchase of miscellaneous supplies needed to run the program which include pens, paper, folders, toner, etc.
UFR Title #216 – Program Support $2,200 Reimbursement - Costs in this line item include phone, fax and cell phone service and the copier maintenance contracts.
UFR Title #410 – Agency Admin Support $7,844 Reimbursement - This line item is allocated at 9.55% of the total expenses of the contract.

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APPLICATION RESPONSE SUBMISSION PAGE	
Organization **I affirm that I will comply with the requirements of this Request for Response and with the terms of this proposal.**	
Authorized Signatory: **First Name: [David] Last Name: [Jordan]** **Title: [President and CEO]**	☒ **By clicking the check box, the submitter attests that s/he is an agent of the Bidder with authority to sign on the Bidder's behalf and is agreeing all affirmations listed above.**

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CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

All documents listed below must be submitted via COMMBUYS in order for you response to be considered complete. Files must be uploaded and follow the naming convention indicated in the chart.

Document Title	**File Name** **Assign when creating documents**
Application Response Form	Company Name _ RFR180725 _App Resp Form
Organization Chart	Company Name _ RFR180725 Org Chart
Supplier Diversity Program Form for POS	Company Name _RFR180725_SDP Form for POS
Agency Staff Demographics Table	Company Name _ RFR180725 _ Agency Staff Demo
Mission Statement	Company Name _ RFR180725 _Mission Statement
Levels of Cooperative Activities Chart	Company Name _ RFR180725 _Coop Act Chart
Proposed Subcontractor Identification List	Company Name _ RFR180725_ Sub Cont List
Program Budget	Company Name _ RFR180725 _Program Budget
Three Letters of Support	Company Name_ RFR 180725_ L O S
Staff Resume or Job Description	Company Name_ RFR180725_ Resume Job Desc

Scanned documents will be accepted. All scanned documents must be scanned in such a way that they can be read on a computer monitor and printed on 81/2" x 11" paper, unless otherwise specified. Zipped files will be accepted and must be in a .zip format when saved. Other zip file formats will not be accepted.

Addendums or uploads not specifically requested in this document, the RFR or on the COMMBUYS Bid Solicitation screen will not be reviewed.

APPLICATION INSTRUCTIONS

1. **Save, read and review** the completed Application Response Form. Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes.
2. **Upload in COMMBUYS** the Application Response Form with the attachments according to the application Checklist.
3. **Confirm** that "No Charge" is checked or a dollar amount entered in the Unit Cost field on the Item screen in COMMBUYS. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide service or products at no charge.
4. **Submit** your electronic quote in COMMBUYS. (Vendors must be registered in COMMBUYS to submit quotes)

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APPLICATION RESPONSE COVER PAGE

Make this the first page of your proposal.

RFQ TITLE_Smoke-free Housing Capacity Building___

RFQ COMMBUYS BID # BD-14-1031-BCHAP-BCH01-00000000262

Organization

Organization Name: [Public Health Advocacy Institute, Inc.]

Address:
[360 Huntington Avenue]

[Suite 117 CU]

City: [Boston] State: [MA] Zip: [02115]

Vendor Code: [ ]

CEO (Chief Executive Officer) First Name: [Mark] Last Name: [Gottlieb]

FEIN: [04-266891]

Contact Person

First Name: [Chris] Last Name: [Banthin]

Title: [Program Director]

Telephone: (617) 842-1970 FAX: (617) 373-3672

E-Mail: [chris@phaionline.org]

Contact Person Address (if different):
[ ]

[ ]

City: [ ] State: [ ] Zip: [ ]

Location of Proposed Service

Program Name: [Massachusetts Smoke-Free Housing Project]

Program Address:
[102 The Fenway]

[117 Cushing Hall]

City: [Boston] State: [MA] Zip: [02115]

A note about the text boxes [ ]: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit.] Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

QUESTIONS FOR RESPONSE

Indicate the component(s) you are applying for: ☒ Component A ☐ Component B ☐ Components A & B

Enter your response in the gray shaded areas using Microsoft Word.

1. Provide a brief abstract of the proposed program (text input limit 1,875 characters, approximately 300 words):

The Public Health Advocacy Institute ("PHAI") will provide services under Component A of the Smoke Free Housing Mobilization Capacity Building Program. PHAI is uniquely positioned to increase the inventory of smoke-free housing in Massachusetts because it has developed implementation and enforcement resources; technical assistance expertise; and a strong presence and level of trust within the housing industry and among public health professionals and service providers who work with housing industry members.

PHAI will continue to work with a wide range of stakeholders to reach all types of multiunit dwellings. Since starting on this work in 2008, PHAI has cultivated strong partnerships with a wide array of stakeholders. Some of the partners include the MA Department of Housing and Community Development; MA Renters Housing Association; Small Property Owners Association; Regional landlord associations; New England Chapter of the Condominium Association Institute; Real Estate Bar Association; and others. PHAI has collaborated with these partners on presentations at industry conferences, seminars, and trainings; delivering technical assistance; dissemination of resources; and implementation of smoke-free policies. PHAI will cotinue these collaborations.

PHAI will collaborate with the Massachusetts Tobacco Control Program, its local programs, and recipients of Prevention Wellness Trust funding, many of whom will be focusing on smoke-free housing and require techincal assistance. PHAI will work with residents and their advocacy groups. PHAI has started working with the MA Law Reform Institute and regional legal service corporations, which primarily represent lower income tenants. PHAI will continue to run the Smoke Free Housing Hotline, which provides technical assistance to individual residents, landlords, and others.

2. Describe how the proposed program will link with the mission and programs described in your agency's mission statement (text input limit 1,250 characters, approximately 200 words).

The promotion of smoke-free housing fits perfectly with PHAI's mission. Part of PHAI's mission is to reduce the public health impact of tobacco through the development, promotion, implementation, and defense of proven tobacco control laws and policies. In fact, PHAI was formerly known as the Tobacco Control Resource Center. Building-wide, no-smoking policies in multiunit dwellings are proven to reduce exposure to secondhand smoke, encourage cessation, and de-normalize smoking. These positive changes even occur in housing for lower-socioeconomic populations, which have some of the highest smoking rates and tobacco-related health problems. These outcomes are exactly what PHAI seeks to achieve. For this reason, PHAI seeks to continue focusing on smoke-free housing.

3. Briefly describe your experience in providing statewide technical assistance and serving as a statewide leader on housing issues (text input limit 6,000 characters, approximately one page):

PHAI has provided capacity building services for the MA Department of Public Health going back to 1995. PHAI focuses on the implementation of public health policies and laws, particularly for reducing tobacco use and exposure to secondhand smoke. In the area of smoke-free housing, PHAI staff attorney Chris Banthin has developed comprehensive expertise and an extensive stakeholder network. He currently provides technical assistance on this issue under a contract with the MA Department of Public Health. He will continue to serve as the primary staff for PHAI's work on smoke-free housing. (All description of PHAI work in this Application were carried out by Attorney Banthin.)

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Attorney Banthin has over 14 years of experience in public health law and policy. He has relevant experience in landlord-tenant law, real estate law, and condominum law. Since 2008, he has personally assisted many hundreds of landlords and condomiums in implementing and enforcing smoke-free policies. He has advised hundreds of residents and resident organizations in dealing with involuntary exposure to secondhand smoke drifting in from neighboring units. He has partnered with numerous housing industry trade associations and public health organizations to conduct trainings and seminars on this subject.

An important part of the promotion and technical assistance in the area of smoke-free housing is the development of informative and persuasive resources tailered to the various members of the housing industry. PHAI has played a central role in the development of most resources developed in Massachusetts on this subject. One of the most important resources produced by PHAI includes a Market Research Report on the economic benefits enjoyed by landlord and conodominums that go smoke-free. The release of the Report was covered extensively by the Boston Globe and helped jump start smoke-free housing in Massachusetts. Other examples of materials which PHAI helped develop include 1) Guide Booklets that walk landlords and condominums through the process of going smoke-free; 2) a Guide Booklet for residents who are being involuntarily exposed to secondhand smoke drifting in from neighboring units; 3) Model Lease Addenda, Condominium Bylaw Amendments, Housing Policies, Notices, and Letters to Residents; and 4) Training materials for Landlords, Condominium Trustees, Property Managers, and Resident Service Coordinators.

PHAI has taken a leadership role in providing techincal assistance and promoting smoke-free housing across the Commonwealth to landlords, condominiums, property managers, residents, housing inspectors, public health professionals, and others. For landlords, condominums, and property managers, PHAI has conducted trainings and educational seminars in collaborations with industry trade associations and presented at industry conferences and trade shows. PHAI has provided direct technical assistance to leading members of the housing industry, such as the Boston Housing Authority and other housing authorities, numerous property management companies of all sizes, condominium trustees, landlords, and others.

On the resident side, PHAI has presented at resident conferences and educational meetings for municipal housing authorities, the MA Union of Public Housing Residents, MassHousing and HUD-funded resident service coordiantor organizations, and more. In addition, PHAI recently started a workgroup with the goal of improving enforcement of smoke-free policies while minimizing the potential for eviction. As part of this workgroup, PHAI presented to the Mass Law Reform Institute and members of the legal service corporations from around the Commonwealth. PHAI has already recruited several partners to the workgroup, primarily from the legal service corporations and resident advocacy organizations.

PHAI has provided direct technical assistance to many hundreds of residents through the Masschusetts Smoke-Free Housing Helpline, which is a toll free number being promoted by PHAI's partners around Massachuestts. Anyone can call the number for technical assistance. Landlords, condominium trustees, housing inspectors, and attorneys, as well as residents often call. Callers leave a voicemail. In 2 to 3 days, PHAI returns the call and provides limited techincal assistance. Referrals to legal service corporations or others are made when appropriate. Calls are tracked and quaterly updates are submitted to the MA Department of Public Health.

PHAI has worked extensively with municipal trade organizations and traditional public health organizations on smoke-free policies. Some of these include the MA Municpal Association, American Cancer Society, MA Health Officer's Association, and MA Association of Boards of Health. PHAI has presented at many of their conferences and educational seminars. For example, PHAI has conducted numerous trainings for municpal and state health inspectors. The trainings for health inspectors have covered a variety of topics, such as how to conduct an inspection for secondhand smoke incursion in a unit; application of the statewide housing sanitary code to secondhand smoke incursion; how to work with landlords on the implementation of smoke-free policies, and more. PHAI has also presented at large public health conferences on smoke-free housing issues.

PHAI has partnered direclty with numerous municipal boards of health. Boards of health are very interested in reducing exposure to secondhand smoke, including in the home. They often receive complaints from residents suffering from exposure to secondhand smoke drifting in from a neighboring unit. In response, PHAI has partnered with boards of health to conduct educational seminars for landlords and condominiums. Additionally, board of health inspectors will contact PHAI for technical assistance and often refer residents, landlords, and others to PHAI's Smoke-Free Housing Hotline.

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4. Describe how your existing collaborations with internal and external partners (i.e. other departments within your organization, state agencies, local health agencies, community based organizations, etc.) will enhance your ability to target, plan, provide and evaluate the proposed program. Note how these collaborations will directly benefit the priority population, promote efficiency and/or improve effectiveness (text input limit 6,000 characters, approximately one page):

PHAI's existing and new collaborations with numerous internal and external partners will be instrumental in providing services. PHAI works very closely with the Massachusetts Tobacco Control Program at the MA Department of Public Health. PHAI is a member of the Community Assistance Statewide Team, which meets monthly and helps develop strategies and provides technical assistance for the local programs around Massachusetts that work on tobacco control. PHAI is also the co-facilitator of the Community of Practice for Tobacco-Free Living. A Community of Practice is a collaboration sponsored by the Department of Public Health and focused on bringing together diverse stakeholders to address a public health problem. Involvement with these groups is essential for planning, implementing and evaluating work in smoke-free housing.

Another important collaboration is with local programs that work on tobacco control and other public health issues. PHAI has collaborated closely with these local programs to organize, promote and run educational seminars and trainings designed to encourage property owners to go smoke-free. For example, PHAI has conducted seminars in partnership with Boards of Health in Greenfield, North Adams, Pittsfield, Northampton, Easthampton, Amherst, Brookline, Cambridge, Easton, Boston, Lowell, Fall River, Athol, Salem and many other areas. In addition, PHAI has worked closely with the trade associations representing these local programs to provide trainings, including for the Massachusetts Health Officers Association, Massachusetts Fire Marshall's Office, Massachusets Association of Health Boards, the Massachusetts Environmental Health Officers Association, and others.

The collaborations with these local programs, boards of health, fire departments, municipal housing authorities, and their trade associations is essential for delivering techincal assistance in a timely and effective manner. These programs and their individual members know to contact PHAI, or to refer residents to PHAI with questions about smoke-free policies or how to respond to involuntary exposure to secondhand smoke in the home. These collaborations also afford PHAI the opportunity to use "train-the-trainer" models, which equips health inspectors, boards of health members, and others with basic skills for promoting smoke-free housing in their regions.

PHAI has also demonstrated the ability to effectively work on inter-departmental collaborations at the state government level. Mr. Banthin worked with the Department of Public Health to bridge differences between the Department of Public Health and the Department of Housing and Community Development ("DHCD"). The primary difference was that DHCD opposed the issue of smoke-free housing. To encourage DHCD to take a supportive position, Mr. Banthin participated in meetings between the departments going back to 2009. Mr. Banthin was instrumental in bringing in, and working with, new partners to help bridge the differences between the departments. One of those new partners was the Metropolitan Area Planning Council, which had worked with DHCD on other housing issues. The Council and other key partners, such as Health Resources in Action, helped build capacity in at DHCD for change. The outcome was that DHCD recently issued guidance to all municipal housing authorities in Massachusetts, encouraging them to go smoke-free and providing guidance on implementation. DHCD and PHAI are now planning a series of regional trainings for municipal housing authorities.

In general, PHAI has demonstrated the ability to develop and sustain internal and external collaborations. PHAI has leveraged these collaborations to target priority populations, plan, and implement smoke-free housing strategies, remove barriers to smoke-free housing policies, and evaluate and document program activities.

5. If the proposal being submitted contains subcontracts, name the proposed subcontractors. Describe how the subcontracts will function, including descriptions of responsible parties and structures for operation and accountability. All subcontracts are subject to DPH approval (text input limit 2,500 characters, approximately 400 words):

PHAI will not use subcontractors.

If you are proposing to use subcontractors, complete the Direct Care Subcontractor Identification List, found at the Commbuys screen.

A note about the text boxes [▒▒▒]: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit4 Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

☐ Subcontractor Identification List attached (if applicable).

6. Provide examples that demonstrate your organization's experience and ability to work with communities that are disproportionately affected by tobacco use (i.e. LGBTQ and racial/ethnic minorities), taking into consideration cultural and linguistic needs. For assistance in developing strategies to provide culturally and linguistically appropriate standards of care, please see the Cultural and Linguistic Appropriate Services Standards and Guidelines attachment available at the COMMBUYS screen (text input limit 2,500 characters, approximately 400 words):

PHAI has worked in culturally and linguistically appropriate ways with landlords and resident service providers in communities with racial/ethnic minorities. For example, in presentations to the Tenant Council for the Lowell Housing Authority, a translator was arranged for the large percentage of meeting attendees who spoke only Spanish. The Lowell housing authority was also able to arrange for translations of surveys and key educational materials into several languages. Another example includes PHAI's work with the AsianCDC, which is a non-profit development corporation in Boston that owns and operates several large multiunit dwellings in Chinatown Boston. PHAI worked closely with the AsianCDC staff to plan culturally and linguistically appropriate presentations and materials for residents.

PHAI also has provided services tailored to help residents with mental health issues. People with mental health issues have disproportionally high smoking rates. PHAI has conducted numerous trainings for resident service providers and mental health professionals on educational plans for residents with mental health issues. The goal of these trainings was to establish good enforcement policies that also minimized the potential for eviction. For example, PHAI worked with the Jamaica Plain Neighborhood Development Corporation to help develop appropriate education and enforcement plans for single residency occupancy buildings for recently homeless residents with substantial mental health issues. More recently, PHAI has started working with the Massachusetts Law Reform Institute and legal service corporations to reduce the potential for resident displacement caused by smoke-free policies, particularly among priority populations.

PHAI does not have the resources in house to translate materials and presentations, but has nonetheless demonstrated the ability to target and work with populations that have disproportionally high rates of tobacco use and exposure to secondhand smoke. PHAI will continue to build internal capacity for providing culturally and linguistic appropriate services. PHAI will work to ensure our internal governance remains cognizant of the need to provide services to priority populations and operates in manner that is consistent with reducing or elliminating health disparities in smoke-free housing.

Additional Program Questions (specific to this RFQ):

7. Describe in detail the relationships /partnerships that your organization has formed and initiatives worked on with landlords, tenants, tenant serving organizations, condo associations, housing lawyers and/or the housing community.

PHAI has developed a broad array of partnerships throughout the housing industry. Below are a few examples of those partnerships and a brief description of them.

- MA Department of Housing and Community Development: PHAI worked closely with key staff and the leadership at the Department. The Department was initially opposed to smoke-free policies in municipal housing authorities. PHAI collaborated with numerous partners to address the Department's concerns about the impact of smoke-free housing and to build capacity within the Department. PHAI provided technical assistance for the Department for policy guidance it issued to all municipal housing authorities encouraging them go smoke-free. The guidance included model documents, implementation guidance; information about cessation resources, and

instructions on how to connect with local tobacco control programs. PHAI is currently partnering with the Department to provide regional presentations to all housing authority directors.

- MA Real Estate Bar Association: PHAI worked closely with the Bar Association to provide guidance to the legal community on the legality, implementation, and enforcement of smoke-free rules in all types of multiunit dwellings. PHAI presented at conferences and working groups of the Bar Association. PHAI also provided one-on-one techincal assistance to members of the Bar Association. Some of the topics covered by PHAI include reasonable accommodation law; change in property rights of tenants and condominium owners; inclusion of medical marijuana in no smoking policies; constitutional rights regarding privacy; and enforcement. PHAI disseminated educational materials through the Bar Association.

- New England Chapter of the Condominium Association Institute: The Association Institute primarily includes condominium property managers and attorneys. PHAI partnered with the Association Institute to provide trainings and resources to promote smoke-free housing among condominium trustees, owners, and their service providers. Model documents and trainings materials were distributed to its membership.

- Regional and Statewide Private Landlord Association: PHAI has promoted and presented at meetings of area private landlord associations. These associations tend to deal with smaller properties at the lower end of the market-rate multiunit housing spectrum. Examples include the Northern Worcester Landlord Association, Worcester Landlord Association, Renters Association of Greater Springfield, Small Property Owners Association, Metro-South Landlord Association, Metro-West Landlord Association, Lowell Landlord Association, and Massachusetts Renters Housing Association..

- New England Affordable Housing Management Association: PHAI worked with the Management Association and provided a series of regional trainings. The Management Association is the largest association of for-profit and not-for-profit owners and operators of private affordable multiunit dwellings in New England. PHAI continues to provide follow up technical assistance to a substantial number of the Management Association's members, as they move forward with smoke-free policies.

- MA Association of Community Development Corporations: PHAI started working directly with many of the local community development corporations on the implmentation of smoke-free policies before providing a training at an event organized by the Association.

- MA Chapter of the National Association of Housing & Redevelopment Officials: PHAI has provided a series of presentations and trainings for this Association. Its membership is primarily municipal and regional public housing authorities. The Massachusetts Department of Housing and Community Development works closely with this Association in the funding and administration of public housing. PHAI has conducted extensive technical assistance and resident engagement for municipal and regional housing authorities both directly and through the Association.

- Metro Boston Housing Partnership: This organization is a large distributor of housing vouchers. It works with hundres of landlords in the greater Boston area to develop an inventory of safe and healthy apartments that residents can utilize with the assistance of housing vouchers. PHAI collaborated with this organization to provide trainings for landlords.

- MA Union of Public Housing Residents: PHAI collaborated with the Union to present at two conferences, including a resident summit and an annual meeting of the membership of the Union. The presentations sought to build awareness among residents of smoke-free policies.

- Mass Law Reform Institute/Regional Legal Service Organizations: PHAI is starting to collaborate with the Institute and its affiliate organizations to promote smoke-free housing. PHAI is leading a working group which includes representatives of these organizations. One goal of the work group is to ensure smoke-free policies are actually enforced after being implemented. Another goal is to establish best practices for enforcement that seek to avoid eviction and homeless.

- MassHousing: PHAI developed a relationship with MassHousing, which is a major funder of affordable housing in Massachusetts. MassHousing stays involved with the properties it funds to ensure they provide safe and health affordable housing, particularly for at-risk populations. PHAI has provided trainings for MassHousing and follow up technical assistance for its members and funded properties.

- MA Association of Resident Service Coordinators: This Association primarily consists of service providers who aid residents of affordable housing. PHAI provided three trainings so far at the annual meetings of the Association. The trainings primarily focus on ways to work with residents and management to address involuntary exposure to secondhand smoke and to enforce smoke-free policies.

8. Provide specific outcomes that demonstrate the success of the relationships and initiatives described in your answer to the previous question.

Numerous outcomes demonstrate that PHAI has been very effective in the promotion of smoke-free policies. PHAI has partnered or collaborated with a wide array of stakeholders in the commercial and non-profit housing sectors, as well as with traditional public health partners. The outcome has been hundreds of trainings, presentations, and examples of technical assistance, as described above. Below are some additional outcomes that demonstrate PHAI's ability to provide services to increase smoke-free housing in Massachusetts.

PHAI has earned extensive media coverage in this work, in general news media and housing trade media. For example, PHAI has twice appeared in the Boston Globe for its work on smoke-free housing, including once in front page coverage. The first example was coverage of the release of a Market Research Report by PHAI that showed going smoke free increased the value of residential rental properties and condominiums. The second Globe article documented the implementation of smoke-free policies in some of Boston's largest condominiums. PHAI worked with these condominiums on implementation. Other examples of media coverage include newsletters of regional landlord association, the New England Condominium Magazine, WGBH Radio, WBUR Radio, and more.

Another positive outcome is the number of municipal housing authorities to go smoke-free. The first municipal housing authorities to go smoke-free in Massachusetts where Lee and Stockbridge in 2009. PHAI worked closely with these housing authorities to implement their no-smoking rules, and then, captured the experience in a written case study. PHAI distributed that case study to numerous housing authorities, many of which then begin the process of going smoke-free with assistance from PHAI. Some of these early movers were Wayland, Greenfield, Lunenburg, Springfield, and Franklin County Redevelopment Authority. PHAI then joined the team that was supporting the Boston Housing Authority's transition to smoke-free. PHAI provided legal guidance to the Boston Housing Authority on some of the following issues: reasonable accommodation, disability law, and medical marijauna. At the same time, PHAI continued to work directly with municipal housing authorities individually and through their various trade associations. The outcome is that since PHAI started working in this area, over 34 housing authorities have gone completely smoke-free, as of the date of this submission. That translates into approximately 26,000 housing units. Prior to PHAI involvement, no housing authorities were smoke-free.

Another positive outcome is the number of privately managed affordable rental properties that have implemented a smoke-free policy. PHAI has worked closely with the following property management companies: Peabody Management, Maloney Management, Winn Management, Corcoran Management, Liberty Springs, Jamaica Plain Neighborhood Development Corporation, Dorchester Bay Development Corporation, Alston Brighton Development Corporation, Barkan Management, and many others. All of these companies have transitioned at least one, typically several of their properties to smoke-free. Some have transitioned nearly all of their properties. The MA Department of Public Health is currently surveying large property management companies to measure the number of their properties that are smoke-free.

9. Briefly describe your organization's ability to evaluate programs and data.

PHAI will work with the MA Department of Public Health to evaluate PHAI's program and data. This is something that PHAI does already. PHAI documents all calls to the Smoke-Free Housing Telephone Hotline. Quarterly reports are submitted to the Department of Public Health. Quarterly reports document caller information, the reason for the call, some information about the property in question, and the assistance provided by PHAI.

PHAI also works with the MA Department of Public Health to set goals and strategies for each fiscal year. Measurable benchmarks are used to evaluate PHAI's progress. Examples of these benchmarks include number

of trainings seminars, number of meetings with housing authorities, frequency and type of technical assistance provided during a quarter.

Apart from assessing its own program activities, PHAI plays an important role in evaluating other programs involved with smoke-free housing. PHAI is a member of the Community Assistance Statewide Team at the MA Department of Public Health, which meets monthly and helps develop strategies and provides technical assistance for local programs around Massachusetts. PHAI is primarily responsible for reporting to the Statewide Team about smoke-free housing activities around the Commonwealth. PHAI communicates frequently with local program and other statewide assistance providers, such as Health Resources in Action. PHAI reports on the activities of the local programs; successes and barriers to their work; emerging issues in smoke-free housing and more. This information helps the Statewide Team and the Masschusetts Tobacco Control Program plan work in smoke-free housing. Similar reporting occurs in the Community of Practice for Tobaco-Free Living, which PHAI co-facilitates. Involvement with these groups is essential for evaluating programatic activities.

10. Attach, as an appendix, 3-4 letters of support of your application. These letters should demonstrate examples of partnerships your organization has with, landlords, tenants, tenant serving organizations, condo associations, housing lawyers and/or other entities from the housing community.

☒ Letters of Support attached.

11. Program Budget: For cost reimbursement contracts, provide an annual line-item budget using the Program Budget form on the screen of Commbuys. Use the Purchase of Service Titles - UFR Titles: www.mass.gov/anf/docs/osd/forms/attachmts/postitles.doc, for a list of position codes for the form.

☒ Program Budget form is attached.

Provide a program budget justification narrative, reflecting each line in the Program Budget form. Demonstrate how each budget item supports the overall program (text input limit 6,000 characters, approximately one page):

Budget Line Item 102 (Personnel) covers the Program Director, which in this case is Attorney Christopher Banthin at .71FTE. Attorney Banthin has directed and carried out nearly all of the work PHAI has done on smoke-free housing. He has developed skills and experience, a strong reputation and level of trust among a wide array of stakeholders in the housing industry, and a broad network of ongoing collaborations and partnerships to work on smoke-free housing.

Budget Line Item 150 and 151 (Personnel) covers the fringe benefit and payroll taxes. PHAI offers a benefits package commensurate with other area non-profits. Benefits include health coverage, vacation and personal days, a 403B Program, and other typical employee benefits.

Budget Line Item 205 (Staff Mileage/Travel) covers travel around Massachusetts, primilarly the miles put on Attorney Banthin's car. The travel costs are needed to cover travel to present at educational seminars and conferences, meetings with trade associations and other groups, collaborations with local tobacco control programs, and more. The amount of this line item is commensurate with Attorney Banthin's existing travel budget.

Budget Line Item 214 (Commercial Services) covers a percentage of the cost of Attorney Banthin's professional liability insurance. Attorneys are personally liable for incorrect legal advice and techincal assistance they provide that causes some one to suffer a loss. Because Attorney Banthin provides legal and technical assistance, which is a primary service being sought under Component A of this RFQ, professional liability insurance is needed. This budget line item is in Attorney Banthin's existing contract with the MA Department of Public Health.

Budget Line Item 410 (Agency Administratie Support Allocation) covers the portion of adminsitrative overhead for PHAI attributable to this program. PHAI administative overhead is 18%.

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APPLICATION RESPONSE SUBMISSION PAGE

Organization

I affirm that I will comply with the requirements of this Request for Response and with the terms of this proposal.

Authorized Signatory: **First Name: [Mark] Last Name: [Gottlieb]** **Title: [Executive Director]**	**Authorized Signature for the Applicant Organization (in blue ink):** Mark Gottlieb 5/23/14

INSTRUCTIONS

1. **Save and print** out the completed Application Response Form (do not include the first page of Instructions).
2. **Read and review.** Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes. Have an authorized signatory for your organization sign the Application Response Form where indicated.
3. **Assemble** the Application Response Form with the attachments according to the following Checklist to form a complete proposal. Do not staple, hole-punch or bind copies. Fasten each copy of the proposal with a clip.
4. **Submit** the complete proposal package to the individual named in the General Instructions of this document by the deadline set in the RFQ.

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APPLICATION RESPONSE COVER PAGE

Make this the first page of your proposal.

RFQ TITLE Municipal Trade Association to work with Municipal Officials

RFQ # 18_500824_1024

Organization

Organization Name: [Massachusetts Municipal Association]

Address:
[One Winthrop Square]

[ ]

City: [Boston] State: [MA] Zip: [02110]

Vendor Code: [VC6000159021]

CEO (Chief Executive Officer) First Name: [Geoffrey] Last Name: [Beckwith]

FEIN: [042294462]

Contact Person

First Name: [Donald] Last Name: [Wilson]

Title: [Program Director]

Telephone: (617) 426-7272 FAX: (617) 695-1314

E-Mail: [djwilson@mma.org]

Contact Person Address (if different):
[ ]

[ ]

City: [ ] State: [ ] Zip: [ ]

Location of Proposed Service

Program Name: [Municipal Tobacco Control Technical Assistance Program]

Program Address:
[One Winthrop Square]

[ ]

City: [Boston] State: [MA] Zip: [02110]

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QUESTIONS FOR RESPONSE

Enter your response in the gray shaded areas using Microsoft Word.

1. (a) Provide a brief abstract of the proposed program (text input limit 1,875 characters, approximately 300 words):

The Program, located within the Massachusetts Municipal Association (MMA), builds capacity with the 351 cities and towns in Massachusetts through their municipal government structures to enact policies that will address the adverse health affects of tobacco use as well as to enact policies to improve nutrition and increase physical activity among municipal residents. Building capacity includes educational outreach to MMA members. Since 1979, the MMA has been the sole membership association in the state to provide services and support to the following affiliate groups: the Massachusetts Mayors' Association, the Massachusetts Municipal Councilors' Association, the Massachusetts Municipal Management Association, the Massachusetts Selectmen's Association, the Association of Town Finance Committees, Women Elected Municipal Officials and the Massachusetts Human Services Council. The Program's outreach includes addressing the relevant public health issues and challenges, providing MMA members and their municipal administrations with policy options available to municipalities, documenting evidence on the public health benefits for each policy, assessing the legal status of individual policies, providing policy-specific lists indicating those municipalities that have adopted such policies, and providing technical assistance on the development, passage and enforcement of local policies identified for municipal use.

b. Attach an organizational chart that shows the location of the proposed program within your agency.

☒ Organization Chart attached.

2. Describe how the proposed program will link with the mission and programs described in your agency's mission statement (text input limit 1,250 characters, approximately 200 words).

MMA's mission is to maximize municipal governance and policy-making efficiency for its members. On local public health-related policies, the aim is to provide effective, legally-sound policies that are both tailored to that municipality's needs and enforceable. Our existing Program provides technical assistance by disseminating nationally-sourced, state-sourced and locally-sourced information on timely, "best practice" local tobacco control issues and relevant Mass In Motion efforts through MMA's monthly newsletter, The Beacon. The Beacon is delivered to about 7,000 members, state administration and state legislators. The Program Director addresses MMA affiliate groups for Mayors, Municipal Managers, City Councilors, and Town Selectmen and often is responsible for coordinating a relevant public health-related workshop for the MMA Annual Meeting, attended by at least 1,000 local officials. The Program spends a bulk of its time working with individual cities and towns and their local officials in crafting appropriate policies dealing with Mass In Motion goals and tobacco control efforts and navigating the unique local official make-up and bureaucratic landscapes of these municipalities in order to enact effective policies.

Attach a copy of your organization's most recent mission statement to this response.

☒ Most recent mission statement attached.

3. Briefly describe your experience in working with municipal officials such as mayors, boards of selectman, city councils, planning departments, etc. to support the development, implementation, and enforcement of local policies addressing active living, healthy eating, and tobacco prevention (text input limit 3,000 characters, approximately 500 words).

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MMA's Program Director has worked on tobacco control issues for twenty-four years. In that time, the Program has provided technical assistance to approximately 180 cities and towns - both those receiving funding at Board of Health-based tobacco control programs and those not receiving such funding. He has worked with mayors in approximately 24 cities on local program management and local policy development; addressed or testified before approximately 15 city councils and; in towns, before approximately 38 boards of selectmen or town managers. On tobacco control policy, most local policies are enacted as health regulations by a Board of Health. At the onset of the Massachusetts Tobacco Cessation and Prevention Program (MTCP), MMA membership often provided active opposition to early municipal tobacco control policy enactment and enforcement protocol. Two decades later, it is rare that MMA membership aims to thwart local tobacco control health regulations as continual education has been provided regarding the public health value of these policies, that equitable enforcement provides for long term effectiveness and that boards of health are often the best venue for such policy enactment. In these rare instances, the Program provides information on statewide tobacco control policy enactment and offers one-on-one meetings to discuss the goals of the state's tobacco control program and the current status of municipal policy development across the Commonwealth. On Complete Streets policy, one project many Mass In Motion programs are involved in, the Director has worked with about three dozen cities and towns through the MMA membership and/or local planners/DPW directors that answer to MMA membership, in (1) enacting a local policy, (2) navigating the Massachusetts Department Of Transportation portal for applying for funding and (3) developing the required prioritization chart to access funding for physical projects that improve walkability and bikeability.

4. Describe how internal and external collaborations have and will enhance your ability to target, plan and provide the proposed program. Note how these collaborations will directly benefit your trade association members, and promote effective strategies local that address active living, healthy eating, and tobacco prevention (text input limit 2,500 characters, approximately 400 words).

The MMA provides ample opportunity for the Program to attend affiliate group meetings, to engage with members through active participation at the MMA Annual Meeting and by providing a forum through The Beacon newsletter and MMA's website. MMA's local official member database provides timely information to the Program for outreach purposes and for the Program's introductory letter to new mayors that are sent after municipal elections. The Program regularly confers with MMA's legislative division, a team of five lobbyists, who work on a range of state and local issues to learn how these issues can best be leveraged to further tobacco control policies, healthy eating policies and active living policies at the municipal level. Contained within the MMA structure is the Massachusetts Interlocal Insurance Association (MIIA). Health insurance coverage is available to muncipalities who wish to utilize MIIA as their carrier. Local entities that choose to use the MIIA Health Benefits Trust for their health insurance enjoy the benefits of MIIA's Wellness Program. The Wellness Program is designed to provide the skills and motiviation to make and maintain long-term behavior changes in diet, physical activity and stress management to reduce the most costly health conditions for municipal employees. While the Wellness Program focuses on programmatic services, the Program shares relevant information to the Wellness Program staff of six on the latest research findings, existing local policy efforts and media campaigns regarding issues common to the two Programs.

Complete and attach the Levels of Cooperative Activities Chart for this program available on the COMMBUYS procurement screen.

☒ Levels of Cooperative Activities Chart attached.

5. Federal standards direct agencies to deliver effective, understandable and respectful care that is provided in a manner compatible with a client's cultural health beliefs and practices and preferred language. Describe your program's client population and your strategies for delivering culturally competent and linguistically appropriate services. For assistance in developing strategies to provide culturally and linguistically appropriate standards of care, please see the Cultural and Linguistic Appropriate Services Standards and Guidelines attachment available at the COMMNBUYS procurement screen (text input limit 2,500 characters, approximately 400 words).

The MMA is limited in its capacity to promote diversity amongst our local official members as most are elected by popular vote and the MMA does not endorse any local candidates. For our members who are city or town management professionals, the MMA supports the diversity efforts of the ICMA – International City/County Management Association, the national trade association for municipal managers. MMA does manage a cross-affiliate

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group called Women Elected Municipal Officials (WEMO) that is dedicated to promoting the role of women in municipal government and electoral politics.

As to Language Access/Communication, the MMA serves our local official membership and we have no knowledge currently of any member who requires interpreter services. The MMA does provide property, casualty and health insurance to members through out Massachusetts Interlocal Insurance Association (MIIA). Notably, our Health Insurance Trust members are comprised of a diverse municipal workforce and MIIA aims to serve, and improve that service as best as possible, to all our subscribers and their families with culturally and linguistically appropriate services, especially through the Health Insurance Trust carrier, Blue Cross/Blue Shield.

6. Provide two examples of technical assistance and/or training provided by your agency to a local municipality to build capacity for local policy, systems and/or environmental change to improve public health. Describe the problem and the **impact** of technical assistance and/or training (text input limit 3,000 characters, approximately 500 words).

In late 2016, the Fitchburg (pop: 40,383) Board of Health aimed to update its tobacco sales regulation in concert with 2 neighbors-Gardner & Leominster. During this process, a councilor introduced a resolution to recommend that the board of health not enact 1 policy that is very effective in curbing youth initiation & use of tobacco/nicotine products. The policy limits the sale of flavored tobacco/vaping products to certain qualifying adult-only retailers, drastically reducing availability to minors. The Program worked closely with the health director and its tobacco control director in preparing the draft regulation, testifying at their local hearing and providing rebuttals as to concerns by retailers and their trade associations. The Program also testified at the city council meeting when the resolution was being entertained. He addressed local authority on tobacco control issues, why the contested policy was important, and how it works effectively in other cities and towns statewide. At the city council meeting, the Mayor privately asked the Program for more information on this policy, the services provided by the various tobacco control programs serving Fitchburg, and how he could be instrumental in improving retailer compliance as to illegal tobacco sales to minors. The Program followed up with a memo to him addressing his concerns. The resolution did not pass and later that same week, the Board of Health approved the updated policies. The Program's involvement was instrumental because of the long-standing relationship with the local tobacco control director and the board of health as well as being able to rely on MMA's good reputation when assuring our members, here the mayor & city councillors, that the proposed policy was sound and provides a strong public health benefit to Fitchburg residents, notably its youth.

Lynn (pop. 91,589) is served by both a funded tobacco control program and a Mass In Motion (MiM) program. The MiM program director contacted me to figure out the intersection of Lynn's political landscape with MiM's goals. We conferred several times on the range of potential actions to address public health issues facing Lynn that could be brought to fruition if funding and political will allowed. At that time, the city council "fast-tracked" a Complete Streets Policy which, if passed, would lead to possible Mass. Dept. of Transportation funding. The Program testifed at the city council hearing in Dec. 2015 and it was voted in that night. Since policy passage, the Program Director has worked with the MiM director to navigate the city bureaucracy and the newly-established Complete Streets committee to implement the policy. During this time, a new health director was hired and Program was invited to meet to brainstorm implementation of the new policy. The Program's working knowledge of the City and with similarly-situated cities statewide provided a broad base of "institutional knowledge" in helping Lynn MiM.

7. Describe the current expertise of your agency in public health issues such as tobacco control, chronic disease, health promotion, wellness, substance abuse, environmental health, school health or related issues (text input limit 3,000characters, approximately 500 words).

The Program Director is an attorney who has been the only person in this position since the establishment of the grant twenty-four years ago. While the Program's original job description did not require an attorney, the job has evolved into one that relies heavily on legal expertise. The Program Director's Masters in Public Administration has also been beneficial in understanding the roles that local officials, state administrators and state-level elected officials can play in promoting the public health goals of the state's MiM Program and MTCP.

In his twenty-four years in this position, the Program Director has gained considerable knowledge in the fields of municipal law, municipal governance, local rule-making and state law-making and has used this knowledge in

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educating local MTCP providers, local Mass In Motion providers, MMA membership and state officials on the goals of these initiatives and the value of local policy in meeting those goals. The Program has learned to use his years of experience to effectively assist local providers and local officials to make the best decisions, sometimes requiring this advise be given "on the spot" at public hearings and public meetings.

The Program Director has been a part of the MTCP-led policy and program strategy group known as "CAST" since its inception approximately eighteen years ago. The MMA brings to CAST a wealth of knowledge about municipalities, their officials and past efforts on local policy enactment and efforts.

Over the last nine years, the Program Director has expanded his duties to include policy development and environmental changes at the local level regarding chronic diseases through the Mass In Motion program. Many of the same job duties performed by the Program Director for tobacco control issues are applicable in encouraging municipalities to prevent chronic disease among their residents by increasing physical activity and improving nutrition through policy.

The Program Director is fortunate to be able to rely on fellow staff at the MMA for information regarding any policy efforts or personnel changes happening at the state or local level that are helpful in promoting these public health issues in our cities and towns. MMA's legislative division is diligent in proactively sharing information with the Program Director on issues that affect public health and those that affect local transportation decisions as they relate to walkability and bikeabillity. The Program Director benefits from conferring with MIIA's Wellness Program as to any trending health challenges facing municipal employees that receive their health insurance through MIIA.

8. Program Budget: For cost reimbursement contracts, provide an annual line-item budget using the Program Budget form on the COMMBUYS procurement screen. Use the Purchase of Service Titles - UFR Titles: www.mass.gov/anf/docs/osd/forms/attachmts/postitles.doc, for a list of position codes for the form. Proposed budgets should include up to 20% for sub-contracting purposes which can be modified with DPH approval.

☒ Program Budget form is attached.

Provide a program budget justification narrative, reflecting each line in the Program Budget form. Demonstrate how each budget item supports the overall program (text input limit 6,000 characters, approximately one page).

The Program budget continues to be contained in four line items:

(1) Rent to MMA is $1100/month or $13,200/year under Line Item 301. Rent includes physical space; office supplies;, printing capacity; use of conference rooms; telephone services; computer software; email/web access; receptionist and IT services; and access to Instatrac, a MMApaid subscription service that provides a state legislation tracking service.

(2) Program Director Salary at $111,870/year is found at Line Item T100. Director has been an Independent Contractor since the inception of the grant and this amount provides for salary, health insurance and retirement. Historically, there has been an annual increase of between 0% to 3% to this line item and this is aligns with MMA's range of annual raises of 2-3%. There are no Fringe Benefits or Payroll Taxes separated out in this budget. Director has been a lawyer since 1989 and holds a Masters in Public Administration and uses this expertise in all his job duties.

(3) Program Support, listed herein at $190/year and found at Line Item 216, will provide for postage stamps and photocopying charges. Note that in some years, this line item has been expanded for computer replacement.

(4) Staff Mileage/Travel, found at Line Item 205, is $7100/year. This amount includes mileage reimbursement and parking reimbursement. The job duties of the Program requires a fair amount of travel across the Commonwealth for municipal-level meetings and hearings as well as statewide meetings and trainings.

Note that the MMA program has never sub-contracted, therefore, neither a budget amount has been provided for sub-contracting purposes nor has the Subcontractor Identification List been submitted.

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APPLICATION RESPONSE SUBMISSION PAGE	
Organization **I affirm that I will comply with the requirements of this Request for Quote and with the terms of this proposal.**	
Authorized Signatory: **First Name: [Geoffrey] Last Name: [Beckwith]** **Title: [Executive Director]**	**Authorized Signature for the Applicant Organization (in blue ink):** 

APPLICATION INSTRUCTIONS

1. **Save, read and review** the completed Application Response Form. Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes.
2. **Upload in COMMBUYS** the Application Response Form with the attachments according to the application Checklist.
3. **Confirm** that "No Charge" is checked or a dollar amount entered in the Unit Cost field on the Item screen in COMMBUYS. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide service or products at no charge.
4. **Submit** your electronic quote in COMMBUYS. (Vendors must be registered in COMMBUYS to submit quotes)

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Template Rev 2.0

APPLICATION RESPONSE FORM, INSTRUCTIONS, AND CHECKLIST

For use with the M04 RFQ Template

General Instructions:

1. **See the RFQ and Commbuys posting for complete procurement specifications.**

2. **All responses are to be submitted using the online submission tools available to Vendors registered in COMMBUYS.** There is no charge to register in COMMBUYS. To Register go to www.COMMBUYS.com and click on the "Register" link on the front page.
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1. Save this document file to your computer.
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3. Responses to check boxes are made by clicking once on the check box. To remove the X from a check box, click on the check box again.
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5. Those with visual impairments may use an electronic text reader by unlocking the Application Response Form.

APPLICATION RESPONSE COVER PAGE

Make this the first page of your proposal

RFQ TITLE Municipal trade association to work with appointed or elected local BOHs

RFQ: 18_500824_1224

Organization

Organization Name: [Massachusetts Association of Health Boards]

Address:
[56 Taunton St.]

[ ]

City: [Plainville] State: [MA] Zip: [02762]

Vendor Code: [60000168494]

CEO (Chief Executive Officer) First Name: [Marcia] Last Name: [Benes]

FEIN: [042774252]

Contact Person

First Name: [Cheryl] Last Name: [Sbarra]

Title: [Senior Staff Attorney]

Telephone: (781) 721-0183 FAX: (781) 729-5620

E-Mail: [sbarra@mahb.org]

Contact Person Address (if different):
[63 Shore Road]

[Suite 25]

City: [Winchester] State: [MA] Zip: [01890]

Location of Proposed Service

Program Name: [MAHB's Policy and Law Program]

Program Address:
[63 Shore Road]

[Suite 25]

City: [Winchester] State: [MA] Zip: [01890]

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QUESTIONS FOR RESPONSE

Enter your response in the gray shaded areas using Microsoft Word.

1. A. Provide a brief abstract of the proposed program (text input limit 1,875 characters, approximately 300 words).

The Massachusetts Association of Health Boards (MAHB) is a 501(c)(3) non-profit organization serving all elected and appointed boards of health in Massachusetts. Pursuant to state and federal laws and regulations, local laws and municipal directives, boards of health are responsible for disease prevention and control, health and environmental protection and promoting healthy municipalities. For more than thirty years, MAHB has assisted boards of health and related governmental and community organizations and agencies in meeting their responsibilities by providing technical assistance, legal education, trainings and resource development. MAHB's Policy and Law Program has developed significant experience in assessing local public health activity and developing and implementing successful strategies that institutionalize science-based public health policy goals, including but not limited to enacting local public health laws, bylaws and ordinances. In 1982, MAHB broadened its emphasis to include community outreach to private, public, and medical organizations and leadership development to help build capacity for local policy, systems and environmental change. The 351 local boards of health in Massachusetts are funded by appropriations from each municipality and resourced at levels their budgets permit. This leads to large discrepancies in the delivery of public health services, depending on the size of a board's budget and the skill set of its staff, if any. In 2005, MAHB added to its charge researching the infrastructure of local public to access to assess strategies that would produce a more equitable delivery of public health services to Massachusetts's residents.

B. Attach an organizational chart that shows the location of the proposed program within your agency.

☒ Organization Chart attached.

2. Describe how the proposed program will link with the mission and programs described in your agency's mission statement (text input limit 1,250 characters, approximately 200 words).

MAHB's Senior Staff Attorney (Sbarra) has more than 22 years of experience in federal, state and local tobacco control policy and more than 12 years of experience in policy, systems and environmental change relative to chronic disease prevention with a focus on local interventions, including but not limited to promoting built environments and smart growth strategies; encouraging healthy eating and physical activity; and promoting farm-friendly strategies for local boards of health. MAHB provides daily technical assistance to boards of health on policy, systems and environmental change and on enforcement issues through phone consultations, research, written memoranda, meetings, expert testimony at public hearings and strategic planning advice. In addition, MAHB conducts three annual Certificate Programs to reach board of health members and staff. These trainings have a primary governance track geared toward new board members, and addresses legal authority and enforcement issues in an interactive manner, leaving ample room for free-flowing questions and answers. Sbarra leads this session. She also conducts sessions addressing legal issues in public health, including tobacco control and chronic disease prevention strategies.

Attach a copy of your organization's most recent mission statement to this response

☒ Most recent mission statement attached

3. Briefly describe your experience in working with municipal health boards to support the development, implementation, and enforcement of local policies addressing active living, healthy eating, and tobacco control and prevention (text input limit 3,000 characters, approximately 500 words).

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Recently, Brockton's mayor appointed a new member to the Board of Health. This member has an extensive background in public health. Sbarra worked with him previously on local public health regionalization efforts. He contacted her to ask for some general guidance about the duties and obligations of a board of health. Sbarra suggested that she attend a board meeting in Brockton and describe the legal authority and obligations of boards of health. Sbarra did this. The board was not aware of its broad authority to enact proactive public health regulations. They were very pleased to hear this; and when she asked if they might be interested in re-visiting Brockton's tobacco sales regulations which were enacted in 1994, they stated yes. MAHB returned to present the template regulations to the board by the community partnership. We reviewed possible science-based strategies, the status of regulations in surrounding municipalities, and the rationale for the strategies. Again, many questions were asked. After more meetings, the Board decided what strategies it wanted to put before the public at a public hearing. These strategies including restricting flavored tobacco to adult-only retail tobacco stores, prohibiting the single sale of inexpensive cigars, prohibiting sales of tobacco in pharmacies and increasing the minimum sales age to 21. The hearing was well-attended, with testimony in support of and in opposition to the proposed regulation. The board of health passed the regulation in May of 2016 with an effective date of September 30, 2016.

For several years, Sbarra has been working with the Massachusetts Farm Bureau Federation (Farm Bureau) and the Federation of Massachusetts Farmers' Markets (FMFM) to find constructive ways to collaborate to encourage local farming and locally produced food in a manner that protects public health without unnecessarily burdening farmers. MAHB, the Farm Bureau and FMFM began to provide individual technical assistance to each other's membership. In addition, the Farm Bureau and Sbarra have worked to several years to create a model template for the keeping of animals that encourages backyard farming efforts while protecting public health. That template is 95% complete. It should be on our respective websites by June 15th, 2017. We proposed to utilize this template much like we do our tobacco control template draft regulation. Next, we anticipate following a similar procedure to draft a model template for Farmers' Markets.

4. Describe how internal and external collaborations have and will enhance your ability to target, plan, provide, and evaluate the proposed program. Note how these collaborations will directly benefit the priority population, promote efficiency, and/or improve effectiveness (text input limit 2,500 characters, approximately 400 words).

MAHB is a member of the Massachusetts Food System Collaborative's Working Group on Farming and Public Health. MAHB collaborates closely with the Mass. Municipal Assoc., the Mass. Health Officers Association, and the Public Health Advocacy Institute on policy, systems and environmental change strategies. MAHB is also a member of the Coalition of Local Public Health and sits on the Policy Committee for the Massachusetts Public Health Association and is a member of the BU School of Public Health Activist Lab Joint Practice External Committee. MAHB has been recommended to sit on the Special Commission of Local and Regional Health, whose puspose is to assess the effectiveness and efficiency of municipal and regional public health systems in Massachusetts and to make recommendations to strengthen the delivery of public health and prevention measures. Internally, MAHB's Executive Board and staff meet at least quarterly to review goals, plan strategies, discuss workplans and evaluation of our programs. We also plan our annual Certificate Programs. We recently worked with a professional facilitator to address our challenges and opportunities and to complete MAHB's strategic plan moving forward.

Internal and external collaborations enhances our ability to serve our priority populations by sharing best practices and working together to promote policy, systems and environmental change. This takes shape by means of local regulatory changes, social norm changes and increasing outreach and education efforts.

Complete and attach the Levels of Cooperative Activities Chart for this program available on the COMMBUYS procurement screen.

☒ Levels of Cooperative Activities Chart attached.

5. A. It is anticipated that this project will require managing projects, including pilot projects and mini-grants to promote, implement or enforce policy, systems and environmental change strategies to improve public health. Describe your agency's fiscal capacity to manage subcontracts or the distribution of mini-grant funds (text input limit 2,500 characters, approximately 400 words).

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MAHB has decades of experience managing projects, including pilot projects and mini-grants to promote, implement and enforce policy, systems and environmental change strategies to improve public health. Currently, MAHB is managing approximately $1.9 million in grants. MAHB's Policy and Law Program acted as Program Manager for a grant awarded to MAHB, Tobacco Free Mass, the Boston Public Health Commission and UMass Medical School to study the effect, if any, of Boston's cigar packaging regulation. The grant included MAHB, Tobacco Free Mass (TFM), BPHC and UMass Medical School. MAHB managed the budget, paid the invoices, drafted and submitted all requisite forms and budgets.Two peer-reviewed articles were published as a result of this research - one in the BMJ's "Tobacco Control" journal entitled "Has Boston's 2011 cigar packaging and pricing regulation reduced availability of single, flavored cigars popular with youth?", and one in "Public Health Reports" entitled "Promising Strategies to Remove Inexpensive Sweet Tobacco Products from Retail Stores." These articles are available to provide additional science-based evidence supporting the efficacy of this strategy in tobacco control efforts. MAHB's Policy and Law Program also managed a mini-grant program for the Healthy Community Design project that funded several municipalities to bring healthy community design initiatives into cities and towns. MAHB has a full time Finance Manager and is subject to an annual, outside, independent audit.

B. If the proposal being submitted contains subcontracts, name the proposed subcontractors. Describe how the subcontracts will function, including descriptions of responsible parties and structures for operation and accountability. All subcontracts are subject to DPH approval (text input limit 2,500 characters, approximately 400 words).

There are no subcontracts.

If you are proposing to use subcontractors, complete the Direct Care Subcontractor Identification List, found at the COMMBUYS procurement screen.

☐ Subcontractor Identification List attached (if applicable).

6. Federal standards direct agencies to deliver effective, understandable, and respectful care that is provided in a manner compatible with a client's cultural health beliefs and practices and preferred language. Describe your program's client population and your strategies for delivering culturally competent and linguistically appropriate services. For assistance in developing strategies to provide culturally and linguistically appropriate standards of care, please see the Cultural and Linguistic Appropriate Services Standards and Guidelines attachment available at the COMMNBUYS procurement screen (text input limit 2,500 characters, approximately 400 words).

MAHB has a President and an Executive Board. The Board directs the organization. Members of the Executive Board can be found on www.mahb.org. MAHB has an Executive Director who is a paid staff member. The Director's role is to oversee the staff, maintain MAHB's website, and manage MAHB's annual Certificate Programs. MAHB has a Senior Staff Attorney, whose job it is to manage the law and policy work that MAHB does. This includes overseeing a municipal law attorney who acts as a legal consultant for MAHB, and a policy analyst who researches tobacco control policies on the local, state and national level. MAHB has the capacity to provide culturally relevant services, having worked with local public health for more than 30 years. Boards of health are charged with enforcing state and local public health laws and regulations. Many of these laws affect local buisness owners; and many business owners are owners of small "Mom and Pop" establishments. These owners are frequently from all cultures and countries. It is important for boards and their staff to communicate appropriately with residents and business owners in the municipality. The goal of enforcement in public health in compliance, not punishment. It is important for boards to understand this when communicating. MAHB's Senior Staff Attorney has participated in many diversity trainings throughout her 22 years in local public health. She is able to share her experience with local boards of health and their staff. She also provides them with resources. MAHB's legal consultant, policy analyst and executive director have had training as well. Working to change social norms, especially in high-need, low income urban and rural areas requires training in cultural diversity.

7. Provide two examples of technical assistance and/or training provided by your agency to a local municipality to build capacity for local policy, systems, and/or environmental change to improve public health. Describe the

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problem and the **impact** of technical assistance and/or training (text input limit 3,000 characters, approximately 500 words).

If we want to encourage locally grown food, we need to permit local farming to happen. Generally accepted farming procedures are exempt from nuisance laws; however, determining what generally accepted farming procedures are is challenging for many boards of health. This has become an important issue because more people are beginning to grow locally. They are also beginning to keep backyard chickens and other livestock. This trend has led to greater numbers of livestock in suburban, urban and other areas where they were previously uncommon. Massachusetts has seen an increase in the number of farmers markets, commercial farms and small, backyard farms. Most of these are small; and many are farmed by people who are new to agriculture. As a result, boards have been pulled in opposite directions. Neighbors are complaining about these new activities and their associated noises and smells; and growers and animal keepers are complaining about board of health involvement in activities that are generally acceptable farming practices in most cases. Several months ago, Sbarra received a call from the Farm Bureau about a proposed keeping of animal regulation being proposed by the Bedford Board of Health. The Farm Bureau was very concerned about the regulation because appeared to be regulating commercial farms and to set arbitrary numbers for the keeping of animals. Sbarra offered to meet with Bedford's health director. After numerous meetings, drafts and board of health meetings, Sbarra drafted a regulation that was acceptable to the board of health, the town's farming advocates and the farm bureau. This regulation is almost ready for dissemination as a model template for municipalities.

Boston asked MAHB to research the viability of enacting a regulation that would prohibit the sale of single, inexpensive cigars as a youth pricing strategy. Sbarra created a "white paper" for Boston; and Boston decided to pursue this strategy as a piece of an amended tobacco sales regulation, as well as a strategy to regulate nicotine delivery products as tobacco products and to ban the use of electronic cigarettes wherever smoking was prohibited. Boston received much pushback from the Cigar Association of America, the New England Convenience Association and others. Boston held a public hearing. Sbarra reviewed all transcribed oral testimony and all written comments. The vast majority of the testimony was in favor. After the hearing, the Boston Board of Health held a meeting during which the proposed regulations were reviewed, including the rationale for the regulations, the legal background of the proposed regulations and an overview of public comments. Sbarra fielded questions from the Board members. The Board voted at this meeting to enact the regulations. To date, more than 140 municipalities have enacted cigar packaging regulations like Boston's.

8. Describe the current expertise of your agency in public health issues such as tobacco control, chronic disease, health promotion, wellness, substance abuse, environmental health, school health or related issues (text input limit 3,000 characters, approximately 500 words).

MAHB's Senior Staff Attorney has more than 22 years of experience in federal, state and local tobacco control policy and more than 12 years of experience in policy, systems and environmental change relative to chronic disease prevention with a focus on local interventions, including but not limited to promoting build environments and smart growth strategies; encouraging healthy eating and physical activity; and promoting farm-friendly strategies for local boards of health.

MAHB's website was upgraded recently and includes a guidance document drafted by our policy analyst to assist boards of health in enforcing tobacco sales regulations that restrict the sale of flavored tobacco products. This guidance document, in combination with hands-on technical assistance with enforcement have enabled tobacco control programs and boards of health without tobacco control programs to more readily enforce their regulations.

MAHB, in collaboration with the Massachusetts Municipal Association (MMA), the Massachusetts Health Officers Association (MHOA) and the Public Health Advocacy Institute (PHAI) have drafted and continue to update sample templates for tobacco sales and secondhand smoke regulations. These templates have been vetted and researched and provide municipalities in Massachusetts with sound rationale and sound, science-based strategies. MAHB and MMA provide technical assistance by crafting these templates for each municipality requesting assistance.

MAHB, in collaboration with the Massachusetts Farm Bureau Federation, is currently in the process of creating a similar template for the keeping of animals. In keeping with the public health goal of promoting locally sourced food, boards of health are being asked to permit these activities and, in some cases regulate them. There is a fine line between protecting public health and farming activities; and the goal of creating this template is to find that line. MAHB is also working with the Massachusetts Farmers Market Association to create templates to assist boards of

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health in regulating farmers' markets. MAHB, in collaboration with the Massachusetts Public Health Association (MPHA) has worked on zoning initiatives designed to encourage physical activity.

MAHB developed a Legal Handbook for Boards of Health in Massachusetts. The most recent update to the handbook was in 2011. This handbook is widely used by boards of health and by city and town attorneys. MAHB also periodically updates the Guidebook for Boards of Health. The guidebook can be downloaded by specific chapters from the website.

9. Program Budget: For cost reimbursement contracts, provide an annual line-item budget using the Program Budget form on the COMMBUYS procurement screen. Use the Purchase of Service Titles - UFR Titles: www.mass.gov/anf/docs/osd/forms/attachmts/postitles.doc, for a list of position codes for the form.

☒ Program Budget form is attached.

Provide a program budget justification narrative, reflecting each line in the Program Budget form. Demonstrate how each budget item supports the overall program (text input limit 6,000 characters, approximately one page).

The program director spends 3 days per week (.6 FTE) on tobacco prevention and control issues.
The program director spends .5 day per week (.3 FTE) on physical activity, nutrition and healthy eating issues.
The policy analyst spends 5 days per week (1.0 FTE) on tobacco prevention and control issues.

Payroll taxes are for the program director and the policy analyst.
Fringe benefits are for the program director and the policy analyst.

Occupancy is for the program director and has remained level funded for 7 years.

Travel is for the program director and the policy analyst, with the program director using most of this line item.

Office supplies have been level funded for 5 years.

Program support includes, but is not limited to subscriptions to scientific journals, new service, legal research, membership dues and office resource maintenance.

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APPLICATION RESPONSE SUBMISSION PAGE	
Organization **I affirm that I will comply with the requirements of this Request for Quote and with the terms of this proposal.**	
Authorized Signatory: **First Name: [Marcia] Last Name: [Rising]** **Title: [Treasurer]**	**Authorized Signature for the Applicant Organization (in blue ink):**

APPLICATION INSTRUCTIONS

1. **Save, read and review** the completed Application Response Form. Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes.
2. **Upload in COMMBUYS** the Application Response Form with the attachments according to the application Checklist.
3. **Confirm** that "No Charge" is checked or a dollar amount entered in the Unit Cost field on the Item screen in COMMBUYS. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide service or products at no charge.
4. **Submit** your electronic quote in COMMBUYS. (Vendors must be registered in COMMBUYS to submit quotes)

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CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

Assemble the documents **in this order** and submit:

- ☒ Application Response Form (cover page on top)
- ☒ Organization Chart
- ☒ Most recent mission statement
- ☒ Levels of Cooperative Activities Chart
- ☐ Subcontractor Identification List
- ☐ **Plus all the other forms listed on the _____.**

Addendums or attachments not specifically requested in this document, the RFQ or on the Commbuys screen will not be reviewed.

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

Template Rev 2.0

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APPLICATION RESPONSE COVER PAGE

Make this the first page of your proposal.

RFQ TITLE Municipal Trade Association to work with local health department employees

RFQ # 18_500824_1124

Organization

Organization Name: [Massachusetts Health Officers Association]

Address:
[81 School Street]

[ ]

City: [Winchendon] State: [MA] Zip: [01475]

Vendor Code: [00024085]

CEO (Chief Executive Officer) First Name: [Derek] Last Name: [Fullerton]

FEIN: [042695256]

Contact Person

First Name: [Sarah] Last Name: [McColgan]

Title: [Tobacco Control Director]

Telephone: (413) 636-6418 FAX: ( ) -

E-Mail: [smccolgan@mhoa.com]

Contact Person Address (if different):
[50 Nightingale Road]

[#4]

City: [Plymouth] State: [MA] Zip: [02360]

Location of Proposed Service

Program Name: [MHOA Tobacco Control Program]

Program Address:
[50 Nightingale Road]

[ ]

City: [Plymouth] State: [MA] Zip: [02360]

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QUESTIONS FOR RESPONSE

Enter your response in the gray shaded areas using Microsoft Word.

1. (a) Provide a brief abstract of the proposed program (text input limit 1,875 characters, approximately 300 words):

Massachusetts Health Officers Association (MHOA) Tobacco Control program works to provide technical assistance to local municipalities on youth access and secondhand smoke issues; trainings to MTCP field staff and health officers in conducting retail tobacco inspections, compliance checks and the Retail Data Management System (RDMS); training to retailers about prevention strategies; inform local health departments of FDA compliance check violations and strategies to reduce these violations; follow-up on complaints in unfunded communities on smoke-free workplace complaints; and act as a liaison to keep MHOA members updated on MTCP priorities; and coordinate the sub-contract for the RDMS.

b. Attach an organizational chart that shows the location of the proposed program within your agency.

☒ Organization Chart attached.

2. Describe how the proposed program will link with the mission and programs described in your agency's mission statement (text input limit 1,250 characters, approximately 200 words).

The MHOA Tobacco Control program embodies the mission of MHOA, by providing education, technical assistance, representation and resource development to local health departments, assisting them in meeting their statutory and service responsibilities to the public to improve community public health.

Attach a copy of your organization's most recent mission statement to this response.

☒ Most recent mission statement attached.

3. Briefly describe your experience in working with municipal health officers and officials to support the development, implementation, and enforcement of local policies addressing tobacco control and prevention (text input limit 3,000 characters, approximately 500 words).

For over 60 years, MHOA has been integral in building capacity within communities to policies, systems and environmental change in promoting healthier communities. An example would be providing technical assistance to a municipality that does not receive funding through MTCP to address the need for, and implement the process of revising their tobacco sales regulations. In FY15, MHOA Tobacco Control Program assisted to varying degrees, 27 municipalities in revising existing tobacco control regulations to include Restriction of Flavored Tobacco Products to Adult Only Retail Tobacco Establishment, with MHOA introducing it to the Yarmouth Board of Health as the first community to pass the regulation; Cigar Price and Packaging; Blunt Wrap Ban; Pharmacy Ban; E-Cigarette Use to be Included with Smoke Free Workplace Law Venues; Minimum Legal Sale Age of 2; along with other provisions.

4. Describe how internal and external collaborations have and will enhance your ability to target, plan, provide and evaluate the proposed program. Note how these collaborations will directly benefit the priority population, promote efficiency, and/or improve effectiveness (text input limit 2,500 characters, approximately 400 words).

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MHOA Collaborates with other trade associations (MMA and MAHB) along with other members of the Community Assistance Statewide Team, Tobacco Free Community Partnerships and Tobacco Free Massachusetts to assist MTCP in the development and implementation of what is one of the most progressive Tobacco Control Programs in the United States. Many times the policy change or initiative needs support from multiple advocates on the local level. When these advocates collaborate on a single initiative there is a great impact locally, which in turn spreads across neighboring municipalities and statewide. Each of the trade associations has their target population. All Massachusetts communities benefit from this collaboration by being the recipients of up-to-date information regarding health implications and other information on emerging tobacco products; policy development; enforcement strategies community education. This is accomplished in a number of ways throughout MHOA, including collaborations with the Boston University School of Public Health and their Local Public Health Training Institute, which trains the public health workforce on issues such as food inspection, disease surveillance, healthy housing and public health management. The MHOA website, which provides information on funding opportunities, available resources on a variety of topics, information about training opportunities; as needed email blasts to MHOA membership on timely issues, reminders to update their regulations on the municipal website; and a quarter newsletter to membership which highlights timely topics in public health, including tobacco control. These collaborations directly benefit the local health departments and promote efficiency and improve effectiveness by sharing resources and providing information.

Complete and attach the Levels of Cooperative Activities Chart for this program available on the COMMBUYS procurement screen.

☒ Levels of Cooperative Activities Chart attached.

5. A. It is anticipated that this project will require managing projects, including pilot projects and mini-grants to promote, implement or enforce policy, systems and environmental change strategies to improve public health. Describe your agency's fiscal capacity to manage subcontracts or the distribution of mini-grant funds (text input limit 2,500 characters, approximately 400 words).

MHOA has as an annual budget of approximately $300,000. The organization structure includes a Treasurer and a Comptroller as well as a hired accounting firm. MHOA is a registered 501C3 and follows all applicable laws and tax requirements. In addition to this opportunity, MHOA has received grant funds from other DPH offices including the Office Emergency Preparedness, and the Office of Local and Regional Health. MHOA has been compliant in reporting to those agencies and responsible in spending the allocations as prescribed. Any funds accepted by MHOA are to be channeled or used to improve local public health. MHOA has provided mini-grants to local health departments for many activities including tobacco control, skin cancer prevention programs and other wellness programs. MHOA managed a mini-grant program which enabled non-MTCP funded communities to conduct retail tobacco inspections, compliance checks and at least one optional activity. Funding levels were based on the number of retailers in the community. This program continued for about three years under MHOA when funding was available. Annually at least 30 communities were able to receive funding to conduct these activities, and as a result of this "seed money" some of these communities continue these activities today with municipal funding. The MHOA Tobacco Program was also involved in the piloting of state training of compliance check youth, in collaboration with Health Resources in Action. MHOA has been the fiscal agent for the on-going hosting, build and rebuild of the Retail Data Management System, most recently, participating in the rebuild webinars with the technical team out of Counter Tools.

The Tobacco Control Program, in MHOA, is active in policy improvement strategies to on the local level. As Boards of Health work to improve their Tobacco regulations the Tobacco Control Director works to inform the departments on the latest changes, legal challenges and new trends to provide the most up-to-date information and the most public health protection. It is one of the reasons we have 149 municipalities that have regulated the purchasing age to 21 and 93 that have flavor bans on tobacco products. These polices are the direct effects of the Tobacco Control Program and improve public health cross the Commonwealth.

B. If the proposal being submitted contains subcontracts, name the proposed subcontractors. Describe how the subcontracts will function, including descriptions of responsible parties and structures for operation and accountability. All subcontracts are subject to DPH approval (text input limit 2,500 characters, approximately 400 words).

Enter text here; text limit 2,500 characters

A note about the text boxes [ ]: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

If you are proposing to use subcontractors, complete the Direct Care Subcontractor Identification List, found at the COMMBUYS procurement screen.

6. Federal standards direct agencies to deliver effective, understandable and respectful care that is provided in a manner compatible with a client's cultural health beliefs and practices and preferred language. Please describe your program's client population and your strategies for delivering culturally competent and linguistically appropriate services. For assistance in developing strategies to provide culturally and linguistically appropriate standards of care, please see the Cultural and Linguistic Appropriate Services Standards and Guidelines attachment available at the COMMNBUYS procurement screen (text input limit 2,500 characters, approximately 400 words):

For the most part, the MHOA Tobacco Control Program is communicating both in written format and verbally with constituents and stakeholders whose primary language is English. When conducting trainings for retail tobacco vendors on strategies to eliminate sales to minors, MHOA has collaborated with MORE Advertising to provide training in English which addresses a common literacy level. MHOA is sensitive to cultural and linguistic needs of various populations and has always tried to communicate as effectively and appropriately as possible.

7. Program Budget: For cost reimbursement contracts, provide an annual line-item budget using the Program Budget form on the COMMBUYS procurement screen. Use the Purchase of Service Titles - UFR Titles: www.mass.gov/anf/docs/osd/forms/attachmts/postitles.doc, for a list of position codes for the form. Proposed budgets should include up to 20% for sub-contracting purposes which can be modified with DPH approval.

☒ Program Budget form is attached.

Provide a program budget justification narrative, reflecting each line in the Program Budget form. Demonstrate how each budget item supports the overall program (text input limit 6,000 characters, approximately one page).

101 Director: Director is the only staff member and is responsible for day-to-day operation of the program and all deliverables
150 Payroll Taxes: Provides employer required payroll taxes
205 Staff Mileage: Mileage for Director at current Federal rate to attend meetings throughout the state
212 Provision of Material Goods: Expenses related to monthly hosting of the Retail Data Management Program and monthly service for cell phone and wireless internet for FDA Coordinator
215 Program Supplies and Materials: Expenses related to cell/office phone for MHOA Program Director and office supplies
Agency Administrative Support Allocation: Payment for provision of services related to being host agency

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APPLICATION RESPONSE SUBMISSION PAGE	
Organization **I affirm that I will comply with the requirements of this Request for Quote and with the terms of this proposal.**	
Authorized Signatory: **First Name: [Derek] Last Name: [Fullerton]** **Title: [President]**	**Authorized Signature for the Applicant Organization (in blue ink):**

APPLICATION INSTRUCTIONS

1. **Save, read and review** the completed Application Response Form. Check entries in the text boxes to assure that the input limits did not shorten your response. Proof read text; spell-check does not work in the text boxes.
2. **Upload in COMMBUYS** the Application Response Form with the attachments according to the application Checklist.
3. **Confirm** that "No Charge" is checked or a dollar amount entered in the Unit Cost field on the Item screen in COMMBUYS. The "No Charge" selection will not be construed by the Purchaser to mean an offer to provide service or products at no charge.
4. **Submit** your electronic quote in COMMBUYS. (Vendors must be registered in COMMBUYS to submit quotes)

A note about the text boxes [ ]: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

CHECKLIST OF ATTACHMENTS TO THE APPLICATION RESPONSE FORM

Assemble the documents **in this order** and submit:

- ☒ Application Response Form (cover page on top)
- ☒ Organization Chart
- ☒ Most recent mission statement
- ☒ Levels of Cooperative Activities Chart
- ☐ Subcontractor Identification List
- ☐ **Plus all the other forms listed on the _____.**

Addendums or attachments not specifically requested in this document, the RFQ or on the Commbuys screen will not be reviewed.

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APPLICATION RESPONSE COVER PAGE

Make this the first page of your proposal.

RFQ TITLE _Smoke-free Housing Capacity Building___

RFQ COMMBUYS BID # BD-14-1031-BCHAP-BCH01-00000000262

Organization

Organization Name: [Health Resources in Action]

Address:
[95 Berkeley St]

[2nd Fl]

City: [Boston] State: [MA] Zip: [02116]

Vendor Code: [VC6000158359]

CEO (Chief Executive Officer) First Name: [Raymond] Last Name: [Considine]

FEIN: [04-222983]

Contact Person

First Name: [Kathleen] Last Name: [McCabe]

Title: [Director, Policy and Practice]

Telephone: (617) 279-2240 FAX: (617) 451-0062

E-Mail: [kmccabe@hria.org]

Contact Person Address (if different):
[ ]

[ ]

City: [ ] State: [ ] Zip: [ ]

Location of Proposed Service

Program Name: [Smoke Free Housing Capacity Building Program]

Program Address:
[95 Berkeley St. 2nd Fl]

[ ]

City: [Boston] State: [MA] Zip: [02116]

A note about the text boxes [ ]: Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

HRiA has been at the forefront of smoke-free housing issues on a local, state and regional level, providing technical assistance, and training and capacity-building expertise by working with Massachusetts' public and private landlords, residents, local tobacco programs, and others to design a process for the implementation of smoke-free multi-unit housing policies. In 2008, HRiA was awarded the Resident Engagement component of the MTCP Smoke-Free Families contract. In this capacity, the organization worked with local MTCP-funded tobacco programs to promote smoke-free housing policies through secondhand smoke educational campaigns in Fall River, Springfield and Boston. Since then, HRiA's smoke-free housing work has expanded statewide and become increasingly focused on system and policy strategies.

In 2011, HRiA became one of two technical assistance providers working to build statewide capacity around smoke-free housing. In this role, HRiA builds relationships with landlords, public and private housing organizations, MTCP programs, and residents and provides relevant health and cost data to demonstrate the need for smoke-free housing. Once the case has been made, HRiA provides stakeholders with tools to support the policy design and transition process, including resident interest surveys, lease addenda, frequently asked questions, talking points, press materials, and presentations. Resident engagement in the policy transition, as a best practice, is a common theme in all of the support provided. HRiA provides content training for residents and staff as well as outreach tools for key partners to use in engaging youth and adult residents in the smoke-free housing process.

HRiA believes that engaging residents in the policy transition process will enhance compliance efforts after the policy is implemented. To this end, the program has led efforts to ensure that residents of multi-unit housing, including youth, have opportunities to actively engage in the process of going smoke-free:

- HRiA trained and partnered with youth and adult residents of BHA as they conducted resident education and surveying, painted murals in BHA developments, and led community meetings about the policy implementation.
- HRiA was a lead organizer and facilitator of the 2013 Tobacco-Free Living Community of Practice (CoP) Resident Summit, which highlighted efforts to engage residents in the policy process. In addition to speakers from the Boston Housing Authority, a resident from the Malden Authority spoke, as well as a property manager and maintenance director from the Lowell Housing Authority, who shared strategies about their role in engaging and advocating on behalf of residents.
- Through the CoP, HRiA is working with the Boston Tenant Coalition (BTC) and the Massachusetts Union of Public Housing Residents to do outreach about smoke-free housing policies to organizations that represent the most vulnerable residents of low-income housing, including the Massachusetts Law Reform Institute, the Medical-Legal Partnership, MA Coalition for the Homeless and the MA Center for Independent Living, among others.

Northeastern University's Public Health Advocacy Institute (PHAI), the other statewide TA provider, offers legal support around policy implementation. HRiA and PHAI have a robust collaborative relationship, complementing each other's efforts, while working together to foster resident engagement and policy compliance.

In addition to direct technical assistance, HRiA's smoke-free program acts as a leader in the state via participation in other related coalitions. HRiA's smoke-free housing program plays a key role in MAAP, a 50-member statewide coalition from the fields of public health, health care, education, environment, housing, and government. MAAP (which is convened and facilitated by HRiA) works to reduce asthma disparities across Massachusetts by coordinating statewide advocacy and education efforts and by bringing together community organizations and other partners to achieve sustainable improvements in the environment, education, and quality of asthma health care. HRiA's smoke-free housing program is active on MAAP's Healthy Housing committee, working to build new relationships and provide guidance to asthma stakeholders who are interested in reducing secondhand smoke exposure. As part of this work with MAAP, in 2014, HRiA led efforts to integrate smoke-free housing targets into MA DPH's newly revised strategic plan for asthma. HRiA also partners with groups such as the MA Municipal Association (MMA), the MA Association of Health Boards (MAHB) and the MA Health Officers Association (MHOA) to promote smoke-free housing throughout the state, and as described above, serves as an active member of DPH's Tobacco-Free Living Community of Practice.

HRiA has strong partnerships with other MTCP-funded programs and has helped to build capacity of local programs to promote smoke-free housing policies. While HRiA has provided local programs with all of the tools and guidance described previously, it also plays an important role in offering local programs informal technical assistance around the resident engagement component of policy implementation. Among many other examples, HRiA worked closely with Diane Knight at the Northeast TFCP, to provide technical assistance as she worked with residents of the Lowell Housing Authority and with Jackie Doane of the Greater Boston TFCP, as she worked to recruit and train residents living in the Brockton Housing Authority, with funding from the Community Transformation Grant. In Western MA, HRiA worked with the Berkshire County TFCP to help them support a local community that was having trouble with resident compliance, largely due to a lack of resident engagement prior to implementation. HRiA partnered with the Brookline Health Department and Brookline Housing Authority in 2014 to offer training for mental health case workers providing services to residents. The training has served as a model for similar trainings of service providers in other parts of the state. In addition to that provided to local MTCP programs, over the years HRiA has provided smoke-free housing technical assistance, in partnership with BPHC, to nine Boston-based community development corporations (CDCs).

Partnering with BHHSC has allowed for collaboration with asthma care providers, housing agencies, community-based environmental health organizations, and parents to improve indoor air quality and asthma management in homes, schools, and childcare centers. BHHSC and the smoke-free housing staff work together to ensure that BHHSC training materials incorporate smoke-free housing. HRiA's ARC also sits in the same department as the smoke-free housing work, allowing for the sharing of resources and trends beyond Massachusetts.

HRiA's history of and expertise in working at the intersection of health and housing has helped to foster support for smoke-free housing across the state. Furthermore, our partnerships in the health and housing sectors have helped to align the interests of residents, landlords, housing authorities, property management companies, and advocacy groups, with a common goal of creating healthier living environments for some of Massachusetts' most vulnerable populations.

5. If the proposal being submitted contains subcontracts, name the proposed subcontractors. Describe how the subcontracts will function, including descriptions of responsible parties and structures for operation and accountability. All subcontracts are subject to DPH approval (text input limit 2,500 characters, approximately 400 words):

No subcontractors.

If you are proposing to use subcontractors, complete the Direct Care Subcontractor Identification List, found at the Commbuys screen.

☐ Subcontractor Identification List attached (if applicable).

6. Provide examples that demonstrate your organization's experience and ability to work with communities that are disproportionately affected by tobacco use (i.e. LGBTQ and racial/ethnic minorities), taking into consideration cultural and linguistic needs. For assistance in developing strategies to provide culturally and linguistically appropriate standards of care, please see the Cultural and Linguistic Appropriate Services Standards and Guidelines attachment available at the COMMBUYS screen (text input limit 2,500 characters, approximately 400 words):

HRiA has a proven track record of developing culturally-appropriate programs designed with an eye toward literacy levels, linguistic diversity, and varying community and cultural norms. HRiA understands how race, ethnicity, and culture contribute to values, beliefs, and behaviors, and we are committed to addressing and reducing health inequities.

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community stakeholders and increasing the likelihood for policy compliance. HRiA has also worked closely with private housing companies, like Beacon Communities and Peabody Properties, who are in the process of adopting smoke-free policies for their entire housing portfolios. These companies offer mixed-income properties throughout the east coast, and HRiA has trained property managers and other corporate leaders at both companies on ways to foster resident engagement and successfully implement the policy.

HRiA and PHAI have developed relationships with the local chapters of the Massachusetts Association of Housing and Redevelopment Officials (MassNAHRO) through a series of presentations at meetings of the Southeast Massachusetts Executive Directors Association (SMEDA) and the North Shore Housing Executive Directors Association (NSHEDA). These presentations have directly led to new smoke-free housing policies at more than 20 public housing authorities in the state. HRiA has also presented at several statewide and national housing conferences including at the 2012 annual meeting for the New England Affordable Housing Management Association (NEAHMA), a trade meeting for New England-based property managers; at a 2011 training hosted by the MA Association of Community Development Corporations (MACDC); at a 2013 workshop sponsored by Mass Housing, and at the 2012 HUD Healthy Homes national conference, among others. All of these opportunities have strengthened our existing partnerships and created new relationships.

HRiA gained significant insight into the challenges and opportunities that arise throughout the process of adopting a smoke-free policy by working closely with the Boston Housing for three years. While time and resources don't allow HRiA, PHAI, or the local MTCP-funded tobacco programs to provide direct, on-going TA at that same level, HRiA has gleaned and adapted lessons learned from the BHA experience to improve the policy adoption process for numerous public and private housing entities across the state.

8. Provide specific outcomes that demonstrate the success of the relationships and initiatives described in your answer to the previous question.

In 2009, when HRiA began its smoke-free housing work, no housing authorities in Massachusetts had a smoke-free policy. At the time, HRiA's smoke-free housing activities focused predominantly on the significant negative health impacts of secondhand smoke in BHA residences. As part of this effort, HRiA conducted a number of workshops on secondhand smoke, supported surveying efforts at BHA developments, hosted community forums, and convened a Smoke-Free Housing workgroup to help BHA provide smoke-free housing options for residents. HRiA worked with BHA when it made the decision to be the largest housing authority in the state to go smoke-free. BHA implemented its smoke-free housing policy in its 12,000 public housing units in 2012. At the time, BHA was the largest housing authority in the country to go smoke-free. HRiA worked in partnership with BPHC and CBPH, among others, to support BHA in ensuring a smooth transition.

Based on this ground-breaking work in Boston, HRiA developed a case study that served as a model for housing authorities statewide that wanted to adopt smoke-free policies. The processes that the majority of these housing authorities used, including some of the largest in the state like Springfield and Lowell, is based upon the recommendations made through HRiA's technical assistance work with BHA. Since BHA's landmark decision, HRiA has worked with many more authorities across Massachusetts in their efforts to adopt and implement smoke-free policies.

The success of the BHA partnership was influential in building momentum statewide for smoke-free housing policy, allowing HRiA to promote smoke-free policies to other housers, like CDCs and private management companies. In 2011, HRiA worked with the Jamaica Plain Neighborhood Development Corporation (JPNDC), whose properties were funded by BPHC and managed by Braintree-based real estate company Peabody Properties, Inc., to transition six affordable housing properties into smoke-free housing units. Based on this experience, Peabody Properties is now working to convert an additional 238 properties into smoke-free housing units, with technical support from HRiA. With HRiA's assistance, five Boston-based CDCs (including JPNDC) adopted smoke-free housing policies across their portfolios and four more started the process in the spring of 2014.

HRiA and PHAI's technical assistance has built capacity among MTCP-funded programs and other housing entities to address smoke-free housing issues locally. As a result of HRiA's collaborative work with PHAI, more than 50 public housing authorities, out of a total of 241, will have implemented a smoke-free policy by the close of 2014. These housing authorities account for over 34,000 units of smoke-free housing, and include some of the largest cities in the Commonwealth, including Boston, New Bedford, Lowell, and Springfield. Based on our successes in MA, HRiA has also provided technical assistance to housing entities in Rhode Island and in El Paso, Texas. Our technical assistance has helped major Massachusetts companies make many, and in some cases, all, of their properties smoke-free including Maloney Properties, SHP Properties, Corcoran Management, Peabody Properties and Beacon Communities. HRiA is currently conducting a survey of privately managed resident properties to better understand how many have smoke-free properties and smoke-free units currently exist.

11. Program Budget: For cost reimbursement contracts, provide an annual line-item budget using the Program Budget form on the screen of Commbuys. Use the Purchase of Service Titles - UFR Titles: www.mass.gov/anf/docs/osd/forms/attachmts/postitles.doc, for a list of position codes for the form.

☒ Program Budget form is attached.

Provide a program budget justification narrative, reflecting each line in the Program Budget form. Demonstrate how each budget item supports the overall program (text input limit 6,000 characters, approximately one page):

A. Salaries and Wages:

Kathleen McCabe, Director of Public Health Policy & Practice will be the Program Manager on for this project at 0.50 FTE (calculated at an annual salary of $82,820). Ms. McCabe will be responsible for overall management of the program, including partnership and strategy development, setting and meeting all MTCP targets and milestones, and leading all technical assistance and resident engagement work. Ms. McCabe will serve as the main liaison with MTCP and will attend all required meetings.

Katherine Connolly, Program Assistant will be the Program Staff II on this project at 0.096 FTE (calculated at an annual salary of $37,875). Ms. Connolly will provide support to Ms. McCabe around specific initiatives, including conducting small research, writing and outreach projects. She will also assist in the preparation of presentations and materials as needed, under the guidance of Ms. McCabe.

Daniel Liss, Contracts Specialist, will be the Clerical Staff on this project at 0.01 FTE (calculated at an annual salary of $43,216.90). Mr. Liss will be responsible for maintaining and tracking the contract budget; financial reporting for this contract; preparation and submission of invoices for this contract.

B. Fringe Benefits (26% of total salary):$11,824.33. HRiA's fringe rate includes health insurance, dental insurance, retirement, LTD, and life insurance.

C. Travel: $1065.88 to cover travel to provide workshops and in-person technical assistance throughout the state of Massachusetts.

D. Supplies: $100 to cover production of training materials, including printing.

E. Operating Costs: $6,749.01

HRiA's operating costs are calculated using a total figure of $11,136.98/FTE. There are a total of .606 FTEs on this project. The $6,749.01 in operating costs is comprised of the following:

-Office supplies: $244.33
-Telephone: $537.64
-Postage: $72.18
-Rent expenses: $5,112.88
-Utilities: $218.14
-Office Maintenance: $98.49
-Equipment Rental: $311.64
-Equipment Maintenance: $153.71

F. Total Direct Costs: $65,217.39

G. Total Indirect Costs on all Direct Costs (@ 15%): $9,782.61. HRiA's overhead costs are costs incurred by the General and Administration Department, as well as shared overall organizational costs such as development, marketing and technology. Indirect costs are costs incurred for common objectives and therefore cannot be readily and specifically identified with a particular program or activity. These costs are grouped into a common cost center. Health Resources in Action has created a General and Administrative Services (Indirect) Pool consisting of salaries, fringe benefits, and other indirect costs. The General andAdministrative Services (Indirect) Pool is charged with all the indirect costs as defined above.

MTCP Technical Assistance
Monthly Report

Name:
Position/Title: **Program:** **Address:** **Email:** **Phone:**

Monthly Report for: _____

Date: _____

LIST OF ACTIVITIES

ATTENDED:

Method (phone, in person, virtual)	Meeting Title	Met With	Purpose	Date	Comments

TRAINED/PRESENTED:

Audience	Date	Purpose	Title of Presentation	Comments

DRAFTED, DEVELOPED, DOCUMENTED:

Title of document/ presentation	Date	Purpose	Comments

TESTIFIED/HEARINGS:

Date	Region/Town	Purpose	Comments

GAVE TECHNICAL ASSISTANCE TO:

To (person/town/region)	For (reason)	Date	Comments

RESEARCHED:

Topic	Purpose	Audience	Comments

HOT TOPICS/LOCAL & NATIONAL TRENDS/NEW ITEMS:

Topics	Trends	Items	Comments

NEEDS/CONCERNS/OBSERVATIONS FROM THE FIELD:

Needs	Concerns	Observations	Comments

METRICS:

	Q1	Q2	Q3	Q4	Total
Meetings Attended					
Meetings Where I Presented					
Meetings Where I Testified					
Trainings Conducted					
Guidance Document/Regulation Review Meetings Attended					
Guidance Documents/Regulations Reviewed/Drafted					
Municipalities/Collaboratives Receiving Technical Assistance					
Below For Compliance TA Provider Only:					

LBOH Staff Who Attended Trainings					
FDA Sales Documented					
Letters Sent to Funded BOH re: FDA Sales					
Letters Sent to Unfunded BOH re: FDA Sales					
Contributions to Media Presence					

OTHER NOTES/COMMENTS:

FOR Compliance TA Contractor ONLY:

CONTRIBUTED TO MEDIA OR INCREASED WED PRESENCE:

SATELLITE and Special Initiatives

Compliance TA Contractor to provide retail inspections and compliance check in pre-determined communities. Chosen communities will be assed throughout contract year and will based on funding.

Monthly INSPECTIONS/COMPLIANCE CHECKS:

Municipality	**# Of Inspections**	**# Of Violations**	**# Of Compliance Checks**	**# Of Sales to Minors**	**# Of Suspensions Served**
MONTHLY TOTAL					

Year to Date INSPECTIONS/COMPLIANCE CHECKS:

Municipality	**# Of Inspections**	**# Of Violations**	**# Of Compliance Checks**	**# Of Sales to Minors**	**# Of Suspensions Served**

Fiscal year TOTAL					

Special Initiatives

Municipality	**Education Visits**	**Trainings**	**Other**		
MONTHLY TOTAL					

Targets:
Priority Populations
Geographic Areas
Key Deliverables Proposed
Key Deliverables Produced
Successes
Barriers/Challenges
Updated Strategy (If needed)
Start Date:
End Date:
Setting:
Key Contracts, Consultants & Partners:
Progress
Status:
Progress Notes:

Targets:
Priority Populations
Geographic Areas
Key Deliverables Proposed
Key Deliverables Produced
Successes
Barriers/Challenges
Updated Strategy (If needed)

Start Date:
End Date:
Setting:
Key Contracts, Consultants & Partners:
Progress
Status:
Progress Notes:

Targets:
Priority Populations
Geographic Areas
Key Deliverables Proposed
Key Deliverables Produced
Successes
Barriers/Challenges
Updated Strategy (If needed)

Start Date:

End Date:

Setting:

Key Contracts, Consultants & Partners:

Progress

Status:

Progress Notes:

Activity Description:

Activity Description:

Activity Description:

Secondhand Smoke:

Activity Progress:

Secondhand Smoke:

Activity Progress:

Secondhand Smoke:

Activity Progress:

Activity Notes

Activity Notes

Activity Notes

Additional Comments

Additional Comments

Additional Comments

Targets:
Priority Populations
Geographic Areas
Key Deliverables Proposed
Key Deliverables Produced
Successes
Barriers/Challenges
Updated Strategy (If needed)
Start Date:
End Date:
Setting:
Key Contracts, Consultants & Partners:
Progress
Status:
Progress Notes:

Targets:
Priority Populations
Geographic Areas
Key Deliverables Proposed
Key Deliverables Produced
Successes
Barriers/Challenges
Updated Strategy (If needed)

Start Date:
End Date:
Setting:
Key Contracts, Consultants & Partners:
Progress
Status:
Progress Notes:

Targets:
Priority Populations
Geographic Areas
Key Deliverables Proposed
Key Deliverables Produced
Successes
Barriers/Challenges
Updated Strategy (If needed)

Start Date:

End Date:

Setting:

Key Contracts, Consultants & Partners:

Progress

Status:

Progress Notes:

Activity Description:

Activity Description:

Activity Description:

Secondhand Smoke:

Activity Progress:

Secondhand Smoke:

Activity Progress:

Secondhand Smoke:

Activity Progress:

Activity Notes

Activity Notes

Activity Notes

Additional Comments

Additional Comments

Additional Comments

Targets:
Priority Populations
Geographic Areas
Key Deliverables Proposed
Key Deliverables Produced
Successes
Barriers/Challenges
Updated Strategy (If needed)
Start Date:
End Date:
Setting:
Key Contracts, Consultants & Partners:
Progress
Status:
Progress Notes:

Targets:
Priority Populations
Geographic Areas
Key Deliverables Proposed
Key Deliverables Produced
Successes
Barriers/Challenges
Updated Strategy (If needed)

Start Date:
End Date:
Setting:
Key Contracts, Consultants & Partners:
Progress
Status:
Progress Notes:

Targets:
Priority Populations
Geographic Areas
Key Deliverables Proposed
Key Deliverables Produced
Successes
Barriers/Challenges
Updated Strategy (If needed)

Start Date:

End Date:

Setting:

Key Contracts, Consultants & Partners:

Progress

Status:

Progress Notes:

Activity Description:

Activity Description:

Activity Description:

Secondhand Smoke:

Activity Progress:

Secondhand Smoke: Strategy 2

Activity Progress:

Secondhand Smoke: Strategy 3

Activity Progress:

Activity Notes

Activity Notes

Activity Notes

Additional Comments

Additional Comments

Additional Comments

Targets: Build Relationships
Priority Populations
Geographic Areas
Key Deliverables Proposed
Key Deliverables Produced
Successes
Barriers/Challenges
Updated Strategy (If needed)
Start Date:
End Date:
Setting:
Key Contracts, Consultants & Partners:
Progress
Status:
Progress Notes:

Targets: Section 8 Infrastructure
Priority Populations
Geographic Areas
Key Deliverables Proposed
Key Deliverables Produced
Successes
Barriers/Challenges
Updated Strategy (If needed)

Start Date:
End Date:
Setting:
Key Contracts, Consultants & Partners:
Progress
Status:
Progress Notes:

Targets: Supporting DHCD properties
Priority Populations
Geographic Areas
Key Deliverables Proposed
Key Deliverables Produced
Successes
Barriers/Challenges
Updated Strategy (If needed)

Start Date:

End Date:

Setting:

Key Contracts, Consultants & Partners:

Progress

Status:

Progress Notes:

Activity Description:

Activity Description:

Activity Description:

Secondhand Smoke:Strategy 1- Section 8

Activity Progress:

Secondhand Smoke: Strategy 2-Assesment of major Administ

Activity Progress:

Secondhand Smoke: Strategy 3- DHCD

Activity Progress:

Activity Notes

rators

Activity Notes

Activity Notes

Additional Comments

Additional Comments

Additional Comments

Massachusetts Tobacco Cessation and Prevention Program
Board of Health Program Work Plan FY24

Program Name:

POLICY WORK PLAN

Metric	Target	Equity Narrative	Work Plan Narrative
Number of presentations planned to municipal decision-makers to propose local policy strategies	*{Enter Target # for metric]*	*[Note how equity will considered in reaching metric- could be professional development, change in approach to work, change in conversations, etc.]*	*[Note presentations to local decision-makers on the need for comprehensive local policy change.]*
Number of municipalities planning to change/update model policy regulations, please note any that will be working on cigar pricing or tobacco retail density policies	*{Enter Target # for metric]*		*[Describe municipalities that you think will update their regulations/ordinances, please note any working on cigar or tobacco retailer density policies]*
Number of BOH collaborative meetings planned	*{Enter Target # for metric]*		*[Describe your plan for regional meetings with your BOH collaborative program or BOH meetings if a single city program. Note measures that will be taken to ensure program-wide communications.]*

Notes and Comments:

Civic Engagement for Policy, Systems and Environmental Change Work Plan

Metric	Target	Equity Narrative	Work Plan Narrative
	{Enter Target # for metric]	*[Note how equity will considered in reaching metric- could be professional development, change in approach to work, change in conversations, etc.]*	*[For all metrics Describe program plans to complete metrics]*
	{Enter Target # for metric]		
	{Enter Target # for metric}		
	{Enter Target # for metric]		

Notes and Comments

ENFORCEMENT & SURVEILLANCE WORK PLAN

Metric	Target	Equity Narrative	Work Plan Narrative
Retailer education conducted	*100% of all stores are to be completed by end of year*	*[Note how equity will considered in reaching metric- could be professional development, change in approach to work, change in conversations, etc]*	*[For all metrics Describe program plans to complete metrics]*
Retailer inspections conducted	*100% of all stores to be completed by end of year*		
Compliance checks conducted	*100% of all stores are to be completed by end of year. See protocol for more information*		
Synar compliance checks conducted	*Provided sample of stores are to be completed by end of year. See protocol for more information*		
Follow-up visits conducted from violations of previous compliance checks and inspections	*Required to complete within 3-6 months of violation. See protocol for more details*		
Protocols and procedures for violation follow up with municipalities and keeping retailer date updated in POST	*How is information shared regarding violation fines, payment, appeals*		

Pricing surveys completed	*Monitor and collect data on pricing of tobacco products using the MTCP pricing survey. Use Link provided by MTCP.*		
Compliance Rate Response Plan	*Compliance rate above X%*		[*If compliance rate is above X% please outline programs response plan]*

Notes and Comments

Racial Equity Development Plan

Area of Learning	Equity Narrative	Work Plan Narrative
	[How does building this skill help advance your equity work and understanding. How will the learning will be considered and integrated into your work}	*[What training opportunity will be utilized ie Training, Webinar, Book Club, to build skill]*

Notes and Comments

MTCP Community Partnership Work Plan Guidance

Fiscal Year 24

This document is for internal Community Partnership (CP) program use. The purpose is to aide CP programs in work plan development and to offer information on the role and direction of CP programming. This document should be referenced when developing work plans to ensure proposed activities are aligned with overall statewide and CP goals.

Why MTCP Approaches Community Engagement through a Racial Justice Lens: Historical Grounding

The history of structural racism -- the public policies, institutional practices, and social norms that together maintain racial hierarchies – and its impact across the country and within the Commonwealth is often overlooked or unacknowledged, yet it is pervasive and unmistakably harmful to everyone. The social marginalization and inequities that racism cultivates in housing, education, employment, the built and social environments, and healthcare are felt across generations, most acutely in communities of color. The MTCP team recognizes that systems of cultural oppression need to be acknowledged and repaired by entities that helped create them. The team is committed to improving the quality of life for all Commonwealth residents while eliminating the marginalization and inequities that threaten the lives of communities of color who are disproportionately affected by tobacco/nicotine disease and death and the related risk factors for these inequitable and unjust health outcomes.

WORK PLAN INSTRUCTIONS

Racially Just Community Engagement & Racial Equity Personal/Professional Growth

(70% focus: 3.5 – 4 days/week)

Racially Just Community Engagement

Background

Community Partnership Programs (CPs) and MTCP will engage with and learn from/with communities about community concerns. CPs and MTCP will explore the relationship between community concerns and health inequities related to commercial tobacco exposure and use. A leading with race and racism framework will be used to explore the root causes of the community concerns. Leading with race and racism allows MTCP to explicitly name and dismantle white supremacy culture and structural racism.

The focus will be on a structural approach to the problem/concern of the community, examining the impact of potential policies, systems and environmental (PSE) changes to address the identified community concern.

- *Each CP program will educate themselves regarding community concerns. This can be achieved through review of existing community assessments supplemented with conversations and local coalition meeting(s) attendance within a select community. In the absence of recent community assessments CPs can consider working with a MTCP TA provider to conduct assessments (survey, focus groups and/or interviews).*
- *After identifying community concerns through assessments and engagement, CPs will explore, with community, the historical and structural causes of the community concerns and the intersection of the concern with inequitable health outcomes and the relationship with tobacco/nicotine exposure, use and disproportionate disease and death among individuals who identify as Black, Indigenous, and/or People of Color (BIPOC).*
- *CPs will support community-led PSE change to address a structural barrier within a social determinant of health that can help to address the community concern and the associated health inequity that intersects with tobacco exposure and/or use.*

Metric: 8 identified barriers to health equity and the associated PSE change designed to address the aforementioned barrier.

Step 1: Purpose Statement with Equity Narrative

Develop a narrative detailing the history of one or more selected community(ies) and the specific community need the community and CP are interested in addressing. Identify which Social Determinant of Health the community concern falls within, ie, housing, education, etc. Discuss proposed PSE changes with consideration given to centering racial equity and addressing health inequities.

Considerations for identifying community needs within a community of focus and the associated next steps.

- Use existing data to determine community of focus – consider exposure to environmental tobacco smoke (ETS), density of tobacco outlets, environmental justice regions (see below), historically divested areas, communities with high Mass Health utilization and other pertinent indicators.
    - [In Massachusetts, an environmental justice region is a neighborhood where one or more of the following criteria are true:
        - the annual median household income is 65 percent or less of the statewide annual median household income
        - minorities make up 40 percent or more of the population
        - 25 percent or more of households identify as speaking English less than "very well"
        - minorities make up 25 percent or more of the population and the annual median household income of the municipality in which the neighborhood is located does not exceed 150 percent of the statewide annual median household income.]
- Once community of focus is identified, supplement existing quantitative data with qualitative data (stories, focus groups, interviews, etc)
- Listen to community members and collaboratively decide on a concern to address.
- Identify root causes of the concern and how this issue is living out in the community.
- Grow to understand what community and environmental conditions are contributing to the selected concern and associated health inequity.
- Using a racial justice lens, identify inequities surrounding the community's concern, including racial inequities and other possible inequities related to other identities such as sexual orientation, SES, ability status, etc. Ask who is benefitting and who is being harmed.

- Seek to answer, how does this root cause/PSE conditions/inequity relate to commercial tobacco use and exposure and to overall community health?
- Coordinate with existing coalitions and funded BOH programs to assess community readiness to support PSE change.
- Identify technical assistance needs for community coalitions, community-based organizations, and community members to develop and implement PSE change.

Step 2: Partnership Engagement (non-linear steps)

- Attend community coalition meetings and listen to community concerns
    - Community Partnerships are engaging with community without an explicit agenda, but rather to listen, engage with and learn from community members what community members see as the community's needs. The intent is that MTCP can relinquish its power and resources to the community to address these needs with a PSE approach.
- Reach out to existing community-based organizations currently centering racial equity and focused on policy, systems and environmental change to decrease health inequities and/or address the inequities within the social determinants of health (define) that give rise to inequitable health outcomes.
- Identify potential partners for implementing PSE change

Step 3: Create Goal(s) with Equity Narratives

- Increase by 1 a policy change, system change or environmental change within a given social determinant of health that addresses the community's concern and relates to decreasing tobacco/nicotine use/exposure and related disease and death. (repeat annually?)

Step 4: Create Objectives with Equity Narratives

- Establish SMARTIE (Specific, Measurable, Ambitious, Realistic, Time-bound, Inclusive & Equitable) Objectives

SAMPLE OBJECTIVES:

1. Work with X# of community-based organizations/residents/community members (ongoing)
2. Outline x# of potential PSE change ideas in the SDoH sector of interest (housing, food security, economic empowerment, early childhood educ, etc) (by X date)
3. Listen and Learn (ongoing)
4. Select 1 PSE change idea to support (By X date)
5. Document (including data and stories) the need for the selected PSE change idea.
6. Produce talking points and communications regarding the PSE change including its link to decreased tobacco/nicotine related exposure, disease and/or death (ongoing and specific to #4 by X date)

Racial Equity Personal and Professional Capacity Building

Background

MTCP believes that Community Partnership personnel must continuously spend time on a personal and professional racial justice journey to minimize harm in community and to maintain the knowledge and experiences necessary to sustain centering racial justice in a white supremacy culture.

Step 1: Develop Personal Capacity Building Goal(s)

- Determine goals for your own racial identity development. (Link to Racial Identity Development-- https://interactioninstitute.org/wp-content/uploads/2019/01/FFRJW-Updated-Pre-Work-1.3.2019.pdf)
- To assist in the development of your racial equity goals, conduct the self-assessment on racial equity found in appendix A (Note this assessment is *not* to be turned in, this is for your personal use only. It will allow you to reflect on your comfort level and capacity to work on racial justice issues in your communities. The results can highlight potential areas for capacity building as you work to set goals).
- Identify skills and actions to perform for personal growth to actively participate in racially just community engagement.

SAMPLE GOALS

- Build my capacity to understand how structural racism and historical racism have contributed to racial inequities in my region.
- Develop a sense of comfort in discussing racism as it pertains to health inequities and tobacco-specific health inequities with community members.
- Understand my role as a white person working on racial justice.
- Develop a sense of comfort to facilitate conversations about racism, social determinants of health, healing centered engagement in a community setting.

Step 2: Develop Professional Capacity Building Goal(s)

- Identify skills you need to perform for professional growth to actively participate in racially just community engagement.
- Identify skills and actions for professional development needed to be actively engaged in PSE change that centers racial equity.
- List specific opportunities to acquire identified skills.
- Explain the connection of the identified skill with your goal of racially just community engagement and/or personal and professional growth. Ie How might this skill strengthen your capacity to support racially just community engagement?

SAMPLE SKILLS

- Increase my knowledge and understanding of the history of structural racism in the US
- Increase my partnership development skills
- Strengthen my facilitation skills
- Learn to Identify my own implicit bias
- Build my capacity to talk about race and racism in community
- Learn ways to support and engage with marginalized populations
- Understand white privilege and power
- Understand my racial justice role

Tobacco/Nicotine Education & Referral, Statewide Communication Support, Community Cessation Education & Referral, Statewide PSE Change Support

(30% of focus: 1 – 1.5 days/week)

Tobacco Education and Referral

Background

CPs serve as a community resource and a connection to what is occurring at the local, state and national level regarding tobacco and nicotine prevention, cessation, and secondhand smoke exposure

Step 1: Share tobacco resources with community members – both proactively and responsively, as requested.

- Disseminate materials, conduct presentations, etc. Where appropriate, use a train-the-trainer model to grow the number of community messengers (e.g., train school nurses on the vaping prevention toolkit so they can provide parent and staff presentations and be aware of youth vaping prevention resources)

Step 2: Refer youth prevention presentation requests to HRiA, 84 chapters (Carly Caminiti ccaminiti@hria.org)

Step 3: Share racial equity narrative and the relationship of tobacco-related health inequities in everything you share in community.

MTCP Communication Campaign Support

Background

With an established relationship with community members, CPs highlight and share in community campaign messages of the MTCP to keep Massachusetts residents informed of tobacco industry tactics, cessation resources, and the like. This amplifies the visibility of the campaigns and moves societal norms towards tobacco and nicotine free communities and decreased health inequities.

Step 1: CPs are familiar with MTCP campaigns through attendance at monthly CP meetings that involve MTCP Communications staff

Step 2: CPs work with MTCP Communications staff and contractors to help determine local ad placements (if campaign media channels include non-digital/online placements)

Step 3: CPs work with MTCP Communications staff and contractors to disseminate information about the campaign(s) throughout their regions by:

- Placing earned media stories about the campaign(s) in local media
- Sharing information via social media channels (TFCPP Facebook page or hosting organization's channels)
- Disseminating information and materials about the campaign(s) and its messages to relevant community-based organizations (e.g., schools, community health centers, providers and provider networks, etc.)
- If budget allows, placing paid media in specific media outlets

Community Cessation

Background

Barriers to quitting smoking are similar for marginalized populations including smokers with mental illness, disabilities, low socio-economic status, and those who identify as LGBT (lesbian, gay, bisexual, and transgender).(1) These barriers include not receiving support for quitting from healthcare providers, using smoking as a coping mechanism for stress, and community acceptance of smoking behaviors. (2) These barriers contribute to lower successful rates of quitting among the aforementioned marginalized populations, despite similar quit attempts to non-marginalized population groups. Moreover, nationally, people of color are less likely to receive quitting advice from a healthcare professional and are less likely to be prescribed and use evidence-based cessation treatments, such as nicotine-replacement therapy (NRT), compared to non-Hispanic whites.[1][2]

Reinforcement of smoking cessation messages in multiple settings and from multiple care providers is critical to successful quitting. Community cessation aims to build capacity of community providers to identify and utilize effective cessation resources in non-clinical and non-behavioral health settings. These settings can include community-based organizations, faith-based organizations, social service agencies, among others. To this end, CPs serve as liaisons to connect community providers to effective tobacco cessation resources and to build their capacity to utilize them. This is in additiona to disseminating general cessation messaging via earned and social media and MTCP campaign amplification. CP efforts should not be carried out at the individual level; strategies are not intended to create individual behavior change. CPs should collaborate with cessation TA providers if a health care or behavioral health agency expresses interest in developing a system for referrals.

In addition to expanding opportunities for quitting support; community cessation aims to identify strategies to address community norms of smoking. Research shows that higher retail density leads to greater exposure (ads), availability of tobacco products, and acts as a cue to smoke. Consequently, addressing environmental factors (retail density, pricing, flavor restrictions, smoke-free housing, etc.) also impacts cessation. As part of community education efforts, CPs should be engaging with community leaders to identify barriers to cessation in their community. Through the racially just community engagement work, CPs should highlight how local policy can support and facilitate cessation opportunities. When people know a policy change is coming, it might spur them to seek resources to quit. It is important to build capacity of community providers to do community referrals so that the people they serve who use tobacco know they are being supported with resources to help them quit.

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[1] Park ER, Japuntich SJ, Traeger L, Cannon S, Pajolek H. Disparities between Blacks and Whites in Tobacco and Lung Cancer Treatment. Oncologist. 2011; 16(10): 1428-1434.

[2] Trinidad DR, Perez-Stable EJ, White MM, Emery SL, Messer K. A Nationwide Analysis of US Racial/Ethnic Disparities in Smoking Behaviors, Smoking Cessation, and Cessation-Related Factors. American Journal of Public Health. 2011; 101(4): 699-706.

Beyond referrals and sharing of cessation resources, CPs may learn from community suggested strategies that expand opportunities for quitting support and/or strategies that address community norms of smoking behaviors. Please share your learnings with MTCP.

Step 1: Build capacity of community-based organizations to promote cessation resources among its members.

- Disseminate quitting information and resources to community-based organizations (non-clinical organizations).

Step 2: Incorporate cessation resource offerings into racially just community engagement and the PSE change work with your chosen community, especially for people who use tobacco/nicotine affected by PSE change.

- Ensure cessation resources are disseminated widely in the community as PSE change is being considered. For example, cessation resources and the menthol/flavor restriction at the state level.

Step 3: Develop understanding of barriers to quitting smoking at the local level through listening and participation in racially just community engagement.

Local and Statewide PSE change Support

Background

Historically, CP involvement in both local and statewide efforts around policy change has been an incredibly valuable contribution to MTCP's success in this area. Community Partnerships' role of amplifying messages at the local level and engaging partners and other MTCP-funded programs continues to be an important aspect of MTCP's infrastructure.

Step 1: Support local and/or statewide policy initiatives (e.g., density, smoke-free housing efforts, etc.)

- Educate the community by disseminating information about local and/or statewide policy initiatives (include in presentations, earned and social media outreach, etc.)

Step 2: Engagement with BOHs

- Participate in regional meetings with Boards of Health and other TFCPPs to share information, ongoing work, and challenges
- Engage networks (community-based organizations, community members, etc.) to provide support for Boards of Health at local hearings, if requested.

Step 3: Engagement with Chapters of The 84 Movement

- Participate in annual Kick Butts Day Event.
  - If held in person, attend the event to make connections with Chapters in your region and key legislators
- Reach out to adult advisors of 84 Chapters in your region with the goal of establishing a connection for mutual benefit (e.g., you can reach out to the Chapter if youth involvement is needed for media or other outreach and the Chapter can reach out to you for assistance, resources, earned media exposure, etc.)

APPENDIX A: CP SELF-ASSESSMENT ON RACIAL EQUITY

	Comfort (how do I feel)			**Capacity (am I ready)**		
Integrating racial justice into your work	I am not comfortable	I am somewhat comfortable	I am comfortable most of the time	I don't feel ready	I am somewhat ready	I am ready mostly
Building authentic relationships with community influencers and agencies that engage and reflect communities of color	I am not comfortable	I am somewhat comfortable	I am comfortable most of the time	I don't feel ready	I am somewhat ready	I am ready mostly
Identifying and understanding data around racial inequities in a community	I am not comfortable	I am somewhat comfortable	I am comfortable most of the time	I don't feel ready	I am somewhat ready	I am ready mostly
Attending and participating in meetings and conversations on racial justice	I am not comfortable	I am somewhat comfortable	I am comfortable most of the time	I don't feel ready	I am somewhat ready	I am ready mostly
Explaining structural racism's role in tobacco related issues	I am not comfortable	I am somewhat comfortable	I am comfortable most of the time	I don't feel ready	I am somewhat ready	I am ready mostly
Framing tobacco as a racial justice issue-in communities with sizeable populations of people of color	I am not comfortable	I am somewhat comfortable	I am comfortable most of the time	I don't feel ready	I am somewhat ready	I am ready mostly
Framing tobacco as a racial justice issue –in communities that are predominately white	I am not comfortable	I am somewhat comfortable	I am comfortable most of the time	I don't feel ready	I am somewhat ready	I am ready mostly
Co-facilitating with a community influencer the learning of others on racial inequities as it relates to tobacco issues	I am not comfortable	I am somewhat comfortable	I am comfortable most of the time	I don't feel ready	I am somewhat ready	I am ready mostly

MTCP Community Partnership Reporting

This template is designed to help you plan and document your work for FY24.

- Consider filling out this template at the start of the fiscal year to vision what you want to achieve in the year ahead. Reflecting on your FY23 reporting (partners, successes, and challenges in the work) consider how you might expand your circle of community organizations and members in FY24, how might you continue with successes and address challenges.
- This template will also be used to document your work each quarter. Please submit a completed version via email each quarter to Doris Cullen and Jackie Smith-Smith.

July-September	Due: October 15
October-December	Due: Jan 15
January-March	Due: April 15
April-June	Due: July 15

MTCP remains committed to focusing on intentionally lifting up racial equity and dismantling structural racism. Structural racism and other systems of oppression shape the way that social, environmental, and economic conditions impact health risk behaviors and long-term health outcomes. Inequities in these conditions make it more difficult for people, particularly people of color and other marginalized groups, to achieve healthy behaviors and good health.

As you work through this document, **please be explicit about how your work addresses racial inequity**. Consider how communities of color generationally experience social marginalization and inequities due to structural racism in housing, education, employment, the built and social environments, and healthcare.

CP REGION: (check one)

Berkshires ☐	Central ☐	Greater Boston ☐	Hampden ☐
Hampshire/Franklin ☐	Metro Boston ☐	Northeast ☐	Southeast ☐

PARTNER NAMES: (Racially Just Community Engagement, including media partners)

Name of organization(s), group(s) you are working with	Type of group (organization, coalition, volunteer group)	Mission of the group	Relevance to your work
Q1			
Q2			

Q3			
Q4			

PURPOSE STATEMENT: (Racially Just Community Engagement)
Develop a narrative detailing one or more selected community (ies) and the specific community need the community and CP are interested in addressing. Within the narrative include responses to the following:

1. What is the community concern (problem) that you are addressing during FY24
2. Which community (ies) will you focus on?
3. How does this issue show up in your communities? (provide data, stories, etc.)
4. What are the historical and structural causes (root causes) of the community concern?
5. Describe how the community concern intersects with inequitable health outcomes.
6. Describe how the community concern relates to/intersects with tobacco/nicotine exposure, tobacco/nicotine use and/or disproportionate disease and death among individuals who identify as Black, Indigenous, and/or People of Color (BIPOC).
7. How will addressing this community concern lead to reducing health inequities in your community(ies)?

1	
2	
3	
4	
5	
6	
7	

POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE: (Racially Just Community Engagement)

8. What is the community-led PSE change that you will support to address a structural barrier within a social determinant of health that can help to address the community concern and the associated health inequity that intersects with tobacco exposure and/or use?
9. Specify your Goal(s)
10. Specify your SMARTIE objectives (Specific, Measurable, Ambitious, Realistic, Time-bound, Inclusive & Equitable)

PSE Change:
Goal(s):
Objective(s):
Supporting Activities:

RACIAL EQUITY PERSONAL AND PROFESSIONAL CAPACITY BUILDING

Personal Capacity Building Goals:
Professional Capacity Building Goals:

Personal Capacity Building Progress:

Q1
Q2
Q3
Q4

Professional Capacity Building Progress:

Q1
Q2
Q3
Q4

TOBACCO/NICOTINE EDUCATION & REFERRAL, COMMUNITY CESSATION EDUCATION, LOCAL & STATEWIDE PSE CHANGE SUPPORT

Activity Name: Document the activity, meeting, educational opportunity, etc. For example, called 3 people for key informant conversations. **When**: Document the date(s) of the activities. **Who/What:** Document who you connected with. Document the specific activities you completed and what you have learned. Be as specific as you want – including things like sending communications, attending meetings, etc. **Type:** Specify whether the activity was racially just community engagement, tobacco/nicotine education & referral, community cessation education & referral, local and/or statewide PSE change support **Why:** Why did you participate in this activity? **Success:** Do you want to share any specific success related to this activity? **Barriers/Challenges:** Did you encounter any barriers or challenges?

Recurring: Report recurring activities/meetings only once per year in the quarter you initially begin the activity and indicate frequency of activity (weekly, monthly, quarterly, etc)

Quarter 1:

Activity Name	When (date)	Who/What	Type	Why	Success	Challenge	Recurring (weekly, monthly, quarterly, etc.)

Quarter 2:

Activity Name	When (date)	Who/What	Type	Why	Success	Challenge	Recurring (weekly, monthly, quarterly, etc.)

Quarter 3:

Activity Name	When (date)	Who/What	Type	Why	Success	Challenge	Recurring (weekly, monthly, quarterly, etc.)

Quarter 4:

Activity Name	When (date)	Who/What	Type	Why	Success	Challenge	Recurring (weekly, monthly, quarterly, etc.)

LOCAL and STATEWIDE COMMUNICATION SUPPORT:

Please report on earned media results and social posts during the reporting period.

- As a reminder, CDC is interested in knowing about earned media results for campaign support (e.g., Quitline promotion, youth prevention, Tips, other organized outreach efforts conducted by DPH)
- Please report other earned media results and social media posts during the reporting period. This can be related to your case study work, local policy work, Kick Butts Day, or other topics not related to those mentioned above in the first bullet.

Quarter 1:

Date	**Topic**	**Intended Audience** (adults/youth, specific demographic group by age or race, etc.)	**Social Media?** Indicate where posted	**Name of Outlet** (for earned media)	**Type of Outlet** (for earned media)	**Type of Placement** (article, op ed, interview, etc. for earned media)	**Notes**

Quarter 2:

Date	**Topic**	**Intended Audience** (adults/youth, specific demographic group by age or race, etc.)	**Social Media?** Indicate where posted	**Name of Outlet** (for earned media)	**Type of Outlet** (for earned media)	**Type of Placement** (article, op ed, interview, etc. for earned media)	**Notes**

Quarter 3:

Date	**Topic**	**Intended Audience** (adults/youth, specific demographic group by age or race, etc.)	**Social Media?** Indicate where posted	**Name of Outlet** (for earned media)	**Type of Outlet** (for earned media)	**Type of Placement** (article, op ed, interview, etc. for earned media)	**Notes**

Quarter 4:

Date	**Topic**	**Intended Audience** (adults/youth, specific demographic group by age or race, etc.)	**Social Media?** Indicate where posted	**Name of Outlet** (for earned media)	**Type of Outlet** (for earned media)	**Type of Placement** (article, op ed, interview, etc. for earned media)	**Notes**

TECHNICAL ASSISTANCE NEEDS:

Describe barriers or challenges you encounter along the way and any ideas you may have to address these barriers? Your answers will help us identify TA to support you in this work.

Q1	
Q2	
Q3	
Q4	

Other CP Work completed that you wish to share

Q1	
Q2	
Q3	
Q4	

Reporting Guidance

Metric

Number of presentations to municipal decision-makers to propose local policy strategies
Number of municipalities for which model policy has been changed/created
Number of BOH collaborative meetings held
Number of investigations made to smoke-free workplace law complaints
Number of retailer inspections conducted
Number of compliance checks conducted
Other activities worked on during quarter
Number of follow-up visits conducted from violations of previous compliance checks and inspections
Number of pricing surveys completed
Equity Narrative
Progress Narative

Civic Engagement Metric
Racial Equity Metric

Metric Description

Number of presentations of model regulation and tobacco industry tactics given to municipal decision-makers to build support for local policy change during the reporting period
Number of municipalities where work has been done to draft new regulations/ordinances that include model regulation language
Number of BOH collaborative/regional meetings held to discuss policy initiatives and program priorities during the reporting period. If single city program, list number of meetings with Board/Health Commission or other equivalent
Follow-up investigation to complaints made to the BOH program directly or requests made from MTCP's complaint line
100% of all stores are to be completed by end of year
100% of all stores are to be completed by end of year. See protocol for more information
Note activities and work done
Required to complete within 3-6 months of violation. See protocol for more details
Monitor and collect data on pricing of tobacco products using the MTCP pricing survey. *~25% of stores in program will be surveyed every quarter*
Note how equity was considered in reaching metric- could be professional development, change in approach to work, change in conversations, etc. Note success and barriers
Please report any successes or barriers

Use metrics submitted on FY24 work plan

Use metrics submitted on FY24 work plan

Policy Reporting

Metric	Metric #	Equity Narrative	Progress Narrative (including sucesses and barriers)	Contract Manager Comments
Number of presentations to municipal decision-makers to propose local policy strategies	Q1	Q1	Q1	Q1
	Q2	Q2	Q2	Q2
	Q3	Q3	Q3	Q3
	Q4	Q4	Q4	Q4
Number of municipalities for which policy has been changed/created	Q1	Q1	Q1	Q1
	Q2	Q2	Q2	Q2
	Q3	Q3	Q3	Q3
	Q4	Q4	Q4	Q4
# of tobacco retailer density policies passed(specify specific policy)	Q1	Q1	Q1	Q1
	Q2	Q2	Q2	Q2
	Q3	Q3	Q3	Q3
	Q4	Q4	Q4	Q4
# of cigar pricing packaging policies passed	Q1	Q1	Q1	Q1
	Q2	Q2	Q2	Q2
	Q3	Q3	Q3	Q3
	Q4	Q4	Q4	Q4
Number of BOH	Q1	Q1	Q1	Q1
	Q2	Q2	Q2	Q2

collaborative meetings held	Q3	Q3	Q3	Q3
	Q4	Q4	Q4	Q4
Notes Q1				
Notes Q2				
Notes Q3				
Notes Q4				

Civic Engagement Reporting

Metric	Equity Narrative	Progress Narrative (including sucesses and barriers)	Contract Managers Comments
	Q1	Q1	Q1
	Q2	Q2	Q2
	Q3	Q3	Q3
	Q4	Q4	Q4
	Q1	Q1	Q1
	Q2	Q2	Q2
	Q3	Q3	Q3
	Q4	Q4	Q4
	Q1	Q1	Q1
	Q2	Q2	Q2
	Q3	Q3	Q3
	Q4	Q4	Q4
	Q1	Q1	Q1
	Q2	Q2	Q2
	Q3	Q3	Q3
	Q4	Q4	Q4
Notes Q1			
Notes Q2			
Notes Q3			
Notes Q4			

Enforcement and Surveillance Report

Metric	# Complete	Equity Narrative	Progress Narrative (including sucesses and barriers)	Contract Manager Comments
Number of Investigations made to Smoke Free Workplace Law complaints	Q1	Q1	Q1	Q1
	Q2	Q2	Q2	Q2
	Q3	Q3	Q3	Q3
	Q4	Q4	Q4	Q4
Number of retail inspections completed	Q1	Q1	Q1	Q1
	Q2	Q2	Q2	Q2
	Q3	Q3	Q3	Q3
	Q4	Q4	Q4	Q4
Number of compliance checks completed with youth buyers	Q1	Q1	Q1	Q1
	Q2	Q2	Q2	Q2
	Q3	Q3	Q3	Q3
	Q4	Q4	Q4	Q4
Number of follow up visits conducted from violations of previous compliance checks and/or inspections	Q1	Q1	Q1	Q1
	Q2	Q2	Q2	Q2
	Q3	Q3	Q3	Q3
	Q4	Q4	Q4	Q4

Number of pricing surveys completed	Q1	Q1	Q1	Q1
	Q2	Q2	Q2	Q2
	Q3	Q3	Q3	Q3
	Q4	Q4	Q4	Q4
Local BOH and DOR Collaboration	Q1	Q1	Q	Q1
	Q2	Q2	Q2	Q2
	Q3	Q3	Q3	Q3
	Q4	Q4	Q4	Q4
	Notes Q1			
	Notes Q2			
	Notes Q3			
	Notes Q4			

Racial Equity Development Reporting

Skill Area	Equity Narrative	Progress Narrative (including sucesses and barriers)	Contract Managers Comments
	Q1	Q1	Q1
	Q2	Q2	Q2
	Q3	Q3	Q3
	Q4	Q4	Q4
	Q1	Q1	Q1
	Q2	Q2	Q2
	Q3	Q3	Q3
	Q4	Q4	Q4
	Q1	Q1	Q1
	Q2	Q2	Q2
	Q3	Q3	Q3
	Q4	Q4	Q4
Notes Q1			
Notes Q3			
Notes Q4			
Notes Q5			