**REQUEST FOR APPLICATION**

**E-CIGARETTE PREVENTION/REDUCTION**

Behavioral Health Services Commission - Prevention

Release Date: April 15, 2022

Questions submitted by April 22, 2022

Questions posted by April 29, 2022

RFA Submission Deadline: **May 6, 2022, 5 p.m. CST**

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**REQUEST FOR APPLICATION**

**E-CIGARETTE PREVENTION/REDUCTION**

1. **Overview**

The Kansas Department for Aging and Disability Services (KDADS) /Behavioral Health Commission is committed to supporting youth with effective services opportunities and resources to the prevention of e-cigarette, vaping and other tobacco product usage among youth and young adults.

1. **Background**

The Kansas Department for Aging and Disability Services (KDADS) has identified a community concern that there has been an increase in usage of e-cigarettes among youth and young adults, potentially due to the stress of Covid-19.

Nearly nine out of ten current smokers start smoking by age 18, and 98% start by age 26.

* Youth tobacco use has negative health consequences including addiction and lifelong chronic disease.
* More than 60,000 Kansans currently under 18 years of age will ultimately die prematurely from smoking.
* Although we have seen a decline in the use of conventional cigarettes among Kansas youth, 5.8% of Kansas high school students still smoke, and emerging products including electronic cigarettes (e-cigarettes) highlight the continued need for youth tobacco control and prevention programs.
* 10% of Kansas teenagers (grades 6-12) used electronic cigarettes at least once in the last 30 days, a percentage up 12% year over year since 2016.
* 8% of youth believed e-cigarettes as less harmful than other forms of tobacco.

KDADS is focused on supporting behavior change, including knowledge, risk perceptions, beliefs, and ultimately intentions of youth and young adults towards e-cigarette usages, increase awareness and change perception of e-cigarettes in youth and young adults and provide additional funding to organizations to address e-cigarette usage among youth and young adults, e.g., Prevention and individual-level interventions.

1. **Targeted Population**

The targeted population is youth grades 6 – 12 and young adults 18-25 years of age.

1. **Purpose of RFA**

The primary goal and purpose of this RFA is to equip Kansas youth and young adults with knowledge and skills to live e-cigarette, vaping and other tobacco/nicotine-free by allocating additional funding toward prevention of e-cigarette, vaping and other tobacco usage among youth by leveraging individual-level interventions.

The Centers for Disease Control and Prevention (CDC) sites that the number of middle and high school age students who have never smoked a cigarette but who have used an e-cigarette increased three-fold during 2011-2013. These youth are also nearly twice as likely to have an intention to smoke conventional cigarettes over those who have never used an e-cigarette. Enhanced prevention efforts for youth are extremely important for all forms of tobacco, including electronic cigarettes.

**V. Eligibility**

1. The Kansas Department for Aging and Disability Services invites community coalitions, and others from private, nonprofit, and/or community organizations to apply. Eligible grantees must be an existing organization that has been established at least one year prior to the date of the RFA. Effective applicants must possess a stable and effective organizational structure with clearly defined staff roles that can facilitate the required programming.
2. Selected applicants shall sign a Notice of Grant Award, an agreement that KDADS will provide. The proposal submitted to KDADS shall become part of the Notice of Grant Award.
3. Applicants are required to have a DUNS number at the time of submission of the funding proposal. This number is a unique nine-digit identification number provided by Dun & Bradstreet. It may be obtained at no cost at the following website: *www.fedgov.dnb.com/webform* or by calling 866-705-5711. Verification of the DUNS number must be submitted as part of the funding proposal.
4. The minimum qualifications of proposing organizations must include the following items:
* KS Business License (issued by the Office of the Secretary of the State);
* Experience implementing services of similar complexity;
* Capacity to submit required data to KDADS in a manner that is timely and accurate; and,
* Capacity to implement and begin all services within one month of receiving notification of award and complete services by Capacity to implement and begin all services within one month of receiving notification of award and complete services by March 31, 2023.
1. **Terms of the Grant**
2. The project phase for these optional grants will be June 1, 2022, through March 31, 2023. All funds must be expended by March 31, 2023.
3. The award is for 1 (one) year. The awarded grantee will enter a binding legal Notice of Award Grant Agreement (NOGA) between the Kansas Department for Aging and Disability Services and the awarded bidder.
4. **Deliverables and Reporting**
5. Grant recipients will be required to submit a monthly report of activity by the 20th of each month to the KDADS Prevention Manager & Consultants, as well as a final summary report addressing the results reached at the grant term end date on March 20, 2023.
6. In addition, a financial report provided by KDADS shall be completed monthly, documenting all expenditures for the previous month and submitted for reimbursement by the 20th of each month until all awarded funds are exhausted for the grant. The final report shall be expected on April 20, 2023.
7. **Notification of Grant Awards**

 Awards will be announced by email.

1. **Application**
2. Instructions:

1. Submit one electronic application to kdads.bhs@ks.gov.

* Due Date: May 6, 2022
* Time: 5:00 p.m. CST

2. Complete the required cover sheet and submit with your Project Narrative(s).

3. Applications must consist of a Project Narrative and a Proposed Budget for each area of interest being bid on including (be concise but complete):

4. Format the Project Narrative using one-inch margins at the top, bottom, and both sides; a font size of 12 points; and sequentially paginated pages.

5. Please adhere to the funding limitations listed at the end of each option on the optional grants cover page.

1. Grants are intended to fund practices that have a demonstrated Evidence-based and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches that are validated by some form of documented research evidence.

1. Funds may not be expended through the grant or a sub-award by any agency which would deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders.
2. Funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.”); 21 U.S.C. §§ 812(c) (10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.
3. The Grantee agrees to abide by all state, federal and local laws, rules and regulations prohibiting discrimination in employment and controlling workplace safety. Any violation of applicable laws, rules or regulations may result in termination of this Grant.
4. Budget Information
* Complete Attachment B and include Budget Narrative
1. **Timeline**

Below is a timeline and due dates for this RFA. If KDADS finds a need to alter the timelines listed herein, either an addendum or correction notice will be issued announcing the alternate timeline.

|  |  |
| --- | --- |
| Release of Request for Application | April 15, 2022  |
| Written questions Submitted | April 22, 2022 by 5 pm CST |
| Questions posted | April 29, 2022  |
| Applications Due | May 6, 2022 by 5 pm CST |
|  Grant Phase | June 1, 2022 through March 31, 2023  |

 Note: Submit application and questions to: kdads.prevention@ks.gov

1. **Overview of Grant Awards**

The grantee will be required to demonstrate a capacity to provide services ensuring programs fits with existing e-cigarette, vaping and other tobacco/nicotine-free health strategies.

Emphasis should be placed on strengthening common protective factors to reduce the frequency of youth and young adult e-cigarette, vaping and other tobacco/nicotine usage.

To help focus your efforts to the identified areas above, a menu below that has 3 (three) separate components Information Dissemination; Prevention Education; Drug-Free Initiatives is provided below. Please select one or multiple areas to deliver services. If multiple areas are selected, you must provide a response to each section and a budget for each in a separate document

**INFORMATION DISSEMINATION**

Under this scope of work (SOW) are three areas to select from that provides the amount of the award and how many are listed.

* Media Campaigns, Brochures, Radio and TV public service announcements, Social Media
	+ Four awards for $12,000 each
* Speaking Engagements
	+ Two awards for $6,000 each
* Health fairs and other health promotion, e.g., conferences, meetings, seminars
	+ Four awards for $34,000 each

**PREVENTION EDUCATION**

Under this scope of work (SOW) are two areas to select from that provides the amount of the award and how many are listed.

* ATOD prevention programs, Ongoing classroom/or small group sessions, Peer leader/helper programs, Educational programs for youth groups
	+ Four awards for $27,000 each
* Ongoing classroom/or small group sessions, Peer leader/helper programs, Educational programs for youth groups, After school hours programs
	+ Three awards for $22,000 each

**DRUG-FREE ALTERNATIVES**

Under this scope of work (SOW) are six areas to select from that the amount of the award and how many are listed.

* E-cig, Vape, Tobacco-free dances and parties
* Youth/adult leadership activities
* Community drop-in centers
* Community service activities
* Recreation activities
	+ Four awards for $20,000 each

**Project Narrative**

**Organizational Capacity** (1 to 2 pages)

Briefly describe your organization’s work over the past two years involving providing services in behavioral health as it relates to e-cigarette, vaping and other tobacco use prevention.

**Target Population** (1 page)

Please describe how you will implement a plan to serve the targeted population based on what area you have chosen from the menu to address prevention and educational awareness of underage and young adult e-cigarette, vaping and tobacco use.

Include a timeline that demonstrates that your efforts can begin within 30 days of the award; what you can accomplish by 90; what you can provide by 120 days; and what you can accomplish by the last 45 days of the end date to ensure your plan will end in the expected time. Example: by June 15, we will have scheduled a speaker to discuss E-Cig, and by August 15 we will have scheduled our second speaker to share resources on E-Cig, etc. This can be in paragraph format instead of a table.

**Data Collection, Tracking, and Reporting** (1 page or less)

The applicant is expected to describe how they will collect data regarding their chosen area of focus. If selected, KDADS will work with the grantee to specifically identify what data would be required in the Notice of Grant Awards (NOGA). For this section, a response will demonstrate that the grantee has the capacity to ensure data will be tracked and reported.

**XI. Selection Process**

Applicants will be evaluated according to the demonstrable capacity and their experience to provide effective services in Early Intervention under the three-menu selection (**Information Dissemination; Prevention Education; Drug-Free Initiatives**). In addition, applicants who demonstrate an effective plan to provide the service(s) with a realistic approach and timeline will be preferred. Preference will also be given to those who demonstrate past or current experience, providing these services. However, those who have a strong proposal to provide Early Intervention services that have never done so will be reviewed and evaluated with the same measurements. The quality and strength of the proposal narrative will also be considered. The applicant’s proposal will be reviewed based on the following criteria.

|  |  |
| --- | --- |
| **APPLICATION COMPONENT** | **Points Possible** |
|  |
| **Applicant Information & Required Documentation (Attachment A)*** 501(c)(3) Verification as appropriate
* List of Board Members and a Board Member Conflict of Interest Statement if a 501(c)(3)
 | **5** |
| **Program Narrative 60** |  |
| Bidder Organizational Capacity | 30 |
| Target Population | 30 |
| **Data Collection & Reporting** |  **30**  |
| **Budget Request (Attachment B and Budget Justification)** |  **5** |
| **TOTAL** |  **100** |

**Attachment A – Applicant Information**

1. **Applicant Agency**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| City, St. Zip |  |
| Telephone |  |
| Email |  |
| Signature |  |

1. **Type of Agency**

|  |
| --- |
| ☐Public ☐Private Non-Profit ☐Private Profit |

1. **Official Authorized to Sign Application**

|  |  |
| --- | --- |
| 1. Name
 |  |
| Address |  |
| City, St. Zip |  |
| Telephone |  |
| Email |  |
| Signature |  |

**D.** **Project Director**

|  |  |
| --- | --- |
| 1. Name
 |  |
| Address |  |
| City, St. Zip |  |
| Telephone |  |
| Email |  |
| Signature |  |

**E.** **Fiscal Agent**

|  |  |
| --- | --- |
| 1. Name
 |  |
| Address |  |
| City, St. Zip |  |
| Telephone |  |
| Email |  |
| Signature |  |