

**Request for Proposals**

Southeast Utah Health Department

One-Year Application

Fiscal Year 2021 (9 Month)

Funding Opportunity Title: E-cigarette, Marijuana, &, other Drug Prevention Grant

Total Funding Available: $143,700.00

Approximate Award Amount: $47,900.00

Due Date for Applicants: Tuesday September 15, 2020 by 11:59 PM

Funding Notification: Applicants will be notified of funding status on or before

Thursday October 1, 2020

Project Period: The contract resulting from this RFP will be for a period of

the remainder of the fiscal year. The project will run as

follows:

Year 1: 10/1/2020 to 6/30/2021

For Questions Contact: Debbie Marvidikis

Tobacco Prevention & Control Program

Southeast Utah Health Department

Phone: 435-637-3671

Email: dmarvidikis@utah.gov

**1. Funding Opportunity Description**

The Southeast Utah Health Department (SEUHD) is seeking proposals for projects that

address root causes and factors associated with the youth use of electronic cigarettes,

marijuana, and other drugs.

Substance misuse/abuse continue to be an important public health concern contributing

to morbidity and mortality rates. Evidence shows that the initiation of substance use in

adolescence can lead to higher levels of misuse, abuse, and substance use disorders

later in life. SEUHD is interested in working with, and supporting, community coalitions

and organizations in the early prevention of adverse outcomes related to youth

substance abuse. The aim of this funding is to identify innovative projects and

partnerships across Emery, Carbon and Grand counties who are committed to addressing

“upstream” factor by focusing on one or more risk or protective factors identified in the

Utah Student Health and Risk Prevention Statewide Survey.

Research on risk and protective factors has important implications for children’s

academic success, positive youth development, and prevention of health and behavior

problems. By measuring risk and protective factors in a population, specific risk factors

that are elevated and widespread can be identified and targeted by policies, programs,

and actions shown to reduce those risk factors and to promote protective factors.

SHARP Survey Link: <https://dsamh.utah.gov/reports/sharp-survey>

The ongoing COVID-19 pandemic has significantly disrupted many education and youth

serving programs. SEUHD anticipates that these disruptions will continue to present

barriers to program implementation through the 2021 Fiscal Year. As such, applicants

are required to develop plans that reflect this reality. Applicants are encouraged to

consider innovative strategies throughout their application, including programmatic and

budgetary decisions. The review committee will not accept business-as usual

continuance plans.

**2. Eligibility Criteria**

1. Grantees must be at least one of the following:

I. Coalition of community organizations that is focused on substance abuse prevention

ii. Local government agency, including a law enforcement agency, for a program that is focused on substance abuse prevention

iii. Local education agency

iv. Other organization focused or able to provide evidence-based program(s) that are focused on substance abuse prevention

2. Grantees shall address root causes and factors associated with the use of electronic cigarettes, marijuana, and other drugs by:

i. Addressing risk and protective factors as identified in the Utah SHARP survey, and

ii. Implement the 7 strategies from CADCA, and

iii. all programs shall be evidence based or a promising practice as identified by the CDC

**3. Budget Requirements**

The minimum award amount is $10,000 and the maximum award amount is $47,900

for a period of one year. Funds will be distributed quarterly with 40% initially, 30% in

(January) & 30% in (April) Funds dispersed will be dependent upon submission of

quarterly reports.

Additional budget requirements and considerations include the following:

1. No more than 10% of the funding may be used for training and travel costs. If

applying for a youth group consider including budget items for the youth to

attend a training in addition to adults

2. No more than 12% can be used for administrative costs

3. Up to 5% can be used for equipment (i.e. computer). Any purchase over $5,000

must be approved

4. Up to 10% of the funding can be used for evaluation

5. There is no limit on the amount of salary support that may be requested

6. Funds may not be used for construction

7. Appropriate justification for all budget items is required

**4. Application Instructions & Requirements**

The following application components are required for a complete submission:

Application

Proposal Summary

Define the community

Statement of the problem

Action Plan Strategy (template attached)

Budget (templates attached)

Budget Narrative

Evaluation Plan

Complete Application Packets should be submitted via email to Debbie Marvidikis at [dmarvidikis@utah.gov](mailto:dmarvidikis@utah.gov) by 11:59 PM on Tuesday September 15, 2020. No late submissions will be considered.

Q&A Session: SEUHD will hold one informational call for potential grant applicants. This

session will give applicants an opportunity to ask questions and receive any necessary guidance. The date and information for the Q&A call is as follows: September 7, 2020: 10:30 AM – 11:30 AM

A zoom registration link. Please Email Debbie Marvidikis at [dmarvidikis@utah.gov](mailto:dmarvidikis@utah.gov) with any potential questions.

Zoom Info: Grant Questions

Monday, September 7**⋅**10:30 – 11:30am

<https://us02web.zoom.us/j/88410895384?pwd=ZTNzUm94T1dnbHN4YktFejJZZHVpZz09>

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Description: Debbie Marvidikis is inviting you to a scheduled Zoom meeting. Join Zoom Meeting [https://us02web.zoom.us/j/88410895384?pwd=ZTNzUm94T1dnbHN4YktFejJZZHVpZz09](https://www.google.com/url?q=https://us02web.zoom.us/j/88410895384?pwd%3DZTNzUm94T1dnbHN4YktFejJZZHVpZz09&sa=D&source=calendar&ust=1599328292162000&usg=AOvVaw3E0jLVBjHjrlUr61gj4wRs) Meeting ID: 884 1089 5384 Passcode: SEUDH One tap mobile +16699009128,,88410895384#,,,,,,0#,,798513# US (San Jose) +12532158782,,88410895384#,,,,,,0#,,798513# US (Tacoma) Dial by your location +1 669 900 9128 US (San Jose) +1 253 215 8782 US (Tacoma) +1 346 248 7799 US (Houston) +1 646 558 8656 US (New York) +1 301 715 8592 US (Germantown) +1 312 626 6799 US (Chicago) Meeting ID: 884 1089 5384 Passcode: 798513 Find your local number: [https://us02web.zoom.us/u/kb3rSqpUW7](https://www.google.com/url?q=https://us02web.zoom.us/u/kb3rSqpUW7&sa=D&source=calendar&ust=1599328292162000&usg=AOvVaw2nl93x-TvEAeFfq8ID_Kji)

1. 10 minutes before

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Organizer: Debbie Marvidikis

Debbie Marvidikis

**5. Evaluation of Applications**

The Southeast Utah Health Department will establish a panel of experts that will review

the proposals submitted by each applicant agency. Reviewers will provide an overall

impact/priority score to reflect their assessment of each application. Reviewer criteria

can be found at the end of this document.

**6. Post-award Participation & Reporting Requirements**

All new grantees will be required to attend a risk and protective factor training, which

will be held during the 1st quarter of the grant cycle.

All grantees are required to attend quarterly meetings (November, February, May)

which will be held in person at the health department or virtually.

It is recommended that a member from your organization attend a substance abuse

prevention and/or risk and protective factor related conference, training, webinar, etc.

(i.e. CADCA training, Fall Substance Abuse Prevention Conference). This would not count

against the 10% allocation for training and travel.

During the funding period, all grantees are required to submit progress reports quarterly

(December 31, 2020; March 31, 2021; June 30, 2021) which includes the following:

1. List quarterly activities accomplished

2. Provide accounting for the expenditure of grant funds

3. Describe measurable outcomes as a result of the expenditures

4. Describe the impact and effectiveness of programs and activities funded through the grant

5. Indicate the amount of grant funds remaining on the date that the report is submitted.

**Intervention evidenced based or a promising practice**

Statute requires your intervention must be evidence based or a promising practice as defined by the CDC see <https://www.thecommunityguide.org/>. Please describe how the activities listed in your action plan are evidenced based or a promising practice.

Risk/Protective Factor: Please list the R/P Factor(s) the goal will address

Goal: Describe what you plan to accomplish

Objective: Provide measurable objective

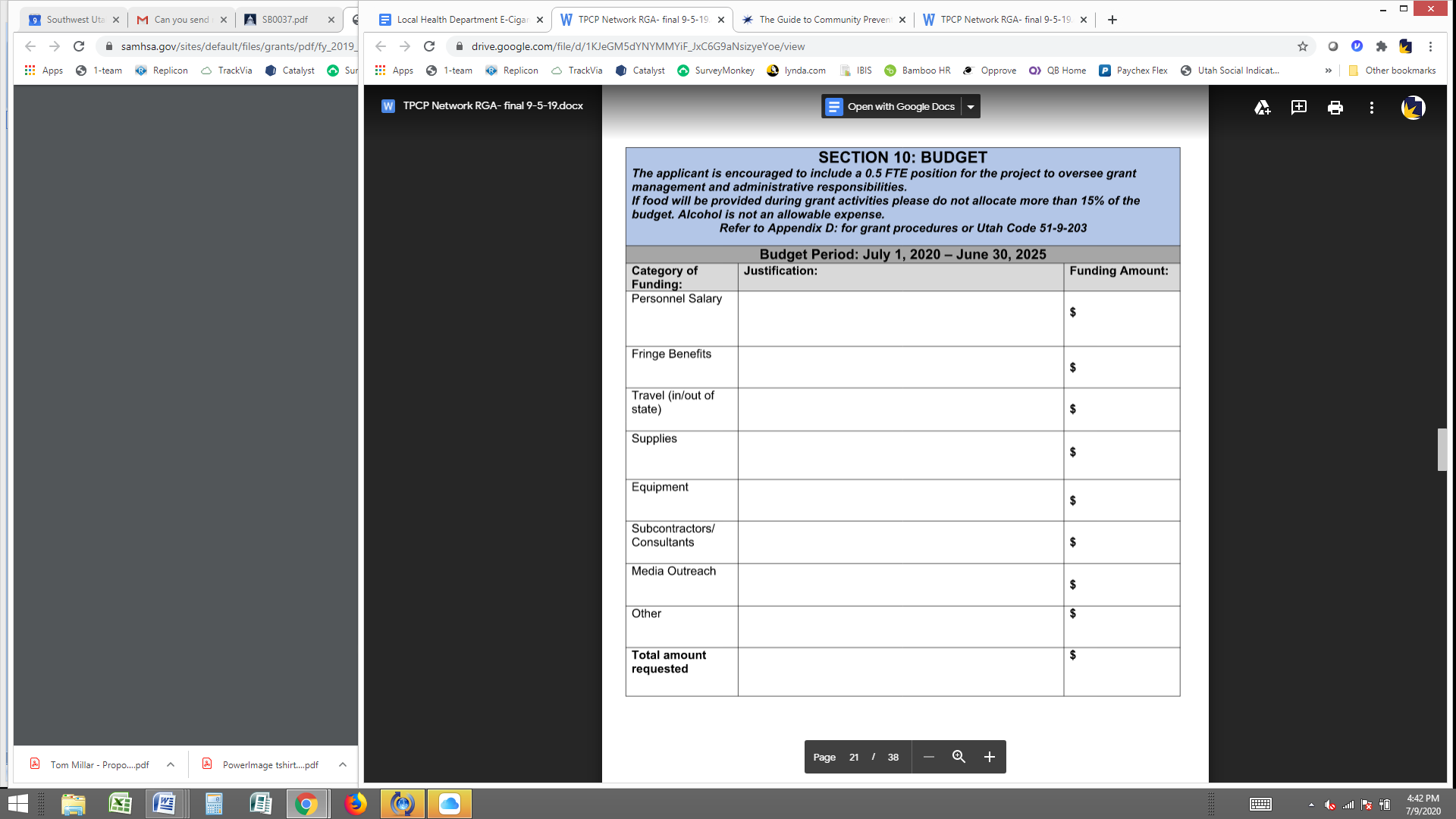
Strategies, Activities, or Aims: Please indicate all of the specific strategies, activities, or aims you will use to accomplish this goal.

* Providing information
* Enhancing individual skills
* Providing support to activities that reduce risk or enhance protections
* Enhancing access or reducing barriers systems, processes, or programs
* Changing consequences by addressing incentives or disincentives
* Changing the physical design or structure for an environment to reduce risk or enhance protections
* Supporting modifications or changing policies

Strategy/ Activity Template

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strategy/Activity | Who is responsible? | By When? | What outcome will result from your activity? | |
|  |  |  | Process Objective: |  |
| Short-term Objective |  |
| Long-term Objective |  |

Budget Template Year 1: 10/1/2020 to 6/30/2021

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### E-Cigarette, Marijuana, & Other Drug Prevention Grant Application



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| --- | --- | --- | --- | --- | --- |
| Applicant Information: | | | | | |
| **Timeline** | September 15th applications due  October 1st grant applicants notified if funding approved  funds distributed quarterly to grant recipients | | | | |
| **Organization Name:** |  | | | | |
|  |  |  |  |  |
| **Organization Address:** |  |  |  |  |  |
| *Address* |  | *City* |  | *Zip* |
| **Contact Information:** |  | | |  |  |
| *Email Address* | | |  | *Phone* |
|  | | |  |  |
| *Organizational Representative* | | |  | *Title* |
| **Organizational Type:** | * Coalition: *a coalition of community organizations this is focused on substance abuse and prevention* * Local Government Agency: *a local government agency, including a law enforcement agency, for a program that is focused on substance abuse and prevention* * Education: *a local education agency as defined in Section 53J-1-301* * Other: *other organization focused or able to provide evidence-based program(s) that are focused on substance abuse prevention* | | | | |
| **Organizational Description** | *Provide a brief description of the agency applying for funding. Include any experience or expertise the agency has with the population they intend to serve.* | | | | |
| **Amount Requested**  No more than $100,000 | *$* | | | | |

**Introduction**

Thank you for considering the Electronic Cigarette, Marijuana, and Other Drug Prevention Grant Program. The Southeast Utah Health Department is accepting applications for Fiscal Year 2021. The purpose of this grant is to “address root causes and factors associated with the use of electronic cigarettes, marijuana, and other drugs.”

Please send your completed application to Debbie Marvidikis at [dmarvidikis@utah.gov](mailto:dmarvidikis@utah.gov) . Applications will be accepted/considered up to September 15th at midnight.

Applicants are expected to complete all information requested in this application.

**INFORMATION TO INCLUDE IN APPLICATION**

Define the community you will serve:

Please define the communities you propose to serve. Recipients may use various geographic boundaries including neighborhoods, census tracts, zip codes, and school districts, as well as townships, and counties to define their community. Applicants should be realistic about the size and population of the area in which you have the ability to create change. For example, choosing a community that is too large may be problematic due to inclusion of neighborhoods that have significantly different problems to be addressed.

Statement of the problem:

Please describe the following:

* What are the current youth substance use problems in your community that you plan to address? Include local data from the Student Health and Risk Prevention (SHARP) survey to justify your choice.
* What are the risk/protective factors you plan to address that contribute to this problem? Include local data from the Student Health and Risk Prevention (SHARP) survey on the risk/protective factors you plan to address.

**Your Plan**

Recipients need to develop and implement a comprehensive 12-Month Action Plan. A comprehensive 12-Month Action Plan will include an appropriate mixture of all Seven Strategies for Community Level Change listed below. For more information on the Seven Strategies for Community Change, visit http://www.cadca.org/resources/coalition-impact-environmental-prevention-strategies.

Provide a detailed 9-Month Action Plan using Table below. The Action Plan should foster community level change by including a combination of goals, objectives, strategies and activities. Include measurable goals and outline activities using this form. See Appendix A for more info on how to develop this action plan.

**Intervention evidenced based or a promising practice**

Statute requires your intervention must be evidence based or a promising practice as defined by the CDC see <https://www.thecommunityguide.org/>. Please describe how the activities listed in your action plan are evidenced based or a promising practice.

Risk/Protective Factor: Please list the R/P Factor(s) the goal will address

Goal: Describe what you plan to accomplish

Objective: Provide measurable objective

Strategies, Activities, or Aims: Please indicate all of the specific strategies, activities, or aims you will use to accomplish this goal.

* Providing information
* Enhancing individual skills
* Providing support to activities that reduce risk or enhance protections
* Enhancing access or reducing barriers systems, processes, or programs
* Changing consequences by addressing incentives or disincentives
* Changing the physical design or structure for an environment to reduce risk or enhance protections
* Supporting modifications or changing policies

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Who is responsible? | By When? | What outcome will result from your activity? |
|  |  |  |  |
|  |  |  |  |

**Your Budget**

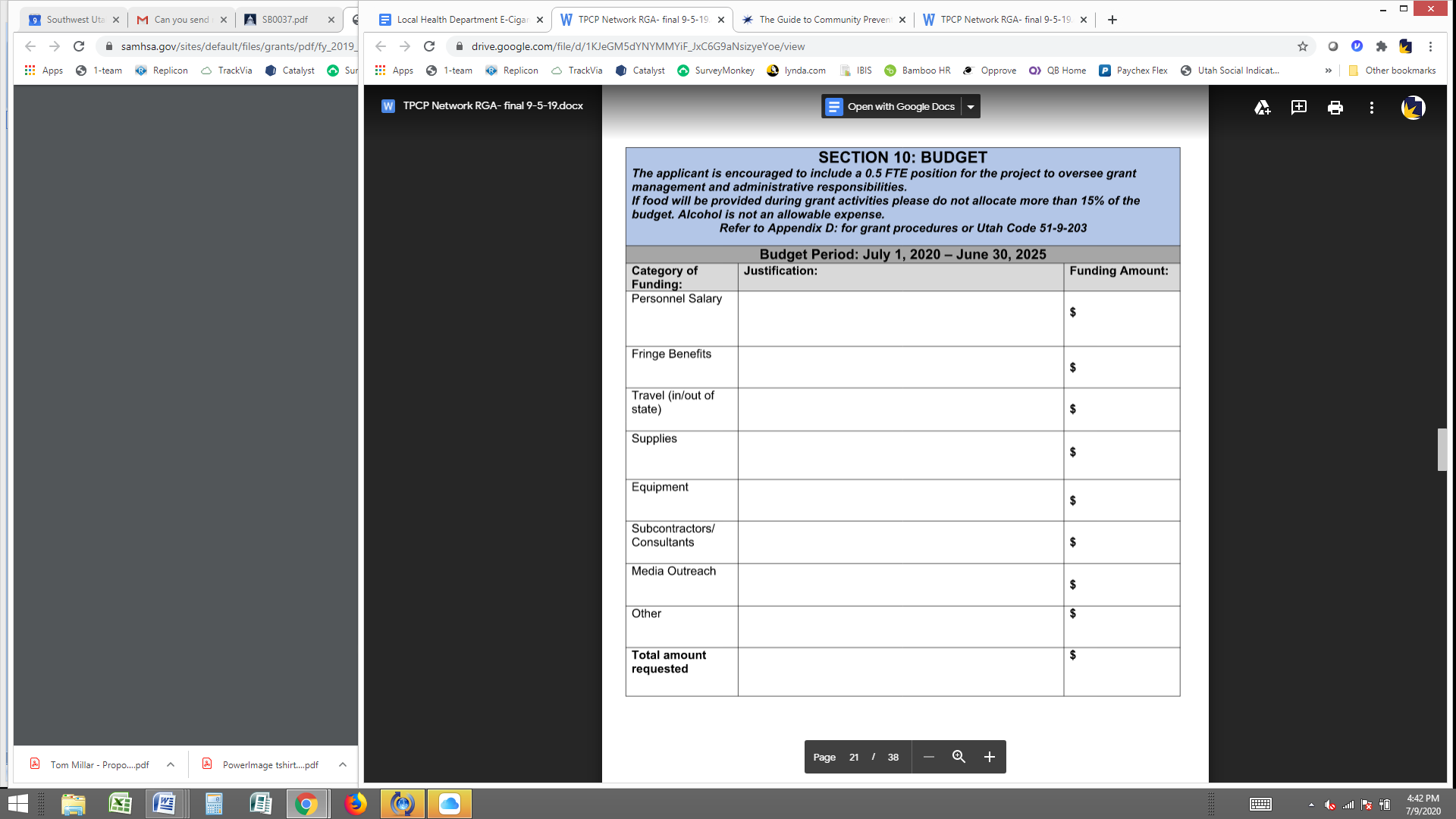
In this section, applicants must provide a 9-month Budget Narrative to include budget details and justification for grant expenditures.

The Budget Narrative is used to determine reasonableness and allowability of costs. All of the proposed costs listed must be reasonable, and necessary to accomplish project objectives, allowable in accordance with applicable Federal Cost Principles, auditable, and incurred during the project period.

Proposed budgets must not exceed $47,900 in total costs in any year of the proposed project. Annual continuation awards will depend on the availability of funds, recipient progress in meeting project goals and objectives, timely submission of the required data and reports, and compliance with all grant award Terms and Conditions. Failure to comply with the Terms and Conditions of the award may result in suspension or termination of the award.

**Budget Form**

Please complete the following budget form.

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**Reporting Project Progress**

Grant recipients will report to the local health department four times over the year of funding. Reports are due the 15th of each month (October, January, April, and July). The grant recipient shall report the following:

1. Provide accounting for the expenditure of grant funds
2. Describe measurable outcomes as a result of the expenditures
3. Describe the impact and effectiveness of programs and activities funded through the grant
4. Indicate the amount of grant funds remaining on the date that the report is submitted

After a grant recipient expends all funds awarded to the recipient under the grant program, the grant recipient shall submit a final report to the local health department.

On or before September 1 of each year, each local health department shall submit the reports to the Association of Local Health Departments, who in collaboration with the Department of Health, submit a report to the Health and Utah State Legislature Human Services Interim Committee.

**Appendix A – Developing Measurable Objectives**

To be able to effectively evaluate your project, it is critical that you develop measurable objectives. This appendix provides information on developing objectives. It also provides examples of well-written measurable objectives.

**OBJECTIVES**

Definition – Objectives describe the results to be achieved and the manner in which they will be achieved. Multiple objectives are generally needed to address a single goal. Well-written objectives help set program priorities and targets for progress and accountability. It is recommended that you avoid verbs that may have vague meanings to describe the intended outcomes, like “understand” or “know” because it may prove difficult to measure them. Instead, use verbs that document action, such as: “By the end of 2018, 75 percent of program participants will be placed in permanent housing.” In order to be effective, objectives should be clear and leave no room for interpretation. SMART is a helpful acronym for developing objectives that are specific, measurable, achievable, realistic, and timebound.

Specific – Includes the “who” and “what” of program activities. Use only one action verb to avoid issues with measuring success. For example, “Outreach workers will administer the HIV risk assessment tool to at least 100 injection drug users in the population of focus” is a more specific objective than “Outreach workers will use their skills to reach out to drug users on the street.”

Measurable – How much change is expected. It must be possible to count or otherwise quantify an activity or its results. It also means that the source of and mechanism for collecting measurement data can be identified and that collection of the data is feasible for your program. A baseline measurement is required to document change (e.g., to measure the percentage of increase or decrease). If you plan to use a specific measurement instrument, it is recommended that you incorporate its use into the objective. Example: By 9/18 increase by 10 percent the number of 8th, 9th, and 10th-grade students who disapprove of marijuana use as measured by the annual school youth survey.

Achievable – Objectives should be attainable within a given time frame and with available program resources. For example, “The new part-time nutritionist will meet with seven teenage mothers each week to design a complete dietary plan” is a more achievable objective than “Teenage mothers will learn about proper nutrition.”

Realistic – Objectives should be within the scope of the project and propose reasonable programmatic steps that can be implemented within a specific time frame. For example, “Two ex-gang members will make one school presentation each week for two months to raise community awareness about the presence of gangs” is a more realistic objective than “Gang-related violence in the community will be eliminated.”

Time-bound – Provide a time frame indicating when the objective will be measured or time by when the objective will be met. For example, “Five new peer educators will be recruited by the second quarter of the first funding year” is a better objective than “New peer educators will be hired.”