



State of Arkansas  
ARKANSAS DEPARTMENT OF HEALTH  
4815 West Markham  
Little Rock, Arkansas 72205

# DH-25-0008

## Application Packet

**Purpose of Sub-Grant:** The TCPD Sub-Grant program is comprised of community-based interventions that address:

- Preventing the initiation of tobacco use among youth and young adults
- Promoting quitting among adults and youth
- Eliminating exposure to second-hand smoke
- Advancing health equity by identifying and eliminating commercial tobacco product-related inequities and disparities

**Application Packet Due**  
**March 04, 2025, NLT 2:00pm Central Time**

## APPLICATION SIGNATURE PAGE

Type or Print the following information.

APPLICANT'S INFORMATION			
Company:			
Address:			
City:	State:	Zip Code:	
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit	
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American	<input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Women-Owned
AR Certification #:	_____		* See <i>Minority and Women-Owned Business Policy</i>
APPLICANT CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Issuing Officer:	Maurice Rogers	Phone Number:	501-280-4586
Email Address:	<a href="mailto:Maurice.Rogers@arkansas.gov">Maurice.Rogers@arkansas.gov</a>	Fax Number:	501-280-4630
ADH Website:	<a href="https://healthy.arkansas.gov/resources/grant-bid-opportunities/">https://healthy.arkansas.gov/resources/grant-bid-opportunities/</a>		
ILLEGAL IMMIGRANT CONFIRMATION			
By signing and submitting a response to this <i>solicitation</i> , the applicant agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the recipient certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.			
ISRAEL BOYCOTT RESTRICTION CONFIRMATION			
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel and, if selected, will not boycott Israel during the aggregate term of the contract.			
<input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.			
Geographical Coverage Area: Indicate geographical coverage area as either statewide or by individual counties, alphabetically.			
_____ _____ _____			

**An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.**

By signing and submitting a response to this Request For Application (RFA), the prospective recipient agrees to comply with all requirements, and that any exception that conflicts with a requirement of this RFA will cause the application to be disqualified.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
*Use Ink Only.*

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Vendor Agreement and Compliance**

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal sub-grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, subgrant, loan, or cooperative agreement.
  
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal contract, sub-grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," attached hereto, in accordance with its instructions. This disclosure form must be filed with the Arkansas Department of Health (ADH) at the end of each calendar quarter in which there occurs any event that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed. An event that materially affects the accuracy of the information reported includes:
  - a. A cumulative increase of \$25,000 or more in the amount paid or expected to be paid for influencing or attempting to influence a covered federal action; or,
  
  - b. A change in the person(s) or individuals(s) influencing or attempting to influence a covered federal action; or,
  
  - c. A change in the officer(s), employee(s), or member(s) contracted to influence or attempt to influence a covered federal action.
  
3. The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

By signature below, vendor agrees to and **shall** fully comply with all requirements as shown in this section of the bid solicitation.

**Authorized Signature:** \_\_\_\_\_  
*Use Ink Only*

**Printed/Typed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Information for Evaluation

- *Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.*
- *Do not include additional information if not pertinent to the itemized request.*

		<b>Maximum Raw Score Available</b>
<b>E.1</b>	<b>Organization Capacity and Experience</b>	
<b>1.</b>	Describe the mission and purpose of the organization and briefly describe the applicant experience providing the range of services being applied for in this application. Include an organizational chart that includes the project staff and local partner organizations and indicate how each relates to the other.	5 Points
<b>2.</b>	Describe the applicant's capability and resources to ensure timely start-up and implementation of the proposed projects.	5 Points
<b>3.</b>	Describe how the applicant has mobilized or contributed to the mobilization of the community regarding a specific public health issue or community concern resulting in a policy change.	5 Points
<b>4.</b>	Demonstrate evidence of the organization's experience related to developing and implementing tobacco prevention and control initiatives, including activities, dates, scope, and results.	5 Points
<b>E.2</b>	<b>Communication</b>	
<b>1.</b>	Describe how the applicant works with local news reporters and media outlets to generate interest in health-related issues or community concerns, and provide an example.	5 Points
<b>2.</b>	Describe how the applicant has or used state and national news stories that can be turned into local stories to call attention to tobacco control issues and provide an example.	5 Points
<b>3.</b>	Describe how the applicant has used social media to promote public health best practices. Provide examples.	5 Points
<b>E.3</b>	<b>Adult Coalition</b>	
<b>1.</b>	Describe how the applicant will maintain or participate in a community partnership to advocate for change on specific public health issue or community concern.	5 Points
<b>2.</b>	Describe how the applicant will engage community leaders who can elevate tobacco prevention and control issues as well as identify community, elder, or youth ambassadors and champions.	5 Points
<b>3.</b>	Describe your organization's plan to identify and engage existing and new partners, including those within the community who may not work in tobacco prevention and control.	5 Points
<b>4.</b>	Describe your organization's plan to engage and work in partnership with community members experiencing tobacco-related disparities.	5 Points

<b>E.4</b>	<b>Youth Coalition</b>	
1.	Describe the organizations experience working with youth coalitions and provide examples of type of coalitions and give an example of a projects or events providing focus and outcomes from the project/event.	5 Points
2.	Describe the organization training plan for the youth coalition team including skills and abilities you wish to build and strategies for achieving outcomes.	5 Points
3.	Describe how youth coalitions will collaborate with other organizations in the community to promote the de-normalization of tobacco/nicotine use.	5 Points
<b>E.5</b>	<b>Policy</b>	
1.	Describe how the applicant will educate and work with municipal leaders and elected officials to support voluntary action by tobacco retailers to reduce, rearrange, or eliminate tobacco advertising and promotion.	5 Points
2.	Describe how the applicant will educate community leaders on the value of restricting the location of tobacco retailers. (e.g., conditional use permits, at mall shopping centers, and plaza lease agreements that prohibit businesses that sell tobacco products)	5 Points
3.	Describe any work the applicant has done to educate policymakers and community leaders on the value of various policy plans. Provide an example if applicable.	5 Points
4.	Describe instances where the applicant has issued calls to action for local businesses, community organizations, and others, related to tobacco control or other health related problem.	5 Points
<b>E.6</b>	<b>Counties Served</b>	
1.	Describe the Applicants proposed geographic area to be served under this RFA. List the counties to be included and describe characteristics of the area and population, including education, income, and health status. Identify prevailing social norms regarding tobacco use and barriers to changing them. Note significant tobacco control activity and achievements over the past five years.	5 Points
2.	Describe local tobacco control laws and regulations in the proposed geographic area, the current status of compliance with these laws, and opportunities for tobacco control action in the catchment area.	5 Points



**DEPARTMENT OF TRANSFORMATION AND SHARED SERVICES  
OFFICE OF STATE PROCUREMENT**

**COMBINED CERTIFICATIONS FOR CONTRACTING WITH THE STATE OF ARKANSAS**

Pursuant to Arkansas law, a vendor must certify as specified below and as designated by the applicable laws.

- 1. Israel Boycott Restriction:** For contracts valued at \$1,000 or greater.  
A public entity shall not contract with a person or company (the "Contractor") unless the Contractor certifies in writing that the Contractor is not currently engaged in a boycott of Israel. If at any time after signing this certification the Contractor decides to boycott Israel, the Contractor must notify the contracting public entity in writing. See Arkansas Code Annotated § 25-1-503.
- 2. Illegal Immigrant Restriction:** For contracts valued at \$25,000 or greater.  
No state agency may contract for services with a Contractor who knowingly employs or contracts with an illegal immigrant. The Contractor shall certify that it does not knowingly employ, or contract with, illegal immigrants. See Arkansas Code Annotated § 19-11-105.
- 3. Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:** For contracts valued at \$75,000 or greater.  
A public entity shall not contract unless the contract includes a written certification that the Contractor is not currently engaged in and agrees not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry for the duration of the contract. See Arkansas Code Annotated § 25-1-1102.
- 4. Scrutinized Company Restriction:** Required with bid or proposal submission.  
A state agency shall not contract with a Scrutinized Company or a company that employs a Scrutinized Company as a subcontractor. A Scrutinized Company is a company owned in whole or with a majority ownership by the government of the People's Republic of China. A state agency shall require a company that submits a bid or proposal for a contract to certify that it is not a Scrutinized Company and does not employ a Scrutinized Company as a subcontractor. See Arkansas Code Annotated § 25-1-1203.

By signing this form, the Contractor agrees and certifies they are not a Scrutinized Company and they do not currently and shall not for the aggregate term a resultant contract:

- Boycott Israel.
- Knowingly employ or contract with illegal immigrants.
- Boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.
- Employ a Scrutinized Company as a subcontractor.

Contract Number: \_\_\_\_\_ Description: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Vendor Number: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

\_\_\_\_\_  
Vendor Signature

\_\_\_\_\_  
Date

## CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: \_\_\_\_\_ SUBCONTRACTOR NAME: \_\_\_\_\_  
 **Yes**  **No**

TAXPAYER ID NAME: \_\_\_\_\_ IS THIS FOR:  **Goods?**  **Services?**  **Bot ?**

YOUR LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

**AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:**

### FOR INDIVIDUALS\*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse *is* a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

**None of the above applies**

### FOR AN ENTITY (BUSINESS)\*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

**None of the above applies**

## Contract and Grant Disclosure and Certification Form

**Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.**

**As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:**

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

*Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.*

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

**I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Vendor Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Phone No. \_\_\_\_\_

Agency use only

Agency \_\_\_\_\_ Agency \_\_\_\_\_ Agency \_\_\_\_\_ Contact \_\_\_\_\_ Contract  
Number \_\_\_\_\_ Name \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_ or Grant No. \_\_\_\_\_

Reset Form

Print Form