

APPENDIX- WASHINGTON STATE COMMERCIAL TOBACCO QUITLINE RFA

I. APPENDIX A- KEY CRITERIA OF TECHNICAL PROPOSAL..... 1

II. APPENDIX B- QUITLINE COST SHEET..... 2

III. APPENDIX C- LETTER OF INTENT TEMPLATE 4

IV. APPENDIX D- REQUEST FOR FUNDING APPLICATION FACE SHEET 5

V. APPENDIX E- DELEGATION OF SIGNATURE AUTHORITY 6

VI. APPENDIX F- BIDDER VACCINE VERIFICATION FORM..... 8

I. Appendix A- KEY CRITERIA OF TECHNICAL PROPOSAL

DOH would like to achieve the following specifications for this work.

Criteria	Minimum specifications	Desired specifications
Commitment to health equity	<ul style="list-style-type: none"> • Services for Spanish & third-party translation in 200+ languages • Community resource referrals 	Minimum specifications: <ul style="list-style-type: none"> • Mental health program • Pregnancy program • Youth program (including texting) • Menthol products program
Product enhancements	<ul style="list-style-type: none"> • Online portal/web-based services • FAX referral capacity • eReferral capacity • Proactive calling • Text message integration 	Minimum specifications: <ul style="list-style-type: none"> • Counseling sessions via various modalities in addition to telephone, including texting, chat, and virtual call
Materials provision / shipping	<ul style="list-style-type: none"> • Self-help materials for callers 	Minimum specifications: <ul style="list-style-type: none"> • Infrastructure and processes to update materials
Reporting capacity	<ul style="list-style-type: none"> • Monthly, quarterly, and annual reports 	Minimum specifications: <ul style="list-style-type: none"> • Real-time reporting/dashboard • Outcome evaluation

II. Appendix B- QUITLINE COST SHEET

Please use this format for application; major deviations from using this cost sheet may deem your application non-responsive.

BIDDER NAME:

Note: All prices include everything necessary to deliver the completed service, such as day to day tracking and surveillance of counseling sessions, personnel, training, travel, administrative costs, materials, postage and handling, data collection and required reports, etc. DOH will not pay for unscreened calls, pranks, hang-ups, wrong numbers, or calls transferred to another state. As this is for a service contract, service needs and usage will vary from estimates. Estimated number of annual services completed are provided for bidding purposes only; no guarantee of volume is implied.

Service	Description	Estimated number of units or services completed, per year	Price per unit or service completed	Total cost of service, per year
Minimum service requirements				
Registration	Tobacco user or proxy registering for services and shipment of consumer materials	5,000		
Counseling Session 1	Tobacco user who spoke with a counselor and completed their first counseling session	3,000		
Counseling Session 2	Tobacco user who spoke with a counselor and completed their second counseling session	1,000		
Counseling Session 3	Tobacco user who spoke with a counselor and completed their third counseling session	675		
Counseling Session 4	Tobacco user who spoke with a counselor and completed their fourth counseling session	460		
Counseling Session 5	Tobacco user who spoke with a counselor and completed their fifth counseling session	375		

2-week nicotine replacement therapy (NRT)	Shipment of 2-week NRT starter kit (patch)	1,000-2,500*		
Referrals**	Tobacco user referrals to DOH- authorized community cessation resources	1,000		
Reporting/evaluation	Quarterly Reporting Fee	4		
Service Implementation	One-time fees for service implementation (i.e., startup costs)	1		
SUBTOTAL: Minimum Service Requirements				
Desired/optional services				
Mental Health Program	Additional annual cost, per tobacco user, for tailored intervention	1,000		
Pregnancy Program		100		
Youth Program		500		
eReferral Implementation	Estimated cost to initiate inaugural e-referral program with healthcare facility partner	1		
Outcome Evaluations	Annual assessment of tobacco user quit rates and satisfaction, meeting needs of CDC and program evaluation requirements	1		
SUB-TOTAL: Desired/Optional Services				
TAXES				
TOTAL				

*Range reflects difference between CDC grant restriction for NRT expenditures and anticipated approval of CDC budget redirection

**May include sharing of tobacco user's information with community organization

III. Appendix C- LETTER OF INTENT TEMPLATE

REMINDER: The Letter of Intent is due **Monday, December 12 at 5:00 PM PST.**

The first step in the application process, interested parties must submit a Letter of Intent that describes their intent to apply for funding to address Commercial Tobacco Use in Washington State. The LOI must not exceed one page. Please submit the LOI to Olivia Pineda, the RFA Coordinator at olivia.pineda@doh.wa.gov. You will then receive a confirmation that it has been received. If you do not receive confirmation from Olivia by the deadline, please contact her at (564)669-0657.

Letter of Intent Template:

[Date]

To Whom it May Concern,

*I am writing this letter on behalf of **[Name of Organization]**, to notify the Youth Cannabis & Commercial Tobacco Prevention Program at the Department of Health of our intent to apply for funding to provide evidence-based, cost-effective tobacco services to Washingtonians most in need of assistance quitting commercial tobacco use.*

*I assure that **[Name of Organization]** has reviewed the Requesting for Funding Application Guidance. **[Name of Organization]** is committed to health equity and able to offer services in multiple languages, and has the capability to develop culturally sensitive programming.*

We assure that we are able to be licensed, or capable of being licensed, to do business in the state of Washington.

Additionally, we assure that we meet the requirements of the COVID-19 Vaccine Verification Plan.

Thank you for your time.

Sincerely,

[Signature]

Signature: _____

Print name: _____

Title: _____

Name of Organization: _____

Date: _____

IV. Appendix D- REQUEST FOR FUNDING APPLICATION FACE SHEET

YCCTPP Request for Funding Application Face Sheet

NAME OF ORGANIZATION	
ADDRESS	
WA QUILINE PROJECT LEAD	
TITLE	
TELEPHONE	
EMAIL	
TAX IDENTIFICATION NUMBER (TIN)	
UNIQUE ENTITY ID (UEI)	
UBI NUMBER	
AGENCY'S FISCAL YEAR BEGINS	
PROPOSED BUDGET FOR YEAR 1	

Print Name of Authorized Signatory

Signature of Authorized Signatory

Title/Date

V. Appendix E- DELEGATION OF SIGNATURE AUTHORITY

This page provides INSTRUCTIONS AND SAMPLES ONLY. Fill in the next page with your relevant information.

I. Delegation of Signature Authority

1. Print or type the name of the organization functioning as contractor, date you are completing this form, name of the program, and the DOH-assigned contract number(s). Use Section 1 on the next page.

NAME OF ORGANIZATION – SAMPLE	DATE SUBMITTED
ABCD Health District	November 11, 2021
NAME OF PROGRAM	CONTRACT NUMBER(S)
Youth Cannabis & Commercial Tobacco Prevention Program	NA

2. Print or type name and title of person or persons who have delegated signature authority as an authorizing official on the remainder of this form. Ensure each person signs *and* initials next to their name as entered. **Authorizing official(s) must have authority to bind your organization to contracts.** Fill in up to 2 Authorizing Officials in Section 2 on the next page.

AUTHORIZING OFFICIAL - SAMPLE		
<u>Mary Schumaker</u> <i>MS</i>	Mary Schumaker	Executive Director
SIGN AND INITIAL	PRINT OR TYPE NAME	PRINT OR TYPE TITLE
DATE SIGNED: 11/01/2021		

3. Print or type name and title of the person or persons who have delegated signature authority. Ensure each person signs next to their name as entered and initials and dates the area of signature authority. It is advisable to delegate authority to sign vouchers and budget revisions to more than one person. Fill in up to 3 Authorized Delegates in Section 3 on the next page.*

AUTHORIZED DELEGATE - SAMPLE			
<u>Lester Williams</u>	Lester Williams	Budget Director	11/01/2021
SIGNATURE	PRINT OR TYPE NAME	PRINT OR TYPE TITLE	DATE SIGNED
	<i>LW</i> 11/01/21	<i>LW</i> 11/01/21	
Authorized to Sign: Original/Revised Application (Initial and Date)	Authorized to Sign: Contracts/Amendments (Initial and Date)	Authorized to Sign: Vouchers/Budget Revisions (Initial and Date)	

* If you need more space, start with another blank copy of the second page of this document and indicate it is a continuation.

DELEGATION OF SIGNATURE AUTHORITY

All signatures MUST be original. Stamped signatures will not be accepted.

SECTION 1. – ORGANIZATION

NAME OF ORGANIZATION	DATE SUBMITTED
NAME OF PROGRAM	CONTRACT NUMBER(S)
Youth Cannabis & Commercial Tobacco Program	NA

SECTION 2. – AUTHORIZING OFFICIAL(S)

AUTHORIZING OFFICIAL		
SIGN AND INITIAL	PRINT OR TYPE NAME	PRINT OR TYPE TITLE
DATE SIGNED:		

AUTHORIZING OFFICIAL		
SIGN AND INITIAL	PRINT OR TYPE NAME	PRINT OR TYPE TITLE
DATE SIGNED:		

SECTION 3: AUTHORIZED DELEGATES

AUTHORIZED DELEGATE			
SIGNATURE	PRINT OR TYPE NAME	PRINT OR TYPE TITLE	DATE SIGNED
Authorized to Sign: Original/Revised Application (Initial and Date)	Authorized to Sign: Contracts/Amendments (Initial and Date)	Authorized to Sign: Vouchers/Budget Revisions (Initial and Date)	

AUTHORIZED DELEGATE			
SIGNATURE	PRINT OR TYPE NAME	PRINT OR TYPE TITLE	DATE SIGNED
Authorized to Sign: Original/Revised Application (Initial and Date)	Authorized to Sign: Contracts/Amendments (Initial and Date)	Authorized to Sign: Vouchers/Budget Revisions (Initial and Date)	

VI. Appendix F- BIDDER VACCINE VERIFICATION FORM

Bidder Certification

Proclamation 21-14 - COVID-19 Vaccination Certification

To reduce the spread of COVID-19, Washington state Governor Jay Inslee, pursuant to emergency powers authorized in [RCW 43.06.220](#), issued [Proclamation 21-14 – COVID-19 Vaccination Requirement](#) (dated August 9, 2021), as amended by [Proclamation 21-14.1 – COVID-19 Vaccination Requirement](#) (dated August 20, 2021) and as may be amended thereafter. The Proclamation requires contractors who have goods, services, or public works contracts with a Washington state agency to ensure that their personnel (including subcontractors) who perform contract activities on-site comply with the COVID-19 vaccination requirements, unless exempted as prescribed by the Proclamation.

Department of Health RFA Title:

Washington State Commercial Tobacco Quitline Project

I hereby certify, on behalf of the firm identified below, as follows (check one):

- BIDDER HAS A COVID-19 CONTRACTOR VACCINATION VERIFICATION PLAN THAT COMPLIES WITH THE VACCINATION PROCLAMATION. Bidder:
1. Has reviewed and understands Contractor's obligations as set forth in [Proclamation 21-14 – COVID-19 Vaccination Requirement](#) (dated August 9, 2021), as amended by [Proclamation 21-14.1 – COVID-19 Vaccination Requirement](#) (dated August 20, 2021);
 2. Has developed a COVID-19 Vaccination Verification Plan for Contractor's personnel (including subcontractors) that complies with the above-referenced Proclamation;
 3. Has obtained a copy or visually observed proof of full vaccination against COVID-19 for Contractor personnel (including subcontractors) who are subject to the vaccination requirement in the above-referenced Proclamation;
 4. Complies with the requirements for granting disability and religious accommodations for Contractor personnel (including subcontractors) who are subject to the vaccination requirement in the above-referenced Proclamation;
 5. Has operational procedures in place to ensure that any contract activities that occur in person and on-site at Agency premises (other than only for a short period of time during a given day and where any moments of close proximity to others on-site will be fleeting – e.g., a few minutes for deliveries) that are performed by Contractor personnel (including subcontractors) will be performed by personnel who are fully vaccinated or properly exempted as required by the above-referenced Proclamation;

6. Has operational procedures in place to enable Contractor personnel (including subcontractors) who perform contract activities on-site and at Agency premises to provide compliance documentation that such personnel are in compliance with the above-referenced Proclamation;
7. Will provide to Agency, upon request, Contractor's COVID-19 Vaccination Verification Plan and related records, except as prohibited by law, and will cooperate with any investigation or inquiry pertaining to the same.

OR

- BIDDER DOES NOT HAVE A COVID-19 CONTRACTOR VACCINATION VERIFICATION PLAN.* Bidder does not have a current COVID-19 Contractor Vaccination Verification Plan and, if designated as the Apparent Successful Bidder, Bidder would not be able to develop and provide a COVID-19 Contractor Vaccination Verification Plan to ensure that Bidder's personnel meet the COVID-19 vaccination requirements as set forth in the above-referenced Proclamation and provide the same to Agency within twenty-four (24) hours of such designation. [Note: Compliance with the Proclamation is mandatory. Bidders/Contractors who are not able to perform in compliance with the Vaccination Proclamation will not be evaluated.]

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

Firm Name: _____
 Name of Bidder – Print full legal entity name of firm

By: _____	_____
Signature of authorized person	Print Name of person making certifications for firm
Title: _____	Place: _____
Title of person signing certificate	Print city and state where signed
Date: _____	

**Return to RFA Coordinator with bid response.
 Failure to submit will result in disqualification.**