

REQUEST FOR PROPOSAL (RFP)

**For:
TOBACCO PREVENTION & CONTROL
COMMUNITY INTERVENTIONS/WISCONSIN WINS
WAUKESHA COUNTY**

RFP #1582-DPH-LS

**Issued by:
STATE OF WISCONSIN
DEPARTMENT OF HEALTH & FAMILY SERVICES
DIVISION OF PUBLIC HEALTH
BUREAU OF COMMUNITY HEALTH PROMOTIONS**

**Proposals must be submitted
no later than 2:30PM CT
March 1, 2007**

**For further information regarding this
RFP contact Tana Feiner at (608) 266-3719.**

LATE PROPOSALS WILL BE REJECTED

**TIMELINE FOR RFP ENTITLED
TOBACCO PREVENTION & CONTROL
COMMUNITY INTERVENTIONS/WISCONSIN WINS – WAUKESHA COUNTY**

2/19/07	Notice of Intent to submit a proposal deadline
3/01/07	Due date for Applications/Proposals (6-8 weeks after mailing)
3/05-3/09/07	RFP Evaluations
3/19/07	Interviews with Invited Vendors (Optional)
3/21/07	Final Award Letters Mailed
3/21-4/02/07	Public Inspection of Proposals
*4/16/07	Contract Start Date
*4/16/07	Division signs Contract

GENERAL INFORMATION

1.0 INTRODUCTION AND BACKGROUND

The purpose of this document is to provide interested parties with information to enable them to prepare and submit a proposal for Tobacco Prevention & Control Community Interventions/Wisconsin Wins – Waukesha County. The Division intends to use the results of this process to award a contract for Tobacco Prevention & Control Community/Wisconsin Wins – Waukesha County.

1.1 AVAILABLE FUNDS

A total of \$112,216 is available to make a maximum of two grant awards under this RFP. The \$112,216 is divided into the following two project categories:

- 1) \$82,624 is available to fund Tobacco Prevention & Control Community Interventions in Waukesha County.
- 2) \$29,592 is available to fund Tobacco Prevention & Control WI Wins compliance checks in Waukesha County.

Proposers may apply for a one or both of the projects.

Funds awarded under this solicitation will be for the period of April 1, 2007 through December 31, 2007.

1.2 ISSUING AGENCY

This RFP is issued for the State of Wisconsin by the Division of Public Health. The Division is the sole point of contact for the State of Wisconsin during the selection process.

1.3 PROJECT DESCRIPTION

- The selected vendor will work to aggressively address the burden of tobacco use and exposure in Waukesha County by preventing initiation of tobacco use among youth and adults, protecting youth and adults from secondhand smoke, promoting tobacco addiction dependence for adults and youth, and identifying and eliminating tobacco-related disparities. The Tobacco Prevention and Control Program in Wisconsin maintains a website (www.dhfs.wisconsin.gov/tobacco) to provide program information and www.tobwis.org for additional resources.
- The WI Wins program is an effort to reduce youth smoking and reduce access to tobacco products administered through the Department of Health and Family Services. This comprehensive initiative trains retailers, and educates the public through media campaigns and community outreach about Wisconsin law pertaining to tobacco sales to minors. The program provides positive reinforcement to the retail community by recognizing retail clerks when they refuse to sell tobacco products to minors. A compliance investigation involves youth ages 15-17 who are supervised by a trained adult, attempting to purchase tobacco products at licensed retailers. Collaboration with local law enforcement agencies is a recommended component of the WI Wins program. The WI Wins program maintains a website (www.wisconsinwins.com) to provide program information.

1.4 PROJECT OBJECTIVES

- Strive to maintain a community coalition that includes members who are supportive of the primary goals of the Tobacco Prevention and Control Program and represent a diversity of individuals and organizations within Waukesha County.
- Use evidence-based practices designed to influence the social environment in Waukesha County to one that promotes tobacco-free lifestyles.
- Use evidence-based practices to develop policies that promote tobacco-free lifestyles and environments.
- Continue to implement the Waukesha County 2007-2009 Multi-Year Action Plan which is linked to the long-term goals of the Tobacco Prevention and Control State Plan. To request a copy of the Multi-Year Action Plan, contact Tana Feiner (608-266-3719).
- Work in collaboration with the Waukesha County Public Health Division to achieve public health goals related to tobacco control.

- Conduct 548 WI Wins compliance investigations at licensed retail tobacco outlets in Waukesha County, as well as 5 media and 5 public outreach activities.
- Collaborate with local law enforcement agencies in the implementation of WI Wins.

1.5 **PROBLEM STATEMENT**

The health and economic effects of cigarette smoking are well documented and include excessive rates of chronic diseases, substantial health care costs, reduced productivity, and premature death.

The health and economic toll of cigarette smoking continues to be significant in Wisconsin. An estimated 7,215 people died from illnesses directly related to smoking, and approximately 853 died from illnesses and fires indirectly related to smoking – resulting in over 8,000 tobacco-related deaths annually. In Waukesha County, 413 individuals die annually of illnesses directly related to smoking. With nearly 16% of all annual deaths in Wisconsin directly attributable to cigarette smoking, and \$2.16 billion paid in direct health care costs, most Wisconsin residents are, or will be, affected by cigarette smoking at some point. Each year, approximately 15% of all deaths in Waukesha County are directly attributable to smoking with estimated health care costs of \$147.7 million paid in Waukesha County. Given that over one million people continue to smoke cigarettes in Wisconsin and 53,770 in Waukesha County, cigarette smoking will continue to be both a health and economic burden for the state and the county. Programs and policies to prevent and reduce the number of people who smoke cigarettes, as well as the implementation of smoke-free environments, are the most effective way to eliminate this burden.

1.6 **CURRENT OPERATIONS**

A strong body of experience and scientific evidence supports the effectiveness of local community interventions. Tobacco Control Coalitions implement evidence-based interventions leading to programs and policies to reduce tobacco use and are one of the most impressive accomplishments of tobacco prevention and control in Wisconsin.

Local tobacco prevention and control coalitions have been successful in mobilizing youth prevention efforts, treating tobacco dependence, targeting high risk populations and other populations disparately affected by tobacco use, and supporting public policies through local advocacy efforts. Each calendar year, funding is provided to local agencies through a performance-based contracting system. The performance-based contracting system assures accountability from all local grantees. The Division of Public Health (DPH) community-based intervention contracts require SMART (Specific, Measurable, Achievable, Realistic, and Timely) objectives directed toward evidence-based interventions. Each year, the program releases a boundary statement that sets parameters for what can be funded. Within the boundary statement are the program’s goals and guidelines for funding. More than 40 communities throughout the state are funded to implement local tobacco prevention and control activities.

In Waukesha County, there has been an active tobacco-free coalition (Waukesha County Tobacco-Free Coalition) since 1993. Membership in the coalition includes representation from a wide spectrum of community organizations and individuals who are committed to tobacco prevention and control goals.

WI Wins uses the Recognition and Reminder protocol, which is a positive reinforcement program designed to support retailers who “do the right thing” and refuse sales to underage youth and remind those who would sell to minors of the legal and health consequences of such sales. WI Wins is currently implemented in 71 of the 72 Wisconsin counties. The current youth access to tobacco rate in Wisconsin is 5.5%.

1.7 **DEFINITIONS**

The following definitions are used through the RFP:

Division means the sub unit within DHFS.

Bureau means the work unit within the Division which is using the RFP.

Proposer/Vendor means an organization submitting a proposal in response to this RFP.

State means State of Wisconsin.

Grant Recipient/Contractor means proposer awarded funds for direct benefit of the community.

Proposal means response to RFP.

1.6 **WHO MAY SUBMIT A PROPOSAL**

Any tribal government, county department of community programs, county departments of developmental disabilities services, non-profit organizations serving American Indians, profit organizations, Department of Health and Family Services, or county departments of human services in the state of Wisconsin is eligible to apply.

SPECIAL PROGRAM REQUIREMENTS

2.0 MANDATORY REQUIREMENTS

- a Certification of Non-Acceptance of Tobacco Funds
Include completed and signed form.
- b Organization capacity
Applicant agencies must have a commitment to public health goals and the capacity to support a diverse county-wide coalition. Describe the agency's experience and capacity to address this requirement.
- c Letters of Support
Include at least three letters of support from organizations that you have worked with in Waukesha County.

GENERAL PROGRAM REQUIREMENTS

The following items are required to assure the continuation of funds. These requirements will form part of the contract to the State/County Contract awarding these funds. Failure to comply with these requirements can result in disallowances and/or termination of the agreement for funds.

3.0 ACCEPTANCE OF PROPOSAL CONTENT

Grant recipients receiving awards will be mandated to meet all requirements of this RFP.

3.1 ALLOWABLE COSTS

A grant recipient will be required to comply with the Department of Health and Family Services Allowable Cost Policy Manual.

3.2 CAPITAL EQUIPMENT

Funds may be used to purchase capital equipment with prior written approval from the Division. Capital equipment costs are defined as all costs associated with the acquisition of assets having a value in excess of \$5,000, and a useful life in excess of one year. Funds can be used to purchase/rent supplies such as adaptive and communication equipment, and make housing modifications.

3.3 SALARIES

Funds cannot be used to supplant current salaries.

3.4 REPORTS

Reports of both programmatic and fiscal activity will be required for the purpose of documenting the satisfactory meeting of project objectives, in accordance with the application. Reporting requirements will be specified in the agreement between the successful proposer and the Division. Failure of the successful proposer to accept these obligations may result in cancellation of the award.

The grantee shall, at the option of the Division, appear before DHFS administrators to clarify findings and to answer any questions at any time during the grant agreement or after the grant agreement is completed.

3.5 NEWS RELEASES

News releases pertaining to this award or any part of the proposal shall not be made without the prior written approval of the Division.

3.6 LEGAL SERVICES

Grant funds can be used to provide legal advice to the recipients but the funds cannot be used to support any legal actions taken against the federal or state government.

3.7 EMPLOYMENT

The proposer will not engage the services of any person or persons now employed by the state, including any department, commission or board thereof, to provide services relating to this agreement without the written consent of the employer of such person or persons and of the Division.

3.8 SUBCONTRACTING

If the applicant plans to use subcontractors, this should be clearly explained and costed out separately in the application. However, the primary contractor will be responsible for contract performance whether or not subcontractors are used.

3.9 TERMINATION OF AGREEMENT

The Division may terminate this agreement at any time at its sole discretion by delivering thirty (30) days written notice to the grant recipient. Upon termination, the Division's liability will be limited to the pro rata cost of the services performed as of the date of termination plus expenses incurred within the prior written approval of the Division. In the event that the grant recipient terminates this agreement, for any reason whatsoever, it will refund to the Division within fourteen (14) days of said termination, all payment made hereunder by the Division to the grant recipient for activities not completed. Such termination will require written notice to that effect to be delivered by the grant recipient to the Division not less than thirty (30) days prior to said termination.

3.10 INCURRING COSTS

The State of Wisconsin is not liable for any cost incurred by proposers in replying to this RFP.

3.11 WAIVER OF TECHNICALITIES

The RFP Evaluation Committee reserves the right to accept or reject any or all responses to the RFP and waive minor technicalities. The determination of whether an RFP condition is substantive or a mere technicality shall reside solely with the RFP Evaluation Committee.

3.12 AFFIRMATIVE ACTION

Successful proposers who are awarded contracts of twenty five thousand dollars (\$25,000) or more shall have included in their contracts the following clause:

"A written affirmative action plan is required as a condition for the successful performance of the contract. Excluded from this requirement are grant recipients whose annual work force amount to less than twenty five employees. The affirmative action plan shall be submitted to the state agency within fifteen (15) working days after the award of the contract."

3.13 REASONABLE ACCOMMODATIONS

The Department will provide reasonable accommodations, including the provision of informational material in alternative format, for qualified individuals with disabilities. For special needs contact Tana Feiner at (608) 266-3719.

3.14 NON-DISCRIMINATION AGAINST EMPLOYEES OR APPLICANTS FOR EMPLOYMENT.

In connection with the performance of work under this contract, the grant recipient agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, marital status, physical condition, arrest or conviction record, developmental disability as defined in s. 51.01 (5), sexual orientation or national origin.

This provision shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Except with respect to sexual orientation, the grant recipient further agrees to take affirmative action to ensure equal employment opportunities.

The grant recipient agrees to post in conspicuous places, available for employees and applicants for employment, notice to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause.

CLARIFICATION AND/OR REVISIONS TO SPECIFICATIONS AND REQUIREMENTS NOTICE OF INTENT TO APPLY

4.0 NOTICE OF INTENT

Prospective proposers are requested to submit a Notice of Intent to apply to Division of Public Health. The Notice of Intent form should be returned to the Division by February 19, 2007 2:30P.M. C.T. Submittal of the Notice of Intent does not commit an agency to submitting an application. Any supplemental written information related to this RFP developed by the Division will be provided only to those agencies who have filed a Notice of Intent, or to agencies who request such information. Notices should be mailed or hand delivered to:

Tana Feiner
Division of Public Health
Department of Health and Family Services
P.O Box 2659
MADISON WI 53701-2659
(608) 266-3719

4.1 CLARIFICATION AND/OR REVISIONS TO SPECIFICATIONS AND REQUIREMENTS

Any questions concerning this RFP should be addressed, either in writing or by telephone request, on or before February 22, 2007 to:

Tana Feiner
Division of Public Health
Department of Health and Family Services
P.O Box 2659
MADISON WI 53701-2659
(608) 266-3719
FAX: (608) 266-8925

COLLECT CALLS WILL NOT BE ACCEPTED

Proposers are expected to raise any questions, exceptions, or additions they have concerning the RFP DOCUMENT at this point in the RFP process. If a proposer discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this RFP, the proposer should notify, immediately, the above named individual of such error and request modification or clarification.

In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of this RFP, revisions/amendments and/or supplements will be provided to all recipients of this initial RFP.

Each proposal shall stipulate that it is predicated upon the requirements, terms, and conditions of this RFP and any supplements or revisions thereof.

Any contact with State employees concerning this RFP are prohibited, except as authorized by the RFP manager during the period from date of release of the RFP until the notice of intent to contract is released.

SUBMITTAL OF APPLICATION

5.0 Format: All applications must be typed, doubled-spaced, use a 12-point font and should not exceed eight (8) pages.

5.1 Multiple proposals: Multiple proposals from a vendor will be permissible; however, each proposal must conform fully to the requirements for proposal submission. Each proposal must be submitted separately and labeled as Proposal #1, Proposal #2, etc. on each page included in the response. Alternate acquisition plans do not constitute multiple proposals.

5.2 Number of copies: The proposer must submit an original and five (5) copies of the application to the Division.

- 5.3 Closing date: The closing date for the receipt of all applications under this solicitation will be MARCH 1, 2007. Applications may be mailed or hand delivered.

NO FAXES WILL BE ACCEPTED. NO EMAILS WILL BE ACCEPTED.

An application will be accepted and considered received on time if:

- a. The application is received by the mail room (address shown below) by 2:30p.m. C.T. on **MARCH 1, 2007.** Please note RFP #1582-DPH-LS on the envelope. Proposers are cautioned to allow sufficient time for delivery by the U.S. Post Office, because it can sometimes take several days to receive mail from outlying areas.

Julie Morello
Program Assistant
Division of Public Health
Department of Health and Family Services
P.O Box 2659
MADISON WI 53701-2659
(608) 266-3719

- b. The application is hand delivered to the **DIVISION OF PUBLIC HEALTH** (address shown below) by (2:30p.m. C.T. on **MARCH 1, 2007.**

Julie Morello
Program Assistant
Division of Public Health
Department of Health and Family Services
1 West Wilson Street Rm. 218
Madison, WI 53701-2659

Respondents/Applicants are cautioned that receipt of the RFP by the United State's Postal Service, the State of Wisconsin mail system or a commercial courier does not constitute receipt of a RFP by the Division of Public Health for the purposes of this RFP. All responses to this solicitation which are received after the closing date and/or time will not be reviewed and will be returned to the respondent/applicant. **No exceptions will be allowed.**

- c. Supplemental and clarifying information. Unless requested by the Division, no additional information will be accepted from a proposer after the deadline for submittal of applications.

AWARDING FUNDS INFORMATION

6.0 EVALUATION CRITERIA, POTENTIAL POINTS TO BE AWARDED AND PROCEDURES

All applications received will be reviewed by an evaluation committee and ranked accordingly. The evaluation committee will evaluate all proposals against stated criteria. Applications will be reviewed and evaluated according to the following criteria.

The proposals will be scored using the following criteria:

<u>Description</u>	
a. Organizational Experience	30
b. Staffing & Qualifications	20
c. Implementation Methods	35
d. Budget	15
Total points:	<u>100</u>

MAXIMUM POINTS

30 **Organizational Experience**

In this section of your proposal you are to provide a full discussion of your organization's experience that will demonstrate your ability to work in tobacco prevention and control in Waukesha County.

The narrative should, at a minimum, include the following information:

- Describe the agency's history and the amount of time the agency has been in existence, including geographical area and populations served and present services provided
- Describe your agency's experience in community organizing, community planning, health education and promotion, coalition building, consensus building, advocacy, media, training, implementation of evidence-based practices and tobacco control activities
- Demonstrate effectiveness and capacity to provide tobacco education or similar services and serve populations with tobacco-related disparities
- Describe how tobacco prevention and control relates to your organization's vision and mission

20 Staffing and Qualifications

An organization must have sufficient and qualified staff to facilitate and support Tobacco Prevention & Control in Waukesha County. Volunteers, if utilized, must receive training and supervision in order to function effectively.

It is expected that at least 1 Full Time Equivalent position will be dedicated to Waukesha County Tobacco Prevention & Control efforts. If an agency is only applying for WI Wins funding, this is not applicable.

The narrative should, at a minimum; include:

- Describe plan to identify qualified new or existing staff to be dedicated to this effort
- Describe current and proposed organizational structure
- Describe the qualifications of key program staff. Describe their educational background and previous experience with activities relating to these efforts
- If you plan to hire new staff to work in the project, describe the hiring practices, which will ensure that the position(s) will be filled within 6 weeks of the date of the contract award. If position(s) cannot be filled within the 6 week timeframe, estimate the amount of time you will need to fill the position(s) and how the effort will be implemented prior to the hiring of the new staff.

35 Implementation Methods

Present your plan, including strategies and activities that your agency will use as you work to aggressively address the burden of tobacco use and exposure in Waukesha County.

Include in the narrative:

- Strategies to maintain and support the Waukesha County Tobacco-Free Coalition, including specific communication methods and activities (if applying for Tobacco Prevention & Control Community Interventions funding)
- Strategies to plan and conduct WI Wins compliance investigations, as well as establishing collaborative relationships with local law enforcement agencies (if applying for WI Wins funding)
- Plans to ensure that appropriate training and technical assistance is provided to staff and coalition members
- Strategies to promote tobacco prevention and control goals in Waukesha County to area organizations and community leadership, including identification and recruitment of key stakeholders
- Approaches for networking and collaboration at the community level to achieve tobacco prevention and control goals
- Tactics for achieving media advocacy and coverage of important tobacco prevention and control issues
- Methods for evaluation, including both process and outcome measures

15 Budget

Provide a line item budget and narrative that includes:

- Personnel
- Consulting (for training and technical assistance)
- Contractual (subcontracts for projects)
- Program supplies
- Agency/organization operations (rent, telephone, travel, office supplies, printing, etc.)
- Indirect costs (if applicable)

Ensure that the Budget Plan is mathematically correct

6.1 PROPOSER RESPONSES

Proposals submitted in reply to this RFP shall respond to the specifications stated herein. Failure to respond to the specifications may be a basis for an application being eliminated from consideration during the selection process.

In the event of an award, the contents of this RFP (including all attachments), RFP addenda and revision and the proposal from the successful proposer(s) will become contractual obligations. The Division reserves the right to negotiate the award amount, the programmatic goals, and the budget items with the selected proposer(s) prior to entering into an agreement.

Justifiable modification may be made in the course of the agreement only through prior consultation with and written approval of the Division. Failure of the successful proposer to accept these obligations may result in cancellation of the award.

6.2 WITHDRAWAL OF APPLICATIONS

Proposals may be withdrawn by written notice. Proposals may be withdrawn in person by the proposer or his/her authorized representative, providing his/her identity is made known and he/she signs a receipt for the proposal.

6.3 AWARD PROCEDURES

The Evaluation Committee's scoring will be tabulated and proposers will be ranked according to the numerical score received. The evaluation committee has the option to conduct interviews and/or on-site inspections of the top ranked proposers and to include those results in the consideration of the evaluation points. The Division Administrator will make a final decision if a contract will be awarded. The Division reserves the right to reject any or all proposals and to negotiate the award amount, authorized budget items, and specific programmatic goals with the selected proposer(s) prior to entering into an agreement.

6.4 NOTICE OF INTENT TO AWARD A CONTRACT

Each proposer whose proposal is reviewed by the Evaluation Committee shall receive written notice of the determination of approval or non-funding of the proposed project.

After notification of awards are made, and under the supervision of Division staff, copies of all proposals will be available for public inspection by appointment only from **8:30am to 4:00pm C.T., March 25, 2007 through April 2, 2007, in the Division of Public Health, Department of Health and Family Services, 1 W. Wilson Street, Madison, WI 53701-2659.** To schedule an appointment, contact Julie Morello at (608) 266-8526.

Each proposer whose project has not been approved shall be given an opportunity to discuss with the Division representative the reasons for non-funding or may write the Division representative requesting the reason for the decision.

Upon request, the Division representative will clarify non-funding reasons verbally or will respond in writing explaining the reasons for the project not being funded.

6.5 PUBLIC INFORMATION

It is the intention of the state to maintain an open and public process in the submission, review and approval of awards. All material submitted by proposers will be made available for public inspection after notice of intent to award or not to award a contract based on the evaluation(s) of the application which were submitted. This information will be available for public inspection by appointment only, under supervision, during the hours of **8:30am C.T. to 4:00pm C.T. Monday through Friday (except holidays) from March 21, 2007 through July 2, 2007, in the Bureau of Community Health Promotion, Division of Public Health, Department of Health and Family Services, 1 West Wilson Street, Madison, Wisconsin 53701-2659.** To schedule an appointment, contact Julie Morello at (608) 266-8526.

No entire proposal submitted to the state may be marked as confidential, and any materials so marked, by being included in the application, will be considered public information.

Evaluation tabulation and scoring by individual evaluators will also be open for public inspection, but these scores will not identify individual evaluators.

6.6 PROTEST/APPEAL PROCESS

Proposers can only protest or appeal violation of procedures outlined in this RFP. Ranking and scoring by the Evaluation Committee are not subject to protest or appeal. Notice of intent to protest and protests must be made in writing. Protestors should make their protests as specific as possible and should fully identify the procedural issue being contested.

The written notice of intent to protest must be filed with the:

**Administrator of Division of Public Health
1 West Wilson Street
P.O. Box 2659
Madison, Wisconsin 53701-2659**

and received in that office no later than the close of business (4:30P.M. C.T.) on March 28, 2007, or within five (5) working days after the notice of intent to award is postmarked, whichever is later. The written protest, fully identifying the procedural issue being contested, must be received in the Administrator's Office no later than ten (10) working days after the notice of intent to award is issued.

The decision of the Division of Public Health may be appealed to the Secretary of the Department of Health and Family Services, One West Wilson Street, Room 650, Post Office Box 7850, Madison, Wisconsin 53707 within five (5) working days of issuance, with a copy of the protest filed with the Administrator of Division of Public Health.

PART II

TECHNICAL SPECIFICATIONS

Proposers are cautioned that in completing the following Technical Specifications they are to provide as complete information as possible. The only information evaluators will be given about a project is that which is contained within the proposal. For that reason, each copy must be a duplicate of the entire original, including any attachments.

The focus of the funding is TOBACCO PREVENTION & CONTROL COMMUNITY INTERVENTIONS/WISCONSIN WINS – WAUKESHA COUNTY

PROPOSAL ORGANIZATION AND FORMAT

Proposals should be typed in a 12-point font and submitted on 8.5 by 11 inch paper bound securely. There is an eight (8) page limit on proposals. The page limit does not include letters of support or required forms.

Proposals must be organized with the following headings and subheadings. Each heading and subheading should be separated by tabs or otherwise clearly marked. The RFP sections which should be submitted or responded to are:

Cover page - use required form

- Response to general requirements - one (1) page maximum (excludes letters of support and certification of non-acceptance of Tobacco Funds)
- Mandatory requirements
- Certification of Non-Acceptance of Tobacco Funds
- Organization capacity
- Letters of support

Response to technical requirements - seven (7) pages maximum

- Organization Experience
- Staffing & Qualifications
- Implementation Methods
- Budget

Required forms

- Vendor Information
- Vendor Reference

REQUIRED FORMS

The following forms must be completed and submitted with the proposal in accordance with the instructions given. Blank forms are attached:

- Proposal Cover Page
- Certification of Non-Acceptance of Tobacco Funds
- Vendor Information (DOA-3477)
- Vendor Reference (DOA-3478)

LETTER OF INTENT
TOBACCO PREVENTION & CONTROL
COMMUNITY INTERVENTIONS / WISCONSIN WINS – WAUKESHA COUNTY
Wisconsin Tobacco Prevention and Control Program

Agencies interested in submitting a proposal for funding are required to return this Letter of Intent by 2:30 p.m., CDT, February 19, 2007. Any clarifications concerning the RFP which are developed by the Department will be sent only to those individuals or firms who have submitted a Letter of Intent.

Name of Agency _____

Address _____

Contact Person _____

Telephone _____

Fax _____

Signature of Authorized Representative _____

Date _____

Please indicate which funding you intend to apply for by checking the appropriate box below:

- Tobacco Prevention & Control Community Interventions and WI Wins
- Tobacco Prevention & Control Community Interventions only
- Tobacco Prevention & Control WI Wins only

Return the Letter of Intent by 2:30 p.m. CDT, February 19, 2007 to:

Tana Feiner, Tobacco Prevention & Control Program
Division of Public Health
Department of Health and Family Services
P.O. Box 2659
Madison, WI 53701-2659

FAX: (608) 266-8925

PROPOSAL COVER PAGE
TOBACCO PREVENTION & CONTROL
COMMUNITY INTERVENTIONS / WISCONSIN WINS – WAUKESHA COUNTY
Wisconsin Tobacco Prevention and Control Program

Agencies interested in submitting a proposal for funding are required to copy, complete and return this Proposal Cover Page as the first page of each copy of their proposals by 2:30 p.m., CDT, March 1, 2007. Any proposal(s) submitted without this cover page as the first page of each copy of the proposal may be rejected.

Agency Name _____

Address _____

Contact Person _____

Telephone _____

Fax _____

Signature of Authorized Representative _____

Date _____

Please indicate which funding you are applying for by checking the appropriate box below:

- Tobacco Prevention & Control Community Interventions and WI Wins
- Tobacco Prevention & Control Community Interventions only
- Tobacco Prevention & Control WI Wins only

Proposals are due by 2:30 p.m. CDT, March 1, 2007 to:

Julie Morello, Program Assistant
Division of Public Health
Department of Health and Family Services
One West Wilson Street, Room 218
P.O. Box 2659
Madison, WI 53701-2659
(608) 266-8526

Certification of Non-Acceptance of Tobacco Funds

Agency Name: _____

Address _____

Contact Person _____

Telephone _____

The applicant named above hereby certifies that it will not accept funding from nor have an affiliation or contractual relationship with a tobacco company, any of its subsidiaries, or parent company during the term of the contract from the Wisconsin Department of Health and Family Services, Tobacco Prevention and Control Program. Acceptance of such funds during the term of the contract is Grounds for termination.

CERTIFICATION

I, the official named below, hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above describe certification. I am fully aware that this certification, executed on the date below, is made under penalty of perjury under the laws of the State of Wisconsin.

Director of Agency _____

Signature _____

Print Name and Title _____

Date _____

VENDOR INFORMATION

1. BIDDING / PROPOSING COMPANY NAME _____

FEIN _____

Phone () _____ Toll Free Phone () _____

FAX () _____ E-Mail Address _____

Address _____

City _____ State _____ Zip + 4 _____

2. Name the person to contact for questions concerning this bid / proposal.

Name _____ Title _____

Phone () _____ Toll Free Phone () _____

FAX () _____ E-Mail Address _____

Address _____

City _____ State _____ Zip + 4 _____

3. Any vendor awarded over \$25,000 on this contract must submit affirmative action information to the department. Please name the Personnel / Human Resource and Development or other person responsible for affirmative action in the company to contact about this plan.

Name _____ Title _____

Phone () _____ Toll Free Phone () _____

FAX () _____ E-Mail Address _____

Address _____

City _____ State _____ Zip + 4 _____

4. Mailing address to which state purchase orders are mailed and person the department may contact concerning orders and billings.

Name _____ Title _____

Phone () _____ Toll Free Phone () _____

FAX () _____ E-Mail Address _____

Address _____

City _____ State _____ Zip + 4 _____

5. CEO / President Name _____

This document can be made available in accessible formats to qualified individuals with disabilities.

VENDOR REFERENCE

FOR VENDOR: _____

Provide company name, address, contact person, telephone number, and appropriate information on the product(s) and/or service(s) used for four (4) or more installations with requirements similar to those included in this solicitation document. If vendor is proposing any arrangement involving a third party, the named references should also be involved in a similar arrangement.

Company Name _____

Address (include Zip + 4) _____

Contact Person _____ Phone No. _____

Product(s) and/or Service(s) Used _____

Company Name _____

Address (include Zip + 4) _____

Contact Person _____ Phone No. _____

Product(s) and/or Service(s) Used _____

Company Name _____

Address (include Zip + 4) _____

Contact Person _____ Phone No _____

Product(s) and/or Service(s) Used _____

Company Name _____

Address (include Zip + 4) _____

Contact Person _____ Phone No. _____

Product(s) and/or Service(s) Used _____

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