

STATEWIDE TOBACCO PREVENTION EFFORTS

PreventionMinnesota

Request for Proposals # 585

**Priority Populations Intervention:
Latino Communities**

Date due: Postmarked December 13, 2007



**BlueCross BlueShield
of Minnesota**
An Independent licensee of the Blue Cross and Blue Shield Association

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PreventionMinnesota

Prevention Minnesota is Blue Cross and Blue Shield of Minnesota's (Blue Cross') unprecedented, long-term commitment to tackle preventable heart disease and cancer by addressing their root causes—tobacco use, physical inactivity, and unhealthy eating.

Prevention Minnesota employs science-based strategies to tackle the leading preventable causes of death and disability in Minnesota and to control health care costs through prevention.

The overarching goals of Prevention Minnesota are to decrease significantly the prevalence of tobacco use and other risk factors for heart disease and preventable cancers.

We aim to accomplish these goals by reducing smoking, reducing exposure to secondhand smoke, increasing physical activity, and increasing healthy eating.

- Smoking causes heart disease, cancer, and other serious illnesses and is linked to more than 5,600 deaths statewide each year.
- Physical inactivity and unhealthy eating combined contribute to obesity, cancer, cardiovascular disease, and diabetes. Together, they are the second leading cause of preventable death and disease in the country.
- In 2001, more than 23,000 Minnesotans were diagnosed with cancer, and nearly 9,000 Minnesotans died from cancer-related causes.
- All of these diseases have a huge economic toll as well. A 2005 study commissioned by Blue Cross documented that smoking now costs Minnesota \$1.98 billion in health care expenses each year. And, a 2007 study conducted by Blue Cross and researchers from Johns Hopkins University shows that \$215.7 million is spent each year in Minnesota to treat diseases caused by secondhand smoke exposure.
- The Minnesota Department of Health estimated that \$495 million was spent in 2000 to treat diseases and conditions caused by physical inactivity.

To achieve these outcomes, Blue Cross, through its Center for Prevention, employs a comprehensive, science-based approach that includes clinical strategies, community strategies, outreach to communities experiencing health inequities, public awareness campaigns, and health behavior change services for individuals. Prevention Minnesota seeks to improve the health of all Minnesotans. To learn more, please visit www.bluecrossmn.com/preventionminnesota.

I. RFP DETAILS

Purpose

Blue Cross and Blue Shield of Minnesota (Blue Cross) invites sealed proposals from qualified Minnesota-based organizations, firms, and partnerships engaging in statewide tobacco prevention efforts targeted to Latino communities throughout Minnesota, using *promotores de salud* (community health workers). Specifically, this RFP seeks to elevate tobacco prevention as a priority within Latino communities, change community norms regarding tobacco use in this population, and engage Latino partners in tobacco prevention efforts throughout the state.

Blue Cross seeks to build the capacity of priority populations to make health promotion and tobacco prevention an ongoing priority. This work is based on the belief that no comprehensive approach to health promotion can be successful without addressing health disparities. Blue Cross believes that effective solutions will require collective and societal collaboration.

Latino communities have been identified as a priority population for tobacco prevention efforts for several reasons:

- Research has shown that Latino smokers are less likely than white smokers to be advised to quit smoking or use nicotine replacement therapy by health care professionals. Furthermore, Latinos have the lowest rate of health insurance coverage among all racial and ethnic groups in Minnesota.
- Hispanic men and women have lower survival rates than whites for all cancers.
- Latinos may experience unique barriers to smoking cessation, such as stresses related to acculturation, immigration, and language barriers that affect access to public health messages.
- While the tobacco industry has targeted Latino communities, most tobacco prevention programs have not. Traditionally, organizations representing Latino communities have not been actively involved in tobacco prevention efforts.

Blue Cross has contracted with an experienced technical assistance provider through a previous competitive RFP process. That technical assistance provider will work closely with the Selected Applicant from this RFP to build the Selected Applicant's capacity to act as a leader within Latino communities in the area of tobacco prevention and health promotion. The technical assistance provider will help the Selected Applicant understand how to effectively engage other community-based organizations as full partners in tobacco prevention efforts and will assist in the development and refinement of a work plan and evaluation strategy.

Number of Contracts

The Center for Prevention collaborates with ClearWay MinnesotaSM on community funding efforts focused on priority populations. Activities and information related to this contract may be shared with ClearWay Minnesota as appropriate. Additional funding opportunities for other priority populations disproportionately affected by tobacco use (e.g., American Indian, African/African American, Gay/Lesbian/Bisexual/Transgender, Southeast Asian) will be provided by Blue Cross in coordination with ClearWay Minnesota. Interested parties are encouraged to monitor www.preventionminnesota.com or www.clearwaymn.org for future announcements.

One contract will be awarded for the provision of these services. The award is subject to contract negotiation.

Award Amount

One contract will be awarded up to a maximum of \$300,000 per year. This contract will be for one year, with the potential of renewal for up to two additional years.

Deadline

All applicants must submit an Intent to Apply notice, postmarked no later than November 15, 2007. (Available at www.bluecrossmn.com/preventionminnesota)

Proposals must be postmarked no later than December 13, 2007. We anticipate that an award will be announced in February 2008. The Selected Applicant should anticipate beginning work in April 2008. Work cannot begin until a final signed contract is in place.

Scope of Work

The Selected Applicant will engage in statewide tobacco prevention efforts targeted to Latino communities. Efforts will be primarily focused on Latino adults, ages 18-64 and will use *promotores de salud* (community health workers) as the primary means of delivering education and awareness information to the community. The focus of these efforts will be on the following goals:

1. Elevating tobacco prevention as a priority within the community;
2. Changing community norms regarding tobacco use; and
3. Engaging Latino partners in tobacco prevention throughout the state.

The Selected Applicant will act as a lead agency for Blue Cross-funded tobacco control efforts in Latino communities, engaging other community-based organizations as full partners in prevention efforts and providing financial support for their participation in prevention efforts as appropriate. (Blue Cross expects that a portion of the contract with the Selected Applicant will be used for providing financial support to other collaborating organizations.)

Core activities include the following:

- **Community partner engagement.** The Selected Applicant will build a statewide coalition of community partners representing the Latino population to engage in education/awareness, voluntary policy and advocacy, and activities that promote cessation. It is expected that *promotores de salud* (community health workers) will be active participants in the coalition. The Selected Applicant will demonstrate how it will engage these community groups as full partners in this work.
- **Education and awareness.** Using *promotores de salud* (community health workers), the Selected Applicant will work to increase awareness within Latino communities of the harms of tobacco use, the dangers of exposure to secondhand smoke, tobacco industry targeting of Latino communities, and disparities in smoking and cessation rates.
- **Policy and advocacy.** Voluntary policy approaches are strongly encouraged at all phases of the project. These approaches include activities such as encouraging Latino organizations to adopt policies rejecting tobacco advertising and sponsorship of events, policies eliminating exposure to secondhand smoke in popular Latino gathering places and/or working toward the inclusion of smoke-free policies into the lead organization's by-laws or policies. Blue Cross also recognizes the valuable role that public policy change plays in reducing tobacco use. However, at the beginning of this contract period public policy approaches, including lobbying activities, will not be funded. These strategies may be integrated in the later stages of the project only with approval from Blue Cross.
- **Activities that promote cessation.** The Selected Applicant will promote cessation of tobacco use within Latino communities. While not directly providing cessation services, the Selected Applicant will work with *promotores de salud* (community health workers) to provide connections between Latino individuals who are interested in cessation and the various resources available to them.
- **Collaborative action.** The Selected Applicant will identify and pursue opportunities to collaborate with mainstream tobacco prevention groups as well as other priority populations to enhance the impact of efforts and to build mutual capacity. Examples could include partnerships in developing a tobacco summit, media advocacy, or joint events such as a “smoke out” day.

Suggested core content areas for educational efforts and materials include the following:

- The health consequences of tobacco use and exposure to secondhand smoke, and the health benefits of cessation
- The disproportionate burden of tobacco use borne by Latino communities
- Framing tobacco as a social justice issue
- Proven, science-based tobacco prevention strategies, including voluntary policy, that are culturally appropriate for Latino communities
- How to be an effective tobacco prevention advocate
- Tobacco industry marketing and business practices, particularly in targeting Latino communities

As previously stated, an experienced technical assistance provider will be made available by Blue Cross to provide expert assistance and guidance to the Selected Applicant. While the Selected Applicant will be responsible for carrying out the activities described above, the technical assistance provider will offer highly individualized technical assistance, guidance, and information based on the needs and abilities of the Selected Applicant.

Blue Cross may begin to explore the integration of tobacco prevention work in priority populations such as Latino communities with Center for Prevention efforts to encourage physical activity and healthy eating, as appropriate.

Eligible Applicants

Eligible Applicants for this contract include nonprofit organizations, for-profit entities, and partnerships located in Minnesota. Applicants must be formal legal entities; no contracts will be awarded to individuals or groups of individuals.

Blue Cross membership or insurance status is not a factor in an Applicant's eligibility.

Applicant Qualifications

Applicants must be able to demonstrate in their proposals their ability and commitment to implement tobacco prevention efforts on a statewide basis within Minnesota's Latino communities. Qualified Applicants will have a statewide mission and the capacity to work throughout the state. At the same time, qualified Applicants will demonstrate their reach into communities with large Latino populations.

Because Blue Cross understands that this funding will not be sufficient for the Selected Applicant to engage in a comprehensive statewide prevention effort, qualified Applicants will demonstrate strong knowledge of existing tobacco prevention resources and a compelling plan for using Blue Cross funding to complement these resources in order to maximize results.

Proposal Review Process

The most qualified Applicants will demonstrate in their proposals a history of leadership within Latino communities and experience in leading collaborative efforts and building coalitions. Such Applicants will also demonstrate the capacity to serve as a leader in the tobacco control movement. Highly qualified Applicants will possess the ability to maintain leadership of collaborative efforts while engaging community-based organizations as full partners.

Proposals will be evaluated on the basis of a narrative submission, staff qualifications, budget, and supporting materials, as described in detail in Section II of this RFP. Review points will be awarded to the narrative and budget portions of the proposal, as delineated in Section II.

The most significant portion of the proposal, the narrative, allows for the Applicant to present in depth its qualifications and its plans for effectively completing the contract with Blue Cross.

All eligible proposals will be reviewed and rated by a team of experts who have no conflict of interest with any Applicants. Final decisions will be made by Blue Cross' Center for Prevention staff.

Applicants who submit proposals that meet the basic selection criteria may be requested to give an oral presentation to a selection committee comprised of internal Blue Cross and external reviewers.

A contract shall be awarded to the Applicant whose proposal best conveys the qualifications, plans, and staffing needs of the proposed project at an appropriate budget level, as well as the short-term and long-term commitment and leadership needed for this project.

Blue Cross is committed to the development of Small Business, Small Disadvantaged Business and Women Owned Business (SB, SDB, and WOB) suppliers. If subcontracting is necessary, the contractor will make every effort to use SB/SDB/WOB suppliers in the performance of the contract.

Small Business

A small business is defined as one, including its affiliates, that is independently owned and operated for profit, is not dominant in its field of operation, and is not an affiliate or subsidiary of a business dominant in its field of operation. A small business concern must be qualified as a small business under the criteria and sizes standards in Federal Regulation 13 CFR Part 121.

Small Disadvantaged Business

A small disadvantaged business is defined as a business concern that is at least fifty-one percent (51%) owned by one or more individuals who are both socially and economically disadvantaged.

Small Businesses, Small Disadvantaged Businesses, Women Owned Businesses

**Reporting and
Evaluation Requirements**

Women-Owned Business

A women-owned business is defined as a continuing, independent, for-profit business which performs a commercially useful function, and is at least fifty-one percent (51%) owned and controlled by one or more women; or in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned and controlled by one or more women and whose management and daily business operations are under the control of one or more women.

Blue Cross will negotiate a contract with the Selected Applicant. The contract will delineate the reporting schedule and requirements for the contract period, including but not limited to a report on progress and use of funding.

As described above, the Selected Applicant will work with a TA provider throughout the contract to develop and refine a work plan. The Selected Applicant will also develop an evaluation plan with the TA provider's assistance. At minimum, Applicants should plan on dedicating staff resources to data collection in support of the evaluation of this contract.

Timeline

Intent to Apply notice: Postmarked no later than November 15, 2007

Proposal due date: Postmarked no later than December 13, 2007

Contract announced: February 2008

Contract finalized; work can begin: April 2008

II. HOW TO APPLY

Application Instructions

In order to facilitate our review process, potential Applicants must complete and mail the Intent to Apply form (available at www.preventionminnesota.com), to be postmarked no later than November 15, 2007.

Applicant must submit [original plus 12 hard copies](#) of entire application.

The proposal must be submitted in the format described below. Proposal narratives [must be double-spaced](#).

Proposals following other formats (including those that are not double-spaced) will be returned to the Applicant without review. Applicants may resubmit corrected proposals if they are able to do so prior to deadline. No deadline extensions will be granted.

Conditional proposals will not be accepted.

All proposals must be signed by an individual authorized to extend a formal proposal. Proposals that are not signed may be rejected.

Any information considered to be proprietary by the Applicant must be placed in a sealed separate envelope and marked "Proprietary Information." To the extent Blue Cross concurs, this information will not be considered public information. Please note: Pricing information cannot be considered proprietary.

Blue Cross reserves the right to reject any or all proposals or any part thereof, or to accept any proposal, or any part thereof, or to withhold the award and to waive or decline irregularities in any proposal when it determines that it is in its best interest to do so. Blue Cross also reserves the right to hold all proposals for a period of 60 days after the opening date and the right to accept a proposal not withdrawn before the scheduled proposal opening date. Finally, Blue Cross reserves the right to conduct discussions with Applicants, to accept revisions of proposals, and to negotiate price changes. Blue Cross will not disclose any information derived from proposals submitted or from discussions with other Applicants.

Submission of a proposal in response to this RFP signifies that the Applicant agrees that all funding decisions are final.

Application format:

- Applications should be unstapled and unbound. Individual copies may be separated by a binder clip or rubber band. Please do not use divider tabs to separate sections of the proposal.
- The name of the organization should appear on every page of the proposal narrative.
- Page numbers should appear on all pages of the narrative and cost proposal.

Applicant Format, Content, and Scoring

- All text should be produced in a 10-point font or larger.
- Proposal narrative must be double-spaced.
- Applications should include the required information described below in items A–J in the order specified.

If the Applicant fails to provide any of the following information, with the exception of the mandatory proposal certification letter, Blue Cross may, at its sole option, ask the Applicant to provide the missing information or evaluate the proposal without the missing information.

- A. **Mandatory proposal cover sheet.** Please see Appendix A for all required information for a proposal cover sheet. This cover sheet should appear at the top of each copy of the full proposal.
- B. **Mandatory proposal checklist.** Please see Appendix B for Application Checklist. A completed checklist should be included in all copies of the proposal.
- C. **Mandatory proposal certification letter.** Please see Appendix C for a sample form letter.
- D. **Proposal Narrative.** (Total of 75 points). A proposal narrative of no more than 10–15 DOUBLE-SPACED pages should address all of the following topics and questions.

Section One: Evidence of commitment to tobacco prevention and education and capacity to conduct major efforts. (25 points)

- I. Describe your organizational commitment to tobacco prevention and organizational capacity to conduct this and other health promotion efforts. (6 points)
- II. Describe your organization’s relationship to Minnesota’s Latino communities and the existing networks, relationships, and influence that your organization will bring to a successful collaborative effort. Demonstrate your organization’s reach into communities with large Latino populations. (6 points)
- III. Describe in detail your organization’s experience and capacity in organizing collaborative efforts and engaging community partners on a statewide basis, including past experience in using *promotores de salud* (community health workers). (7 points)
- IV. Describe your organization’s level of knowledge about tobacco prevention, particularly within Latino communities, including knowledge of existing tobacco prevention resources. Provide an

informal assessment of the current state of understanding about tobacco prevention within Latino communities. Describe any known barriers that past tobacco prevention programs have faced in reaching Latino adults. (6 points)

Section Two: Plan to Engage Community Partners (30 points)

- V. Describe the proposed structure of a collaborative. Describe the leadership role your organization would take and how you would ensure shared decision-making and accountability with the collaborative organizations. Explain your approach to providing financial support to community partners in order to support their participation. (15 points)
- VI. Describe the initial group of organizations with which you propose to partner, including their strengths and qualifications to engage in tobacco prevention in Latino communities throughout Minnesota. (7 points)
- VI. Explain the approach you would take in conducting outreach to encourage additional Latino organizations to become involved in tobacco prevention, including the number of participating organizations you anticipate. (8 points)

Section Three: Work Plan (20 points)

- VII. Describe your overall approach to conducting education and awareness activities targeted to Latino communities throughout the state. Describe proposed content, format, frequency, duration, and overall scope of education activities. (10 points)
- VIII. Describe your plans and strategies to promote collaboration between mainstream tobacco prevention organizations and coalitions throughout the state and Latino organizations. In addition, describe plans to collaborate with other priority populations engaging in tobacco prevention. (10 points)
- IX. Describe other funding the applicant may have to conduct similar work in Minnesota. If applicable, describe other contracts to support similar tobacco prevention activities. Describe how any such contracts would complement rather than duplicate the work funded by Blue Cross.
- X. Describe briefly your organization's experience and capacity in encouraging physical activity and healthy eating. Describe your interest level in potentially expanding the contract to include these areas in this project.

- XI. Small Business, Small Disadvantaged Business, Women Owned Business Participation.** Description of the expected extent of Small Business, Small Disadvantaged Business, Women Owned Business participation in this contract.
- E. Cost Proposal.** (15 points) A detailed proposed budget must be included and must be accompanied by a budget narrative. The appropriateness of the budget to the proposal narrative will be carefully reviewed. The budget should clearly reflect the resources needed to support project staff as well as anticipated travel and other costs reflected in the Applicant’s plans to accomplish the work. Please see Part III of this RFP, “Cost Proposal Instructions.”
- F. Letters of Commitment.**(10 points). Provide detailed letters of commitment from organizations that have agreed to partner in this effort. Letters must be signed by organization leaders and should describe in detail the organization’s commitment to this project and the specific ways it has agreed to become involved in the effort.
- G. Staff Qualifications.** “Staff” may be employees, partners, or subcontractors. Detailed resumes of key personnel, including relevant qualifications and experience, must be included as part of the application. A job description for the *promotores de salud* (community health workers) position must also be included.
- H. Mandatory disclosure of tobacco-related work.** In keeping with the intent of Blue Cross’ prevention efforts, any organization (or individual) that applies to contract with Blue Cross to conduct work for its Center for Prevention must disclose any current or recent programmatic or contractual relationship with the tobacco industry or its affiliates.

All applicants for this contract must provide us a signed letter of disclosure addressing whether or not they have worked on any tobacco-related projects. This includes the primary Applicant and all subcontractors and partners. Please see Appendix D for a template providing guidance on what the disclosure letter must include. Staff will review all disclosures on a case-by-case basis and, depending on the nature of the tobacco-related work disclosed, could choose not to select your organization for a contract.

- I. Articles of Organization.** A copy of your organization’s Articles of Organization can be obtained through the office of the Minnesota Secretary of State.

Submission Instructions

J. **Additional requirements for nonprofit organizations.** Nonprofit organizations should also attach the following documents:

- Tax determination letter
- Board of directors list, including affiliations and titles
- Board by-laws and/or policies
- Most recent audited financial statements. If your organization does not have audited financial statements, please supply unaudited financial statements.
- Most recent IRS form 990 report
- Brief description of your organization's financial management systems, including the type of software used and any additional financial policies and procedures your organization has in place. (Limit to one paragraph.)

If an Applicant's annual report includes any of the above information, it may be submitted in place of those separate documents.

Please use the U.S. Postal Service to submit your proposal. Proposal must be postmarked by December 13, 2007. No telephone, telegraphic, emailed, or facsimile proposals will be considered. We cannot accept hand-delivered proposals.

Address proposals to:

RFP # 585

Attention: Jacob Bland

Corporate Purchasing, M110

Blue Cross and Blue Shield of Minnesota

P.O. Box 64560

St. Paul, MN 55164-9758

Questions regarding the application process may be directed to 1-800-760-0052 or prevention_funding@bluecrossmn.com. In addition, a "Question and Answer" page at www.preventionminnesota.com will be updated regularly with answers to specific questions posed by potential Applicants. Select the Community Funding tab from the Prevention Minnesota home page.

III. COST PROPOSAL INSTRUCTIONS

Introduction

A cost proposal for the first year of the three-year contract period is required as part of the application.

The appropriateness of the budget to the proposal narrative and proposed staffing structure will be carefully reviewed. The Cost Proposal should clearly reflect the resources needed to support project staff, as well as anticipated travel, and other costs that are reflected in the Applicant's plans to accomplish the work. The budget form is included in Appendix E. It can be re-created in a spreadsheet or downloaded from www.bluecrossmn.com/preventionminnesota.

Cost Assumptions

Applicants are asked to describe in detail their assumptions for cost assumptions. Please note: Blue Cross will conduct discussions with the Selected Applicant to negotiate the final contract amount based on parameters agreed upon by both parties.

Contract Administration

Funding will be contingent upon Blue Cross' satisfaction that the selected Applicant has the capacity to properly administer the contract. The selected Applicant will be required to show evidence that it has such capacity. This evidence may include documentation of the Applicant's systems, procedures, and qualifications of personnel.

Cost Proposal Instructions

The Cost Proposal comprises two items:

- Detailed budget form (see example, Appendix E)
- Budget narrative briefly describing rationale, need for, and use of funds for each line item in each budget category below.

Specific instructions for suggested categories are listed below.

NOTE: ALL COSTS SHOULD BE ROUNDED TO THE NEAREST DOLLAR.

Salaries

List the staff positions that will be dedicated to the contract. Please be specific and include staff person's name, if available, and percent of time spent on the project.

Contractual Services

List any subcontractors or consultants that are included in the Cost Proposal. Include the name of the organizations or individuals, if available, and the specific service they will be providing.

Equipment and Software

Only very limited capital purchases are allowable under the Blue Cross contract, and only for equipment to be used specifically and exclusively in relation to the work plan provided. Include a list of equipment and purpose.

Ineligible Costs

Travel

List the estimated travel expenses for the project. These expenses should include hotel, meals, and mileage. Describe the method used for calculating travel costs, e.g., number of trips, purpose, etc.

Other Expenses

List separately the estimated office expenses, printing, and other costs directly attributable to this project.

Indirect Costs

For nonprofit applicants only: Indirect costs are those costs that are intended to cover contract-related costs that are not easily identifiable but are necessary to conduct the work. The indirect costs are the types of expenses the organization would incur whether or not it was awarded the contract. These include such expenses as utilities, rent, insurance, executive director's salary, and other overhead expenses. Please identify the items included in the indirect or administrative cost rate. Applicants may charge up to 15% of direct costs to the grant as indirect costs. Applicants may not, however, automatically use the 15% as their indirect cost rate. Upon request from Blue Cross, an Applicant must be able to show how its indirect rate was determined.

Funds may not be used for major capital purchases, to pay off debt, or for other non-project-related expenses.

IV. LIST OF APPENDICES

- A. Application Cover Sheet
- B. Application Checklist
- C. Proposal Certification Form Letter
- D. Disclosure of Tobacco-Related Work Form Letter
- E. Sample Budget Form

Appendix A Application Cover Sheet

Applicants may re-create this form or use the electronic version available online at www.preventionminnesota.com.



Date of application: _____ RFP#: _____ RFP Title: _____

Organization Information

Name of organization _____ Legal name, if different _____

Address _____ City, State, ZIP _____ Employer Identification Number (EIN) _____

Phone _____ Fax _____ Website _____

Name of Executive Director or President _____ Title _____ Phone _____ Email _____

Name of contact person regarding this application _____ Title _____ Phone _____ Email _____

Address (if different from the Executive Director's) _____ City, State, ZIP _____

Name of finance contact _____ Title _____ Phone _____ Email _____

Is your organization an IRS 501(c)(3), 501(c)(4), or 501(c)(6) not-for-profit? Yes No

If yes, state which IRS 501 designation applies to your organization: _____

If no, is your organization a for-profit entity or public agency/unit of government? Yes No

If no, check with Blue Cross for details on using fiscal agents, and list name and address of fiscal agent:

Name _____ Fiscal agent's EIN number _____

Address _____ City, State, ZIP _____

Name of contact person regarding this application _____ Title _____ Phone _____ Email _____

Proposal Information

Please give a 2-3 sentence summary of request:

Population served: _____ Geographic area served: _____

Project dates (if applicable): _____ Fiscal year end: _____

Budget

Dollar amount requested: _____ Total annual organizational budget: _____

Cash match (if any): _____ Time period of above amount: _____

Value of in-kind contributions (if any): _____

Total project budget: _____

Authorization

By signing this form, I acknowledge that all funding decisions made by Blue Cross' review process are final.

Name and title of Executive Director, President, or Board Chair: _____



Signature: _____

Appendix B Application Checklist



In order to be considered complete, all applications must include original plus 12 copies of each of the following:

- Mandatory proposal cover sheet
- Mandatory proposal checklist
- Mandatory proposal certification letter
- Proposal narrative, no more than 10 double-spaced pages
- Cost proposal
 - Budget form
 - Budget narrative
- Letters of Commitment
- Staff qualifications
- Mandatory statement on conflict of interest
- Articles of Organization
- Tax determination letter, if applicable

Refer to Section II of this RFP, “How to Apply: Application Format, Content, and Scoring,” for detailed application requirements and instructions.



Appendix C Proposal Certification Form Letter

Applicants may re-create this form or use the electronic version available online at www.preventionminnesota.com.

(date)

Purchasing Department
Blue Cross Blue Shield Minnesota
3535 Blue Cross Rd.
Eagan, MN 55122

The undersigned certifies that to the best of his/her knowledge: (check one)

___ There is no officer or employee of Blue Cross Blue Shield Minnesota (Blue Cross) who has, or whose relative has, a substantial interest in any contract award subsequent to this proposal/bid.

___ The names of any and all public officers or employees of Blue Cross who have, or whose relative has, a substantial interest in any contract award subsequent to this proposal/bid are identified by name as part of this submittal.

The undersigned further certifies that their firm (check one) ___ IS or ___ IS NOT currently debarred, suspended, or proposed for debarment by any federal entity. The undersigned agrees to notify Blue Cross of any change in this status, should one occur, until such time as an award has been made under this procurement action.

The undersigned also certifies that their firm (including any employee or contractor of firm) has not offered or provided (and will not offer or provide) any gifts, gratuities, or other considerations to any Blue Cross employee for purposes of inducing Blue Cross to accept its proposal.

In compliance with Request for Proposals No. 585 for Priority Populations Intervention: Latino Communities, and after carefully reviewing all the terms, conditions, and requirements contained therein, the undersigned agrees to furnish such goods/services in accordance with the specifications/scope of work.

(firm) (phone no.)

(address) (fax. no.)

(by) (fed. id no.)

(title) (signature)

Appendix D Disclosure of Tobacco-Related Work Form Letter

Applicants may re-create this form or use the electronic version available online at www.preventionminnesota.com.

(date)

Purchasing Department
 Blue Cross and Blue Shield of Minnesota
 3535 Blue Cross Rd.
 Eagan, MN 55122

I. Disclosure of Tobacco-Related Work: Please check one of the two statements below and, if prompted, attach supporting information.

- Our organization has *not* had any direct contractual relationships with the tobacco industry in the past 3 years, and our organization has not worked on any tobacco-related projects in the past 5 years.** (No supporting information required.)
- Our organization *has* had direct contractual relationships with the tobacco industry in the past 3 years, and/or our organization *has* worked on tobacco-related projects in the past 5 years.** Please provide the following information in an attachment:
 1. Any direct contractual relationship between your organization and a tobacco company within the past 3 years. (*This includes companies involved in the production of tobacco as well as the manufacture of cigarettes, cigars, pipe tobacco, chewing tobacco, smokeless tobacco, loose tobacco, snuff and raw, processed or reconstituted leaf tobacco.*)
 2. Any involvement by your organization in tobacco-related projects within the past 5 years. Please attach a very brief description of each project in the below format.

Tobacco-related projects to disclose could include (but are not limited to) the following activities listed below:

- Policy campaigns related to tobacco use, secondhand smoke exposure, or the price of tobacco
- Media campaigns or tobacco counter-marketing campaigns
- Tobacco-related research, surveillance, or evaluation
- Community programs that provide education related to tobacco use, secondhand smoke exposure, or the price of tobacco
- Youth programs to promote tobacco prevention or reduce access to tobacco
- Cessation services such as health system interventions and referrals, or counseling services

Name/description of project	Our organization's role in project	Depts/divisions within our organization that carried out this work	Funder(s) of the project	Timeframe in which we were involved in project

II. Agreements Regarding Future Tobacco Interests: The below statement must be checked in order for us to accept your proposal.

- If awarded the Blue Cross and Blue Cross Blue Shield of Minnesota (Blue Cross) contract, we agree to the following terms. (For larger applicant organizations such as universities or companies with distinct divisions, these terms apply only to the departments or divisions of your organization that will carry out the work for this contract.)
 - We will not pursue or accept a contract with a tobacco company for the duration of the contract with Blue Cross, and
 - We will make every reasonable effort to ensure that any subcontractors we utilize on our project have not been involved in projects funded directly or indirectly by the tobacco industry, or any projects that would be considered counter to the Center for Prevention's tobacco-control efforts.

(organization) (phone no.)

(address) (fax no.)

(by) (fed. id no.)

(title) (signature)

Appendix E Sample Budget Form

Applicants may re-create this form or use the electronic version available online at www.preventionminnesota.com.

Priority Populations Intervention: Latino Communities Budget Form

Name of Organization _____
 Budget Period _____

Budget Categories			Amount Requested	Other Funding		Total by Line Item	Total by Category
				In-kind	Cash		
Salaries							
Name	Position	Base Salary	% Base Salary on Project				
			%	\$	\$	\$	\$
			%	\$	\$	\$	\$
Total Salaries							\$
Fringe Benefits							
				\$	\$	\$	\$
Contractual Services							
Name of consultant							
Total Contractual Services				\$	\$	\$	\$
Travel							
Destination	Lodging	Mileage	Per diem & other				
				\$	\$	\$	\$
Total Travel				\$	\$	\$	\$
Equipment and Software							
Name of equipment or software							
Total Equipment				\$	\$	\$	\$
Other							
Office expenses (supplies, telephone, photocopying, postage)				\$	\$	\$	\$
Printing				\$	\$	\$	\$
Meeting expenses				\$	\$	\$	\$
Other				\$	\$	\$	\$
Total Other				\$	\$	\$	\$
Indirect Costs							
List costs included in indirect budget (rent, utilities, admin. salaries)							
Total				\$	\$	\$	\$

PreventionMinnesota

