



*FLORIDA DEPARTMENT OF EDUCATION*

**Request for Proposal (RFP) for Competitive Projects**

**Bureau / Office**

K-12 Public Schools, Bureau of Student Assistance, Office of Safe and Healthy Schools, Coordinated School Health Program (CSHP)

**Program Name**

Tobacco Prevention and Intervention Teacher Training Project

**Specific Funding Authority**

State: Title XXXIV Alcoholic Beverages and Tobacco-Tobacco Products, section 569.11(6), Florida Statute.

**Funding Purpose/Priorities**

This project will enable school districts to provide quality training for teachers to implement effective tobacco prevention and intervention programs in their classrooms and schools. Projects can include other risk behavior content focusing on universal refusal skills associated with tobacco and these other risk behaviors.

**Total Funding Amount**

Total funding amount is \$600,000

Awards will be a maximum of \$50,000 per individual school district or identified educational consortium.

**Budget / Performance Period**

July 1, 2006 through June 30, 2007

**Target Population**

Instructional personnel who will implement tobacco education in Florida public schools.

**Eligible Applicant(s)**

Florida public school districts with the exception of districts that received funds for tobacco prevention and intervention teacher training through the DOE's Coordinated School Health Program for the 2005-06 school year. Eligible participants also include Panhandle Area Educational Consortium, Northeast Florida Educational Consortium, and Heartland Educational Consortium.

**Proposal Due Date**

Proposals are due in the Office of Grants Management by the close of business on **April 28, 2006**. Facsimile and email submissions will not be acceptable.

**Contact Persons**

Dr. Antionette Meeks, CSHP, 850/245-0480; Suncom: 205-0480; Fax: 850/245-5116; Email:

[Antionette.Meeks@fldoe.org](mailto:Antionette.Meeks@fldoe.org)

Margaret White, Grants Management, 850/245-0496; Suncom: 205-0496; Fax: 850/245-0737; Email:

[Margaret.White@fldoe.org](mailto:Margaret.White@fldoe.org)

## **Assurances**

The DOE has developed and implemented a document entitled, General Terms, Assurances and Conditions for Participation in Federal and State Programs, to comply with:

- 34 CFR 76.301 of the Education Department General Administration Regulations (EDGAR) which requires local educational agencies to submit a common assurance for participation in federal programs funded by the U.S. Department of Education;
- applicable regulations of other Federal agencies; and
- State regulations and laws pertaining to the expenditure of state funds.

In order to receive funding, applicants must have on file with the DOE, Office of the Comptroller, a signed statement by the agency head certifying applicant adherence to these General Assurances for Participation in State or Federal Programs. The complete text may be found at <http://www.firn.edu/doe/comptroller/gbook.htm>.

## **School Districts, Community Colleges, Universities, and State Agencies**

The certification of adherence filed with the DOE Comptroller's Office shall remain in effect indefinitely unless a change occurs in federal or state law, or there are other changes in circumstances affecting a term, assurance, or condition; and does not need to be resubmitted with this proposal.

## **General Education Provisions Act**

Describe concisely the steps the applicant proposes to take to ensure equitable access to, and participation in, its program for students, teachers, and other program beneficiaries with special needs. For details, refer to URL: <http://www.ed.gov/policy/fund/guid/gposbul/gpos10.html>.

## **Narrative Components**

Assemble your proposal as outlined in the RFP, using the headers listed below as headers within your proposal. Failure to meet the format requirements may result in point deductions.

- 1) **Project Need** – Describe the need for the project and provide back-up data as evidence.
- 2) **Project Design** – Describe goals, objectives, activities, and a timeline for the project. Use Project Design Template included in this RFP.
- 3) **Dissemination/Marketing** – Describe the methods/strategies you will use to disseminate and market information about the project to appropriate populations.
- 4) **Support for Strategic Imperatives** – Describe how the proposed project will incorporate one or more of the Florida State Board of Education strategic imperatives. More information can be accessed at [http://www.fldoe.org/meetings/2005\\_01\\_18/StratPlanDetails.pdf](http://www.fldoe.org/meetings/2005_01_18/StratPlanDetails.pdf).
- 5) **Evaluation** – Describe the method(s) for evaluating the project. Submit a detailed evaluation plan to include both qualitative and quantitative data; include impact on teachers trained and students receiving the program/curricula from these teachers.
- 6) **Budget** – Present a budget that reflects proposed costs and expenditures of the project. (It is highly recommended that up to 10% of the requested budget be used for contracting with an evaluation professional for the purpose of evaluating your project.)
- 7) **Community Collaboration and Partnerships** – Describe the responsibilities of each partner in the project and ways in which they will collaborate. The required letter(s) of commitment from each partner should clearly outline roles and contributions. Include a description of the applicant's relationship with the district's School Health Advisory Committee and how this relationship may benefit this project. Letters of commitment are to be submitted from non-compensated partners.

## **Scoring Criteria**

The scoring criteria for each section of the project narrative are described below. The reviewer will score each section based on the maximum possible points for each section. The total number of points attainable is 100. To receive funding, a proposal must attain a minimum of 70 points.

- 1) **Project Need** – Need for the project is feasible and supported with data as evidence. **(20 Possible Points)**
  - The applicant provides a convincing rationale for the need for the project.
  - The project effectively helps the district in meeting the needs described.
  - The project helps the district meet the Sunshine State Standards for Health Education (Benchmarks are identified).

- The applicant describes the appropriate teachers and school personnel to receive the training.
  - The applicant provides a clear description of the students to receive tobacco education, with numbers and grade levels.
  - A sufficient number of teachers will be trained for the budget requested.
- 2) **Project Design** – Project goal(s) are aligned with project need; objectives are measurable; activities are aligned with objectives; and the timeline is feasible. **(20 Possible Points)**
- Goals clearly state the intent of the project.
  - Objectives and activities address the identified needs and goals for the project.
  - Objectives are specific, measurable, and realistic with indicators for documentation of evidence of outcomes.
  - Activities are reasonable and effectively carryout the project's objectives.
  - Proposal adequately identified timelines for accomplishing outcomes.
- 3) **Dissemination/Marketing** – Methods/strategies to disseminate and market information about the project are thorough and effective. **(5 Possible Points)**
- The project employs effective methods and means of dissemination to reach the appropriate populations.
- 4) **Support for Strategic Imperatives** – Project clearly and feasibly incorporates one or more of the Florida State Board of Education Strategic Imperatives. **(10 Possible Points)**
- Imperative(s) is clearly identified
  - Imperative(s) is clearly and meaningfully connected to project
- 5) **Evaluation** – Evaluation methods are comprehensive and likely to be effective. **(20 Possible Points)**
- The evaluation plan accurately measures achievement of stated objectives, using qualitative and quantitative measures.
  - The evaluation plan contains an effective procedure for determining the number of teachers and school personnel reached and their satisfaction with the training.
  - The evaluation plan contains an effective procedure for determining teachers use of skills learned as a result of the training in the school setting.
  - The evaluation contains an effective procedure for determining the impact on students receiving the program/curricula from these trained teachers.
- 6) **Budget** – Project budget presents items that are realistic, appropriate, and clearly reflect proposed project expenditures. **(15 Possible Points)**
- Expenditures are reasonable and realistic in relation to proposed objectives.
  - Expenditures are broken down by unit cost and number of units or months required.
- 7) **Community Collaboration and Partnerships. (10 Possible Points)**
- The applicant provides an effective plan for using existing community expertise and resources.
  - The applicant provides a detailed description of the roles of each partner and contributions that will help the project achieve its objectives.
  - Letters of commitment verify the information described in Community Collaboration and Partnerships (letters of commitment are provided by non-compensated collaborators/partners).
  - Applicant provides clear relationship with district School Health Advisory Committee.

**Funding Method: Quarterly Advance to Public Entity** – For quarterly advances of non-federal funding to state agencies and LEAs made in accordance within the authority of the General Appropriations Act. Expenditures must be documented and reported to DOE at the end of the project period. If audited, the recipient must have expenditure detail documentation supporting the requested advances.

### **Fiscal Requirements**

- All funded projects and any amendments are subject to the procedures outlined in the Project Application and Amendment Procedures for Federal and State Programs (Green Book) and the *General Assurances for Participation in Federal and State Programs*. These procedures and documents can be accessed on-line at <http://www.firn.edu/doe/comptroller/gbook.htm>.

- **Supporting documentation for expenditures** is required for all funding methods. Examples of such documentation include invoices with check numbers verifying payment, and/or bank statements; all or any of which must be available upon request.

### Expenses

1. **Allowable Expenses:** Project funds must be used for activities that directly support the preparation, training, and engagement in public school tobacco education in grades K-12, as well as the evaluation of this project. Allowable expenditures include professional training fees, training supplies and materials, teacher stipends, substitute teachers, tobacco curricula, evaluation and report preparation, and audiovisual and room rentals. **Note:** Funds may be used for substitute teachers only when classroom teachers attend training during normal working hours.
2. **Unallowable Expenses:** Project funds may not be used for salaries of regular or temporary school district employees, creation of positions or supplanting of existing programs and funding, nonexpendable equipment or consumables such as computers, DVD players, TVs, VCRs, or other electronic or telecommunications equipment, indirect administrative costs, student training or transportation of students, food and beverages, financial incentives for staff and students, non-educational products or gifts (such as t-shirts), and materials not directly related to tobacco prevention and intervention. Indirect costs cannot be applied to state funded projects.

### Reporting Outcomes

- Results of School Health Index, cumulative district picture of impacted schools (to download needed documents or to complete the Index online go to <http://apps.nccd.cdc.gov/SHI/Default.aspx> – due August 31, 2006. Note: There are several topics (tobacco, physical activity, safety, etc.) identified, select the tobacco topic and complete this section only.
- Interim Project Report – due January 31, 2007
- Final Program Evaluation Report, to include second iteration of School Health Index – due September 28, 2007

All reports and deliverables are to be sent to:

Dr. Antonette Meeks, Coordinated School Health Program  
Florida Department of Education  
325 W. Gaines Street, Suite 554  
Tallahassee, FL 32399-0400

### Notice of Intent-to-Apply

The last date to notify Dr. Antonette Meeks of an intent-to-apply is **April 7, 2006**. Notify Dr. Meeks with an intent-to-apply by fax or email. Providing the intent-to-apply is not required for a proposal to be considered, but assists the applicant by assuring receipt of answers to frequently asked questions and competition updates. Conversely, eligible organizations which file an intent-to-apply are not required to apply.

### Method of Answering Frequently Asked Questions or Providing Changes

The last date that questions may be asked is **April 14, 2006**. The last date that questions will be answered is **April 18, 2006**. Questions should be directed to: Dr. Antonette Meeks, [Antonette.Meeks@fldoe.org](mailto:Antonette.Meeks@fldoe.org) or 1-866-312-6497.

### Conditions for Acceptance

Project narratives must not exceed seven pages. Letters of commitment from community partners, required forms, and program design sheets are not included in this page limit. The project narrative must be prepared using a 12-point font size, 1" margins, and single line spaced, typed 8.5 x 11-inch sized pages. The original proposal may be stapled, but no other binding will be acceptable.

The requirements listed below must be met for proposals to be considered for review:

- 1) Proposal is received within DOE by the close of business on the due date.
- 2) Proposal includes required forms
  - DOE 100A – Project Application
  - DOE 101 – Budget Narrative Form
- 3) Submit one (1) proposal with an original signature made in an ink color other than black. **NOTE:** Proposals signed by officials other than the Superintendent must have a letter signed by the Superintendent, or

documentation citing action of the governing body delegating authority to the person to sign on behalf of said official. Attach the letter or documentation to the DOE 100A when the proposal is submitted.

4) Submit four (4) copies of the original proposal.

5) Proposal must be submitted to:  
Office of Grants Management  
Florida Department of Education  
325 W. Gaines Street, Room 325  
Tallahassee, Florida 32399-0400

### **Method of Review/Selection**

A committee of representatives from the Florida DOE, the Florida Department of Health, and voluntary health based organizations will evaluate proposals. The review panel is instructed to treat every proposal equally. Final recommendations for funding will be forwarded to the Commissioner of Education for final approval. Successful applicants will receive a Project Award Notification (DOE 200). Unsuccessful applicants will be notified, at a minimum, electronically.

The total number of points attainable is 100 (see pages 2-3). To receive funding, a proposal must attain a minimum of 70 points. Should none of the submitted proposals attain a score of 70 points, the Department of Education at its option, retains the authority to take further actions to solicit acceptable proposals including but not limited to (a) issuing a new request for proposal; (b) requesting one or more of the applicants to submit additional information; or (c) negotiating with the application receiving the highest score to revise the proposal so that it can be rescored.

**Revised 11/03/05**

## EXAMPLE OF PROGRAM DESIGN TEMPLATE

<b>PROGRAM GOAL: 1</b> Train seventh grade health education teachers in the <i>Tobacco Prevention Education</i> curricula.		<b>Sunshine State Standard:</b> HEA132, HEA134, HEA131, HEB131, HEB134, HEB231, HEB336, HEC133, HEC232		
<b>Program Objective: 1.1</b> 1.0.Thirty 7 <sup>th</sup> grade health education teachers will be trained by February 24, 2006 to implement <i>Tobacco Prevention Education</i> in their curricula during the 2005-06 school year.		<b>Measure of Accomplishment:</b> At least 90% of training participants will show an increase in knowledge between pre and post-training testing on the <i>Tobacco Prevention Education</i> curricula, scoring no less than 80% on the post-test.		
<b>Program Activities:</b>	<b>Evidence/Documentation of Outcome:</b>	<b>Begin/End Date:</b>	<b>Person Responsible:</b>	<b>Proposed Budget Expenditure:</b>
1.1.1 Quality curriculum will be identified and reviewed	Review team reports	7/1-7/31/06	John Doe	N/A
1.1.2 Materials will be ordered	Purchase order completed and approved	7/31-8/10/06	Jane Dough	2,800.00
1.1.3 Training programs will be organized and presented	Agenda and sign-in sheets from training programs	8/31/06-2/27/07	Jane Dough	10,000.00
1.1.4 Training participants will demonstrate increased skills and knowledge	Participant growth in knowledge between pre- and post-training testing	8/31/06-2/27/07	John Sample	N/A

## PROGRAM DESIGN TEMPLATE

<b>PROGRAM GOAL: 1</b>		<b>Sunshine State Standard:</b>		
<b>Program Objective: 1.1</b>		<b>Measure of Accomplishment:</b>		
<b>Program Activities:</b>	<b>Evidence/Documentation of Outcome:</b>	<b>Begin/End Date:</b>	<b>Person Responsible:</b>	<b>Proposed Budget Expenditure:</b>
1.1.1				
1.1.2				
1.1.3				
1.1.4				
1.1.5				

## Instructions for Completion of DOE 100A

- A.** If not pre-printed, enter name of the program for which funds are requested.
  - B.** Enter name and mailing address of eligible applicant. The applicant is the public or non-public entity receiving funds to carry out the purpose of the project.
  - C.** Enter the total amount of funds requested for this project.
  - D.** Enter requested information for the applicant's contact person. This is the person responsible for responding to all questions regarding information included in this application.
  - E. The original signature of the appropriate agency head is required.** The agency head is the school district superintendent, university or community college president, state agency commissioner or secretary, or the president/chairman of the Board for other eligible applicants.
- **Note:** Applications signed by officials other than the appropriate agency head identified above must have a letter signed by the agency head, or documentation citing action of the governing body delegating authority to the person to sign on behalf of said official. Attach the letter or documentation to the DOE 100A when the application is submitted.



# FLORIDA DEPARTMENT OF EDUCATION

TAPS Number

## Project Application

<p><b>Please return to:</b>                  Florida Department of Education                  Bureau of Grants Management                  Room 325 Turlington Building                  325 West Gaines Street                  Tallahassee, Florida 32399-0400                  Telephone: (850) 245-0498                  Suncom: 205-0498</p>	<p style="text-align: center;"><b>A) Program Name:</b></p> <p style="text-align: center;"><b>Tobacco Prevention and Intervention                  Teacher Training Project</b></p>	<p style="text-align: center;"><b>DOE USE ONLY</b></p> <p>Date Received</p>						
<p style="text-align: center;"><b>B) Name and Address of Eligible Applicant:</b></p>		<p style="text-align: center;"><b>Project Number (DOE Assigned)</b></p>						
<p><b>C) Total Funds Requested:</b></p> <p style="text-align: center;">\$ _____</p>	<p style="text-align: center;"><b>D) Applicant Contact Information</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Contact Name:</td> <td style="width: 50%;">Mailing Address:</td> </tr> <tr> <td>Telephone Number:</td> <td>SunCom Number:</td> </tr> <tr> <td>Fax Number:</td> <td>E-mail Address:</td> </tr> </table>		Contact Name:	Mailing Address:	Telephone Number:	SunCom Number:	Fax Number:	E-mail Address:
Contact Name:	Mailing Address:							
Telephone Number:	SunCom Number:							
Fax Number:	E-mail Address:							
<p style="text-align: center;"><b>DOE USE ONLY</b></p> <p><b>Total Approved Project:</b></p> <p style="text-align: center;">\$ _____</p>								

### CERTIFICATION

I, \_\_\_\_\_, (*Please Type Name*) do hereby certify that all facts, figures, and representations made in this application are true, correct, and consistent with the statement of general assurances and specific programmatic assurances for this project. Furthermore, all applicable statutes, regulations, and procedures; administrative and programmatic requirements; and procedures for fiscal control and maintenance of records will be implemented to ensure proper accountability for the expenditure of funds on this project. All records necessary to substantiate these requirements will be available for review by appropriate state and federal staff. I further certify that all expenditures will be obligated on or after the effective date and prior to the termination date of the project. Disbursements will be reported only as appropriate to this project, and will not be used for matching funds on this or any special project, where prohibited.

Further, I understand that it is the responsibility of the agency head to obtain from its governing body the authorization for the submission of this application.

E) \_\_\_\_\_  
 Signature of Agency Head



# Instructions

## Budget Narrative Form

This form should be completed based on the instructions outlined below, unless instructed otherwise in the Request for Proposal (RFP) or Request for Application (RFA).

A. Enter Name of Eligible Recipient.

### B. (DOE USE ONLY)

#### COLUMN 1

##### FUNCTION: SCHOOL DISTRICTS ONLY:

Use the four digit function codes as required in the Financial and Program Cost Accounting and Reporting for Florida Schools Manual.

#### Column 2

##### OBJECT: SCHOOL DISTRICTS:

Use the three digit object codes as required in the Financial and Program Cost Accounting and Reporting for Florida Schools Manual.

##### COMMUNITY COLLEGES:

Use the first three digits of the object codes listed in the Accounting Manual for Florida's Public Community Colleges.

##### UNIVERSITIES AND STATE AGENCIES:

Use the first three digits of the object codes listed in the Florida Accounting Information Resource Manual.

##### OTHER AGENCIES:

Use the object codes as required in the agency's expenditure chart of accounts.

#### COLUMN 3 - ALL APPLICANTS:

**ACCOUNT TITLE:** Use the account title that applies to the object code listed in accordance with the agency's accounting system.

**NARRATIVE:** Provide a detailed narrative for each object code listed. For example:

- **SALARIES** - describe the type(s) of positions requested. Use a separate line to describe each type of position.
- **OTHER PERSONAL SERVICES** – describe the type of service(s) and an estimated number of hours for each type of position. OPS is defined as compensation paid to persons, including substitute teachers not under contract, who are employed to provide temporary services to the program.
- **PROFESSIONAL/TECHNICAL SERVICES** - describe services rendered by personnel, other than agency personnel employees, who provide specialized skills and knowledge.
- **CONTRACTUAL SERVICES AND/OR INTER-AGENCY AGREEMENTS** - provide the agency name and description of the service(s) to be rendered.
- **TRAVEL** - provide a description of each type of travel to be supported with project funds, such as conference(s), in district or out of district, and out of state. Do not list individual names. List individual position(s) when travel funds are being requested to perform necessary activities.
- **CAPITAL OUTLAY** - provide the type of items/equipment to be purchased with project funds.
- **INDIRECT COST** - provide the percentage rate being used. Use the current approved rate. (Reference the DOE Green Book for additional guidance regarding indirect cost.)

#### COLUMN 4 – MUST BE COMPLETED FOR ALL SALARIES AND OTHER PERSONAL SERVICES.

**FTE** - Indicate the Full Time Equivalent (FTE based on the standard workweek for the type of position) number of positions to be funded. Determine FTE by dividing the standard number of weekly hours (e.g., 35 hours) for the type of position (e.g., teacher aide) into the actual work hours to be funded by the project.

#### COLUMN 5

**AMOUNT** - Provide the budget amount requested for each object code.

**C. TOTAL** - Provide the total for Column (4) on the last page. Must be the same amount as requested on the DOE-100A or B.

A) \_\_\_\_\_  
Name of Eligible Recipient:

B) \_\_\_\_\_

Project Number: (DOE USE ONLY)

**TAPS Number**

## FLORIDA DEPARTMENT OF EDUCATION

### Budget Narrative Form

**Tobacco Prevention and Intervention Teacher Training Project**

(1) FUNCTION	(2) OBJECT	(3) ACCOUNT TITLE AND NARRATIVE	(4) FTE POSITION	(5) AMOUNT
<b>C) TOTAL</b>				<b>\$</b>

