

## Attachment A – Proposal Form

Please complete Attachment A in its entirety and attach a cover letter signed by your Tribal Leader or organization officer. The completed Attachment A will serve as your proposal response.

### PROGRAM INFORMATION

<b>Tribe or Tribal-Serving Organization Submitting Proposal:</b>
Enter program name:
<b>Contact Information</b>
Primary Point of Contact: Title: Address: Telephone Number: Fax Number: Email Address:  Alternative Point of Contact: Title: Address: Telephone Number: Fax Number: Email Address:  Finance/Accounting Point of Contact: Title: Address: Telephone Number: Fax Number: Email Address:
<b>Established or Emerging Program:</b>
This proposal represents an established program in tobacco cessation and prevention. YES or NO
This proposal represents an emerging program in tobacco cessation and prevention (new program and established for less than 12 months). YES or NO
<b>5 POINTS: SHARED INTEREST</b>
For established programs, please describe the supplemental financial support or in-kind donation that your Nation, Tribe, Pueblo or tribal-serving organization will provide to the proposed program.  For emerging programs, please identify the staff member responsible for planning and implementing the commercial tobacco cessation and prevention program. Briefly describe this person's interest in establishing a commercial tobacco program in the identified community.
<b>10 POINTS: UNDERSTANDING OF PROGRAM AUDIENCE AND PROGRAM NEED</b>
Why are services in commercial tobacco prevention and cessation needed in your community? (Describe the current commercial tobacco use in this community, citing data if available.)  What community/communities will benefit from your program?  What age segments will your program reach?

If applicable, describe community response to or involvement in existing or past tobacco prevention and cessation programming:

**30 POINTS: PROGRAM PLAN**

Identify the goals of the program:

Explain how your program will meet these goals. For example, what curriculum will be used? What policies will you pursue? What Department(s) will you involve? What activities are planned? What specific tasks will be completed to reach these goals? This section should present a clear roadmap of what you plan to accomplish and how you will accomplish it.

Describe what Centers for Disease Control and Prevention Best Practices for Comprehensive Tobacco Control Program will be utilized.

**15 POINTS: PROGRAM COST**

Please complete the budget spreadsheet included on the last page of Attachment A. Please reference the list below for ineligible costs that shall NOT be reimbursed under this grant. Please also reference guidelines on mileage and lodging below.

**Ineligible Cost Items**

- Indirect cost rate exceeding 20%
- Food and Beverage
- Gift Cards
- Prizes and Incentives
- Promotional Items
- Cash
- Stipends
- Assets valued at over \$5,000
- Other capital expenditures that will not depreciate within one year
- Per diem costs

**Mileage and Lodging**

The grant will reimburse for mileage traveled. Mileage is reimbursed at 80% of the internal revenue service standard mileage rate set January 1 of the previous year for each mile traveled. Currently, the State mileage reimbursement rate is \$0.43/mile.

Lodging is an eligible expense if the proposer can demonstrate that overnight lodging is required. Lodging guidelines are outlined in the State of New Mexico Travel and Per Diem Regulations (Title 2, Chapter 42, Part 2). You can review these regulations here: <http://www.nmcpr.state.nm.us/nmac/parts/title02/02.042.0002.htm>

**20 POINTS: PERFORMANCE MEASURES & MILESTONE SCHEDULE**

Complete the table with activities and/or deliverables that will measure your program outcomes throughout the program year. Please reference your Program Plan and identify planned activities or deliverables that demonstrate your program's progress throughout the term of the contract.

Activity / Deliverable	Duration or Frequency	Milestone Completion Date(s)
<i>Example: Utilize local radio, community billboard, and community newsletter to educate</i>	<i>Monthly community newsletter.</i>	<i>September 15, 2017 October 15, 2017 November 15, 2017</i>



<b>10 POINTS: PAST PERFORMANCE</b>		
<p>Explain your past experience providing tobacco control services and/or other behavioral health services to Native American communities. Include discussion on achievement of deliverables, program requirements and utilization of funding. Were any funds reverted back to the funding agency? Were any deliverables unmet?</p>		
<b>5 POINTS: LEADERSHIP ENDORSEMENT</b>		
<p><i>Five points will be awarded for proposals containing the endorsement/signature of a tribal leader or organizational officer on the cover letter of the proposal package.</i></p>		
<b>5 POINTS: GENERAL PROPOSAL</b>		
<p><i>Five points may be awarded for presentation and format of proposal using Attachment A.</i></p>		

**OTHER INFORMATION**

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*Use this space to provide any additional comments or information to the evaluation committee. A response in this section is not required, but may be utilized if proposer wishes to include additional information.*

**BUDGET TEMPLATE**

**New Mexico Indian Affairs Department - Tobacco Cessation and Prevention Program**

Project Name:

	<u>Subtotal</u>	<u>Justification</u>
<b><u>PROFESSIONAL FEES</u></b>		
Labor category:		<i>Professional fees may include project personnel and/or subcontractors or consultants. Please include labor cost for labor category inclusive of fringe benefits. Estimated number of hours multiplied by your fully-burdened rate. Include a brief description of the labor category and their role in the project.</i>
		Estimated number of hours: Fully-burdened rate: Description of role on project:
Labor category		Estimated number of hours: Fully-burdened rate: Description of role on project:
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<b>SUBTOTAL – PROFESSIONAL FEES</b>		
<b><u>PROJECT SUPPLIES</u></b>		
Office Supplies		<i>Describe what office supplies will be purchased to support the project:</i>
Educational and Training Supplies		<i>Describe what specific educational or training supplies are needed for the project. Include approximate quantities of supplies.</i>
Other Project Supplies		<i>Describe other project supplies (outside of office supplies and educational/training supplies) that are needed to complete your project work. Include approximate quantities of these supplies.</i>

<b>SUBTOTAL - PROJECT SUPPLIES</b>		
<b><u>TRAVEL</u></b>		
Mileage costs		<i>List the estimated number of miles driven to be reimbursed multiplied allowable reimbursement rate of \$0.43 per mile. Describe travel for the project.</i>
Lodging costs		<i>List the estimated number of lodging nights multiplied by allowable lodging rate. Describe lodging needs for the project.</i>
<b>SUBTOTAL - TRAVEL</b>		
<b><u>TRAINING</u></b>		
Training expenses		<i>Describe training expenses that the project will incur. What training opportunity has been identified? Who will attend or participate in the training? What estimated costs are included in the training?</i>
<b>SUBTOTAL - TRAINING</b>		
<b><u>OTHER COSTS</u></b>		
Describe.		<i>Provide justification for any other costs that may fall outside cost categories listed above.</i>
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<b>SUBTOTAL - OTHER COSTS</b>		
<b>PROJECT SUBTOTAL</b>		

<b>INDIRECT COST RATE (NOT TO EXCEED 20%)</b>		<p><i>Indirect cost rate should be added to the subtotal of the project costs. Multiple the indirect cost rate by the subtotal.</i></p> <p>Indirect Cost Rate: _____%  Subtotal \$_____ x IDC% _____ = _____</p>
<b>NM Gross Receipts Tax (If Applicable)</b>		<p><i>NOTE: NMGRT rate is 7.1875%</i></p>
<b>PROJECT TOTAL</b>		<p><i>NOTE: Not to exceed \$30,000.00.</i></p> <p><i>Project Subtotal + IDC + NM Gross Receipts Tax = Project Total</i></p>
	<hr style="border-top: 3px double black;"/>	