



Request for Proposal CCHD – 2023-02

Organization to Conduct Tobacco Cessation Services

The Cecil County Health Department (CCHD) is seeking an organization to provide tobacco cessation services to Cecil County residents. Organizations interested in becoming a tobacco cessation partner with Cecil County Health Department are encouraged to apply.

One applicant will be selected to be trained by the Maryland Tobacco Quitline (MTQ) to provide tobacco cessation services to clients. The selected applicant will be trained by CCHD staff on required documentation and will become a referral portal for the Division of Health Promotion programs.

Funding has been made available through Maryland Cigarette Restitution Fund Program, Local Public Health Tobacco Use Prevention and Cessation Grant.

The application is attached and must be received by 12pm on 11/1/2022.

If an application with the mandatory requirements has not been received by 11/1/22, CCHD will extend the deadline until an acceptable application has been received.

For more information or to obtain an application by mail, contact Sandra Ferguson at sandy.ferguson@maryland.gov.

Healthy People. Healthy Community. Healthy Future.

ADMINISTRATIVE SERVICES.....	410-996-5550	ENVIRONMENTAL HEALTH SERVICES.....	410-996-5160
ALCOHOL AND DRUG RECOVERY CENTER.....	410-996-5106	HEALTH PROMOTION.....	410-996-5168
EMERGENCY PREPAREDNESS.....	410-996-5113	MENTAL HEALTH AND SPECIAL POPULATIONS SERVICES.....	410-996-5112
COMMUNITY HEALTH SERVICES.....	410-996-5130	TTY USERS FOR DISABLED: MARYLAND RELAY.....	800-201-7165
DISEASE CONTROL.....	410-996-5100	EN ESPAÑOL.....	410-996-5550 EXT 4680

**INCENTIVIZED TOBACCO CESSATION PARTNER APPLICATION
CIGARETTE RESTITUTION FUND TOBACCO GRANT FY23
CECIL COUNTY HEALTH DEPARTMENT (CCHD)**

COVER SHEET

ORGANIZATION INFORMATION

Name of Organization: _____

Mailing Address: _____

Contact Person: _____

Telephone Number: _____

E-mail Address: _____

Federal ID: _____

Proposer's Signature: _____ **Date:** _____
(Organization's official who is authorized to sign legally binding contracts.)

Application/Proposal Forms must be submitted by 12:00 pm, 11/1/2022:

Submit by mail to:
Cecil County Health Department
401 Bow Street
Elkton, MD 21921
c/o Sandra Ferguson

-OR-

Submit by electronic mail to:
sandy.ferguson@maryland.gov



**INCENTIVIZED TOBACCO CESSATION PARTNER APPLICATION
CIGARETTE RESTITUTION FUND TOBACCO GRANT FY23
CECIL COUNTY HEALTH DEPARTMENT (CCHD)**

As an Incentivized Tobacco Cessation Partner with the Cecil County Health Department (CCHD), Division of Health Promotion, your organization will be responsible for the activities below. Please review statements 1-5 carefully and indicate if your organization agrees to the following terms.

- 1. Complete the following activities.**
 - Collect information about tobacco use, e-cigarette (vape) use and secondhand smoke exposure at intake/enrollment/registration.
 - Train staff through the Maryland Tobacco Quitline (MTQ) to provide tobacco cessation services to clients.
 - Train staff to make tobacco cessation referrals via the CCHD Health Promotion Referral Form and/or Maryland Tobacco Quitline (MTQ) Form.
 - Send Demographic Tobacco Cessation Report Forms of clients completing cessation services to CCHD, Division of Health Promotion

- 2. Complete the objectives.**
 - Provide tobacco cessation services for clients.
 - Refer smokers to CCHD and/or the MTQ.

- 3. Any media information and/or products produced to be distributed in the community for this funded activity must have prior written approval of the grantor and acknowledge the funding source by using the tagline “Funded by the Maryland Department of Health’s Cigarette Restitution Fund Program in cooperation with the Cecil County Tobacco Task Force.”**

- 4. Three tobacco cessation Training sessions are required.**
 1. “Breaking the Habit in Behavioral Health (BH2): New Hope for Clients Who Smoke” is a three-hour virtual training from a live MTQ staff person teaching you how to implement group/single cessation programs.
 2. Fax to Assist is a 20 minute prerecorded online training that provides information on how to refer clients to MTQ and includes how to conduct SBIRT (Screening, Brief Intervention and Referrals to Treatment) for Tobacco Cessation during intake/registration/enrollment.
 3. Brief 15-20 minute overview from CCHD staff reviewing referral from to CCHD/MTQ for tobacco cessation services and overview of Nicotine and Non-nicotine Replacement Program and other available Health Promotion programs. Training can be conducted in-person or virtually depending on what works best for your organization.

- 5. Our organization agrees to complete the required training sessions and will submit copies of “Certificates of Completion” to Jennifer Padgett at CCHD for all staff trained within 30 days of staff completing training.**

Please check this box if your organization agrees to the above terms (Statements 1-5).

**INCENTIVIZED TOBACCO CESSATION PARTNER APPLICATION
CIGARETTE RESTITUTION FUND TOBACCO GRANT FY23
CECIL COUNTY HEALTH DEPARTMENT (CCHD)**

INFORMATION SPECIFIC TO YOUR ORGANIZATION
(This information will be used for Vendor Selection)

6. Expected Scope of Activities:

- a) How many staff will be trained? _____
- b) How many clients does your organization currently have? _____
- c) Please provide a realistic estimate of the number of clients your organization will be able to reach with tobacco cessation services by June 30, 2023? _____

7. Please answer the following questions to help us better partner with you.

- d) Does your intake currently have a tobacco related question in it? Yes No
- e) Do you have an electronic client system? Yes No
- f) Would your organization be willing to incorporate our referral form or tobacco cessation questions into your client system? Yes No
- g) Does your organization have a tobacco-free policy in place? Yes No
If not, would your organization consider developing one? Yes No

8. Type of clients at high risk for tobacco use. Disparities that will be reached. (Check all that apply)

- Youth(under 21 years old) African Americans
- Mental Health/Behavior Health Issues Hispanic/Latinx
- Pregnant Women LGBTQ+
- Low-income

9. Describe your organization’s experience facilitating healthy lifestyles programs, health promotion programs, substance use programs and/or tobacco cessation programs.

10. Add any other pertinent information that will indicate why your organization would be best qualified for this partnership with Cecil County Health Department (add additional page if necessary).



**INCENTIVIZED TOBACCO CESSATION PARTNER APPLICATION
CIGARETTE RESTITUTION FUND TOBACCO GRANT FY23
CECIL COUNTY HEALTH DEPARTMENT (CCHD)**

Complete this estimated budget form for proposed program activities for budget total up to \$13,000.

Item	Incentivized Activity Funds	Item Description/Justification
Staff Time	$\frac{\text{_____}}{\# \text{ Staff}} \times \frac{\text{_____}}{\# \text{ hrs}} \times \$ \frac{\text{_____}}{\text{cost/hour}}$ \$ _____ Total	Staff time spent on attending training, making system changes to facilitate referrals and tracking data for the funded services.
Materials	\$ _____	Materials for program and incentive items List items to be purchased: _____ _____ <i>Examples: Brochure holders, etc.</i>
Printing	\$ _____	List items to be printed or purchased: _____ _____ <i>Examples: paper, ink cartridges, copying and/ or professional printing for event</i>
Educational Supplies	\$ _____	Educational Supplies to support programs/activities. List items to be purchased: _____ _____ <i>Examples: displays, brochures, video 's, etc.</i>
Refreshments/ Food	\$ _____	Refreshments for staff training or program participants. List items to be purchased: _____ _____ <i>Examples: water, juice, sandwiches, chips etc.</i>
Miscellaneous	\$ _____	List items to be purchased: _____ _____ <i>Examples: IT expenses for electronic referrals, EHR fee for new data fields for tobacco cessation, etc.</i>
TOTAL AMOUNT REQUESTED	\$ _____	

