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Part 1. Funding Opportunity Description

A. Purpose

The [California Department of Public Health](#) (CDPH), [Center for Healthy Communities](#) (CHC), [Substance and Addiction Prevention Branch's](#) (SAPB) [Youth Cannabis Prevention Initiative](#) (YCPI) is seeking applications from California county and city local health jurisdictions (LHJs) to implement evidence-based and community-driven public health interventions that support cannabis education and prevention for youth. The purpose of this Request for Applications (RFA) is to fund, support, and expand local activities in the areas of cannabis education; prevention; and policy, systems, and environmental (PSE) change strategies in communities across the state.

RFA Priority Population

- The primary priority population is youth (ages 11-17).
- To reach youth, the secondary populations may include, but are not limited to, parents, guardians, caregivers, school staff and administrators, and other adults and community-based organizations and leaders who are concerned about youth cannabis use; play an influential role in the physical, social, and emotional health of youth; and strengthen protective factors of California's youth population.

CDPH seeks to award LHJs that have clearly identified cannabis education and youth prevention needs and propose a project narrative and scope of work (SOW) to address such needs. The applicant's project proposal should integrate, at minimum, the following components:

- A) Apply a health equity lens.
- B) Address the social determinants of health (SDOH).
- C) Collaborate with multiple sectors.
- D) Work within the multiple spheres of influence within the socio-ecological model (SEM), including individual, interpersonal, community, and societal factors.
- E) Promote protective factors and address risk factors for substance use.

See Attachment M for additional information on the SDOH and SEM.

B. Background

Cannabis is the most commonly used drug among California youth.¹ In 2019-2020, 31.2 percent of California high school students reported having ever used cannabis.² In 2019-2020, 15 percent of high school students in California reported using cannabis in the previous 30 days. The prevalence of past 30-day cannabis use was higher among 12th grade students relative to 10th grade students (18.0 percent versus 12.1 percent, respectively). In 2019-2020, the most commonly reported method of usual cannabis use among California high school students was smoking (50.6 percent) followed by vaping (32.6 percent). More than one in ten high school students had been exposed to cannabis in a room or in a car in the last two weeks (15.9 percent and 10.3 percent, respectively).

From 2017-2019, 35.1 percent of 7th, 9th, and 11th graders in California reported perceiving great risk of harm from using cannabis occasionally.³ More than one third of 7th graders (38.2 percent) perceived great risk of harm from using cannabis occasionally, compared to 31.8 percent of 11th graders. Forty-five percent of 7th, 9th, and 11th graders also reported that cannabis was very easy or fairly easy to obtain.

Cannabis use by youth and people in their early 20s can have short term and long-term health effects. According to the U.S. Surgeon General, frequent cannabis use is associated with lower school performance, changes in attention and memory, increased school absences, and increased rates of self-harm.⁴ According to the Centers for Disease Control and Prevention (CDC)⁵, short term health effects may include trouble with thinking, paying attention, and remembering; faster heart rate; and increased blood pressure. Long term health effects of using cannabis can include increased risk of heart attack and heart disease, respiratory effects such as chronic bronchitis, and mental health risks such as depression and social anxiety.

The amount of Tetrahydrocannabinol (THC) can vary widely by form.⁶ For example, cannabis that is dabbed can have up to ten times more THC per puff than smoked

¹ California Department of Public Health. Marijuana and California Youth: Trends and Impacts. <https://www.cdph.ca.gov/Programs/CCDC/PHP/sapb/CDPH%20Document%20Library/Marijuana-Factsheet-Youth.pdf>.

² Zhu S-H, Braden K, Zhuang Y-L, Gamst A, Cole AG, Wolfson T, Li S. (2021). Results of the Statewide 2019-20 California Student Tobacco Survey. San Diego, California: Center for Research and Intervention in Tobacco Control (CRITC), University of California San Diego.

³ Austin, G., Hanson, T., Zhang, G., & Zheng, C. (2020). School climate and student engagement and well-being in California, 2017/19. Results of the Seventeenth Biennial State California Healthy Kids Survey, Grades 7, 9, and 11. WestEd.

⁴ Office of the Surgeon General. Surgeon General's Advisory: Marijuana Use & the Developing Brain. 2019. <https://www.hhs.gov/surgeongeneral/reports-and-publications/addiction-and-substance-misuse/advisory-on-marijuana-use-and-developing-brain/index.html>.

⁵ Centers for Disease Control and Prevention. Marijuana and Public Health, Health Effects of Marijuana. 2021. <https://www.cdc.gov/marijuana/health-effects/index.html>.

⁶ See note 1.

cannabis. The amount of THC in cannabis has increased significantly over the last 25 years, from about four percent in 1995 to over 15 percent in 2018. Some forms of cannabis, like edibles and concentrates, have very high levels of THC – up to 90 percent.

In 2020, the 15-19 and 20-24 age groups had the highest rates (15.4 per 100,000 residents and 17.0 per 100,000 residents respectively) of cannabis poisoning related emergency department visits among all ages.⁷ Youth under five years of age also had high rates of emergency department visits related to cannabis poisoning in 2020, at 11.4 visits per 100,000 residents. Between 2018 and 2021, there was an increase of 140 percent in calls to California Poison Control Centers about cannabis exposure among children under six years old (330 calls in 2018 to 791 calls in 2021).⁸ In 2021, of the 791 calls to California Poison Control Centers about cannabis exposure among children under six years old, 501 calls (63 percent) were about exposure to cannabis edibles.

In 2016, the Control, Regulate and Tax Adult Use of Marijuana Act (known as the “Adult Use of Marijuana Act” or “Proposition 64”) legalized the possession, cultivation, and use of cannabis for recreational purposes in California for adults 21 years or older. The California Marijuana Tax fund (“Tax Fund”) was created to deposit all revenues, including taxes, collected under the Adult Use of Marijuana Act. Pursuant to California [Revenue and Taxation Code Section 34019](#) subdivision (f), a percentage of the money in the Tax Fund must be deposited into the Youth Education, Prevention, Early Intervention and Treatment Account (YEPEITA) and disbursed to the California Department of Health Care Services (DHCS) each fiscal year.

Through an Interagency Agreement (IAA) with DHCS, CDPH created the Youth Cannabis Prevention Initiative, which is comprised of the California Cannabis Surveillance System (CCSS) and the Cannabis Education and Youth Prevention Program (CEYPP). CCSS is a public health surveillance system that monitors youth and adult cannabis use; legal, social, and environmental impacts; and clinical outcomes. CEYPP provides health education and prevention to reduce the negative impacts and consequences of cannabis use through state and local partnerships, media, and social marketing campaigns.

CDPH values the importance and need of multi-sector partnerships to positively address identified public health issues, including cannabis education, prevention, and PSE change strategies to support youth. Proposition 64 has created funding opportunities for local organizations throughout the state; however, eligibility criteria of these other funding opportunities to date may limit the ability of LHJs to apply. Therefore, under the IAA with DHCS, CDPH SAPB is releasing this RFA to support LHJs with the development, implementation, and evaluation of community interventions and public health approaches to address the risks and consequences of youth cannabis use through education, prevention, and PSE strategies.

⁷ California Department of Health Care Access and Information, Emergency Department Visit Data, 2016-2020.

⁸ California Poison Control Centers 2016-2021.

C. Eligible Entities

CDPH will award funding, on a competitive basis, to California county and city LHJs to develop, implement, and evaluate cannabis education and youth prevention activities in their communities. Cannabis education, prevention, and PSE strategies must focus on youth ages 11-17. Education activities can include youth as well as adults, families, or other community members, but activities must ultimately support youth cannabis prevention (See priority populations in Part 1, Section A). LHJs (defined as Applicant(s) for the remainder of the RFA document) must operate within the jurisdiction they are authorized to serve. Applicants must have the capacity to adhere to the contractual, fiscal, and program reporting requirements of CDPH.

Applicants are encouraged to collaborate and subcontract with other organizations, such as but not limited to coalitions, community-based organizations, tribal organizations, or other governmental groups.

Eligible applicants must demonstrate the organizational capacity and readiness to complete the activities identified in the Applicant's project narrative and SOW that adhere to the RFA requirements.

Applications will be scored using defined scoring criteria and follow funding guidelines outlined in [California Revenue and Taxation Code Section 34019\(f\)\(1\)\(K\)](#).

D. Funding Availability and Award Period

CDPH will award up to a total of five (5) contracts and each contract will be for up to \$200,000 per year. The total funding period will span three years (i.e., 36 months) and is anticipated to run from June 30, 2023 to June 29, 2026. See Table 1. Tentative RFA Schedule in Part 1, Section G. The grant term may change if CDPH cannot execute the grant in a timely manner due to unforeseen delays.

The actual start date may vary due to the time required to finalize the agreements, obtain signatures, and process the agreements between awardees and CDPH. The resulting contract will be of no force or effect until signed by both parties. Applicants are hereby advised not to commence performance until the contract is fully executed. Should services or performance commence before all approvals are obtained, and the contract is not fully executed, said services or performance may be considered volunteered.

CDPH reserves the right to extend the term of the resulting agreement via an amendment as necessary to complete or continue the services. Agreement extensions are subject to satisfactory performance and funding availability.

E. Required Program Components in the SOW

CDPH will fund evidence-based, evidence-informed, or promising practices in youth cannabis education, prevention, and PSE. Applicants must integrate the five following Program Components in their SOW and describe in the Project Narrative how the components will be integrated. All Program Components do not need to be integrated into activities each year, but at a minimum, each Program Component must be integrated at least once. Other activities in the SOW should meet the needs identified in the Applicant's community.

Required Program Components:

Applicants must integrate the following components into their proposal:

1. Apply a health equity lens.
 - a. Health equity refers to efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives ([CA Health and Safety Code Section 131019.5](#)).
 - b. Health inequities can contribute to the increased use of substances or negative health outcomes from substance use.
2. Address the social determinants of health (SDOH).
 - a. The SDOH are conditions in which people are born, live, learn, work, play, worship, and age. The SDOH are grouped into five domains: 1) economic stability, 2) education access and quality, 3) health care access and quality, 4) neighborhood and built environment, and 5) social and community context. The SDOH are factors that can affect a wide range of health, functioning, and quality-of-life outcomes, including health inequities that can increase the risk of substance use.
 - b. Applicants do not need to address all SDOHs, but should work to address those that are appropriate for their community.
3. Collaborate with multiple sectors.
 - a. This program component aligns with the *multiple spheres of influence* below (component 4) and relates to an organization collaborating, engaging, or convening partnerships with sectors that influence substance use.
 - b. This component supports different organizations or groups with similar priorities or goals working collaboratively in their respective fields to accomplish the identified goals.

4. Work within the multiple spheres of influence within the socio-ecological model (SEM), including individual, interpersonal, community, and societal factors.
 - a. Collaboration among different spheres of influence can vary based on the Applicant's resources and partnerships, as well as the identified community need. Applicants must work across all spheres of influence, but this work can be spread across different activities and objectives.
 - b. CDPH seeks to build LHJs and community capacity with regards to cannabis youth prevention work. Applicants should propose activities that integrate and expand partnerships and organizational capacity.
 - c. Applicants must clearly convey community engagement, family engagement, and positive youth development activities as appropriate for their community need and priority population.
 - 1) Family engagement centers around the idea of a partnership between educators, families, and communities in the preparation of a youth's school, work, and life. The [California Department of Education](#) has resources, including a toolkit, on family engagement
 - 2) Positive youth development engages youth in a productive and constructive approach, recognizes and fosters their strengths, and promotes positive outcomes by providing opportunities, fostering positive relationships, and providing support. [Youth.gov](#) has additional resources related to positive youth development.
 - d. A way of working within multiple spheres of influence is utilizing PSE change strategies. These approaches influence laws and policies, organizations and institutions, and physical environments that impact and can shape the systems and structures of the communities in which we live, learn, work and play. See definitions below.
 - 1) Policy approaches can include legislation, information and education, fiscal measures, and regulations. Note: this funding cannot be used for lobbying (either for the passage of or defeat of legislation) or campaigning activities.
 - 2) Systems approaches can include changes that affect an entire organization, institution, or system, and can be as broad as a policy change or as detailed as a change in processes or procedures.
 - 3) Environmental approaches can include changes to a physical environment such as increased locations for clinics or fewer stores selling cannabis products near schools or other youth sensitive areas.
 - e. Other examples of strategies that aim to reduce or prevent youth cannabis use through multiple areas of influence can be found in the [Getting It Right from the Start scorecards](#). These scorecards examine California city and county policies and how each jurisdiction's policies compare to state law and other California jurisdictions. The scorecards

feature six policy categories, with all of them supporting the programs' goals, which include protecting children, youth, and public health.

5. Promote protective factors and address risk factors for substance use.
 - a. Protective factors are those that decrease a person's chances of substance use while risk factors are those that increase a person's chances of substance use.
 1. Examples of protective factors are parental monitoring, self-control, and strong neighborhood attachment and connectivity.
 2. Examples of risk factors include lack of parental supervision, early aggressive behavior, and poverty.
 - b. The National Institute on Drug Abuse's [website](#) has more information on protective and risk factors.

Applicants may propose activities that combine multiple Program Components. For example, one activity could be the planning, implementation, and evaluation of an evidence-informed education program for teens, such as the [Cannabis/Marijuana Awareness and Prevention Toolkit](#) or [Communities That Care](#), that can be conducted in multiple settings, such as schools and in community groups. Additional activities in the SOW could be working with community organizations to offer the training multiple times a year and offering a different training to support parents talking with their teens about substance use. These activities combine multiple required Program Components (such as utilizing a health equity lens, working within multiple spheres of influence, and promoting protective factors) while utilizing an evidence-informed program and health education/health promotion activities.

F. Required Reporting, Monitoring, and Material Development Activities

In addition to the Required Program Components in the SOW, successful applicants are required to comply with the administrative reporting, monitoring, and material development requirements outlined in this section.

1. Success Stories (Must be included in the SOW)

Awarded Applicants (or Grantees) will develop at least one success story annually. Success stories will highlight best practices from the program and activities. Specific guidelines and instructions will be determined and provided by CDPH to Grantees after funding has been awarded.
2. Promotion and Integration of CDPH's Youth Cannabis Education and Prevention Media Campaign Materials and Resources (Must be included in the SOW)

CDPH is implementing a youth cannabis education and prevention media and social marketing campaign in partnership with Rescue Agency. The media campaign aims to educate youth about the risks and consequences associated with cannabis use and to influence youth knowledge, attitudes, social norms,

and perceptions of cannabis. The campaign focuses on youth ages 13-17 and parents and guardians to support youth ages 13-17.

Campaign resources include health education materials, such as fact sheets, talking tips, conversation guides and frequently asked questions, in addition to educational toolkits for local partners. Grantees must integrate the promotion and dissemination of least one health education material from the campaign into its SOW activities. For more information about this campaign, visit [Youth Cannabis Education and Prevention Media and Social Marketing Campaign](#). Information on the formative research conducted for the campaign can be found in the [CDPH Cannabis Education and Youth Prevention Formative Research Executive Summary](#) (PDF).

3. Semi-Annual Progress Reports (Must be included in the SOW)

Progress reports will collect information and data for evaluation, analysis, and monitoring of project performance and project objectives outlined in the Grantee's SOW.

Components include, but are not limited to: status of project activities and deliverables, staffing, challenges, successes, and outcome data. All activities where baseline data is available should include updated data since the last reporting period and a brief description of the change. Grantees are required to complete and submit the Progress Report using the CDPH Progress Report Template on or before the due date, with both the template and due date determined by CDPH after funding has been awarded.

4. Evaluation Reporting to CDPH (Must be included in the SOW)

Grantees are required to share evaluation results with CDPH in the form of a Final Evaluation Report. CDPH will provide guidance on the Final Evaluation Report after funding has been awarded.

5. Meetings with CDPH Staff (Must be included in the SOW)

CDPH staff will conduct quarterly or monthly check-ins (to be determined by CDPH after funding has been awarded) with Grantees. Grantees are required to identify progress, challenges, and successes, and will have an opportunity to request technical assistance from CDPH. Grantees will be responsible for developing the meeting agenda and completing meeting minutes, with input from CDPH.

6. Invoice Submissions (Must be included in the SOW)

Grantees will submit invoices quarterly or monthly to CDPH; indicate frequency in the proposal. Each invoice must reflect the amount of expenses incurred during the previous quarter or month. Invoices must be submitted in the Invoice Template provided on or before the due date and will include any necessary documentation to support the Invoice.

7. Adjustments to Budgets and Scopes of Work

The contract will incorporate the proposed SOW and budget. During the contract period, if unanticipated changes occur that impact the SOW and/or budget, Grantees must submit the changes via email to CDPH and the changes must be approved by CDPH prior to the changes being implemented. A formal

contract amendment may be required based on those changes. CDPH reserves the right to request additional information or documentation to approve or deny budget and SOW adjustments.

8. Annual Updates to Budget and Scope of Work

Grantees will be required to submit annual budgets and SOWs for CDPH review and approval.

9. Material Development Requirements

Grantees will submit to CDPH for review and approval all materials supported by this grant intended for public distribution. This includes materials created by the Grantee or the Grantee’s partners. Materials must be approved by CDPH prior to dissemination. Additionally, Grantees will agree to use and disseminate CDPH media materials at the request of CDPH and as appropriate for the SOW.

G. Tentative RFA Schedule

Listed in Table 1 below are the key action dates and times by which the actions must be taken or completed. Proposals not received by the date and time listed below will be deemed non-responsive and will not be considered for award. CDPH reserves the right to adjust any date and/or time as necessary. If CDPH finds it necessary to change any of these dates and/or times, it will be accomplished via an addendum and posted online.

Table 1. Tentative RFA Schedule

Event	Date and Time Deadlines
RFA Release	February 13, 2023
Submit Written Questions	March 15, 2023 @ 5:00pm PST
CDPH to Respond to Questions	March 22, 2023 @ 5:00pm PST
Mandatory Letter of Intent	March 31, 2023 @ 5:00pm PST
Deadline to submit Application	April 12, 2023 @ 5:00pm PST
Notice of Intent to Award Posted	May 12, 2023 @ 5:00pm PST
Expected Start Date of Contract	June 30, 2023
Expected End Date of Contract	June 29, 2026

H. RFA Cancellation and Addendums

CDPH reserves the right to cancel or modify this RFA, including dates and/or times as necessary. If the RFA is modified in any way, an addendum will be posted online.

Applicants are responsible for periodically checking the website for updates.

I. Applicant Questions and Reporting of Errors in the RFA

Prospective Applicants shall review this RFA in its entirety and submit any written questions and clarifications to Cannabis@cdph.ca.gov by the question submission deadline listed in Table 1. Tentative RFA Schedule (Part 1, Section G). Reports of errors should be sent to Cannabis@cdph.ca.gov as soon as identified.

Emails must clearly identify the person and agency submitting the question. At its discretion, CDPH may contact an Applicant to clarify the meaning of any question received. CDPH reserves the right to not respond to questions received that are not related to this RFA.

Any verbal communication with a CDPH employee concerning this RFA is not binding on the State and shall in no way alter a specification, term, or condition of the RFA.

CDPH responses to questions submitted by the designated due date and time will be posted online as one (1) or more addendums to this RFA.

Part 2. Required Application Components

Applicants must complete the applicable narrative questions and attachments as outlined in Table 2 below. Follow all requirements below carefully, including designated page limits. Attachments are not included in the page limits for the sections. In addition to following the page limits, documents should:

- Be in 12-point Arial or Calibri font
- Have 1-inch margins
- Be single spaced
- Section headers are encouraged
- Include page numbers in the lower, right corner of each page

Table 2: List of Required Application Documents

Attachment	Required Document	Document Type	Page Limit
A	Application Checklist	PDF	N/A
B	Grantee Information Form	PDF	N/A
C	Project Narrative (Including no more than 3 Letters of Support)	PDF	10 pages (not including Letters of Support)
D	Scope of Work	PDF	N/A
E	Evaluation Plan	PDF	3 pages
F	Logic Model	PDF	N/A
G	Budget Detail	Excel	N/A
H	Budget Narrative	PDF	N/A
I	Contractor Certification Clause	PDF	N/A
J	STD 204 Payee Data Record	PDF	N/A
K	CDPH 9083 – Government Agency Taxpayer ID Form	PDF	N/A
L	DGS PD 1 – Darfur Contracting Act	PDF	N/A

A. Application Checklist

Complete the Application Checklist to ensure all required application attachments are included with the application. The Application Checklist should serve as a cover page to your application. Submit the Application Checklist with the application.

B. Grantee Information Form

Complete all sections of Attachment B. Grantee Information Form. A person authorized to legally bind the applicant must sign this form.

C. Project Narrative

Project Narrative (Page limit: Ten (10) pages)

The intent of this RFA is to fund cannabis education, youth prevention activities, and PSE in LHJs that have identified a need and a strategy for addressing their community's need. The Project Narrative should therefore describe and include: 1) a statement of need and a strategy or approach to addressing the need, 2) a description of the priority population, 3) the impact to the community, 4) collaboration and partnerships, 5) the organization's capacity and readiness to implement the identified program strategies, and 6) program objectives. See Attachment C for the template.

The Project Narrative must also describe how the five required Program Components listed in Part 1, Section F will fit in with program activities and objectives. Each Program Component should be indicated in the Project Narrative (for example, "This activity incorporates multiple spheres of influence within the socio-ecological model").

1. Community Need and Strategy Selection

Please describe your community's need for cannabis education and youth prevention activities, including how the need was identified, the number of youth in the county, and the prevalence of substance use disorders among adults. Data sources should be included.

Applicants must identify and describe a strategy or approach to address the need in their community. This should include detailed descriptions of promising practices, evidence-based, or evidence-informed approaches or strategies that will inform proposed activities and a detailed description of proposed activities. This approach should consider resources in the community, such as other programs, services, or organizational resources.

Applicants must also describe the underlying rationale for the proposed strategy including how and why the proposed activities will lead to the desired change in outcomes. Applicants may include evidence of existing programs and activities that have led to similar outcomes, a theory of change that provides a rationale for selecting the proposed activities, or a description of practices that show promise in achieving the desired outcomes.

2. Priority Populations

Applicants must identify and describe their community's priority population for cannabis education and youth prevention activities. This determination should be done through a needs assessment, assessment of community-level data, stakeholder input, and/or another method to understand the need. Applicants should describe how the population was identified and any relevant background information.

RFA Priority Population

- The primary priority population is youth (ages 11-17).
- To reach youth, the secondary populations may include, but are not limited to, parents, guardians, caregivers, school staff and administrators, and other adults and community-based organizations and leaders who are concerned about youth cannabis use; play an influential role in the physical, social, and emotional health of youth; and strengthen protective factors of California's youth population.

However, in identifying populations other than youth ages 11-17, Applicants must explain how the identification of the priority population group aligns with cannabis education, prevention, and PSE change strategies to support youth.

3. Impact of Activities

Applicants must describe how their activities will impact both the identified priority population and the community.

4. Collaboration and Partnerships

Applicants must identify and describe partnerships and collaborations that will support their strategy or approach, including a delineation of roles and responsibilities (established or planned). These partnerships do not need to already be in place and can begin with the development of this application. Partnerships can include, and are not limited to, other government agencies and offices, non-profits, community-based organizations, community coalitions, and tribal organizations.

Applications must include no more than three (3) letters of support from key partners. The letter must be on the partner organization's letterhead and include the signature, name, and title of a contact person. The letter(s) do not count toward the Project Narrative page count.

5. Organizational Capacity and Readiness

Applicants must describe their organization's capacity to complete their proposed program activities and evaluation. This can include identification of staff and partners who will implement and support activities and evaluation, including a description of roles and responsibilities; other funding sources or sources of financial support; and successful past work that describes similar activities and evaluation. This section must

convey the ability of Applicants to successfully implement and evaluate activities, if funded, and adhere to the contractual, fiscal, and program reporting requirements of CDPH as outlined in this RFA.

6. Program Goals and Annual Objectives

Applicants must identify overarching programmatic goals for the length of the full grant period and the annual objectives they will accomplish. The annual objectives must be Specific, Measurable, Action oriented, Realistic, and Time bound (SMART). The program goals and annual objectives should summarize the work that will be accomplished and align with the Community Need and Strategy Selection section.

D. Scope of Work

Applicants are required to submit a SOW that outlines the program goals, annual objectives, activities (including evaluation activities, the required activities identified in Part 1, Section F, and additional activities identified by the Applicant), responsible parties, timeline, and deliverables being proposed. The SOW should be for the entire three-year period. See Attachment D for the template.

E. Evaluation Plan (Page limit: Three (3) pages)

Applications must include a proposed evaluation plan, determined by the Applicant. The proposed evaluation plan should align with the Project Narrative and SOW. See Attachment E for the evaluation plan proposal template.

Applicants may use an internal staff member or external evaluator for evaluation activities.

Within the proposal, the Applicant must submit a proposed evaluation plan that includes the following required components:

- 1) An evaluation plan narrative, including health equity components
- 2) A logic model. See Attachment F for the template.
- 3) A communication and reporting plan

Upon award, the selected Grantees will be required to submit to CDPH an updated evaluation plan with the following components (timeframe to be determined by CDPH): 1) outcome data collection, 2) process data collection, 3) data analysis and management plan, 4) human subjects review (if needed), 5) potential challenges, and 6) an evaluation timeline. Any proposed primary data collection should be for program evaluation purposes and not for research.

CDPH staff can provide comments on the evaluation plan for selected Grantees, but cannot provide technical assistance on evaluation implementation during the funded period.

See Attachment N. Evaluation Plan Guidelines for more information on these components.

F. Budget Detail

The three-year budget detail must be submitted using the budget template provided; see Attachment G for the template. Round all dollar amounts and percentage figures to whole numbers.

The Budget Detail includes categorical and line-item descriptions (the costs identified in the template are examples only). Complete all sections of the budget according to the template instructions, estimating costs and personnel/positions according to the Applicant's operating needs. Applicants can add additional lines or categories as needed.

The total amount requested can be up to \$200,000 per year for three years and should follow the state fiscal year (July – June).

The Budget should include, but is not limited to, the following:

1. Personnel (salary and benefits)
 - a. Include job category or classification instead of staff name.
 - b. Indicate total annual salary for full time equivalents (FTEs). Mid-range salary may be used to estimate if the position is vacant.
 - c. Indicate percentage of time the position will be utilized on this project.
 - d. Indicate benefits rate, as a percentage and as a dollar amount. Benefits are determined by your organization and commonly include various leave types, insurances, and taxes paid by the employer.
 - e. Indicate the total amount requested per position based upon the salary, percentage time, and benefits.
2. Operating Expenses
 - a. This should include all costs except for personnel.
 - b. Funds cannot be used for purchase or renovation of buildings, facilities or land, or the purchase of major equipment. Major equipment is defined as property with a unit cost over \$5,000 with a life expectancy of one or more years.
 - c. Acceptable subcategories may include:
 - 1) General expenses: Includes office supplies, books, manuals, publications, and minor equipment (unit cost under \$5,000). These expenses must be itemized identifying the cost for each.
 - 2) Minor equipment: Computers and laptops are generally considered minor equipment. Computers and laptops may be allowable with justification and prior budgetary approval by CDPH, in the first year of funding only.
 - 3) Travel: Mileage, hotel, and per diem are capped at current [California Department of Human Resources rates](#). Mileage should indicate the

number of miles for ground transportation and rate per mile (58.5 cents per mile in 2022). Hotel should include the number of nights, location, and cost per night. Per diem should specify the number of days and rate per day. Airfare, if necessary, is limited to the most reasonable, low-price option available; indicate the number and destination of trips and expected cost per trip.

Applicants are required to budget for at least one staff person to attend an annual two-day training in Sacramento, sponsored by CDPH. No out-of-state travel is allowed without prior written approval of CDPH.

- 4) Training: Costs and fees for meetings, trainings, and conferences attended by project staff are reimbursable. Applicants shall obtain prior CDPH approval of the location, costs, dates, agenda, instructors, instructional materials, and attendees at any reimbursable training seminar, workshop, or conference conducted pursuant to this Agreement. This provision does not apply to necessary staff meetings or training sessions held for the Applicant's staff or subcontractor in order to conduct routine business matters.
- 5) Media/Promotion: Any anticipated costs related to promoting and integrating CDPH's Youth Cannabis Education and Prevention Media Campaign materials and resources should be included. Costs could be related to activities such as, but not limited to, supporting a youth conference that utilizes campaign materials; integrating materials into events supporting parents, guardians, and families; or local media buy.
- 6) Consultant Services/Subcontractors: Applicants planning to use consultants or subcontractors in the performance of the work must identify the SOW activity that the consultant/subcontractor will support. If consultant/subcontractors are known at the time of application, Applicants must include each consultant's/subcontractor's area of expertise, a description of the responsibilities to be assigned to each consultant/subcontractor, a description of plans for overseeing the performance of consultants/subcontractors, and the consultant's title, hourly rate, and number of hours to be worked (e.g., per week, per month). If the consultant is unknown at the time of application, Applicants must submit the required information at a later date determined by CDPH.
- 7) Indirect costs: Express as a percentage rate and total and specify how total costs were calculated. These are overhead costs that are not directly identifiable to the Applicant or to the Applicant's project and are generally expressed as a percentage of total personnel costs. Indirect expenses must not exceed a maximum of 25 percent of Total Personnel Services (Personnel Costs plus Fringe Benefits). Applicants

may not exceed the county's 2022-23 CDPH approved Indirect County Rates (See Attachment O)

CDPH will not reimburse for meals or refreshments served at meetings, workshops, training sessions, etc. conducted by Applicant or subcontractors. Applicant and subcontractors cannot use funding for lobbying activities. Promotional items ("swag") are also not reimbursable. Incentives may be reimbursable if the item is not related to or promote cannabis, tobacco, alcohol, or other substances and with CDPH prior approval.

G. Budget Narrative

Applicants should provide a budget narrative for all three years with a brief explanation of each line item on the Budget Detail (Attachment G). See Attachment H for the budget narrative template.

The budget narrative should align with the SOW, Project Narrative, and Evaluation Plan. CDPH reserves the right to seek clarification regarding a budget item or deny requests for any item listed in the budget that is deemed unnecessary for the implementation of the project.

Part 3. Application Submission Requirements

A. Mandatory Non-Binding Letter of Intent

Entities that intend to apply are required to submit a Letter of Intent by the deadline listed in Table 1. Tentative RFA Schedule. Letters of Intent received after the deadline will not be accepted. Applications submitted from entities that have not submitted a Letter of Intent by the deadline will not be reviewed by CDPH.

Letters of Intent are non-binding and entities that submit a letter are not obligated to submit an application.

Letters of Intent must be an email that includes in a PDF attachment:

1. The Applicant's (LHJs) name
2. Service areas
3. The name, position title, email address, and phone number of a contact person at the applicant organization
4. Name and signature of an authorized agency signatory or official agent

Letters of Intent should be submitted to Cannabis@cdph.ca.gov.

B. Instructions for Submission

Applicants must submit application materials by the deadline listed in Table 1. Tentative RFA Schedule. Applications received after this deadline will not be accepted or reviewed. Applicants are responsible for ensuring materials are received by CDPH by the deadline.

Applications must be submitted electronically to Cannabis@cdph.ca.gov. Applications should include each Required Application Document as a separate attachment and following this naming convention: "Organization Name_Attachment Letter_Title of Attachment". For example: "CDPH_C_Project Narrative". When submitting multiple emails with attachments, each email should be numbered. For example, an email with the subject "CDPH RFA Application #2", would indicate it is the second email with application materials.

It is the sole responsibility of the Applicant to ensure that CDPH receives the application by the stated deadline. Each application received by the due date and time will be reviewed for completeness and compliance with the instructions provided in this document. Incomplete, late, or non-compliant applications will not be reviewed or considered for funding.

It is important to note that there is no guarantee that submission of an application will result in funding, or that funding will be allocated at the level requested. Expenses associated with preparing and submitting an application are solely the responsibility of the applicant organization and will not be reimbursed by CDPH.

Part 4. Selection Review Process

A. Application Review Process

CDPH will review applications that were received on time by the submission deadline listed in Table 1. Tentative RFA Schedule.

B. Selection Criteria

Applications will be scored on the Project Narrative, Evaluation Plan, SOW, Budget Detail, and Budget Narrative. A total of 175 points is possible for each application. The five (5) applications with the highest scores will receive funding.

Project Narrative

Scoring Criteria	Possible Points
Community Need and Strategy Selection	25

Scoring Criteria	Possible Points
<ul style="list-style-type: none"> • The Project Narrative effectively describes a need for cannabis youth prevention and education activities within the community. • The Project Narrative identifies how the need was determined. • The Project Narrative identifies the number of youth in the county. • The Project Narrative identifies the prevalence of substance use disorders among adults in the county, including sources of data. • The Project Narrative describes a clear and feasible approach or strategy to providing cannabis youth prevention and education activities. • The Project Narrative effectively describes the rationale for the strategy or approach. 	
<p><u>Priority Populations</u></p> <ul style="list-style-type: none"> • The Project Narrative describes the priority population group(s) that the activities will impact. • The Project Narrative describes how this population was identified. 	10
<p><u>Impact of Activities</u></p> <ul style="list-style-type: none"> • The activities described in the Project Narrative demonstrate potential for positive impact among the priority population group(s). • The Project Narrative describes how activities will impact the whole community. 	6
<p><u>Partnerships</u></p> <ul style="list-style-type: none"> • The Project Narrative identifies partnership organizations. • Letters of Support are included, no more than three letters. • The Project Narrative describes and delineates the roles and responsibilities between the Applicant and any partnerships/collaboration. 	4
<p><u>Organizational Capacity and Readiness</u></p> <ul style="list-style-type: none"> • The Project Narrative describes how the organizational capacity, structure, and/or experience will lead to successful activity and evaluation implementation. • The Project Narrative describes the ability of the Applicant, if funded, to adhere to the contractual, fiscal, and program reporting requirements of CDPH and as outlined in this RFA. 	10
<p><u>Program Goals and Annual Objectives</u></p> <ul style="list-style-type: none"> • The Project Narrative identifies appropriate goals for the program. • The Project Narrative identifies SMART annual objectives addressing both the community and priority population. 	10
<p><u>Integration of Required Program Components</u></p>	25

Scoring Criteria	Possible Points
<ul style="list-style-type: none"> • The Project Narrative describes in appropriate detail how each of the five required Program Components will be integrated into overall programmatic approach and its supporting activities. <ul style="list-style-type: none"> ○ <u>Health Equity</u> ○ <u>Social Determinants of Health</u> ○ <u>Collaboration with multiple sectors</u> ○ <u>Working within the socio-ecological model</u>, including community engagement, family engagement, and positive youth development activities as appropriate ○ <u>Promoting protective factors and reducing risk factors</u> 	
Section Total Points	90

Scope of Work

Scoring Criteria	Possible Points
The SOW includes annual SMART objectives for the three-year period that address the need outlined in the narrative. SOW activities support and align with the annual SMART objectives.	15
The SOW identifies appropriate staffing and partners to implement activities.	4
The SOW includes deliverables that align with the activities.	4
The SOW effectively integrates the required Success Stories in a way to highlight accomplishments.	4
The SOW effectively integrates the required <u>CDPH's Youth Cannabis Education and Prevention Media Campaign</u> material.	4
The SOW integrates semi-annual progress reports, evaluation reporting, invoice submissions, and meetings.	4
Section Total Points	35

Evaluation Plan

Scoring Criteria	Possible Points
The Evaluation Plan Narrative includes evaluation methods that are adequately described and appropriate in terms of their scope, design, capacity to test proposed hypotheses, their alignment with the Project Narrative, and evidence that the evaluation incorporates health equity.	8
The Evaluation Plan Narrative describes, in adequate detail, clear aims and evidence-based or promising hypotheses, identification of process and evaluation outcomes appropriate for measuring the impact of program	9

activities, and how evaluation results will be used to improve or tailor the program.	
The Evaluation Logic Model aligns with the Project Narrative, overall Evaluation Plan, and outlines appropriate short, intermediate, and long-term outcomes.	4
The Communication and Reporting Plan is appropriate and aligns with the overall Evaluation Plan and SOW.	4
Section Total Points	25

Budget and Budget Narrative

Scoring Criteria	Possible Points
The Budget demonstrates responsible stewardship of funds, with expenses aligned with proposed activities and adequate staffing to support programmatic work.	10
The Budget Narrative explains all items in the Budget.	10
Section Total Points	20

C. Notice of Intent to Award

CDPH will post a Notice of Intent to Award on the date listed in Table 1. Tentative RFA Schedule.

D. Award Protest Procedures

An Applicant who has submitted an application and was not funded may file an appeal with CDPH. Appeals must state the reason, law, rule, regulation, or practice that the Applicant believes has been improperly applied regarding the evaluation or selection process. There is no appeal process for applications that are submitted late, are incomplete, or did not have an accompanying Letter of Intent submitted by the deadline.

Appeals shall be limited to the following grounds:

1. CDPH failed to correctly apply the application review process, the format requirements, or to evaluate the applications as specified in the RFA.
2. CDPH failed to follow the methods for evaluating and scoring the applications as specified in the RFA.
3. Appeals must be sent by email to Cannabis@cdph.ca.gov and received by May 19, 2023, by 5:00 p.m. PST. The CDPH Center for Healthy Communities Assistant Deputy Director of Operations, or designee, will decide the outcome of the appeal based on the written appeal letter. The decision of the Assistant Deputy Director, or designee, shall be the final remedy. Appellants will be notified by email within 15 days of the consideration of the written appeal letter. CDPH reserves the right to withdraw, or respond, to the satisfaction of CDPH.

Part 5. Required Attachments

Attachment A. Application Checklist

Attachment B. Grantee Information Form

Attachment C. Project Narrative

Attachment D. Scope of Work

Attachment E. Evaluation Plan

Attachment F. Logic Model

Attachment G. Budget Detail

Attachment H. Budget Narrative

Attachment I. Contractor Certification Clause

Attachment J. STD 204 Payee Data Record

Attachment K. CDPH 9083 – Government Agency Taxpayer ID Form

Attachment L. DGS PD 1 – Darfur Contracting Act

Attachment M. Social Determinants of Health (SDOHs) and Socio-Ecological Model (SEM)
Examples

Attachment N. Evaluation Plan Guidelines

Attachment O. 2022-23 Indirect County Rates