2013 SENATE APPROPRIATIONS

SB 2024

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2024
01-22-2013
Job # 17526

☐ Conference Committee

Committee Clerk Signature	Alice Delzer

Explanation or reason for introduction of bill/resolution:

A Bill for an appropriation for the Tobacco Prevention and Control Executive Committee

Minutes: See attached testimony

Chairman Holmberg called the committee to order on Tuesday, January 22, 2013 at 10:00 am in regard to SB 2024. All committee members were present. Sheila Sandness from Legislative Council and Laney Herauf -OMB were also present.

Jeanne Prom, Executive Director of the ND Center for Tobacco Prevention and Control Policy, testified in favor of SB 2024. See attached testimony #1. On page 2 of attached testimony #1 it shows they are allowed 5 full time employees (FTEs). They would like to make 3 of their temporary employees permanent. (14:00 to 15:40) Ms. Prom elaborates on bullet #4 on page 2. (15:50 to 18:35) Ms. Prom spoke about the requested changes on page 3 of testimony #1

Senator Warner asked whether the $45,000.00 was for compensation of the employees becoming full time.

Ms. Prom: Yes

Jeanne Prom provided attached testimony # 2 "Saving Lives - Saving Money: North Dakota's Comprehensive State Plan to Prevent and Reduce Tobacco Use". We now have a statewide smoke-free law. There is a definite trend toward not only smoke-free policies, but also tobacco-free policies indoor and outdoor. Many communities are passing voluntary smoke-free and tobacco-free policies.

Senator Warner: Is there a policy in place within the oil industry for a smoke-free workplace?

Jeanne Prom: That is an area we would like to do more work on. I do understand there are safety issues. I'm told the oil patch industries don't allow smoking during working hours.

Senator Carlisle: Does your group do all the radio ads? Are you reaching the right people with your ads?

Ms. Prom: Our ads are mainly ads about the health hazards of second-hand smoke. I agree that we have to use different strategies to reach different groups. The cessation programs are facilitated through the Dept. of Health; we assist by referring people to NDQUITS that the Dept. of Health operates. There are challenges to reach that population.

Senator Kilzer: For the financing, do you anticipate any money left over from the present or the previous biennium?

Ms. Prom: Yes, our trust fund balance is estimated to be $39,381,797.00 at the end of this biennium. We will begin a deficit spending after 2017 when the last deposit is made. That was by design. We knew there would be a balance in that trust fund.

Senator Kilzer: In previous appearances here you have asked for additional FTE's (full time employees) and you were putting out a lot of your work on contracts. You gave that as one of the reasons that you would like those four FTE's last time. Are you still doing that or are temporary workers doing that work?

Ms. Prom: It is being done by the temporary workers; we have not had to contract.

Senator Kilzer: The Health Dept. will be coming up and they will have various line items for tobacco. Are those things that you fund and the Health Dept. funds?

Ms. Prom: (32:28 to 32:42)

Senator Gary Lee: What do you mean by "local infrastructure grants" on page 2 of your testimony? (Testimony #1)

Ms. Prom: Go to the highlights from the state plan. Page 6 (of testimony #2) halfway down the page it gives a very brief description of all the grant programs. These grants are provided on a non-competitive basis to all public health units.

Senator Gary Lee: That 690 are funds that were transferred from the Health Dept. granting to your agency?

Ms. Prom: The responsibility for funding and managing that program is at the center but I am not sure if you are asking if there was a transfer of funds. But there was not a transfer of funds. That was agreed upon by the agencies that we would assume in our current appropriation that amount of money for the local public health units and the health department would focus on other areas of need with the moneys that would have gone to local public health. The local public health funding remained the same. It just came from a little different source.

Senator Gary Lee: You are doing the work of administering those grants?

Ms. Prom: Yes, and we folded them into our local policy grants so that local public health units get one grant and not two different grants.

Senator Gary Lee: Did it require any shifting of employees to administer that?

Ms. Prom: I would go back to our request, we brought them on as temporaries. We would like those temps to be permanent. There was no shifting of staff between the agencies.

Senator Gary Lee: The responsibility was shifted from the Health Dept. to you?

Ms. Prom: Yes.

Senator Carlisle: on page 6, on these grants, who is the American Nonsmokers' Rights Foundation? Could local and city organizations serve that purpose? How much money did they get and where does it go?

Ms. Prom: the American Nonsmokers' Rights Foundation is a grass roots organization. That is a national office. They have members from all the states. They are the national experts on smoke-free policy and they have a lot of educational materials. They provide training as to how to work with city and other groups to make places smoke-free. They received for the entire biennium $130,000.

Senator Robinson: With your temporary employees, do you experience a lot of turnover?

Ms. Prom: We haven't had turn over. What we have had is difficulty finding people. They are OK with their position with just health insurance. We've been very fortunate.

Dr. Kermit Lidstrom, an original member of the North Dakota Tobacco Prevention and Control Advisory Committee (NDTPC) and a member of the Executive Committee, presented attached testimony # 3.

Jayne Vetter, a registered nurse presented attached testimony #4.

A written testimony was given to the committee members on behalf of Karen Macdonald, a Registered Nurse and Family Nurse Practitioner. See attached testimony #5.

There was a question and discussion about the 39 million left in the trust fund and the projected deficit spending in the 2017 biennium. (46:00 to 49:00) They cannot spend the 39 million; they can only spend what is appropriated.

There was discussion about the origins of the trust fund being established by measure 3. There was some question about the money in the fund being stockpiled. (49:00 to 51:30)

Chairman Holmberg: Is it within the purview of this legislature with a simple majority vote to appropriate the money to the Tobacco Prevention and Control Committee out of the trust fund?

Senator Kilzer: That was basically my request to the attorney general. The response was affirmative.

Chairman Holmberg: We'll have our legal staff and Sheila take a look at that.

Jack McDonald, appearing on behalf of the ND Society of Respiratory Care, stood in support of the bill.

Dr. Lidstrom: What is happening with the trust fund- we are using part of it to run the program, there will come a time when there will be no more. We are using about what's coming in, later on when we don't get payments, we will have to use that trust fund.

Chairman Holmberg closed the hearing. The same sub-committee that we have on the health department will take a look at 2024: Senator Kilzer, Vice Chairman Grindberg, and Senator Mathern. I made a switch on 2014, Warner will go in for Mathern.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2024 subcommittee
February 5, 2013
Job # 18346

☐ Conference Committee

Committee Clerk Signature

Explanation or reason for introduction of bill/resolution:

This is a subcommittee hearing on the Comprehensive Tobacco Control Advisory Committee.

Minutes:

Testimony attached # 1-5

Senator Kilzer opened the hearing on SB 2024. Senator Carlisle and Senator Warner were present.
Legislative Council - Sheila M. Sandness
OMB - Laney Herauf

Attending:
Jeanne Prom, Executive Director of the ND Center for Tobacco Prevention and Control Policy
Tasha Gerding, Breathe ND, accountant

Senator Kilzer: I had Sheila M. Sandness make copies of Tobacco Prevention and Control (13.9547.01000) **Attachment #1**

Vice Chairman Grindberg: Does the handout have a list of salaries?

Senator Kilzer: We will need a detailed list of salaries and how money is spent. The recommended program intervention budget is dated October 2007. Asked if they had an updated version of the CDC recommended annual investment and the recent population figures? I want to be sure that the spending lines up exactly with the CDC recommendation. I've told you before that I do not like the way you stockpile the money.

Jeanne Prom:
Testimony attached # 2 CDC Best Practice Amount
Testimony attached # 3 Tobacco Prevention and Control Trust Fund
Testimony attached # 4 Analyses of the Tobacco Prevention and Control Trust Fund
Testimony attached # 5 ND Tobacco Prevention and Control Executive Committee
This does not break it out by CDC best practice category but we do have that information.

Senator Kilzer: We want to see that to insure that the spending is at the level of the CDC recommendations. That is what measure # 3 said and the people are expecting that.

Jeanne Prom: This is the total amounts, not by Best Practices categories. The top of attachment # 2 shows the years and total population. We have 50,206 more people living in North Dakota then in 2006. Recommended spending per biennium would be $22.3M. If they spend 2/3, we would be at $14.8M. We have about 2/3 of the total program and the Department of Health (DOH) has 1/3.

Senator Kilzer: This shows how you put it into the budget, but I would like to see the spending amount for each one of these years.

Jeanne Prom: For the fiscal years we would have 2010, 2011, and 2012.

Senator Kilzer: How about 2009.

Jeanne Prom: Just the last six months because that would be in the fiscal year 2010.

Senator Kilzer: Why do you include what the health department puts in? There's nothing in measure 3 about the health department's contribution.

Jeanne Prom: That was determined before I was on staff but in measure 3 it does say that the community health trust fund, which goes to the health department, eighty percent of that needs to be spent on Tobacco control. I believe the agreement with the health department was that they would continue that program and it would be part of this program.

Senator Kilzer: We really shouldn't be appropriating this much money to you, only the $14,846.24.

Senator Mathern: It's positive in keeping all concerned about public health working together. I don't have a problem with sharing the work and the income.

Jeanne Prom: That is the way the law is written. It makes sense that we work together.

Senator Kilzer: Still has a problem with this. You're using 2/3 of the funds is all? If you're going to take 80% of community health trust fund, you're getting all the money from the minor tobacco companies for that ten year period. The DOH is expected to carry a heavy load and last session there were other programs that we had to cut back on. You're sitting with $39 million that you've stashed away.

Jeanne Prom: The intention of the law was to provide a trust fund, like a Legacy fund, for 20 years. The idea was that there should always be a Tobacco prevention control in the DOH. We were to reduce tobacco use and the maintenance of tobacco use would be the long term responsibility of DOH. The Community Health Fund money stays with the DOH.

Senator Kilzer: It was my understanding that 80% of those funds come into this committee.

Jeanne Prom: No, they actually stay with DOH. She explained (15:15) the laws say that the community health trust fund will stay with DOH. The one change to measure 3, that changed from legislature in 1999 0r 2001 is that the community health trust fund going to the Health Department has to spend 80% on Tobacco prevention and control.

Discussion followed on how this affected other programs that had been funded out of this community health trust fund.

Vice Chairman Grindberg: Would like a projection of the fund.

Jeanne Prom: Handed out attachments #3 and #4.

Vice Chairman Grindberg: asked what current law changed in attachment # 3.

Jeanne Prom explained the charts. Attachment # 3 and # 4 (20:00).

Senator Kilzer: Payments have been less than the projections. Main source of income is not from the master settlement it is from the minor tobacco company's settlements. I'd like to see the CDC breakdown and how it's been spent and give subsections for 5 years. What the projected payout should have been and what it actually was. Also would like information on number of employees and salaries.

Senator Kilzer asked Jeanne if there are any other documents that she felt they should be seeing.

Jeanne Prom: Presented information on the optional budget found in attachment #5.

Senator Kilzer adjourned.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2024 subcommittee
February 11, 2013
Job # 18738

☐ Conference Committee

Committee Clerk Signature Rose Laning

Explanation or reason for introduction of bill/resolution:

This is a subcommittee hearing on the Tobacco Prevention and Advisory Coalition

Minutes: Testimony attached 1-3

Legislative Council - Sheila M. Sandness
OMB - Laney Herauf

Senator Kilzer opened the hearing on SB 2024. **Senator Mathern** was present but **Senator Grindberg** is in DC.

Those present:
Jeanne Prom, Executive Director of the ND Center for Tobacco Prevention and Control Policy
Tasha Gerding - Breathe ND, accountant
Karalee Harper, Director, Division of Chronic Disease, Department of Health

Senator Mathern - I have some questions about the combination of Health Dept. spending this agency spending and the CDC recommendations that you had raised. It would appear that if we spent at the CDC level we would actually allocate more money to this entity than what is in this bill.

Jeanne Prom that was one of the questions that Senator Kilzer brought up last time and I can address that.

Senator Kilzer Wasn't there 5 different areas that the CDC recommended and I think you're right on target Senator Mathern, this is what would like to look at in depth.

(2:34)**Jeanne Prom** - CDC Funding and Expenditures per year - attachment # 1
The front page on top - population changed throughout the year because that is an important part of this formula is per capita. The other part of the formula is the CPI the consumer price index or inflation and that is the rate of inflation for the corresponding years. Then you mentioned the 5 CDC's that's practice areas on the left. She explained attachment #1.

Senator Kilzer Now we're talking about dollars and cents per capita. **Jeanne** replied correct.

2nd page has CDC spending

Karalee Harper, Department of Health: Our accounting system doesn't track in the same way. We went off of our best guess, in regards to fitting it into a particular category. If I could ask a clarifying question for Senator Mathern for the top two would you like us to be getting that information. Senator Mathern said he didn't need it. However **Senator Kilzer** requested that information of the numbers for 2009-10 and 2010-11 for Department of Health. (6:19-6:56)

Senator Kilzer. Now, for fiscal 2012 and 2013, these are the same so are you kind of adding up the biennium or something? **Karalee Harper** replied yes Senator Kilzer that is what we do, because we don't let it out that way so we get our best guess and divide it into two.

Senator Kilzer going up Jeanne up to the top fiscal year to 2010, would you say North Dakota Department of health budget there really is a figure to be put in there because you've got the total the same as the one contributor, the $125,108.73. **Jeanne Prom** replied that does not reflect anything the Department of Health did spend. **Senator Kilzer** asked, but you did spend something? Jeanne Prom replied Yes.

Jeanne Prom continued so you can see Senator Kilzer if you look at the most recent fiscal years you could go across and see what the center column is and the Department of health column and that actually totals together in that last column before the break.

Senator Mathern From these charts, what does it say in terms of how much is in your budget versus how much is recommended to be spent?

Jeanne Prom replied: What it says is that our spending was based on a budget that was prepared two years ago according to lower levels of CDC best practice recommendations. So we're always going to have a little bit of lag there but what it tells me is that we do need to make sure that we're at the CDC best practice level based on current population and current rate of inflation. **Senator Mathern** And what is it show in terms of the next biennium the difference between the recommendation and the budget that we have before us. What column does that subtract which from which to give us that number?

Jeanne Prom: On the page before you, it would be the last two columns toward the right. The far right column is what should be spent and the far second to the furthest right column is what we estimate for this year being spent. I will stress that is based on a little bit of a lag between when we figure what the population and the inflation rate is compared to when we know what it is. So, there may be a little difference there that can be explained by just having to budget within the middle of the year when the inflation rate and. Senator Mathern, Does this show then that there should be an additional $800,000 added some place? Jeanne Prom replied that is correct. **Senator Mathern** So you take the $10 M 360,000 and subtract from $9,550,000 and the difference between those would be what should be added to your budget or recognize it not needing the CCD requirement. That be accurate?

Jeanne Prom That is correct! But as you can see here the budget in the current fiscal year that we were in was prepared in 2010 and that would explain why there's a bit of difference there. Sometimes our estimates when we prepare the budget, are not quite what they should be looking back at what the actual population, rate of inflation was for 2010. Because we prepare this budget for fiscal year 2013 we did in the summer and spring of 2010, so we're estimating what 2010 rates of inflation and 2010 population will be. We do our best informative guess but sometimes were a little bit inaccurate.

Senator Kilzer It looks to me that it is really lagging far behind because from 2009 and we don't have it from 2008 do we? Jeanne replied the first fiscal year of this particular iteration of the program was fiscal year 2010, so before that would've just been the Department of Health. Senator Kilzer because we're at $10.29 Million, 10.36 M, 10.36 M, what is it for 2011 and 2012? It looks like we should have those available. **Jeanne Prom** replied that is what you just requested from the Department of Health; because it only reflects our expenditures. **Senator Kilzer** no, I am talking about the column way over on the right, the CDC column. Isn't that the amount the CDC's said should be spent? **Jeanne Prom** replied correct. **Senator Kilzer** with our increase in population with our increase in CPI, and we've only gone from $10.29 M up to $10.36M and that is just for the budget of 2010. I would think by now we would have, were in 2013. **Jeanne Prom** Senator Kilzer you make a good point and if you go to the other side of the page again these are our figures that are available to us when we make the budget. But now, many months later we have additional information so if you look at the far right columns on this key, if you look for 2012, that is a calendar year there you can see that it's up to $11.6M. So your right the $10.3 that you said seems low, is low compared to 2012 CPI and 2012 population but we did not know what that was going to be when we did the budget.

Senator Kilzer I guess I would ask you to update it because you're making projections up to 2015. Here we're only at 2010. I am looking for another two years on here. You can put some estimates for the next biennium because supposedly that is what we're dealing with is the budget for the 2013-2015 bienniums so I would like to see it all the way up to 2015. Can you do that? **Jeanne Prom** replied Yes. **Senator Kilzer** even if its estimate that's okay. I know the CPI won't be available and we certainly know that the population estimates are over 700,000 at least that's what the governor's office is preaching. I would like to see this taken out further including estimates through 2015. **Jeanne Prom** Well actually we stop at 2012. This is actual, on the one side. Yes we can take it to 2015. Whatever limitations we have we'll let you know. We were wondering if our figure here was going to meet your needs and it's not.

Senator Mathern If we were to go to CDC level of recommended spending, is there already an agreement in place between your agency, as to where the money would go?

Jeanne: We have currently an MOU with the Department of Health based on current budgets. That is through the end of this biennium. We would continue that no matter what the situation would be because we're a cooperative program.

Senator Kilzer The DOH in this area of tobacco control only uses money from community health trust fund and federal trust fund. They do not use funds from any other sources? Is that your understanding too? **Jeanne** replied Yes.

Senator Kilzer Do you interact with DPI in the schools program and are they part of the whole CDC, DPI and the schools program?

Karalee: In regards to, we have what's called the Coordinated School Health Program and that is a cooperative CDC grant application with DPI and DOH and so those two entities ask for money together with the CDC has two programs within each department.

Senator Kilzer Are any of those funds that part of what we were just talking about those are outside CDC best practices. I assumed their aimed at school children as such. There isn't much control as it's mostly prevention, although as I drive by some schools, I see some pretty young kids puffing away. I would like to ask what those other funds amount to - totally and I don't if you need to do it or if we need to ask the DPI.

Jeanne: Senator Judy Lee has historically put together a survey of agency alcohol, drug, tobacco and risk associated behavior prevention programs, however this was from last session and it hasn't been updated. But just to give you an idea where things were two years ago which has its limitations obviously, the Department of Public Instruction has the Title 9 Space and Drug Free Schools and Communities Program funding for reducing alcohol drug and tobacco use through education and prevention activities. It is for the 2011-13 biennium. They don't' have that grant anymore.

Senator Kilzer How much was the grant?

Jeanne The previous biennium was for 2009-2011, $2M277 thousand 356.00 and again that is all federal from the Dept. of Education but it is no more. **Senator Kilzer** repeated $2.27M. **Jeanne** replied correct. That was federally funded Department of Education. But it is no more.

Senator Kilzer That was 09-11 and not presently. That would be big item for DPI unless it was replaced by something.

Jeanne: Senator Grinberg had asked for some salary information and spending. (Attachment #2 - 2013-15 Senate proposed budget ...)

Senator Kilzer We'll look at it and not talk about it until he gets back.

Senator Kilzer All of us are state employees and are in PERS and how many temporaries do you have? Jeanne replied 3. **Senator Kilzer** Full time. **Jeanne replied** correct. **Senator Kilzer:** I know that **Senator Grindberg** is very concerned with the FTE's and you had 3 temporaries for how long? **Jeanne** - explained 24:00. She replied we have had one for almost all of the biennium and another one for about half the biennium, in fact that is on your sheet on the lower left.

Senator Mathern (25:37) Are the three temps that you want to make permanent, are they the evaluation coordinator, and the grants manager position?

Jeanne - That is correct. I have an orange chart here that to help you visualize and that does identify the three temps by position not by name of person. The attachments just briefly describe each position under main budgetary responsibilities and programmatic responsibilities. So that is just a reference document for the committee.

Senator Mathern I am not sure does the bill authorize the transfer of the temps to permanent position or is would require an amendment yet to this bill?

Jeanne: It does not it just provides fulltime equivalent positions of five. That is what we currently have, so we had submitted all requests for additional FTE and it had to be in the optional package when we submitted to the governor and none of those were put into our base budget request by the Governor in his Executive Budget. But they are still in our optional request and we still are requesting those.

Senator Kilzer In your optional request, is there a saving to do that? There is always two questions that I have about options 1) is there a savings and 2) it would improve your turnovers. Do you have a turnover problem with these long standing temporaries?

Jeanne: We've got a great staff and to keep people on staff so there isn't much turnover. But we haven't been around that long. We had one resign, but it was marriage and family reasons. I'd like to reward the temporaries with permanent benefits. The cost savings really happen at the point of hire when you can bring someone on maybe for a little less as far as salary because they have the full benefit package. With temporaries, I feel that so get good temporaries I've had to offer more as far as a wage because they don't get the full benefits so in my mind, it's about even so bringing them on, maybe a savings in the salary line but the fringe line would be higher whereas if you had a temporary your wage would be higher and of course the fringe wouldn't be as high. But I think it's about even. But I think recruiting is so much easier with the permanents because were very low unemployment and part of the reason why our positions are still open is at the same time we're soliciting for our positions and there are similar positions that are permanent. Most people would prefer the full benefit package. Some for whatever reason don't need it, but most do.

Senator Kilzer I don't have any more questions. You're well prepared, but bring the CDC recommendations are for spending up to this biennium.

Senator Mathern Ask Legislative Council to draft an amendment that addresses the spending level at the CDC level and changes the three temps to permanent positions. That kind of amendment maybe we could at least look at. **Senator Kilzer** we can look at separate amendments so that Senator Grindberg really has choices.

Sheila M. Sandness 1) The first amendment would be to increase appropriation to CDC best practices level which is more than CDC level. They are asking for the additional $900,000 so this would be actually be, about that right?

Senator Kilzer right. **Sheila Sandness** So you could give me the number that you would need to. Jeanne I assume we are estimating that number which number. **Senator Mathern** I imagine we take this formula and estimate it for the biennium. **Senator Kilzer** Minus the amount the DOH puts in.

Senator Mathern The second amendment would be changing the 3 temporaries to permanent.

Jeanne Adding three FTE's, a Field Coordinator, Statewide Programs Manager, Evaluation Program Manager. Those would be the titles?

Senator Kilzer with or without the FTE's how much you would have to put out on contract? Your estimate of that in line with the new CDC updated full expenditures.

Jeanne We have been lucky in being able to hire them. These positions filled in as temporary positions so they don't come out the contract line which is a cost savings. So, my short answer to you is I hope that we can continue to do that and not have any be contract employees. Have them all be temporaries.

Senator Kilzer In your original presentation did you talk to us about how much went out on contract and was that figure included in your original testimony?

Jeanne I don't go into detail, but I do give what is an operating which is where the contracts are. Currently, we don't have any contracted employees. There are only temporary employees so they are under the salary line and not under the operations line.

Senator Kilzer So you don't have any that are under the contracted line. **Jeanne** replied that's correct.

Senator Kilzer Because I don't remember that figure at all.

Senator Kilzer closed the hearing on SB 2024.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2024 subcommittee
February 15, 2013
Job # 19036

☐ Conference Committee

Committee Clerk Signature Rose Laning

Explanation or reason for introduction of bill/resolution:

This is a subcommittee hearing on the Comprehensive Tobacco Control Advisory Committee.

Minutes: Testimony attached # 1-2

Legislative Council - Sheila M. Sandness
OMB - Laney Herauf

Senator Kilzer opened the hearing on SB 2024. Senator Grindberg and Senator Mathern were present.

Jeanne Prom, Director, Tobacco Prevention and Control
Tasha Gerding, Accountant, Tobacco Prevention and Control Advisory
Attachment # 1 - CDC Funding and Expenditures per year
Attachment # 2 - 2013-2015 Senate proposed budget compared to the Center's requested optional budget.

Jeanne Prom explained attachment #1.

Senator Kilzer - There is a discrepancy of about $3.6 million or so.

Jeanne Prom - Yes, that was our first year, I would like to explain a couple of things. In the 2009 legislative session the Senate passed 2063 which was the budget for the new organization. Then it went to the House where it failed so there was no appropriation. When the Senate passed that bill you actually had an emergency clause on it. What happened was until the very last hour of the 2009 session there was so appropriation bill for the agency once the House had voted it down. So, it got added on to HB 1015 which was the OMB bill and then there was no emergency clause. You actually as a Senate supported the idea of emergency funding and getting this organization up and running but it didn't quite go that way on the other side. Therefore that was a delay. The other major delay was an arrangement that the Executive Committee had made with the Department of Health that they would manage and use the money from the Executive Committee for the local grants program. In June and early July it was decided that that was not going to be the way things were going to roll out. So that was a major change in the programming and that also

caused a delay because that transferred the work of getting those grants out to local public health units to 3 executive committee members, none of them were paid staff. (5:50)

Senator Kilzer - We do need to move on, can you quickly summarize subsequent years?

Jeanne Prom - On the next page if you go to fiscal year 2011 the third column shows the total spend or budgeted for that year between the 2 agencies, the center and the Department of Health compared to that stand alone column. We had not adjusted in a population or an inflation factor into that budget. Fiscal year 2012 is the second column and you can see the total spend or budgeted was $8.4 million compared to the CDC budget of $10.3 million. Now we get to our current fiscal year 2013 and this is estimated. (7:52)

Senator Kilzer - Does CDC include population increase?

Jeanne Prom - It includes that for 2010 because this budget was prepared in 2010. We didn't forecast the 2013 rate of inflation.

Senator Kilzer - How about for the upcoming budget? Is population in there?

Jeanne Prom - It is but it wasn't forecasted for 2013-15 it was estimated for 2012 when we were creating the budget this past spring and summer. The numbers for fiscal year 2014-15 that you see there do factor that in but our optional budget request is still under that amount.

Senator Mathern - What is the difference between the CDC suggestion for the next biennium and the present budget we have before us?

Jeanne Prom spoke of attachment #5.

Senator Mathern - If we were spending CDC suggested in all of the 5 areas we would be allocating how much money?

Jeanne Prom - You would be allocation to the center $19.4 million.

Senator Mathern - So the $19.4 million is the CDC suggestion?

Jeanne Prom - When you add in the Health Department portion of that, those 2 together is the CDC total of $24.9 million.

Senator Kilzer - None of these papers have to do with the revenue that will be coming in.

Jeanne Prom - That is correct. OMB has in its report what they anticipate the revenues to be.

Senator Kilzer asked if **V.Chairman Grinberg** would want to give concerns about FTEs.

Senator Grinberg - This is 2 years correct?

Jeanne Prom - Correct

Senator Grinberg - If you go to the far right column under total it shows $24.98 million, correct?

Jeanne Prom - Correct.

Senator Grinberg - Then you add the Health Department into total dollars, that is $5.5 million so you take that money off and now you are spending $19.4 million, right? Is this subtracted from that to get to $19 million and then so why don't these numbers match up with OMB or Legislative Councils analysis?

Jeanne Prom - When that budget was put together the executive recommendation included they did not include the $19 million, they budgeted at the level of what is on that sheet, the $13 million and I guess...

Senator Grinberg - So if you were to redo this sheet today this would say $19 million?

Jeanne Prom - No because the executive recommendation is the $13 million and in order to change that you would have to increase the bill.

Senator Grinberg - So to add to my further confusion this says $13 million, this says $19 million and then requested optional is $14 million, so is the $5 million and the $13 million get to the $19 million? No that's $18 million.

Jeanne Prom - The governors executive recommendation, I think, I haven't seen it but it sounds like that's what's on there, that is the executive recommendation. Our optional request was $14 million and then in the meeting when you weren't here it was requested by this committee that I forecast what the rate of inflation and the population for next biennium will be so that is going to raise that number and that is where the $19 million comes from.

Senator Mathern - We would spend what was received up to the level of the CDC recommendations.

Senator Grinberg - Conceptually I'm back.

Senator Kilzer closed the hearing.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2024 subcommittee
February 19, 2013
Job # 19172

☐ Conference Committee

Committee Clerk Signature Rose Laning

Explanation or reason for introduction of bill/resolution:

This is a subcommittee hearing on the Comprehensive Tobacco Control Advisory Committee.

Minutes: Testimony attached # 1-3

Legislative Council - Brittani Reim
OMB - Joe Morrissette

Senator Kilzer opened the hearing on SB 2024. **Senator Grindberg** and **Senator Mathern** were present.

Senator Kilzer handed out amendment 13.8174.01001- attached #1. These are 3 amendments put together. As I recall, I asked them to be drafted separately so we could accept each one on them.

Joe Morrissette, OMB - There are a couple agencies I guess that don't have any non-classified positions but not very many.

Senator Grinberg - Just to clarify there is 8 total? You've got the executive budget as 5 FTE's and the optional was 3, so these 3 are we apples and apples with making these FTE's by adding them are no longer temporary?

Jeanne Prom - That is correct.

Senator Kilzer - And the second amendment brings the level up to CDC all 5 of those standards, right?

Jeanne Prom - Yes, that matches what we had given you on the 15th.

Senator Grinberg - To be clear then, this committee is prepared to accept the additional budget requests that were not on the governor's budget by making these positions permanent. The governor did not include making 3 FTE's permanent.

Jeanne Prom - Yes, the governor did not include any more FTE's than the 5.

Senator Grinberg - And you asked for the optional to add those 3 as permanent.

Jeanne Prom - Yes

Senator Mathern - Funding for the 3 temporary was in the bill but not funding for them as permanent so the major change of the amendment is changing the classification from temporary to permanent.

Senator Grinberg - That is a great clarification. I think from a management perspective it gives Jeanne the security to know these people will be permanent employees and she's got a better organization because of it.

Senator Kilzer - Have you had a lot of turnover of these 3 temps?

Jeanne Prom - We have not, we've been very fortunate. It's just challenging on the upfront to hire them when there are other positions that aren't temporary in other agencies.

Senator Kilzer - I want to be sure my committee members are comfortable with number 2 and 3. Number 1 that is a given, but particularly number 3, I want to be sure the subcommittee people want 3 additional FTE's.

Senator Grinberg - That's why I asked the question. They're going to be temporary employees in the next biennium. This would suffice for your committee to move forward.

Senator Kilzer - As I recall 2 years ago you asked for, was it 4 FTE's and we gave you 2?

Jeanne Prom - After the process on both sides it was 1. We had 4 and now 5.

Senator Kilzer - How many biennium's have you asked for additional FTE's?

Jeanne Prom - The first time we were funded was 2009 and we asked for 4 and got 4. And the last session we asked for 3.5 and got 1 more so now we are at 5.

Senator Kilzer - And now that you will have 8 if we approve this and it goes through that way how many temporary employees will you still have to hire or contracting out will you still have to do of this type of work?

Jeanne Prom - Hopefully minimal but I think with more money going out working with our auditor through our first audit they want us to do more auditing of all the local grants because such a large portion of our total appropriation is actually granted out to local public health unit so I could see needing some temporary assistants for sure with the auditing process.

Senator Mathern moved to adopt amendment 13.8174.01001
Senator Grinberg seconded.

A roll call vote was taken. Yea: 3 Nay: 0

Jeanne Prom handed out other bills that affect Senate Bill 2024 - attached #2 and a paper on SB 2004 Amendment - attached #3.

Senator Kilzer - Can you tell us about HB 1253 over in the House.

Jeanne Prom - It is on the 11th order and did pass out of committee do pass. I think it's probably going to pass. It requires the center to cover the costs to comply with the signage requirements of the new smoke free law. (10:07)

Discussion followed on HB 1253.

Senator Mathern - Do pass as amended on SB 2024.

Senator Grinberg seconded.

A roll call vote was taken. Yea: 3 Nay: 0

The subcommittee will recommend a Do Pass on SB 2024 to the full committee.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2024
02-20-2013
Job # 19221

☐ Conference Committee

Committee Clerk Signature	Alice Delzer

Explanation or reason for introduction of bill/resolution:

A BILL re: Comprehensive tobacco control advisory committee (Do Pass as Amended)

Minutes: Attachment

Chairman Holmberg called the committee to order on Wednesday, February 20, 2013. All committee members were present.
Brady Larson -Legislative Council
Joe Morrissette-OMB

Senator Mathern - Explains the amendment #13.8174.01001, attachment (1)

Senator Mathern moved the amendment.
Senator Robinson seconded
Voice vote was taken. The motion carried.

Senator Mathern moved do pass as Amended.
Senator Kilzer seconded

Discussion
Senator Kilzer says on the CDC recommended level of spending they are off quite a bit. They should be spending about 14 million on tobacco during a biennium and they are about 5 million under that. He continues to say they took an in-depth look at the 5 categories in the CDC guidelines and they are below every one of them so the request has been changed so they will receive full funding for the CDC guidelines even though they didn't request that much. Senator Kilzer says the other issue about them stashing it away is in the health budget not in this bill.

Vote on a do pass as amended.
A Roll Call vote was taken. Yea: 12; Nay: 1; Absent: 0.

Senator Mathern will carry the bill. The hearing was closed on SB 2024.

13.8174.01001
Title.02000
Fiscal No. 1

Prepared by the Legislative Council staff for
Senator Kilzer
February 13, 2013

2-20-13

PROPOSED AMENDMENTS TO SENATE BILL NO. 2024

Page 1, replace lines 11 through 13 with:

"Comprehensive tobacco control	$12,922,614	$6,514,132	$19,436,746
Total special funds	$12,922,614	$6,514,132	$19,436,746
Full-time equivalent positions	5.00	3.00	8.00"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2024 - Tobacco Prevention & Control Exec Comm - Senate Action

	Executive Budget	Senate Changes	Senate Version
Comprehensive tobacco control	$13,016,197	$6,420,549	$19,436,746
Total all funds	$13,016,197	$6,420,549	$19,436,746
Less estimated income	13,016,197	6,420,549	19,436,746
General fund	$0	$0	$0
FTE	5.00	3.00	8.00

Department No. 305 - Tobacco Prevention & Control Exec Comm - Detail of Senate Changes

	Corrects Executive Compensation Package[1]	Increase Funding to CDC Level[2]	Adds 3 FTE[3]	Total Senate Changes
Comprehensive tobacco control	$4,471	$6,416,078		$6,420,549
Total all funds	$4,471	$6,416,078	$0	$6,420,549
Less estimated income	4,471	6,416,078	0	6,420,549
General fund	$0	$0	$0	$0
FTE	0.00	0.00	3.00	3.00

[1]Funding is added due to a calculation error in the executive compensation package.

[2]This amendment increases funding to the Centers for Disease Control and Prevention (CDC) recommended level as adjusted for inflation and estimated population increases.

[3]This amendment adds 1 FTE field coordinator, 1 FTE statewide programs manager, and 1 FTE evaluation program manager. These positions are currently temporary positions.

Date: 2-20-13

Roll Call Vote # 1

2013 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 2024

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number .01001

Action Taken

Motion Made By Seconded By

Senators	Yes	No	Senator	Yes	No
Chariman Ray Holmberg			Senator Tim Mathern		
Co-Vice Chairman Bill Bowman			Senator David O'Connell		
Co-Vice Chair Tony Grindberg			Senator Larry Robinson		
Senator Ralph Kilzer			Senator John Warner		
Senator Karen Krebsbach					
Senator Robert Erbele					
Senator Terry Wanzek					
Senator Ron Carlisle					
Senator Gary Lee					

Total (Yes) No

Absent

Floor Assignment

If the vote is on an amendment, briefly indicate intent:

Voice Vote passed

Date: 2-20-13

Roll Call Vote # 2

2013 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 2024

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken DPA

Motion Made By ~~Kilzer~~ Mathern Seconded By Kilzer

Senators	Yes	No	Senator	Yes	No
Chariman Ray Holmberg	✓		Senator Tim Mathern	✓	
Co-Vice Chairman Bill Bowman	✓		Senator David O'Connell	~~✓~~	✓
Co-Vice Chair Tony Grindberg	✓		Senator Larry Robinson	✓	
Senator Ralph Kilzer	✓		Senator John Warner	✓	
Senator Karen Krebsbach	✓				
Senator Robert Erbele	✓				
Senator Terry Wanzek	✓				
Senator Ron Carlisle	✓				
Senator Gary Lee	✓				

Total (Yes) 12 No 1

Absent

Floor Assignment Mathern

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2024: Appropriations Committee (Sen. Holmberg, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (12 YEAS, 1 NAYS, 0 ABSENT AND NOT VOTING). SB 2024 was placed on the Sixth order on the calendar.

Page 1, replace lines 11 through 13 with:

"Comprehensive tobacco control	$12,922,614	$6,514,132	$19,436,746
Total special funds	$12,922,614	$6,514,132	$19,436,746
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Renumber accordingly

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[2]This amendment increases funding to the Centers for Disease Control and Prevention (CDC) recommended level as adjusted for inflation and estimated population increases.

[3]This amendment adds 1 FTE field coordinator, 1 FTE statewide programs manager, and 1 FTE evaluation program manager. These positions are currently temporary positions.

2013 HOUSE APPROPRIATIONS

SB 2024

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Sakakawea Room, State Capitol

SB 2024
March 7, 2013
Job 19540

☐ Conference Committee

Kristi Hetmyler

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the comprehensive tobacco control advisory committee.

Minutes: Handouts 1, 2

Chairman Pollert: Opened the hearing

Sheila Sandness, LC: (4:00) Went through and explained the yellow book with budget changes that was handed out to the committee.

Chairman Pollert: Asked to go to SB 2024 and to correlate the green sheet to this bill.

Sheila Sandness: Explained the green sheet and where it is in the book, (9:15) Sheila went through the green sheet in reference to the tobacco prevention control

Chairman Pollert: All SB coming to us, we have made the amendments on the OMB budget 1015 as far as the salary package so that won't be reflected on Senate agency bills?

Sheila Sandness: The Senate bills do not include that change that the house made in the compensation package, only includes the correction that was made to fix governor's salary package.

Chairman Pollert: Would the tobacco agency be under the same rules and guidelines of House bill 1015?

Sheila Sandness: That is correct; we would have to make amendments to this bill to follow that recommendation in 1015. Continues on details on amendments (11:10)

Chairman Pollert: Were the 3 FTE's in the executive budget?

Sheila Sandness: they were not, there was temporary salaries were including for them but they are not included in the executive recommendation.

Chairman Pollert: (13:00) Clarified when the Dept. of Health would be heard

Jeanne Prom, Executive Director of the ND center for Tobacco Prevention and Control Policy. (Handout 1) (15:00)

Theresa Will, Executive Committee Chair: (16:38) Presented overview of statute.

Rep. Nelson: Using 2007 dollars, how many states achieve spending level recommend of CDC?

Theresa Willa: Two

Rep. Nelson: Would we be the only state achieving level of spending?

Theresa Willa: I don't have an answer.

Rep Nelson: With the Senate changes, you stated the money would run out in 2021, has an analysis been done to see how that would change the fund balance?

Theresa Willa: Jeanne has been working with OMB to look at those numbers, I don't have anything exact at this point.

Rep Nelson: I would like to see that information when you have it.

Dr. Kermit Lidstrom, Executive Committee member: (22:40) Gave testimony in support of bill.

Nathan Marion, Advisory Committee Chairman: (28:44) (handout 2) He went over the 4 goals and results of biennium.

Jeanne Prom: (36:38) Addressed the appropriations for current budget this biennium and for next budget.

Chairman Pollert: Did you have the 3 FTEs in there or did the Senate do this?

Jeanne Prom: We had the 3 FTE's in our optional package the Governor's Executive budget did not add to our FTE number, the Senate did. She continued to go over the budget.

Rep. Wieland: How the 3 additional employees got into your agency?

Jeanne Prom: We are following the plan that was in last session. (40:34) continued on with budget.

Rep. Wieland: Can we get a job description of those people in the next public meeting?

Chairman Pollert: What is your turn over?

Jeanne Prom: We have just lost one temp staff due to a change in her life.

Rep. Nelson: Did they increase the funding to what they are doing for your agency because of the increase of population or is there a change there? (47:00)

Jeanne Prom: That would be explained on the next page, continued on explanation of budget

Chairman Pollert: You said 2/3 go to local public health units, is that correct?

Jeanne Prom: Yes 2/3 goes to local grants.

Rep. Nelson: (53:00) In the first half of the session in the Human Service area we had been asked for an add on housing allowances for the State employees that live in oil developing parts of the state. When you grant money to local public health units, do you track how that money is being spent as far as the salaries, is there a general wage index that is used or how do you manage local public health grants as far as salary?

Jeanne Prom: We allow what grants are submitted, recently in the NW area they are looking for a 15% increase for salaries in that area?

Rep. Nelson: The increase would be for the same position but a different area? (55:20)

Jeanne Prom: I would have to take a closer look at it.to give you a more accurate answer.

Rep. Nelson: (56:00) It is important that we stay consistent with other agencies in dollars also. If you could provide us with a ball park next Thurs that would be helpful

Jeanne Prom: There has been a turnover challenge with levels of salaries at the local public health unit level.

Chairman Pollert: 67% of a grant will go in staffing and their benefits for implementing that grant, is that what you are saying?

Jeanne Prom: That is across all the local public health units that are an average so I would assume that it would be in that range.

Chairman Pollert: Are they looking to you for staffing requirements then? (57:45)

Jeanne Prom: For this program.

Rep. Kreidt: Will you provide a list of grants that are distributed and a copy of blank contract so see how you negotiated with whoever you are contracting with?

Jeanne Prom: Marion's report shows some highlighted current grants and contracts. 59:10 continued with testimony.

Chairman Pollert: 1:01:30 So at the end of 1113 you will have the money in there, so will you supply us with what your estimate is for the end of 15.

Jeanne Prom: Yes, we have it part of OMB Governors budget.

Chairman Pollert: We will want that handed out to be discussed.

Jeanne Prom: (1:02:30) continued on with testimony.

Chairman Pollert: (1:08:16) That is not including that come out of the Senate amendments, correct?

Jeanne Prom: I believe that it does include the 6 million.

Jeanne Prom: (1:09:35) Jeanne went over CDC best practices and inflation rates. (1:13:24) ended testimony

Chairman Pollert: Are there any other states that have a similar committee as the tobacco prevention and control executive committee or is ND alone out there?

Jeanne Prom: There are 7 states like ours that focus on tobacco prevention and control that gets money from a source other than tax dollars.

Rep Wieland: (1:14:44) What are the current statistics or numbers regarding state funded institutions of higher learning, are all of those 11 schools smoke free campuses, and if not, which ones are not? In K-12 how many are left that don't have a policy still?

Jeanne Prom: 9 out of 11 are tobacco free, NDSU is not tobacco free it is smoke free campus wide. Williston and Fargo are not tobacco free today.

Rep. Wieland: K-12?

Jeanne Prom: (1:17:00) Most districts have what we call the comprehensive policy, meaning increased protection. 58% of student population and about 20% of all districts and private schools.

Rep. Nelson: Community health trust fund, looking at your assumptions, as tobacco use goes down some of these numbers will follow it. How will this affect the quit line program and others thru the Dept of Health.

Jeanne Prom: That should be asked of the Dept. of Health.

Rep. Nelson: What is the current level of spending from the community health trust fund, is it growing or stagnant?

Jeanne Prom: Again I prefer the Dept. of Heath should answer.

Chairman Pollert: (1:19:30) We will have an overview from dept. of Health are those number of grants on page 6 growing. Do you have where you were at two years ago or say four years ago?

Jeanne Prom: It has increased slightly from 2 years ago. We need staff to manage those grants. We assume that with increased funding we will have more grants.

Chairman Pollert: Do you have more applications for grants that you're dispensing?

Jeanne Prom: There are other completive grants we have funded most of the applications.

Chairman Pollert: Will all the money be expended in 1113?

Jeanne Prom: We are on track to spend 97% of our budget.

Chairman Pollert: Of grants given out, will you be able to tell if there are new people getting grants or the same clients?

Jeanne Prom: We can provide that info. (1:22:04)

Rep. Kreidt: You mentioned that there were a couple of states do similar to ND, which states are those?

Jeanne Prom: We can provide the states, one is MN.

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Sakakawea Room, State Capitol

SB 2024
March 11, 2013
Job 19724

☐ Conference Committee

Angela Dr

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the comprehensive tobacco control advisory committee.

Minutes: *Testimony 1*

Valerie Schoepf read testimony in support of the bill (Testimony 1).

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Sakakawea Room, State Capitol

SB 2024
March 12, 2013
Job 19798

☐ Conference Committee

Jocelyn Gallagher

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the comprehensive tobacco control advisory committee.

Minutes: Testimony 1, 2, 3, 4, 5

Theresa Will, Executive Director of City-County Health District, testified in support of SB 2024. **(testimony 1) (0:20 - 3:58)**

Chairman Pollert: Renewal full funding...Are you saying there is not full funding in 2024 now?

Will: If this amount (4:13) is taken from 2024.

Chairman Pollert: But 2024 is full funding so your talking 2004. I was asking what you meant, because I wasn't aware of us reducing 2024 or that the senate enhanced it, just wanted to clarify that. When you say "Non-smoking patients are routinely advised", ...are there any figures that a non-smoking adult isn't going to smoke?

Will: We also address any second-hand smoke they would be in contact with.

Chairman Pollert: When we hear testimony about funding for 2024, they talk prevention. So the grants you receive.... Are you using the funds from 2024 grants for prevention or treatment?

Will: We use the funds for both. AAR is the cessation.... We also do prevention through them and provide education for the community.

Chairman Pollert: When you get a grant from the fund, do you have to document how those funds are used? Saying used so much for prevention, so much for youth...?

Will: Yes we do. There are recommended percentages of our budget that should be spent in each 5 best practice areas.

Chairman Pollert: If there is a grant that has gone to local public health unit.... Is there any time when the FTE is talking chronic disease or is it tobacco prevention?

Will: A lot of time is out there doing prevention. There is education on the new law.

AT (9:36- 26:30) ON JOB 19798 THERE IS TESTIMONY FOR SB 2004

Chairman Pollert: Alright, now back to 2024.

Sherry Adams, Southwestern District Health Unit: (26:44) Although I'm reading this for Javayne Oyloe, which is Upper Missouri District Health Unit Administrator, it is pretty much an echo of Southwestern District Health Unit as well. **Read testimony (27:20) for Javayne Qyloe, Executive Officer of Upper Missouri District Health Unit (Testimony 2).**

Chairman Pollert: (30:09) Including the optional package, do you know what that's about?

Adams: The optional budget that we lost via the CDC grant.... For Southwestern it was a loss of about $30,000.

Jeanne Prom, Executive Director of the ND center for Tobacco Prevention and Control Policy: Through the Governor's budget process we submitted a base budget and also an optional package. What got in the executive budget was a base budget but not our optional. The Senate went beyond our optional package and had us forecast for a higher level than the optional package.

Chairman Pollert: Does the tobacco group appropriate grants to SADD?

Prom: I believe Upper Missouri has given small amounts to SADD chapters in their area.

Chairman Pollert: But the Tobacco group hasn't funneled any grants to the SADD group?

Prom: We have a grant with Northern Lights Youth Service. The CDC grant that was referenced goes to the department of health.

Chairman Pollert: When you get a grant from the tobacco group and it helps fund an FTE, are you using those grants for prevention? Does that at any time go for chronic disease?

Adams: All of the health units write our grants together. We've all been focusing on policy and on the new laws. We don't focus on that because our staffs are not nurses. Nurses can refer them or educate them but it's not specifically under the tobacco grant.

Christina Haibeck, Health PRO (Peers Reaching Out): (36:44) testified in support of the bill **(Testimony 3**).

Rep. Nelson: Do you deal one on one with your peers as far as prevention or to quit tobacco? Do you hold meetings? Tell me about the program.

Haibeck: We do talk to our peers on a one on one level. We work in the clinic and lead convocations.

Rep. Nelson: How many members are involved with Health Pro on the campus?

Haibeck: Typically 10.

Rep. Nelson: Is the funding for materials? What is involved?

Haibeck: You are paid minimum wage through the campus....

Chairman Pollert: I am surprised you would have to educate administration.

Haibeck: We have several members of our administration who use tobacco on campus.

Barbara Andrist, Statewide Programs Manager for the Center for Tobacco Prevention and Control: (42:43) read testimony on behalf of Renae Byre, Supervisor of Tobacco Prevention at First District Health Unit, **(Testimony 4).**

Vicki Rosenou, Public Health District in Valley City: (50:23) handed out testimony from Dean Koppelman, Superintendent, Valley City Public Schools **(Testimony 5).**

Rep. Nelson: Is Valley City a smoke-free school?

Vicky: Yes we are. We've been blessed with a very progressive school board.

Rep. Nelson: Can you provide a list of schools that aren't smoke-free?

Vicky: It is a very powerful part of changing of systems to get policies in place. That one component is taking a lot more time and effort. When you are fully funded there is not a way to treat chronic disease.

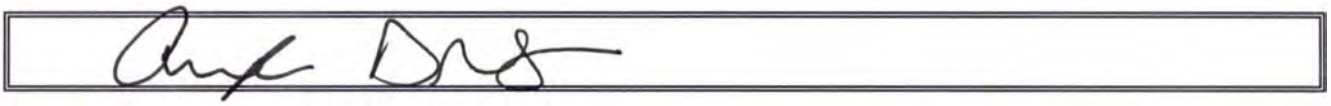
Chairman Pollert: adjourned the hearing.

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Sakakawea Room, State Capitol

SB 2024
March 14, 2013
Job 19969

☐ Conference Committee



Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the comprehensive tobacco control advisory committee.

Minutes: *Testimony 1, 2, 3, 4, 5, 6, 7, 8, 9, 10*

Chairman Pollert called the meeting to order.

Jeanne Prom, Executive Director for the Center for Tobacco Prevention, testified in support of the bill.

Chairman Pollert: The FTEs weren't in the executive budget and the Senate added them?

Jeanne: Correct.

Chairman Pollert: Do you have a sheet on the math on how the Senate came up with the $6 million?

Jeanne: Yes. That was part of the previous testimony. It is on page 7, on the schematic.

Chairman Pollert: Let's go through that first.

Jeanne: The CDC best practices budget is a per capita amount so it is dependent on population. The CDC best practices guide says that the per capita amount should be annually updated according to population and adjusted for inflation. The Senate asked us to forecast for 2013 and 2014. Our budget was submitted with a population and inflation range based on 2011 figures. That change resulted in the $6 million.

Chairman Pollert: You had a position on the stroke registry that the Senate did so what is your position on the $6 million? Are you supportive of the amendment?

Jeanne: Yes, we will spend at the CDC level. The CDC does require an update every year by population and inflation.

Chairman Pollert: Your schedule for the amount of time your funding is for 2021, is that figured into that schematic?

Jeanne: It is. It makes a few assumptions that there isn't going to be a lot of change between now and then.

Rep. Nelson: Is it true that we are only 1 of 2 states that spends at the 2007 CDC recommendation?

Jeanne: The other state is Alaska and I didn't check to see if they are at the 2007 level. But they are considered to be at the comprehensive level.

Rep. Nelson: We conform to the 2007 levels, correct?

Jeanne: I made that assumption that they mean that for us so they must mean that for Alaska. They could be over their level.

Rep. Nelson: And there are no other states that use the CPI index to determine the level of spending that goes towards these programs?

Jeanne: I'm not sure if Alaska does or not, but they would be the only other state.

Rep. Nelson: Would you use the $6 million addition to augment existing programs or do you have some new initiatives that you'd like to put forward? And if you do, what are they?

Jeanne: I do have that laid out. Would you like to go over that now?

Chairman Pollert: We won't talk about the executive compensation package, but they added the 3 FTEs. It shows as a zero dollar. Is this revenues less appropriations and there's not a breakout?

Sheila, LC: The salary dollars are already in their budget. It's just a matter of them being temporary versus permanent employees.

Chairman Pollert: So they're already paying benefits? It's just a move from temporary. So nothing would change?

Sheila: Nothing would change.

Chairman Pollert: Are you paying into the retirement funds already?

Jeanne: For temporary employees, we pay their health insurance. The employee can pay into the retirement, but it's 100% the employee contribution. However, for budgeting purposes, we figured temporary employees at receiving health insurance, as well as about 18% for fringe, when really fringe for temps is about 10%. We have that factored in, in case they would be permanent.

Chairman Pollert: So the retirement part of the package you're already contributing. Is there a cost associated with the package?

Lori Laschkewitsch, OMB: Are you referring to the temporary employees?

Chairman Pollert: Yes. I'm wondering why there isn't a cost. I always thought that if you were temporary, you weren't able to pay into retirement.

Lori Laschkewitsch, OMB: The reason there isn't a cost is because of the way it was included in the budget. Even though they are temporary, they were included in there with full benefits as though they were a full-time employee. The reason that doesn't leave extra salary money for them to utilize is because it is a single line budget. If they don't get those positions, they will use that money in their grants.

Chairman Pollert: (0:14:34) Where did you start with the percentage of people who smoke when Measure 3 was passed? Where are you now? This was handed out during the overview. Can we get a schedule of where we were and where we are now?

Jeanne: On the previous testimony of the second handout on page 3 it shows youth risk behavior survey data from 19991-2011. Both middle school and high school rates have gone down. One of the unmet goals of our state plan is a significant increase in the tobacco tax. We have been advocating for a $2.00 per pack tax. That, according to our evaluator, would bring our adult rates down by 4 percentage points.

Rep. Nelson: What are other states doing for taxes? Are there some initiatives to raise cigarette taxes in other states?

Jeanne: I know that MN is working to raise their tax to be closer to Wisconsin. They have a proposal this session. We are one of the lowest tobacco taxes in the nation. We haven't raised our tax since 1993.

Chairman Pollert: If you're at 5.6 for middle school without the tax, would it bring it down to 1?

Jeanne: I'd like to see it down there. We do know that of the adults who are addicted to tobacco, we could cut the rate down by 4 percentage points.

Chairman Pollert: Are you getting money off of the strategic? When that ends, how long is there still master settlement dollars coming in?

Jeanne: Yes, it's in perpetuity. That's based on national sales of tobacco.

Rep. Kreidt: You've listed all the taxes. Do you have a chart that shows how much other states are charging for a carton or a pack of cigarettes?

Jeanne: I will check on that.

Rep. Kreidt: Would your group be in support of a bill to eliminate tobacco in ND?

Jeanne: I think that we have a long way to go to get there. We're trying to work to get to the low digits. Once you're looking at a much smaller group that uses, then you can look at that. We border other states that would have tobacco sales. There may be a time for that.

Rep. Wieland: (24:37) Since we're so close to Canada, do you have any information about the cigarette tax rate and cost and what their smoking rates are?

Jeanne: I don't have those, but can get them.

Chairman Pollert: Does the master settlement go through 2028?

Jeanne: It goes into perpetuity. It never sunsets.

Chairman Pollert: How much money does your group provide to the Dept. of Health?

Jeanne: When this agency was first funded in 2009, the executive committee worked with the Dept. of Health to share management of the local grants program. The money was to go from the center to the DOH for administration of the local grants program. The DOH requested that it be change so our agency would administer the grants program. There was a difference of philosophy on some things with the grants program. There was a local grant program in the DOH that they funded through their CDC grant.

Chairman Pollert: The Center for Tobacco Prevention doesn't have any grants going to the DOH?

Jeanne: Correct.

Jeanne (31:22) started detail budget (Testimony 1).

Rep. Bellew: Did the legislature approve the full-time accountant? I thought we did a half-time.

Jeanne: You gave us 1 FTE in addition to the 4 that we had for the first biennium.

Rep. Nelson: On the permanent salary line is that the retirement increase for the 3 temps that would go to full-time?

Jeanne: That's not exactly as Lori explained. We have situations where new employees with no state experience are at a higher rate of pay than existing employees. Since we were a new agency, we wanted to hire people with state experience. This is an equity package due to a reclassification of a position. That creates a situation where among 4 or 5 employees, you can only give one employee an increase and takes the entire increase. If you want to reclassify someone and it's going to result in a 5% increase, that means everybody else gets 1%. The compression issue becomes greater. That is the $45,000.

Rep. Nelson: Does the temporary salary line include the entire fringe package?

Jeanne: It would be under fringe benefits and includes anybody who receives fringe benefits, whether they are temporary or permanent.

Rep. Nelson: As these are put into full-time positions, what will be your temporary salary budget line item? Will that all transfer out?

Jeanne: We will maintain a temp salary line. Our board pay comes out of that. There is a salary budget on page 5.

Rep. Nelson: How will your temporary salary line look? Will you have the ability to hire other temporary staff with the budget you have or will that restricted because of the 3 FTEs that you're asking for? Will they move into the permanent salary line?

Jeanne: Some of them will. We want to continue to have some communications interns. We also need some reserve for extra help as needed. We've had 3 maternity leaves in 3 years.

Rep. Nelson: You're utilizing some of your temporary salary for that now?

Jeanne: Correct.

Lori Laschkewitsch, OMB: On the salary sheet, the very last line under temporary is the position TPCEC-TEMP-1 for $75,570; that would be the temporary amount that remains regardless of what happens with these positions.

Chairman Pollert: Wouldn't the $75,570 also be with the board members of the $51,836?

Lori Laschkewitsch, OMB: There would be both there.

Chairman Pollert: So we would have temporary salaries of roughly $126,000.

Lori Laschkewitsch, OMB: Correct.

Jeanne: We will still have some in temporary. That's where the board pay comes from and we would like to have back-up.

Chairman Pollert: Why weren't the 3 in the executive budget? Who brought that forward?

Jeanne: It was always in our optional budget. When we testified in the Senate, we requested our optional budget.

Rep. Bellew: What do you pay your board members?

Jeanne: The advisory committee sets the compensation and the law states that they can't make more than the legislature does. I believe it's currently $157 a day.

Rep. Bellew: What kind of fringe benefits do they get?

Jeanne: They get a per diem for meals and mileage.

Rep. Bellew: Your salaries are a 32% increase. To me you have not justified that much of an increase.

Jeanne: The way I came up with that is I went back to the 2011-13 printout. When we budgeted for temp salaries, we budgeted low. We thought that the accountant might be at half-time, but became a full-time position. We were under-budgeted for the current biennium. We're not over and above what other state agencies are paying. It's an adjustment because last time was too low.

Rep. Bellew: I have a problem with giving a state agency a 32% increase in salaries and benefits. School teachers get maybe 2-3%. I would have a hard time justifying this to my constituents.

Jeanne: That's why we took a close look at it. There is an additional half-time employee in there. I think you get a good return on your investment. We're accomplishing a lot for the small staff that we have. I see how it looks on paper but I can assure you that no one is getting a 32% increase on their salary.

Lori Laschkewitsch, OMB: A couple of things that skew that 32%, the health insurance increase is added in there and is significant; there is also continuing the salaries and retirement from the current biennium.

Chairman Pollert: Is your handout from the Hay study (Testimony 2)?

Lori Laschkewitsch, OMB: Yes it is. Basically it's showing that they have an average CR of 88% of the market policy. If the Governor's compensation package is implemented, at the end of the first year they would have averaged a 90% and at the end of the second year they would have averaged a 93%. The salaries aren't significantly high.

Chairman Pollert: If I look at the salary level of this group compared to the DOCR, there is a safety factor working at the state pen. I would weigh safety and their work a little more than I would your group. There is just a safety risk factor.

Lori Laschkewitsch, OMB: The ratio is for that particular grade and class and so when you're talking about the risk factor of the security people, that would weigh into what grade and class they would be classified into. For these particular classes of people, not comparing them to security people but comparing them to other people in the market who are doing the same job, they are similar. They are being paid at 88% of what everybody else in the market is being paid on average.

Rep. Nelson: The Indian Affairs budget, granted there is 1 less FTE, their total salary package is $867,000 and this is $1.5 million.

Jeanne: The comparison is something to think about. What is their total budget?

Chairman Pollert: A million dollars.

Rep. Holman: Did you say you are changing the classification of someone?

Jeanne: Yes. With the new classification levels, it can be significant as far as salary.

Rep. Holman: How much is that affecting the percentage?

Jeanne: It goes up 2 pay grades. It's an $800 per month change.

Chairman Pollert: How many grants did you administer after the first biennium? Where are your number of grants and total dollars now? How does that correlate to go with the 3 people? The FTEs should be correlated to the amount of grants and dollars going out.

Jeanne: The grant programs are highlighted in the progress report on page 6 from a handout from March 7. You also have a full listing of those that was just handed out (Testimony 3). The first major grant program is Tobacco Settlement State Aid. All local public health gets a grant based on a formula; it is non-competitive. For this grant they have to adopt, implement and evaluate their health unit policies to ask, advise and refer tobacco users in all of their client based programs to the QuitLine. They are 2 year grants. Our largest grant program is local tobacco policy grant. It also goes to all local public health units. These are annual grants. We added a temporary field coordinator to assist with the grants that we would like to see as a permanent position.

Rep. Bellew: Do these local public health units apply to you?

Jeanne: Yes, we have a copy of the grant award with some information that they respond to (Testimony 4). They submit an extensive grant. It's very specific.

Rep. Bellew: Do you reward the local public health units more if they get the schools to pass a comprehensive tobacco policy?

Jeanne: It's on-going work. We provide funding based on a formula that is population-based primarily.

Rep. Bellew: Do you take in the type of population, like in Williston where there are a lot of oil field workers who tend to smoke a lot?

Jeanne: We're starting to do that. If an applicant wants to make a case for more funding, they have to describe the challenges and the Williston area has done that.

Chairman Pollert: Do all of these grants, on average, have 67% going to administration?

Jeanne: That is our current biennium. That has gone up to 74%. That percentage is going to go up. We did some checking for you on hourly rates. The rate of increase they are asking for staff from the current year to this coming year, in Upper Missouri and Williston there are staff members getting 17% and 23% increases to keep pace with the market. In Minot they are raising salary levels to 13-14%. Southwest, Dickinson hasn't raised them as high. One got a 6% increase.

Chairman Pollert: Can you tell me the difference between the first page and the second and third pages? The first page is cessation. What are the second and third pages?

Jeanne: They are local policy grants to local public health units. Those are broad-based.

Chairman Pollert: This is what you go through to get a grant?

Jeanne: That is what the contract looks like. They need to report quarterly. There are several pages in attachment "a" on what the performance standards are. They need to have sufficient staffing, communicate with local officials on best practices, attend quarterly training, and assess school district policies.

Jeanne (1:14:04) went over job descriptions for the 3 positions that are being requested to move from temporary to permanent (Testimony 6).

Rep. Holman: (1:19:42) What is your audit process? How often and how long?

Jeanne: We are audited every biennium by the state auditor's office. Our audit of local grantees is just starting. We have conducted desk audits, but we have not made a full audit site visit yet.

Rep. Nelson: What is your contingency plan for future years if your budget isn't augmented from the general fund? What do you do with all the employees you have and the depleted funding levels?

Jeanne: The option is that we no longer exist as an agency so there are no jobs. We hope that we've made significant progress so that we maybe look at a maintenance level.

Rep. Nelson: So there'll be less positions?

Jeanne: I hope we make that kind of progress. We knew there were 9 of 10 strategic payments that would make up the trust fund and that was time-limited and a finite number. The idea was that this agency may not be around forever.

Rep. Nelson: Does that make your decision making, if that occurs and you're running out of money, as far as that job specific FTE, it would seem easier to not have that position if it were a temporary position as opposed to a FTE. Is that fair? How do you look at it?

Jeanne: I want to get the best people in the agency. We've missed out on some good people by not being able to offer permanent positions. If the money were to run out, there would be no position, whether they were permanent or temporary.

Rep. Nelson: Under that scenario, that's not going to be an issue for you? If the money isn't there, you'll just cut the position?

Jeanne: Yes.

Rep. Nelson: Would you be opposed, if there was an amendment, if these positions become FTEs, if there was language that if the money didn't support the position, the position would go away?

Jeanne: I think that's kind of an automatic, isn't it? I operate on that premise.

Jeanne went over operating expenses (1:26:53).

Rep. Wieland: (1:29:20) There is a substantial increase for rental. What do you pay per square foot?

Jeanne: We actually under-budgeted this current biennium, so part of that is an adjustment. Total square footage is 3895. The price per square foot this coming year is $9.43. The second year of next biennium it will be $9.73 per square foot.

Rep. Nelson: Are the IT contractual services a monthly or quarterly expenditure?

Jeanne: We are done with this biennium for enhancements. But we have a memorandum with the Dept. of Health to pay for hosting, maintenance and storage. We do have some monthly costs for those.

Rep. Nelson: Can you fit within that budget line in the next biennium?

Jeanne: Yes because we've had some enhancements and hopefully won't need as many this time.

Chairman Pollert: Let's go to professional fees and services, and the optional package.

Jeanne went over professional services (1:34:45).

Chairman Pollert: A cost to do the evaluation process?

Jeanne: No, if you want to enter into a contract that's over $25,000, you have to go through the procurement process. There is a copy of the contract (Testimony 4).

Chairman Pollert: Are we paying the evaluator for you to go through your program to hand out grants?

Jeanne: We are paying the evaluator to see if we're making a difference and if so, how much.

Chairman Pollert: Is there a reason for that increase?

Jeanne: Yes, we hired this contractor several months into the biennium. They came in under budget. The other vendors that had applied were much higher.

Chairman Pollert: If you wouldn't expend that, would you give it in grants or keep it in reserves?

Jeanne: We would figure out a way. Once we encumber the money, if it's not spent, we can't unencumber it until the contract ends.

Chairman Pollert: Local public health units. This was on the executive budget before the Senate changes. You were going to have $235,000 less going out to the local public health units, correct? The same way with the special initiative grants?

Jeanne: We were able to fund local public health grants at a higher level. With the CDC grant that the Health Dept. gets, we have committed to fund that with our center funding through the remainder of the 5 year commitment. It would be easier for us to take that funding over with our budget. That amount is $345,000 per year. We put more money in our optional package hoping we would get that.

Chairman Pollert: When I was going through your grants, I got up to 72. Were there 82?

Jeanne: You may not have counted contracts.

Chairman Pollert: Will you expend your $12.9 million?

Jeanne: We will be close to that.

Rep. Bellew: With what the Senate did, it's now a 77% increase in salaries.

Chairman Pollert: Under your executive budget for 2013-15, you would have $1.5 million that would be the hay study. And that was figuring the 8. If you look at the Senate and the $200,000, is it safe to say that you just added $500,000 to salaries and fringe benefits?

Jeanne: Yes.

Chairman Pollert: In reality you shouldn't have done that because your salaries wouldn't change. Would that be a correct assumption?

Jeanne: If we have a significantly greater budget, we would need more staff to manage those grants so we're looking at additional staff.

Chairman Pollert: The 13-15 executive budget was 8 with the optional. The Senate shows the proposed budget of 8. Are you saying 3 to go to 11?

Jeanne: Yes, whether they be temporary or permanent.

Chairman Pollert: Under the Senate proposed amendments, you are looking for 3 more temp FTEs?

Jeanne: Correct.

Chairman Pollert: That would be 11 total. With the Senate amendments, that would be 8 full-time FTE and 3 temporary FTE equivalents.

Jeanne: It's 2.5.

Chairman Pollert: Was that discussed in the Senate?

Jeanne: They did not discuss in detail.

Chairman Pollert: There seems to be a legal question as to what are CDC best practices. Why does there seem to be this difference of opinion from CDC from one day to the next?

Jeanne: I believe I saw that both of those pieces of correspondences. The one response was shared with you in the public commentary for SB 2004. The day before that there was some communication to the Dept. of Health that I don't interpret at all as the CDC saying that a stroke system of care was a best practice. I disagree with that.

Chairman Pollert: It just seems like it's a fluctuating target on what's a best practice.

Jeanne: I would disagree that it's a fluctuating target.

Chairman Pollert: Do you have grants going to anyone other than local public health units and Minot State? Are those dealing with prevention?

Jeanne: They all are. We don't have specific cessation grants. Except the state aid is to ask advisory for public health clients to the QuitLine. Fargo Cass Public Health through their grant with us subcontracts with local private health care providers to ask advisory to NDQuits. We don't directly contract with Sanford to do that.

Chairman Pollert: Do you have new people that you have offered grants to? Is your client base growing?

Jeanne: We hope it grows by quite a bit. It needs a lot of outreach to find new partners.

Chairman Pollert: But the priorities would have to be prevention?

Jeanne: They would have to be CDC best practices. Those best practice areas include prevention, policies, and cessation.

Chairman Pollert: Is there legalese on CDC best practices? Is there anything in legislative code that says what best practice is?

Jeanne: It is referenced in the law that created the agency that we use CDC best practices. But it doesn't actually have the language.

Chairman Pollert: But that's a policy from CDC?

Jeanne: It's a document from the CDC.

Rep. Wieland: If the additional $6 million is going to be spent and you feel you need the 3 additional people to manage those grants, aren't the grants just basically going to be

larger? You're not going to have additional places to provide those grants, are you? You can answer that next week. I would like a copy of the measure as it originally appeared on the ballot.

Chairman Pollert: We received an e-mail that said "individual counseling and assistance with tobacco treatment medications for the homeless from the Ruth Meier's Hospitality House and the Abused Adult Resource Center". That isn't really prevention.

Jeanne: But it is a CDC best practice. It's cessation. It's not primary prevention. It is secondary prevention of stroke and heart disease.

Chairman Pollert: Are you not kind of getting into that gray area?

Jeanne: I don't see it as a gray area because cessation is a best practice. Cessation is supposed to be 24% of a comprehensive tobacco prevention and control program. It is secondary prevention. CDC divides a comprehensive program of 5% administration and management, 13% health communications, 24% cessation, 50% state and community, and about 9% surveillance and evaluation.

Chairman Pollert: We need to have this talk of differences of policy.

Chairman Pollert closed the hearing.

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Human Resources Division
Sakakawea Room, State Capitol

SB 2024
April 3, 2013
Job 20815

☐ Conference Committee

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the comprehensive tobacco control advisory committee.

Minutes:

Chairman Pollert called the committee to order.

Rep. Bellew handed out proposed amendments.

Rep. Bellew moved amendment.

Rep. Kreidt seconded.

Rep. Bellew reviewed the amendment.

Rep. Holman: I would like Rep. Bellew to explain the logic behind removing items 3 and 4.

Rep. Bellew: The Senate added those. The logic I was given for the addition was not satisfactory to me. I thought what the Governor proposed for the budget was fine.

Roll Call Vote: Yes: 5, No: 1, Absent: 0. Motion carried.

Rep. Bellew moved a Do Pass as Amended.

Rep. Wieland seconded.

Roll Call Vote: Yes: 6, No: 0, Absent: 0. Motion carried.

Chairman Pollert recessed the committee.

2013 HOUSE STANDING COMMITTEE MINUTES

House Appropriations Committee
Roughrider Room, State Capitol

SB 2024
4/9/13
Job 21032

☐ Conference Committee

Committee Clerk Signature	Meredith Trachott

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation for defraying the expenses of the comprehensive tobacco control advisory committee.

Minutes:

You may make reference to "attached testimony."

Rep. Nelson: Went over amendment .02003. We're back to the executive budget. He moved the amendment, seconded by **Rep. Bellew**.

Chairman Delzer: Discussion? Seeing none, a voice vote was done and the motion carried.

Rep. Nelson moved Do Pass as Amended, seconded by **Rep. Bellew**.

Chairman Delzer: Discussion? Seeing none, a roll call vote was done. The motion carried 14 Yes, 7 No, 1 Absent. **Rep. Nelson** will be the carrier. Discussion of SB 2024 ended minute 04:40 of recording. After general comments, the committee was recessed for the morning.

VR
4/9/13
10:2

13.8174.02003
Title.03000
Fiscal No. 3

Prepared by the Legislative Council staff for
Representative Bellew
April 1, 2013

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2024

Page 1, replace lines 11 through 13 with:

"Comprehensive tobacco control	$12,922,614	$57,513	$12,980,127
Accrued leave	0	8,391	8,391
Total special funds	$12,922,614	$65,904	$12,988,518
Full-time equivalent positions	5.00	0.00	5.00"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2024 - Tobacco Prevention & Control Exec Comm - House Action

	Executive Budget	Senate Version	House Changes	House Version
Comprehensive tobacco control	$13,016,197	$19,436,746	($6,456,619)	$12,980,127
Accrued leave payments			8,391	8,391
Total all funds	$13,016,197	$19,436,746	($6,448,228)	$12,988,518
Less estimated income	13,016,197	19,436,746	(6,448,228)	12,988,518
General fund	$0	$0	$0	$0
FTE	5.00	8.00	(3.00)	5.00

Department No. 305 - Tobacco Prevention & Control Exec Comm - Detail of House Changes

	Adjusts State Employee Compensation and Benefits Package[1]	Provides Separate Line Item for Accrued Leave Payments[2]	Removes 3 FTE Positions[3]	Decreases Funding for Comprehensive Tobacco Control[4]	Total House Changes
Comprehensive tobacco control	($32,150)	($8,391)		($6,416,078)	($6,456,619)
Accrued leave payments		8,391			8,391
Total all funds	($32,150)	$0	$0	($6,416,078)	($6,448,228)
Less estimated income	(32,150)	0	0	(6,416,078)	(6,448,228)
General fund	$0	$0	$0	$0	$0
FTE	0.00	0.00	(3.00)	0.00	(3.00)

[1] This amendment adjusts the state employee compensation and benefits package as follows:

- Reduces the performance component from 3 to 5 percent per year to 2 to 4 percent per year.
- Reduces the market component from 2 to 4 percent per year for employees below the midpoint of their salary range up to 2 percent for employees in the first quartile of their salary range for the first year of the biennium only.
- Removes funding for additional retirement contribution increases.

[2] A portion of comprehensive tobacco control funding from other funds for permanent employees' compensation and benefits is reallocated to an accrued leave payments line item for paying annual leave and sick leave for eligible employees.

[3] This amendment removes 1 FTE field coordinator position, 1 FTE statewide programs manager position, and 1 FTE evaluation program manager position added by the Senate. These positions were included as temporary positions in the executive recommendation.

[4] This amendment removes funding added by the Senate to provide the Centers for Disease Control and Prevention (CDC) recommended level, as adjusted for inflation and estimated population increases.

Date: 04.03.13
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2024

House **House Appropriations - Human Resources Division** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 02003

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Bellew Seconded By Kreidt

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Holman		X
Representative Bellew	X				
Representative Kreidt	X				
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 5 No 1

Absent 0

Floor Assignment

If the vote is on an amendment, briefly indicate intent:

adjustment to compensation, accrued leave, removes 3 FTE, removes funding added by Senate

Date: 04.03.13
Roll Call Vote #: 2

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2024

House **House Appropriations - Human Resources Division** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Bellew Seconded By Wieland

Representatives	Yes	No	Representatives	Yes	No
Chairman Pollert	X		Representative Holman	X	
Representative Bellew	X				
Representative Kreidt	X				
Representative Nelson	X				
Representative Wieland	X				

Total (Yes) 6 No 0

Absent —

Floor Assignment Nelson

If the vote is on an amendment, briefly indicate intent:

Date: 4/9/13
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2024

House Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number .02003

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Nelson Seconded By Rep. Bellew

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer			Rep. Streyle		
Vice Chairman Kempenich			Rep. Thoreson		
Rep. Bellew			Rep. Wieland		
Rep. Brandenburg					
Rep. Dosch					
Rep. Grande			Rep. Boe		
Rep. Hawken			Rep. Glassheim		
Rep. Kreidt			Rep. Guggisberg		
Rep. Martinson			Rep. Holman		
Rep. Monson			Rep. Williams		
Rep. Nelson					
Rep. Pollert					
Rep. Sanford					
Rep. Skarphol					

Total Yes _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

voice vote carries

Date: 4/9/13
Roll Call Vote #: 2

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2024

House Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep Nelson Seconded By Rep. Bellew

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer		X	Rep. Streyle	X	
Vice Chairman Kempenich		X	Rep. Thoreson	X	
Rep. Bellew		X	Rep. Wieland		X
Rep. Brandenburg	X				
Rep. Dosch		X			
Rep. Grande		X	Rep. Boe	X	
Rep. Hawken	X		Rep. Glassheim	X	
Rep. Kreidt		X	Rep. Guggisberg	X	
Rep. Martinson	X		Rep. Holman	X	
Rep. Monson	X		Rep. Williams	X	
Rep. Nelson	X				
Rep. Pollert					
Rep. Sanford	X				
Rep. Skarphol	X				

Total Yes 14 No 7

Absent 1

Floor Assignment Rep. Nelson

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2024, as engrossed: Appropriations Committee (Rep. Delzer, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (14 YEAS, 7 NAYS, 1 ABSENT AND NOT VOTING). Engrossed SB 2024 was placed on the Sixth order on the calendar.

Page 1, replace lines 11 through 13 with:

"Comprehensive tobacco control	$12,922,614	$57,513	$12,980,127
Accrued leave	0	8,391	8,391
Total special funds	$12,922,614	$65,904	$12,988,518
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Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2024 - Tobacco Prevention & Control Exec Comm - House Action

	Executive Budget	Senate Version	House Changes	House Version
Comprehensive tobacco control	$13,016,197	$19,436,746	($6,456,619)	$12,980,127
Accrued leave payments			8,391	8,391
Total all funds	$13,016,197	$19,436,746	($6,448,228)	$12,988,518
Less estimated income	13,016,197	19,436,746	(6,448,228)	12,988,518
General fund	$0	$0	$0	$0
FTE	5.00	8.00	(3.00)	5.00

Department No. 305 - Tobacco Prevention & Control Exec Comm - Detail of House Changes

	Adjusts State Employee Compensation and Benefits Package[1]	Provides Separate Line Item for Accrued Leave Payments[2]	Removes 3 FTE Positions[3]	Decreases Funding for Comprehensive Tobacco Control[4]	Total House Changes
Comprehensive tobacco control	($32,150)	($8,391)		($6,416,078)	($6,456,619)
Accrued leave payments		8,391			8,391
Total all funds	($32,150)	$0	$0	($6,416,078)	($6,448,228)
Less estimated income	(32,150)	0	0	(6,416,078)	(6,448,228)
General fund	$0	$0	$0	$0	$0
FTE	0.00	0.00	(3.00)	0.00	(3.00)

[1] This amendment adjusts the state employee compensation and benefits package as follows:

- Reduces the performance component from 3 to 5 percent per year to 2 to 4 percent per year.
- Reduces the market component from 2 to 4 percent per year for employees below the midpoint of their salary range up to 2 percent for employees in the first quartile of their salary range for the first year of the biennium only.
- Removes funding for additional retirement contribution increases.

[2] A portion of comprehensive tobacco control funding from other funds for permanent employees' compensation and benefits is reallocated to an accrued leave payments line item for paying annual leave and sick leave for eligible employees.

[3] This amendment removes 1 FTE field coordinator position, 1 FTE statewide programs manager position, and 1 FTE evaluation program manager position added by the Senate. These positions were included as temporary positions in the executive recommendation.

[4] This amendment removes funding added by the Senate to provide the Centers for Disease Control and Prevention (CDC) recommended level, as adjusted for inflation and estimated population increases.

2013 CONFERENCE COMMITTEE

SB 2024

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2024
04-18--2013
Job # 21263

☒ Conference Committee

Committee Clerk Signature	Alice Delzer

Explanation or reason for introduction of bill/resolution:

A Conference Committee hearing on the Comprehensive Tobacco Control Advisory Committee

Minutes:

You may make reference to "attached testimony."

Senator Kilzer called the Conference Committee to order on Thursday, April 18, 2013 at 12:00 pm in the Harvest Room. The clerk called the roll. All conferees are present.

SENATE: Senators: Ralph Kilzer, Chair; Tony Grindberg & Tim Mathern
HOUSE: Representatives: Jon Nelson, Chair; Chet Pollert & Rick Holman

Sheila M. Sandness - Legislative Council
Lori Laschkewitsch- OMB

Sheila M. Sandness provided statement of purpose Testimony attached # 1.

Senator Kilzer This bill is the funding bill for the tobacco committee. As you can see on the purpose, the Senate had made a couple of amendments early on from the Executive Budget and those included a restoration of the funding level up to the CDC recommendations, and the addition of 3 FTE's. The bill went to the House, and had further changes, I would ask the House members what and why the changes?

Representative Nelson: As you have seen in all appropriation budgets until the salary is reconciled, we will have the same adjustments in the footnotes, 1 and 2, would reflect the House position on the salary. We all understand what that is all about. Foot note 3 is the FTE positions they are hired positions, and they are temporary positions and the center wants them to be full time equivalents. As we look at the temp salaries, that not being reflected of making those individuals of full time equivalents, could be 3 employees fulltime so we took that out.

Footnote 4, the Senate added that would bring the CDC spending levels up to the 2013 level, there are only 2 states that meet the 2007 standards, and there really wasn't a reason given for the additional $6M . That is the changes we made.

Senator Kilzer Any further discussion or questions?

Senator Mathern In the Senate we had a pretty clear need for funding at the recommendation level provided by the CDC and 5 separate program areas which CDC determined to have the greatest impact to meet the goals. Wouldn't that material been brought to the House? That was basically what we were doing.

Representative Nelson: We have been in discussions with the staff from the center, and there have been some conversations about that. I don't think that in our section that we felt that, the majority of their work is done with grants to public health and outside agencies, we have learned recently there may be some basis for federal, there are two areas of funding, within the Health Department and Community Health Trust Fund, and part of their funding is from a CDC grant, that grant is declining. That funds the Quit Line program, there is less money there, but that was outside of the role of tobacco control on the executive committee. We didn't connect those dots.

Senator Kilzer In our opinion the level at which we granted the funding was in direct compliance with Measure 3. That was that this was to be funded at that level. There is smoking programs, even in the DPI Budget, it is true the Health Dept has anti-smoking, this Measure 3 stated that. Two years ago, the tables were turned; it was the House that had taken a lot of this money for other purposes. This time it's the other way around.

Representative Nelson I couldn't disagree more with you on the reason for what the House position was 2 years ago. The premise of the discussion 2 years ago was the other health related programs that were funded from the Community Health Trust Fund and the discussion centered around, that 80% of that program had to be used for smoking cessation programs which basically took all the funding from other. That was the only reason that was in discussion. This is the first time that we've made an adjustment and I believe it's based on CPI indexes that since the inception of Measure 3, why have we been doing that for the last 2 biennium's?

Senator Kilzer That is why the House had this bill first, we had it second. I don't disagree with what you are saying procedurally it is just about reversed.

Representative Pollert: Is it the Senates position also then to fund 2 ½ temporary over and above the 8? What we saw on our side was 2.5 temporary salaries to do the $6.4 M.

Senator Kilzer Jeannie Prom tells me just today if there was some changing around between this committee and the Health Department, they could get by with 11 instead of the combined total of 14 at this time. That is my latest information.

Representative Pollert: So when you are talking 14, are you talking 14 with the tobacco center, or talking including the Department of Health that is working with the Tobacco Programs?

Senator Kilzer I am also including the Department of Health. If I remember right there is 8 altogether in here and 6 in the Health Department.

Representative Pollert The 2 ½ I am talking about, when we heard 2024, they were asking before anything with the Department of Health another 2 ½ FTE's with the 5/3 they were looking for another 2.5 without the Department of Health.

Senator Kilzer I had not heard about that.

Senator Mathern The clarification of our intent was probably even simpler than this discussion. It was really just converting 3 temporary positions into 3 permanent positions, in order to assist in the management of the work and the services. So that was our initial intent but these other things address I would be certainly open to some interest in putting it together.

Representative Nelson: I don't think the House position would be in conflict with that. The center made a very good case that it is difficult to recruit employees, if they were trying to get full time it would be easier. We would be interested in discussing that further.

Senator Kilzer Any other comments or questions?

Representative Pollert This is outside, not including health, when we got the testimony the amount of grants, 67% goes to administration and working of the grants, that is where the 2.5 extra FTE's came in for running the $6.4 M.

Senator Kilzer That's true.

Representative Pollert: Or was the Senate's thought, the $6.4M would just be administered with the total of the 8?

Senator Kilzer It would be separate from the Health Dept. it would be the 8. There was no talk of bringing the tobacco funds from the Health Department into this committee, Tobacco and Prevention and Control Committee when we had the bill.

Representative Nelson That does bring up an item that it doesn't necessarily fit into our work in this biennium this is a special funded agency. They run out of funding, as of the year 2020. It is our responsibility to provide as much efficiency to the center and to the programs as we possibly can. What do we do in the future? Do they go away, do we find another funding mechanism for them. Option 3, I don't' have. Whatever we do today and the next few days, if that is increasing the CDC funding level that may shorten that time period of when they run out. Right not we thought given what we had in front of us, when the budget was presented, that money was provided, the $13 M we went back to the Governor's recommendation that would adequately fund that for this biennium.

Senator Kilzer There is no trouble at least in the foreseeable future with them running out of money as they have $39M stashed away. They are not spending at the CCD level. This money continues to come in. There are two tobacco settlements, the master settlement

agreement which came in some years ago, I think that runs 25 years, and the most recent one is the minor tobacco companies, is a 10 year period, and will run out and that is the big one. There are still the other provisions of Measure 3 they will continue to have funds.

Vice Chairman Grindberg Sensitive to the time, we have a caucus.

Senator Kilzer We will close this hearing at this time. We realize the positions of each of our groups. Thank you for coming.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2024
04-19-2013 am
Job # 21329

☒ Conference Committee

Committee Clerk Signature

Explanation or reason for introduction of bill/resolution:

A Conference Committee Hearing on the Comprehensive Tobacco Control Advisory Committee

Minutes: See attached testimony."

Senator Kilzer called the Conference Committee to order on Friday, April 19, 2013 at 11:30 am in regards to SB 2024. Let the record show that all conferees are present.

SENATE: Senators: Ralph Kilzer (Chair); Tony Grindberg, Tim Mathern
HOUSE: Representatives: Jon Nelson, Chet Pollert, Rick Holman

Sheila M. Sandness- Legislative Council
Lori Laschkewitsch- OMB

Senator Kilzer Does the House have anything to add on the things they told us the first time here?

Representative Nelson, I think we visited about the House changes.

Senator Kilzer The major items the FTEs (3) and the $6M reduction in the appropriation and was there anything else? Those were the two major ones.

Representative Nelson My information is the House and Senate are continuing on working on some kind of compensation plan.

Senator Mathern One of the other issues we discussed was the co-location of all the tobacco activity, which, maybe is not part of this conference committee, as we don't have common conferees between this and the Health Department. I wonder if our issue is, we are pretty close on the FTE's, its moving some from part time to full time status, now we are at the $6M. In light of this some of the House looking at implementation of the full CDC requirements maybe we should explain the full implementation of the CDC requirements, which are the background to the $6M. Maybe we could compromise if we shared some of that data. Both the House and Senate are concerned about the same concept, we are in a different spot on how fast we implement it.

Representative Pollert We can have the discussion of the $6.4, they are also are going to have 2.5 temporary FTE's. That discussion has to happen as well. If they been dividing out roughly $13 M or $12 M dollars, at 6 a lot of those grants are going to the same people, that should be part of the discussion as well, they need the 2 FTE over and above the 8.

Senator Kilzer The Health Dept largely because there is two different groups of people, we are not going to take up the unification of the tobacco monies at this time. We will stick with the strict interpretation that the conference committees will work it out. They will not the subject of possibly putting all the tobacco money into this committee here. No the conference committee, the tobacco prevention and control committee. I wouldn't mind if there is a paragraph of legislative intent or something like that for the future to look at unifying the spending of the tobacco funds. But moving on to the FTE and the $6.4 M, those are the differences that we should confront directly.

Representative Nelson Maybe I should apologize then as we looked at this proposal, and the additional FTE's, we had a conversation about efficiency there is an additional 3 FTE or 2.5's that would be added on here, in that question and answer period, what were the needs for that. I can understand that it is hard to attract temporary staff so I understand the motives behind making them FTE's or full time equivalent. Back filling those two positions those 2.5 positions again, I just want an understanding what they would use that staff for. That spurred the conversation of unification of all the tobacco programs in one agency and the efficiencies that could garnered by that. It's in the context of the FTE's and the $6M that that conversation began. I think it is as pertinent to this conference committee. I would disagree to the point that it's not pertinent.

Senator Kilzer I agree with you totally and it is logical, the only reason I say that in sticking with the idea of just taking only the differences between the House and the Senate and not doing additional things is my vantage point.

Senator Mathern I am wondering if we don't' have a misunderstanding of the FTE's maybe we need to ask the committee to outline, the five areas that they would be spending this money, and what are the staff if any that are really needed. Maybe that isn't a point of contention. When we discussed putting this additional money bringing them up to the CDC spending plan under those five areas of activity and I don't think we were on the Senate side, trying to also say, we were looking at the overall picture of getting them to that level, and not to the detail level of what does that translate into additional FTE's.?

Senator Kilzer That is correct if you are going to spend more money and put out more grants, you need more people. We did put in compliance with Measure 3. I grant you there are only one or two other states in the nation, are at that level. That has good and bad reasons.

Representative Pollert These are just notes that I had written down. On my notes 13% to salaries, 26% is to operations, and 60% to grants, is what our notes show. When we started having the discussion about the 2 1/2 FTE came up and the detail, is when we started to have the discussion and found the 2.5 FTE's.

Senator Kilzer Another topic, how many of you had looked up the Center for Disease Control (CDC) requirements, they actually give a range , a mean and an average, so there is a little bit of a range, the figure is on how much money should be spent per individual who resides in that state for every year. For ND right around $19.00 as your population goes up your figure goes up. When I did the calculation I took the average for the purposes of the bill that is what I used.

Representative Pollert I would ask the chairman on the House side, I don't think we went through the numbers how, I don't think we had any challenge on that. It is just a matter do we want to use the $6.5M or do we not?

Senator Kilzer That's the way it was. No one has ever challenged me on it.

Senator Mathern If this isn't an opportunity then, you came up with that number, 5 different areas, bring up the issue of the cost of living, ask the committee to give us a chart of that expenditure and an explanation why there is the need, beyond the 3, and then we have the data. We looked at from the prospective doing those 5 things you figure out the details.

Representative Pollert What we got during the detail, we got a sheet that says proposed Senate budget, this is what we handed out, the salaries, temps, fringe benefits, travel, office, rental, if you would like to see that, before our next conference committee and then you would have that information. He proved Testimony attached # 1 proposed Senate Budget.

Senator Kilzer I don't we think we had that if I remember right.

Senator Mathern I think on the final minutes we looked at that. But I wonder if there is another step here that we can take advantage of the time, from when we passed the bill, we had months, have the committee come up with their finest thoughts up to this moment versus up to that moment which was several months ago.

Senator Kilzer When you say committee who do you mean?

Senator Mathern I mean the agency that we're talking about.

Senator Kilzer Tobacco Prevention and Control Advisory Committee and sometimes it is the executive committee of that total committee.

Representative Pollert I see he's looking at the information that we passed out in the detail as well and we would sure give that to the committee and if you would like to have your conversation with the tobacco group, you can sure do that. It is up to you, how you want to go forward.

Senator Kilzer I would like the thoughts of the House about the obligation or violation of Measure # 3. On our side, we thought we needed to come up with the appropriation at that level at which we set it. How do you think along those lines? Only 1 or 2 states are doing it; that is a valid argument? If we would have left it at the governor's level, we would be in violation.

Representative Nelson We didn't hear dialog was in violation of #3. Obviously, there is strategies and proposals that conflict with Measure 3 that can go forward. This isn't unchartered territory to conflict with Measure 3. We can go back to this whole idea. This is not our intention to conflict with the work that the center is doing. They are a relevant state agency now, and their relevance is dependent on the state, if we continue to increase their funding through the special funds and deplete there trust fund, it affects their relevance at some point in time. That their money is going to run out, what do we do at that point? There's a couple of things that are in law, that would permit them to continue their work. One of them is to fund that agency through the Water Development Trust that would be one idea for proposal for continuing their work. It is our duty as legislators' to run that office as efficiently as possible. There is a number of other projects that would compete for that money in that time period, and if it's not available because of the work of the center, and if we just increase their funding because of CPI indexes and don't go through the painstaking work of what they would do with the money, and how it will be used I think we're doing them an injustice to our responsibility as legislators.

Senator Kilzer My only point, when you read Measure 3 carefully, it says the funding is to be at this level, and we are not at that level. As it came from the Governor, as the committee has been spending, and even as we have been appropriating up until this year, we are not at that level.

Vice Chairman Grindberg The voters decided what to do with taking a portion of that funding and creating this entity. Why are we obligated to sustain it when the money runs out? I don't consider myself obligated when the money runs out to put general funds or water resources funding into it. It could dissolve because the voters put it, we didn't.

Representative Nelson That is an option could be part of the discussion. In 2017, a 50% majority will decide how it goes forward when that 2/3 requirement goes off, as it stands written today in Measure 3, is that there funding mechanism for them to continue their work.

Vice Chairman Grindberg Who is obligated to continue that work? The Legislature, but we are not forced to.

Representative Nelson No, that is my understanding of that too.

Senator Kilzer Measure #3 has provisions and the most important one is the funding level the CDC recommended level. 80% of the Community Health Trust Fund has to go to this. But there is nothing about the long term 20-40 years from now. There is nothing in Measure 3 about that.

Representative Pollert I don't' know these numbers, so when the budget was submitted in the Executive Budget, were they are the compliance to Measure #3 or were they incompliance to Measure #3 but on the low end. That is something we probably should have asked, but were they already requiring a 2/3 vote because they were too low in the CDC best practices? They were probably on the low end. That would be my guess.

Senator Kilzer I think they were in violation of Measure #3 right from the get go.

Representative Nelson I would disagree with that wholly. In the CDC Best Practice Manuel, there are 3 ranges. I don't' believe we were funded the lower range. I think we were in the middle range we've been in compliance with CDC. It is important to note that this agency has done their work in a very efficient manner. They presented their work formula in a very readable format. It's been one of the better agencies that I've seen as far as the reporting. Although this is not to be talked about, that 80% rule in the Community Health Trust Fund has always been an issue with me. I have appreciated that trust fund for a number of chronic disease programs, it would free up funding. That was one of the things that spurred the conversation about moving into one agency because they, by moving the Tobacco Quit Line, into the centers agency, it would free up funding in the Community Health Trust Fund to fund some of those other programs. They are in total agreement with that.

Senator Kilzer Any other comments?

Vice Chairman Grindberg Most of us recognize that medical doctors are smarter than the average person, and that might be why no one challenged you on your earlier comment.

Senator Kilzer I will go back and look it, because my initial, has been that we have been out of compliance. Everyone is welcome to re-read Measure 3 and look at the figures again. We will close the hearing on 2024.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2024 conference committee
April 22, 2013
Job #21388

☒ Conference Committee

Committee Clerk Signature Rose Laning

A Conference Committee Hearing on the Comprehensive Tobacco Control Advisory Committee

Minutes: *Attachment*

Legislative Council - Sheila M. Sandness
OMB - Lori Laschkewitsch

Senators - Kilzer, Grindberg, Mathern
Representatives - Nelson, Pollert, Holman

Senator Kilzer asks **Senator Mathern** to explain the joining of two sources of income in this project, some from the Health Dept. and some from the trust fund.

Senator Mathern relates that he has spoken to the different groups and came to the conclusion that there is not a readiness to move all of the smoking anti-tobacco functions into one entity. He said he does get the sense that there will be discussions between now and the next legislative session.

Rep. Nelson agrees that it is not the most opportune time to do this but he fears if this is something the legislature wants to know more about it needs to be studied before next session.
Senator Mathern says he sees no need for a study resolution.

Rep. **Nelson** believes there is a lot of information they need to know today to make any improvements. He does believe there is a fracture between the two agencies and thinks there is less chance of communication.

Senator Mathern says it is fine to look at a study resolution.

Senator Kilzer handed out the CDC guidelines and explains its findings.

Rep. Nelson stated that in the House they look at funding based on need of staff and time, salaries and operations.

The committee discusses the FTE's and why the increase and how those figures were reached.
Rep. Nelson believes the grant line is where the major work is done and does not want to plug in a number given to them by the CDC, they want to justify the need in ND.

Senator Kilzer replies that the law pre-empts what we would like to do and does not give a lot of wiggle room to treat this as an ordinary budget request.

Rep. Nelson says this is the first year they have heard of an inflation factor.

Rep. Pollert says he would look at the grants line item going up but not the temporary salaries. He wonders if there isn't a dollar amount to look at with the eight FTE's. The committee continues discussing the FTE's and how they would be funded.

Senator Grindberg wonders if they will need the additional people.

Senator Kilzer explains Measure #3.

Senator Grindberg asks if the House will accept making permanent the 3 FTE's and split the hundred thousand increase from the Senate version on temporary salaries.

Rep. Nelson said he would need clarification on the temporary salaries. The committee discusses the salaries. They do agree to increase the grant line.

Senator Mathern says he believes they can do something and put in temporary staff but that it still would be below the CDC requirement and wonders how they would square that.

Rep. Nelson said it does bring them up to the current CDC standards for grants.

Senator Kilzer asks Rep. Nelson to bring an amendment to the next meeting and they would be accepting to it. He adds they do need to consider that the committee is up for an audit in June. He mentions they do need to develop a fraud risk area and he is unsure if they have done that.

Senator Kilzer recesses the committee

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2024 conference committee
April 23, 2013
Job # 21420

☒ Conference Committee

Rose Laning

Explanation or reason for introduction of bill/resolution:

A Conference Committee Hearing on the Comprehensive Tobacco Control Advisory Committee

Minutes: attachment

Legislative Council - Sheila M. Sandness
OMB - Lori Laschkewitsch

Senators - Kilzer, Grindberg, Mathern
Representatives - Nelson, Pollert, Holman

Chairman Kilzer called the conference meeting to order.

Representative Nelson handed out a proposed study resolution of how this was drafted and how it will go. See attachment #1. Amendment # 13.8174.02004 (It would require a legislative management study)

Senator Kilzer: This is looking at the subject of putting the health department and the tobacco prevention control committee together in the tobacco program. Is that correct?

Rep. Nelson: This is not specific to moving one agency into another agency. It would indicate that if it was done, it doesn't say where it should go. It just says we should look at the effectiveness of the program if it was in one area. I tried to think of some components of areas that may be weak. One of those is on the reservations. There may be some gaps with the Native American population. I want to bring to your attention in Section 1 - "legislative management shall study". We feel strongly enough in this area.

Senator Kilzer: We generally use the words "may" or "shall consider" studying. What would the committee rather have?

Representative Pollert: As far as uniformity - it has to be permissive language and not mandatory.

Senator Kilzer: You prefer "shall study"?

Senator Mathern: The issue in terms of money, this could include other issues brought up in the committee like signs, etc.

Rep. Nelson: Jennifer Clark drafted this for me. We had no discussion about any other items. Please disregard that part of it. I will have that changed. I would prefer the health dept. look at this first and I'll have another draft made.

Senator Mathern: Could the draft also include the other agreements that we have?

Senator Kilzer: What other agreements?

Senator Mathern: The level the senate wanted to put in, the grants, the CDC level. And the House - there was a level in between. It could also address the issue of the FTE's and the signs, and the audit issue.

Senator Kilzer: There is no action to be taken by this committee on the audit issue. It was just a point that I mentioned that they are going to have to have a fraud detection unit which they didn't have at the time that the first audit was done.

Senator Mathern: Should we address that?

Senator Kilzer: The auditor's report should be enough. We do need to talk about the money and the FTEs.

Rep. Nelson: We've come to agreement on making the 3 temporary full time employees permanent. If you want that in a proposed amendment format I can have that drafted.

Senator Kilzer: I think we'd be happy in going from 5 to 8 FTEs.

Rep. Nelson: I think we have agreed on that point. The grant line - we agreed to fund that at an additional $2.7M of special funds. The issue with the placards - we got an email but never discussed it in the conference committee. They could pay for it with additional money in grants or ... I didn't make a copy of the email. What is involves is there was legislation that requires the center to provide signage for the new smoke free law. Businesses have to respect the 20 ft. rule in smoke free buildings. They are required to pay for those signs so the fiscal note was $270,000.

Senator Mathern: It was HB 1253.

Rep. Nelson: In that email the senator requested additional funding to pay for those placards.

Senator Kilzer: Would that be our responsibility or the responsibility of the Tobacco and Control Committee or is it someone else's responsibility?

Rep. Nelson: It's their responsibility but we can appropriate the money so they can provide the signs.

Senator Kilzer: So that would be permissive language for them to do it then? Or would it be mandated?

Senator Mathern: I'd suggest that we add $250,000 to the amount that the House is supportive of and keep it in their regular budget and they can have appropriating authority.

Rep. Pollert: If you look at number, why not just say $3M.

Senator Kilzer: I think we get your idea. If it's ok with the rest of the committee, we will ask Rep Nelson to put that all into one.

Rep. Nelson: I will do that, but want confirmation that it will work to increase the grants line to $3M.

Jeanne Prom, Director, Tobacco Coalition: They'll be operations cost.

Lori Laschkewitsch, OMB: It's a single-line budget; it doesn't matter where they spend it from.

There was discussion about the temporary salary line, the grants line, and the FTE line. (Ends at 21:10)

Senator Kilzer: When will the amendments be available?

Sheila M. Sandness, Legislative Council: They will be ready tomorrow.

Senator Kilzer recessed the committee.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2024 conference committee
April 24, 2013
Job # 21466

☒ Conference Committee

Committee Clerk Signature	Rose Laning

Explanation or reason for introduction of bill/resolution:
A Conference Committee Hearing on the Comprehensive Tobacco Control Advisory Committee

Minutes:

Amendment

Legislative Council - **Sheila M. Sandness**
OMB **- Lori Laschkewitsch**

Senators - Kilzer, Grindberg, Mathern
Representatives - Nelson, Pollert, Holman

Chairman Kilzer called the conference meeting to order. Everyone was present.

Rep. Nelson handed out amendment 13.8174.02005.

Sheila M. Sandness, Legislative Council explained the amendment: in 2nd page, the employee compensation benefits package adjustment; 2nd one is the accrued leave payments line item transfer; 3rd reduces the Senate version of the bill by $3,416,078.00 leaving an increase over the executive recommendation. The additional funding is to be used for signage grants and, the last adjustment reduces the funding for temporary salaries. The three FTs added by the Senate were not removed. A section was added for a study on statewide tobacco prevention and control plan in the state. Changes were made in the wording of section 2.2 page 1

Senator Mathern confirmed **Rep. Nelson** had discussed this with the parties involved.

Rep. Nelson sent an email to the center and to the Dept. of Health. They provided clean-up language. I got confirmation from Arvy Smith. Both parties are in agreement.

Senator Kilzer: the grants are at the same recommendation as the CDC level and the 4 other categories are still low.

Senator Mathern moved **Do Pass** on amendment .02005 **Rep.Holman** seconded

Roll call vote: **yes 6** no 0 absent not voting 0

13.8174.02005
Title.04000
Fiscal No. 1

Prepared by the Legislative Council staff for
Conference Committee
April 23, 2013

4-24-13
1 of 2

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2024

That the House recede from its amendments as printed on pages 1254 and 1255 of the Senate Journal and pages 1337 and 1338 of the House Journal and that Engrossed Senate Bill No. 2024 be amended as follows:

Page 1, line 2, after "committee" insert "; and to provide for a legislative management study"

Page 1, replace lines 11 through 13 with:

"Comprehensive tobacco control	$12,922,614	$2,884,823	$15,807,437
Accrued leave	0	8,391	8,391
Total special funds	$12,922,614	$2,893,214	$15,815,828
Full-time equivalent positions	5.00	3.00	8.00

SECTION 2. LEGISLATIVE MANAGEMENT STUDY - COMPREHENSIVE STATEWIDE TOBACCO PREVENTION AND CONTROL PLAN.

1. During the 2013-14 interim, the legislative management shall consider studying the comprehensive statewide tobacco prevention and control plan used in this state.

2. As part of the study, the tobacco prevention and control executive committee and state department of health shall work together to create a single assessment of programs in both agencies including funding sources for the programs, service providers, areas and populations served by the programs, and effectiveness of the programs on improving the health and policy environment in the state. The tobacco prevention and control executive committee and state department of health shall present this assessment to the legislative management.

3. The study may include:

   a. A review of the service delivery system for the comprehensive statewide tobacco prevention and control programs provided by the two agencies, whether the delivery system is fiscally efficient, and how the delivery system is consistent with the centers for disease control's best practices for comprehensive tobacco control programs;

   b. A review of the effectiveness of the comprehensive statewide tobacco prevention and control programs provided in the state and ways to improve the health and policy outcomes of the programs; and

   c. A review of how the comprehensive statewide tobacco prevention and control programs provided by the two agencies address the Native American population on the Indian reservations.

4. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fourth legislative assembly."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2024 - Tobacco Prevention & Control Exec Comm - Conference Committee Action

	Executive Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Comprehensive tobacco control	$13,016,197	$19,436,746	($3,629,309)	$15,807,437	$12,980,127	$2,827,310
Accrued leave payments			8,391	8,391	8,391	
Total all funds	$13,016,197	$19,436,746	($3,620,918)	$15,815,828	$12,988,518	$2,827,310
Less estimated income	13,016,197	19,436,746	(3,620,918)	15,815,828	12,988,518	2,827,310
General fund	$0	$0	$0	$0	$0	$0
FTE	5.00	8.00	0.00	8.00	5.00	3.00

Department No. 305 - Tobacco Prevention & Control Exec Comm - Detail of Conference Committee Changes

	Adjusts State Employee Compensation and Benefits Package[1]	Provides Separate Line Item for Accrued Leave Payments[2]	Decreases Funding for Comprehensive Tobacco Control[3]	Decreases Funding for Temporary Salaries[4]	Total Conference Committee Changes
Comprehensive tobacco control	($13,964)	($8,391)	($3,416,078)	($190,876)	($3,629,309)
Accrued leave payments		8,391			8,391
Total all funds	($13,964)	$0	($3,416,078)	($190,876)	($3,620,918)
Less estimated income	(13,964)	0	(3,416,078)	(190,876)	(3,620,918)
General fund	$0	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00	0.00

[1] This amendment adjusts the state employee compensation and benefits package as follows:

- Reduces the performance component from 3 to 5 percent per year to 3 to 5 percent for the first year of the biennium and 2 to 4 percent for the second year of the biennium.
- Reduces the market component from 2 to 4 percent per year to 1 to 2 percent per year for employees below the midpoint of their salary range.
- Reduces funding for retirement contribution increases to provide for a 1 percent state and 1 percent employee increase beginning in January 2014 and no increase in January 2015.

[2] A portion of comprehensive tobacco control funding from other funds for permanent employees' compensation and benefits is reallocated to an accrued leave payments line item for paying annual leave and sick leave for eligible employees.

[3] This amendment reduces funding for comprehensive tobacco control added by the Senate by $3,416,078 to provide an increase of $3 million over the executive recommendation. The additional funding is to be used for signage ($250,000) and grants ($2,750,000).

[4] The conference committee did not remove the 3 FTE positions added by the Senate but reduced temporary salaries to provide a total of $200,000.

In addition, this amendment adds a section to provide Legislative Management consider studying the comprehensive statewide tobacco prevention and control plan used in the state. This section was not included in the executive recommendation nor in the House or Senate versions of the bill.

Date 4-18-13

Roll Call Vote #_____

2013 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2024 as (re) engrossed

Senate Appropriations **Committee**

Action Taken

- ☐ SENATE accede to House Amendments
- ☐ SENATE accede to House Amendments and further amends
- ☐ HOUSE recede from House amendments
- ☐ HOUSE recede from House amendments and amends as follows
- ☐ **Unable to agree**, recommends that the committee be discharged and a new committee be appointed

Motion Made by: _____ Seconded by: _____

Senators	4/18	4/19	4/22	Yes	No	Representatives	4/18	4/19	4/22	Yes	No
Kilzer	✓	✓	✓			Nelson	✓	✓	✓		
Grindberg	✓	✓	✓			Pollert	✓	✓	✓		
Matherson	✓	✓	✓			Holman	✓	✓	✓		
Total Senate Vote						Total Rep. Vote					

Vote Count Yes: _____ No: _____ Absent: _____

Senate Carrier _____ House Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Date 4-24-13

Roll Call Vote # 1

2013 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 3024 as (re) engrossed

Senate Appropriations **Committee**

Action Taken

- ☐ SENATE accede to House Amendments
- ☐ SENATE accede to House Amendments and further amends
- ☐ HOUSE recede from House amendments
- ☐ HOUSE recede from House amendments and amends as follows
- ☐ **Unable to agree**, recommends that the committee be discharged and a new committee be appointed

Amendment 13.8174.02005

Motion Made by: Mathern Seconded by: Holman

Senators	4/23	4/24		Yes	No	Representatives	4/23	4/24		Yes	No
Senator Kilzer	✓	✓		✓		Rep. Nelson	✓	✓		✓	
Grindberg	✓	✓		✓		Pollert	✓	✓		✓	
Mathern	✓	✓		✓		Holman	✓	✓		✓	
Total Senate Vote				3		Total Rep. Vote				3	

Vote Count Yes: 6 No: 0 Absent: 0

Senate Carrier Kilzer House Carrier Nelson

LC Number 13.8174 . 02005 of amendment

LC Number 13.8174 . 02000 of engrossment

REPORT OF CONFERENCE COMMITTEE

SB 2024, as engrossed: Your conference committee (Sens. Kilzer, Grindberg, Mathern and Reps. J. Nelson, Pollert, Holman) recommends that the **HOUSE RECEDE** from the House amendments as printed on SJ pages 1254-1255, adopt amendments as follows, and place SB 2024 on the Seventh order:

That the House recede from its amendments as printed on pages 1254 and 1255 of the Senate Journal and pages 1337 and 1338 of the House Journal and that Engrossed Senate Bill No. 2024 be amended as follows:

Page 1, line 2, after "committee" insert "; and to provide for a legislative management study"

Page 1, replace lines 11 through 13 with:

"Comprehensive tobacco control	$12,922,614	$2,884,823	$15,807,437
Accrued leave	0	8,391	8,391
Total special funds	$12,922,614	$2,893,214	$15,815,828
Full-time equivalent positions	5.00	3.00	8.00

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1. During the 2013-14 interim, the legislative management shall consider studying the comprehensive statewide tobacco prevention and control plan used in this state.

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   b. A review of the effectiveness of the comprehensive statewide tobacco prevention and control programs provided in the state and ways to improve the health and policy outcomes of the programs; and

   c. A review of how the comprehensive statewide tobacco prevention and control programs provided by the two agencies address the Native American population on the Indian reservations.

4. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fourth legislative assembly."

Renumber accordingly

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General fund	$0	$0	$0	$0	$0	$0
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General fund	$0	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00	0.00

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[1] This amendment adjusts the state employee compensation and benefits package as follows:

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[4] The conference committee did not remove the 3 FTE positions added by the Senate but reduced temporary salaries to provide a total of $200,000.

In addition, this amendment adds a section to provide Legislative Management consider studying the comprehensive statewide tobacco prevention and control plan used in the state. This section was not included in the executive recommendation nor in the House or Senate versions of the bill.

Engrossed SB 2024 was placed on the Seventh order of business on the calendar.

2013 TESTIMONY

SB 2024

North Dakota Tobacco Prevention and Control Executive Committee
Center for Tobacco Prevention and Control Policy
4023 State Street, Suite 65 • Bismarck, ND 58503-0638
Phone 701.328.5130 • Fax 701.328.5135 • Toll Free 1.877.277.5090

Testimony
Senate Bill 2024
10:00 a.m., January 22, 2013, Senate Appropriations Committee

Good morning, Chairman Holmberg and members of the Senate Appropriations Committee. I am Jeanne Prom, executive director of the North Dakota Center for Tobacco Prevention and Control Policy. The Center is the state agency office operated by the N.D. Tobacco Prevention and Control Executive Committee. I am testifying in support of Senate Bill 2024, which provides an appropriation for the N.D. Tobacco Prevention and Control Executive Committee.

Background

The Executive Committee is responsible for the comprehensive tobacco control program in North Dakota (North Dakota Century Code §23.42.01 through §23.42.08, and §54.27.25). This law requires that a portion of the money North Dakota receives from the Master Settlement Agreement with tobacco companies be used for a comprehensive tobacco prevention program funded at a level recommended by the U.S. Centers for Disease Control and Prevention in *Best Practices for Comprehensive Tobacco Control Programs (October 2007)*.*,** The recommended level of funding is based on 2007 dollars and 2006 population rates. These should be updated annually according to the U.S. Department of Labor Consumer Price Index and U.S. Census Bureau.

This law created the Tobacco Prevention and Control Advisory Committee, a nine-member board appointed by the Governor. The board elects three of its members to the N.D. Tobacco Prevention and Control Executive Committee. The Advisory Committee is responsible for developing a comprehensive statewide plan to prevent and reduce tobacco use. The Executive Committee is charged with implementing and administering the plan, which includes establishing and staffing the agency and expending funds appropriated by the Legislative Assembly. In most cases during this testimony, I will refer to the agency as the Executive Committee.

Overview of funding, including federal funding and one-time funding

As requested, my comments will focus on the 2011-13 appropriation and estimated spending, 2013-15 budget needs, and any variances. There are no one-time funding items in 2011-13 or 2013-15. All funding is special funding from 9 of 10 Strategic Contribution Fund Payments from the Master Settlement Agreement with tobacco companies. There are no state general funds or federal funds** in the 2011-13 appropriation or the 2013-15 request.

Biennium	2011-13	2013-15 Executive Budget	2013-15 Optional Budget
Special funds*	**$12,922,614**	**$13,016,197**	**$14,358,977**
State general funds	**0**	**0**	**0**
Federal funds	**0**	**0**	**0**
One-time funding items	**none**	**none**	**none**

North Dakota Century Code §23.42.01 through §23.42.08, and §54.27.25
***Federal funds, as well as additional special funds, are included in the N.D. Department of health budget (SB 2004) and contribute to the total used to reach the CDC Best Practice recommended level of funding.*

2011-2013 appropriation and estimated spending

Appropriation for the current biennium: $12,922,614. Current fixed costs, encumbered funds, plus actual and anticipated variable costs equal about 97 percent of the current appropriation.

2013-15 budget needs

1 Current Budget 2011-13	2 2013-15 Base Budget Request	3 2013-15 Executive Budget	4 Current (1) to Executive (3) Difference	5 2013-15 Additional Needs
5.0 FTE	5.0 FTE	5.0 FTE	--	3.0 FTE
$12,922, 614	$12,937,606	$13,016,197	$93,583	$1,342,780
			$13,016,197	$14,358,977

2013-15 budget variances

The 2013-15 Executive Budget provided an additional $93,583 in special fund authority over the current biennial budget. Of this total, $50,569 is provided for the executive compensation package adjustment, $18,252 for increases in health insurance costs, $9,770 for increases in retirement costs, and $14,992 in column 2 for an adjusted appropriation for continuation of: FY2013 3% salary increase, Hay below minimum salary increase, and retirement increase.

The 2013-15 Additional Needs (column 5, above) were outlined in the agency's optional budget request and were determined by the critical issues facing the agency.

	2013-15 Optional Budget
FTE	3.0
Salaries and Wages	$45,000
Operating Expenses	$300,000
Grants	$997,780
	$1,342,780

Continuing and emerging critical issues reflected in 2013-15 Optional Budget request (also on one-page attachment on next page)

- Permanent staffing to manage and monitor nearly 100 grants and professional services contracts, including ongoing evaluation of the comprehensive program. (FTE, Salaries and Wages, Operating Expenses)
- Appropriation to include equity adjustments to address salary compression created by newer hires compensated at the new classifications and higher salary ranges resulting from Hay Study implementation. (Salaries and Wages)
- Continuation of $690,000 for a local infrastructure grants program transferred to the Executive Committee from the Department of Health, using the Executive Committee's current appropriation and staffing, during the fourth quarter of FY2011. (Grants)
- Continuation of funding using a funding formula based in part on population, to respond effectively to increasing demand for local capacity building in areas of the state experiencing significant population growth and resulting in urgent need for more and different tobacco prevention and cessation services in these areas, and other areas with higher tobacco use. (Operating Expenses, Grants)
- New: Education and evaluation of the new statewide smoke-free law. (Operating Expenses, Grants)

Please see the one-page attachment on the next page.

SB 2024 – North Dakota Tobacco Prevention and Control Executive Committee appropriation
January 22, 2013
One-page overview submitted by the agency

Requested changes to Executive Budget recommendation

The Executive Committee thanks you for the current appropriation, which has helped in implementing the comprehensive statewide plan to prevent and reduce tobacco use, detailed in the attachments.

For 2013-15 the Executive Committee requests an appropriation of $14,358,977and 8.0 FTE.

	Estimated Expended 2011-2013	Current Budget 2011-2013	Executive Budget 2013-2015	2013-2015 OPTIONAL	Total Executive Budget with Optional
TOTAL FTE	5.0	5.0	5.0	3.0	8.0
SALARIES	947,787	1,132,494	1,495,935	45,000	1,540,935
OPERATING	2,620,721	2,967,609	3,365,493	300,000	3,665,493
CAPITAL ASSETS	-	-	6,500	-	6,500
GRANTS	8,918,223	8,822,511	8,148,269	997,780	9,146,049
GRAND TOTAL SPECIAL FUNDS*	12,486,731	12,922,614	13,016,197	1,342,780	14,358,977

*Source:
Tobacco Master Settlement Agreement-Strategic Contribution Fund Payments
Fund 369 - Tobacco Prevention & Control Trust Fund

Continuing and emerging critical issues reflected in 2013-15 Optional Budget request (from previous page)

- Permanent staffing to manage and monitor nearly 100 grants and professional services contracts, including ongoing evaluation of the comprehensive program. (FTE, Salaries and Wages, Operating Expenses)
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- New: Education and evaluation of the new statewide smoke-free law. (Operating Expenses, Grants)

North Dakota

Recommended Program Intervention Budgets **October 2007**

CDC Recommended Annual Investment $9.3 million

Deaths in North Dakota Caused by Smoking	
Annual average smoking-attributable deaths	900
Youth ages 0-17 projected to die from smoking	11,000
Annual Costs Incurred in North Dakota from Smoking	
Total medical	$247 million
Medicaid medical	$47 million
Lost productivity from premature death	$190 million
State Revenue from Tobacco Excise Taxes and Settlement	
FY 2006 tobacco tax revenue	$23.3 million
FY 2006 tobacco settlement payment	$21.3 million
Total state revenue from tobacco excise taxes and settlement	$44.6 million
Percent tobacco revenue to fund at CDC recommended level	**21%**

		Per Capita Recommendation
I.	**State and Community Interventions** Multiple societal resources working together have the greatest long-term population impact.	**$7.37**
II.	**Health Communication Interventions** Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	**$1.86**
III.	**Cessation Interventions** Tobacco use treatment is highly cost-effective.	**$3.52**
IV.	**Surveillance and Evaluation** Publicly financed programs should be accountable and demonstrate effectiveness.	**$1.28**
V.	**Administration and Management** Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	**$0.64**
	Total	**$14.67**

Note: A justification for each program element and the rationale for the budget estimates are provided in Section A. The funding estimates presented are based on adjustments for changes in population and inflation since the 1999 publication. The recommended levels of investment (per capita and total) are presented in 2007 dollars using 2006 population estimates. These should be updated annually according to the U.S. Department of Labor Consumer Price Index and U.S. Census Bureau. The actual funding required for implementing programs will vary depending on state characteristics such as tobacco use prevalence, socio-demographic factors, and other factors. See Appendix E for data sources on deaths, costs, revenue and state-specific factors.

Office on Smoking and Health • Centers for Disease Control and Prevention
www.cdc.gov/tobacco • tobaccoinfo@cdc.gov • 1 (800) CDC INFO or 1 (800) 232-4636

North Dakota Tobacco Prevention and Control Executive Committee
Center for Tobacco Prevention and Control Policy
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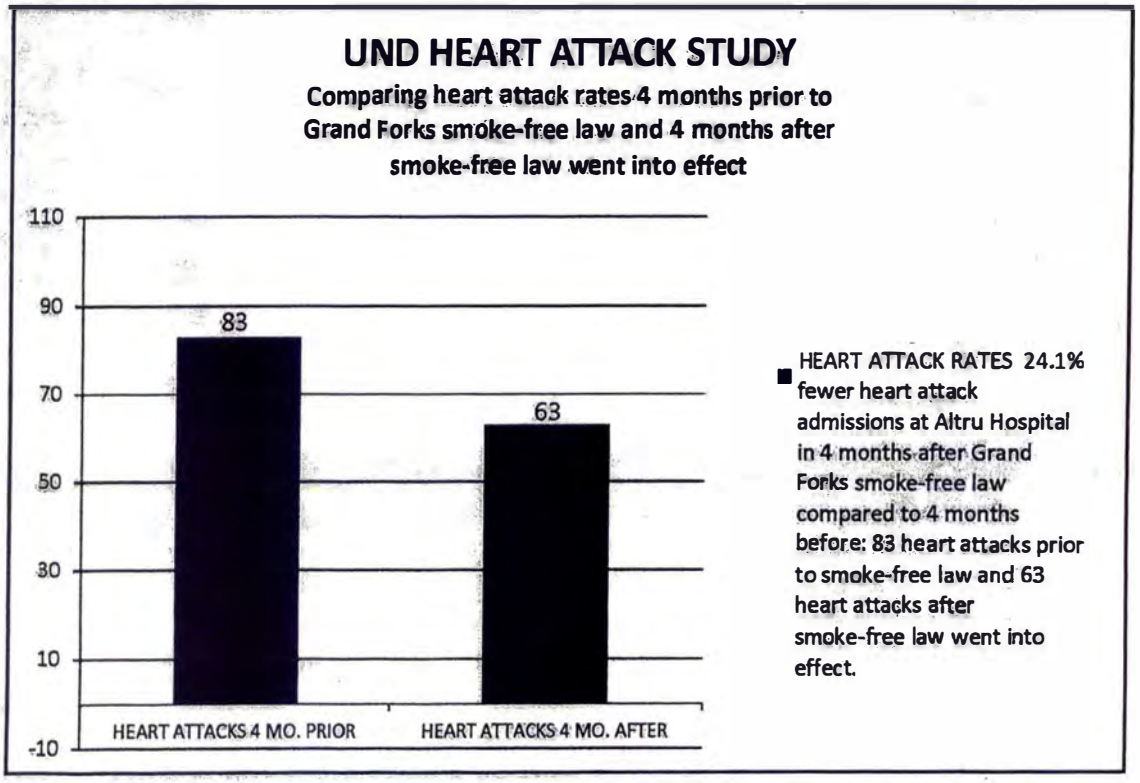
Saving Lives – Saving Money: North Dakota's Comprehensive State Plan to Prevent and Reduce Tobacco Use, 2009-2014 (2012 Update)
State Plan Highlights – 2011-13

Goal: Eliminating exposure to secondhand smoke
General population – smoke-free laws and their health impact

[redacted]

- Heart attack admissions to Altru decreased by 24.1% in the four months after Grand Forks smoke-free city ordinance took effect, according to a UND study. The 20 fewer heart attack admissions is estimated to have saved $156,620 based on an average cost of a heart attack admission ($7,831/admit, according to recent Medicaid costs) and $860,000 total saved for all costs related to a heart attack episode (admit, follow-up, pharmacy, cardiac rehab and an average of $43,000/all care, according to Blue Cross Blue Shield of Minnesota).

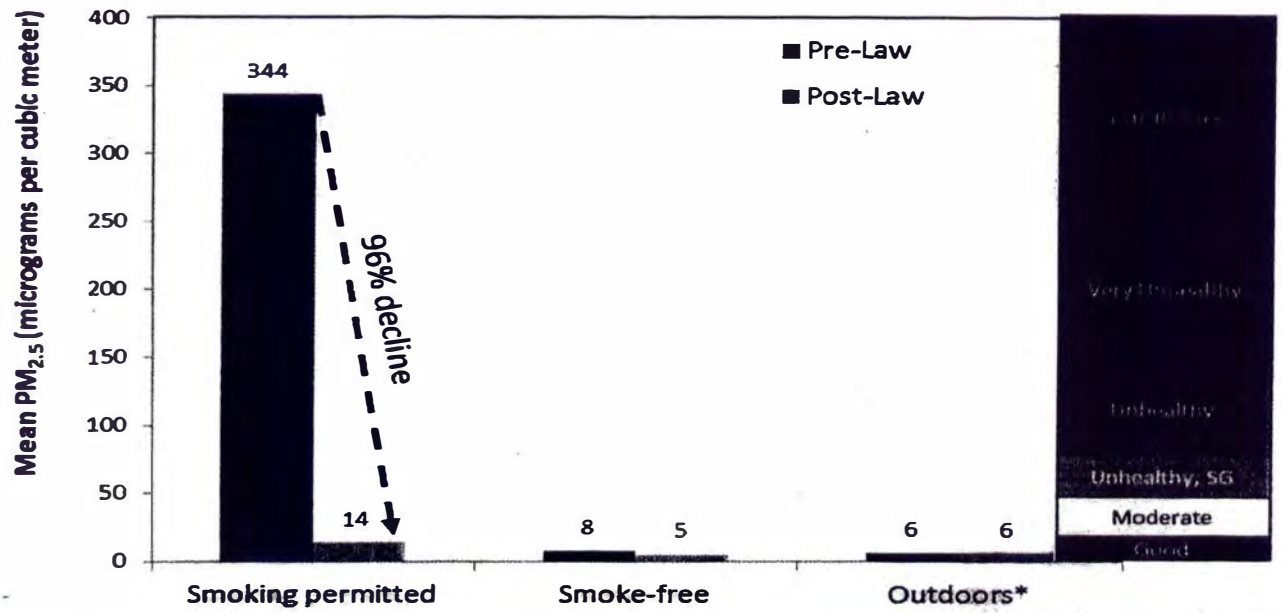


- A new smoke-free state law took effect in December 2012, which now protects people from exposure to secondhand smoke in nearly all enclosed public places and places of employment. As part of a tobacco prevention program, this new law can be expected to reduce smoking over time and will have an immediate impact on indoor air pollution and heart attack admissions.
- Grand Forks and Bismarck city governments changed city code to incorporate on new state law. (December 2012)

Walhalla (78.02%), Cando (76.36%) and Casselton (67.41%) city councils are considering next steps after their citizens passed smoke-free advisory measures by the percentages indicated, in November 2012.

- In spring and summer 2012, 4 cities (Cavalier, Munich, Lisbon and Linton) passed local smoke-free ordinances, bringing the total to 11 smoke-free cities, 9 since the beginning of the comprehensive statewide program in July 2009.
- Grand Forks reported a 92% decline in fine particle air pollution in bars after enactment of the 2010 smoke-free city ordinance. Air quality improved from "unhealthy" to "good." Fine particles (smaller than 2.5 microns in diameter) are released in significant amounts from burning cigarettes, are easily inhaled deep into the lungs, and cause a variety of adverse health effects including cardiovascular and respiratory morbidity and death).
- Bismarck reported a 96% decline in fine particle air pollution in bars after enactment of their 2011 smoke-free city ordinance. Before the Bismarck ordinance took effect, employees in workplaces allowing smoking were exposed to air pollution 6 times higher than safe annual levels, and 57 times higher than the level of outdoor air in Bismarck.

Figure 1. Effect of Bismarck Smoke-free Air Law on Indoor Air Pollution



[redacted]

Voluntary tobacco- and smoke- free grounds policies, including county and recreation policy (not K-12, higher ed, or covered by new state smoke-free law)

- Local public health units (LPHUs) assessed voluntary smoke-free grounds policies and reported 47 policies, including 13 new policies this biennium and an additional 6 last biennium.
- Cando Park Board adopted a smoke-free policy for all city parks.
- LPHUs assessed voluntary tobacco-free grounds policies and reported 100 policies, including 31 this biennium and 22 last biennium.
- Richland County Commissioners approved a comprehensive tobacco-free policy in May (effective immediately) for all Richland County government property.
- The McHenry County 4H "Youth Achievement Days" declared all events and grounds tobacco free.

Voluntary smoke-free policies before the comprehensive smoke-free state law

- Prior to enactment of the new state smoke-free law in December 2012, 32 alcohol establishments were reported by local public health units to have voluntarily adopted smoke-free policies.

Voluntary smoke-free policies – not covered by comprehensive state smoke-free law

- City County Health District reported that the 40-unit Rudolf Square apartment complex, Valley City, went smoke-free in September 2012.

Voluntary tobacco-free policies

- Grand Forks Taxi, Pepper's Dog Park (Jamestown), Dakota Eye Institute (Bismarck) and Cobblestone Inn (Langdon) were reported having tobacco-free policies in FY2012 Q3.

Goal: Preventing initiation of tobacco use by youth and young adults

K-12 comprehensive tobacco–free school district policies

- 58% of K-12 students attend school with a comprehensive tobacco-free campus policy. Of the 116 school districts/private schools have adopted a comprehensive tobacco-free school policy, 15 were passed this biennium, and 56 total since Center funding began.
- Upper Missouri District Health Unit reports New Town Public School and District #8 Public School became the first reservation school and first Mountrail County school to implement a tobacco-free policy.
- LPHUs assessed tobacco-free policies in 175 school districts/private schools and assessed tobacco-free/smoke-free policies in 13 higher ed institutions in FY2012.
- LPHUs reported assessing 90 school policies in FY2013 Q1.
- Central Valley Board of Health passed a resolution urging all schools to adopt the model comprehensive tobacco-free campus policy.

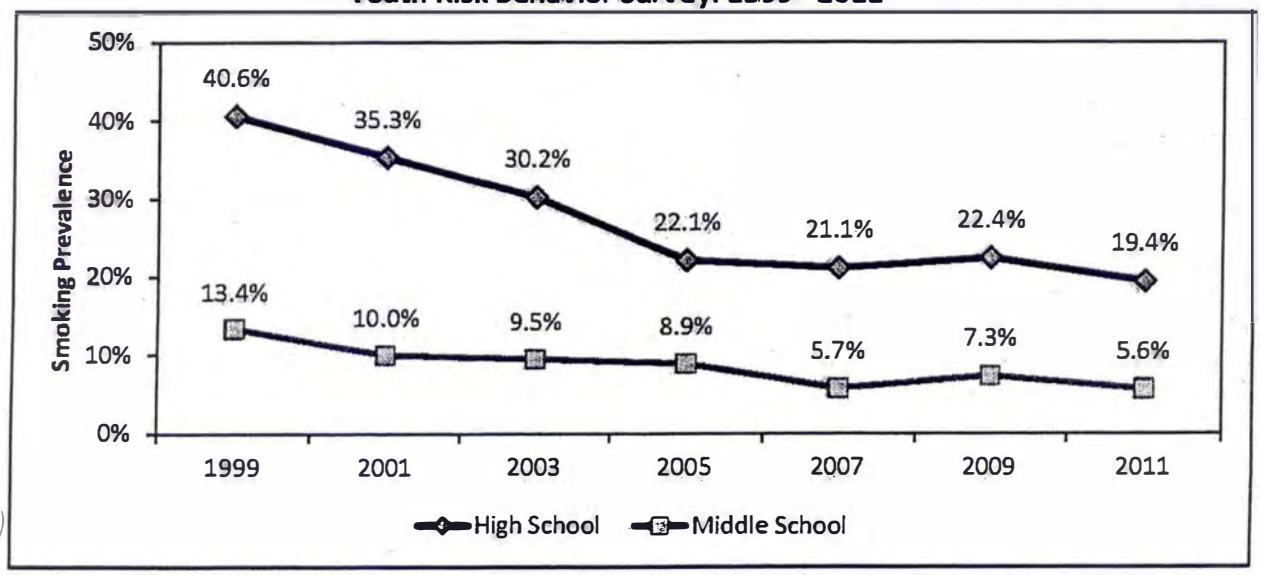
Higher education tobacco-free policies

- 68% of students at N.D. University System are protected by a comprehensive tobacco-free campus policy, as 9 of 11 campuses are tobacco-free. Williston State College is considering a comprehensive tobacco-free campus policy. NDSU is a smoke-free campus.
- University of Mary became the 12th tobacco-free campus and the Rasmussen College campuses in Bismarck and Fargo became smoke-free campuses this biennium.

Other policies

- Southwestern District Health Unit reported that Dickinson passed an ordinance to initiate a license system to sell tobacco with fines and licenses suspension for illegal sales to minors.
- The tobacco-free campus policies protect youth and adults from secondhand smoke and establish no tobacco use as the norm for all ages, especially young people. As part of a comprehensive approach, these tobacco-free campus policies can be expected to reduce all tobacco use.
- The latest N.D. Youth Risk Behavior Survey (YRBS) shows fewer students smoking.

Youth Risk Behavior Survey: 1999 - 2011



Source: Youth Risk Behavior Survey: North Dakota Department of Public Instruction

Goal: Promote quitting tobacco use

Policies to Ask, Advise and Refer (AAR) to NDQuits (operated by department of health)

Center grants require LPHUs to refer their clients to NDQuits. Grants can be used by LPHUs to work with healthcare providers in coordination with DOH to refer to NDQuits.

- The Center requested a meeting with the Department of Health to discuss possibilities for continuing without interruption progress between LPHUs, the DOH, and private healthcare systems on implementing policies to ask, advise and refer (AAR) clients and patients to the quitline/Net. The DOH is no longer funding a temporary position to coordinate this effort statewide.
- LPHUs reported 31 new healthcare facilities implementing the AAR guidelines, including: Essentia Health (incorporated the AAR guidelines into their Electronic Medical Records --a system-wide implementation), and Sanford Health (also in new Electronic Medical Record system); plus Sakakawea Medical Center (Hazen), Presentation Clinic (Rolette) and more.
- A total of 258 local public health unit staff and 348 medical providers were trained on AAR guidelines to connect tobacco users to NDQuits.
- FCPH reported their agency's Break Away from Nicotine (BAN) program served 25 new clients enrolled this quarter (compared to nine new enrollees last quarter).
- Bismarck Burleigh Public Health completed a baseline assessment (of tobacco-free, smoke-free and AAR implementation) to over 100 healthcare facilities, day care facilities and outdoor parks/recreation facilities in their service area.
- Upper Missouri District Health Unit reported that Quitnet numbers for the same quarter increased from 34 enrollments to 89 (161.8% percent increase) over 1 year.
- Nelson-Griggs District Health Unit reported that an area optometrist implemented the PHS Guidelines – Ask, Advise and Refer.
- First District Health Unit partnered with the pulmonary division of Trinity Hospital in the new chronic obstructive pulmonary disease (COPD) program.
- Fargo Cass Public Health reported that Sharehouse Inc. adopted an Ask, Advise and Refer policy into their patient intake process and developed a Nicotine Replacement Protocol. The Family Healthcare Center (Fargo) also developed a program to address nicotine dependence in the homeless population.
- City-County Health District reported a 78% increase in the number of clients in Barnes County who enrolled in the quitline/Net during FY2011 quarter 4 (32 enrollees) compared to 18 a year earlier.

Goal: Build statewide capacity to effectively implement the comprehensive program to reach goals of eliminating exposure to secondhand smoke, prevent initiation, and promote quitting

Local coalitions

- In FY2012, Custer District Health Unit, Ransom County, Rolette County, Southwestern District Health Unit, and other areas reported 7 new tobacco coalitions and a total of 215 new coalition members across the state.
- LPHUs reported a new coalition in Central Valley Collaborative and 93 new coalition members across the state during FY2013 Q1.

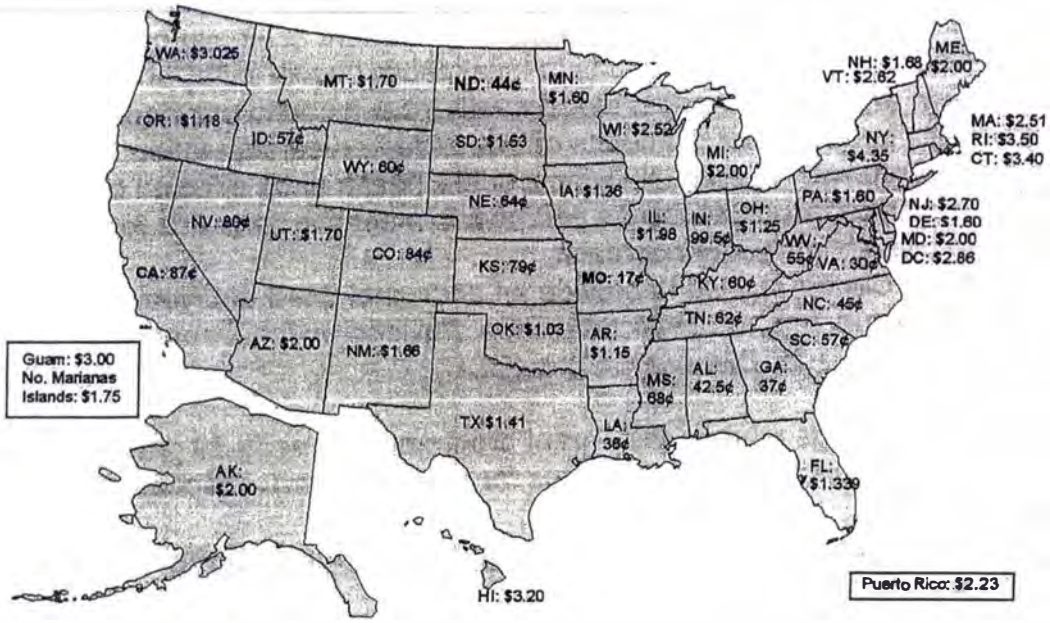
Meeting increasing demands for a comprehensive prevention policy program

- Continue to use a comprehensive approach using CDC Best Practices proven to prevent and reduce tobacco use at an accelerated rate, including:
  - educating the public statewide and locally about the costs of tobacco and how tobacco is marketed, especially through a lower price, and how this affects youth tobacco use. (Note on map, below, that MN tobacco tax includes 37 cents/pack sales tax paid at wholesale.)

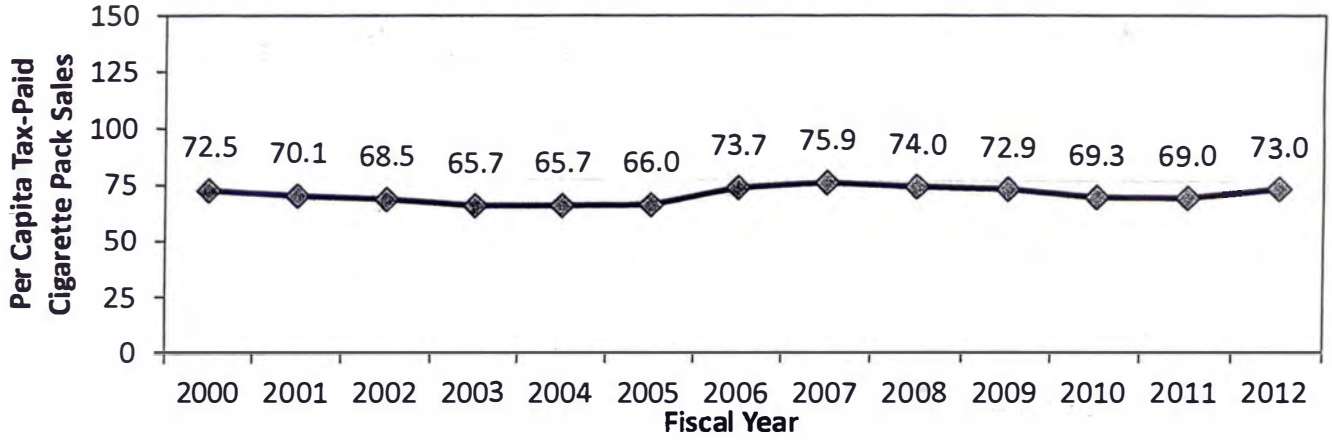
Average State Cigarette Tax: $1.49 per Pack

Average Cigarette Tax in Major Tobacco States: 48.5 cents per Pack

Average Cigarette Tax in Non-Tobacco States: $1.63 per Pack



- working to continue a downward-trend slope in per capita cigarette sales in an economic environment where mining/oil extraction and construction workers have the highest smoking rates, while our state has one of the lowest tobacco tax rates in the country.
- Educating on all the factors that affect tobacco use: social norms, prevention efforts, and marketing; and working to account for resident and non-resident tobacco use.



- more intensive work and state and local levels in areas and populations with highest use of cigarettes and other tobacco products, especially spit tobacco and new tobacco products.
- protecting all K-12 and higher ed students with tobacco-free campuses.
- establishing tobacco- and smoke- free grounds for daycares, parks, other recreation areas (like swimming pools), businesses, libraries, and other places with support for such policies.
- working with owners and renters of multi-unit housing who are interested in tobacco- and smoke-free policies;
- continuing to concentrate on the most cost-effective approach -- *prevention* of tobacco use.
- Continuing to adapt healthcare systems so providers always ask patients/clients about tobacco use and exposure to secondhand smoke, encourage tobacco users to quit, encourage smoke-free living, and connect those wanting to quit with NDQuits and nicotine replacement therapy.

- The Center and LPHUs in areas with American Indian reservations discussed how to continue to collaborate on tobacco use prevention and education efforts for American Indians living on or near the reservations. The Center met with the Department of Health on the comprehensive program and discussed the Center grants to local public health units, which also include reservation areas, and how to work in tandem with tribal tobacco prevention programs funded by the department to best meet the needs of this underserved population.
- The Center met twice with western N.D. local public health units affected by the oil boom and discussed emerging tobacco use issues and how to meet the demands for a more comprehensive prevention policy approach.
- In FY2011 Q4, the Center agreed to provide an additional $345,000/year to 12 LPHUs for local infrastructure. This funding had previously been provided by the Department of Health through a grant from the Centers for Disease Control (CDC).

The Center currently manages three major grant programs (currently 59 grants/year) and multiple professional services contracts (8 contracts thus far this biennium), described below.

Tobacco Settlement State Aid Grants to all Local Public Health Units

- $940,000.00 total for the biennium.
- 28 grants, one to each local public health unit (LPHU) using a noncompetitive formula.
- All counties receive funding.
- LPHUs adopted, implemented and evaluated a health unit policy to ask, advise and refer (AAR) tobacco users to NDQuits. This involved developing and passing the policy, providing training to staff, incorporating the referral process into electronic medical records systems, and conducting an audit of charts to evaluate the policy's implementation in client-based programs.
- All 28 LPHUs now refer clients to NDQuits.

Local Tobacco Control Policy Grants to all Local Public Health Units

- $3,296,091.00 total for FY2012, $3,122,754.65 expended.
- $3,496,625.00 total for FY2013.
- In FY 2013, the Center manages 24 grants/year, one to each LPHU or LPHU collaborative (more than one LPHU cooperating as part of one grant), using noncompetitive formula and requiring an approved CDC Best Practice work plan.
- All counties receive funding.

Special Initiative Grants and Other Grants to Implement CDC Best Practices

- $1,321,848.36 awarded or approved.
- 7 grants to the following:
  - American Nonsmokers' Rights Foundation to provide training and technical assistance to communities on smoke-free efforts.
  - Minot State University to assist communities statewide on public education efforts on smoke-free and tobacco-free efforts (completed) and another grant to conduct indoor air pollution studies.
  - American Lung Association in North Dakota, and
  - Tobacco Free North Dakota, and
  - Northern Lights Youth Services – 1 grant to each organization to provide education to members and to the public statewide on tobacco use prevention issues.
  - City-County Health District for local policy planning and development.

Professional Services Contracts and IT Contractual, and Fees

- $1,935,829.02 in 12 contracts/ITD work order requests thus far this biennium.
- Services further support the implementation of the new statewide comprehensive CDC Best Practice tobacco prevention program through the following contracts:

- Department of Health – a contract to provide the Center with fiscal services for FY2012 was completed.
- Odney – a continuing contract for health communications public education on costs of tobacco use, and information on program outcomes.
- Nexus Innovations – five IT work order requests to provide enhancements to the Progress Reporting System (online grant applications, reporting enhancements).
- University of North Dakota – two contracts to conduct a study to help determine possible health outcomes from a smoke-free policy, and to conduct an evaluation were completed.
- Public Health Law Center – two contracts, one for development of a case study report on the law that funds tobacco control efforts in North Dakota, and another for policy technical assistance and policy research and related training.
- Research Triangle Institute (RTI) International – one contract to provide ongoing comprehensive evaluation of the implementation of the five-year *Saving Lives, Saving Money: North Dakota Comprehensive State Plan to Reduce Tobacco Use, 2012 Update*.

Tobacco use remains the leading cause of *preventable* disease and death in our state. Today, two North Dakota residents will die from tobacco use. As the saying goes, it's not the last cigarette that kills – it's the first. Tobacco use *prevention* is achievable with a sustained approach using CDC Best Practices for Comprehensive Tobacco Control Programs.

Sources and citation: North Dakota Center for Tobacco Prevention and Control Policy. (2013, January). *Report to the North Dakota Senate Appropriations Committee from the N.D. Center for Tobacco Prevention and Control Policy, January 22, 2013*. Bismarck, N.D. NOTE: This information includes data reported from local public health units and other organizations, as required by their grants and contracts with the Center, and other results of Center expenditures.

BreatheND

ing lives, saving money. The voice of the people.

The Center, along with the North Dakota Department of Health, local public health units, and other partners, is charged with implementing North Dakota's comprehensive state tobacco prevention plan: *Saving Lives – Saving Money*. The plan's goals are to significantly reduce tobacco use and its health and economic consequences by using policies and programs proven to keep kids from starting to use tobacco, help tobacco users quit, and protect everyone from secondhand smoke.

The Toll of Tobacco in North Dakota

Updated Dec. 5, 2012

The Toll of Tobacco in North Dakota

High school students who smoke	**19.4% (7,400)**
Male high school students who use smokeless or spit tobacco	**22.2%**
Kids (under 18) who become new daily smokers each year	**600**
Kids exposed to secondhand smoke at home	**42,000**
Packs of cigarettes bought or smoked by kids each year	**1.9 million**
Adults in North Dakota who smoke*	**21.9% (116,600)**

**Due to changes in CDC's methodology, the 2011 adult smoking rate cannot be compared to adult smoking data from previous years.*

U.S. National Data (2011)

High school smoking rate:	**18.1%**
Male high school students who use smokeless tobacco:	**12.8%**
Adult smoking rate	**19.0%**

Deaths in North Dakota from Smoking

Adults who die each year from their own smoking	**800**
Kids now under 18 and alive in North Dakota who will ultimately die prematurely from smoking	**11,000**

Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined — and thousands more die from other tobacco-related causes — such as fires caused by smoking (more than 1,000 deaths/year nationwide) and smokeless tobacco use.

Smoking-Caused Monetary Costs in North Dakota

Annual health care costs in North Dakota directly caused by smoking	**$247 million**
Portion covered by the state Medicaid program	**$47 million**
Residents' state & federal tax burden from smoking-caused government expenditures	**$574 per household**
Smoking-caused productivity losses in North Dakota	**$192 million**

Amounts do not include health costs caused by exposure to secondhand smoke, smoking-caused fires, smokeless tobacco use, or cigar and pipe smoking. Tobacco use also imposes additional costs such as workplace productivity losses and damage to property.

Tobacco Industry Influence in North Dakota

Annual tobacco industry marketing expenditures nationwide	**$8.5 billion**
Estimated portion spent for North Dakota marketing each year	**$25.7 million**

Published research studies have found that kids are twice as sensitive to tobacco advertising than adults and are more likely to be influenced to smoke by cigarette marketing than by peer pressure. One-third of underage experimentation with smoking is attributable to tobacco company advertising.

View sources of information.

More detailed fact sheets on tobacco's toll in each state are available by emailing factsheets@tobaccofreekids.org

North Dakota Tobacco Prevention and Control Executive Committee
Center for Tobacco Prevention and Control Policy
4023 State Street, Suite 65 • Bismarck, ND 58503-0638
Phone 701.328.5130 • Fax 701.328.5135 • Toll Free 1.877.277.5090

Testimony
Senate Bill 2024
10:00a.m., January 22, 2013, Senate Appropriations Committee

Good morning, Chairman Holmberg and members of the Senate Appropriations Committee. I am Dr. Kermit Lidstrom. I am an original member of the North Dakota Tobacco Prevention and Control Advisory Committee. I am also on the Executive Committee. I was appointed to this committee in 2009 and reappointed in 2011.

The Executive Committee requests an appropriation of $14,358,977.

This is within the CDC Best Practices amount for our state. This is based on our current population and the current value of the dollar.

Our state is experiencing growth. Some of the growing pains that come with this growth include meeting the needs of more people who work and live here.

We are attracting new workers to our state. But the smoking rate of mining, construction, and restaurant workers is much higher than the average. We need to meet the needs of these people with both prevention and cessation through the local public health units.

Our budget request of $14,358,977 will help us meet the needs of our growing population.

Thank you for your thoughtful consideration of the Executive Committee budget. Thank you for your continuing support of this important and historic work.

3

North Dakota Tobacco Prevention and Control Executive Committee
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Testimony
Senate Bill 2024
10:00a.m., January 22, 2013, Senate Appropriations Committee

Good morning, Chairman Holmberg and members of the Senate Appropriations Committee. I am Jayne Vetter, a registered nurse. The Governor appointed me to a three-year term on the North Dakota Tobacco Prevention and Control Advisory Committee. The Advisory Committee fully supports the Executive Committee's appropriation request of $14,358,977. This is the amount needed to build on our progress achieved this biennium.

Because of the growth in our state's population, we need to respond in kind with commensurate levels of support to our local public health units. This past biennium:

- The Executive Committee assumed the funding and management of $690,000 for a local infrastructure grants program transferred to the Executive Committee from the Department of Health, using the Executive Committee's current budget and staff.
- Our current local funding formula is based on population. With a hold-even budget going forward, we had to reduce the per capita amount provided to local public health units for prevention and cessation grants. This cut will take effect July 1, 2013. However, with our optional budget request, we would be able to keep local funding near its present level.
- Most importantly, additional funding will allow local all of us to respond effectively to increasing demand for local capacity building in areas of the state experiencing significant tobacco use and population growth.

Thank you for your time and consideration.

NORTH DAKOTA NURSES ASSOCIATION

RE: SENATE BILL 2024

HEARING JANUARY 22, 2013 – APPROPRIATIONS COMMITTEE

For the record my name is Karen Macdonald. I am a Registered Nurse, Family Nurse Practitioner and hold certification in Gerontological Nursing. I am a registered lobbyist for the North Dakota Nurses Association, a professional organization for Registered Nurse that just last year celebrated its' Centennial.

I appear in support of SB 2024. Funds are needed to continue to encourage people to quit using tobacco products and to deter people from starting. Funds are also needed to continue to monitor the effects of the Initiated measure overwhelmingly approved by North Dakota voters last fall.

I most recently have worked with people of my age – most would call us elderly. But the one common theme is the effects of smoking – first hand, second hand, or even third hand. Interview a woman with new onset heart issues – did you ever smoke? Oh, no. Did your husband? Oh yes, he was a heavy smoker. Second hand smoke is cheap – but deadly.

I applaud the efforts of the Tobacco prevention and control trust fund. The North Dakota Nurses Association has participated in their efforts and will continue to do so.

Karen Macdonald, Lobbyist #345

Cell 471-4729

13.9547.01000

Prepared by the North Dakota Legislative Council
staff for Senator Kilzer
January 2013

TOBACCO PREVENTION AND CONTROL - CENTERS FOR DISEASE CONTROL AND PREVENTION BEST PRACTICES FOR COMPREHENSIVE TOBACCO PREVENTION AND CONTROL PROGRAMS

This memorandum provides information regarding the Centers for Disease Control and Prevention (CDC) *Best Practices for Comprehensive Tobacco Control Programs* published in October 2007 (Appendix A) and related funding recommendations. The recommended program budgets outlined in the publication include state and community interventions, health communication interventions, cessation interventions, surveillance and evaluation, and administration and management. Recommended program intervention budgets total $14.67 per capita per year. Based on the most recent census data available, North Dakota's population was estimated to be 683,932 in July 2011. As a result, the CDC-recommended budget for North Dakota would total $10,033,283 per year or $20,066,566 for the biennium. Based on CDC guidelines, recommended biennial funding by intervention is as follows:

- State and community interventions - $10,081,158.
- Health communication interventions - $2,544,228.
- Cessation interventions - $4,814,882.
- Surveillance and evaluation - $1,750,866
- Administration and management - $875,432.

Initiated measure No. 3 (Appendix B), approved in November 2008, added seven new sections to the North Dakota Century Code and amended Section 54-27-25 to establish the Tobacco Prevention and Control Advisory Committee and an executive committee, develop and provide funding for a comprehensive statewide tobacco prevention and control plan, and create a tobacco prevention and control trust fund to receive tobacco settlement dollars to be administered by the executive committee. The measure provides for the advisory committee, appointed by the Governor, to develop the initial comprehensive plan and select an executive committee responsible for the implementation and administration of the comprehensive plan. Also attached for review are the following:

- Chapter 23-42 (Appendix C) created by the approval of the initiated measure and amended by the Legislative Assembly in 2009 to require a biennial budget;
- Section 54-27-25 (Appendix D) as amended by the initiated measure creates the tobacco prevention and control trust fund and requires 80 percent of the community health trust fund be used for tobacco prevention and control; and
- Section 54-27-25.1 (Appendix D) relating to the water development trust fund as created by the Legislative Assembly in 2009.

The executive recommendation for the State Department of Health includes $5,544,251, of which $3,220,354 is from the community health trust fund and $2,323,897 is from federal funds for tobacco prevention and control. Information regarding the anticipated use of the funding appropriated to the department is attached as (Appendix E). In addition, the executive recommendation for the Tobacco Prevention and Control Committee provides $13,016,197 from the tobacco prevention and control trust fund for the comprehensive plan for a total of $18,560,448 provided for the 2013-15 biennium. The Tobacco Prevention and Control Committee in its testimony to the Senate Appropriations Committee requested an additional $1,342,780 and three full-time equivalent positions be added to its appropriation which, if approved, would provide for total tobacco prevention and control funding of $19,903,228 during the 2013-15 biennium.

The executive recommendations for the Department of Human Services and the Department of Public Instruction do not include any funding for tobacco prevention and control programs.

North Dakota

Recommended Program Intervention Budgets **October 2007**

CDC Recommended Annual Investment $9.3 million

Deaths in North Dakota Caused by Smoking	
Annual average smoking-attributable deaths	900
Youth ages 0-17 projected to die from smoking	11,000
Annual Costs Incurred in North Dakota from Smoking	
Total medical	$247 million
Medicaid medical	$47 million
Lost productivity from premature death	$190 million
State Revenue from Tobacco Excise Taxes and Settlement	
FY 2006 tobacco tax revenue	$23.3 million
FY 2006 tobacco settlement payment	$21.3 million
Total state revenue from tobacco excise taxes and settlement	$44.6 million
Percent tobacco revenue to fund at CDC recommended level	**21%**

		Per Capita Recommendation
I.	**State and Community Interventions** Multiple societal resources working together have the greatest long-term population impact.	**$7.37**
II.	**Health Communication Interventions** Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	**$1.86**
III.	**Cessation Interventions** Tobacco use treatment is highly cost-effective.	**$3.52**
IV.	**Surveillance and Evaluation** Publicly financed programs should be accountable and demonstrate effectiveness.	**$1.28**
V.	**Administration and Management** Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	**$0.64**
	Total	**$14.67**

Note: A justification for each program element and the rationale for the budget estimates are provided in Section A. The funding estimates presented are based on adjustments for changes in population and inflation since the 1999 publication. The recommended levels of investment (per capita and total) are presented in 2007 dollars using 2006 population estimates. These should be updated annually according to the U.S. Department of Labor Consumer Price Index and U.S. Census Bureau. The actual funding required for implementing programs will vary depending on state characteristics such as tobacco use prevalence, socio-demographic factors, and other factors. See Appendix E for data sources on deaths, costs, revenue and state-specific factors.

Office on Smoking and Health • Centers for Disease Control and Prevention
www.cdc.gov/tobacco • tobaccoinfo@cdc.gov • 1 (800) CDC INFO or 1 (800) 232-4636

Timeline for Statutory Initiative Relating to Tobacco Use Prevention and Control Program (Revised April 28, 2008)

Submitted to the Secretary of State for review and approval for circulation	**Tuesday, Aprll 15, 2008**
Earliest Date the law allows Secretary of State to approve the petition's ballot title	**Tuesday, April 22, 2008**
Latest Date by which the Secretary of State must provide the petitions' ballot title	**Thursday, April 24, 2008**
Date that Secretary of State supplied Sponsoring Committee with ballot title for petition along with a listing of corrections for the petition's format	**Thursday, April 24, 2008**
Date that Sponsoring Committee returned petition to Secretary of State for review	**Friday, April 25, 2008**
Date that Secretary of State approved petition for circulation	**Friday, April 25, 2008**
Deadline for submitting petition signatures to the Secretary of State (90 days before the election at which the measure is to appear on the ballot or one year from the date the petition is approved for circulation)	• **2008 General Election – Prior to midnight on Tuesday August 5, 2008** • **One year from date petition was approved for circulation – Monday, April 28, 2009 (adjusted forward because one year date fell on a weekend)**
Number of Signatures needed to place measure on ballot.	**12,844**
Contact person for the sponsoring committee	**MK Heidi Heitkamp** **Chair of Sponsoring Committee** **21 Captain Leach Drive** **Mandan ND 58554** **Phone (701) 667-1955**

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3. No individual may serve more than two consecutive three-year terms; however terms of less than three years are not considered in determining an individual's eligibility for reappointment.

4. A quorum of the advisory committee is required to conduct business, but the advisory committee may conduct a meeting with less than a quorum present. A quorum is a majority of the members of the committee. Any action taken requires a vote of the majority of the members present at the meeting.

5. The advisory board shall:

   a. Select the executive committee;
   b. Fix the compensation of the advisory committee and the executive committee; however compensation may not exceed compensation allowed to the legislature. Advisory and executive committee members are entitled to reimbursement for mileage and expenses as provided for state officers in addition to any compensation provided;
   c. Develop the initial comprehensive statewide tobacco prevention and control program that includes support for cessation interventions, community and youth interventions, and health communication; and
   d. Evaluate the effectiveness of the plan and its implementation and, prior to April 1 of each year, propose any necessary changes to the plan to the executive committee.

6. The governor may remove any member of the advisory committee for malfeasance in office, but the advisory committee is not subject to section 54-07-01.2.

7. No nomination to, or member of, the advisory committee shall have any past or current affiliation with the tobacco industry or any industry, contractor, agent, or organization that engages in the manufacturing, marketing, distributing, sale, or promotion of tobacco or tobacco related products.

Executive Committee. The executive committee of the advisory committee consists of three individuals selected by the advisory committee from its membership. The term of each member is for three years. The initial terms of the members must be staggered so that one member serves a three-year term, one member serves a two-year term and one member serves a one-year term. The determination of initial terms shall be by lot. No individual may serve more than two consecutive three-year terms; however terms of less than three years are not considered in determining an individual's eligibility for reappointment. The advisory committee shall fill vacancies for the unexpired term. An individual selected to serve on the executive committee is no longer eligible to serve if they are not a member of the advisory committee. The executive committee is responsible for the implementation and administration of the comprehensive plan, including the appropriateness of expenditures to implement the comprehensive plan. The executive committee may seek the counsel and advice of the advisory committee in implementing the plan, but the executive committee is the final decision maker.

Powers of the Executive Committee. To implement the purpose of this Act and, in addition to any other authority granted elsewhere in this Act, to support its efforts and implement the comprehensive plan the executive committee may employ staff and fix their compensation, accept grants, property, and gifts, enter contracts, make loans, provide grants, borrow money, lease property, provide direction to the state investment board for investment of the tobacco prevention and control fund, and take any action that any private individual, corporation, or limited liability company lawfully may do except as restricted by the provisions of this Act.

Development of the Comprehensive Plan. The advisory committee must develop the initial comprehensive plan within 180 days of the initial meeting of the advisory committee. The comprehensive plan must be funded at a level equal to or greater than the centers for disease control recommended funding level. Funding for the comprehensive plan must supplement and may not supplant any funding that in the absence of this Act would be or has been provided for the community health trust fund or other health initiatives.

CHAPTER 23-42
TOBACCO PREVENTION AND CONTROL PROGRAM

23-42-01. Definitions.

As used in this chapter:

1. "Advisory committee" is the nine-member tobacco prevention and control advisory committee responsible to develop the comprehensive plan.
2. "Comprehensive plan" means a comprehensive statewide tobacco prevention and control program that is consistent with the centers for disease control best practices for comprehensive tobacco prevention and control programs and does not duplicate the work of the community health grant program created in chapter 23-38.
3. "Executive committee" means the three-member committee selected by the advisory committee and charged with implementation and administration of the comprehensive plan.
4. "Tobacco prevention and control fund" consists of all principal and interest of the tobacco prevention and control trust fund established by section 54-27-25.

23-42-02. Tobacco prevention and control advisory committee - Membership - Terms - Duties - Removal.

1. The advisory board consists of nine North Dakota residents appointed by the governor for three-year terms as follows:
   a. A practicing respiratory therapist familiar with tobacco-related diseases;
   b. Four nonstate employees who have demonstrated expertise in tobacco prevention and control;
   c. A practicing medical doctor familiar with tobacco-related diseases;
   d. A practicing nurse familiar with tobacco-related diseases;
   e. A youth between the ages of fourteen and twenty-one; and
   f. A member of the public with a previously demonstrated interest in fostering tobacco prevention and control.
2. The governor shall select the youth and public member independently; the respiratory therapist from a list of three nominations provided by the North Dakota society for respiratory care; the four tobacco control experts from a list of two nominations per member provided by the North Dakota public health association's tobacco control section; the medical doctor from a list of three nominations provided by the North Dakota medical association; and the nurse from a list of three nominations provided by the North Dakota nurses association. The governor must make the appointments within three weeks of receiving the respective list of nominees. If the governor fails to make an appointment within three weeks, the association that provided the list of nominees shall select the committee member. In the initial appointments for the advisory committee, the governor shall stagger the terms of the members so that the terms of three members expire each fiscal year and that three members are appointed each year by June thirtieth. Accordingly, the governor's initial appointments, in some instances, must be for terms less than three years. The governor shall fill vacancies for the unexpired term as provided in this section.
3. No individual may serve more than two consecutive three-year terms. However, terms of less than three years are not considered in determining an individual's eligibility for reappointment.
4. A quorum of the advisory committee is required to conduct business, but the advisory committee may conduct a meeting with less than a quorum present. A quorum is a majority of the members of the committee. Any action taken requires a vote of the majority of the members present at the meeting.
5. The advisory board shall:
   a. Select the executive committee;
   b. Fix the compensation of the advisory committee and the executive committee. However, compensation may not exceed compensation allowed to the legislature. Advisory and executive committee members are entitled to reimbursement for

for disease control best practices. The executive committee shall report the results of that review to the governor and to the state health officer on or before September first in each odd-numbered year.

23-42-08. Biennial budget.

The tobacco prevention and control executive committee shall prepare and submit a biennial budget to the office of management and budget as required by section 54-44.1-04.

commensurate with the yield to be reasonably expected by such fund if invested in alternate securities.

54-27-24. Paying refunds from the general fund.

Each office, agency, or institution that must deposit funds collected in the general fund shall pay refunds from the general fund.

The office of management and budget shall establish accounting requirements for paying refunds from the general fund in accordance with the central accounting system.

54-27-25. Tobacco settlement trust fund - Interest on fund - Uses.

1. There is created in the state treasury a tobacco settlement trust fund. The fund consists of the tobacco settlement dollars obtained by the state under subsection IX(c)(1) of the master settlement agreement and consent agreement adopted by the east central judicial district court in its judgment entered December 28, 1998 [Civil No. 98-3778] in State of North Dakota, ex rel. Heidi Heitkamp v. Philip Morris, Inc. Except as provided in subsection 2, moneys received by the state under subsection IX(c)(1) must be deposited in the fund. Interest earned on the fund must be credited to the fund and deposited in the fund. The principal and interest of the fund must be allocated as follows:
   a. Transfers to a community health trust fund to be administered by the state department of health. The state department of health may use funds as appropriated for community-based public health programs and other public health programs, including programs with emphasis on preventing or reducing tobacco usage in this state. Transfers under this subsection must equal ten percent of total annual transfers from the tobacco settlement trust fund of which a minimum of eighty percent must be used for tobacco prevention and control.
   b. Transfers to the common schools trust fund to become a part of the principal of that fund. Transfers under this subsection must equal forty-five percent of total annual transfers from the tobacco settlement trust fund.
   c. Transfers to the water development trust fund to be used to address the long-term water development and management needs of the state. Transfers under this subsection must equal forty-five percent of the total annual transfers from the tobacco settlement trust fund.
2. There is created in the state treasury a tobacco prevention and control trust fund. The fund consists of the tobacco settlement dollars obtained by the state under section IX(c)(2) of the agreement adopted by the east central judicial district court in its judgment entered December 28, 1998 [Civil No. 98-3778] in State of North Dakota, ex rel. Heidi Heitkamp v. Philip Morris, Inc. Interest earned on the fund must be credited to the fund and deposited in the fund. Moneys received into the fund are to be administered by the executive committee for the purpose of creating and implementing the comprehensive plan. If in any biennium, the tobacco prevention and control trust fund does not have adequate dollars to fund a comprehensive plan, the treasurer shall transfer money from the water development trust fund to the tobacco prevention and control trust fund in an amount equal to the amount determined necessary by the executive committee to fund a comprehensive plan.
3. Transfers to the funds under this section must be made within thirty days of receipt by the state.

54-27-25.1. Water development trust fund expenditures.

Any moneys deposited in the water development trust fund under section 54-27-25 may be spent only pursuant to legislative appropriations.

54-27-26. Report on transportation funding and expenditures.

Each county, city, and township shall provide to the tax commissioner an annual report on funding and expenditures relating to transportation projects and programs. The report must be

ND Department of Health
2013-2015 Executive Budget
Tobacco Funding - Federal / CHTF

	General	Federal	Special	Total
Community Health Trust Fund				
NDQuits & associated contracted costs (professional fees)			2,795,354	2,795,354
Other Cessation Costs (operating)			105,000	105,000
Grants to implement systems of change *			320,000	320,000
Chronic Disease Prevention / Health Promotion - Tobacco Control				
NDQuits & associated contracted costs (professional fees)		747,620		747,620
Grants for Tobacco Prevention		540,000		540,000
Other operating		196,505		196,505
Salaries		839,772		839,772
Total	$ -	$ 2,323,897	$ 3,220,354	$ 5,544,251

* - Includes Babies and Me - $50,000

APPENDIX E

CDC Best Practice Amount -- 2006 population/2007 dollar compared to 2011 population/2011 dollar

	2006	2007	2008	2009	2010	2011	2012	Total Increase
Population	649,422	652,822	657,569	664,968	674,629	683,932	699,628	50,206
Change in pop yearly		3,400	4,747	7,399	9,661	9,303	15,696	
% increase yearly		0.5%	0.7%	1.1%	1.5%	1.4%	2.3%	
Change in pop from 06		3,400	8,147	15,546	25,207	34,510	50,206	
% increase		0.5%	1.3%	2.4%	3.9%	5.3%	7.7%	
CPI Rate (inflation)		2.8	3.8	-0.4	1.6	3.2	2.1	13.1

CDC per capita -- 2007	14.67	
	X 11%	2007-2011 CPI rate increase -- spring 2012 budget prep
	1.6137	

CDC per capita -- 2007	14.67
CPI rate increase	1.61
CDC per capita -- 2011	16.28

2011 population	683,932.00
New per capita rate	16.28
yearly investment	11,134,412.96
	X 2
Recommended spending per Biennium	22,268,825.92
If we spend 2/3	14,846,626.24

#2

#3

Tobacco Prevention and Control Trust Fund

The tobacco Prevention and Control Trust Fund, along with 80% of the Community Health Trust Fund, will provide the citizens of North Dakota with a comprehensive tobacco use prevention program for an adequate time to drastically cut tobacco use and keep it low. This means new generations of North Dakotans will be saved from tobacco-related disease and death, and the state will save millions in healthcare. However, if 80% of the Community Health Trust Fund is not invested in tobacco control, the funding for a comprehensive program will be depleted sooner, before some North Dakotans can benefit.

CURRENT LAW

Ability to provide a comprehensive tobacco prevention and control program in current law with 9 of 10 strategic contribution funds deposited in the Tobacco Prevention and Control Turst Fund use by the Center, combined with a continued CDC grant at DOH; and with 80% of the Community Health Trust Funds used by DOH for tobacco control.

July 1- June 30 Fiscal Year	Strategic Contribution Fund Deposit	CDC Best Practice Recommendation	CDC Tobacco Prevention Grant to DOH	Community Health Trust Fund to DOH 80%	Tobacco Prevention and Control Trust Fund	Tobacco Prevention and Control Trust Fund Balance
2009	14.1			2.3		14.1
2010	12.2	9.3	1.1	2.1	3.5	22.8
2011	11.2	9.3	1.1	1.9	4.6	29.4
2012	11.4	9.3	1.1	2	5.7	35.1
2013	11.4	9.3	1.1	2	6.8	39.7
2014	11.4		1.1	2	6.5	44.6
2015	11.4		1.1	2	6.5	49.5
2016	11.4		1.1	2	6.5	54.4
2017	11.4		1.1	2	6.5	59.3
2018	0		1.1	2	6.5	52.8
2019	0		1.1	2	6.5	46.3
2020	0		1.1	2	6.5	39.8
2021	0		1.1	2	6.5	33.3
2022	0		1.1	2	6.5	26.8
2023	0		1.1	2	6.5	20.3
2024	0		1.1	2	6.5	13.8
2025	0		1.1	2	6.5	7.3
2026	0		1.1	2	6.5	0.8
2027	0					
2028	0					

In millions of dollars.

This chart shows that when 1) the Center's Tobacco Prevention and Control Trust Fund; 2) a $1.1 million/year CDC tobacco prevention grant at DOH; and 3) 80% of the Community Health Trust Fund are all used for tobacco prevention, then North Dakota citizens will benefit from a comprehensive tobacco use prevention program for enough time to significantly reduce tobacco use and keep it very low.

IF CURRENT LAW CHANGED

Ability to provide a comprehensive tobacco prevention and control program if current law changed and 80% of the Community Health Trust Fund would not have to be used for tobacco prevention and the CDC federal grant was eliminated.

July 1- June 30 Fiscal Year	Strategic Contribution Fund Deposit	CDC Best Practice Recommendation	CDC Tobacco Prevention Grant to DOH	Community Health Trust Fund to DOH 80%	Tobacco Prevention and Control Trust Fund	Tobacco Prevention and Control Trust Fund Balance
2009	14.1			2.3		14.1
2010	12.2	9.3	1.1	2.1	3.5	22.8
2011	11.2	9.3	1.1	1.9	4.6	29.4
2012	11.4	9.3	1.1	2	5.7	35.1
2013	11.4	9.3	1.1	2	6.8	39.7
2014	11.4		0	0	11.1	40
2015	11.4		0	0	11.1	40.3
2016	11.4		0	0	11.1	40.6
2017	11.4		0	0	11.1	40.9
2018	0		0	0	11.1	29.8
2019	0		0	0	11.1	18.7
2020	0		0	0	11.1	7.6
2021	0		0	0		
2022	0		0	0		
2023	0		0	0		
2024	0		0	0		

This chart shows that if 80% of the Community Health Trust Fund and the CDC federal grant at DOH are not used for tobacco control, then the Center's Tobacco Prevention and Control Trust Fund will fund a comprehensive program for fewer years.

ANALYSIS OF THE TOBACCO PREVENTION AND CONTROL TRUST FUND FOR THE 2011-13 AND 2013-15 BIENNIUMS (REFLECTING THE 2013-15 BIENNIUM EXECUTIVE BUDGET RECOMMENDATION)

	2011-13 Biennium		2013-15 Biennium	
Beginning balance		$29,556,426		$39,381,797
Add estimated revenues				
Tobacco settlement revenues collected to date	$11,392,521[1]		$0	
Projected tobacco settlement revenues	11,289,380[2]		22,578,760[2]	
Investment income	66,084		112,894	
Total estimated revenues		22,747,985[3]		22,691,654[3]
Total available		$52,304,411		$62,073,451
Less estimated expenditures and transfers				
Tobacco Prevention and Control Executive Committee expenditures	$12,922,614[4]		$13,016,197[4]	
Total estimated expenditures and transfers		12,922,614		13,016,197
Estimated ending balance		$39,381,797		$49,057,254

[1]As of November 2012, the state has received tobacco settlement payments totaling $31,519,737 for the 2011-13 biennium, of which $20,127,216 was deposited in the tobacco settlement trust fund and $11,392,521 was deposited in the tobacco prevention and control trust fund. To date, the state has received total tobacco settlement collections of $367,842,018, including $305,053,125 under subsection IX(c)(1) of the Master Settlement Agreement and $62,788,893 under subsection IX(c)(2) of the Master Settlement Agreement. Of the $367,842,018, $318,850,854 has been deposited into the tobacco settlement trust fund and $48,991,164 has been deposited into the tobacco prevention and control trust fund.

[2]Tobacco prevention and control trust fund revenues have been estimated based on the average of actual revenues received into the tobacco prevention and control trust fund in fiscal years 2011 and 2012.

[3]Initiated measure No. 3 approved in the November 2008 general election provides if in any biennium the tobacco prevention and control trust fund does not have adequate funding for the comprehensive plan, money may be transferred from the water development trust fund to the tobacco prevention and control trust fund in an amount determined necessary by the executive committee to adequately provide for the comprehensive plan. The Legislative Assembly in Section 39 of 2009 House Bill No. 1015 provided any money deposited in the water development trust fund under North Dakota Century Code Section 54-27-25 may only be spent pursuant to legislative appropriations.

The measure will result in the following estimated allocation of the revised estimated collections of the tobacco settlement payments through 2025:

	Actual and Estimated Total Tobacco Settlement Proceeds	Actual and Estimated Payments Under Master Settlement Agreement Subsection IX(c)(2) Deposited in the Tobacco Prevention and Control Trust Fund	Allocation of Actual and Estimated Payments Under Master Settlement Agreement Subsection IX(c)(1)		
			Common Schools Trust Fund	Water Development Trust Fund	Community Health Trust Fund
Actual payment April 2008	$36.4 million	N/A	$16.4 million	$16.4 million	$3.6 million
Actual payment April 2009	39.2 million	$14.1 million	11.3 million	11.3 million	2.5 million
Actual payments 2009-11 biennium	64.0 million	23.5 million	18.2 million	18.2 million	4.1 million
Estimated 2011-13 biennium	62.8 million	22.6 million	18.1 million	18.1 million	4.0 million
Estimated 2013-15 biennium	62.6 million	22.6 million	18.0 million	18.0 million	4.0 million
Estimated 2015-17 biennium	73.7 million	27.6 million	20.8 million	20.8 million	4.5 million
Estimated 2017-19 biennium	52.5 million	N/A	23.6 million	23.6 million	5.3 million
Estimated 2019-21 biennium	52.5 million	N/A	23.6 million	23.6 million	5.3 million
Estimated 2021-23 biennium	52.5 million	N/A	23.6 million	23.6 million	5.3 million
Estimated 2023-25 biennium	52.5 million	N/A	23.6 million	23.6 million	5.3 million
Total	$548.7 million	$110.4 million	$197.2 million	$197.2 million	$43.9 million

#4

[4]Th islative Assembly in 2011 appropriated $12,922,614 from the tobac vention and control trust fund to the Tobacco Prevention and Cor xecutive Co ee for the purpose of providing a level of funding that will meet the ual level recommended by the Centers for Disease Control and P ention for North Dakota as published in its *Best Practices for Comprehensive Tobacco Control* for the 2011-13 biennium. The 2013-15 executive budget recommendation provides $13,016,197 from the tobacco prevention and control trust fund to the Tobacco Prevention and Control Executive Committee.

FUND HISTORY

The tobacco prevention and control trust fund was created as a result of voter approval of initiated measure No. 3 in the November 2008 general election. The measure added seven new sections to the North Dakota Century Code and amended Section 54-27-25 to establish the Tobacco Prevention and Control Advisory Committee and an executive committee, develop and fund a comprehensive statewide tobacco prevention and control plan, and create a tobacco prevention and control trust fund to receive tobacco settlement dollars to be administered by the executive committee. The measure provides for the advisory committee, appointed by the Governor, to develop the initial comprehensive plan and select an executive committee responsible for the implementation and administration of the comprehensive plan. The initiated measure became effective 30 days after the election (December 4, 2008).

Tobacco settlement payments received by the state under the Master Settlement Agreement are derived from two subsections of the Master Settlement Agreement. Subsection IX(c)(1) of the Master Settlement Agreement provides payments on April 15, 2000, and on April 15 of each year thereafter in perpetuity, while subsection IX(c)(2) of the Master Settlement Agreement provides for additional strategic contribution payments that began on April 15, 2008, and continue each April 15 thereafter through 2017. Section 54-27-25, created by 1999 House Bill No. 1475, did not distinguish between payments received under the separate subsections of the Master Settlement Agreement and provided for the deposit of all tobacco settlement money received by the state into the tobacco settlement trust fund. Money in the fund, including interest, is transferred within 30 days of deposit in the fund as follows:

- 10 percent to the community health trust fund.
- 45 percent to the common schools trust fund.
- 45 percent to the water development trust fund.

The measure provides for a portion of tobacco settlement dollars received by the state to be deposited in the newly created tobacco prevention and control trust fund rather than the entire amount in the tobacco settlement trust fund. Tobacco settlement money received under subsection IX(c)(1) of the Master Settlement Agreement will continue to be deposited in the tobacco settlement trust fund and allocated 10 percent to the community health trust fund (with 80 percent used for tobacco prevention and control), 45 percent to the common schools trust fund, and 45 percent to the water development trust fund. Tobacco settlement money received under subsection IX(c)(2) of the Master Settlement Agreement will be deposited into the tobacco prevention and control trust fund. Interest earned on the balance in this fund will be deposited in the fund. The fund will be administered by the executive committee created by the measure for the purpose of creating and implementing the comprehensive plan.

The measure also provides if in any biennium the tobacco prevention and control trust fund does not have adequate funding for the comprehensive plan, money may be transferred from the water development trust fund to the tobacco prevention and control trust fund in an amount determined necessary by the executive committee to adequately provide for the comprehensive plan. The Legislative Assembly in Section 39 of 2009 House Bill No. 1015 provided any money deposited in the water development trust fund under Section 54-27-25 may only be spent pursuant to legislative appropriation.

The tobacco settlement payment received by the state in April 2008 was the first payment that included funds relating to subsection IX(c)(2) of the Master Settlement Agreement. This payment was received prior to the approval of the measure and was deposited in the tobacco settlement trust fund and disbursed as provided for in Section 54-27-25 prior to amendment by the measure. In 2009 tobacco settlement payments began to be deposited in the tobacco settlement trust fund and the tobacco prevention and control trust fund pursuant to Section 54-27-25 as amended by the measure.

#5

North Dakota Tobacco Prevention and Control Executive Committee
Center for Tobacco Prevention and Control Policy
4023 State Street, Suite 65 • Bismarck, ND 58503-0638
Phone 701.328.5130 • Fax 701.328.5135 • Toll Free 1.877.277.5090

Senate Bill 2024
4:00 p.m., February 5, 2013, Senate Appropriations Subcommittee
Senator Kilzer -- chair, Senators Grindberg and Mathern

Overview of funding, including federal funding and one-time funding

Biennium	2011-13	2013-15 Executive Budget	2013-15 Optional Budget
Special funds*	$12,922,614	$13,016,197	$14,358,977
State general funds	0	0	0
Federal funds	0	0	0
One-time funding items	none	none	none

**North Dakota Century Code §23.42.01 through §23.42.08, and §54.27.25*
***Federal funds, as well as additional special funds, are included in the N.D. Department of health budget (SB 2004) and contribute to the total used to reach the CDC Best Practice recommended level of funding.*

2011-2013 appropriation and estimated spending -- $12,922,614 -- current fixed costs, encumbered funds, plus actual and anticipated variable costs equal about 97% of appropriation.

2013-15 budget needs

1 Current Budget 2011-13	2 2013-15 Base Budget Request	3 2013-15 Executive Budget	4 Current (1) to Executive (3) Difference	5 2013-15 Additional Needs
5.0 FTE	5.0 FTE	5.0 FTE	--	3.0 FTE
$12,922, 614	$12,937,606*	$13,016,197	$93,583	$1,342,780
			$13,016,197	$14,358,977

***2013-15 budget variances – column 2, above**
The 2013-15 Executive Budget provided an additional $93,583 in special fund authority over the current biennial budget: $50,569 -- executive compensation package adjustment, $18,252 -- increases in health insurance costs, $9,770 -- increases in retirement costs, and $14,992 -- adjusted appropriation for continuation of: FY2013 3% salary increase, Hay below minimum salary increase, and retirement increase.

The 2013-15 Additional Needs -- column 5, above -- agency's optional budget request, determined by the critical issues facing the agency.

	2013-15 Optional Budget
FTE	3.0
Salaries and Wages	$45,000
Operating Expenses	$300,000
Grants	$997,780
	$1,342,780

SB 2024 – North Dakota Tobacco Prevention and Control Executive Committee appropriation
February 5, 2013
One-page overview submitted by the agency to the subcommittee

Requested changes to Executive Budget recommendation

For 2013-15 the Executive Committee requests an appropriation of **$14,358,977and 8.0 FTE**.

	Estimated Expended 2011-2013	Current Budget 2011-2013	**Executive Budget 2013-2015**	**2013-2015 OPTIONAL**	**Total Executive Budget with Optional**
TOTAL FTE	5.0	5.0	**5.0**	**3.0**	**8.0**
SALARIES	947,787	1,132,494	**1,495,935**	**45,000**	**1,540,935**
OPERATING	2,620,721	2,967,609	**3,365,493**	**300,000**	**3,665,493**
CAPITAL ASSETS	-	-	**6,500**	**-**	**6,500**
GRANTS	8,918,223	8,822,511	**8,148,269**	**997,780**	**9,146,049**
GRAND TOTAL SPECIAL FUNDS*	12,486,731	12,922,614	**13,016,197**	**1,342,780**	**14,358,977**

*Source:
Tobacco Master Settlement Agreement-Strategic Contribution Fund Payments
Fund 369 - Tobacco Prevention & Control Trust Fund

Continuing and emerging critical issues reflected in 2013-15 Optional Budget request

SALARIES -- $45,000 and 3.0 FTE (now temporary positions)

- Permanent staffing to manage and monitor more than 100 grants and professional services contracts, including ongoing evaluation of the comprehensive program. (FTE, Salaries and Wages, also affects Operating Expenses)
- Appropriation to include equity adjustments to address salary compression created by newer hires compensated at the new classifications and higher salary ranges resulting from Hay Study implementation. (Salaries and Wages)

OPERATING -- $300,000

- Additional funding for program continuity of the comprehensive evaluation program. This program evaluates and reports outcomes of the comprehensive statewide program (infrastructure, surveillance, cessation, health communications, and state and community interventions).
- New: Evaluation of the new statewide smoke-free law.

GRANTS -- $997,780

- **$690,000 --** Continuation of $690,000 for a local infrastructure grants program transferred to the Executive Committee from the Department of Health, using the Executive Committee's current appropriation and staffing, during the fourth quarter of FY2011. (Grants)
- **$107,780 --** Continuation of funding using a funding formula based in part on population, to respond effectively to increasing demand for local capacity building in areas of the state experiencing significant population growth and resulting in urgent need for more and different tobacco prevention and cessation services in these areas, and other areas with higher tobacco use. (Grants, also impacts Operating Expenses -- evaluation)
- **$200,000 --** Continuation of funding for special initiative grants.

Additional rationale reflected in 2013-15 Optional Budget request

3.0 FTE (now temporary positions)

- This agency is committed to achieving challenging health outcomes within the life of its trust fund. This requires a particular kind of mid- to high- level employee who can manage a large portion of a statewide program that must contribute to the achievement of statewide goals in the State Plan.
- This fast-paced work requires experienced, high-functioning employees, as the agency is small, and the work is intense.
- It is preferred if the employees have previous experience that relates directly to the job function. State experience, public health experience, marketing experience was extremely important in current staffing decisions. It is not uncommon for many grantees to have higher salaries for work more limited in scope and level.
- Filling temporary positions is difficult as exemplary employees will seek similar permanent State employment. Several qualified candidates declined offers or interviews because of the temporary nature of the positions.
- Permanent State positions with employer paid benefits (annual and sick leave, employer-paid retirement and other employer-paid benefits) are more desirable to nearly all candidates.
- Low unemployment creates an extremely competitive environment in and out of State government.
- Temporary salaries must be even more competitive than permanent positions to attract and keep qualified staff.
- Temporary salaries create inequities with permanent salaries, even when considering employer-paid benefits.

SALARIES -- $45,000

- Equity adjustments to address salary compression created by newer hires compensated at the new classifications and higher salary ranges resulting from Hay Study implementation.
- Adjustments to allow for reclassification of under-classified employees.
- Equity adjustments to address salary compression created by long-term State employees at or below market policy point.
- Equity adjustments to address salary compression between top- and mid- level management.

OPERATING -- $300,000 and

GRANTS -- $997,780

- Local policy grants work is about funding infrastructure, i.e., personnel (salaries and fringe). This is 67% of local grant budgets. To remain competitive, some western local public health units have requested additional funding for 10% and 15 % increases in salaries to keep and attract qualified staff.
- At the same time, the local grants funding formula is based on population. Some local public health units have experienced significant increases in population.
- Statewide the population has increased by more than 50,000 (8%) since 2006.
- Hold-even budget will not allow us to continue to provide an unlimited per capita funding to local public health units.
- At the end of last biennium, we agreed to assume funding and management of a $690,000/biennium local grants infrastructure program from DOH – the remaining 3 years of a 5-year commitment. This provides $30,000 and $15,000 to 12 local public health units.
- This mutual agreement was to benefit local public health units, who would only have 1 local grant program from 1 agency, the Center.
- The Center is not able to sustain the local infrastructure grants beyond the end date of June 30, 2014 with hold-even funding for 2013-15.

- The Center has seen increased fixed and variable costs across the board and with a hold-even budget, it is impossible to continue to provide a comprehensive statewide program funding at the current CDC Best Practice level without increases.
- The Center's optional request will allow for fewer reductions.
- The Center's optional request does not account for the $618,145 NOT in DOH tobacco prevention line (SB 2004).
- Our hold-even budget does not reflect the capacity we need to be at given that 2/3 of our budget is grants, with much of that amount based on a population-based formula.
- The new demographics and economic environment in our state requires a tobacco prevention effort commensurate with this new environment with more people to serve.
- Mining industry and workers have smoking rates at 30%, well above our state average.

#1

Jeanne Prom SB 2024 2-11-13

	2006	2007	2008	2009	2010	2011	2012
Population	649,422	652,822	657,569	664,968	674,629	683,932	699,628
CPI Rate Change		2.8	3.8	-0.4	1.6	3.2	2.1

***CDC estimmated 2006 population 636,000

	07 Dollars/06 population	08 Dollars/07 population	09 Dollars/08 population	10 Dollars/09 population	11 Dollars/10 population	12 Dollars/11 population	13 Dollars/12 population
Administrative and Management	$ 0.64	0.66	0.68	0.68	0.69	0.71	0.73
Surveillance and Evaluation	1.28	1.32	1.37	1.36	1.38	1.42	1.45
Cessation Interventions	3.52	3.62	3.76	3.74	3.8	3.92	4.00
Health Communications Interventions	1.86	1.91	1.98	1.97	2	2.07	2.11
State and Community Interventions	7.37	7.58	7.86	7.83	7.96	8.21	8.38
Recommended Annual Investment	14.67	15.09	15.65	15.58	15.83	16.33	16.67

	07 Dollars/06 population	08 Dollars/07 population	09 Dollars/08 population	10 Dollars/09 population	11 Dollars/10 population	12 Dollars/11 population	13 Dollars/12 population
Administrative and Management	$ 415,630.08	430,862.52	447,146.92	452,178.24	465,494.01	485,591.72	510,728.44
Surveillance and Evaluation	831,260.16	861,725.04	900,869.53	904,356.48	930,988.02	971,183.44	1,014,460.60
Cessation Interventions	2,285,965.44	2,363,215.64	2,472,459.44	2,486,980.32	2,563,590.20	2,681,013.44	2,798,512.00
Health Communications Interventions	1,207,924.92	1,246,890.02	1,301,986.62	1,309,986.96	1,349,258.00	1,415,739.24	1,476,215.08
State and Community Interventions	4,786,240.14	4,948,390.76	5,168,492.34	5,206,699.44	5,370,046.84	5,615,081.72	5,862,882.64
Recommended Annual Investment	9,527,020.74	9,851,083.98	10,290,954.85	10,360,201.44	10,679,377.07	11,168,609.56	11,662,798.76

Spending amounts

FY 2010 (7/1/2009 - 6/30/2010)	Center	NDDOH Budget	Total	CDC Budget 2009
	This budget would have been prepared in 2009			
Administrative and Management	125,108.73		125,108.73	447,146.92
Surveillance and Evaluation	138,931.68		138,931.68	900,869.53
Cessation Interventions	249,179.26		249,179.26	2,472,459.44
Health Communications Interventions	507,077.03		507,077.03	1,301,986.62
State and Community Interventions	2,510,780.58		2,510,780.58	5,168,492.34
Total	3,531,077.28	-	3,531,077.28	10,290,954.85

FY 2011 (07/01/2010 - 6/30/2011)				CDC Budget 2009
	This budget would have been prepared in 2009			
Administrative and Management	189,394.43		189,394.43	447,146.92
Surveillance and Evaluation	154,095.47		154,095.47	900,869.53
Cessation Interventions	445,828.18		445,828.18	2,472,459.44
Health Communications Interventions	871,183.36		871,183.36	1,301,986.62
State and Community Interventions	2,924,026.74		2,924,026.74	5,168,492.34
Total	4,584,528.18	-	4,584,528.18	10,290,954.85

FY 2012 (07/01/2011 - 6/30/2012)				CDC Budget 2010
	This budget would have been prepared in 2010			
Administrative and Management	218,106.77	182,826.00	400,932.77	452,178.24
Surveillance and Evaluation	82,485.13	181,595.00	264,080.13	904,356.48
Cessation Interventions	926,579.10	1,933,269.00	2,859,848.10	2,486,980.32
Health Communications Interventions	1,000,841.11	-	1,000,841.11	1,309,986.96
State and Community Interventions	3,483,495.91	466,836.50	3,950,332.41	5,206,699.44
Total	5,711,508.02	2,764,526.50	8,476,034.52	10,360,201.44

FY 2013 (07/01/2012 - 6/30/2013) - Estimated				CDC Budget 2010
Administrative and Management	266,839.66	182,826.00	449,665.66	452,178.24
Surveillance and Evaluation	469,724.68	181,595.00	651,319.68	904,356.48
Cessation Interventions	837,775.63	1,933,269.00	2,771,044.63	2,486,980.32
Health Communications Interventions	1,274,984.35	-	1,274,984.35	1,309,986.96
State and Community Interventions	3,943,351.04	466,836.50	4,410,187.54	5,206,699.44
Total	6,792,675.36	2,764,526.50	9,557,201.86	10,360,201.44

#2

Salary Budget

00305 Tobacco Prevention and Control

Version: 2013R0200305

Program: 3-Tobacco Prevention and Control Program **Reporting Level:** 05-305-100-00-00-00-00-00000000

Jeanne from SB 2024 2-11-13

Position Number	Name	FTE	New FTE	Rpt Lvl%	Funding Dist Gen	Funding Dist Fed	Funding Dist Spec	Monthly Base	Proposed Salary	Proposed Fringes	Total Proposed	Lump Sum	Salary Adjustment
Salaries													
00027177-1	Prom,Jeanne M	1.00		100%	0.00	0.00	100.00	5,793.00	139,032.00	51,647.44	190,679.44	0.00	0.00
00027341-1	Bauman,Cami R	1.00		100%	0.00	0.00	100.00	2,601.00	62,424.00	36,364.04	98,788.04	0.00	0.00
00027426-1	Thronson,Donna M	1.00		100%	0.00	0.00	100.00	5,073.00	121,752.00	48,200.09	169,952.09	0.00	0.00
00027633-1	Ulberg,Kelli R	1.00		100%	0.00	0.00	100.00	4,800.00	115,200.00	46,892.92	162,092.92	0.00	0.00
00028556-1	Gerding,Tasha A	1.00		100%	0.00	0.00	100.00	4,970.00	119,280.00	47,706.75	166,986.75	0.00	0.00
TPCEC_CIC_R-1	Vacant	1.00	Y	100%	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00
TPCEC_EC_R-1	Vacant	1.00	Y	100%	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00
TPCEC_GM_R-1	Vacant	1.00	Y	100%	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00
SubTotal									**557,688.00**	**230,811.24**	**788,499.24**	**0.00**	**0.00**
Temporary and Other Pay Types													
1-1	Market Salary Adjustment	0.00		100%	0.00	0.00	100.00	4,214.08	50,569.00	0.00	50,569.00	0.00	0.00
TPCECTEMP-1	Board Memebers	0.00		100%	0.00	0.00	100.00	1,963.50	47,124.00	4,712.40	51,836.40	0.00	0.00
TPCEC_CIC_T-1	Beverly Benda	0.00	Y	100%	0.00	0.00	100.00	5,300.00	127,200.00	49,286.92	176,486.92	0.00	0.00
TPCEC_EC_T-1	Vacant	0.00	Y	100%	0.00	0.00	100.00	5,300.00	127,200.00	49,286.92	176,486.92	0.00	0.00
TPCEC_EQUITY-1	Vacant			100%	0.00	0.00	100.00	0.00	0.00	0.00	0.00	45,000.00	0.00
TPCEC_GM_T-1	Vacant	0.00	Y	100%	0.00	0.00	100.00	5,300.00	127,200.00	49,286.92	176,486.92	0.00	0.00
TPCEC_TEMP-1	Vacant	0.00	Y	100%	0.00	0.00	100.00	2,600.00	68,700.00	6,870.00	75,570.00	0.00	0.00
SubTotal									**547,993.00**	**159,443.16**	**707,436.16**	**45,000.00**	**0.00**
Total		**8.00**							**1,105,681.00**	**390,254.40**	**1,495,935.40**	**45,000.00**	**0.00**

Reporting Level General Fund	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Reporting Level Federal Fund	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Reporting Level Special Fund	**1,105,681.00**	**390,254.40**	**1,495,935.40**	**45,000.00**	**0.00**
Total Reporting Level Funding	**1,105,681.00**	**390,254.40**	**1,495,935.40**	**45,000.00**	**0.00**
Agency General Fund	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Agency Federal Fund	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Agency Special Fund	**1,105,681.00**	**390,254.40**	**1,495,935.40**	**45,000.00**	**0.00**
Total Agency Funding	**1,105,681.00**	**390,254.40**	**1,495,935.40**	**45,000.00**	**0.00**

Board Members - 9 advisory members and 3 executive committee members

Beverly Benda (CIC) position was filled in August 2011

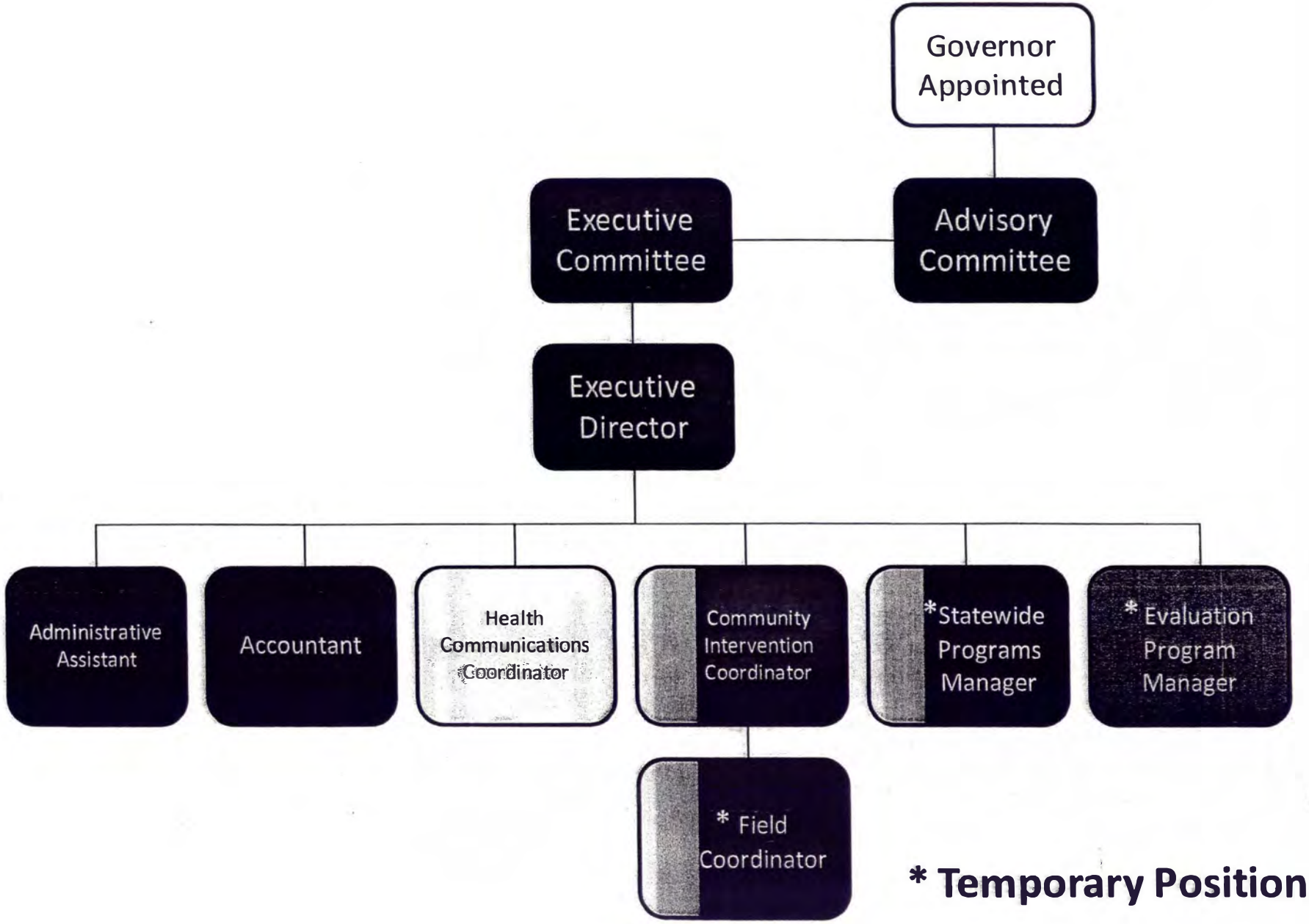
The Evaluation Coordinator position is still Vacant

Grants Manager position was filled in Sept 2012

Temp position is for our current intern, future interns, and temp help when employees are out

8.00

ND Center for Tobacco Prevention and Control Policy
Organizational Chart 2013-2015



*** Temporary Positions**

Jeanne Prom
SB 2024
2-11-13
#3

Advisory Committee

- Develop and evaluate State Plan
- Select and Advise Executive Committee
- Assist in grant reviews
- Executive-level communication

Executive Committee

- Implement State Plan
- Employee staff, supervise Executive Director
- Expend appropriate funds
- Lease office space
- Executive-level communication
- Act on Executive Director recommendations

Executive Director

- $13,016,197 – $14,558,977
- Agency Administration (HR, Programs, Evaluation)
- State Plan development and implementation
- Executive-level communication (Executive and Advisory Committees, Governor, legislature, other agency heads, and LPHU administrators)
- Develop Budget

Accountant

- All agency accounting
- Procurement
- Payroll
- HR assistant for Executive Director
- Audit all grants

Health Communications Coordinator

- $1,500,000 in 1-5 contracts
- Statewide public education
- Assistance with public education on new smoke-free law and statewide policies
- Daily assistance to grantees and contractors on public education
- Website and online resources
- Procurement

Community Program Manager and Field Coordinator

- $5,885,358 – $6,683,138
- 24-28 annual local policy grants (48-56/biennium) (LPHUs)
- $940,000 – 28 tobacco state aid grants/biennium (LPHUs) – implement and evaluate referrals to NDQUITS
- $200,000 – up to 10 work order (contracts) with approved IT vendor
- Management of up to 94 grants/contracts/biennium
- Daily technical assistance to grantees and contractors
- Tracking of grantee and contractor workplace, deliverables, expenses and outcomes
- Quality training for grantees

Statewide Programs Manager

- $1,322,911 – $1,522,911
- Up to 20 special initiative grants and contracts
- Oversee State Plan annual work plan implementation and outcomes
- Assist with local policy grants
- Assist with evaluation of tobacco state aid grant systems to refer all LPHU clients to NDQUITS
- Outreach to NDDoH and all statewide partners

Evaluation Programs Manager

- $600,000 – $900,000 for 1-5 contracts for comprehensive program evaluation
- Collaboration with other statewide surveillance systems (DPI-YRBS; DoH-BRFSS, YTS, ATS, NDQUITS)
- Report outcome data for State Plan
- Assist with evaluation of all grants and contracts
- Provide training and ongoing technical assistance to grantees and contractors

#1 Jeanne Prom - 2-15-13
SB 2024

Pg 1

CDC Funding and Expenditures per year

	2006	2007	2008	2009	2010	2011
Population	649,422	652,822	657,569	664,968	674,629	683,932
CPI Rate Change		2.80%	3.80%	-0.40%	1.60%	3.20%

*CDC estimated 2006 population 636,000

** 2013 and 2014 CPI rate change is from Moody's Analytics most recent forecast

*** 2013 and 2014 population is not an actual estimate. 2015 estimated population is 750,023. Assumed proportional growth was used for 2013 and 2014.

	07 Dollars/06 population	08 Dollars/07 population	09 Dollars/08 population	10 Dollars/09 population	11 Dollars/10 population	12 Dollars/11 population
Administrative and Management	$ 0.64	$ 0.66	$ 0.68	$ 0.68	$ 0.69	$ 0.71
Surveillance and Evaluation	$ 1.28	$ 1.32	$ 1.37	$ 1.36	$ 1.38	$ 1.42
Cessation Interventions	$ 3.52	$ 3.62	$ 3.76	$ 3.74	$ 3.80	$ 3.92
Health Communications Interventions	$ 1.86	$ 1.91	$ 1.98	$ 1.97	$ 2.00	$ 2.07
State and Community Interventions	$ 7.37	$ 7.58	$ 7.86	$ 7.83	$ 7.96	$ 8.21
Recommended Annual Investment	$ 14.67	$ 15.09	$ 15.65	$ 15.58	$ 15.83	$ 16.33

	07 Dollars/06 population	08 Dollars/07 population	09 Dollars/08 population	10 Dollars/09 population	11 Dollars/10 population	12 Dollars/11 population
Administrative and Management	$ 415,630.08	$ 430,862.52	$ 447,146.92	$ 452,178.24	$ 465,494.01	$ 485,591.72
Surveillance and Evaluation	$ 831,260.16	$ 861,725.04	$ 900,869.53	$ 904,356.48	$ 930,988.02	$ 971,183.44
Cessation Interventions	$ 2,285,965.44	$ 2,363,215.64	$ 2,472,459.44	$ 2,486,980.32	$ 2,563,590.20	$ 2,681,013.44
Health Communications Interventions	$ 1,207,924.92	$ 1,246,890.02	$ 1,301,986.62	$ 1,309,986.96	$ 1,349,258.00	$ 1,415,739.24
State and Community Interventions	$ 4,786,240.14	$ 4,948,390.76	$ 5,168,492.34	$ 5,206,699.44	$ 5,370,046.84	$ 5,615,081.72
Recommended Annual Investment	$ 9,527,020.74	$ 9,851,083.98	$ 10,290,954.85	$ 10,360,201.44	$ 10,679,377.07	$ 11,168,609.56

Spending amounts

	Center	NDDOH Budget	Total	CDC Budget 2009
FY 2010 (7/1/2009 - 6/30/2010)	This budget would have been prepared in 2009			
Administrative and Management	$ 125,108.73	$ 185,673.00	$ 310,781.73	$ 447,146.92
Surveillance and Evaluation	$ 138,931.68	$ 216,619.00	$ 355,550.68	$ 900,869.53
Cessation Interventions	$ 249,179.26	$ 2,166,189.00	$ 2,415,368.26	$ 2,472,459.44
Health Communications Interventions	$ 507,077.03		$ 507,077.03	$ 1,301,986.62
State and Community Interventions	$ 2,510,780.58	$ 526,074.00	$ 3,036,854.58	$ 5,168,492.34
Total	$ 3,531,077.28	$ 3,094,555.00	$ 6,625,632.28	$ 10,290,954.85

Pg 2/ of attachment #1

2012	2013	2014
699,628	716,426	733,224
2.10%	2.10%	2.50%

13 Dollars/12 population	14 Dollars/13 population	15 Dollars/14 population
$ 0.73	$ 0.75	$ 0.77
$ 1.45	$ 1.48	$ 1.52
$ 4.00	$ 4.08	$ 4.18
$ 2.11	$ 2.15	$ 2.20
$ 8.38	$ 8.56	$ 8.77
$ 16.67	$ 17.02	$ 17.44

13 Dollars/12 population	14 Dollars/13 population	15 Dollars/14 population
$ 510,728.44	$ 537,319.50	$ 564,582.48
$ 1,014,460.60	$ 1,060,310.48	$ 1,114,500.48
$ 2,798,512.00	$ 2,923,018.08	$ 3,064,876.32
$ 1,476,215.08	$ 1,540,315.90	$ 1,613,092.80
$ 5,862,882.64	$ 6,132,606.56	$ 6,430,374.48
$ 11,662,798.76	$ 12,193,570.52	$ 12,787,426.56

Pg 3

FY 2011 (07/01/2010 - 6/30/2011)	This budget would have been prepared in 2009			CDC Budget 2009
Administrative and Management	$ 189,394.43	$ 185,673.00	$ 375,067.43	$ 447,146.92
Surveillance and Evaluation	$ 154,095.47	$ 216,619.00	$ 370,714.47	$ 900,869.53
Cessation Interventions	$ 445,828.18	$ 2,166,189.00	$ 2,612,017.18	$ 2,472,459.44
Health Communications Interventions	$ 871,183.36		$ 871,183.36	$ 1,301,986.62
State and Community Interventions	$ 2,924,026.74	$ 526,074.00	$ 3,450,100.74	$ 5,168,492.34
Total	$ 4,584,528.18	$ 3,094,555.00	$ 7,679,083.18	$ 10,290,954.85

FY 2012 (07/01/2011 - 6/30/2012)	This budget would have been prepared in 2010			CDC Budget 2010
Administrative and Management	$ 218,106.77	$ 182,826.00	$ 400,932.77	$ 452,178.24
Surveillance and Evaluation	$ 82,485.13	$ 181,595.00	$ 264,080.13	$ 904,356.48
Cessation Interventions	$ 926,579.10	$ 1,933,269.00	$ 2,859,848.10	$ 2,486,980.32
Health Communications Interventions	$ 1,000,841.11	$ -	$ 1,000,841.11	$ 1,309,986.96
State and Community Interventions	$ 3,483,495.91	$ 466,836.50	$ 3,950,332.41	$ 5,206,699.44
Total	$ 5,711,508.02	$ 2,764,526.50	$ 8,476,034.52	$ 10,360,201.44

FY 2013 (07/01/2012 - 6/30/2013) - Estimated				CDC Budget 2010
Administrative and Management	$ 266,839.66	$ 182,826.00	$ 449,665.66	$ 452,178.24
Surveillance and Evaluation	$ 469,724.68	$ 181,595.00	$ 651,319.68	$ 904,356.48
Cessation Interventions	$ 837,775.63	$ 1,933,269.00	$ 2,771,044.63	$ 2,486,980.32
Health Communications Interventions	$ 1,274,984.35	$ -	$ 1,274,984.35	$ 1,309,986.96
State and Community Interventions	$ 3,943,351.04	$ 466,836.50	$ 4,410,187.54	$ 5,206,699.44
Total	$ 6,792,675.36	$ 2,764,526.50	$ 9,557,201.86	$ 10,360,201.44

2013 - 2015 Biennium Budget	FY 2014	FY 2015	Total	Health Dept. Budget	Budget for the Center
Administrative and Management	$ 537,319.50	$ 564,582.48	$ 1,101,901.98	$ 332,655.00	$ 769,246.98
Surveillance and Evaluation	$ 1,060,310.48	$ 1,114,500.48	$ 2,174,810.96	$ 388,098.00	$ 1,786,712.96
Cessation Interventions	$ 2,923,018.08	$ 3,064,876.32	$ 5,987,894.40	$ 3,880,975.00	$ 2,106,919.40
Health Communications Interventions	$ 1,540,315.90	$ 1,613,092.80	$ 3,153,408.70	$ -	$ 3,153,408.70
State and Community Interventions	$ 6,132,606.56	$ 6,430,374.48	$ 12,562,981.04	$ 942,523.00	$ 11,620,458.04
Total	$ 12,193,570.52	$ 12,787,426.56	$ 24,980,997.08	$ 5,544,251.00	$ 19,436,746.08

Note - Department of Health amounts are appropriated funds divided equally between the two years of the biennium. The Department of Health does not record expenditures by CDC Best Practices categories.

#7

Jeanne Prom
SB 2024
2-15-13

2013-2015 Senate proposed budget compared to the Center's requested optional budget

2013 - 2015 Biennium Budget	FY 2014	FY 2015	Total	Health Dept. Budget	Budget for the Center	Requested Optional Budget	Difference
Administrative and Management	$ 537,319.50	$ 564,582.48	$ 1,101,901.98	$ 332,655.00	$ 769,246.98	662,231	$ 107,015.98
Surveillance and Evaluation	$ 1,060,310.48	$ 1,114,500.48	$ 2,174,810.96	$ 388,098.00	$ 1,786,712.96	1,712,532	$ 74,180.96
Cessation Interventions	$ 2,923,018.08	$ 3,064,876.32	$ 5,987,894.40	$ 3,880,975.00	$ 2,106,919.40	1,646,670	$ 460,249.40
Health Communications Interventions	$ 1,540,315.90	$ 1,613,092.80	$ 3,153,408.70	$ -	$ 3,153,408.70	2,301,787	$ 851,621.70
State and Community Interventions	$ 6,132,606.56	$ 6,430,374.48	$ 12,562,981.04	$ 942,523.00	$ 11,620,458.04	8,035,757	$ 3,584,701.04
Total	$ 12,193,570.52	$ 12,787,426.56	$ 24,980,997.08	$ 5,544,251.00	$ 19,436,746.08	14,358,977	5,077,769

#1

13.8174.01001
Title.
Fiscal No. 1

Prepared by the Legislative Council staff for
Senator Kilzer
February 13, 2013

PROPOSED AMENDMENTS TO SENATE BILL NO. 2024

Page 1, replace line 11 with:

"Comprehensive tobacco control	$12,922,614	$6,514,132	$19,436,746"

Page 1, replace line 12 with:

"Total special funds	$12,922,614	$6,514,132	$19,436,746"

Page 1, replace line 13 with:

"Full-time equivalent positions	5.00	3.00	8.00"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2024 - Tobacco Prevention & Control Exec Comm - Senate Action

	Executive Budget	Senate Changes	Senate Version
Comprehensive tobacco control	$13,016,197	$6,420,549	$19,436,746
Total all funds	$13,016,197	$6,420,549	$19,436,746
Less estimated income	13,016,197	6,420,549	19,436,746
General fund	$0	$0	$0
FTE	5.00	3.00	8.00

Department No. 305 - Tobacco Prevention & Control Exec Comm - Detail of Senate Changes

	Corrects Executive Compensation Package[1]	Increase Funding to CDC Level[2]	Adds 3 FTE[3]	Total Senate Changes
Comprehensive tobacco control	$4,471	$6,416,078		$6,420,549
Total all funds	$4,471	$6,416,078	$0	$6,420,549
Less estimated income	4,471	6,416,078	0	6,420,549
General fund	$0	$0	$0	$0
FTE	0.00	0.00	3.00	3.00

[1]Funding is added due to a calculation error in the executive compensation package.

[2]This amendment increases funding to the Centers for Disease Control and Prevention (CDC) recommended level as adjusted for inflation and estimated population increases.

[3]This amendment adds 1 FTE field coordinator, 1 FTE statewide programs manager, and 1 FTE evaluation program manager. These positions are currently temporary positions.

Jeanne Prom
SB 2024 2-19-13

#2

North Dakota Tobacco Prevention and Control Executive Committee
Center for Tobacco Prevention and Control Policy
4023 State Street, Suite 65 • Bismarck, ND 58503-0638
Phone 701.328.5130 • Fax 701.328.5135 • Toll Free 1.877.277.5090

Senate Bill 2024
February 18, 2013, Senate Appropriations Subcommittee
Senator Kilzer -- chair, Senators Grindberg and Mathern

Other bills that may affect Senate Bill 2024 – appropriation for N.D. Tobacco Prevention and Control Executive Committee

Bill	Content	Status as of February 18, 2013
2004	Amendment suggested to appropriate $383,000 from the Tobacco Prevention and Control Trust Fund to the Department of Health for stroke system of care	Senate Appropriations Subcommittee requested this amendment to 2004 be drafted
1253	Requires Center appropriation to cover costs of individual businesses to comply with signage requirements in new smoke-free law	On House 11th Order; Fiscal Note: not able to determine

Jeanne Prom
SB 2024 2-18-13

#3

North Dakota Tobacco Prevention and Control Executive Committee
Center for Tobacco Prevention and Control Policy
4023 State Street, Suite 65 • Bismarck, ND 58503-0638
Phone 701.328.5130 • Fax 701.328.5135 • Toll Free 1.877.277.5090

TO: Honorable Senators Kilzer, Grindberg and Mathern, subcommittee

FROM: Theresa Will, Chair Theresa Will, Dr. Beth Hughes, Dr. Kermit Lidstrom -- Executive Committee

DATE: February 19, 2013

RE: SB 2004 Amendment

The amendment to SB 2004, the Department of Health appropriation, approved yesterday in your subcommittee, appropriates $383,000 from the Tobacco Prevention and Control Trust Fund to increase funding for the stroke system of care. The Executive Committee has serious concerns about this amendment's source of funding.

Given that the Tobacco Prevention and Control Trust fund was specifically identified as the funding source for this item, the Executive Committee should have been consulted. N.D.C.C. 23-42-03 states that "The executive committee is responsible for the implementation and administration of the comprehensive plan, including the appropriateness of expenditures to implement the comprehensive plan." We appreciate the relationship we have with the Legislative Assembly, who appropriates funding, while one of the most important roles of the Executive Committee is that of fiduciary responsibility for the Tobacco Prevention and Control Trust Fund dollars.

The law establishing the Tobacco Prevention and Control Trust Fund requires the Executive Committee to spend these dollars on CDC Best Practices for Comprehensive Tobacco Control, which the stroke system of care is not. The approved amendment to 2004 creates legal and fiscal concerns for the Executive Committee and for the N.D. Center for Tobacco Prevention and Control Policy, especially considering that we were not asked to provide input into the consideration of this amendment's funding.

The mission of the N.D. Center for Tobacco Prevention and Control Policy, designed with input from many medical professionals with expertise in tobacco control, is to significantly reduce tobacco use in North Dakota over the short period of time the 9 years of Strategic Contribution Fund payments allow. If the stroke system of care is a proven and cost-effective health care program, it certainly merits funding through the General Fund or from revenues generated by the collection of tobacco taxes, as in House Bill 1433. However, we defer to the Department of Health to provide the Legislative Assembly with advice and expertise on these other sources of funding for the department's stroke system of care.

We respectfully ask that you reconsider this amendment, and that you include the Executive Director of the N.D. Center for Tobacco Prevention and Control Policy, Ms. Jeanne Prom, and/or any of the Executive Committee members, in further discussions. Thank you.

13.8174.01001
Title.
Fiscal No. 1

Prepared by the Legislative Council staff for
Senator Kilzer
February 13, 2013

PROPOSED AMENDMENTS TO SENATE BILL NO. 2024

Page 1, replace line 11 with:

"Comprehensive tobacco control	$12,922,614	$6,514,132	$19,436,746"

Page 1, replace line 12 with:

"Total special funds	$12,922,614	$6,514,132	$19,436,746"

Page 1, replace line 13 with:

"Full-time equivalent positions	5.00	3.00	8.00"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2024 - Tobacco Prevention & Control Exec Comm - Senate Action

	Executive Budget	Senate Changes	Senate Version
Comprehensive tobacco control	$13,016,197	$6,420,549	$19,436,746
Total all funds	$13,016,197	$6,420,549	$19,436,746
Less estimated income	13,016,197	6,420,549	19,436,746
General fund	$0	$0	$0
FTE	5.00	3.00	8.00

Department No. 305 - Tobacco Prevention & Control Exec Comm - Detail of Senate Changes

	Corrects Executive Compensation Package[1]	Increase Funding to CDC Level[2]	Adds 3 FTE[3]	Total Senate Changes
Comprehensive tobacco control	$4,471	$6,416,078		$6,420,549
Total all funds	$4,471	$6,416,078	$0	$6,420,549
Less estimated income	4,471	6,416,078	0	6,420,549
General fund	$0	$0	$0	$0
FTE	0.00	0.00	3.00	3.00

[1]Funding is added due to a calculation error in the executive compensation package.

[2]This amendment increases funding to the Centers for Disease Control and Prevention (CDC) recommended level as adjusted for inflation and estimated population increases.

[3]This amendment adds 1 FTE field coordinator, 1 FTE statewide programs manager, and 1 FTE evaluation program manager. These positions are currently temporary positions.

Testimony March 7, 2013 (1) SB 2024

Senate Bill 2024 – N.D. Tobacco Prevention and Control Executive Committee Appropriation
8:30 a.m., March 7, 2013, House Appropriations Committee – Human Resources Division

Good morning, Chairman Pollert and members of the House Appropriations Committee – Human Resources Division. I am Jeanne Prom, executive director of the North Dakota Center for Tobacco Prevention and Control Policy. The Center is the state agency office operated by the N.D. Tobacco Prevention and Control Executive Committee. I am testifying in support of Senate Bill 2024, which provides an appropriation for the N.D. Tobacco Prevention and Control Executive Committee. With me to also provide this testimony are: Ms. Theresa Will, Executive Committee Chair, Dr. Kermit Lidstrom, Executive Committee member, and Mr. Nathan Marion, Advisory Committee Chair. Also here is Jayne Vetter, Advisory Committee member. The Advisory Committee is made up of medical and public health professionals, the public, and a young adult who have demonstrated expertise and interest in effective tobacco prevention and the health consequences of tobacco use.

Good morning, Chairman Pollert and members of the House Appropriations Committee – Human Resources Division. I am Theresa Will, Chair of the Executive Committee.

Agency overview – statute

North Dakota Century Code §23.42.01 through §23.42.08, and §54.27.25 provide the authority for this agency and its funding.

NDCC 23.42.01 through §23.42.08, and §54.27.25:

- establishes the Tobacco Prevention and Control Advisory, a nine-member board appointed by the Governor. The board elects three of its members to the N.D. Tobacco Prevention and Control Executive Committee.
- develops and funds a comprehensive statewide tobacco prevention and control plan, developed and evaluated by the Advisory Committee.
- requires that the comprehensive tobacco prevention program be funded at a level recommended by the U.S. Centers for Disease Control and Prevention in *Best Practices for Comprehensive Tobacco Control Programs (October 2007)*.*,**
  **Federal funds, as well as additional special funds, are included in the N.D. Department of health budget (SB 2004) and contribute to the total used to reach the CDC Best Practice recommended level of funding.*
  ***The published recommended level of funding in the CDC document is described using 2007 dollars and 2006 population rates, with the directive that these amounts be updated annually using U.S. Department of Labor Consumer Price Index (inflation) and U.S. Census Bureau data (North Dakota resident population).*
- establishes the Tobacco Prevention and Control Trust Fund to receive 9 of 10 Strategic Contribution Fund payments from the tobacco master settlement agreement. Note that these payments are different from the settlement Annual Payments that are divided 45-45-10 between the Water Development Trust Fund, the Common Schools Trust Fund, and the Community Health Trust Fund. The final deposit into the trust fund will be in 2017. At the current level of funding required for a comprehensive CDC Best Practice program, the fund is expected to be expended in 2021.

The law also states that:

the Executive Committee is responsible for implementation and administration of the comprehensive statewide tobacco control program in North Dakota, including the appropriateness of expenditures (NDCC §23-42-03).

- Moneys received into the Tobacco Prevention and Control Trust Fund are to be administered by the Executive Committee for the purpose of creating and implementing the comprehensive plan (NDCC. §54.27.25).

Good morning, Chairman Pollert and members of the House Appropriations Committee – Human Resources Division. I am Dr. Kermit Lidstrom, Executive Committee member.

Overview of the agency -- mission

The Executive Committee is charged with a very specific mission. We're in the business of saving money and saving lives of North Dakotans by preventing and reducing tobacco use using only CDC Best Practices. We are committed to drastically reducing tobacco use by the end of the Tobacco Prevention and Control Trust Fund, which is expected to be spent by the year 2021.

The Executive Committee state office is N.D. Center for Tobacco Prevention and Control Policy. This is a unique agency in that the funding for this agency is time-limited, so outcomes, expediency and efficiency are always top-of-mind. We've hired a small staff and have a flat organizational structure so top management of major programs has direct contact with the state and local organizations that are funded. A majority of our funding is provided through grants and contracts to local public health units in every county, to statewide partner organizations, and to agencies providing professional services for comprehensive public education and program evaluation. CDC Best Practices allow us to invest half of our expenditures on state and community interventions.

The Executive Committee requires an appropriation commensurate with the problem this agency is charged with solving in and is in line with current statute. A significant tobacco use reduction over the next several years is essential to the future health and financial well being of North Dakota over the next decades. By staying true to what works to prevent and control tobacco use in the first place, we can keep kids from ever starting and help more tobacco users quit sooner, before chronic diseases take hold and costly healthcare is needed.

Tobacco use prevention in North Dakota

First, the sobering facts:

- Tobacco use is the leading cause of preventable disease and death in North Dakota.
- This year in North Dakota
  - 800 adults will die of smoking.
  - 600 kids will start smoking.
  - Healthcare costs of smoking is estimated at $247 million.
  - $47 million of this is covered by the state Medicaid program.

Now, the good news:

- North Dakota is using a small portion the state's settlement with tobacco companies for the settlement's intended purpose – to prevent tobacco use, especially by kids.
- No General Funds are needed for this agency.
- With a strong prevention effort up front, today's kids – the future of our state -- will not grow up to suffer from heart disease, cancers, stroke, chronic obstructive pulmonary disease and other costly chronic diseases caused by tobacco use.

Good morning, Chairman Pollert and members of the House Appropriations Committee – Human Resources Division. I am Nathan Marion, Chair of the Advisory Committee.

The Advisory Committee is charged with advising the Executive Committee and in developing and evaluating the effectiveness of the comprehensive state plan. It is my pleasure today to share with you the progress we have made during the current biennium.

ıe Advisory Committee and local and statewide partners developed a five-year state plan, *Saving Lives – Saving Money: North Dakota's Comprehensive State Plan to Prevent and Reduce Tobacco Use, 2009-2014 (2012 Update)*. We evaluate and update this plan every year.

The plan outlines four goals:

- Prevent the initiation of tobacco use among youth and young adults
- Eliminate exposure to secondhand smoke
- Promote quitting tobacco use, and
- Build capacity and infrastructure to implement a comprehensive CDC Best Practice program.

Even with time-limited funding -- 9 years of Strategic Contribution Fund payments -- expected to be spent in 2021, we know we can benefit from a comprehensive program for enough years to fully implement CDC Best Practice strategies.

We know what works to stop the tobacco use epidemic in North Dakota:

- Adequate implementation time to drastically cut tobacco use,
- CDC-recommended funding appropriation by the Legislature for CDC Best Practices for Comprehensive Tobacco Control Programs (October 2007),
- Enactment of CDC Best Practice policies and health system changes, and
- Changes in social norms around tobacco use as described in CDC Best Practices.

^ttached is a full report of State Plan Highlights – 2011-2013.

Here are some of the ways we have saved lives and saved money this biennium:

- Heart attack admissions to Altru decreased by 24.1% in the four months after Grand Forks smoke-free city ordinance took effect, according to a UND study. The 20 fewer heart attack admissions are estimated to have saved $156,620 based on an average cost of a heart attack admission.

- Grand Forks restaurant and bar sales were unaffected by two smoke-free city ordinances approved there the past decade, according to an economic study released in March 2013.

- A new smoke-free state law took effect in December 2012. As part of a tobacco prevention program, this new law can be expected to reduce smoking over time and will have an immediate impact on indoor air pollution and heart attack admissions.

- Grand Forks, Bismarck, Dickinson and Walhalla city governments changed city code to incorporate and build on the new state law.

- Grand Forks reported a 92% decline in fine particle air pollution in bars after enactment of their 2010 smoke-free city ordinance. Air quality improved from "unhealthy" to "good." Fine particles (smaller than 2.5 microns in diameter) are released in significant amounts from burning cigarettes, are easily inhaled deep into the lungs, and cause a variety of adverse health effects including cardiovascular and respiratory morbidity and death).

- Bismarck reported a 96% decline in fine particle air pollution in bars after enactment of their 2011 smoke-free city ordinance. Before the Bismarck ordinance took effect, employees in workplaces allowing smoking were exposed to air pollution 6 times higher than safe annual levels, and 57 times higher than the level of outdoor air in Bismarck.

- Local public health units (LPHUs) assessed voluntary smoke-free grounds policies and reported 47 policies, including 13 new policies this biennium and an additional 6 last biennium.

- Cando Park Board adopted a smoke-free policy for all city parks.

- LPHUs assessed voluntary tobacco-free grounds policies and reported 100 policies, including 31 this biennium and 22 last biennium.

- The McHenry County 4H "Youth Achievement Days" declared all events and grounds tobacco free.

- City County Health District reported that the 40-unit Rudolf Square apartment complex, Valley City, went smoke-free.

- Grand Forks Taxi, Pepper's Dog Park (Jamestown), Dakota Eye Institute (Bismarck) and Cobblestone Inn (Langdon) were reported having tobacco-free policies.

- 58% of K-12 students attend school with a comprehensive tobacco-free campus policy. Of the 116 school districts/private schools have adopted a comprehensive tobacco-free school policy, 15 were passed this biennium, and 56 total since Center funding began.

- Upper Missouri District Health Unit reports New Town Public School and District #8 Public School became the first reservation school and first Mountrail County school to implement a tobacco-free policy.

- 68% of students at N.D. University System are protected by a comprehensive tobacco-free campus policy, as 9 of 11 campuses are tobacco-free. Williston State College is considering a comprehensive tobacco-free campus policy. NDSU is a smoke-free campus.

- University of Mary became the 12th tobacco-free campus and the Rasmussen College campuses in Bismarck and Fargo became smoke-free campuses this biennium.

- The latest N.D. Youth Risk Behavior Survey (YRBS) shows fewer students smoking.

- Center grants require LPHUs to refer their clients to NDQuits, operated and funded by the department of health (DOH). Grants can be used by LPHUs to work with healthcare providers in coordination with DOH to refer to NDQuits.

- LPHUs reported 31 new healthcare facilities implementing the AAR guidelines.

- A total of 258 local public health unit staff and 348 medical providers were trained on AAR guidelines to connect tobacco users to NDQuits.

- Upper Missouri District Health Unit reported that Quitnet numbers for the same quarter increased from 34 enrollments to 89 (161.8% percent increase) over 1 year.

- Nelson-Griggs District Health Unit reported that an area optometrist implemented the PHS Guidelines – Ask, Advise and Refer.

- First District Health Unit partnered with the pulmonary division of Trinity Hospital in the new chronic obstructive pulmonary disease (COPD) program.

- The Family Healthcare Center (Fargo) also developed a program to address nicotine dependence in the homeless population.

- City-County Health District reported a 78% increase in the number of clients in Barnes County who enrolled in the quitline/Net during FY2011 quarter 4 (32 enrollees) compared to 18 a year earlier.

- In FY2012, Custer District Health Unit, Ransom County, Rolette County, Southwestern District Health Unit, and other areas reported 7 new tobacco coalitions and a total of 215 new coalition members across the state.

- LPHUs reported a new coalition in Central Valley Collaborative and 93 new coalition members across the state during FY2013 Q1.

- In FY2011 Q4, the Center agreed to provide an additional $345,000/year to 12 LPHUs for local infrastructure. This funding had previously been provided by the Department of Health through a grant from the Centers for Disease Control (CDC).

Thank you for your appropriation for this biennium.

/erview of funding request and Senate amendments

As requested, my comments will focus on the Senate amendments to our agency appropriation in SB 2024.

	Current Budget 2011-2013	SB 2024 Executive Budget 2013-2015	2013-2015 Optional Budget	SB 2024 Amended Budget
TOTAL FTE	5	5	8	8
SALARIES	1,132,494	1,495,935	1,540,935	2,000,574
OPERATING	2,967,609	3,365,493	3,665,493	4,713,707
CAPITAL ASSETS	-	6,500	6,500	10,000
GRANTS	8,822,511	8,148,269	9,146,049	12,712,465
	12,922,614.00	13,016,197.00	14,358,977.00	19,436,746.00

Senate amendments

The Senate amended SB 2024 with 3 changes totaling $6,514,132:

1) **$4,471** – funding added due to a calculation error in the executive compensation package.
2) **$6,416,078** – funding added so budget would meet CDC Best Practices for Comprehensive Tobacco Control Programs level for estimated inflation and N.D. resident population for 2013 and 2014.
3) **3 FTE** – added to make current temporary positions permanent. This includes 1 FTE field coordinator, 1 FTE statewide programs manager, and 1 FTE evaluation program manager.

How amendments affect the agency

The calculation error adjustment will correct the amount available in the compensation package.

- The agency, when submitting the optional budget request in summer 2012, used the most current N.D. resident population and inflation data available to adjust the CDC Best Practice funding amount, which was 2011 population and inflation data.
- The Senate requested the agency estimate for 2013 and 2014 N.D. resident population and inflation.
- Because both actual and estimated N.D. resident population and inflation increased for all but 1 year since 2006/2007, the CDC Best Practice amount increased as well. *See following page.*
- This increased funding will allow for potentially more accurate spending level for 2013-2015, assuming estimates for future years are realized.
- The increased funding available and the amendment to make 3 temporary positions permanent will allow the agency to address continuing and critical agency needs, below.

Agency continuing and critical needs to be met in the optional and amended budget

- Permanent staffing, rather than the current temporary staffing, is needed to recruit qualified staff in a very competitive public and private sector market, to avoid staff turnover, and to assure program outcomes. (FTE)
- Permanent staffing is needed to manage and monitor what are currently nearly 100 grants and professional services contracts, including ongoing evaluation of the comprehensive program. (FTE, Salaries and Wages, Operating Expenses)
- Appropriation to include equity adjustments to address salary compression created by newer hires compensated at the new classifications and higher salary ranges resulting from Hay Study implementation. (Salaries and Wages)
- Ability to provide temporary or contract staffing as needed to manage more and larger grants and contracts. This includes the ability to provide additional technical assistance to more grantees, and to provide additional monitoring and evaluation reporting for all grantees to demonstrate program outcomes. (Salaries and Wages, Operating Expenses)
- Continuation of $690,000 for a local infrastructure grants program transferred to the Executive Committee from the Department of Health, using the Executive Committee's current appropriation and staffing, during the fourth quarter of FY2011. (Grants)
- Continuation of funding using a funding formula based in part on higher resident and non-resident populations, to respond effectively to increasing demand for local capacity building in areas of the state experiencing significant resident/non-resident population growth and resulting in urgent need for more and different tobacco prevention and cessation services in these areas, and other areas with higher tobacco use. (Operating Expenses, Grants)
- Education and evaluation of the impact of new local and state policies including the new statewide smoke-free law. (Operating Expenses, Grants)
- Assurance that the agency will be able to meet the requirements of HB 1253 if this becomes law, requiring the agency to provide signage for the new state smoke-free law. (Operating)

Other Senate considerations reflected in the amendments

- The Tobacco Prevention and Control Trust Fund balance is estimated to be at $39.3 million at the end of this biennium. There was concern money was being "stockpiled."
- SB 2024 as amended allows for an appropriation anticipating 2013 and 2014 population and inflation. Estimating future levels rather than relying on current data that will be out-of-date next biennium may provide a more real time, accurate CDC Best Practices level expenditure.
- With Senate amendments and continued budgeting using future estimates, the Tobacco Prevention and Control Trust Fund will be expended in 8 years, or 2021. This assumes the Strategic Contribution Fund payment amounts will not decrease significantly, and that the Department of Health will continue to use 80% of the Community Health Trust Fund and a federal CDC grant as part of this comprehensive CDC Best Practices approach. *See page 8.*

CDC Best Practices Funding and Expenditures per year

	2006	2007	2008	2009	2010	2011
ND Resident Population	649,422	652,822	657,569	664,968	674,629	683,932
CPI Rate Change (inflation)		2.80%	3.80%	-0.40%	1.60%	3.20%

*CDC estimated 2006 population 636,000

	2012	2013	2014
ND Resident Population	699,628	716,426	733,224
CPI Rate Change (inflation)	2.10%	2.10%	2.50%

** 2013 and 2014 CPI rate change is from Moody's Analytics most recent forecast

*** 2013 and 2014 population is not an actual estimate. 2015 estimated population is 750,023. Assumed proportional growth was used for 2013 and 201

Per Capita	07 Dollars/06 population	08 Dollars/07 population	09 Dollars/08 population	10 Dollars/09 population	11 Dollars/10 population	12 Dollars/11 population
Recommended Annual Investment	$ 14.67	$ 15.09	$ 15.65	$ 15.58	$ 15.83	$ 16.33

	13 Dollars/12 population	14 Dollars/13 population	15 Dollars/14 population
Recommended Annual Investment	$ 16.67	$ 17.02	$ 17.44

Total Dollars	07 Dollars/06 population	08 Dollars/07 population	09 Dollars/08 population	10 Dollars/09 population	11 Dollars/10 population	12 Dollars/11 population
Recommended Annual Investment	$ 9,527,020.74	$ 9,851,083.98	$ 10,290,954.85	$ 10,360,201.44	$ 10,679,377.07	$ 11,168,609.56

	13 Dollars/12 population	14 Dollars/13 population	15 Dollars/14 population
Recommended Annual Investment	$ 11,662,798.76	$ 12,193,570.52	$ 12,787,426.56

2013 - 2015 Biennium Budget (2024 Amended)	FY 2014 +	FY 2015 =	Total -	Less Health Dept. Budget =	Budget for the Center
Total	$ 12,193,570.52	$ 12,787,426.56	$ 24,980,997.08	$ (5,544,251.00)	$ 19,436,746.08

Tobacco Prevention and Control Trust Fund

The tobacco Prevention and Control Trust Fund, along with 80% of the Community Health Trust Fund, will provide the citizens of North Dakota with a comprehensive tobacco use prevention program for an adequate time to drastically cut tobacco use and keep it low. This means new generations of North Dakotans will be saved from tobacco-related disease and death, and the state will save millions in healthcare. However, if 80% of the Community Health Trust Fund is not invested in tobacco control, the funding for a comprehensive program will be depleted sooner, before some North Dakotans can benefit.

CURRENT LAW

Ability to provide a comprehensive tobacco prevention and control program in current law with 9 of 10 strategic contribution funds deposited in the Tobacco Prevention and Control Turst Fund use by the Center, combined with a continued CDC grant at DOH; and with 80% of the Community Health Trust Funds used by DOH for tobacco control.

July 1- June 30	Strategic Contribution Fund	CDC Best Practice Recommendation	CDC Tobacco Prevention Grant to DOH	Community Health Trust Fund to DOH	Tobacco Prevention and Control Trust Fund	Tobacco Prevention and Control Trust Fund Balance
Fiscal Year	Deposit			80%		
2009	14.1			2.3		14.1
2010	12.2	9.3	1.1	2.1	3.5	22.8
2011	11.2	9.3	1.1	1.9	4.6	29.4
2012	11.4	9.3	1.1	2	5.7	35.1
2013	11.4	9.3	1.1	2	6.8	39.7
2014	11.4	12.2	1.1	1.6	9.5	41.6
2015	11.4	12.78	1.1	1.6	10.08	42.92
2016	11.4	12.78	1.1	1.6	10.08	44.24
2017	11.4	12.78	1.1	1.6	10.08	45.56
2018	0	12.78	1.1	1.6	10.08	35.48
2019	0	12.78	1.1	1.6	10.08	25.4
2020	0	12.78	1.1	1.6	10.08	15.32
2021	0	12.78	1.1	1.6	10.08	5.24
2022	0					
2023	0					
2024	0					
2025	0					
2026	0					
2027	0					
2028	0					

In millions of dollars.

This chart shows that when 1) the Center's Tobacco Prevention and Control Trust Fund; 2) a $1.1 million/year CDC tobacco prevention grant at DOH; and 3) 80% of the Community Health Trust Fund are all used for tobacco prevention, then North Dakota citizens will benefit from a comprehensive tobacco use prevention program for enough time to significantly reduce tobacco use and keep it very low.

March 7, 2013 SB 2024

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North Dakota Tobacco Prevention and Control Executive Committee
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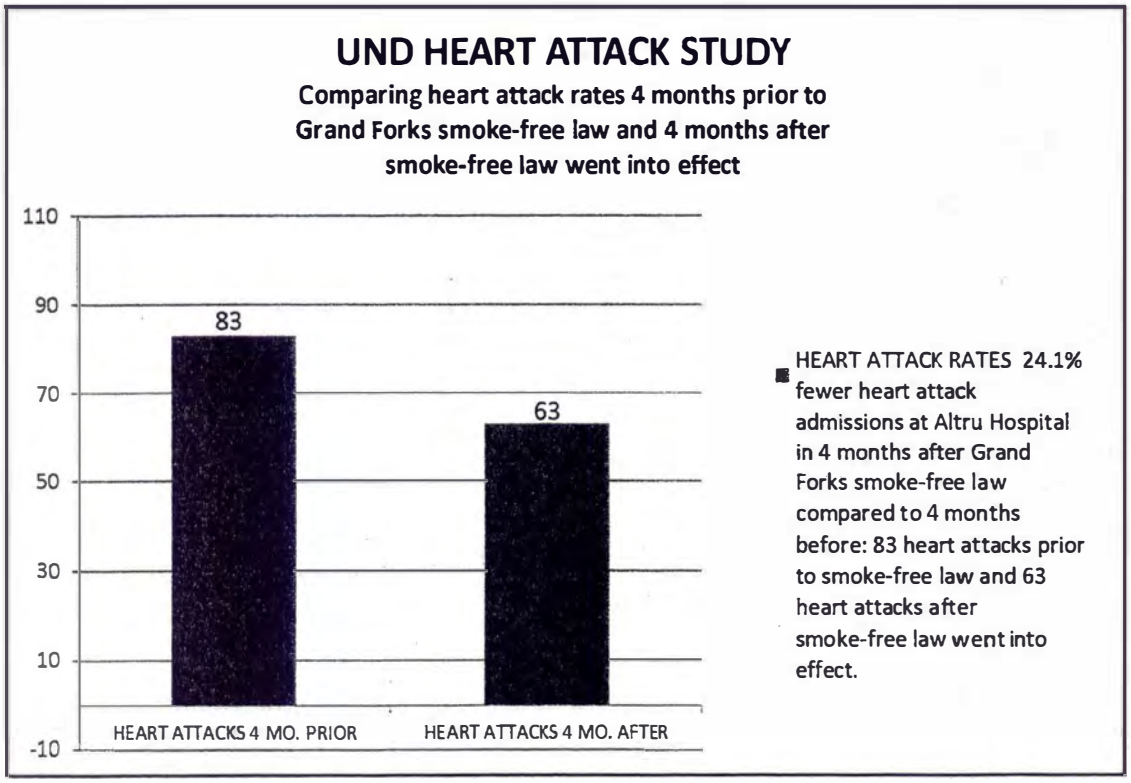
Saving Lives – Saving Money: North Dakota's Comprehensive State Plan to Prevent and Reduce Tobacco Use, 2009-2014 (2012 Update)
State Plan Highlights – 2011-13

Goal: Eliminating exposure to secondhand smoke
General population – smoke-free laws and their health impact

$156,620. One hospital. 4 months.

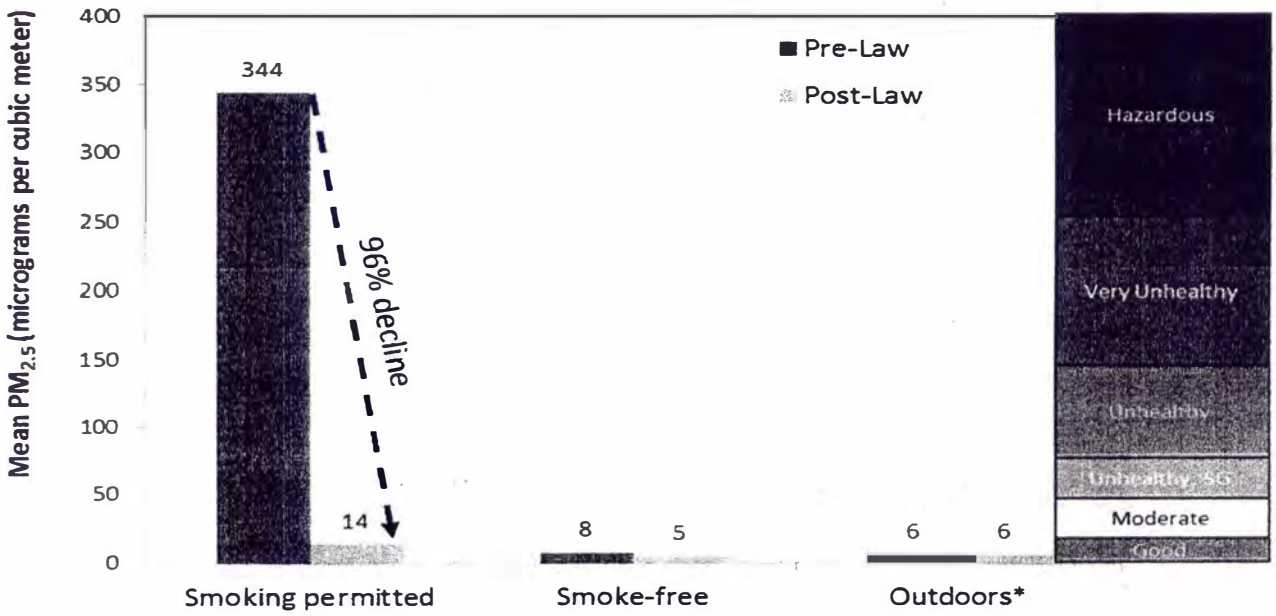
- Heart attack admissions to Altru decreased by 24.1% in the four months after Grand Forks smoke-free city ordinance took effect, according to a UND study. The 20 fewer heart attack admissions is estimated to have saved $156,620 based on an average cost of a heart attack admission ($7,831/admit, according to recent Medicaid costs) and $860,000 total saved for all costs related to a heart attack episode (admit, follow-up, pharmacy, cardiac rehab and an average of $43,000/all care, according to Blue Cross Blue Shield of Minnesota).



- Grand Forks restaurant and bar sales were unaffected by the two smoke-free city ordinances approved there in the past decade, according to an economic impact study released in March 2013. The study was conducted by UND economics professor Collen F. Goenner.
- A new smoke-free state law took effect in December 2012, which now protects people from exposure to secondhand smoke in nearly all enclosed public places and places of employment. As part of a tobacco prevention program, this new law can be expected to reduce smoking over time and will have an immediate impact on indoor air pollution and heart attack admissions.
- Grand Forks, Bismarck, Dickinson and Walhalla city governments changed city code to incorporate and build on the new state law. (December 2012 and January and February 2013)
- Walhalla (78.02%), Cando (76.36%) and Casselton (67.41) citizens passed smoke-free advisory measures by the percentages indicated, in November 2012.

- In spring and summer 2012, 4 cities (Cavalier, Munich, Lisbon and Linton) passed local smoke-free ordinances, bringing the total to 11 smoke-free cities, 9 since the beginning of the comprehensive statewide program in July 2009.
- Grand Forks reported a 92% decline in fine particle air pollution in bars after enactment of their 2010 smoke-free city ordinance. Air quality improved from "unhealthy" to "good." Fine particles (smaller than 2.5 microns in diameter) are released in significant amounts from burning cigarettes, are easily inhaled deep into the lungs, and cause a variety of adverse health effects including cardiovascular and respiratory morbidity and death).
- Bismarck reported a 96% decline in fine particle air pollution in bars after enactment of their 2011 smoke-free city ordinance. Before the Bismarck ordinance took effect, employees in workplaces allowing smoking were exposed to air pollution 6 times higher than safe annual levels, and 57 times higher than the level of outdoor air in Bismarck.

Figure 1. Effect of Bismarck Smoke-free Air Law on Indoor Air Pollution



Voluntary tobacco- and smoke- free grounds policies, including county and recreation policy (not K-12, higher ed, or covered by new state smoke-free law)

- Local public health units (LPHUs) assessed voluntary smoke-free grounds policies and reported 47 policies, including 13 new policies this biennium and an additional 6 last biennium.
- Cando Park Board adopted a smoke-free policy for all city parks.
- LPHUs assessed voluntary tobacco-free grounds policies and reported 100 policies, including 31 this biennium and 22 last biennium.
- Richland County Commissioners approved a comprehensive tobacco-free policy in May (effective immediately) for all Richland County government property.
- The McHenry County 4H "Youth Achievement Days" declared all events and grounds tobacco free.

Voluntary smoke-free policies before the comprehensive smoke-free state law

- Prior to enactment of the new state smoke-free law in December 2012, 32 alcohol establishments were reported by local public health units to have voluntarily adopted smoke-free policies.

Voluntary smoke-free policies – not covered by comprehensive state smoke-free law

- City County Health District reported that the 40-unit Rudolf Square apartment complex, Valley City, went smoke-free in September 2012.

Voluntary tobacco-free policies

- Grand Forks Taxi, Pepper's Dog Park (Jamestown), Dakota Eye Institute (Bismarck) and Cobblestone Inn (Langdon) were reported having tobacco-free policies in FY2012 Q3.

Goal: Preventing initiation of tobacco use by youth and young adults

K-12 comprehensive tobacco–free school district policies

- 58% of K-12 students attend school with a comprehensive tobacco-free campus policy. Of the 116 school districts/private schools have adopted a comprehensive tobacco-free school policy, 15 were passed this biennium, and 56 total since Center funding began.
- Upper Missouri District Health Unit reports New Town Public School and District #8 Public School became the first reservation school and first Mountrail County school to implement a tobacco-free policy.
- LPHUs assessed tobacco-free policies in 175 school districts/private schools and assessed tobacco-free/smoke-free policies in 13 higher ed institutions in FY2012.
- LPHUs reported assessing 90 school policies in FY2013 Q1.
- Central Valley Board of Health passed a resolution urging all schools to adopt the model comprehensive tobacco-free campus policy.

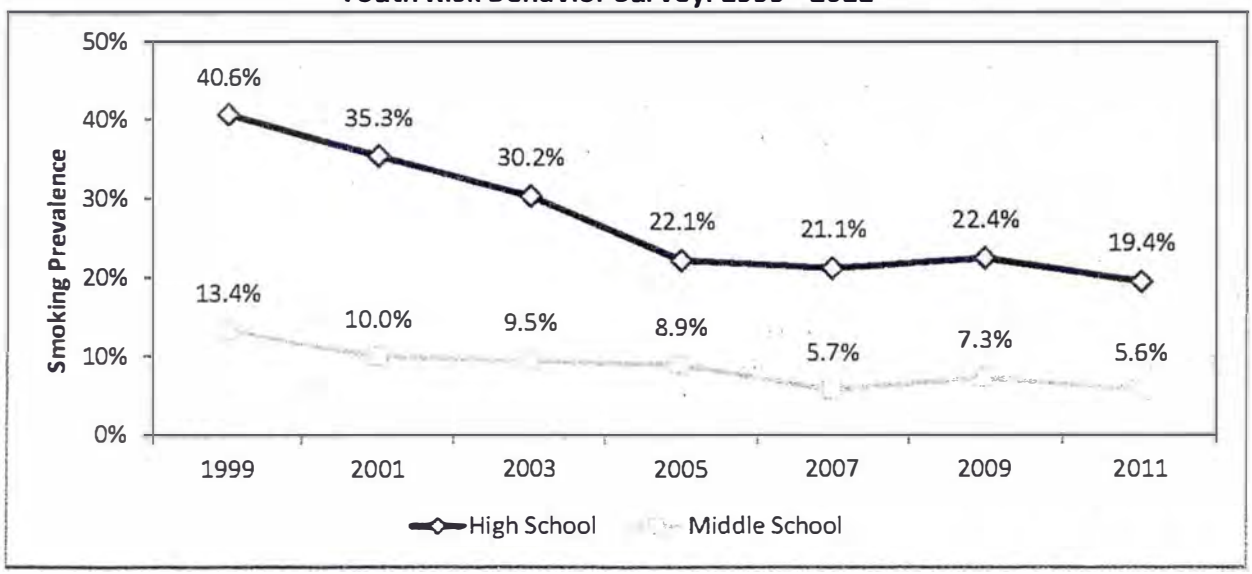
Higher education tobacco-free policies

- 68% of students at N.D. University System are protected by a comprehensive tobacco-free campus policy, as 9 of 11 campuses are tobacco-free. Williston State College is considering a comprehensive tobacco-free campus policy. NDSU is a smoke-free campus.
- University of Mary became the 12th tobacco-free campus and the Rasmussen College campuses in Bismarck and Fargo became smoke-free campuses this biennium.

Other policies

- Southwestern District Health Unit reported that Dickinson passed an ordinance to initiate a license system to sell tobacco with fines and licenses suspension for illegal sales to minors.
- The tobacco-free campus policies protect youth and adults from secondhand smoke and establish no tobacco use as the norm for all ages, especially young people. As part of a comprehensive approach, these tobacco-free campus policies can be expected to reduce all tobacco use.
- The latest N.D. Youth Risk Behavior Survey (YRBS) shows fewer students smoking.

Youth Risk Behavior Survey: 1999 - 2011



Source: Youth Risk Behavior Survey: North Dakota Department of Public Instruction

Goal: Promote quitting tobacco use

Policies to Ask, Advise and Refer (AAR) to NDQuits (operated by department of health)

Center grants require LPHUs to refer their clients to NDQuits. Grants can be used by LPHUs to work with healthcare providers in coordination with DOH to refer to NDQuits.

- The Center requested a meeting with the Department of Health to discuss possibilities for continuing without interruption progress between LPHUs, the DOH, and private healthcare systems on implementing policies to ask, advise and refer (AAR) clients and patients to the quitline/Net. The DOH is no longer funding a temporary position to coordinate this effort statewide.
- LPHUs reported 31 new healthcare facilities implementing the AAR guidelines, including: Essentia Health (incorporated the AAR guidelines into their Electronic Medical Records --a system-wide implementation), and Sanford Health (also in new Electronic Medical Record system); plus Sakakawea Medical Center (Hazen), Presentation Clinic (Rolette) and more.
- A total of 258 local public health unit staff and 348 medical providers were trained on AAR guidelines to connect tobacco users to NDQuits.
- FCPH reported their agency's Break Away from Nicotine (BAN) program served 25 new clients enrolled this quarter (compared to nine new enrollees last quarter).
- Bismarck Burleigh Public Health completed a baseline assessment (of tobacco-free, smoke-free and AAR implementation) to over 100 healthcare facilities, day care facilities and outdoor parks/recreation facilities in their service area.
- Upper Missouri District Health Unit reported that Quitnet numbers for the same quarter increased from 34 enrollments to 89 (161.8% percent increase) over 1 year.
- Nelson-Griggs District Health Unit reported that an area optometrist implemented the PHS Guidelines – Ask, Advise and Refer.
- First District Health Unit partnered with the pulmonary division of Trinity Hospital in the new chronic obstructive pulmonary disease (COPD) program.
- Fargo Cass Public Health reported that Sharehouse Inc. adopted an Ask, Advise and Refer policy into their patient intake process and developed a Nicotine Replacement Protocol. The Family Healthcare Center (Fargo) also developed a program to address nicotine dependence in the homeless population.
- City-County Health District reported a 78% increase in the number of clients in Barnes County who enrolled in the quitline/Net during FY2011 quarter 4 (32 enrollees) compared to 18 a year earlier.

Goal: Build statewide capacity to effectively implement the comprehensive program to reach goals of eliminating exposure to secondhand smoke, prevent initiation, and promote quitting

Local coalitions

- In FY2012, Custer District Health Unit, Ransom County, Rolette County, Southwestern District Health Unit, and other areas reported 7 new tobacco coalitions and a total of 215 new coalition members across the state.
- LPHUs reported a new coalition in Central Valley Collaborative and 93 new coalition members across the state during FY2013 Q1.

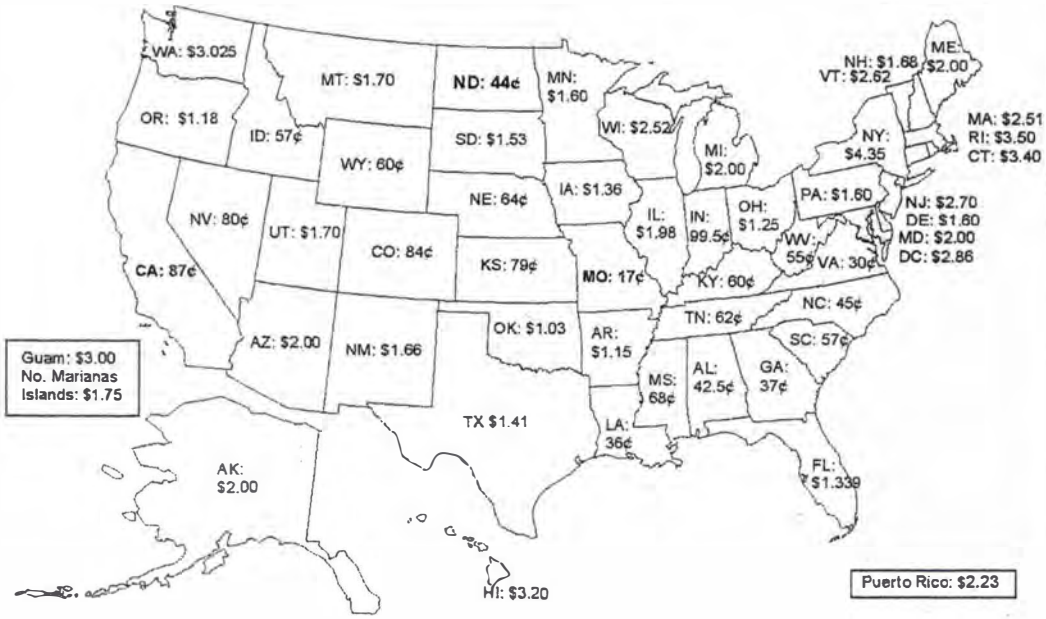
Meeting increasing demands for a comprehensive prevention policy program

- Continue to use a comprehensive approach using CDC Best Practices proven to prevent and reduce tobacco use at an accelerated rate, including:
  - educating the public statewide and locally about the costs of tobacco and how tobacco is marketed, especially through a lower price, and how this affects youth tobacco use. (Note on map, below, that MN tobacco tax includes 37 cents/pack sales tax paid at wholesale.)

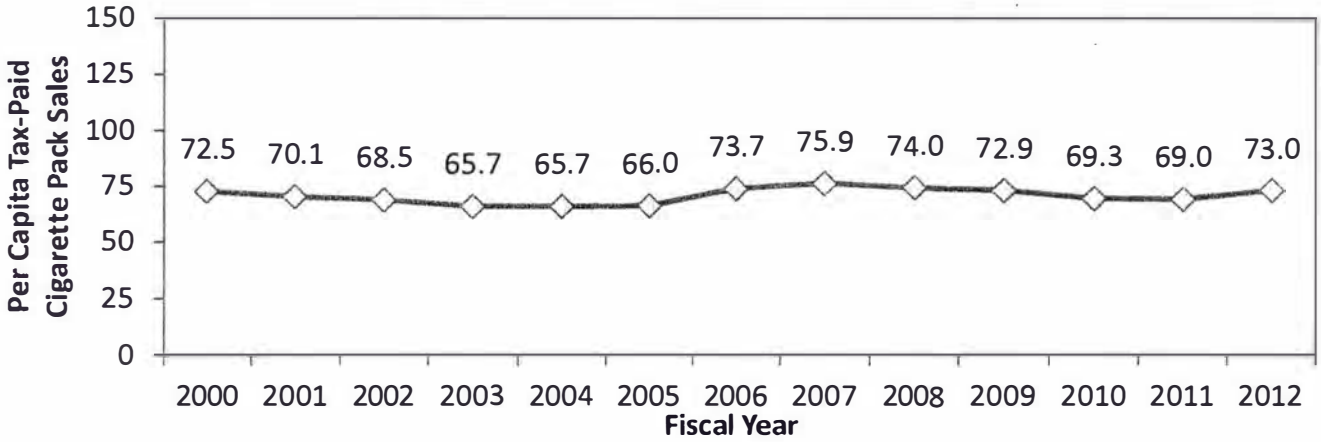
Average State Cigarette Tax: $1.49 per Pack

Average Cigarette Tax in Major Tobacco States: 48.5 cents per Pack

Average Cigarette Tax in Non-Tobacco States: $1.63 per Pack



- working to continue a downward-trend slope in per capita cigarette sales in an economic environment where mining/oil extraction and construction workers have the highest smoking rates, while our state has one of the lowest tobacco tax rates in the country.
- Educating on all the factors that affect tobacco use: social norms, prevention efforts, and marketing; and working to account for resident and non-resident tobacco use.



- more intensive work and state and local levels in areas and populations with highest use of cigarettes and other tobacco products, especially spit tobacco and new tobacco products.
- protecting all K-12 and higher ed students with tobacco-free campuses.
- establishing tobacco- and smoke- free grounds for daycares, parks, other recreation areas (like swimming pools), businesses, libraries, and other places with support for such policies.
- working with owners and renters of multi-unit housing who are interested in tobacco- and smoke-free policies;
- continuing to concentrate on the most cost-effective approach -- *prevention* of tobacco use.
- Continuing to adapt healthcare systems so providers always ask patients/clients about tobacco use and exposure to secondhand smoke, encourage tobacco users to quit, encourage smoke-free living, and connect those wanting to quit with NDQuits and nicotine replacement therapy.

- The Center and LPHUs in areas with American Indian reservations discussed how to continue to collaborate on tobacco use prevention and education efforts for American Indians living on or near the reservations. The Center met with the Department of Health on the comprehensive program and discussed the Center grants to local public health units, which also include reservation areas, and how to work in tandem with tribal tobacco prevention programs funded by the department to best meet the needs of this underserved population.
- The Center met twice with western N.D. local public health units affected by the oil boom and discussed emerging tobacco use issues and how to meet the demands for a more comprehensive prevention policy approach.
- In FY2011 Q4, the Center agreed to provide an additional $345,000/year to 12 LPHUs for local infrastructure. This funding had previously been provided by the Department of Health through a grant from the Centers for Disease Control (CDC).

The Center currently manages three major grant programs (currently 59 grants/year) and multiple professional services contracts (8 contracts thus far this biennium), described below.

Tobacco Settlement State Aid Grants to all Local Public Health Units

- $940,000.00 total for the biennium.
- 28 grants, one to each local public health unit (LPHU) using a noncompetitive formula.
- All counties receive funding.
- LPHUs adopted, implemented and evaluated a health unit policy to ask, advise and refer (AAR) tobacco users to NDQuits. This involved developing and passing the policy, providing training to staff, incorporating the referral process into electronic medical records systems, and conducting an audit of charts to evaluate the policy's implementation in client-based programs.
- All 28 LPHUs now refer clients to NDQuits.

Local Tobacco Control Policy Grants to all Local Public Health Units

- $3,296,091.00 total for FY2012, $3,122,754.65 expended.
- $3,496,625.00 total for FY2013.
- In FY 2013, the Center manages 24 grants/year, one to each LPHU or LPHU collaborative (more than one LPHU cooperating as part of one grant), using noncompetitive formula and requiring an approved CDC Best Practice work plan.
- All counties receive funding.

Special Initiative Grants and Other Grants to Implement CDC Best Practices

- $1,321,848.36 awarded or approved.
- 7 grants to the following:
  - American Nonsmokers' Rights Foundation to provide training and technical assistance to communities on smoke-free efforts.
  - Minot State University to assist communities statewide on public education efforts on smoke-free and tobacco-free efforts (completed) and another grant to conduct indoor air pollution studies.
  - American Lung Association in North Dakota, and
  - Tobacco Free North Dakota, and
  - Northern Lights Youth Services – 1 grant to each organization to provide education to members and to the public statewide on tobacco use prevention issues.
  - City-County Health District for local policy planning and development.

Professional Services Contracts and IT Contractual, and Fees

- $1,935,829.02 in 12 contracts/ITD work order requests thus far this biennium.
- Services further support the implementation of the new statewide comprehensive CDC Best Practice tobacco prevention program through the following contracts:

- Department of Health – a contract to provide the Center with fiscal services for FY2012 was completed.
- Odney – a continuing contract for health communications public education on costs of tobacco use, and information on program outcomes.
- Nexus Innovations – five IT work order requests to provide enhancements to the Progress Reporting System (online grant applications, reporting enhancements).
- University of North Dakota – two contracts to conduct a study to help determine possible health outcomes from a smoke-free policy, and to conduct an evaluation were completed.
- Public Health Law Center – two contracts, one for development of a case study report on the law that funds tobacco control efforts in North Dakota, and another for policy technical assistance and policy research and related training.
- Research Triangle Institute (RTI) International – one contract to provide ongoing comprehensive evaluation of the implementation of the five-year *Saving Lives, Saving Money: North Dakota Comprehensive State Plan to Reduce Tobacco Use, 2012 Update.*

Tobacco use remains the leading cause of *preventable* disease and death in our state. Today, two North Dakota residents will die from tobacco use. As the saying goes, it's not the last cigarette that kills – it's the first. Tobacco use *prevention* is achievable with a sustained approach using CDC Best Practices for Comprehensive Tobacco Control Programs.

Sources and citation: North Dakota Center for Tobacco Prevention and Control Policy. (2013, March). *Report to the North Dakota House Appropriations Committee – Human Resources Division, from the N.D. Tobacco Prevention and Control Advisory Committee, March 7, 2013.* Bismarck, N.D. NOTE: This information includes data reported from local public health units and other organizations, as required by their grants and contracts with the Center, and other results of Center expenditures.

BreatheND

ıving lives, saving money. The voice of the people.

The Center, along with the North Dakota Department of Health, local public health units, and other partners, is charged with implementing North Dakota's comprehensive state tobacco prevention plan: *Saving Lives – Saving Money.* The plan's goals are to significantly reduce tobacco use and its health and economic consequences by using policies and programs proven to keep kids from starting to use tobacco, help tobacco users quit, and protect everyone from secondhand smoke.

#1, SB 2024 03-11-13

TESTIMONY IN SUPPORT OF SB 2024 - CENTER FOR TOBACCO PREVENTION & CONTROL POLICY BUDGET
3-11-13

Good afternoon Chairman Pollert, members of this Committee, and other citizens concerned about this ~~issue~~ bill. I'm Valerie Schoepf and I live here in Bismarck. I support Senate Bill 2024, because ultimately, it's about the health of this state and its people.

I grew up in the Joe Camel generation. I could identify Joe Camel as easily as Garfield as an elementary student – same goes for big league chew gum over Juicy Fruit and treating candy cigarettes like suckers.

However, I am proud to say that I have never smoked a cigarette. Did these marketing tactics simply escape me, unlike many of my peers? Perhaps, but here's the real reason: I was fourteen years old and a freshman in high school when my dad, Ray Waldock – born and raised in Parshall and a proud North Dakotan through and through – passed away from lung and brain cancer.

Like my dad, 90 percent of lifelong smokers start in their teens. By the books, he was one of three who, when first exposed to cigarettes, gets hooked. And then, of those who get hooked, he was one in three who eventually dies a smoking-related death.

So here I am today ... here at the Capitol on a break from my job as a stay-at-home mom of my two kids. Frances and John are just little – one and two years old. I'm fortunate that times have changed a lot since my dad grew up in Parshall and I thought Joe Camel was cool. But, I also continue to put trust in those wanting the best for our youth, that we will do all we can to foster a smoke-free environment and society. Research shows that a comprehensive policy approach to fighting tobacco works, and that includes: smoke-free environments, high tobacco prices, education and counter-marketing, and paying special attention to the populations most impacted by tobacco use. Again, it's about health. Why wouldn't we embrace what is proven to work to help those who want to stop smoking stop and prevent others from getting hooked? I'm here today as advocate for the future of my kids and their peers.

I am elated that North Dakota passed its smoke-free workplace policy this fall. My vote, which matched the majority of others in that election, was an invitation for North Dakota to do even more by way of tobacco control. For example, and to be quite frank, I find it irresponsible that North Dakota's tobacco tax is so low – at just 44 cents a pack, we're one of the top five cheapest states by way of taxes to buy cigarettes in the nation. We're inviting youth to "just try it" and making it cheap and easy to make it a habit. About 20 percent of North Dakotans smoke and tobacco use remains our leading cause of death. Clearly, there's so much more we must do.

The trust fund and the Center for Tobacco Prevention and Control Policy are dedicated to fostering the science-based and comprehensive approach that works. These funds were gained by a settlement that honors folks like my dad and has the best interest ~~of all kids~~ in mind. The money is a one-time chance for North Dakota to put politics aside and focus on effective prevention strategies. The money is being invested to serve this purpose for many years, and it is good policy.

I think of my dad, I look at my children, and I know the facts. In conclusion, I support Senate Bill 2024 and urge you to continue to use this settlement money to serve its critical purpose – prevention – for the health of all North Dakotans you serve.

Valerie Schoepf, Bismarck, ND
(651) 455-5176 / valerieschoepf@hotmail.com

#1
3-12-13

Testimony of Theresa Will, Executive Director, City-County Health District

Hearing on SB 2024

House Appropriations Committee, Human Resources Division

March 12, 2013 - 2:30 PM

Good afternoon, Chairman Pollert and members of the House Appropriations Committee-Human Resources Division. Thank you for this opportunity to present information in support of SB 2024.

My name is Theresa Will, and I am from Valley City, where I currently serve as Executive Director of City-County Health District. We are one of the 28 public health units statewide that work with North Dakota citizens on a daily basis to implement the nuts and bolts of our comprehensive, science-based tobacco prevention and cessation plan.

One of the most potent tools funded in the SB 2024 budget is a client intake protocol called "A-A-R," which stands for "Ask, Advise and Refer." A-A-R is the product of many years of research and clinical experience. It is the 3-part model of the U.S. Public Health Service's Clinical Practice Guideline for "Treating Tobacco Use and Dependence." All of our public health staff are trained in A-A-R and we use the protocol every day: We ask all clients if they use tobacco, advise current users on the tremendous benefits of quitting, and then refer them to the NDQuits online and phone-based cessation services.

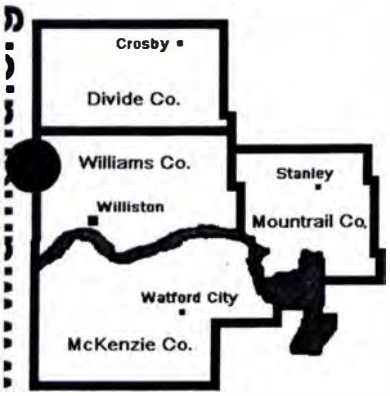
We also take A-A-R out into the communities. We work with our medical, dental, optometric and chiropractic clinics to educate and encourage them to implement A-A-R with all their clients, as well. We know that when respected healthcare providers take time to refer their tobacco-using patients to cessation services, the likelihood that those clients will quit successfully for 5 or more months doubles. That's how powerful our statewide A-A-R promotion is at "driving" individuals to access North Dakota's quit-line and quit-net programs.

The power of A-A-R rests in the fact that most individuals highly respect what their healthcare providers tell them. So when non-smoking patients are routinely advised against tobacco use whenever they visit a public health office or other clinic, they receive a powerful booster inoculation against tobacco addiction. And that's disease prevention at its best.

We implement A-A-R every day because it is proven-effective to WORK. It works both to help people quit using tobacco, and it works to prevent people from ever starting to use tobacco.

In fact, all of the interventions prescribed in our statewide tobacco prevention and control program are science-based and proven to cost-effectively cut tobacco use. That is why I ask that, with SB 2024, you renew full funding for the upcoming biennium for "Saving Lives—Saving Money: North Dakota's Comprehensive State Plan to Prevent and Reduce Tobacco Use."

Thank you for your time and consideration.



Upper Missouri District Health Unit

"Your Public Health Professionals"

#2 3-12-13

DIVIDE COUNTY
Divide Co. Courthouse
P.O. Box 69
300 Main St. N
Crosby, ND 58730
Phone 701-965-6813
Fax 701-965-6814

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Northern Plains Building
P.O. Box 1066
109 W 5th St.
Watford City, ND 58854
Phone 701-444-3449
Fax 701-842-6985

MOUNTRAIL COUNTY
Memorial Building
P.O. Box 925
18 2nd Ave SE
Stanley, ND 58784
Phone 701-628-2951
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WILLIAMS COUNTY
110 W. Bdwy, Ste 101
Williston, ND 58801-6056
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Toll Free 1-877-572-3763

Testimony
Senate Bill 2024
2:30 p.m., February 12, 2013, House Appropriations – Human Resources Division

Good Afternoon , Chairman Pollert and members of the House Human Resources Appropriations Committee. I am Javayne Oyloe, executive officer of Upper Missouri District Health Unit. Our health unit covers Divide, McKenzie, Mountrail and Williams Counties and a population upwards of 42,000 people. I am testifying today in support of SB2024, which provides a tobacco prevention grant to continue with public health improvements in our area.

Background
Upper Missouri District Health Unit provides public health services in four counties and operates on an annual budget just under 2 million dollars and employs 22 staff members. UMDHU receives $176,000 from the Center for Tobacco Prevention and Control Policy. Of those there are two primary employees who work on tobacco prevention and control. I serve as a part-time executive officer and part-time tobacco coordinator. UMDHU works with community partners and systems to establish lasting public health improvements.

Human Resource Practical Example
Working with community partners and systems is where our employees spend the majority of their time. One example of working with a community partner and supporting a system change is with our local schools. Every year, each of our 19 school districts is contacted in regards to supporting their adoption of a new comprehensive tobacco-free policy or enforcing the one that exists. Of the 19 school districts we serve, 11 have adopted a tobacco-free policy. Although the school district administration, staff and students are in favor of a tobacco free policy, it takes a considerable investment of support from public health to get the policy adopted. Annual meetings, monthly e-mails and calls, personal visits, providing resources, community education, presentations to SADD (Students Against Destructive Decisions) and school boards are examples of how tobacco prevention personnel time is used.

The school is only one system UMDHU works with. Other examples of community partners and systems we work with are healthcare providers, city leaders, county leaders, human services, social services, government building managers, oil field workforce, chambers of commerce, community coalitions and many others.

Summary
To recruit and retain employees, especially in an oil production impacted area, it is essential to have adequate funding to assist our community partners in establishing proven practices to ensure a reduction in death and disease due to tobacco use. UMDHU is asking you to appropriate funds as requested in 2024, including the optional package, which will benefit local efforts and sustain and develop new partnerships.

TESTIMONY SUPPORT OF SB2024

#3
3-12-13

Christina Haibeck
2925 Iowa Ln. Apt #102
Bismarck, ND 58503
701-316-0227

Chairman Pollert, and members of the House Appropriation, Human Resource Division Committee. My name is Christina Haibeck, I am speaking on the behalf Health PRO (Peers Reaching Out) from the University of Mary. I am here to provide testimony and support for SB2024.

Health PRO is a group of student leaders who provide health and wellness education programs to University of Mary students on a peer-to-peer level. We are fortunate enough to have received professional training and technical support from Initiative Measure funds through Bismarck Burleigh Public Health, Tobacco Prevention and Control program to work on strengthening our tobacco free policy to include the entire campus.

The funding provided the opportunity for Health PRO students along with other North Dakota universities and colleges to attend a statewide BACCHUS Network training on tobacco-free college campus policies. By attending this training, we were able to move forward on passing a tobacco free policy at the University of Mary in 2011 with implementation in 2012. We have learned that a tobacco-free policy provides an environment that reinforces healthy behavior. As the policy removes the immediate threat of exposure to secondhand smoke, it also decreases the use of tobacco and the number of people who start smoking in college. This helps us to establish a healthy learning environment.

This funding also gave us the available resources for technical support in development of educational materials to educate our peers and administration about the benefits of a tobacco free campus to assist with reducing tobacco use rates, along with assistance with implementation of the tobacco free policy.

Please support SB2024 because it provides a comprehensive tobacco prevention and control program. We would not have been able to accomplish the work we have done at the University of Mary without it.

#4 3-12-13

Greetings, Chairman Pollert and members of the House Appropriations Committee, My name is Renae Byre, I am the Supervisor of Tobacco Prevention at First District Health Unit (FDHU). I am pleased to share with you some of the accomplishments that FDHU has made as a recipient of the Center for Tobacco Prevention and Control Policy (Center) grant.

FDHU serves a seven county area, which includes about 13% of the population in North Dakota (based on 2011 census estimates). Under this grant we have four dedicated local tobacco prevention employees. We look forward every day to coming to work in tobacco prevention at FDHU. At FDHU we are committed to CDC Best Practices and take a holistic approach to tobacco prevention.

Our two Outreach Coordinators work directly with the communities by way of community driven coalitions. It is through these community coalitions that the members work with the schools, colleges, city leaders, county leaders, local businesses, medical staff, church organizations, and general community members to address tobacco prevention and control issues. By tracking the general attendance at various community events we estimate that we have directly educated 15,240 people.

According to American Lung Association's relatively new document, "Cutting Tobacco's Rural Roots: Tobacco Use in Rural Communities", rural populations are a group that is more heavily impacted by tobacco use. These residents are more likely to use tobacco products, to start at a younger age, to use more heavily, and to be exposed to secondhand smoke than their counterparts in the cities. By establishing active coalitions, having county nurses trained in tobacco prevention, and having an outreach coordinator's office located in the rural communities, we feel we are moving in the right direction to change the social norm of the rural community. When coupled with statewide interventions, such as clean indoor air and increase in the tobacco price, we are confident these local measures will continue to make positive movement toward preventing our youth from starting to use tobacco.

We have 31 school districts in our area, 17 of which have comprehensive tobacco policy. Ten have tobacco free grounds and four have no tobacco policy. Six of these comprehensive policies have been established under the Center's funding. Our coordinators are able to assist schools in the development and implementation of comprehensive policy. We still have work to do to protect all the youth in our service area.

Our tobacco cessation coordinator has worked hard in our community to educate medical providers on tobacco dependence and the public health guidelines for cessation. Under the Center's funding we have conducted in-service training for 363 medical providers. An effort we are extremely proud of is partnering with our largest medical provider, Trinity Health, to create a COPD support group. In this partnership we are increasing the awareness of the direct impact that tobacco dependence has on chronic disease.

In addition to working with medical providers we continue to provide cessation services to help address the special populations such as pregnant women, military personnel, persons with a mental illness, and others with special needs. Many of these people would simply not enroll into the NDQuits program (ND QuitLine/QuitNet) without some assistance. But by developing a program called Kick Start, we have

decreased most of the apprehensions people have in enrolling in NDQuits. Kick Start is a class that explains nicotine addiction, educates on the Mayo Clinic summary of medications to assist with quitting, provides ideas of what to expect when you quit, and teaches how to set up a quit plan. In addition we show attendees how NDQuits works. This is done by calling in to the ND QuitLine library and projecting the online program on the large screen, and walking them through the web-based QuitNet program during the class. Under the Center grant we have been able to serve 255 clients with this Kick Start program.

Another stride we have been able to make with Trinity Health is in their chemical dependency unit. After the smoke- free law took effect, Trinity reached out to us to help in addressing tobacco addiction in their program. We are providing onsite Kick Start classes bimonthly, at the same time training current Trinity staff to eventually facilitate these classes.

As our population continues to increase in this region and other new tobacco products continue to emerge, we know that we have other challenges ahead of us at FDHU but under the comprehensive program that the Center provides we will continue to fulfill our local public health role in tobacco prevention. Please feel free to contact me at your convenience if you would like to further discuss any of the information I have provided you. I can be reached at by email at rbyre@nd.gov or via cell phone at (701) 721-0530. Thank you for your time.

Renae Byre, M.S., C.T.T.S.
Tobacco Prevention Supervisor
First District Health Unit
801 11th Ave SW, Minot, ND 58702
(701) 837-5105

North Dakota's tobacco prevention funding allows FDHU to educate the Minot branch of Williston State College nursing students on tobacco prevention and FDHU's Kick Start Classes.

Keeping it fairly healthy

Health fair promoted healthy living with decorative displays

March 6, 2013

By JILL HAMBEK - Staff Writer (jhambek@minotdailynews.com) , Minot Daily News

The nursing students enrolled in the Minot branch of Williston State College held a health fair Tuesday as a way to promote healthy living and offer preventive measures to people in the community.

The health fair, which was held at the Town and Country Center from 8 a.m. to 3 p.m., offered colorful and decorative displays on such topics as hypertension, diabetes, smoking and tobacco use, immunizations, heart disease, strokes, and community acquired antibiotic resistant infections.

This was the third year that the health fair took place, according to Rhoda Owens, site manager and instructor at Williston State College, and the nursing students participated in the health fair as a class project. The requirement was for them to participate in the health fair and have a display, she added. The students in this program take classes on the fourth floor of Trinity-St. Joseph's and will graduate in May as registered nurses.

Article Photos

Jill Hambek/MDN
Kori Olden-Brown, left, and Christine Kemp, nursing students through the Williston State College nursing program, discuss their display for smoking and tobacco use at the Health Promotion Fair at the Town and Country Center Tuesday. The nursing students participated in the health fair as a class project and had informational displays set up for a variety of diseases such as heart disease or stroke that could be prevented. The health fair ran from 8 a.m. to 3 p.m.

The health fair had been held at the Trinity Hospital Skywalk for the last two years, but this marked the first year it was held at Town and Country. Owens said she chose the center because there is a lot of activity there, such as walkers, employees and businesses. The health fair was set up in front of White Drug.

"The hard part was getting tables, but Trinity has been supportive and loaned us the tables. We're grateful to them for their help," Owens noted. "Trinity has always been supportive with what we need. This (health fair) was a collaborative effort with Trinity."

Owens, who teaches the theory portion of nursing classes, said she had the idea of holding a health fair so that students can apply what they have learned in the classroom. "The health fair helps the students feel good about what they're doing," she added. The topics have been the same every year, Owens said, because they seem to remain important and the topics are issues that can be controlled. "There is a lot of education available at this health fair and the students should know their topics really well so they can answer questions," she continued.

Nursing students Kori Olden-Brown and Christine Kemp were in charge of the smoking and tobacco use display and had plenty of information to give to people. Olden-Brown mentioned the little-known Baby and Me Tobacco Free program through the First District Health Unit. In the program, the mom-to-be has to quit smoking and attend at least four program smoking cessation classes, agree to take a monthly breath test to prove smoke-free status and stay on no-smoking status after the baby is born. After the baby is born, if the mom stays smoke free, she will receive a monthly voucher for a year of free diapers.

The method of quitting that seems to work the best for people trying to kick the smoking addiction is Chantix, said Olden-Brown. "It stops the nicotine from being effective so then the smoker doesn't need it (the nicotine fix)." Both Olden-Brown and Kemp also strongly urged smokers to attend the smoking cessation classes, the Freedom from Tobacco Kick Start, a one-session program that is geared toward helping individuals get started on their journey toward freedom from tobacco and meets the last Thursday of every month.

Kemp also mentioned the hazard of "third-hand smoke," which comes from the residue of tobacco smoke that settles into the environment and stays there, or the chemical particles from burning tobacco that linger on everything after the smoke has cleared from the air. Also a hazard of third-hand smoke is breathing air in a room today where people smoked yesterday.

The importance of preventing the diseases on display was one thing Owens said she would like for people to have learned after visiting the health fair. The health fair was aimed at promoting a healthy life and healthy living, she added. "People hopefully realized how they can live a healthy lifestyle and we focused on prevention and trying to decrease the primary effects of the disease."

Owens said she felt the health fair would empower community members through education and help people realize the importance of living healthy. We work with people as a partnership, she added, and if they have the education, they will hopefully follow some of the preventive measures and see the benefits of doing so.

Not much was new at this year's health fair, Owens said, but there may have been some new research, treatment or information. When putting on a health fair, you want to make sure there isn't any new research out there that people don't know about but need to, she added. "The students applied what they've learned and learn their roles as nurses and their role in the community as nurses."

Reprinted with permission from the Minot Daily News

Chairman Pollert and members of the Human Resources Division of the House Appropriation Committee. I am Jeanne Chaput, Administrator for Pembina County Public Health. I am testifying in support of Senate Bill 2024, which provides an appropriation for the North Dakota Tobacco Prevention and Control Policy Center.

Prior to Smoke-Free North Dakota becoming law, Pembina County Public Health was proactive engaging with and encouraging their policy makers to enact smoke-free workplaces into their city and community ordinances. The cities of Pembina, Cavalier and Walhalla, and the bars in Bathgate and Leroy all wanted to protect the health of their workers and residents against second hand smoke and adopted smoke-free workplace policies.

We have supported our youth to be active leaders of tobacco policy change. The local SADD chapter challenged the Pembina County Commissioners to set an example of leadership to make county grounds and county owned vehicles tobacco-free, in addition to the buildings which were already smoke free. The commissioners adopted their request.

The school boards in Pembina County have been adopting comprehensive tobacco-free policies to protect the students, teachers and the school grounds from the harmful effects of all tobacco products.

The people of North Dakota have spoken in favor of smoke-free workplaces with 67% in favor of passing the referendum in November 2012. According to the latest poll conducted by Keating Research, Inc. released last week, 71% of North Dakota residents enjoy going out to bars and restaurants now that smoking is prohibited. Although the law is now in place, our work is not finished. We are now focusing on implementing the new law and policy in our communities, and to provide continued awareness and support for those looking for tobacco cessation. The grant funds received from this appropriation will assist Pembina County and the entire state of North Dakota to become a healthier place to live.

Pembina County Public Health has a staff of three dedicated employees that work with the Center for Tobacco Prevention and Control Policy, this grant provides funding and educational support which makes implementing CDC Best Practices possible in our county.

Thank you for the opportunity to share Pembina County's success stories and for the past and continued support that you have given to the Center for Tobacco Prevention and Control Policy. Please contact me if you have any questions or concerns at Pembina County Public Health (701) 265-4248.

My name is Mary Hillerud, I live in Hazen, and I am employed through Custer Health as Tobacco Outreach Coordinator for Mercer and Oliver Counties. I was formerly an elementary teacher in Beulah and left teaching to take on the new role as Tobacco Outreach Coordinator after losing both my parents to cigarette related diseases.

I began my new career as Tobacco Outreach Coordinator 2002 and as a whole feel very good about the direction that my communities have gone and continue to head in regards to smoke-free policies. All of the schools in my two counties have adopted the 100% Tobacco Free School Policies. Getting our schools to that level was not an easy process as I did have one school that was hesitant about adopting the comprehensive school policy because they were concerned about enforcement issues. After much discussion, this particular school/school board decided to set up a two question survey to be filled out at the fall parent-teacher conferences. The two questions that were asked were:

1). I Would you encourage our school board to consider a tobacco-free school grounds policy.
2). I would not encourage our school board to consider a tobacco-free school grounds policy.

The results showed 281 parents were in support of the policy and 22 were not. Needless to say, the policy was adopted, had much community support, and there appear to be very little if any enforcement issues.

If there is any sort of a "take-home message" about the school policy process, it is that it takes time, diligence, and education.

Another positive thing that is currently going on throughout our county is our local hospital, Sakakawea Medical Center, will be going tobacco-free at all clinics, as well as all grounds as of April 1st 2013. We're very excited about this prospect as it has been in the process since 2005. In visiting with the hospital administrator, Darrold Bertsch, he felt the area clinics and hospital were ready to engage in a total tobacco-free policy after the state adopted their state-wide smoke-free policy last December. As Mr. Bertsch stated at the last meeting, "It's the way of the times". This whole process has taken almost 8 years to get to the point where a policy is being adopted. Again, time, diligence, and education have played a role in in this healthy move.

I could go on and on about the successes at the local level in regards to the ND Tobacco Quitline numbers, but you've been given those numbers many times in the forms of testimony through various bills as well as the Department of Health reports. The end results are good programs take time, patience, money, and understanding. If given all these elements, many communities, including those under my tutelage, will show success.

#5
3-12-13

March 11, 2013

TO: Members of the ND House Appropriations Committee
Human Services Division

RE: Approval of SB 2024

FROM: Dean Koppelman

Dear Chairman Pollert and Members of the Committee:

I would like to introduce myself. My name is Dean Koppelman. I am a citizen of Valley City, ND and I also serve as the Superintendent of Valley City Public Schools. I would like to point out the testimony I am providing is my personal testimony and is not representing the Valley City School District as our School Board has not had discussion on this bill or taken a position at this time.

I voted for the Initiated Measure in November of 2008, which allowed for the dedication of approximately 1/3 of North Dakota's Tobacco Settlement income to be used for the establishment and implementation of a Center for Disease Control (CDC) Best-Practices based, statewide comprehensive program. One of the priorities of the program has been to help reduce smoking or use of tobacco products by our youth, or better yet help provide students with information to help them make the healthy choice of not smoking or using tobacco products at all.

Another purpose of the program has been to help those who do smoke or use tobacco products try to cut back on their usage or completely eliminate these products from their lives. I believe that comprehensive programs whose purpose is to make lasting normative changes are a proven-effective strategy.

Therefore, I respectfully request this committee to support and approve, via SB 2024, this year's biennial renewal of full funding for this very important program. Thank you for the good work you do for the citizens of our state.

Testimony 1, SB2024, 03.14.13

	Expended to date 3/10/2013	Current Budget 2011-2013	% Executive Budget	Executive Budget 2013-2015	Executive + or - Difference from Current Budget	Executive Percent % Increase + Decrease - from Current Budget	2013-2015 OPTIONAL
TOTAL FTE	**5.00**	**5.00**		**5.00**	**-**	**0%**	**3.00**
SALARIES AND WAGES							
SALARIES - PERMANENT	428,460	530,812	**5.035%**	655,381	124,569	23%	45,000
TEMPORARY SALARIES	130,643	284,394	**3.460%**	450,300	165,906	58%	0
FRINGE BENEFITS	181,172	317,288	**2.998%**	390,254	72,966	23%	0
TOTAL	**740,275**	**1,132,494**	**11.493%**	**1,495,935**	**363,441**	**32%**	**45,000**
SPECIAL FUNDS	740,275	1,132,494	**11.493%**	1,495,935	363,441	32%	45,000
OPERATING EXPENSES							
TRAVEL	37,150	53,000	**0.407%**	53,000	0	0%	0
SUPPLIES - IT SOFTWARE	5,305	6,000	**0.046%**	6,000	0	0%	0
SUPPLY/MATERIAL -PROFESSIONAL	2,657	5,354	**0.041%**	5,354	0	0%	0
BUILDING/VEHICLE MAINTENANCE	0	1,500	**0.012%**	1,500	0	0%	0
MISCELLANEOUS SUPPLIES	134	0	**0.000%**	0	0	0%	0
OFFICE SUPPLIES	15,449	27,345	**0.210%**	27,345	0	0%	0
POSTAGE	3,609	4,320	**0.033%**	4,320	0	0%	0
PRINTING	5,883	5,000	**0.038%**	5,000	0	0%	0
IT EQUIPMENT UNDER $5,000	8,528	10,220	**0.079%**	10,220	0	0%	0
OFFICE EQUIP AND FURNITURE SUPPLIES	36,606	38,600	**0.077%**	10,000	(28,600)	-74%	0
INSURANCE	784	400	**0.003%**	400	0	0%	0
RENTALS/EQUIPMENT	956	1,200	**0.009%**	1,200	0	0%	0
RENTALS/LEASES-BLDG/LAND	64,046	55,874	**0.645%**	84,000	28,126	50%	0
REPAIRS	7,623	5,000	**0.038%**	5,000	0	0%	0
IT-DATA PROCESSING	10,896	10,863	**0.138%**	18,000	7,137	66%	0
IT COMMUNICATIONS	27,555	35,919	**0.276%**	35,919	0	0%	0
CONTRACTUAL SERVICES AND REPAIR	203,977	200,000	**1.537%**	200,000	0	0%	0
PROFESSIONAL DEVELOPMENT	4,802	12,000	**0.077%**	10,000	(2,000)	-17%	0
OPERATING FEES	8,426	9,700	**0.075%**	9,700	0	0%	0
PROFESSIONAL FEES AND SERVICES	1,260,192	2,485,314	**22.115%**	2,878,535	393,221	16%	300,000
TOTAL	**1,704,579**	**2,967,609**	**25.856%**	**3,365,493**	**397,884**	**13%**	**300,000**
SPECIAL FUNDS	1,704,579	2,967,609	**25.856%**	3,365,493	397,884	13%	300,000
EQUIPMENT >$5,000							
Equipment Over $5,000	0	0		6,500	6,500	100%	0
IT Equipment/Software Over $5,000	0	0		0	0		0
TOTAL	**0**	**0**		**6,500**	**6,500**	100%	**0**
SPECIAL FUNDS	0	0		6,500	6,500	100%	0
GRANTS							
TOBACCO STATE AID	822,514	940,000		940,000	0	0%	0
LOCAL PUBLIC HEALTH	4,748,828	6,120,368		5,885,358	(235,010)	-4%	797,780
SPECIAL INITIATIVE GRANTS	867,912	1,762,143		1,322,911	(439,232)	-25%	200,000
TOTAL	**6,439,254**	**8,822,511**	**62.6%**	**8,148,269**	**(674,242)**	**-8%**	**997,780**
SPECIAL FUNDS	6,439,254	8,822,511	**62.6%**	8,148,269	(674,242)	-8%	997,780
GRAND TOTAL							
SPECIAL FUNDS*	**8,884,108**	**12,922,614**	**100.0%**	**13,016,197**	**93,583**	**1%**	**1,342,780**

*Source of Special Funds:
Tobacco Master Settlement Agreement-Strategic Contribution Fund Payments
Fund 369 - Tobacco Prevention & Control Trust Fund

TOBACCO PREVENTION & CONTROL COMMITTEE
2013 - 15 Executive Budget

Grant

Description	Expended To Date 3/10/2013	2011-13 Current Budget	2013-15 Executive Budget	Executive + or - Difference	Percent % Increase + Decrease -	2013-15 Optional Budget	Percent % Increase + Decrease -
Tobacco State Aid	822,514	940,000	940,000	-	0.0%		
Tobacco Grants to Local Public Health Units	4,748,828	6,120,368	5,885,358	(235,010)	-3.8%	797,780	0.14
Special Initiative Grants- Policy	101,921	300,000	200,000	(100,000)	-33.3%	100,000	0.50
Special Initiative Grants - Statewide Organization	325,444	700,000	600,000	(100,000)	-14.3%	100,000	0.17
Special Initiative Grants - Other	-	362,143	522,911	160,768	44.4%		
Minot State University - Policy & Environmental Change Collaborative	440,547	400,000	-	(400,000)	-100.0%		
Total Grants	**$6,439,254**	**$8,822,511**	**$ 8,148,269**	(674,242)	-7.6%	**$ 997,780**	0.12

TOBACCO PREVENTION & CONTROL COMMITTEE
2013-15 Executive Budget

Operating Fees

Description	Expended To Date 3/10/2013	2011-13 Current Budget	2013-15 Executive Budget	Executive + (-) Difference	Percent % Increase + Decrease -	
North Dakota Clipping Service	3,600		4,560			
Ag News	1,912					
North Dakota Newspaper Association	1,645		2,000			
Hands on Consulting	725					
Employee service awards	250		550			
North Dakota Department of Transportation	67					photo background ckeck
Attorney General's Office	89		100			
Other Operating Fees	139		2,490			
Total Operating Fees	**$ 8,426**	**$ 9,700**	**$ 9,700**	**$ -**	**0.0%**	

Tobacco Prevention & Control Committee
2013 - 15 Executive Budget

Professional Services

Description	Expended to date 3/10/2013	Current Budget 2011-2013	Executive Budget 2013-2015	Executive + or - Difference
Legal	8,719	18,535	18,535 ✓	-
Audit	8,470	10,000	10,000 ✓	-
Judy Stephany	-	10,000	-	(10,000)
Health Communications Intervention	1,040,467	1,500,000 ✓	1,500,000 ✓	-
Program Evaluation	61,172	600,000 ✓	1,200,000 ✓	600,000
Training - Media Advocacy		5,000	-	(5,000)
Training- Directors of Health Promotion and Education		32,000	-	(32,000)
Tobacco Control Legal Consortium - technical assistance & training	61,355	150,000	150,000 ✓	-
Fiscal Agent with North Dakota Department of Health	19,179	28,289	-	(28,289)
Amount not identified	60,830	131,490		(131,490)
Total Professional Services	**$ 1,260,192**	**$ 2,485,314**	**$ 2,878,535**	**$ 393,221**
	(0)			

Information Technology Contractual Services

Description	Expended to date 3/5/2013	Current Budget 2011-2013	Executive Budget 2013-2015	Executive + or - Difference
Nexus Reporting System	203,977	200,000	200,000	-
Total IT Contractual Services	**$ 203,977**	**$ 200,000**	**$ 200,000**	**$ -**

Salary Budget

00305 Tobacco Prevention and Control

Version: 2013R0200305

Program: 3-Tobacco Prevention and Control Program **Reporting Level:** 05-305-100-00-00-00-00-00000000

Position Number	Name	FTE	New FTE	Rpt Lvl%	Funding Dist Gen	Funding Dist Fed	Funding Dist Spec	Monthly Base	Proposed Salary	Proposed Fringes	Total Proposed	Lump Sum	Salary Adjustment
Salaries													
00027177-1	Prom,Jeanne M	1.00		100%	0.00	0.00	100.00	5,793.00	139,032.00	51,647.44	190,679.44	0.00	0.00
00027341-1	Bauman,Cami R	1.00		100%	0.00	0.00	100.00	2,601.00	62,424.00	36,364.04	98,788.04	0.00	0.00
00027426-1	Thronson,Donna M	1.00		100%	0.00	0.00	100.00	5,073.00	121,752.00	48,200.09	169,952.09	0.00	0.00
00027633-1	Ulberg,Kelli R	1.00		100%	0.00	0.00	100.00	4,800.00	115,200.00	46,892.92	162,092.92	0.00	0.00
00028556-1	Gerding,Tasha A	1.00		100%	0.00	0.00	100.00	4,970.00	119,280.00	47,706.75	166,986.75	0.00	0.00
TPCEC_CIC_R-1	Vacant	1.00	Y	100%	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00
TPCEC_EC_R-1	Vacant	1.00	Y	100%	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00
TPCEC_GM_R-1	Vacant	1.00	Y	100%	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00
SubTotal									**557,688.00**	**230,811.24**	**788,499.24**	**0.00**	**0.00**
Temporary and Other Pay Types													
1-1	Market Salary Adjustment	0.00		100%	0.00	0.00	100.00	4,214.08	50,569.00	0.00	50,569.00	0.00	0.00
TPCECTEMP-1	Board Memebers	0.00		100%	0.00	0.00	100.00	1,963.50	47,124.00	4,712.40	51,836.40	0.00	0.00
TPCEC_CIC_T-1	Beverly Benda	0.00	Y	100%	0.00	0.00	100.00	5,300.00	127,200.00	49,286.92	176,486.92	0.00	0.00
TPCEC_EC_T-1	Vacant	0.00	Y	100%	0.00	0.00	100.00	5,300.00	127,200.00	49,286.92	176,486.92	0.00	0.00
TPCEC_EQUITY-1	Vacant			100%	0.00	0.00	100.00	0.00	0.00	0.00	0.00	45,000.00	0.00
TPCEC_GM_T-1	Vacant	0.00	Y	100%	0.00	0.00	100.00	5,300.00	127,200.00	49,286.92	176,486.92	0.00	0.00
TPCEC_TEMP-1	Vacant	0.00	Y	100%	0.00	0.00	100.00	2,600.00	68,700.00	6,870.00	75,570.00	0.00	0.00
SubTotal									**547,993.00**	**159,443.16**	**707,436.16**	**45,000.00**	**0.00**
Total		**8.00**							**1,105,681.00**	**390,254.40**	**1,495,935.40**	**45,000.00**	**0.00**

Reporting Level General Fund	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Reporting Level Federal Fund	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Reporting Level Special Fund	**1,105,681.00**	**390,254.40**	**1,495,935.40**	**45,000.00**	**0.00**
Total Reporting Level Funding	**1,105,681.00**	**390,254.40**	**1,495,935.40**	**45,000.00**	**0.00**

Agency General Fund	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Agency Federal Fund	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Agency Special Fund	**1,105,681.00**	**390,254.40**	**1,495,935.40**	**45,000.00**	**0.00**
Total Agency Funding	**1,105,681.00**	**390,254.40**	**1,495,935.40**	**45,000.00**	**0.00**

FTE **8.00**

Optional Budget

	Current Budget 2011-2013	Executive Budget 2013-2015	2013-2015 OPTIONAL	Total Executive Budget with Optional	Executive with Optional + or - Difference from Current Budget
TOTAL FTE	**5.00**	**5.00**	**3.00**	**8.00**	**3.00**
SALARIES AND WAGES					
SALARIES - PERMANENT	530,812	655,381	45,000	700,381	169,569
TEMPORARY SALARIES	284,394	450,300	0	450,300	165,906
FRINGE BENEFITS	317,288	390,254	0	390,254	72,966
TOTAL	**1,132,494**	**1,495,935**	**45,000**	**1,540,935**	**408,441**
SPECIAL FUNDS	1,132,494	1,495,935	45,000	1,540,935	408,441
OPERATING EXPENSES					
TRAVEL	53,000	53,000	0	53,000	0
SUPPLIES - IT SOFTWARE	6,000	6,000	0	6,000	0
SUPPLY/MATERIAL -PROFESSIONAL	5,354	5,354	0	5,354	0
BUILDING/VEHICLE MAINTENANCE	1,500	1,500	0	1,500	0
OFFICE SUPPLIES	27,345	27,345	0	27,345	0
POSTAGE	4,320	4,320	0	4,320	0
PRINTING	5,000	5,000	0	5,000	0
IT EQUIPMENT UNDER $5,000	10,220	10,220	0	10,220	0
OFFICE EQUIP AND FURNITURE SUPPLIES	38,600	10,000	0	10,000	(28,600)
INSURANCE	400	400	0	400	0
RENTALS/EQUIPMENT	1,200	1,200	0	1,200	0
RENTALS/LEASES-BLDG/LAND	55,874	84,000	0	84,000	28,126
REPAIRS	5,000	5,000	0	5,000	0
IT-DATA PROCESSING	10,863	18,000	0	18,000	7,137
IT-COMMUNICATIONS	35,919	35,919	0	35,919	0
IT-CONTRACTUAL SERVICES AND REPAIR	200,000	200,000	0	200,000	0
PROFESSIONAL DEVELOPMENT	12,000	10,000	0	10,000	(2,000)
OPERATING FEES	9,700	9,700	0	9,700	0
PROFESSIONAL FEES AND SERVICES	2,485,314	2,878,535	300,000	3,178,535	693,221
TOTAL	**2,967,609**	**3,365,493**	**300,000**	**3,665,493**	**697,884**
SPECIAL FUNDS	2,967,609	3,365,493	300,000	3,665,493	697,884
EQUIPMENT >$5,000					
Equipment Over $5,000	0	6,500	0	6,500	6,500
IT Equipment/Software Over $5,000	0	0	0	0	0
TOTAL	**0**	**6,500**	**0**	**6,500**	**6,500**
SPECIAL FUNDS	0	6,500	0	6,500	6,500
GRANTS					
TOBACCO STATE AID	940,000	940,000	0	940,000	0
LOCAL PUBLIC HEALTH	6,120,368	5,885,358	797,780	6,683,138	562,770
SPECIAL INITIATIVE GRANTS	1,762,143	1,322,911	200,000	1,522,911	(239,232)
	8,822,511	**8,148,269**	**997,780**	**9,146,049**	**323,538**
SPECIAL FUNDS	8,822,511	8,148,269	997,780	9,146,049	323,538
GRAND TOTAL					
SPECIAL FUNDS*	**12,922,614**	**13,016,197**	**1,342,780**	**14,358,977**	**1,436,363**

*Source of Special Funds:
Tobacco Master Settlement Agreement-Strategic Contribution Fund Payments
Fund 369 - Tobacco Prevention & Control Trust Fund

Proposed Senate Budget

	Current Budget 2011-2013	Executive Budget 2013-2015	Total Executive Budget with Optional	2013-2015 Senate Proposed Budget	Senate Proposed + or - Difference from Current Budget	Senate Proposed Percent % Increase + Decrease - from Current Budget	Percent of $6,514,132 Total Increase
TOTAL FTE	**5.00**	**5.00**	**8**	**8.00**	3.00	60%	
SALARIES AND WAGES							
SALARIES - PERMANENT	530,812	655,381	700,381	1,086,452	555,640	105%	9%
TEMPORARY SALARIES	284,394	450,300	450,300	390,876	106,482	37%	2%
FRINGE BENEFITS	317,288	390,254	390,254	523,246	205,958	65%	3%
TOTAL	**1,132,494**	**1,495,935**	**1,540,935**	**2,000,574**	868,080	77%	13%
SPECIAL FUNDS	1,132,494	1,495,935	1,540,935	2,000,574	868,080	77%	13%
OPERATING EXPENSES							
TRAVEL	53,000	53,000	53,000	60,000	7,000	13%	0%
SUPPLIES - IT SOFTWARE	6,000	6,000	6,000	10,000	4,000	67%	0%
SUPPLY/MATERIAL -PROFESSIONAL	5,354	5,354	5,354	5,354	0	0%	0%
BUILDING/VEHICLE MAINTENANCE	1,500	1,500	1,500	1,500	0	0%	0%
MISCELLANEOUS SUPPLIES	0	0	-	0	0	0%	0%
OFFICE SUPPLIES	27,345	27,345	27,345	27,345	0	0%	0%
POSTAGE	4,320	4,320	4,320	7,000	2,680	62%	0%
PRINTING	5,000	5,000	5,000	15,000	10,000	200%	0%
IT EQUIPMENT UNDER $5,000	10,220	10,220	10,220	15,220	5,000	49%	0%
OFFICE EQUIP AND FURNITURE SUPPLIES	38,600	10,000	10,000	20,000	(18,600)	-48%	0%
INSURANCE	400	400	400	2,000	1,600	400%	0%
RENTALS/EQUIPMENT	1,200	1,200	1,200	1,500	300	25%	0%
RENTALS/LEASES-BLDG/LAND	55,874	84,000	84,000	90,000	34,126	61%	1%
REPAIRS	5,000	5,000	5,000	5,000	0	0%	0%
IT-DATA PROCESSING	10,863	18,000	18,000	18,000	7,137	66%	0%
IT-COMMUNICATIONS	35,919	35,919	35,919	35,919	0	0%	0%
IT-CONTRACTUAL SERVICES AND REPAIR	200,000	200,000	200,000	600,000	400,000	200%	6%
PROFESSIONAL DEVELOPMENT	12,000	10,000	10,000	10,000	(2,000)	-17%	0%
OPERATING FEES	9,700	9,700	9,700	12,000	2,300	24%	0%
PROFESSIONAL FEES AND SERVICES	2,485,314	2,878,535	3,178,535	3,753,707	1,268,393	51%	19%
TOTAL	**2,967,609**	**3,365,493**	3,665,493	**4,689,545**	1,721,936	58%	26%
SPECIAL FUNDS	2,967,609	3,365,493	3,665,493	4,689,545	1,721,936	58%	26%

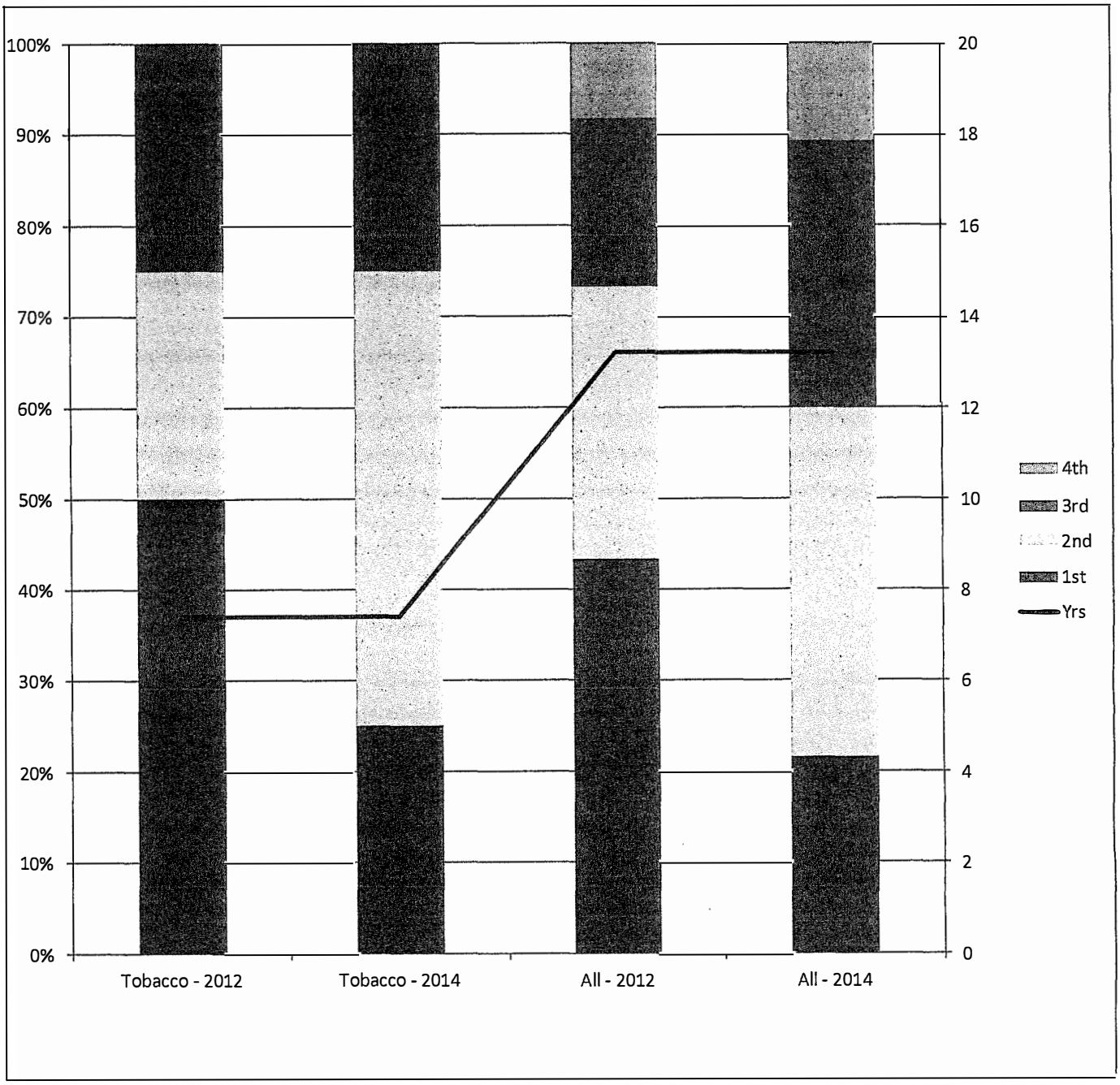
Proposed Senate Budget

	Expended to date 3/10/2013	Current Budget 2011-2013	Executive Budget 2013-2015	Total Executive Budget with Optional	2013-2015 Senate Proposed Budget	Senate Proposed + or - Difference from Current Budget	Senate Proposed Percent % Increase + Decrease - from Current Budget	Percent of $6,514,132 Total Increase
EQUIPMENT >$5,000								
Equipment Over $5,000	0	0	6,500	6,500	10,000	10,000	100%	0%
IT Equipment/Software Over $5,000	0	0	0	-	0			
TOTAL	**0**	**0**	**6,500**	6,500	**10,000**	**10,000**	**100%**	0%
SPECIAL FUNDS	0	0	6,500	6,500	10,000	10,000	100%	0%
GRANTS								
TOBACCO STATE AID	822,514	940,000	940,000	940,000	1,269,000	329,000	35%	5%
LOCAL PUBLIC HEALTH	4,748,828	6,120,368	5,885,358	6,683,138	7,688,522	1,568,154	26%	24%
SPECIAL INITIATIVE GRANTS	867,912	1,762,143	1,322,911	1,522,911	3,779,105	2,016,962	114%	31%
TOTAL	**6,439,254**	**8,822,511**	**8,148,269**	**9,146,049**	**12,736,627**	**3,914,116**	**44%**	60%
SPECIAL FUNDS	6,439,254	8,822,511	8,148,269	9,146,049	12,736,627	3,914,116	44%	60%
GRAND TOTAL								
SPECIAL FUNDS*	**8,884,108**	**12,922,614**	**13,016,197**		**19,436,746**	**6,514,132**	**50%**	100%

*Source of Special Funds:
Tobacco Master Settlement Agreement-Strategic Contribution Fund Payments
Fund 369 - Tobacco Prevention & Control Trust Fund

305 - Tobacco Ctrl - 2012-14 Quartile Charts

Testimony 2, SB 2024, 03.14.13



o Control

Relativity to Market Policy Position *		+ Meet Standards	+ Exceed Standards
0% 1 - 2.0% 2 - 4.0%	+	3.0%	5.0%

ALL increases contingent upon Performance Meeting Standards

Current C/R	Projected 2013 C/R	Projected 2014 C/R
0.88	0.90	0.93

EXAMPLE

	CURRENT						2013										2014									
							Market Policy Position Increase		Performance Increase		Total Increase		After July 1, 2013				Market Policy Position Increase		Performance Increase		Total Increase		After July 1, 2014			
Job Title	FTE Ann Sal	Grade	Market Policy Point	FTE	C/R (Current)	2012 Qtl	%%	$$	%%	$$	%%	$$	2013 New Salary	NewMPP (3% range increment)	2013 New C/R	2013 Qtl	%%	$$	%%	$$	%%	$$	2014 New Salary	NewMPP (3% range increment)	2014 New C/R	2014 Qtl
N ASSISTANT II	31,212	H	41,612	1.00	0.75	1	4.0%	1,248	3.0%	936	7.0%	2,184	33,396	42,860	0.78	1	4.0%	1,336	3.0%	1,002	7.0%	2,338	35,734	44,146	0.81	1
OUNT/BUDGET SPEC III	56,796	L	60,564	1.00	0.94	2	2.0%	1,136	5.0%	2,840	7.0%	3,976	60,772	62,361	0.97	2	2.0%	1,215	3.0%	1,823	5.0%	3,036	63,610	64,252	0.99	2
LIC INFO SPEC III	60,876	L	60,564	1.00	1.01	3	0.0%	-	3.0%	1,826	3.0%	1,826	62,702	62,381	1.01	3	0.0%	-	5.0%	3,135	5.0%	3,135	65,837	64,252	1.02	3
LTH/HUMAN SVC PRGM ADM III	48,264	L	60,564	1.00	0.80	1	4.0%	1,931	5.0%	2,413	9.0%	4,344	52,608	62,381	0.84	1	4.0%	2,104	5.0%	2,630	9.0%	4,734	57,342	64,252	0.89	2
	197,148				0.88		2.5%	4,315	4.0%	8,015	6.5%	12,330			0.90		2.5%	4,655	4.0%	8,590	6.5%	13,245			0.93	

Testimony 3, SB 2024, 03.14.13

BIENNIUM: 2011 - 2013

DEPT NAME: Tobacco Prevention & Control Executive Committee

PROJECT NAME: Tobacco State Aid

PURPOSE OF GRANT: Tobacco State Aid Grants provide funding to all local public health units on a population-based, noncompetitive formula reaching all counties so health units can connect all tobacco users in their client-based programs to cessation services.

Contract Period			Contract
Beginning	Ending	Subrecipient Name, Location	Amount
7/1/2011	6/30/2013	Bismarck Burleigh Public Health, Bismarck	62,807.00
7/1/2011	6/30/2013	Cavalier County Health District, Langdon	12,023.00
7/1/2011	6/30/2013	Central Valley Health District, Jamestown	33,967.00
7/1/2011	6/30/2013	City County Health Department, Valley City	16,669.00
7/1/2011	6/30/2013	Custer District Health Unit, Mandan	76,092.00
7/1/2011	6/30/2013	Dickey County District Health Unit, Ellendale	12,874.00
7/1/2011	6/30/2013	Emmons County Public Health, Linton	11,732.00
7/1/2011	6/30/2013	Fargo Cass Public Health, Fargo	107,783.00
7/1/2011	6/30/2013	First District Health Unit, Minot	123,749.00
7/1/2011	6/30/2013	Foster County Health Department, Carrington	11,596.00
7/1/2011	6/30/2013	Grand Forks Public Health Department, Grand Forks	53,318.00
7/1/2011	6/30/2013	Kidder County District Health Unit, Steele	10,999.00
7/1/2011	6/30/2013	Lake Region District Health Unit, Devils Lake	53,926.00
7/1/2011	6/30/2013	LaMoure County Public Health Unit, LaMoure	12,119.00
7/1/2011	6/30/2013	McIntosh District Health Unit, Ashley	11,245.00
7/1/2011	6/30/2013	Nelson Griggs District Health, McVille	22,443.00
7/1/2011	6/30/2013	Pembina County Health Department, Cavalier	14,269.00
7/1/2011	6/30/2013	Ransom County Public Health Department, Lisbon	12,985.00
7/1/2011	6/30/2013	Richland County Health Department, Wahpeton	20,121.00
7/1/2011	6/30/2013	Rolette County Public Health District, Rolla	18,555.00
7/1/2011	6/30/2013	Sargent County District Health Unit, Forman	11,915.00
7/1/2011	6/30/2013	Southwestern District Health Unit, Dickinson	100,750.00
7/1/2011	6/30/2013	Steele County Public Health Department, Finley	10,697.00
7/1/2011	6/30/2013	Towner County Public Health District, Cando	10,875.00
7/1/2011	6/30/2013	Traill District Health Unit, Hillsboro	14,734.00
7/1/2011	6/30/2013	Upper Missouri District Health Unit, Williston	62,890.00
7/1/2011	6/30/2013	Walsh County Health Department, Grafton	16,704.00
7/1/2011	6/30/2013	Wells County District Health Unit, Fessenden	12,163.00
		Total Tobacco State Aid:	**940,000.00**

BIENNIUM: 2011 - 2013

DEPT NAME: Tobacco Prevention & Control Executive Committee

PROJECT NAME: Tobacco Grants to Local Public Health Units

PURPOSE OF GRANT: Tobacco Grants to Local Public Health Units provide significant funding to all local public health units/cooperating health units on a population-based, noncompetitive formula to pay staff and operating expenses required to deliver effective and comprehensive tobacco prevention and control programs in every county reaching all population groups.

Contract Period			Contract
Beginning	Ending	Subrecipient Name, Location	Amount
7/1/2011	6/30/2012	Bismarck-Burleigh Public Health, Bismarck	320,412.00
7/1/2011	6/30/2012	Cavalier County Health District, Langdon	43,444.00
7/1/2011	6/30/2012	Central Valley Health District, Jamestown	286,203.00
7/1/2011	6/30/2012	City County Health Department, Valley City	97,387.00
7/1/2011	6/30/2012	Custer District Health Unit, Mandan	207,261.00
7/1/2011	6/30/2012	Dickey County District Health Unit, Ellendale	48,330.00
7/1/2011	6/30/2012	Fargo Cass Public Health, Fargo	529,911.00
7/1/2011	6/30/2012	First District Health Unit, Minot	339,060.00
7/1/2011	6/30/2012	Foster County Health Department, Carrington	42,065.00
7/1/2011	6/30/2012	Grand Forks Public Health Department, Grand Forks	278,048.00
7/1/2011	6/30/2012	Lake Region District Health Unit, Devils Lake	129,543.00
7/1/2011	6/30/2012	Nelson Griggs District Health, McVille	38,975.00
7/1/2011	6/30/2012	Pembina County Health Department, Cavalier	31,652.00
7/1/2011	6/30/2012	Ransom County Public Health Department, Lisbon	49,698.00
7/1/2011	6/30/2012	Richland County Health Department, Wahpeton	98,169.00
7/1/2011	6/30/2012	Rolette County Public Health District, Rolla	77,800.00
7/1/2011	6/30/2012	Sargent County District Health Unit, Forman	44,168.00
7/1/2011	6/30/2012	Southwestern District Health Unit, Dickinson	193,310.00
7/1/2011	6/30/2012	Towner County Public Health District, Cando	37,707.00
7/1/2011	6/30/2012	Traill District Health Unit, Hillsboro	43,835.00
7/1/2011	6/30/2012	Upper Missouri District Health Unit, Williston	201,393.00
7/1/2011	6/30/2012	Walsh County Health Department, Grafton	68,080.00
7/1/2011	6/30/2012	Wells County District Health Unit, Fessenden	55,846.00
7/1/2012	6/30/2013	Bismarck-Burleigh Public Health, Bismarck	325,039.00
7/1/2012	6/30/2013	Cavalier County Health District, Langdon	44,376.00
7/1/2012	6/30/2013	Central Valley Health District, Jamestown	255,934.00
7/1/2012	6/30/2013	City County Health Department, Valley City	105,850.00
7/1/2012	6/30/2013	Custer District Health Unit, Mandan	222,208.00
7/1/2012	6/30/2013	Dickey County District Health Unit, Ellendale	48,512.00
7/1/2012	6/30/2013	Fargo Cass Public Health, Fargo	523,542.00
7/1/2012	6/30/2013	First District Health Unit, Minot	374,359.00
7/1/2012	6/30/2013	Foster County Health Department, Carrington	45,639.00

BIENNIUM: 2011 - 2013

DEPT NAME: Tobacco Prevention & Control Executive Committee

PROJECT NAME: Tobacco Grants to Local Public Health Units

PURPOSE OF GRANT: Tobacco Grants to Local Public Health Units provide significant funding to all local public health units/cooperating health units on a population-based, noncompetitive formula to pay staff and operating expenses required to deliver effective and comprehensive tobacco prevention and control programs in every county reaching all population groups.

Contract Period			Contract
Beginning	Ending	Subrecipient Name, Location	Amount
7/1/2012	6/30/2013	Grand Forks Public Health Department, Grand Forks	280,214.00
7/1/2012	6/30/2013	Kidder County District Health Unit	96,382.00
7/1/2012	6/30/2013	Lake Region District Health Unit, Devils Lake	133,068.00
7/1/2012	6/30/2013	Nelson Griggs District Health, McVille	56,739.00
7/1/2012	6/30/2013	Pembina County Health Department, Cavalier	43,173.00
7/1/2012	6/30/2013	Ransom County Public Health Department, Lisbon	49,100.00
7/1/2012	6/30/2013	Richland County Health Department, Wahpeton	100,248.00
7/1/2012	6/30/2013	Rolette County Public Health District, Rolla	79,580.00
7/1/2012	6/30/2013	Sargent County District Health Unit, Forman	43,802.00
7/1/2012	6/30/2013	Southwestern District Health Unit, Dickinson	203,264.00
7/1/2012	6/30/2013	Towner County Public Health District, Cando	38,261.00
7/1/2012	6/30/2013	Traill District Health Unit, Hillsboro	94,224.00
7/1/2012	6/30/2013	Upper Missouri District Health Unit, Williston	212,276.00
7/1/2012	6/30/2013	Walsh County Health Department, Grafton	68,910.00
7/1/2012	6/30/2013	Wells County District Health Unit, Fessenden	59,725.00
		Total Tobacco Grants to Local Public Health Units:	**6,766,722.00**

BIENNIUM: 2011 - 2013

DEPT NAME: Tobacco Prevention & Control Executive Committee

PROJECT NAME: Special Initiative Grants - Policy

PURPOSE OF GRANT: Special Initiative Grants - Policy provide competitive funding to local public health units and partner organizations to build the capacity of communities to provide public education necessary for community groups to address evidence-based policy change effective in eliminating exposure to secondhand smoke & reducing tobacco use among youth/young adults.

Contract Period			Contract
Beginning	Ending	Subrecipient Name, Location	Amount
7/1/2011	6/30/2013	American Nonsmokers' Rights Foundation, Berkeley CA	130,000.00
9/15/2011	6/30/2013	City County Health District, Valley City ND	24,988.00
		Subtotal	154,988.00

BIENNIUM: 2011 - 2013

DEPT NAME: Tobacco Prevention & Control Executive Committee

PROJECT NAME: Special Initiative Grants - Statewide Organization

PURPOSE OF GRANT: Special Initiative Grants - Statewide Organization provide competitive funding to nongovernmental statewide organizations to educate and engage their members & networks on evidence-based policy change effective in significantly reducing tobacco use.

Contract Period			Contract
Beginning	Ending	Subrecipient Name, Location	Amount
7/1/2011	6/30/2013	American Lung Association, Bismarck ND	209,076.36
7/1/2011	6/30/2013	Tobacco Free North Dakota, Bismarck ND	230,327.90
9/1/2011	6/30/2012	Northern Lights Youth Services, Hillsboro ND	40,000.00
8/1/2011	6/30/2013	Northern Lights Youth Services, Hillsboro ND	41,822.00
		Subtotal	521,226.26

BIENNIUM: 2011 - 2013

DEPT NAME: Tobacco Prevention & Control Executive Committee

PROJECT NAME: Special Initiative Grants - Other

PURPOSE OF GRANT: Special Initiative Grants - Other provide competitive funding to state & local organizations to educate and engage disparate & special population groups on evidence-based policy change effective in significantly reducing tobacco use.

Contract Period			Contract
Beginning	Ending	Subrecipient Name, Location	Amount
		Subtotal	-

BIENNIUM: 2011 - 2013

DEPT NAME: Tobacco Prevention & Control Executive Committee

PROJECT NAME: Minot State University - Policy & Environmental Change Collaborative

PURPOSE OF GRANT: Minot State University - Policy & Environmental Change Collaborative grant provides funding to MSU to deliver ongoing technical assistance & coordination of training to state & local tobacco prevention programs to implement the most effective evidence-based policies that eliminate public exposure to secondhand smoke & significantly reduce tobacco use.

Contract Period			Contract
Beginning	Ending	Subrecipient Name, Location	Amount
8/1/2011	6/20/2012	Minot State University, Minot ND	416,000.00
7/1/2012	12/31/2012	Minot State University, Minot ND	221,182.00
1/1/2013	6/30/2013	Minot State University, Minot ND	97,887.00
		Subtotal	735,069.00

TOBACCO GRANTS RECAP (2011 - 2013)

Tobacco State Aid - 28 Grants	940,000.00
Tobacco Grants to Local Public Health Units - 47 Grants	6,766,722.00
Special Initiative Grants - Policy - 2 Grants	154,988.00
Special Initiative Grants - Statewide Organization - 4 Grants	521,226.26
Special Initiative Grants - Other	-
Minot State University - Policy & Environmental Change Collaborative - 3 Grants	735,069.00
TOTAL TOBACCO GRANT FUNDING:	**9,118,005.26**

BIENNIUM: 2011- 2013
DEPT NAME: Tobacco Prevention & Control Executive Committee
PROJECT NAME: TPCEC Fiscal Agent
PURPOSE: Contract for Fiscal Agent services to the ND Department of Health provides accounting and human resource management services not available with current agency staffing.

Contract Period			Contract
Beginning	Ending	Subrecipient Name, Location	Amount
7/1/2011	6/30/2012	ND Department of Health, Bismarck ND	19,179.00
		Total Fiscal Agent Fees	**19,179.00**

BIENNIUM: 2011 - 2013
DEPARTMENT NAME: Tobacco Prevention & Control Executive Committee
PROJECT NAME: TPCEC IT Contracts
PURPOSE: Contracts for information technology services to two vendors provide desktop support and time-sensitive technology systems development which are not available through the ND Information Technology Department or with current agency staffing.

Contract Period			
Beginning	Ending	Subrecipient Name, Location	Contract Amount
		Nexus Innovations, Bismarck ND - Maintenance	40,000.00
		Nexus Innovations, Bismarck ND - PRS Planning	12,000.00
		Nexus Innovations, Bismarck ND - Grant Application	67,200.00
		Nexus Innovations, Bismarck ND - Budget Subcategories	68,557.00
		Nexus Innovations, Bismarck ND - Attachments	7,650.00
		Nexus Innovations, Bismarck ND - Shared maintenance costs with NDDoH	25,000.00
		Total IT Contracts	**220,407.00**

BIENNIUM: 2011 - 2013
DEPARTMENT NAME: Tobacco Prevention & Control Executive Committee
PROJECT NAME: TPCEC Service Agreements
PURPOSE: Service agreements to vendors with expertise in specialized training, technical assistance, planning and programming services provide these services not available with current agency staffing.

Contract Period			Contract
Beginning	Ending	Subrecipient Name, Location	Amount
1/1/2011	12/31/2012	Odney Advertising, Bismarck ND	1,500,000.00
1/1/2013	12/31/2014	Odney Advertising, Bismarck ND	1,500,000.00
7/20/2012	9/30/2013	Research Triangle Institute (RTI International), Research Triangle Park, NC	460,871.00
8/15/2011	6/30/2013	Public Health Law Center, Inc., St. Paul, MN	63,000.00
8/15/2011	9/30/2012	Public Health Law Center, Inc., St. Paul, MN	38,075.00
6/27/2011	10/31/2011	University of North Dakota	58,667.00
3/31/2011	10/1/2011	University of North Dakota	2,725.00

Non-Contract Fees			
7/1/2011	1/11/2013	Attorney General's Office (Legal Fees), Bismarck ND	8,719.30
7/1/2011	1/11/2013	Auditor's Office (Audit), Bismarck ND	8,470.00
		Total Service Agreements	**3,640,527.30**

Testimony 4
SB 2024
03-14-13

BreatheND

Saving lives, saving money. The voice of the people.

Tobacco Prevention and Control Executive Committee (TPCEC)
Center for Tobacco Prevention and Control Policy

Special Initiative Grants for Policy Development
August 2012

Type of Awards: Competitive

Rolling Application Deadlines: April 1, 2012 or June 1, 2012 and every two months thereafter on the first business day of the month. Applications must be received by 5:00 p.m. Central Standard Time on the deadline date.

Purpose: The purpose of this funding opportunity announcement is to build the capacity of local communities to address evidence-based policy change effective in eliminating exposure to secondhand smoke and reducing tobacco use among youth and adults.

Approximate Total Project Period Funding – All Grants: $200,000

Approximate Average Individual Awards: Approximately 4 to 10 awards with base funding of $10,000 to $25,000. Applicants may apply for an additional $10,000 for each additional community working to eliminate secondhand smoke through evidence-based policy change. The funder reserves the right to amend the award during the contract period.

Funding Restrictions: Funds may not be used for lobbying, research, training on programs not directly related to the purpose of this grant, or the provision of direct service such as tobacco cessation services, for tobacco dependence treatment medications, or for cessation health system changes.

NOTE: Funds may not be used for fundraising for general organizational purposes or for specific organizational programs. However, the organization can increase partnerships for the approved tobacco prevention and control policies in the grant. Increasing partnerships for these efforts may include increasing organizational memberships and securing other contributions for the approved grant activities.

Project Period Length: Date contract is fully executed through June 30, 2013.

Funding Period: Date contract is fully executed through June 30, 2013.

Source of Funding and Spending Authority: The sole source of funding for this program is from the Executive Committee, funded by Measure 3. North Dakota voters passed Measure 3 in 2008. Measure 3 requires a portion of the money North Dakota receives from tobacco settlement dollars be used for a comprehensive tobacco prevention and control program. The Executive Committee, a State agency, receives it spending authority from a biennial legislative appropriation.

Statutory Authority: North Dakota Century Code 54-27-25

Eligible Applicants: Local public health units in North Dakota, and partners who support the goals of the five-year plan, *Saving Lives – Saving Money: North Dakota's Comprehensive State Plan to Prevent and Reduce Tobacco Use 2009-2014*.

Background Statement: Tobacco use is the leading cause of preventable disease and death in North Dakota. An average of 110 North Dakotans die each year from exposure to secondhand smoke. Smoking costs North Dakota $247 million each year in direct medical expenditures and lost productivity. All tobacco products cause cancer and all forms of tobacco use are addictive. (U.S. Centers for Disease Control and Prevention) CDC*'s Best Practices for Comprehensive Tobacco Control Programs* describe interventions proven to be effective in reducing tobacco use and eliminating exposure to secondhand smoke. The *Guide to Community Preventive Services* provides recommendations for effective programs and policies for population-based tobacco prevention and control efforts. Evidence-based strategies include implementing comprehensive tobacco-free policies and laws, increasing the unit price of tobacco products, and conducting mass media education campaigns to support these strategies. Studies show that smoke-free policies prompt more smokers to try to quit, increase the number of successful quit attempts, reduce the number of cigarettes that continuing smokers consume, and discourage youth from ever starting to smoke. (Campaign for Tobacco Free Kids) Secondhand smoke exposure causes respiratory symptoms including cough, phlegm, wheeze, and breathlessness among school-aged children. Secondhand smoke exposure by children who already have asthma causes more frequent and severe attacks. (U.S. Surgeon General) A recent report confirms that secondhand smoke causes heart attacks even after a brief exposure and that smoke-free policies prevent heart attacks and save lives. (*Secondhand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence*, Institute of Medicine, 2009)

Purpose: Assist local public health departments and partners with supplemental funding for promoting the benefits of evidence-based tobacco control policy work.

Measurable outcomes of the project will be in alignment with the following performance goals of the state tobacco control plan *Saving Lives – Saving Money: North Dakota's Comprehensive State Plan to Prevent and Reduce Tobacco Use 2009-2014.* The primary goal area to be impacted is Eliminating Exposure to Secondhand Smoke in communities, and on school and college campuses.

Awardee Activities/Use of Funds
Special Initiative funds must support evidence-based policy interventions, such as a comprehensive smoke-free community or a tobacco-free school or college campus policy change.

- Funded activities must be CDC Best Practices and part of the five-year N.D. state tobacco prevention and control plan, *Saving Lives, Saving Money: North Dakota's Comprehensive State Plan to Prevent and Reduce Tobacco Use 2009-2014.*
- If the funded activities include media-based public education (paid or earned media, media advocacy), the media plans must be developed with and approved by the Center for Tobacco Prevention & Control Policy Health Communications Coordinator.
- If funded activities include studies or surveys, the plans must be developed with and approved by the Center for Tobacco Prevention and Control Policy Executive Director.
- Funds can be used for community organization, assessment of community support, public education, and policy implementation.
- Funds may not be used for lobbying, research, training on programs not directly related to the purpose of this grant, or the provision of direct service such as tobacco cessation services, for tobacco dependence treatment medications, or for cessation health system changes.

  NOTE: Funds may not be used for fundraising for general organizational purposes or for specific organizational programs. However, the organization can increase partnerships for the approved tobacco prevention and control policies in the grant. Increasing partnerships for these efforts may include increasing organizational memberships and securing other contributions for the approved grant activities.

Executive Committee Activities: Provide funding and consultation on the use of the funds. Through the Center for Tobacco Prevention and Control Policy, provide technical assistance on implementation of grant work plans.

Application and Submission Information:
Applications must be submitted electronically to: Center for Tobacco Prevention and Control Policy, ATTN: Cami Bauman, Administrative Assistant, Center for Tobacco Prevention and Control Policy, at crbauman@nd.gov. Do not send applications by U.S. Mail, Courier, overnight, or hand delivery.

Applicants must direct questions on the application process to Jeanne Prom at 701.328.5130 or at jprom@nd.gov.

Formatting Instructions:

- Applicant must use the six forms provided (title page, background and need description, work plan with evaluation measures, budget with consultant/contractor budget forms if necessary, and confirmation of no tobacco status)
- Font size 12 point
- Maximum of 10 pages (Title Page – 1 page, Background and Need – 3 pages maximum, Work Plan – 6 pages maximum, other forms not included in page limit.)

Content and Form of the Submission:
Applicants must use the forms included in the application packet.

Part I: Title Page. Contact information for the project lead.

Part II: Background information about the need for policy development and narrative description of proposal. A background and need section specific to the stated policy goal should justify the need for the funding, including a description of the tobacco use/secondhand smoke exposure problem, progress made toward policy outcomes, and how funding will enhance efforts to provide education about, and development of, tobacco control policy. The brief narrative should describe the proposed project activities and how the project will impact the problem outlined in the statement of need.

Part III: Detailed Work Plan and Evaluation Measures (with progress reporting column to be left blank in the application)
The detailed work plan needs to describe the activities that will be accomplished to achieve the stated policy goal. The plan should include SMART objectives (example included on form), timeframe for the activities, responsible parties and evaluation or measurement of success for each activity. Grant applications from local public health units should be consistent with their current Center grant work plan. Grant applications from partners should be consistent with the local public health unit/s' Center grant work plans in the area/s where the partner's project activities will occur. The work plan includes a column for reporting future progress. For the application, this column should be left blank.

Part IV: Detailed Budget and Budget Justification and Consultant/Contractor Budget Form (not scored)
Provide a detailed itemized budget for each line item using standard budget categories (personnel, fringe, travel, supplies, consultants/contractors and other) for all proposed costs for the project activities described. A brief narrative

justification must be provided for each line item. The budget needs to correspond to the work plan. Subcontractors must be identified.

Part V: Letter of applicant organization support for full implementation of *Saving Lives – Saving Money* (no form) (not scored).
The organization must provide a signed letter or a copy of an organizational resolution supporting full implementation of the five-year state plan, *Saving Lives-Saving Money*. There is no form for this letter provided in the application materials.

Part VI: Confirmation of no tobacco status (not scored). The organization must provide a statement that the organization does not have any affiliation or contractual relationship with any tobacco company, its affiliates, its subsidiaries or its parent company. Any subcontractor must also provide a statement confirming no tobacco status.

Reporting Requirements: The successful applicant must submit reports to the Center for Tobacco Prevention and Control Policy on a quarterly basis by the required deadlines. The report form is part of the work plan form. Quarterly reports shall describe all progress made or challenges encountered with the proposed work. The quarterly progress report serves as the official report and must include updates on the goals, objectives, strategies, activities, and partners.

Review and Selection Process: Applications will be reviewed for completeness and responsiveness by the Center for Tobacco Prevention and Control Policy staff. The Tobacco Prevention and Control Executive Committee will convene a grant review committee to evaluate the complete and responsive applications according to the criteria listed below.

Evaluation Criteria:
The application:

- Provides clear statement of need (20 points)
- Includes a completed or proposed assessment of community support for policy change (15 points)
- Includes work plan that clearly outlines policy development steps and the evidence-based policy approach that is consistent with local public health unit/s' Center grant work plan (35 points)
- Describes demonstrated partnerships (15 points)
- Includes an evaluation plan as part of work plan (15 points)
- Is supported with an appropriate detailed budget, letter or organizational support and confirmation of no tobacco use (not scored)

Anticipated Award Dates: Approximately one month after the application deadlines: May 2, 2012 or July 1, 2012 and every two months thereafter on the first business day of the month.

Award Notices: Successful applicants will receive a Notice of Award from the Center. Unsuccessful applicants will receive a notification by email.

NOTICE OF GRANT AWARD

NORTH DAKOTA TOBACCO PREVENTION AND CONTROL EXECUTIVE COMMITTEE
CENTER FOR TOBACCO PREVENTION AND CONTROL POLICY
SFN 59182 (8-2009)

Contract Number **G11-**	Contract Period **From July 1, 2012 Through June 30, 2013**

This contract is not effective and expenditures related to this contract should not be incurred until all parties have signed this document.

Title of Project/Program **Tobacco Prevention and Control Local Grants Program**	Tobacco Committee Grant Code **5000, 4000, 3000**
Contractor Name —	Agency Name **North Dakota Tobacco Prevention and Control Executive Committee**
Address —	Address **4023 State Street, Suite 65**
City, State, ZIP Code —	City, State, Zip Code **Bismarck, ND 58503**
Contact Name Initial — _____	Contact Name **Jeanne Prom**
Telephone Number —	Telephone Number **701.328.5130**

Financial Information	Ex Committee Cost Share	Contractor Cost Share	Total Project/Program Costs
Amount of Financial Assistance	$	$0	$
Previous Funds Awarded	$0	$0	$0
Total Funds Awarded to Date	$	$0	$

Scope of Service

The Contractor will implement a tobacco prevention and control program based on the CDC Best Practices for Comprehensive Tobacco Control Programs and the North Dakota tobacco control state plan Saving Lives – Saving Money in their agency service area or the collaborative service area designated on Attachment A. The objectives, strategies and activities will support the program goals of 1) Preventing the initiation of tobacco use among youth and young adults, 2) Eliminating exposure to secondhand smoke, 3) Promoting quitting of tobacco use, and 4) Building capacity and infrastructure to implement comprehensive evidence-based tobacco prevention and control programs.

The Contractor will use the grant funds in accordance with the Contractor's work plan and the Contractor's budget as approved by the North Dakota Tobacco Prevention and Control Advisory Committee.

Reporting Requirements
See Attachment A

Special Conditions
See Attachment A

This contract is subject to the terms and conditions incorporated either directly or by reference in the following:
(1) Requirements for Contracts issued by the North Dakota Tobacco Prevention and Control Executive Committee as signed by Contractor for the period July 1, 2011 to June 30, 2013 Accounting Use Only ☐ Requirements Received] (2) applicable Federal and State regulations.

Evidence of Contractor's Acceptance		Evidence of Departmental Acceptance	
Signature	Date	Signature	Date
Typed Name and Title of Authorized Representative		Typed Name and Title of Authorized Representative **Theresa Will** **Chair**	
Signature	Date	Signature	Date
Typed Name and Title of Authorized Representative		Typed Name and Title of Authorized Representative **Jeanne Prom** **Executive Director**	

Contractor: All attachments if referenced in the scope of service must be returned with the signed contract. If you did not receive attachments as indicated in the scope of service, please contact the Executive Committee individual identified above.

ATTACHMENT A

Contractor: Name of Agency

FINANCIAL INFORMATION

Fiscal Year 2012-2013 $ Budget Amount

REPORTING REQUIREMENTS
Request for Reimbursements
The Contractor must submit a request for reimbursement monthly to facilitate budgeting and accounting efforts, but no less than quarterly. The request for reimbursement will not be processed if progress reports are **not** submitted by required deadlines. Reimbursement will be processed upon Center for Tobacco Prevention and Control Policy approval of progress reports and reimbursement requests.

Reporting Period	Required Deadline
July 1, 2012 - September 30, 2012	October 15, 2012
October 1, 2012 - December 31, 2012	January 15, 2013
January 1, 2013 - March 31, 2013	April 15, 2013
April 1, 2013 - May 31, 2013	June 14, 2013
June 1, 2013 - June 30, 2013	July 15, 2013

Progress Reports
The Contractor must submit quarterly progress reports. The reports must describe all progress made and challenges encountered with the proposed work. The quarterly progress report serves as the official report and must include progress and outcomes on the goals, objectives, activities and strategies. These reports are due 15 days after the end of the reporting period unless otherwise noted.

Reporting Period	Required Deadline
July 1, 2012 - September 30, 2012	October 15, 2012
October 1, 2012 - December 31, 2012	January 15, 2013
January 1, 2013 - March 31, 2013	April 15, 2013
April 1, 2013 - June 30, 2013	July 15, 2013

PERFORMANCE STANDARDS

1. Establish sufficient staffing to ensure work plan activities are completed.
2. Communicate with local elected officials (city, county, local legislators) regarding Best Practice policies at least four times during the contract period, and document communications. Priority communication channels include in-

person meetings, phone calls, or presentations, and may also include policy fact sheets, newsletters, other meetings, reports, etc.

3. Attend three of the four quarterly Tobacco Prevention and Control training sessions during the contract period.
4. Attend all mandatory statewide meetings and trainings.
5. Complete an assessment of each comprehensive tobacco-free school district/private school policy by June 30, 2013. *To conduct an assessment, request a copy of the school district tobacco-free policy. Review the policy to ensure that it meets each of the standards/criteria outlined in the most recent version of the Model Comprehensive Tobacco-Free School policy checklist. This assessment must be done for each comprehensive tobacco-free school district policy. If a policy does not meet ALL criteria, the school district does not have a comprehensive policy and Kelli Ulberg must be notified.*
6. Report establishment of comprehensive tobacco-free school policies to Kelli Ulberg within 30 days of the effective policy date. Provide the school district name and date the policy went into effect.
7. Submit all comprehensive tobacco-free school polices to Kelli Ulberg by June 30, 2013.
8. Submit progress and expenditure reports by the required deadlines.
9. Submit one local success story from the start of the funding period (July 1, 2012 through the end of the grant period, June 30, 2013.

ADDITIONAL REQUIREMENTS

Expectations of Local Public Health Units

1. Continue to regularly update the LPHU mini-webpage on the BreatheND website. Tobacco prevention coordinators will use this site to post success stories, newsletters, coalition information, upcoming events, etc.
2. Submit all media plans to Donna Thronson for review and approval. This is for the purpose of assuring accurate and consistent messaging across the state, ensuring state and local paid public education is coordinated for maximum reach and frequency, ensuring state and local efforts and costs are not duplicative as well as informing the Center of all media activities for a central media archive. This includes media plans during the application process and during the grant year. Media plans may include (but are not limited to): news releases, newsletters, radio ads, newspaper articles, social media campaigns, etc.
3. Obtain prior approval and input for all projects, including surveys, from Kelli Ulberg before implementation begins. This is for the purpose of ensuring state and local efforts and costs are not duplicative and ensuring that all survey tools provides meaningful surveillance and evaluation information.

Expectations of Tobacco Prevention Coordinators

4. Maintain frequent communication with your legislators and local policymakers throughout the grant year in order to build rapport. You will report this in the quarterly progress reports.
5. Contact all city council members and city attorneys in your service area and provide them with information on the tobacco prevention program, your role as a tobacco prevention coordinator, the hazards of secondhand smoke, as well as provide a copy of the ND Model Policy to those without comprehensive local tobacco-free ordinances. (*For assistance identifying city officials or an address, please contact Kelli Ulberg.)*

6. Report any change in tobacco prevention personnel to Kelli Ulberg in writing so the appropriate distribution lists and documents can be updated.
7. Maintain communication with your administrator and accountant throughout the grant period.
8. Review the grant budget on a regular basis to determine if the tobacco prevention program is under spending or over spending the approved funds. It is expected that approximately half of the funds be spent by the middle of the grant year.
9. Coordinate all reprogramming requests through Kelli Ulberg and submit to the Center before any purchases or major changes to the budget are made.

Non-compliance for Performance Measures will result in the lesser of

a. A percentage reduction in the TPCEC Cost Share Amount based on the penalties table included **or**
b. The remaining amount of the TPCEC Cost Share funds available (if less than the amount of the penalty.

   Example: If four of the performance measures on the table are not met, then there is a 4% reduction in the TPCEC Cost Share Amount. (A 1% reduction for each performance measure not met). **Or**, if less than 4% of the TPCEC Cost Share Amount remains, then the reduction is the remaining amount of the TPCEC Cost Share funds available.

SPECIAL CONDITIONS

1. Last date to submit a reprogramming request is June 5, 2013.

2. Must provide written response to tobacco control site review/audit finding(s) by designated deadline.

3. Must comply with tobacco control audit finding(s).

4. **There will be no carryover at the end of the budget period. All final expenditure reports for the fiscal year must be submitted by July 15, 2013.**

5. **All out-of-state travel must be pre-approved.**

6. All local media must be consistent with the media coordination memo issued by the Center for Tobacco Prevention and Control Policy.

7. All surveillance and evaluation must be consistent with the surveillance and evaluation memo issued by the Center for Tobacco Prevention and Control Policy.

NOTICE OF CONFLICT OF INTEREST ASSURANCE

The North Dakota Tobacco Prevention and Control Executive Committee requires that all local public health units provide assurance that no conflicts of interest exist, or that any existing conflict is being managed. In this case, conflict of interest is defined as a local public health unit employee having a personal financial interest in any business organization that has a contractual relationship with the local public health unit, or that provides goods or services, or both, to the local public health unit.

Tobacco Prevention and Control Local Grants Program

Performance Measure Penalties

Performance Measure	Penalty
• Submit the four progress reports by designated deadlines.	• A four percent reduction for submitting the four progress reports past the designated deadline. • A three percent reduction for submitting three of four progress reports past the designated deadline. • A two percent reduction for submitting two of the four progress reports past the designated deadline. • A one percent reduction for submitting one of the four progress reports past the designated deadline.
• Submit the four quarterly requests for reimbursement by designated deadlines.	• A four percent reduction for submitting the four requests for reimbursements past the designated deadline. • A three percent reduction for submitting three of the four requests for reimbursement past the designated deadline. • A two percent reduction for submitting two of the four requests for reimbursements past the designated deadline. • A one percent reduction for submitting one of the four requests for reimbursements past the designated deadline.

The penalty is a reduction in the Tobacco Prevention and Control Executive Committee (TPCEC) Cost Share amount.

Example: If the Contractor fails to submit two expenditure reports by the required deadlines and fails to submit three progress reports by the required deadlines, there would be a five percent reduction in the Contractor's TPCEC Cost Share amount for non-compliance.

TPCEC reserves the right to waive any penalties.

NOTICE OF GRANT AWARD

NORTH DAKOTA TOBACCO PREVENTION AND CONTROL EXECUTIVE COMMITTEE
CENTER FOR TOBACCO PREVENTION AND CONTROL POLICY
SFN 59182 (8-2009)

Contract Number	Contract Period
G11-82	**From August 1, 2012 Through June 30, 2013**

This contract is not effective and expenditures related to this contract should not be incurred until all parties have signed this document.

Title of Project/Program **Special Initiative for Policy Development by Statewide Organizations**	Tobacco Committee Grant Code **5000**
Contractor Name	Agency Name **North Dakota Tobacco Prevention and Control Executive Committee**
Address	Address **4023 State Street, Suite 65**
City, State, ZIP Code	City, State, Zip Code **Bismarck, ND 58503**
Contact Name	Contact Name **Jeanne Prom**
Telephone Number	Telephone Number **701.328.5130**

Financial Information	Ex Committee Cost Share	Contractor Cost Share	Total Project/Program Costs
Amount of Financial Assistance	$0	$0	$0
Previous Funds Awarded	$0	$0	$0
Total Funds Awarded to Date	$0	$0	$0

Scope of Service

Contractor will implement strategies and activities to address evidence-based policy interventions in North Dakota that will eliminate exposure to secondhand smoke and reduce tobacco use. Strategies must be based on CDC Best Practices for Comprehensive Tobacco Control Programs 2007 and the North Dakota state tobacco use prevention plan, Saving Lives—Saving Money. Contractor will use the grant funds in accordance with the Contractor's work plan and budget as approved by the Tobacco Prevention and Control Executive Committee.

Reporting Requirements

Contractor must submit quarterly progress reports. The reports must describe the progress made and challenges encountered with the proposed work. The reports are due 15 days after the end of the reporting period.
Contractor must submit a request for reimbursement at least quarterly. Requests for reimbursement may be filed every month to facilitate budgeting and accounting efforts. Reimbursement will be processed upon Executive Committee receipt and approval of requests for reimbursement and required progress reports. Final request for reimbursement for the period ending June 30, 2013 must be received by July 15, 2013.
See attachment A for the reporting periods and deadlines

Special Conditions

See Attachment A

This contract is subject to the terms and conditions incorporated either directly or by reference in the following:
(1) Requirements for Contracts issued by the North Dakota Tobacco Prevention and Control Executive Committee as signed by Contractor for the period July 1, 2011 to June 30, 2013 Accounting Use Only ☐ Requirements Received] (2) applicable Federal and State regulations.

Evidence of Contractor's Acceptance		Evidence of Departmental Acceptance	
Signature	Date	Signature	Date
Typed Name and Title of Authorized Representative		Typed Name and Title of Authorized Representative **Theresa Will, Chair**	
Signature	Date	Signature	Date
Typed Name and Title of Authorized Representative		Typed Name and Title of Authorized Representative **Jeanne Prom, Executive Director**	

Contractor: All attachments if referenced in the scope of service must be returned with the signed contract. If you did not receive attachments as indicated in the scope of service, please contact the Executive Committee individual identified above.

Attachment A

Special Initiative Grants for Policy Development by Statewide Organizations Reporting Periods

Reporting Periods	Required Deadlines
August 1, 2012 – September 30, 2012	October 15, 2012
October 1, 2012 – December 31, 2012	January 15, 2013
January 1, 2013 – March 31, 2013	April 15, 2013
April 1, 2013 - June 30, 2013	July 15, 2013

SPECIAL CONDITIONS

1. Contractor must provide funder with a reasonable timeframe to review all materials and information resulting from this grant prior to their release.

2. Funder must approve materials resulting from this grant prior to release.

3. Information from this grant that is published or otherwise provided must include identification that the work was funded by a contract with the Center for Tobacco Prevention and Control Policy. This identification must be in written form in those formats where this is possible (written and online documents, electronic formats, presentations, etc.).

4. Contractor must include the Center for Tobacco Prevention and Control Policy BreatheND logo on appropriate materials as determined prior to release by the funder and the contractor.

5. Contractor must clearly identify this grant as separately funded from any other tobacco use prevention or cessation work that may be undertaken by the contractor through other funding sources.

6. Contractor must follow the Health Communication Standards issued by the Center for Tobacco Prevention and Control Policy and posted at the BreatheND website at www.breathend.com.

7. Contractor must follow the Surveillance and Evaluation Standards issued by the Center for Tobacco Prevention and Control Policy and posted at the BreatheND website at www.breathend.com.

NOTICE OF GRANT AWARD

NORTH DAKOTA TOBACCO PREVENTION AND CONTROL EXECUTIVE COMMITTEE
CENTER FOR TOBACCO PREVENTION AND CONTROL POLICY
SFN 59182 (8-2009)

Contract Number	Contract Period
G11-	From July 1, 2011 Through June 30, 2013

This contract is not effective and expenditures related to this contract should not be incurred until all parties have signed this document.

Title of Project/Program **Tobacco State Aid to Local Public Health Units**	**Tobacco Committee Grant Code** 3000, 5000
Contractor Name	**Agency Name** North Dakota Tobacco Prevention and Control Executive Committee
Address	**Address** 4023 State Street, Suite 65
City, State, Zip	**City, State, Zip** Bismarck, ND 58503
Contact Name	**Contact Name** Jeanne Prom
Telephone Number	**Telephone Number** 701.328.5130

Financial Information	Ex Committee Cost Share	Contractor Cost Share	Total Project/Program Costs
Amount of Financial Assistance	$0	$0	$0
Previous Funds Awarded	$0	$0	$0
Total Funds Awarded to Date	$0	$0	$0

Scope of Service

Provide public health services in accordance with the North Dakota Century Code Chapter 23-35. Services will include expanding the implementation of the U.S. Public Health Service Guideline for Treating Tobacco Use and Dependence in all client-based programs to include Measure 4 (client second hand smoke exposure) by December 31, 2011. Attachment A provides the annual and biennial payment amount for each local public health unit and the deliverables required under this contract.

Reporting Requirements

See Attachment A

Special Conditions

The Tobacco Prevention and Control Executive Committee will pay the local public health unit the amount listed on Attachment A contingent upon the receipt of quarterly progress reports and the deliverables listed on Attachment A. Costs incurred from July 1, 2011 through the date of last signature obtained will be allowed under this agreement. State aid payments are provided at the beginning of the quarter. In order to receive the January 2012 payment, the health unit must provide a report/documentation that the PHS Guideline including Measure 4 (client second hand smoke exposure) has been implemented in all client-based programs in the health unit. To receive the first payment for fiscal year 2012-2013 in July 2012, the health unit must provide the agency chart audit documentation to the Center for Tobacco Prevention and Control Policy.

This contract is subject to the terms and conditions incorporated either directly or by reference in the following:
(1) Requirements for Contracts issued by the North Dakota Tobacco Prevention and Control Executive Committee as signed by Contractor for the period July 1, 2011 to June 30, 2013 Accounting Use Only ☐ Requirements Received] (2) applicable Federal and State regulations.

Evidence of Contractor's Acceptance		Evidence of Departmental Acceptance	
Signature	**Date**	**Signature**	**Date**
Typed Name and Title of Authorized Representative		**Typed Name and Title of Authorized Representative** Theresa Will Chair	
Signature	**Date**	**Signature**	**Date**
Typed Name and Title of Authorized Representative		**Typed Name and Title of Authorized Representative** Jeanne Prom Executive Director	

Contractor: All attachments if referenced in the scope of service must be returned with the signed contract. If you did not receive attachments as indicated in the scope of service, please contact the Executive Committee individual identified above.

Attachment A

Contractor:

Financial Information

Fiscal Year 2011-2012	$
Fiscal Year 2012-2013	$
Biennial Total	$

Deliverables and Timelines

December 31, 2011	Report/documentation of PHS Guideline – Measure 4 (client second hand smoke exposure) in 100 percent of client-based programs.
March 31, 2012	Chart audit of all client-based programs documenting the percentage of clients receiving the service (Measures 1- 4)
June 30, 2012	Agency chart audit documentation must be submitted to the Center for Tobacco Prevention and Control Policy (Measures 1 - 4)
March 31, 2013	Chart audit of all client-based programs documenting the percentage of clients receiving the service (Measures 1- 4)
June 30, 2013	1. Agency chart audit documentation must be submitted to the Center for Tobacco Prevention and Control Policy (Measures 1 – 4) 2. The health unit MUST attempt to implement a tobacco free grounds policy at the health unit's building and grounds (if you have office space within an office complex, the entire office building and grounds must be tobacco free). 3. Report/documentation of success/attempts to implement tobacco free grounds policy.

Reporting Requirements

The grantee must submit the required quarterly reports documenting the major categories where the funding was spent to the Tobacco Prevention and Control Executive Committee within 45 days after the end of each quarter unless otherwise noted.

Reporting Period	Required Deadline
July 1, 2011 - September 30, 2011	November 15, 2011
October 1, 2011 - December 31, 2011	February 15, 2012

January 1, 2012 - March 31, 2012	May 15, 2012
April 1, 2012 - June 30, 2012	August 15, 2012
July 1, 2012 - September 30, 2012	November 15, 2012
October 1, 2012 - December 31, 2012	February 15, 2013
January 1, 2013 - March 31, 2013	May 15, 2013
April 1, 2013 - June 30, 2013	July 15, 2013

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PURCHASE OF SERVICE AGREEMENT

NORTH DAKOTA TOBACCO PREVENTION AND CONTROL EXECUTIVE COMMITTEE

SFN 59164 (7-2009)

Contract Number **PSA11-06**	**Contract Period** From 07-20-2012 Through 09-30-2013
This contract is not effective and expenditures related to this contract should not be incurred until all parties have signed this document.	
Title of Project/Program **Evaluation of the Tobacco Prevention & Control Program**	**Tobacco Committee Grant Code** 4000
Contractor Name Research Triangle Institute (RTI International)	**Agency Name** North Dakota Tobacco Prevention and Control Executive Committee
Address 3040 Cornwallis Road	**Address** 4023 State Street, Suite 65
City, State, Zip Research Triangle Park, NC 27709	**City, State, Zip** Bismarck, ND 58503
Contact Name Lawrence Andrusyszyn	**Contact Name** Jeanne Prom
Telephone Number 919-316-3791	**Telephone Number** 701-328-5130

Financial Information	Ex Committee Cost Share	Contractor Cost Share	Total Project/Program Costs
Amount of Financial Assistance	$460,871	$0	$460,871
Previous Funds Awarded	$0	$0	$0
Total Funds Awarded to Date	$460,871	$0	$460,871

Scope of Service

The Contractor will work with the Center for Tobacco Prevention and Control Policy to implement the Surveillance and Evaluation Plan as approved by the Tobacco Prevention and Control Executive Committee. Evaluation shall meet the requirements of Chapter 23-42-07 of North Dakota Century Code, which calls for an independent review of the comprehensive statewide tobacco prevention and control program once each biennium to assure the plan is consistent with the Centers for Disease Control best practices. The Center is looking for comprehensive and flexible evaluation protocols and reports that will determine the effectiveness of program components and inform future program directions and interventions. Contractor will communicate effectively and will be in close collaboration with the Center to accomplish program goals and deliverables as outlined in the RFP 305.12.002 and as per Attachment A.

Reporting Requirements

Contractor will provide timely and accurate billing for all purchases and maintenance of appropriate accounting records on a monthly basis. Invoice for the periods ending June 30, 2013 must be received by July 15, 2013 and final invoice for the period ending September 30, 2013 must be received by October 15, 2013. Reimbursements will be processed upon Center approval of invoices and deliverables.

Special Conditions

a) The terms of the Contract Requirements as may be amended;
b) Solicitation Amendment #1 and #2 to Request for Proposal ("RFP") number 305.12.002 dated April 10, 2012 and April 11, 2012, respectively;
c) Request for Proposal ("RFP") number 305.12.002 dated March 20,2012;
d) CONTRACTOR's proposal dated May 3, 2012 in response to RFP number 305.12.002.

This contract is subject to the terms and conditions incorporated either directly or by reference in the following:
(1) Requirements for Contracts issued by the North Dakota Tobacco Prevention and Control Executive Committee as signed by Contractor for the period July 20, 2012 to September 30, 2013. [Accounting Use Only ☐ Requirements Received] (2) applicable Federal and State regulations.

Evidence of Contractor's Acceptance		Evidence of Departmental Acceptance	
Signature	**Date** July 16, 2012	**Signature** Theresa Will	**Date** 7/20/12
Typed Name and Title of Authorized Representative **Lawrence Andrusyszyn** **Contracting Officer**		**Typed Name and Title of Authorized Representative** **Theresa Will** **Chair**	
Signature	**Date**	**Signature** Jeanne Prom **Jeanne Prom** **Director**	**Date** 7/17/2012
Typed Name and Title of Authorized Representative		**Typed Name and Title of Authorized Representative**	

Contractor: All attachments if referenced in the scope of service must be returned with the signed contract. If you did not receive attachments as indicated in the scope of service, please contact the Executive Committee individual identified above.

Attachment A
PSA11-06

Contractor will:

1. Provide the Center with a written plan on how the Contractor will conduct an independent review of the comprehensive plan and determine the impact of the comprehensive program.
2. Review current surveillance and evaluation plan, systems, tools and data, and determine if they are applicable to this evaluation.
3. Identify additional data needed, and recommend protocols to collect and report these data.
4. Review approved systems, collection tools, databases and reports as needed for existing and new data.
5. Review approved protocols to track opposition (i.e., tobacco industry) activity.
6. Review approved protocols to assess state decision-makers' opinions, and identify opportunities and barriers in policymaking.
7. At the end of each of the next two State fiscal years (June 30, 2012 and June 30, 2013), provide to the Center an annual written report of the impact of the comprehensive tobacco prevention and control program.
8. By approximately August 1, 2013, provide the Center with written results of an independent review of the comprehensive plan and the impact of the comprehensive program since its beginning in 2009. (N.D.C.C. 23-42-07 requires that the report must state how the comprehensive plan and its implementation is or is not consistent with the Centers for Disease Control and Prevention's best practices for comprehensive tobacco control programs.)
9. Quarterly, provide the Center with written reports on the accomplishments and impact resulting from the local grants program, the special initiative grants program, the tobacco settlement state aid grants program and the implementation and impact of the state aid program's health system change deliverables (PHS Guidelines implementation).
10. Assist the project manager as needed in collecting and reporting quarterly progress made toward completing the annual statewide work plan.
11. Annually provide input into the development of the annual statewide work plan, Surveillance and Evaluation Plan and related standards for grantees, the 5-year State Plan, the Health Communications Plan and related standards for grantees.
12. Annually assist the Advisory Committee in conducting an evaluation of the effectiveness of the implementation of the State Plan.
13. Annually review and provide technical assistance and recommendations on local grant guidance, work plans, and progress reporting systems.
14. Annually review and provide technical assistance and recommendations on Special Initiative Grant guidance, work plans, and progress reporting systems.
15. Annually review and provide technical assistance and recommendations on Tobacco Settlement State Aid Grant guidance, implementation plans, tracking, and progress reporting systems.
16. Annually provide recommendations for continuous quality improvement of these evaluation efforts to better demonstrate program needs, accomplishments, and outcomes.
17. Provide formal and informal presentations of evaluation data to the Center in person or through the use of teleconferencing technology. A minimum of one face-to-face, in person, presentation will be conducted in North Dakota at the Center's request.
18. Provide and implement an approved training module for Center grant and contract recipients on data collection, interpretation, and communications to demonstrate program impact and unmet program needs.
19. Monthly, provide the Center with invoices listing work accomplished.

Description of Specific, Results-Oriented Tasks

The Contractor will complete the following major tasks as part of the evaluation process for the work in this contract:

1. Develop and implement approved comprehensive evaluation protocols to measure outcomes of the goals and objectives of the Surveillance and Evaluation Plan, the 5-year State Plan, and the Health Communications Plan.

2. Assess current surveillance and evaluation systems, tools, and available data for their applicability to this evaluation.
3. Identify additional data needed, and recommend protocols to collect and report these data.
4. Review approved protocols to track opposition (i.e., tobacco industry) activity, assess state decision-makers' attitudes, and identify opportunities and barriers in policymaking.
5. Collect, conduct analyses (comparison, trend, aggregate, etc. analyses as appropriate), and report existing and new surveillance data. Make comparisons to national and other states' data as appropriate.
6. Produce an annual evaluation report on the impact of the comprehensive program including an annual report of available data (i.e., key indicator values).
7. Produce a biennial evaluation report on the impact of the comprehensive program including a report of available data (i.e., key indicator values to be identified).
8. Conduct trainings for program managers on collecting and using local, state, and national data to demonstrate program impact.
9. Present data in-person in North Dakota as needed via formal and informal presentations.
10. Coordinate development, implementation, analysis, and reporting of all program evaluation projects with the Center staff.
11. Ensure timely completion of surveillance, evaluation, and analysis of research to evaluate the statewide tobacco prevention and control program.
12. In coordination with Center staff, collaborate with external evaluation contractors, and with ongoing tobacco surveillance programs currently conducted by other state agencies and contractors.
13. Use qualitative as well as quantitative methods as part of process, outcome and health outcome analyses.
14. Produce all reports in an electronic format.
15. Develop strategic recommendations for continuous improvement of evaluation efforts that lead to evidence-based approaches to comprehensive tobacco prevention and cessation.
16. Provide guidance to the Center on monitoring local program activity and outcomes and how best to use available data to demonstrate program needs and accomplishments.

All materials will meet the Center's standards and must be produced by deadlines as agreed upon by the State and Contractor. The Contractor is responsible for the completion of all work set out in the contract. All work is subject to inspection, evaluation, and approval by the project manager designated by the State. The Contractor will adhere to all requirements as outlined in the RFP 305.12.002 as held on file.

The following documents constitute the entire agreement between the parties. There are no understandings, agreements, or representations, oral or written, not specified within this Contract. This contract may not be modified, supplemented or amended, in any manner, except by written agreement signed by both parties. Notwithstanding anything herein to the contrary, in the event of any inconsistency or conflict among the documents making up this Contract, the documents must control in this order of precedence:

a) The terms of the Contract Requirements as may be amended;
b) Solicitation Amendment #1 and #2 to Request for Proposal ("RFP") number 305.12.002 dated April 10, 2012 and April 11, 2012, respectively;
c) Request for Proposal ("RFP") number 305.12.002 dated March 20,2012;
d) CONTRACTOR's proposal dated May 3, 2012 in response to RFP number 305.12.002.

TERM CONTRACT 095 WORK ORDER REQUEST
STATE OF NORTH DAKOTA
SFN 54383 (1-2006)

Term Contract 095 Professional Services Contract Pool

Agency Name **ND Tobacco Prevention and Control Executive Committee**	Work Order Request Number	Issue Date	
Agency Contact	E-Mail Address	Telephone Number	Fax Number
Address 4023 State Street, Suite 65	City Bismarck	State ND	Zip Code 58503

Reference: In accordance with the terms and conditions of the State Term Contract 095 Professional Services Contract master agreement between State and Vendor, this Work Order Request authorizes delivery of the Deliverables described in accordance with the Scope of Work, Schedule, and terms specified below.

1. Scope of Work (attach extra sheets if necessary)

This work order covers the following:
Budget Available (if applicable)

2. Staffing Requirement

Job Class/Skill Set	**Number of Staff**
.Net Developer	
Project Manager	
SharePoint	
Business Analyst	

3. Agreement Type **X Time and Materials ☐Fixed Bid Project**	**4. Project Start Date**	**5. Project End Date**

6. Schedule of Deliverables

Deliverable	**Start Date**	**Completion Date**
a		
b.		
c.		
d.		
e.		

7. Location of Work

8. Office Space to be provided by ☐Agency x Vendor

9. Equipment to be provided by ☐Agency x Vendor

10. Software to be provided by ☐Agency x Vendor

11. Agency Project Manager

12. Time and Status Reporting Systems to be utilized by the Vendor (Mark all that apply) ☐Daily Accountability ☐Weekly Status Reports x Monthly Reports ☐ Other (Describe below)
Vendor Project Proposal Due Date

14. Evaluation Criteria (For Competitive Work Orders) The criteria below will be used to select the most advantageous proposal.	**Points (100 total)**
Vendor Project Proposal Solution	30
Qualifications and Availability of Vendor Staff	30
Cost	40

Vendor Project Proposal: Vendor shall attach its proposal to this Work Order Request when responding. The Vendor Project Proposal will include, at a minimum, the following items:

a. Basic vendor staff information: Name and date of availability.

b. If agency requests a Time and Materials Proposal, the vendor must respond with hourly rates for the staffing required. Propose a Service Rate Per Hour for each Vendor staff submitted. If the Work Order Request project dates span more than one year of the Contract term, the vendor must provide rates for each effective year. Service rates may not exceed the rates originally proposed in response to this RFP; however the rates may be less, depending on the State's requirements, nature of the job market, and the vendor staff' abilities.

c. If agency requests a Fixed Bid Proposal, provide a fixed price proposal to accomplish the Statement of Work.

d. Resume(s) for Vendor staff.

e. Reference checks for Vendor staff. Each Vendor staff reference check must include the results of two reference checks that the Vendor has performed on the proposed individual, including the names and telephone numbers of the references. At least one of the references must be from a previous employer or from a customer for which the Vendor staff performed IT contract services.

f. Background checks for Vendor staff including criminal, references, employment, and education.

Execution: The parties through their authorized agents have executed this Work Order Request and attached Vendor Project Proposal under terms of the Information Technology Professional Services Contract Pool master agreement for the project price and on the dates set out below.

The total dollar contractual amount specified below for this Work Order and attached Project Proposal shall not be exceeded unless a written amendment is appended to this Work Order, duly executed by the authorized representative of both parties.

Total Dollar Contractual Amount

State of North Dakota

Signature
Printed Name
Title
Date

Vendor

Signature
Printed Name
Title
Date

Signature
Printed Name
Title
Date

Vendor Pool Work Order Form – State Term Contract #095

Instructions

Complete the Agency contact information at the top of the form.

- Suggested format for Work Order Request Number is agency department # - two-digit year – two-digit sequence number for the work order, for example 112-05-01.
- Issue date is the date you are sending the Work Order Request to the vendor(s).
- Agency contact is who the vendor(s) will respond with their project offers.

1. Scope of Work – Include information that tells the vendor what is to be done including the desired outcome. Be as specific and comprehensive as possible. Do not assume the vendor will know something or do something if you do not include it in the Scope of Work. For more complex/detailed projects, you may choose to attach the Statement of Work as an attachment.
2. Staffing Requirement – Enter the specific job classes from the Vendor Pool Contract and the number of staff for each job class. If there are specific skill sets required, list those as well. Definitions of the job classes and skill sets for each of the contract pool categories can be found on the State Procurement web site for term contract # 095.
3. Agreement Type – Specify if this Work Order is to be based on time and materials or fixed bid. For projects where the vendor is totally responsible for providing a final product, it is recommended that the agreement type be fixed bid with clearly defined deliverables (see #6). Time and materials may be a suitable option when an agency bears primary responsibility for project deliverables, but has a need to augment technical staff in order to complete the project.
4. Project Start Date – Specify the date when work is to start. Consider the time you are allowing for vendors to return their project offers in response to the work order request when setting the project start date.
5. Project End Date – Specify the date when the project as defined in scope of work (#1) is to be completed.
6. Schedule of Deliverables – The product(s) of the contract must be clearly identified as the contract deliverables and/or milestones and should include the dates such products are to be delivered or completed. The deliverables provide the means and tools to determine the stages of the contract and contract status.

   Examples of deliverables:
   - A work plan outlining the tasks and resources required of the vendor and state.
   - System design document.
   - System documentation
   - Hardware requirements with delivery dates and installation responsibilities.
   - Software development and delivery.
   - Training manual and training sessions.
   - Successful conversion of software and data.
7. Location of Work - Provide the specific location where the work is to be done. It is important to clearly define the location of work, since vendor rates have been contractually established for both On-site (any agency location in North Dakota) or Off-site (at the vendor's place of business). See Onsite / Offsite Hourly Rates information below.
8. Office Space – Indicate whether office space is to be provide by the agency or by the vendor.
9. Equipment – Specify whether office equipment including computers and phones are to be provided by the agency of by the vendor. Add additional detail to clarify as necessary.
10. Software – Specify whether software tools needed by vendor staff will be provided by the agency or is to be provided by the vendor. Add additional detail to clarify as necessary.
11. Agency Project Manager – Identify the person from your agency who will act as project manager for this project. This person will be the primary contact and liaison between your agency and the vendor.
12. Time and Status Reporting – Select all applicable reporting and accountability options. Add additional reporting requirements and detail as necessary.
13. Vendor Project Proposal Due Date – Indicate the date that vendors must have a project proposal returned to your agency in response to this work order request. The State has agreed to provide no less than six (6) business days for vendors to respond to a work order request, although you may allow more time. Consider the size and complexity of your project and allow adequate time for vendors to provide good project proposal responses.
14. Evaluation Criteria (for Competitive Work Orders) – When preparing a Competitive Work Order, the agency must identify the evaluation criteria that will be used to evaluate the vendor project proposals. Fill in the appropriate points assigned for the technical evaluation and the points assigned to cost evaluation. The point values must add up to 100.

ITD Review / Approval Process

Work Orders anticipated to be over $25,000 must be reviewed and approved by ITD Policy and Planning Division. Submit the Work Order to ITDProcurement@state.nd.us). ITD is also available to answer questions and provide assistance to agencies in generating work orders.

1) Submit draft work order for review prior to issuing to vendor(s).

2) Submit final work order with vendor proposal for approval prior to executing the agreement.

Onsite / Offsite Hourly Rates and Travel Costs

For purposes of this contract "Onsite" is any agency location in the State of North Dakota. "Offsite" is work that is done at the vendor's business location. Agencies will indicate the location of work in the Work Order Request. Note: Vendor staff working onsite must complete the State's security awareness tutorial within three days of being granted access to the State Network.

The Onsite rate must cover all travel related expenses other than "Short Notice" Work Order Requests. Short Notice requests are those issued to Vendors with less than 14 calendar days to project start date. In such cases, Vendors may be allowed, with the approval of the agency issuing the work order, to bill supplemental travel expenses caused by the short notice. The Vendor must provide documentation justifying the supplemental travel expense billing.

Options for Issuing Work Orders

State agencies will have two options for issuing work orders:

1. Direct Assignment - Within a Contract Pool Category, an agency may issue a work order request directly to one of the awarded vendors in that pool.
2. Competitive - Within a Contract Pool Category, an agency may issue a work order request to all the awarded Vendors in the pool to solicit competitive project proposals. Vendor submissions for competitive project proposals are required to be at, or below, the rates proposed and contractually obligated. The agency will select the vendor project proposal that best meets the SOW requirements stated in the work order request. When preparing a competitive work order, the agency must identify the evaluation criteria that will be used to evaluate the vendor project proposals.

Important! While some vendors are awarded in multiple categories, do not assume that to be the case. Agencies should review each category prior to issuing a work order request in that category so that vendors are not asked to respond to work orders outside the scope of their award under the contract.

Vendor Project Proposal Requirements

Each Work Order Request will specify a proposal due date for the vendor to respond to the State's request. This time frame will be no less than six (6) business days, but it may be more at the agency's discretion. Within the specified time frame, the vendor must respond to the agency that issued the Work Order Request, either affirming or denying its ability to provide the personnel in the required project time frame. During this response period, if necessary, the vendor may seek clarifications of the work involved.

If the vendor is unable to provide the personnel requested, it must state the reason in the appropriate section on the Work Order Request form, sign and return the form to the requesting agency by the proposal due date.

If the vendor is capable of fulfilling the work order, it will complete and attach a "Project Proposal" to the Work Order Request form, sign and return the form to the requesting agency by the proposal due date.

Evaluation of Vendor Project Proposals

The requesting agency will evaluate the vendor project proposal to ensure that the proposal meets the requirements stated in the Work Order and that the staff proposed have the proper qualifications. The agency may require interviews with proposed vendor staff prior to accepting the vendor staff.

For competitive work order requests, the agency will evaluate each vendor project proposal based on the evaluation criteria stated in the work order request and select the proposal that best meets the requirements stated in the work order request. Use the sample Project Proposal Evaluation Worksheet to score the project proposals:
http://www.state.nd.us/csd/spo/it-pro-svcs-contract-pool/evaluation-worksheet.doc.

Award Notice (Competitive Work Orders)

After selecting the most advantageous project proposal, send out a notice of award to all vendors that responded to the competitive work order request. A sample notice is available on the web page for Contract 095.

Execution

- When your agency has received an acceptable project offer from a vendor, the project offer is to be attached to the work order request form.
- Fill in the agreed upon contractual amount.
- Both parties must sign and date using the signature blocks in the Execution section of the work order form.

BreatheND

Saving lives, saving money. The voice of the people.

Center for Tobacco Prevention and Control Policy
Local Tobacco Control Policy Grant Program
2013-2014

Grant Guidance

Center for Tobacco Prevention and Control Policy
Local Tobacco Control Policy Grant Program
2013-2014

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Local Tobacco Control Policy Grant Timeline

Task	Date 2013
Center releases grant guidance	January 3
Quarterly sites training in Bismarck	January 8 & 9
Online grant application available	January 14
Grant-writing retreat in Bismarck	January 23
Grant-writing retreat in Valley City	January 29
Grant-writing retreat in Devils Lake	February 5
Grant-writing retreat in Grand Forks	February 12
Application due date	March 1
Grant reviewers score all applications	March - April
Grants reviewed and approved by Advisory Committee	April - May
Summary statements sent to grantees	April - May
All revisions due to the Center	May 31
Notice of Grant Awards issued	June
New grant year begins	July 1

Tobacco Prevention and Control Executive Committee (TPCEC)
Center for Tobacco Prevention & Control Policy

Local Tobacco Control Policy Grant Program

Funding Opportunity Announcement

Type of Award: Non-competitive

Application Deadline: March 1, 2013.
Applications must be submitted by 5:00 p.m. Central Daylight Time on March 1, 2013. *Applications received after the deadline will be considered non-responsive and not accepted.*

Application and Submission Information:
Submit all 2013-2014 applications via the online application process. Do not send applications by email, facsimile (fax), U.S. Mail, Courier, overnight, or hand-delivery. *Only applications submitted online will be accepted. All other forms will be rejected.*

Direct all questions regarding the application process to Kelli Ulberg at 701.328.5134 or krulberg@nd.gov or Bev Benda at 701-317-5567 or bbenda@nd.gov

Purpose:
The purpose of this funding opportunity is to build the tobacco control capacity of North Dakota communities. With this funding, local public health units will be able to address tobacco usage among youth and adults and eliminate secondhand smoke exposure by implementing proven and effective evidence-based policy and systems changes. These changes are outlined in *Best Practices for Comprehensive Tobacco Control Programs October 2007*, published by the U.S. Centers for Disease Control and Prevention (CDC), and *The Guide to Community Preventive Health Services*, from the Task Force on Community Preventive Services, and published by the CDC in its *Morbidity and Mortality Weekly Report* (*MMWR*), November 10, 2000.

Total Funding Available for Local Grants Program, 2013-2014: $3,115,179
Funding levels for local public health units will be different for the 2013-2014 grant year. Those public health units that had a CDC grant will continue to receive that funding amount.

Individual Awards:
Up to 28 awards (no more than 1 award per local public health unit) are available, using the attached funding formula (see pages 19-20). *NOTE: There is not a requirement for local public health units to apply for this funding.*

Funding Limitations:
Recipients must use all funds for activities outlined in *Best Practices for Comprehensive Tobacco Control Programs October 2007*. Recipients may not use funds for research, lobbying, or activities that are not currently considered Best Practices for Comprehensive Tobacco Control Programs by the CDC. Limitations on the use of these funds for provision of direct service such as tobacco cessation services,

or tobacco dependence treatment medication, are described on page 17 ("What Activities are Allowable?")

Project Period Length: 12 months

Funding Period:
July 1, 2013 through June 30, 2014

Eligible Applicants:
Local public health units in North Dakota who support the goals of the five-year plan, *Saving Lives – Saving Money: North Dakota's Comprehensive State Plan to Prevent and Reduce Tobacco Use 2009-2014*.

Conditions:
Applicants are prohibited from accepting any funding, contribution, gift or any other support from any tobacco company, or using tobacco company training programs, or cessation programs developed by tobacco companies.

Authority:
North Dakota Century Code 23-42-01 through 23-42-07, and 54-27-25

Purpose:
Assist local public health units across North Dakota with funding to implement the policy and systems changes described in *Best Practices for Comprehensive Tobacco Control Programs October 2007*.

Measurable outcomes of the project will align with the performance goals of the state tobacco control plan, *Saving Lives – Saving Money: North Dakota's Comprehensive State Plan to Prevent and Reduce Tobacco Use 2009-2014.* Specific goal areas include: *Prevent Initiation of Tobacco Use among Youth and Young Adults, Eliminate Exposure to Secondhand Smoke, Promote Quitting Tobacco Use, and Build Capacity and Infrastructure to Implement a Comprehensive Evidence-Based Tobacco Prevention and Control Program*.

Grantee Activities/Use of Funds:

- You must use all local grant funds for evidence-based policy and systems change interventions as defined by CDC Best Practices. These include implementation of North Dakota's new state smoke-free legislation, an increase in state tobacco tax legislation, local adoption of the state smoke-free law, adoption of policies that involve tobacco-free school or college campuses, community smoke-free or tobacco-free grounds, smoke-free multi-unit housing, outdoor areas/patios, etc. as well as changes in public and private healthcare systems that refer tobacco users to NDQuits. Public education, including mass-media campaigns, about these effective approaches will be conducted to support the CDC Best Practice interventions.
- Your funded activities must be based on the CDC *Best Practices for Comprehensive Tobacco Control Programs* from October 2007 and part of the five-year N.D. state tobacco prevention and control plan, *Saving Lives, Saving Money: North Dakota's Comprehensive State Plan to Prevent and Reduce Tobacco Use, 2009-2014.* You may use funds for policy-focused community organization, assessment of community support, public education, implementation, health systems changes to refer tobacco users to NDQuits, and activities to improve environments and systems for all populations including those with higher than average rates of tobacco use. See pages 17-18 for a list of allowable activities.

- If you use funds for media-based public education, your media plan must be reviewed and approved by Donna Thronson and coordinated as described in the Health Communication Standards. This assures accurate and consistent messaging across the state, as well as informs the Center for Tobacco Prevention and Control Policy (CTPCP) of all media activities.
- If you use funds for surveillance and evaluation, you must obtain prior approval and input for all projects, including surveys, from Kelli Ulberg before implementation begins. This is for the purpose of ensuring state and local efforts and costs are not duplicative and ensuring that all survey tools provides meaningful surveillance and evaluation information.
- If you promote healthcare systems changes in large healthcare systems (including private or public mental health and addiction services) you must coordinate this with the Division of Tobacco Prevention and Control Program at the N.D. Department of Health.
- You may not use funds for research, lobbying, or activities not designated Best Practices for Comprehensive Tobacco Control Programs by the CDC (2007).
- You may use funds to include appropriate staffing. A minimum of one FTE dedicating 50% time to tobacco control is strongly recommended to oversee and successfully carry out the work plan submitted. Funds designated for new personnel/fringe, will be restricted for that purpose and cannot be reprogrammed.

Performance Measures:

- Establish sufficient staffing to ensure work plan activities are completed.
- Communicate with local elected officials (city, county, local legislators) regarding Best Practice policies at least four times during the contract period, and document communications. Priority communication channels include in-person meetings, phone calls, or presentations, and may also include policy fact sheets, newsletters, other meetings, reports, etc.
- Communicate with the Center on legislative support/opposition regarding tobacco tax, state smoke-free, comprehensive tobacco program continued funding, etc. as requested by the Center.
- Dedicated or primary tobacco program staff must attend three of the four quarterly Tobacco Prevention and Control training sessions during the contract period.
- Dedicated or primary tobacco program staff must attend all mandatory statewide meetings and trainings.
- Contact each school district regarding the comprehensive tobacco-free school policy. Complete an assessment of each comprehensive tobacco-free school district/private school policy by December 30, 2013 and offer adoption of the policy to those who do not have it. An assessment includes the following process:
    1. Request a copy of the school district comprehensive tobacco-free policy.
    2. Review the policy to ensure that it meets each of the standards/criteria outlined in the Comprehensive Tobacco Free School Policy Checklist (July 2012). This assessment must be done for each comprehensive tobacco-free school district policy. If a policy does not meet ALL criteria, the school district does not have a comprehensive policy and the Center must be notified.
    3. Report establishment of comprehensive tobacco-free school policies to Bev Benda within 30 days of the effective policy date. Provide the school district name and date the policy went into effect.
    4. Submit all comprehensive tobacco-free school polices to Bev Benda by June 30, 2014.
    5. Please note that the following documents must be submitted to Bev Benda with each school district assessment:
        a. A copy of the annual school policy assessment form.
        b. A copy of the comprehensive tobacco free school policy (if not previously submitted).

c. A copy of the comprehensive tobacco free school policy checklist (if not previously submitted).

- Submit progress and expenditure reports as instructed and by the required deadlines.
- Submit one local success story from the start of the funding period (July 1, 2013 through the end of the grant period, June 30, 2014.)

Penalties:
If performance measures are not met or if inappropriate activities occur, penalties will be imposed upon the grantee. The penalties will be outlined in the contract.

Tobacco Prevention and Control Executive Committee (TPCEC) Activities:
- Approve and provide funding
- Provide consultation on use of the funds.

Center for Tobacco Prevention and Control Policy (CTPCP) or "The Center" Activities:
- Provide technical assistance, consultation and training on preparing the grant application.
- Provide consultation and assistance on all media plans.
- Facilitate communication among grantees and partners.
- Monitor progress and expenditures.
- Provide audits, limited-scope audits, and site visits as deemed necessary by the Center.

Reporting Requirements:
1. Monthly (preferred) or quarterly reimbursement requests and narratives via the Program Reporting System (PRS).
   - A reimbursement request narrative must be submitted with each reimbursement request.
   - The reimbursement request narrative must be detailed and must provide the requested information for all expenditures.
   - Reimbursement requests must be based on actual expenditures.
   - Reimbursement requests/narratives through May 31, 2013 must be submitted by June 14, 2013.
   - There will be no carryover at the end of the budget period. The final reimbursement request/narrative for June 2013 MUST be submitted by July 15, 2013. If a health unit does not submit the final request by the deadline, there is a possibility that the Center will be unable to reimburse the health unit for those funds.
2. Quarterly progress reports that describe the following: all progress made, challenges encountered, and updates on the goals, objectives, strategies, activities, and partners. Progress reports must be completed according to Center guidelines for accuracy.
3. Staffing changes to include new hires, resignations, and change in FTE status. This is necessary to assure full expenditure of the grant award.
4. All out-of-state travel will require a written report to the Center outlining insights and action plans learned from the conference/training.

Review Process:
You will be completing the 2013-2014 grant application online via the Program Reporting System (PRS). Here are the steps of the review process thereafter:
1. Applications will be sent to outside entities for scoring. The TPCEC will contract with outside entities to review and score grant applications. (See Attachment H)
2. After being scored, the scoring totals, executive summary and a progress report summary of the first two quarters of the current grant will be sent to the Advisory Committee (AC) for

review/approval. *Please note that your progress reports will be used to determine amount of funding approved.*

3. The AC committee will recommend if the application warrants being approved, approved with revisions, approved with restrictions, approved with revisions and restrictions, approval pending resubmission and review by AC/EC, or not approved.
4. The Center staff will send summary statements to you with recommendations for revisions (if needed).
5. You will have until May 31 to make revisions. You may request technical assistance from Bev Benda, Field Coordinator or Kelli Ulberg when working on revisions.
6. In June, you will receive notification if your grant proposal has been accepted.

Applications that do not comply with the requirements in this funding opportunity announcement or that are received after the deadline will be considered non-responsive and will not be accepted.

The TPCEC reserves the right to offer contracts for less than the amount requested by applicants if it is in the best interest of the State of North Dakota. The Executive Committee also reserves the right to negotiate budget and work plan changes with applicants prior to the offer of a contract.

Evaluation Criteria:
The application:

- Provides an accurate and complete Executive Summary.
- Includes a budget and budget justification that is accurate, detailed, and consistent with the work plan.
- Includes a work plan that clearly outlines the evidence-based policy approaches to be implemented.
- Includes SMART (Specific, Measurable, Achievable, Realistic, and Timely) local objectives.
- Includes meaningful activities that are consistent with the CDC Best Practices and the state plan and relate specifically to accomplishing the stated objectives.
- Includes meaningful and quantifiable evaluation measures in the work plan.
- Additional evaluation criteria can be found in the scoring document (*see Attachment H)*.

The progress reports:

- The first two quarters of the current grant will be reviewed to determine goals/objectives accomplished and to assist in determining the contract amount.

Anticipated Award Date: June 2013

Award Notices:
Grantees will receive a Notice of Grant Award from the TPCEC that will include a detailed list of deadlines and reporting requirements and all necessary forms.

Additional Requirements

Expectations of Local Public Health Units

- Continue to update the LPHU mini-webpage on the BreatheND website. Tobacco prevention coordinators will use this site to post success stories, newsletters, coalition information, upcoming events, etc.
- Submit all media plans to Donna Thronson for review and approval. This is for the purpose of assuring accurate and consistent messaging across the state, ensuring state and local paid public education is coordinated for maximum reach and frequency, ensuring state and local efforts and

costs are not duplicative as well as informing the Center of all media activities for a central media archive. This includes media plans during the application process and during the grant year. Media plans may include (but are not limited to): newsletters, radio ads, newspaper articles, social media campaigns, etc.

- Obtain prior approval and input for all projects, including surveys, from Kelli Ulberg before implementation begins. This is for the purpose of ensuring state and local efforts and costs are not duplicative and ensuring that all survey tools provides meaningful surveillance and evaluation information.
- Participate in and provide requested information to the Center for audits and site visits. Health units must provide written response to tobacco control site review/audit finding(s) by designated deadline and must comply with tobacco control audit finding(s).
- Reimbursement requests must be based on actual expenditures.
- Health units using an auditor approved formula must provide documentation to the Center of the approved formula.
- If expenditures are based on a health unit's total expenditures, documentation must be provided on how the formula was created.
- Health units must provide new tobacco staff with general information regarding the Center funded local tobacco control policy grant immediately upon hire. General information includes: Center personnel contact information, funding, budget, work plan goals, BreatheND resources, etc.
- Participate and comply with on-site new coordinator trainings for all new tobacco staff as required by the Center. These trainings will provide an overview of requirements, expectations, policy goal work, reporting requirements, etc. (*Please note that new coordinator trainings are NOT a replacement for new health unit employee orientation)*.
- New tobacco staff must meet with Donna Thronson via phone for health communications training as required by the Center.

Expectations of Tobacco Prevention Coordinators

- Maintain frequent communication with your legislators and local policymakers throughout the grant year in order to build rapport and provide ongoing information about tobacco prevention and policy. *This must be reported in the quarterly progress reports.*
- Contact all city council members and city attorneys in your service area and provide them with a copy and implementation plans for North Dakota's new state smoke-free law, importance of adopting the state smoke-free law language into city ordinance (if appropriate), information on the tobacco prevention program, and your role as a tobacco prevention coordinator.
- Contact local states attorneys and law enforcement regarding implementation of North Dakota's new state smoke-free law.
- Report in writing to Kelli Ulberg any change in tobacco prevention personnel with updated contact information so the appropriate distribution lists and documents may be updated.
- Maintain communication with your administrator and accountant throughout the grant period.
- Review the grant budget on a regular basis to determine if the tobacco prevention program is under spending or over spending the approved funds. It is expected that approximately half of the funds be spent by the middle of the grant year.
- Coordinate all reprogramming requests through Kelli Ulberg and submit to the Center before any purchases or major changes to the budget are made.

Content and Form of Submission:

You must complete the application online. Applications via any other form will not be accepted. To start the application process, please log into the Program Reporting System (PRS) by going to www.ndhealth.gov and clicking on DoH Program Reporting System. Once you have logged in, click on the "Application" link. A pop up box will appear with "Select Application of March 1, 2013," click OK. Then click on "Check out Application" to fill out the application.

If you do not have access to the Program Reporting System, please contact Kelli Ulberg (701-328-5134) for assistance.

RECOMMENDATION #1: Review your grant several times for consistency, spelling and grammatical errors. Have several people review your application before submission to avoid having the application sent back for correction.

RECOMMENDATION #2: Review last year's grant summary statement prior to starting the application in order to avoid making similar errors as in previous years.

RECOMMENDATION #3: For those questions that do not apply to your health unit, service area or activities, always enter "Not Applicable", "N/A" or zeros rather than leaving questions blank.

1. Title Page

Complete all contact information for the local public health unit and any cooperating local public health units.

For more information on the guidelines and purpose of a collaborative, please review Attachment E Guidelines for Collaboration.

2. Executive Summary

The Executive Summary is a summary of your grant proposal which outlines counties served, infrastructure, policy goals and funding. The summary covers the most important aspects of your grant proposal and justifies your rationale for your funding request. The Advisory Committee will review the executive summary, application scores and a progress report summary of the first two quarters of the 2012-2013 grant to determine if the grant proposal will be approved.

Please make sure that your executive summary funding request matches your total budget as outlined in your grant application.

3. Budget

The budget must correspond directly to the work plan. Expenditures not related to the work plan will not be funded.

Reimbursement requests must be based on actual expenditures.

If your health unit is using an auditor approved formula, you must provide documentation of the approved formula.

If any of your expenditures are based on your total health unit expenditures, you will need to provide documentation on how the formula was created.

Description - Write a brief phrase that summarizes your expense. Use broad categories, such as "County Travel" or "Telephone Costs." Number each "description" so it corresponds to the number in the justification section. Please do not put calculations or justification in this box.

Amount - Provide the total amount for each description.

Justification - Number each "justification" so it corresponds to the number in the "description/name." For routine expenditures, provide a brief, yet informative narrative justification. For non-routine expenditures, provide additional explanation.

The budget categories include personnel, fringe, travel, supplies, rent/utilities, communications (telephone/postage), equipment (>$5,000 per item), consultants/contractors and other for all proposed costs.

A. Personnel

- A minimum of one FTE dedicating 50% time to tobacco control is strongly recommended to oversee and successfully carry out the work plan submitted.
- Funds designated for new personnel/fringe, will be restricted for that purpose and cannot be reprogrammed.
- To figure salary for each staff person, utilize the following formula:
  ____hourly rate x ____ hours/week x 52 weeks/year = $_____
  - ✓ Example: $15.00 per hour x 16 hours per week x 52 weeks = $12,480
- To figure Full Time Equivalent (FTE): utilize the following formula:
  _____ # of hours work per week divided by 40/hours/week = ___FTE
  - ✓ Example: 16 hours per week divided by 40 hours/week = .4 FTE
- Provide justification for each staff person funded by the grant and specify each person's role with regard to the Tobacco Program (not the health unit.)
- *Please note the application will automatically calculate the salary and FTE formulas for you.*

B. Fringe Benefits

- Each staff person must be listed separately, since FTE status and fringe benefits may vary for each person.
- Enter the employee's grant salary (calculated for you in the personnel question) and any fringe benefit that the employee receives.
- If any fringe benefits are not provided to the employee, please enter a zero.
- Fringe must be in alignment with salary. For example, if an employee works .25 FTE in the tobacco program, the local policy grant will not pay for more than 25% of the employee's fringe benefits.
- Fringe benefits covered by the grant may not go beyond the standard benefit package offered to other employees in the health unit of the same status.
- Fringe benefit justification - If "other fringe benefit" was indicated, you must include a description of the "other fringe benefit" IN ADDITION to the overall fringe benefit justification. Examples are: EAP, dental, vision, etc.
- *Please note the application will automatically calculate the fringe benefit formula for you.*

C. Travel/Food/Lodging

- For details on scheduled trainings and conferences, please see Attachment F.

In-State Travel

- You will use state-approved rates as your guide for budgeting travel expenses. The current rates are listed in Attachment A.
- List travel entries together if they have the same purpose and same location. Example:
  Correct: Entry 1: 2 sites trainings in Bismarck
  Entry 2: 1 sites training in Fargo
  Entry 3: 1 grant writing retreat in Bismarck
  If purpose or locations differ, add a new entry by clicking on "add another instance."
- Allowable trainings/conferences could be (but are not limited to): computer training, supervisor management training, Dakota Conference on Rural and Public Health, etc.
- In-state travel justification - Provide a grant-related reason for going, as well as names and titles of the staff who are traveling and rationale for attendance Provide specific information about conferences and training – title, location, dates, etc.
- *Please note the application will automatically calculate the formulas and overall in-state travel budget for you.*

Out-of-State Travel

- You will use out-of-state approved travel rates as your guide for budgeting travel expenses. Please see Attachment A for more information.
- Add another "instance" for each out-of-state travel item.
- Out-of-state travel justification - Provide a reason for going, as well as rationale for who is going. Provide specific information about conferences and/or trainings. Out-of-state travel must relate directly to your current local policy activities or activities you plan to pursue in the very near future.
- *Please note the application will automatically calculate the formulas and overall out-of-state travel budget for you.*

D. Supplies

- All supplies purchased must be needed to complete your work plan.
- Non-alcoholic beverages (coffee, soft drinks, tea, etc.) will be reimbursed if provided as part of a meeting to inform or train the general public, consultants, etc. Beverages provided for your local public health meetings or staff trainings will not be reimbursed.
- Food is **not** reimbursable by state funds. Therefore, the Center's local tobacco control policy grants or the Center's tobacco state aid funds cannot reimburse for food.
- The following items are **not** reimbursable by the Center's local tobacco control policy grants or the Center's tobacco state aid funds:
  - Gifts
  - Clothing
  - Door prizes
  - Gift bags
  - Alcohol
  - Giveaways
  - Cards
  - Food
  - Promotional items
  - Lobbying expenses

- **Office Supplies** – May include items such as paper, ink, pens, folders, binders, etc.
  - ✓ If your program office supplies are based on the health unit's total office supplies budget, you must answer the office supplies question specific to this scenario.

- ✓ You must then enter "not applicable" and zeros into the general office supply question. You can only have one total office supply budget.

- **Educational Supplies** – May include (but is not limited to) fact sheets, brochures, newsletters, etc.
  - ✓ All educational supplies must be directly related to program activities to receive expenditure approval.
- **Cessation Medications –** May include Nicotine Replacement Therapy (NRT), Chantix, etc. When budgeting for NRT medications, you must use the following formula:
  - ✓ ___ Number of phone enrollees from July 1, 2011 – June 30, 2012 + ____ number of web enrollees from July 1, 2011 – June 30, 2012 x 25% x $100 = **Allowable NRT expenses**
    - *Please note the cap on nicotine replacement therapy funds is 25 percent of previous year's calls to the Quitline/Quitnet.*
  - ✓ When budgeting for NRT, please review your 2012-2013 expenditures and review what was purchased for NRT supplies. Did you have any remaining supplies? What were the expiration date(s)? Please do not over-order and end up having to dispose expired NRT supplies.
  - ✓ Keep in mind that policy, not cessation, is the primary focus with this grant.
- **Cessation Supplies –** May include NDQuits materials, NDQuits kits, etc.
- **Other Supplies –** Includes supplies that do not fit into the supply categories of office, educational or medical.
  - ✓ For more information, please refer to Attachment A.
- Provide justification for each sub-category.
- When in doubt, be specific and name the items.
- *Please note the application will automatically calculate each category of supply for you.*

E. Rent/Utilities

- **Office Rent –** Must include number of square feet and amount per square feet for each office location. If the office is used for other department programs, charge rent proportionally.
  - ✓ Example:
    600 square feet x $6 feet/square foot = $3600
- **Utilities** – May include a portion of the health unit's water, lights or sewer expenses.
  - ✓ Example: if tobacco grant is 20% of department budget, may charge 20% of utility bill to grant and show justification like this:
    20% tobacco program portion x $2,000 department utility budget = $400
  - ✓ OR figure by exact utility accounts.
- **Facility Expenses** – May include a portion of the health unit's custodial or maintenance expenses.
- Provide justification for each category.
- *Please note the application will automatically calculate each category for you.*

F. Communications

- **Telephone** – May include land line and/or cell phone expenses. If phone is used for other department programs, charge phone proportionally.
  - ✓ If budgeting for cell phones, include the name of each person receiving a cell phone.
- **Postage –** May include postage for regular mail, newsletters and educational information to policymakers, coalitions, etc.
- Provide justification for each category.
- *Please note the application will automatically calculate each category for you*

G. Equipment

- The item must be >$5,000 to be considered equipment. If it is <$5,000, the item belongs in the office supplies section of the budget.
- Provide justification for the equipment being purchased.

H. Consultant/Contractual

- Include in your budget a contract for Upper Missouri District Health Unit to continue contributions to the statewide media effort. Please see page 21 for the PETF Funding Amounts.
- Provide activities or information as to what the contractor/consultant will be doing and how that fits into your work plan. If appropriate, provide justification for any of the categories such as personnel, fringe benefits, travel, supplies, etc.
- Other consultant/contractual expenses could cover SADD coordinators in schools, comprehensive tobacco-free school policy work in schools, training contracts, etc.
- If you are paying a contractor an hourly wage, you must complete the personnel formula.
- If you are paying a contractor a flat amount, please put the amount in the consultant/contractual line.
- Click "add another" for each consultant/contractor. If a consultant or contractor is not known at the time of application, note "to be determined."
- *Please note the application will automatically calculate each category for you.*

I. Other

Other 1 (Local Media)

- **Local Media – Secondhand Smoke –** Includes any radio or newspaper ads related to secondhand smoke (does not include NDQuits advertising)
  - ✓ Example: Center approved "Toe Tag Ad" @ $25/ad x 12 paid ads = $300
- **Local Media – Tobacco Industry Manipulation** – Includes any radio or newspaper ads related to tobacco industry manipulation.
- **Local Media – NDQuits –** Includes any radio or newspaper ads promoting NDQuits.
- **Local Media – Costs of Tobacco** – Includes any radio or newspaper ads related to the costs of tobacco.
- **Local Media – Other** – Includes any radio or newspaper advertising that does not fit into the above categories. One example may be a radio ad for the one year anniversary of a comprehensive smoke-free ordinance.
- Provide justification for each category.
- *Please note the application will automatically calculate each category for you.*
- Refer to "Recommendations for Purchasing Local Level Tobacco Prevention Public Education" (pages 22-24) for spending guidelines for local public education.
- If you use funds for media-based public education, your media plan must be reviewed and approved by Donna Thronson and coordinated as described in the Health Communication Standards.
- If you have questions regarding local media, please contact Donna Thronson at 701.328.5131.

Other 2 (Memberships)

- **Memberships –** May include membership fees to North Dakota Public Health Association.
  - ✓ *Tobacco Free North Dakota (TFND) and Americans for Nonsmokers Rights Foundation (ANRF) memberships are not reimbursable by the Center's local tobacco control policy grants or the Center's tobacco state aid funds.*

- ✓ See Attachment G for membership information. If not on the list, contact membership officers for information or contact the Center.
- Provide justification for memberships.

Other 3 (PHS Guidelines)

- **PHS Guidelines –** Expenses may include any training, time, development of materials, etc. related to Ask, Advise, Refer (AAR) – PHS Guidelines.
- Any Electronic Health Record (EHR) expense must be pro-rated based on the number of programs or based on a percentage of the agency's budget. (*The local policy grant does not support reimbursement for 100% of EHR expenses*).
- Provide justification for PHS Guidelines expenditures.

Other 4 and Other 5

- **Other –** Any other expenses that do not fit into the local media, memberships or PHS Guidelines categories listed above or in any other section in the budget.
- Other expenses (such as health unit audits) must be pro-rated based on the number of programs or based on a percentage of the agency's budget. (*The local policy grant does not support reimbursement for 100% of audit expenses*).
- Provide justification for each category.
- *Please note the application will automatically calculate each "other" category for you.*

4. Work Plan

- In this section you will describe in detail how you will achieve the primary purposes of your grant proposal. Your work plan will include local SMART objectives, activities, responsible parties, target dates, and evaluation measures of success for each activity.
- The work plan should be consistent with the budget and should:
  - Clearly outline the evidence-based policy approaches to be implemented.
  - Include SMART (Specific, Measurable, Achievable, Realistic, and Timely) local objectives.
  - Include meaningful activities that are consistent with the CDC Best Practices and the state plan and relate specifically to accomplishing the stated objectives.
  - Include meaningful and quantifiable evaluation measures.
- To view the required and optional local objectives and action steps, please see Attachment D. Required local objectives and local activities are highlighted in yellow.
- Goal 5 encompasses activities that ALL work to meet the State Plan Goals 1 through 4.
- Add as many activities as you feel are needed to complete the objective.
- Multiple evaluation measures can be added for each activity. Keep in mind that the work plan (including evaluation measures) will be copied over to the progress report exactly as written.

- **What is the difference between a goal and an objective?**
  - **Goals** are broad, brief statements of intent that provide focus or vision for planning. They are non-specific and non-measurable, but are ambitious.
  - **Objectives** are meant to be realistic targets for the program or project. Objectives are written in active tense and contain strong verbs like increase, decrease, implement, conduct, etc.

- **What is a SMART Objective?**
  - Smart objectives are *Specific, Measurable, Achievable, Realistic and Time bound*. SMART objectives describe achievements not activities.

∗ **Specific** – *What exactly are we going to do, with or for whom?*
The program states a specific outcome, or a *precise* objective to be accomplished. The outcome is stated in numbers, percentages, frequency, reach, scientific outcome, etc. The objective is clearly defined.

∗ **Measurable** – *Is it measurable & can WE measure it?*
This means that the objective can be measured and the measurement source is identified. Use a range of measures appropriate for the time frame, including health outcomes, behavioral risk factors, health service indicators, assessment of capacity, service availability, community attitudes and intentions, service enrollment, policy enactment, policy compliance/enforcement findings, results of population screenings/surveys or environmental testing.

∗ **Achievable** – *Can we get it done in the proposed time-frame/in this political climate for this amount of money?*
The objective or expectation of what will be accomplished must be realistic given the political environment, time period, resources allocated, etc.

∗ **Realistic** – *Can we get it done with the available funding and staffing?*
The objective reflects the limits given your available funding and staffing.

∗ **Time-frame** – *When will we accomplish this objective?*
This means stating clearly the time-frame when the objective will be achieved (target date). Example: give actual date (month, or day if possible.) **"Ongoing" is not acceptable as a time frame. If unsure, give an estimated target date that you would complete this activity. Using the last month of the grant project is also not acceptable unless that is the actual targeted date.**

Example of a SMART Objective:
By June 2013, Cindo Public Health will increase to four the number of school districts in Dartmouth County that have implemented a comprehensive tobacco-free policy.

Activities

All activities under the objective must directly relate to the objective you are trying to achieve. When you write an activity, ask "Does this activity help me reach my objective?"

What Activities are Allowable?

The types of activities that can be funded under the Local Grants Program must adhere to the CDC Best Practices for Tobacco Prevention and Control Programs 2007. These activities would include:

Comprehensive Tobacco-Free School Policy

School policy assessment
School policy development and implementation (including staff training)
Staff time for school policy work
Follow-up evaluation of implementation and compliance with the policy
Advocacy training for youth groups in combination with policy efforts *(limited)*
Youth leader training to encourage youth advocacy and coalition involvement (*limited*)

Comprehensive College/University Tobacco-Free Policy

Policy assessment/surveys to determine support
School policy development and implementation (including staff training)
Staff time for school policy work
Materials to promote the new policy (notices, fliers, signage)
Follow-up surveys for evaluation of policy implementation and compliance
Student advocacy training

What is not funded:
Staff time for the purchase and implementation of tobacco-free or health curricula
Health fairs/special events (unless they are directly tied to a policy effort)
Speakers/lyceums
Promotional items or giveaways (water bottles, frisbees, etc.)
School nursing

Community

Community assessment for policy change
Community coalition facilitation
Public education on policy:
- Best Practice policy efforts (sustaining state programs, increase in tobacco tax, comprehensive local and state smoke-free laws, comprehensive tobacco-free school policies, cessation systems change)

Public education through earned and paid media
Presentations/meetings with policy leaders and other influential groups (board of health, legislators, county commissioners, city council members, school boards, school administrators, business owners)
Development and publication of local policy success stories
Policy advocacy training for coalition members, local public health administrators, other local public health advocates and board of health members
A tobacco control section on the local agency website
Mini-webpage on the BreatheND site

Local Media

For all local components, earned media and some local funding for "B" or less populated media outlets must support all policy efforts. Funding requests for local media may not exceed 1-2 percent of the total budget in the grant application. *(Unless the health unit is participating in the weekly newspaper public relations strategy - see pages 22-24 for more information)*

Funding for statewide media (PETF) will remain at the same level as in previous years ($0.65 per capita).
A minimum of ***50 percent*** of Tobacco Prevention Education funds must be invested in building policy. Policy-related investments are:

- Tobacco Industry Manipulation: radio and print
- Costs of Tobacco: radio and print
- Public Relations Strategy: radio and print
- Secondhand Smoke: radio and print

If special circumstances require additional public education, contact the Center's Health Communications Coordinator to discuss the need for additional public education.

What is not funded:
Health fairs/special events (unless they are directly tied to a policy effort)
Compliance checks (unless the community has a local youth access ordinance)
New local tobacco control websites (websites may be part of the larger agency website or a component of an organization such as BreatheND)

Cessation
NDQuits promotion
Training, travel and supplies to implement the Ask, Advise and Refer - PHS Guidelines
Staff or consultants to provide training to implement Ask, Advise and Refer in health care facilities
Training to keep current Tobacco Treatment Specialists certified, knowledgeable, and assertive regarding Ask, Advise and Refer policy and cessation advancements.
NRT for special circumstances in addition to what the NDQuits offers. (See formula guideline in Budget sectio· on page 13 for allowable amount funded)

What is not funded:
Promising Practices (e.g., Baby and Me projects) as these are not considered CDC Best Practices
Individual cessation programs (unless directed at specific populations that cannot use the NDQuits or for individuals that need lengthier counseling and medication regimens)

Infrastructure/Capacity
Local health departments must have a minimum of one FTE dedicating 50% time to tobacco control. Larger service areas will need more staff.
Membership in NDPHA (Note: If staff works the majority of their time in other programs, the amount of support must be pro-rated to the amount of time they spend in tobacco control.)
Travel expenses to quarterly training sessions and other Center sponsored tobacco control trainings
Travel expenses and registration for NDPHA annual meeting
Out-of-state meetings will require prior approval to attend and must directly relate to your work plan and policy efforts
A small percentage of other agency staff who work on tobacco control policy or cessation efforts (budget justification and work plan must show how they are involved in the work plan or policy efforts)

What is not funded:
Training or travel that is not related to your work plan or policy efforts
Staff positions that are not doing tobacco control work

FUNDING COMPONENTS for July 1, 2013 - June 30, 2014

POPULATION, TYPE OF HEALTH UNIT, PER CAPITA and *COOPERATING UNIT INCENTIVE

The four funding components - Population, Type of Health Unit, Per Capita and *Cooperating Unit Incentive are used to determine funding. Each funding component is listed below.

Population	Amount Per Year
0 - 24,999	$25,000
25,000 - 39,999	$20,000
40,000 - 59,999	$15,000
60,000 - 99,999	$10,000
100,000 or >	$0
Type of Health Unit	**Amount Per Year**
Multi County or *Cooperating Unit	$20,000
City/County or Single County and population < 100,000	$10,000
City/County or Single County and population 100,000 or >	$0
Per Capita	**Amount Per Year**
Per Capita	Based on available funding
***Cooperating Unit Incentive (Collaboration)**	**Amount Per Year**
Per Cooperating Unit	$0

TIC LEGEND

*A Cooperating Unit is where two or more multi county, city/county or single county health units form a collaboration and submit a single grant application. The Cooperating Unit assigns one health unit as the fiscal and reporting agent.

The funding available from each of the multi county, city/county and single county health units are added together to determine the total funding available for the Cooperating Unit (please refer to the funding amounts document - next page). ***Please note that a Cooperating Unit no longer receives an incentive.***

Example of Cooperating Unit:

Health Unit "A", Health Unit "B", Health Unit "C" and Health Unit "D" agree to form a Cooperating Unit. Health Unit "D" is assigned as the fiscal and reporting agent for the four health units. The funding available are as follows:

Health Unit "A" - $25,000
Health Unit "B" - $50,000
Health Unit "C" - $40,000
Health Unit "D" - $65,000

	Amount
Funding amount available for Cooperating Unit (A+B+C+D)	$180,000
Cooperating Incentive ($0)	$0
Total	$180,000

FUNDING AMOUNTS for July 1, 2013 - June 30, 2014

INSTRUCTIONS: Listed below is the funding amount available by service area. You may apply up to the "Funding Available" amount for your service area. Should a Cooperating Unit apply for funds, please contact your outreach coordinator to verify the funding available. See Attachment I for instructions.

A	B	C	D	E	F = B * $3.50	G	H = C + E + F + G
	FUNDING COMPONENTS						
	Population		Type of Health Unit		Per Capita	Replacement Funding	
Service Area	2011	Funding Amount	C = City/County M = Multi County S = Single County	Funding Amount	Per Capita	Funding Amount 2010	Funding Available
Barnes (City County)	11,056	$25,000	C	$10,000	$29,585	$30,000	$94,585
Burleigh	83,145	$10,000	C	$10,000	$222,493	$30,000	$272,493
Cavalier	3,939	$25,000	S	$10,000	$10,541	$0	$45,541
Central Valley	23,047	$25,000	M	$20,000	$61,673	$30,000	$136,673
Custer	44,630	$15,000	M	$20,000	$119,428	$30,000	$184,428
Dickey	5,317	$25,000	S	$10,000	$14,228	$0	$49,228
Emmons	3,546	$25,000	S	$10,000	$9,489	$0	$44,489
Fargo/Cass	152,368	$0	C	$0	$407,732	$30,000	$437,732
First District	90,920	$10,000	M	$20,000	$243,299	$30,000	$303,299
Foster	3,341	$25,000	S	$10,000	$8,940	$0	$43,940
Grand Forks	66,598	$10,000	C	$10,000	$178,214	$30,000	$228,214
Kidder	2,414	$25,000	S	$10,000	$6,460	$0	$41,46
Lake Region	24,930	$25,000	M	$20,000	$66,712	$30,000	$141,712
LaMoure	4,105	$25,000	S	$10,000	$10,985	$0	$45,985
McIntosh	2,769	$25,000	S	$10,000	$7,410	$0	$42,410
Nelson/Griggs	5,429	$25,000	M	$20,000	$14,528	$0	$59,528
Pembina	7,342	$25,000	S	$10,000	$19,647	$0	$54,647
Ransom	5,403	$25,000	S	$10,000	$14,458	$0	$49,458
Richland	16,245	$25,000	S	$10,000	$43,471	$30,000	$108,471
Rolette	14,206	$25,000	S	$10,000	$38,015	$0	$73,015
Sargent	3,798	$25,000	S	$10,000	$10,163	$0	$45,163
Southwestern	40,139	$15,000	M	$20,000	$107,411	$30,000	$172,411
Steele	1,950	$25,000	S	$10,000	$5,218	$0	$40,218
Towner	2,264	$25,000	S	$10,000	$6,058	$0	$41,058
Traill	8,147	$25,000	S	$10,000	$21,801	$0	$56,801
Upper Missouri	41,615	$15,000	M	$20,000	$111,360	$30,000	$176,360
Walsh	11,032	$25,000	S	$10,000	$29,521	$0	$64,521
Wells	4,237	$25,000	S	$10,000	$11,338	$15,000	$61,338
TOTALS	683,932	$600,000		$340,000	$1,830,179	$345,000	$3,115,179

Total Funding Available	2,770,179.00
Less Population Funding	$600,000
Less Type of Health Unit Funding	$340,000
	1,830,179.00

PETF FUNDING AMOUNTS FOR JULY 1, 2013 - JUNE 30, 2014

A	B	C	D	E	F = B * $0.65
	FUNDING COMPONENTS				
	Population		Type of Health Unit		Per Capita
Service Area	2010		C = City/County M = Multi County S = Single County		ONE Year $0.65 Per Capita
Barnes (City County)	11,066		C		$3,596
Burleigh	81,308		C		$26,425
Cavalier	3,993		S		$1,298
Central Valley	23,090		M		$7,504
Custer	44,288		M		$14,394
Dickey	5,289		S		$1,719
Emmons	3,550		S		$1,154
Fargo/Cass	149,778		C		$48,678
First District	88,220		M		$28,672
Foster	3,343		S		$1,086
Grand Forks	66,861		C		$21,730
Kidder	2,435		S		$791
Lake Region	24,853		M		$8,077
LaMoure	4,139		S		$1,345
McIntosh	2,809		S		$913
Nelson/Griggs	5,546		M		$1,802
Pembina	7,413		S		$2,409
Ransom	5,457		S		$1,774
Richland	16,321		S		$5,304
Rolette	13,937		S		$4,530
Sargent	3,829		S		$1,244
Southwestern	38,896		M		$12,641
Steele	1,975		S		$642
Towner	2,246		S		$730
Traill	8,121		S		$2,639
Upper Missouri	38,502		M		$12,513
Walsh	11,119		S		$3,614
Wells	4,207		S		$1,367
TOTALS	672,591				$218,591

BreatheND

Saving lives, saving money. The voice of the people.

Recommendations for Purchasing Local Level Tobacco Prevention Public Education

Updated 12-21-12

Purpose of Locally-Purchased Public Education

The primary purpose for purchasing tobacco prevention public education on the local level is to build and maintain a good working relationship with your local media.

Guiding Principles for Local Media Purchases

To assist you in your communications efforts, the Center has developed guidelines to lead you through the communications process, entitled ***Building a Comprehensive Communications Strategy.***

PRIOR APPROVAL ON HEALTH COMMUNICATIONS ACTIVITIES IS REQUIRED: All health communications activities such as MEDIA PLANS, NEWS RELEASES, NEWS LETTERS, ADVERTISING, LETTERS, BROCHURES, ETC. - must have prior approval from the Center's Health Communications Coordinator ~ Donna Thronson ~ 701.328.5131 or email dothronson@nd.gov . **Allow a minimum of ONE WEEK for Center approval:** materials may be reviewed and approved in a lesser time period, but better planning makes for a better product and alleviates undue stress.

Public Education Guidelines

1. Limit the amount of funds invested in locally-placed paid public education to a minimum, as it is much more efficient to place tobacco prevention public education on a statewide basis.

2. Assure that the public education placed locally contains only the Center's professionally-developed media materials, and is coordinated with Center's statewide campaign (messaging and timing).

Basics for Maximizing the Effectiveness of Locally-Purchased Public Education

Invest your local public education budget at strategic times when you will get the most attention.

Print

Purchase ad space that is equivalent to a quarter-page or larger. This enables your message to "dominate" the page and get more attention.

Radio

To be effective, you must run at least eight spots per day & these must be aired only during the 6 a.m. to 7 p.m. time period (prime time). You can run up to 12 radio spots per day (including free ones), but eight of them must still be in that prime-time period.

Television
This medium is covered state-wide by the Center and is not recommended as a medium for local purchasing. Consult with the Health Communications Coordinator at the Center to review any questions pertaining to television media.

Spending Guidelines for Local Public Education

1. All local public health units should include the Center's allocation of $0.65 per capita in their grant application budget and work plan to support the statewide media campaign.

2. Additional local public education should support your policy efforts. *Funding for local public education should not exceed two percent of the total budget in the grant application.*

3. A minimum of ***50 percent*** of Tobacco Prevention Education funds must be invested in building policy. Policy-related investments are:

    - Tobacco Industry Manipulation: radio and print
    - Costs of Tobacco: radio and print
    - Public Relations Strategy: radio and print
    - Secondhand Smoke: radio and print

If special circumstances require additional public education, contact the Center's Health Communications Coordinator to discuss the need for additional public education.

Contracts with Communications Vendors
The Center contracts with a communications agency to develop creative materials and place paid public education for the entire BreatheND communications program. No individual contracts should be awarded outside of the Center's contractor.

WEEKLY NEWSPAPER PUBLIC RELATIONS STRATEGY

As an enhancement to the upcoming grants program, the Center is offering local public health partners an additional program. This program is designed to improve public relations efforts in ***local, small-town communities with WEEKLY (NOT DAILY) NEWSPAPER DISTRIBUTION.***

This program is designed to support development of local policy efforts and local tobacco prevention program funding within small communities.

LOCAL LEADERSHIP RESPONDS BEST TO LOCAL PUBIC RELATIONS EFFORTS

TARGET MARKET: The target areas are **small communities - within reach of** WEEKLY NEWSPAPERS - and will feature a total of THREE **educational opportunities in the 2014 fiscal year**. The program will include:

- News release: designed in "swiss cheese" format to fill in the blanks or choose a preferred quote.
- News print ad (3 col x 8" ad): designed specifically for each targeted event. Public health units can include their own public health name in this area.

THEME: the three *possible* theme areas are (subject to change):

- Great American Smokeout – November 2013
- Heart Month – February 2014
- Kick Butts – March 2014 or possibly Stroke Month – May 2014

The take-away message is to communicate FUNDING TOBACCO PREVENTION is a BEST BUY FOR CHRONIC DISEASE PREVENTION. Nationally, about 36 million deaths are occurring each year from non-communicable diseases (NCD). At least one in six, or 6 million, of those deaths are directly attributable to tobacco use. Tobacco is the only risk factor that's a major cause or contributor to all four of the major NCDs: cardiovascular diseases, diabetes (type II), cancers and chronic respiratory diseases.

HOW IT WORKS: Currently, public health units budget no more than *two percent* of the total budget in the grant application for public health education. THIS OPPORTUNITY **ALLOWS LPHUs TO INCREASE THE PUBLIC EDUCATION BUDGET TO INCLUDE PRINTING THREE ADDITIONAL NEWSPAPER ADS** WITHIN YOUR LOCAL PUBLIC HEALTH UNIT (WEEKLY NEWSPAPERS ONLY).

If you do not want to expand your advertising budget dollars, the two percent budget can be used to fund the public relations program.

HOW TO BUDGET: Within your public health education budget line, allow for funding increases to cover your **WEEKLY NEWSPAPER ADVERTISING RATES**, ALLOWING FOR THE ADDITIONAL THREE THEMED AREAS. Budget to cover ALL WEEKLY NEWSPAPERS IN YOUR COVERAGE AREA. *Reference ATTACHMENT C for your local newspaper advertising rates.*

Please contact Donna Thronson, Health Communications Coordinator, regarding all media plans during your application process and during the 2013-2014 grant year. Donna Thronson can be reached at 701.328.5131 (toll free 1.877.277.5090).

If you have questions regarding the 2013-2014 grant application or grant guidance, please contact either Kelli Ulberg, Community Intervention Coordinator (701.328.5134 or toll free 1.877.277.5090) or Bev Benda (701-317-5567) of the Center for Tobacco Prevention and Control Policy.

Tobacco Prevention and Control Executive Committee
Center for Tobacco Prevention and Control Policy

Grantee Financial Guidelines

- **Reimbursement requests must be based on actual expenditures.**
- **If your health unit is using an auditor approved formula, you must provide documentation of the approved formula.**
- **If any of your expenditures are based on your total health unit expenditures, you will need to provide documentation on how the formula was created.**

A. Personnel

- A minimum of one FTE dedicating 50% time to tobacco control is strongly recommended to oversee and successfully carry out the work plan submitted.
- Funds designated for new personnel/fringe, will be restricted for that purpose and cannot be reprogrammed.

B. Fringe Benefits

- Each staff person must be listed separately.
- Fringe must be in alignment with the salary.
- Fringe benefits covered by the grant may not go beyond the standard benefit package offered to other employees in the health unit of the same status.

C. Travel/Food/Lodging

- Mileage
  - $0.565/mile
  - The Center encourages employees within the same local public health unit to travel together when possible.
- Meals

  In State

  - First quarter, 6 a.m. to 12 noon $ 6.00
  - Second quarter, 12 noon to 6 p.m. $ 9.00
  - Third quarter, 6 p.m. to 12 midnight $15.00

Out of State

- Will depend on location – Please visit www.gsa.gov/portal/category/21287 for current rates
- First quarter, 6 a.m. to 12 noon 20% of GSA M&IE rate
- Second quarter, 12 noon to 6 p.m. 30% of GSA M&IE rate
- Third quarter, 6 p.m. to 12 midnight 50% of GSA M&IE rate

- In order to claim expenses for the second and third quarters, the employee must have been in travel status one hour before the start of the quarter being claimed, and travel status must extend at least one hour into the quarter being claimed.

- Alcohol purchases will not be reimbursed.

- Dedicated or primary tobacco program staff must attend three of the four quarterly Tobacco Prevention and Control training sessions during the contract period.

- Dedicated or primary tobacco program staff must attend all mandatory statewide meetings and trainings.

- Lodging

  - In State: $69.30 + taxes/night (receipts required to be kept on file for audit purposes)

  - Out of State: Actual lodging expense (receipts required to be kept on file for audit purposes)

- Other Travel Related Costs

  - Travel expenses for bus fare, taxi, shuttle bus (from airport to hotel), parking fees and toll charges will be reimbursed (receipts required to be kept on file for audit purposes).

D. Supplies

- Office Supplies

  - May include items such as paper, ink, pens, folders, binders, etc.

- Educational Supplies

  - May include fact sheets, brochures, newsletters, etc.

- Cessation Medications

  - May include Nicotine Replacement Therapy (NRT), Chantix, etc.

- Cessation Supplies

  - May include NDQuits materials, NDQuits kits, etc.

- Other Supplies
  - Includes supplies that do not fit into the supply categories of office, educational or medical.
- All supplies purchased must be needed to complete your work plan.
- Any single item over $100.00 needs to be listed separately on the Reimbursement Request Narrative.
- Non-alcoholic beverages (coffee, soft drinks, tea, etc.) will be reimbursed if provided as part of a meeting to inform or train the general public, consultants, etc. Beverages provided for your local public heath meetings or staff trainings will not be reimbursed.
- Food is **not** reimbursable by the Center's local tobacco control policy grants or the Center's tobacco state aid funds.
- The following items are **not** reimbursable by the Center's local tobacco control policy grants or the Center's tobacco state aid funds:

• Gifts	• Gift bags	• Cards	• Promotional items
• Clothing	• Alcohol	• Food	• Lobbying expenses
• Door prizes	• Giveaways		

E. Rent/Utilities

- Office Rent
  - If the office is used for other department programs, charge rent proportionally.
- Utilities
  - May include a portion of the health unit's water, lights or sewer expenses
- Facility Expenses
  - May include a portion of the health unit's custodial or maintenance expenses

F. Communications

- Telephone
  - May include land line and/or cell phone expenses
  - If land line and/or cell phone is used for other department programs, charge phone proportionally.
- Postage
  - May include postage for regular mail, newsletters and educational information to policymakers, coalitions, etc.

G. Equipment

- The item must be > $5,000 to be considered equipment.

H. Consultant/Contractual

- Include in your budget a contract for Upper Missouri District Health Unit to continue contributions to the statewide media effort.

- Provide activities or information as to what the contractor/consultant will be doing and how that fits into your work plan. If appropriate, provide justification for any of the categories such as personnel, fringe benefits, travel, supplies, etc.

- Other consultant/contractual expenses could cover SADD coordinators in schools, comprehensive tobacco-free school policy work in schools, training contracts, etc.

- If you are paying a contractor an hourly wage, you must complete the personnel formula.

- If you are paying a contractor a flat amount, please put the amount in the consultant/contractual line.

I. Other

- Other 1 (Local Media)

  - Local Media – Secondhand Smoke
    - Includes any radio or newspaper ads related to secondhand smoke (does not include NDQuits advertising)

  - Local Media – Tobacco Industry Manipulation
    - Includes any radio or newspaper ads related to tobacco industry manipulation

  - Local Media – NDQuits
    - Includes any radio or newspaper ads promoting NDQuits.

  - Local Media – Costs of Tobacco
    - Includes any radio or newspaper ads related to the costs of tobacco

  - Local Media – Other
    - Includes any radio or newspaper advertising that does not fit into the above categories

  - If you use funds for media-based public education, your media plan must be reviewed and approved by Donna Thronson and coordinated as described in the Health Communication Standards.

- Other 2 (Memberships)
  - May include membership fees to North Dakota Public Health Association.
  - Tobacco Free North Dakota (TFND) and Americans for Nonsmokers Rights Foundation (ANRF) memberships are not reimbursable by the Center's local tobacco control policy grants or the Center's tobacco state aid funds.
- Other 3 (PHS Guidelines)
  - Expenses may include any training, time, development of materials, etc. related to Ask, Advise, Refer (AAR) – PHS Guidelines
  - Any Electronic Health Record (EHR) expense must be pro-rated based on the number of programs or based on a percentage of the agency's budget. (*The local policy grant does not support reimbursement for 100% of EHR expenses*).
- Other 4 & 5
  - Any other expenses that do not fit into the local media, memberships or PHS Guidelines categories listed above or in any other section of the budget.
  - Other expenses (such as health unit audits) must be pro-rated based on the number of programs or based on a percentage of the agency's budget. (*The local policy grant does not support reimbursement for 100% of audit expenses*).

J. Additional Guidelines

- You may not use funds for research, lobbying, or activities not designated Best Practices for Comprehensive Tobacco Control Programs by the CDC (2007).
- Your funded activities must be based on the CDC *Best Practices for Comprehensive Tobacco Control Programs* from October 2007 and part of the five-year N.D. state tobacco prevention and control plan, *Saving Lives, Saving Money: North Dakota's Comprehensive State Plan to Prevent and Reduce Tobacco Use, 2009-2014.*
- If you use funds for surveillance and evaluation, you must obtain prior approval and input for all projects, including surveys, from Kelli Ulberg before implementation begins.
- Expenditures that need approval by the Center
  - Salary or staffing changes
  - Any major budget changes
  - Out of state travel
- The rate guidelines are based on ND Office of Management and Budget Fiscal Policies. All changes in rates will be e-mailed when the Center is notified or you can view OMB's policy at http://www.nd.gov/fiscal/docs/fiscaladmin2011.pdf

- **Please Note:** The Center will be conducting desk audits and/or site visits. You will be expected to provide all documentation to support your expenditures.

Please sign below after you have read and consented to following the above guidelines. Keep a copy for yourself and turn in the original with your grant application. If one person holds multiple positions, designee must sign each line.

I have reviewed and consent to following the financial guidelines outlined above.

Health Unit _____

Name _____ Date _____
Local Public Health Unit Administrator

Name _____ Date _____
Financial Representative

Name _____ Date _____
Tobacco Prevention Coordinator

Guidelines for Collaboration

The purpose of a collaborative relationship is to improve efficiency and effectiveness of operations among several counties in close proximity. A collaboration is able to achieve significant outcomes by combining forces and talents through maximum efficiency. However, before organizing a collaboration, it is important to review the goals and objectives of each partner, and consider the pros and cons of such a relationship. At the end of this section is a worksheet with a list of thought-provoking questions to answer and discuss with potential partners before organizing a collaborative. Consider all aspects carefully before you make a decision.

If you are thinking of collaborating, you must work with the Center. To determine funding for the potential collaborative, add up the funding available for each health unit (refer to funding amounts document – page 20). Please note that collaborations no longer receive a $20,000 incentive *(this is different from the collaborative funding formula in the past).*

If your collaboration application is not approved, then none of the counties in the joint application may be funded or your funds could be reduced for sections of the application that are non-collaborative.

What is a collaboration?
A collaboration is two or more parties working together to achieve common goals. A successful collaboration is more efficient and effective than working alone. For example, a single staff person may serve more than one county; or if there are two coordinators serving three counties, one may be responsible for the school policy efforts in all the counties and the other may be responsible for the community policy efforts.

What is NOT a collaboration?
A collaboration is not doing the same things you have always done and simply splitting the extra money between the health units/districts. A collaboration is not combining parties for the purpose of having one county provide technical assistance to another. (Your field coordinator or the Center can provide this service free to you.) The lead coordinator does not replace the technical assistance provided by the state.

Possible areas of collaboration:

- Staffing (may involve employment of staff or contractors)
- Travel
- Purchasing of supplies/materials
- Assessment
- Training
- Multi-county coalitions

How to apply:

- Submit one application for all collaborating units.
- Designate one fiscal agent to receive the grant funds, and prepare and submit the fiscal reports. The party preparing the progress reports may or may not be the same party as the fiscal agent.
- Designate a lead coordinator to be responsible for overseeing the grant and assuring that the performance standards are met.
- Include in your application a clear delineation of the roles and responsibilities of each health unit/district in the collaboration.
- Consider and document potential sources of sustainability. Follow the funding components TIC Legend found on page 19 to determine the amount for which you may apply.

Is Being a Collaboration a Good Fit for You?

Have each person in the proposed collaborative complete the following worksheet, and then come together as a group to discuss your responses.

1. How would a collaborative make my health unit more effective?

2. How will collaborating make my entire health unit more efficient? (If yes, please describe "economies of scale" produced.)

3. What significant outcomes could our collaborative achieve that we could not achieve individually?

4. What is our plan to assure communication and accountability for each partner's role in the collaboration?

5. How do we intend to evaluate the outcomes of our projects as a collaborative?

6. Other thoughts:

Kenmare News	$6.33	24	$151.92	$455.76	1,684	5052
Killdeer, Dunn County Herald	$5.84	24	$140.16	$420.48	1,189	3567
Kulm Messenger	$5.25	24	$126.00	$378.00	595	1785
Lakota American	$5.70	24	$136.80	$410.40	1,051	3153
LaMoure Chronicle	$5.82	24	$139.68	$419.04	1,165	3495
Langdon, Cavalier County Republican	$6.38	24	$153.12	$459.36	1,733	5199
Larimore Leader-Tribune	$5.18	24	$124.32	$372.96	533	1599
Linton, Emmons County Record	$7.72	24	$185.28	$555.84	3,074	9222
Lisbon, Ransom County Gazette	$7.33	24	$175.92	$527.76	2,680	8040
Litchville Bulletin	$5.44	24	$130.56	$391.68	788	2364
Mandan News	$6.01	24	$144.24	$432.72	1,362	4086
Mayville, Traill County Tribune	$6.87	24	$164.88	$494.64	2,224	6672
McClusky Gazette	$5.35	24	$128.40	$385.20	701	2103
McVille Messenger	$4.85	24	$116.40	$349.20	200	600
Medora, Billings County Pioneer	$4.96	24	$119.04	$357.12	309	927
Michigan, Nelson County Arena	$5.01	24	$120.24	$360.72	357	1071
Milnor, The Sargent County Teller	$6.29	24	$150.96	$452.88	1,640	4920
Minnewaukan, Benson County Farmers Press	$7.02	24	$168.48	$505.44	2,373	7119
Mohall, Renville County Farmer	$5.76	24	$138.24	$414.72	1,111	3333
Napoleon Homestead	$6.32	24	$151.68	$455.04	1,674	5022
New England, The Herald	$5.61	24	$134.64	$403.92	957	2871
New Rockford Transcript	$5.69	24	$136.56	$409.68	1,039	3117
New Salem Journal	$5.58	24	$133.92	$401.76	925	2775
New Town News	$5.58	24	$133.92	$401.76	930	2790
Northwood, The Gleaner	$5.49	24	$131.76	$395.28	839	2517
Oakes Times	$6.03	24	$144.72	$434.16	1,384	4152
Park River, Walsh County Press	$5.55	24	$133.20	$399.60	902	2706
Parshall, Mountrail County Record	$5.11	24	$122.64	$367.92	455	1365
Pembina New Era	$4.98	24	$119.52	$358.56	325	975
Rolla, Turtle Mountain Star	$7.46	24	$179.04	$537.12	2,808	8424
Rugby, Pierce County Tribune	$6.79	24	$162.96	$488.88	2,140	6420
Stanley, Mountrail County Promoter	$6.85	24	$164.40	$493.20	2,197	6591
Steele Ozone & Kidder County Press	$6.11	24	$146.64	$439.92	1,455	4365
Tioga Tribune	$6.14	24	$147.36	$442.08	1,490	4470
Towner, Mouse River Journal	$5.66	24	$135.84	$407.52	1,014	3042
Turtle Lake, McLean County Journal	$5.20	24	$124.80	$374.40	545	1635
Underwood News	$5.14	24	$123.36	$370.08	494	1482
Velva Area Voice	$5.20	24	$124.80	$374.40	551	1653
Walhalla Mountaineer	$5.61	24	$134.64	$403.92	955	2865
Washburn, The Leader-News	$6.02	24	$144.48	$433.44	1,371	4113
Watford City, McKenzie County Farmer	$6.85	24	$164.40	$493.20	2,201	6603
West Fargo Pioneer	$5.05	24	$121.20	$363.60	397	1191
Westhope Standard	$5.28	24	$126.72	$380.16	630	1890
Wishek Star	$5.45	24	$130.80	$392.40	796	2388
Total weekly circulation/cost	$470.95				98864	296592
	24	sq in ad				
	$11,302.80					
		times				
	3	per year				
80 WEEKLY NEWSPAPERS x3 PER YEAR	**$33,908.40**					

NOTES:

Prices are quoted from the 2012 North Dakota Newspaper Association; LPHU may be able to negotiate lesser rates dealing directly with the local newspaper.

If a weekly newspaper is not a member of the North Dakota Newspaper Association, it will not be included on this list; HOWEVER, you can still purchase ads in a weekly newspapers not included on this list.

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REQUIRED & OPTIONAL LOCAL OBJECTIVES & ACTION STEPS
LOCAL TOBACCO CONTROL POLICY GRANT PROGRAM
2013-2014

BASED ON THE STATE PLAN: SAVING LIVES – SAVING MONEY: NORTH DAKOTA'S COMPREHENSIVE STATE PLAN TO PREVENT AND REDUCE TOBACCO USE 2009-2014

Objectives, activities, target dates and evaluation measures highlighted in yellow are REQUIRED.

GOAL 1: PREVENT INITIATION OF TOBACCO USE AMONG YOUTH AND YOUNG ADULTS

State Objective 4: By June 30, 2014, increase the percentage of Department of Public Instruction (DPI) – defined school districts with a comprehensive tobacco-free school policy to 50 percent.

Local SMART Objective: By June 30, 2014, our LPHU/Coalition will increase the number of school districts/private schools that have implemented comprehensive tobacco-free school policies to _____.

Local SMART Objective: By June 30, 2014, _____ (LPHU) will conduct at least one activity to monitor the tobacco industry's marketing to youth.

Activity	Responsible Party	Target Date	Evaluation Measure
Complete an assessment of each comprehensive tobacco-free school district/private school policy		December 30, 2013	• # of school districts in your service area • # of school district/private school assessments completed • # of Annual School Policy Assessment forms (with checklists) provided to the Center. • Add Evaluation Measure
Track and report the number of comprehensive tobacco-free school districts on quarterly progress reports.		Quarterly	• # of new comprehensive tobacco-free school district policies Add Evaluation Measure
Report new comprehensive tobacco-free school district/private school policies to the Center within 30 days of the policy effect date.		Monthly	• # of new comprehensive tobacco-free policies reported to the Center within 30 days of policy effect date • Add Evaluation Measure
Submit all comprehensive tobacco-free school district/private school policies to the Center.		June 30, 2014	• All comprehensive tobacco-free policies were submitted to the Center (Yes/No)

Activity	Responsible Party	Target Date	Evaluation Measure
Document local boards of health support for comprehensive school tobacco-free policies.		June 30, 2014	• Resolution of support passed by Board of Health on _____ (dat • Add Evaluation Measure
Report compliance check data on quarterly progress reports.			• Add Evaluation Measure

Other Activity Ideas:

- ✓ Partner with local/regional SADD to promote adoption and implementation of comprehensive tobacco-free school policies.
- ✓ Mobilize local coalitions, including youth, to educate communities and school boards about the need for and benefits of a comprehensive tobacco-free school district policy using Center approved educational materials.
- ✓ Partner with parent and teacher organizations to promote the adoption of comprehensive tobacco-free school policies.
- ✓ Provide technical assistance to implement and monitor adherence with comprehensive tobacco-free school policies.
- ✓ Publicize and recognize school districts with a comprehensive tobacco-free school policy.

State Objective 5: By December 30, 2013, increase the number of public and private post-secondary institutions with tobacco-free campuses to thirteen.

Local SMART Objective:

Activity	Responsible Party	Target Date	Evaluation Measure

Activity Ideas:

- ✓ Conduct assessment of post-secondary institutions and their tobacco use policies, and resources and expertise available for promoting tobacco-free campus policies.
- ✓ Educate the students, student health services personnel, staff and administration at public, tribal and private colleges and universities about the components and benefits of a tobacco-free campus.
- ✓ Mobilize local coalitions, including youth, to support efforts at public, tribal and private institutions to enact a 100 percent tobacco-free campus policy.
- ✓ Organize and train members of the campus community, including students, to advocate, adopt and enforce tobacco-free campus policies.
- ✓ Provide technical assistance to implement and monitor adherence with tobacco-free campus policies.
- ✓ Publicize and recognize post-secondary institutions with 100 percent tobacco-free campuses.
- ✓ Monitor progress in adopting tobacco-free campus policies to evaluate impact of local coalition efforts to promote tobacco-free campus policies.
- ✓ Track and report the number of colleges/universities that have adopted tobacco-free campus policies on quarterly progress reports.

GOAL 2: ELIMINATE EXPOSURE TO SECONDHAND SMOKE

State Objective 2: By June 30, 2014, increase to eight the number of communities that have enacted local ordinances for 100 percent smoke-free public places and places of employment.

By June 30, 2014, our Local Public Health Unit/Coalition will work toward adopting the state smoke-free law into _____ community/communities in our service area.

Activity	Responsible Party	Target Date	Evaluation Measure
Contact all city council members and city attorneys in your service area and provide them with a copy and implementation plans for North Dakota's new state smoke-free law, importance of adopting the state smoke-free law language into city ordinance (if appropriate), information on the tobacco prevention program, and your role as a tobacco prevention coordinator.		June 30, 2014	• # of communities that have adopted the ND State Smoke-Free Law into their local ordinance. • # of communities that have been provided the information (whether by mail, email or in person) • Add Evaluation Measure

Other Activity Ideas:

- ✓ Train local coalition members to support adopting the ND State Smoke-Free law into their local ordinances assuring all public places and workplaces smoke-free.
- ✓ Educate the public and policymakers on the health benefits of smoke-free environments and the role smoke-free environments play in preventing youth smoking.
- ✓ Use the "Getting Started in North Dakota" and "Strategic Planning Tool" documents in educational efforts to implement North Dakota's smoke-free law and to assess community readiness for policy change.

State Objective 3: By June 30, 2014, prevent preemption (higher levels of government can prohibit lower levels of government from enacting certain laws or regulations) in all state tobacco prevention and control laws. (Local governments are not preempted from enacting tobacco prevention and control ordinances – ND Century Code)

Local SMART Objective: Pass a Board of Health preemption resolution and 100% smoke-free workplace resolution in _____ LPHU.

Activity	Responsible Party	Target Date	Evaluation Measure
Edit the preemption resolution and present to Board of Health.			• Preemption resolution passed by Board of Health on _____ (date). • Add Evaluation Measure

Activity	Responsible Party	Target Date	Evaluation Measure
Edit the 100 percent smoke-free workplace resolution and present to Board of Health			• 100% smoke-free workplace resolution passed by Board of Health on _____ (date). • Add Evaluation Measure

Other Activity Ideas:

- ✓ Assess local resources and expertise on preventing preemption.
- ✓ Train coalition members on preemption and the benefits of preventing preemption in state laws.
- ✓ Include preventing pre-emption messages in the coalition's educational materials for use with state and local policymakers.
- ✓ Train local coalitions about how to prevent and deal with preemption activities, including referenda.
- ✓ Assist in monitoring legislation for preemption language to evaluate impact of local efforts.

GOAL 3: PROMOTE QUITTING TOBACCO USE

State Objective 4: By June 30, 2014, increase annual use of NDQuits to a minimum of 5 percent of all smokers and smokeless tobacco users.

Local SMART Objective: By June 30, 2014, increase the number of enrollments to NDQuits by _____ (number).

Activity	Responsible Party	Target Date	Evaluation Measure
Assess current use of NDQuits by residents of the LPHU service area.			• # of phone enrollments this quarter • # of web enrollments this quarter • # of phone + web enrollments this quarter • Add Evaluation Measure
Educate health care providers, other health, mental health, substance abuse, and social service providers and businesses to promote NDQuits.			• # of formal presentations on promotion of NDQuits • # of people in attendance • type of audience • Add Evaluation Measure

State Objective 5A: By June 30, 2014, maintain and enhance the systems approach to tobacco treatment recommended in the U.S. Public Health Service "*Treating Tobacco Use and Dependence, Clinical Practice Guideline - 2008 Update*" in the 28 local public health units (LPHU). (*This objective is specific to local public health*)

Local SMART Objective: By June 30, 2014, the LPHU will continue to expand the implementation of the PHS Guidelines "Treating Tobacco Use and Dependence" (Ask, Advise, Refer) in all _____ (number) client-based programs.

Activity	Responsible Party	Target Date	Evaluation Measure
Track the implementation of the PHS Guideline's AAR recommendations in all client-based programs.			• # of client-based programs that have implemented the Guidelines • # of client-based programs in our agency • Add Evaluation Measure
Conduct an AAR Chart Audit to assess implementation of the PHS Guidelines.		June, 30, 2014	• Chart audit completed (Yes/No) • Add Evaluation Measure
Continue to include AAR - Measure 4 (regarding client secondhand smoke chart documentation) in all LPHU client-based programs using AAR.			• # of LPHU client based programs documenting Measure 4 • Add Evaluation Measure

Other Activity Ideas:

- ✓ Report AAR program implementation on quarterly progress reports.
- ✓ Conduct ongoing training of LPHU staff in implementing the LPHU to ask, advise and refer all tobacco users to treatment.

State Objective 5B: By June 30, 2014, incorporate the systems approach to tobacco treatment recommended in the U.S. Public Health Service "*Treating Tobacco Use and Dependence, Clinical Practice Guideline - 2008 Update*" in healthcare systems. (*This objective is specific to health care providers, excluding local public health*)

Local SMART Objective: By June 30, 2014, the LPHU will expand the implementation of the PHS Guidelines "Treating Tobacco Use and Dependence" (Ask, Advise, Refer) in _____ (number) private healthcare and other settings.

Activity	Responsible Party	Target Date	Evaluation Measure
Track the implementation of the PHS Guideline's AAR recommendations in private healthcare and other settings.			• # of healthcare facilities that have implemented the Guidelines • Add Evaluation Measure

Activity	Responsible Party	Target Date	Evaluation Measure
Educate health care providers on the benefits of AAR.			• # of formal presentations • # of providers in attendan • Add Evaluation Measure

Other Activity Ideas:

- ✓ Meet with healthcare facility administration to promote adoption of policies and implementation of the PHS Guidelines.
- ✓ Report AAR program implementation on quarterly progress reports.

State Objective 8: By June 30, 2014, address tobacco dependence in addiction treatment programs, in 8 regional mental health treatment programs and in dual diagnosis treatment programs.

Local SMART Objective:

Activity	Responsible Party	Target Date	Evaluation Measure
Partner with service area treatment programs to educate mental health practitioners and licensed addiction counselors on AAR.		June 30, 2014	• # of meetings with treatment program providers • Type of providers • Add Evaluation Measure

Activity Ideas:

- ✓ Begin meeting with regional human service center administration and staff to assess current policies and support for tobacco-free grounds.
- ✓ Meet with regional human service center staff, begin meeting to develop a plan to establish a tobacco-free building and grounds policy at the center.

GOAL 4: BUILD CAPACITY/INFRASTRUCTURE TO IMPLEMENT A COMPREHENSIVE EVIDENCE-BASED TOBACCO PREVENTION/CONTROL PROGRAM

State Objective 2: By June 2014, build local infrastructure and capacity to collaboratively deliver evidence-based tobacco prevention and control interventions recommended in *Best Practices for Comprehensive Tobacco Control Programs 2007* and *The Guide to Community Preventive Services: Tobacco Use Prevention and Control* to reach all local public health units, four reservations and one Indian Health Service (IHS) area.

Local SMART Objective: Throughout the 2013-2014 grant year, maintain (or increase if necessary) an adequate level of qualified staffing in _____ (LPHU) to carry out required tobacco control grant activities.

Activity	Responsible Party	Target Date	Evaluation Measure
Tobacco control coordinator will assess staffing levels and contract requirements with LPHU Administrator.		September 30, 2013	• Assessments completed on the following dates • Add Evaluation Measure
Tobacco control coordinator will work with LPHU Administrator to review job titles and job descriptions of all LPHU tobacco control staff to reflect policy and systems change duties and update if necessary.		September 30, 2013	• # of job descriptions reviewed • # of job descriptions updated • Add Evaluation Measure
Primary tobacco staff will attend 3 of 4 quarterly training sessions in person		Quarterly	• # of quarterly training sessions attended by primary tobacco staff • Add Evaluation Measure
Primary tobacco staff will attend all Center mandatory and recommended trainings (other than quarterly trainings)		Quarterly	• # of mandatory trainings attended • types of trainings attended this quarter • # of recommended trainings attended • Add Evaluation Measure
Maintain a minimum of one FTE (not combined positions) dedicated 50% time to tobacco control		Monthly	• Maintained a minimum of one FTE dedicated 50% time to tobacco control this quarter (Yes/No) • Add Evaluation Measure
Submit accurate progress reports and reimbursement requests by the required deadlines.		Quarterly (and as needed)	• Quarterly progress report was submitted by the deadline (Yes/No) • Monthly/Quarterly reimbursement requests were submitted by the required deadline (Yes/No) • Add Evaluation Measure
Tobacco control coordinator will attend quarterly (or as needed) progress report review meetings and other conference calls with the field coordinator.		Quarterly (and as needed)	• Progress report review meeting attended this quarter (Yes/No) • # of other meetings with field coordinator attended • Add Evaluation Measure

Other Activity Ideas:

- ✓ Support the hiring of sufficient qualified and diverse tobacco prevention and control program staff and consultants at the local level to work with all North Dakota communities to deliver tobacco prevention and control policy and system change interventions.
- ✓ Facilitate community-based grassroots promotions, media advocacy, event sponsorships and other community links to support and reinforce statewide campaigns and to counter pro-tobacco influences.
- ✓ Strengthen and develop local coalitions to address policy interventions.
- ✓ Assure that youth and organizations that serve youth are engaged in local coalition activities.
- ✓ Educate policymakers and the public about the evidence-based, recommended interventions, including policy interventions, outlined in *Best Practices* and *The Community Guide*, and the need for sufficient staff at the state and local levels and the benefits of community-based programs and policy interventions.
- ✓ Promote collaboration with other community partners to address each other's tobacco-related chronic disease priorities.

State Objective 3: By June 2014, implement an ongoing tobacco prevention and control health communication initiative that delivers strategic, culturally appropriate and high-impact earned and paid messages in sustained and adequately funded campaigns integrated into the overall comprehensive North Dakota Tobacco Prevention and Control Program.

Local SMART Objective:

Activity	Responsible Party	Target Date	Evaluation Measure
Contribute to the Public Education Task Force on Tobacco to support the local public health unit sponsored statewide public education campaign supporting local policy and systems change efforts.		September 30, 2013	• Signed contract with UMDHU (Yes/No) • PETF contribution made at recommended level (Yes/No) • Add Evaluation Measure

GOAL 5: ENCOMPASSES ACTIVITIES THAT ALL WORK TO MEET GOALS 1, 2, 3, AND 4

State Objective 1: By June 30, 2014, increase the cigarette excise tax to $2.00 per pack and increase the excise tax on other tobacco products by a proportional amount. AND State Objective 2: By June 30, 2014, amend the North Dakota Smoke-Free Law to implement 100 percent smoke-free public places and places of employment and to expand enforcement of the law.

Activity	Responsible Party	Target Date	Evaluation Measure
Use the Center's formal presentation to educate on the benefits of a tobacco excise tax increase, secondhand smoke and the benefits of 100% smoke-free workplaces and a comprehensive state smoke-free law, preemption, and funding to sustain the tobacco prevention comprehensive program at the CDC recommended level during educational presentations.		Quarterly	• # of formal Center presentations • # of people in attendance • Type of audience • Main topic(s) of discussion • Add Evaluation Measure

Activity	Responsible Party	Target Date	Evaluation Measure
Monitor policymaker support for the following: benefits of a tobacco excise tax increase, secondhand smoke and the benefits of 100% smoke-free workplaces and a comprehensive state smoke-free law, and the tobacco prevention comprehensive program at the CDC recommended level.		November 1, 2013	• # of legislators in your service area • # of local legislators who support a tobacco tax increase • # of local legislators who support a comprehensive smoke-free state law • # of local legislators who support the tobacco prevention comprehensive program at the CDC recommended level • Add Evaluation Measure
Publicize all successes and thank the public and policymakers for funding the local program through local celebrations, events and news releases.			• # of successes publicized • # of news releases sent • # of local celebrations/events held • Add Evaluation Measure
Communicate with local elected officials (city, county, local legislators) regarding Best Practice policies at least four times.		Quarterly	• # of in person meetings • # of phone conversations • # of presentations • # of printed materials (policy fact sheets, newsletters, reports, etc) provided • Add Evaluation Measure
Submit one local success story to the Center by the end of the grant year.		June 30, 2014	• success story submitted by the deadline (Yes/No) • Add Evaluation Measure
Continue to update the health unit mini-webpage on the BreatheND website to post newsletters, coalition information, events, etc.		Quarterly	• mini-webpage updated • Add Evaluation Measure
Establish tobacco free buildings and grounds policies at local public health units that have implemented the PHS Guidelines.			• LPHU has implemented the guidelines AND has a tobacco free building and grounds policy (Yes/No) Add Evaluation Measure

Activity	Responsible Party	Target Date	Evaluation Measure
Track adoption of tobacco-free buildings and grounds policies in private healthcare facilities.			• # of healthcare facilities that have implemented u. Guidelines AND have a tobacco free building and grounds policy Add Evaluation Measure
Collaborate with local law enforcement to ensure compliance with local and state smoke-free laws.		Quarterly	• # of meetings with local law enforcement • # of warning letters sent Add Evaluation Measure

Activity Ideas:

- ✓ Train local coalition members to present educational materials to target groups.
- ✓ Identify and educate the target audiences (policymakers, educational and health professionals and the public) on the need for increasing tobacco excise tax, benefits of 100% smoke-free workplaces, comprehensive state smoke-free law and the need for the tobacco prevention comprehensive program to remain at the CDC recommended level.
- ✓ Augment the statewide public education campaign with purchase of additional radio and newspaper placements coordinated with the state effort.
- ✓ Staff/coalition members will provide information and updates on smoke-free environments to local and state policymakers.

Tobacco Prevention and Control
Grant Summary Statement and Response to Recommendations, Required Revisions and Restrictions
Funding Period July 1, 2013 – June 30, 2014

This form outlines the findings of the Tobacco Prevention and Control Advisory Committee. Please use this form to address each recommendation, required revision and restriction identified below. You may not make any other changes to the grant than the recommendations or revisions required. Once the changes have been made on the application, please re-submit via the PRS online application. Once this form has been completed, please email it to bbenda@ind.gov

Grantee: _____ **Completed by:** _____ **Date:** _____
Name of Local Public Health Unit *Name of person completing form*

Strengths:
1.
2.

Recommendations:	**Response to Recommendations:**	***FOR CENTER USE ONLY***
1.	1.	
2.	2.	
Required Revisions:	**Response to Required Revisions:**	
1.	1.	
2.	2.	
Restrictions:	**Response to Restrictions:**	
1.	1.	
2.	2.	

Applicant must make required revisions and resubmit application to the Center by May 31, 2013. Approval of resubmission will be addressed by the Advisory Committee and/or delegated to the Executive Committee.

For Center use only:
Application:
_____ Approve _____ Approve with Revisions _____ Approve with Restrictions
_____ Approve with Revisions and Restrictions
_____ Approve pending resubmission and review by Advisory Committee/Executive Committee

Comments:

Travel Information 2013-2014

Sites Trainings

Registration Fees: $35 per person

July 2013 Training: (Devils Lake)
Date: July 24th, 8:00a - 5:00p
Location: Fireside Inn, 215 Hwy 2 East, Devils Lake, 701.662.6760
*The Center has reserved a block of rooms for the night of July 23rd at the state rate. Please make your hotel reservations by June 22nd.

October 2013 Training: (Mandan)
Date: October 22nd, 1:00p-5:00p and October 23rd, 7:30a-12:00p
Location: Best Western Seven Seas Hotel & Water park
2611 Old Red Traill (Exit 152), Mandan, 1.800.597.7327
*The Center has reserved a block of rooms for the night of October 22nd at the state rate. Please make your hotel reservations by October 5th.

January 2014 Training: (Bismarck)
Date: TBD

April 2014 Training: (Bismarck)
Date: TBD

NDPHA Meeting/Dakota Conference 2014 (Grand Forks)
Date: _____
Registration Fee (estimated):

Out-of-state travel:

- There are no out-of-state conferences noted at this time.
- All out-of-state travel must be pre-approved by the Center.
- Health units must provide a written report outlining insights and action plans from the out-of-state conference attended.

Membership Fees

NDPHA	$35

Guide to Acronyms

CDC	Centers for Disease Control
CTPCP	Center for Tobacco Prevention and Control Policy
SMART (Goals)	Specific, Measurable, Achievable, Realistic, Time Bound
TPCEC	Tobacco Prevention and Control Executive Committee
TPC	Tobacco Program Coordinator

Center for Tobacco Prevention and Control Policy
Local Tobacco Control Policy Grant 2013-2014
Scoring Summary

Local Public Health Unit Name

Part	Title	Points Available	Total Points
Part I	Title Page	(0 points)	_____
Part II	Executive Summary	(20 points)	_____
Part III	Budget	(30 points)	_____
Part IV	Work Plan	(50 points)	_____
	Grand Total	(100 points)	_____

Overall Grant Comments

■

Local Tobacco Control Policy Grant 2013-2014
Scoring Document

PART I – TITLE PAGE – **(No points to award this section)**

PART II – EXECUTIVE SUMMARY – (see Grant Guidance Document, page 10)

✓ The applying local public health unit shall include an executive summary outlining the following:
- County/Counties Served
- Infrastructure
- Policy Goals
- Funding

	Incomplete	Acceptable	Advanced
☐ County/Counties Served	☐ Applicant does not provide county name(s) and/or population.	☐ Applicant provides county name(s) and population.	
☐ Infrastructure	☐ Applicant does not have a minimum of one FTE dedicated 50% time to tobacco control.	☐ Applicant does have a minimum of one FTE dedicated 50% time to tobacco control.	
☐ Policy Goals	☐ Applicant minimally addresses the policy goals.	☐ Applicant adequately addresses the policy goals.	☐ Applicant thoroughly addresses the policy goals.
☐ Funding	☐ Applicant does not identify the funding available as outlined in the funding amounts document.	☐ Applicant identifies the funding available as outlined in the funding amounts document.	
Point range for this section: 0 - 20			
Part II – Executive Summary Score ___			☐ **Incomplete (0-5 points)** ☐ **Acceptable (6-12 points)** ☐ **Advanced (13-20 points)**

Part II – Strengths	Part II – Weaknesses
■	■

PART III – BUDGET – (see Grant Guidance Document, pages 10-15)

- ✓ The budget must correspond directly to the work plan. Expenditures not related to the work plan will not be funded.
- ✓ Applicant must provide a description or a brief phrase that summarizes each expense.
- ✓ Applicant must provide a justification for each expense.

	Incomplete	Acceptable	Advanced
☐ Personnel	☐ Applicant does not provide justification for each staff person funded by the grant and/or does not specify each person's role with regard to the Tobacco Program.	☐ Applicant provides minimal justification for each staff person and/or each person's role with regard to the Tobacco Program.	☐ Applicant provides thorough justification for each staff person and their roles with regard to the Tobacco Program
☐ Fringe Benefits	☐ Applicant does not provide fringe benefit justification for each staff person and/or the fringe is not in alignment with salary.	☐ Applicant provides minimal fringe benefit justification; some missing information.	☐ Applicant provides thorough fringe benefit justification; benefits are in alignment with salaries.
☐ Travel/Food/Lodging	☐ Applicant is missing significant travel information; incorrect registration fees; incorrect per diem rates; inadequate justification, etc.	☐ Applicant provides most of the travel information; correct registration fees; correct per diem rates; minimal justification, etc.	☐ Applicant provides thorough travel information; correct registration fees; correct per diem rates; thorough justification, etc.
☐ Supplies	☐ Applicant is missing significant supplies information and/or justification.	☐ Applicant provides most of the supply information in each of the categories and provides minimal justification in each category.	☐ Applicant provides thorough supplies information in each of the categories and provides thorough justification in each category.
☐ Rent/Utilities	☐ Applicant is missing significant rent/utilities	☐ Applicant provides most of the	☐ Applicant provides thorough rent/utilities

	information and/or justification.	rent/utilities information and provides minimal justification for each.	information and thorough justification for each.
☐ Communications (Telephone/Postage)	☐ Applicant is missing significant telephone/postage information and/or justification.	☐ Applicant provides most of the telephone/postage information and minimal justification for each.	☐ Applicant provides thorough telephone/postage information and justification for each.
☐ Equipment	☐ Applicant is missing equipment information and/or justification.	☐ Applicant provides most of the equipment information and minimal justification.	☐ Applicant provides thorough equipment information and justification.
☐ Consultant/Contractual	☐ Applicant is missing significant consultant/contractual information and/or justification.	☐ Applicant provides most of the consultant/contractual information and minimal justification.	☐ Applicant provides thorough consultant/contractual information and justification.
☐ Other 1 – Local Media	☐ Applicant is missing significant local media information and/or justification.	☐ Applicant provides most of the local media information and minimal justification.	☐ Applicant provides thorough local media information and justification.
☐ Other 2 - Memberships	☐ Applicant is missing membership information and/or justification.	☐ Applicant provides most of the membership information and minimal justification.	☐ Applicant provides thorough membership information and justification.
☐ Other 3 – PHS Guidelines	☐ Applicant is missing PHS Guidelines information and/or justification.	☐ Applicant provides most of the PHS Guidelines information and minimal justification.	☐ Applicant provides thorough PHS Guidelines information and justification.
☐ Other 4	☐ Applicant is missing information and/or justification.	☐ Applicant provides most of the information and minimal justification.	☐ Applicant provides thorough information and justification.
☐ Other 5	☐ Applicant is missing information and/or justification.	☐ Applicant provides most of the information and minimal justification.	☐ Applicant provides thorough information and justification.
Point range for this section: 0 - 30			

Part III – Budget Score ____		☐ **Incomplete (0-9 points)** ☐ **Acceptable (10-19 points)** ☐ **Advanced (20-30 points)**

Part III – Strengths	**Part III – Weaknesses**
■	■

PART IV – WORK PLAN – (see Grant Guidance Document, pages 15-16)

- ✓ The work plan must describe in detail how the applicant will achieve the primary purposes of the grant proposal.
- ✓ The work plan must include local SMART objectives, activities, responsible parties, target dates and evaluation measures of success for each activity.
- ✓ The work plan must be consistent with the budget and should:
  - Clearly outline the evidence-based policy approaches to be implemented.
  - Include SMART (Specific, Measurable, Achievable, Realistic, and Timely) local objectives.
  - Include meaningful activities that are consistent with the CDC Best Practices and the state plan and relate specifically to accomplishing the stated objectives.
  - Include meaningful and quantifiable evaluation measures.
- ✓ Please refer to Attachment D (pages 35-44) to view the required and optional local objectives and action steps. (*Required local objectives and activities are highlighted in yellow)*

	Incomplete	**Acceptable**	**Advanced**
☐ Goal 1: Prevent Initiation of Tobacco Use Among Youth And Young Adults	☐ Applicant is missing significant information and/or no new activities have been added; evaluation measures are not quantifiable.	☐ Applicant provides most of the required information and most activities/evaluation measures are meaningful and/or quantifiable.	☐ Applicant provides all the required information and includes meaningful activities and meaningful and quantifiable evaluation measures.

☐ Goal 2: Eliminate Exposure To Secondhand Smoke	☐ Applicant is missing significant information and/or no new activities have been added; evaluation measures are not quantifiable.	☐ Applicant provides most of the required information and most activities/evaluation measures are meaningful and/or quantifiable.	☐ Applicant provides all the required information and includes meaningful activities and meaningful and quantifiable evaluation measures.
☐ Goal 3: Promote Quitting Tobacco Use	☐ Applicant is missing significant information and/or no new activities have been added; evaluation measures are not quantifiable.	☐ Applicant provides most of the required information and most activities/evaluation measures are meaningful and/or quantifiable.	☐ Applicant provides all the required information and includes meaningful activities and meaningful and quantifiable evaluation measures.
☐ Goal 4: Build Capacity/ Infrastructure To Implement A Comprehensive Evidence-Based Tobacco Prevention/Control Program	☐ Applicant is missing significant information and/or no new activities have been added; evaluation measures are not quantifiable.	☐ Applicant provides most of the required information and most activities/evaluation measures are meaningful and/or quantifiable.	☐ Applicant provides all the required information and includes meaningful activities and meaningful and quantifiable evaluation measures.
☐ Goal 5: Encompasses Activities That All Work To Meet Goals 1, 2, 3, and 4.	☐ Applicant is missing significant information and/or no new activities have been added; evaluation measures are not quantifiable.	☐ Applicant provides most of the required information and most activities/evaluation measures are meaningful and/or quantifiable.	☐ Applicant provides all the required information and includes meaningful activities and meaningful and quantifiable evaluation measures.
Point range for this section: 0 - 50			
Part IV – Work Plan Score ____			☐ **Incomplete (0-16 points)** ☐ **Acceptable (17-33 points)** ☐ **Advanced (34-50 points)**

Part IV – Strengths	**Part IV – Weaknesses**
■	■

STATE OF NORTH DAKOTA

TOBACCO PREVENTION AND CONTROL EXECUTIVE COMMITTEE
CENTER FOR TOBACCO PREVENTION AND CONTROL POLICY
4023 STATE STREET, SUITE 65
BISMARCK, ND 58503-0638

Request For Proposal (RFP)

RFP Title: Evaluation of the Comprehensive Statewide Tobacco Prevention and Control Program

RFP Number: 305.12.002

Date of Issue: ***Tuesday, March 20, 2012***

Purpose of RFP:

The North Dakota Center for Tobacco Prevention and Control Policy is soliciting proposals for a Contractor for evaluation services which include developing evaluation methods to meet the goals of the Surveillance and Evaluation Plan, evaluate the State Plan and the Center's Health Communications Plan, and meet the audit requirements of state statute.

Contractors are not required to return this form.

Procurement Officer: Donna Thronson

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SECTION ONE
INTRODUCTION AND INSTRUCTIONS

1.01
Purpose of the RFP

The North Dakota Center for Tobacco Prevention and Control Policy, hereafter known as "Center" is soliciting proposals for a Contractor for evaluation services which include developing evaluation methods as well as collecting new and existing data to meet the goals of the Surveillance and Evaluation Plan, evaluate the Center's health communications plan, and meet the audit requirements of state statute.

1.02
Contact Person, Telephone, Fax, E-mail

The procurement officer is the point of contact for this RFP. All Vendor communications regarding this RFP must be directed to the procurement officer. Unauthorized contact regarding the RFP with other State employees of the purchasing agency may result in the Contractor being disqualified, and the Contractor may also be suspended or disbarred from the State bidders list.

PROCUREMENT OFFICER: Donna Thronson
PHONE: 701-328-5131
FAX: 701-328-5135
TTY Users call: 7-1-1
E-MAIL: dothronson@nd.gov

1.03
RFP Schedule

This schedule of events represents the State's best estimate of the schedule that will be followed for this RFP. If a component of this schedule, such as the deadline for receipt of proposals, is delayed, the rest of the schedule will be shifted by the same number of days.

The approximate RFP schedule is as follows:

1. RFP Issued: Tuesday, March 20, 2012
2. Deadline for receipt of questions and objections related to the RFP: Tuesday, April 3, 2012, 2:00 pm Central Time
3. Responses to questions / RFP amendments (if required): Tuesday, April 10, 2012
4. **RFP Deadline:** Tuesday, May 1, 2012, 2:00 pm Central Time
5. Evaluation and notification of finalist completed by approximately: Tuesday, May 15, 2012
6. State issues Notice of Intent to Award a Contract approximately: Tuesday, May 15, 2012
7. State issues contract approximately: Wednesday, May 30, 2012
8. Contract start date will be upon full execution of the contract by both parties.

1.04
Return Mailing Address and Deadline for Receipt of Proposals

Contractor must submit six (6) hard copies and one electronic copy (CD) of the proposal in a sealed envelope or package. **The cost proposal must be in a separate sealed envelope or package marked "Cost Proposal."**

Envelopes or packages containing proposals must be clearly addressed as described below to ensure proper delivery and to avoid being opened by the State before the deadline for receipt. Envelopes or packages must be addressed as follows:

Center for Tobacco Prevention and Control Policy
Attention: Donna Thronson

Proposals must be received by the purchasing agency at the location specified no later than 2 p.m., Central Time on May 1, 2012. Proposals will not be publicly read at that time.

Proposals may not be delivered orally, by facsimile transmission, by other telecommunication or electronic means. Contractors may fax or electronically transmit signed proposals to a third party who must deliver the proposal to the location indicated above by the date and time designated as the deadline for receipt of proposals.

Contractors assume the risk of the method of dispatch chosen. The State of North Dakota ("State") assumes no responsibility for delays caused by any delivery service. Postmarking by the due date will not substitute for actual proposal receipt by the State. A Contractor's failure to submit its proposal prior to the deadline will cause the proposal to be rejected. Late proposals or amendments will not be opened or accepted for evaluation.

1.05
Assistance to Contractors with a Disability

Contractors with a disability who need an accommodation should contact the procurement officer prior to the deadline for receipt of proposals so that reasonable accommodation can be made.

1.06
Deadline for Receipt of Questions and Objections

Contractors must carefully review this solicitation, the contract, risk management provisions, and all attachments for defects, questionable, or objectionable material. All questions must be in writing and directed to the purchasing agency, addressed to the procurement officer, and cite the subject RFP number. The procurement officer must receive these written requests by the deadline specified in the RFP Schedule of Events to allow issuance of any necessary amendments.

This will also help prevent the opening of a defective solicitation and exposure of Contractor's proposals upon which an award could not be made. Protests based on the content of the solicitation will be disallowed if these faults have not been brought to the attention of the procurement officer, in writing, before the time indicated in the Schedule of Events.

If the question may be answered by directing the questioner to a specific section of the RFP, then the procurement officer may answer the question over the telephone. Other questions may be more complex and may require a written amendment to the RFP. The procurement officer will make this determination. Oral communications is considered unofficial and non-binding on the State. The Contractor must confirm telephone conversations in writing.

1.07
Approved Vendor Registration Requirements

Proposals will be accepted from Contractors that are not currently approved Vendors on the State's bidders list; however, the successful Vendor will be required to become approved prior to award.

To become an approved Vendor, Contractors must: 1) be registered with the North Dakota Secretary of State (fees apply), and 2) submit a completed Bidders List Application to the North Dakota Vendor Registry Office. Prospective Contractors may access the Procurement Vendor Database on-line to verify whether their firm is currently on the bidders list. The bidders list that will be used for this solicitation are commodity codes: 918.12 – Consulting Services -- Analytical Studies and Surveys; 918.58 – Consulting Services – Government Consulting; 956.05 – Library Services – Business Research Studies; 956.70 –

Library Services – Research (Other Than Business); and 956.75 – Library Services – Scientific Research Services.

The Procurement Vendor Database, registration instructions and forms are available on-line at: http://www.nd.gov/spo/vendor/registry/. Contact the Vendor Registry Office at 701-328-2773 or infospo@nd.gov for assistance.

The successful Contractor must register and become approved within 30 calendar days from the date of the Notice of Intent to Award. If a Contractor fails to become approved by the time specified by the Procurement Officer, its proposal will be determined to be non-responsive, and its proposal will be rejected.

1.08
Pre-proposal Conference

No pre-proposal conference will be held for this RFP. Contractors are advised to carefully review the RFP and all attachments and submit all questions to the procurement officer by the deadline indicated for submission of questions in the schedule of events.

1.09
Amendments to the RFP

If an amendment to this RFP is issued, it will be provided to all Contractors on the bidders list and to those that have requested a copy of the RFP from the procurement officer.

1.10
News Releases

News releases related to this RFP will not be made without prior approval of the procurement officer or project manager designated by the State.

SECTION TWO
BACKGROUND INFORMATION

2.01
Background Information

The Center for Tobacco Prevention and Control Policy is a division of the Tobacco Prevention and Control Executive Committee. The Executive Committee administers the funding provided by Statewide Initiated Measure 3 that voters passed in 2008. The initiated measure established a fully-funded comprehensive tobacco use prevention and control program using Centers for Disease Control and Prevention (CDC) Best Practices. CDC methods are based upon best practices determined by evidence-based analysis of scientific literature and outcomes of comprehensive state tobacco control programs and interventions.

The Tobacco Prevention and Control Advisory Committee, appointed by the governor of North Dakota, is charged with developing and evaluating *Saving Lives—Saving Money, North Dakota's Comprehensive State Plan to Prevent and Reduce Tobacco Use 2009-2014*. The plan's goals are to significantly reduce tobacco use and its health and economic consequences by using policies and programs proven to keep kids from starting to use tobacco, help tobacco users quit, and protect everyone from secondhand smoke.

To learn more about *Saving Lives—Saving Money, North Dakota's Comprehensive State Plan* go to: www.breathend.com/about/

Over the next five years, implementation of this State Plan will prevent a greater number of North Dakota youth and young adults from beginning to use tobacco products, decrease the number of tobacco users, and fully protect the public from exposure to secondhand smoke in public places and in their workplaces. This RFP focuses on the evaluation component. A comprehensive tobacco control program must have a strong evaluation component in order to measure program achievement, show program health impact, improve program operations, manage program resources, ensure funds are utilized effectively, and demonstrate accountability to policymakers and other stakeholders.

The five-year comprehensive state plan includes the following objective:

> *By June 2010, develop a comprehensive statewide surveillance and evaluation plan for the comprehensive North Dakota Tobacco Prevention and Control Program.*

The following section includes highlights of the Surveillance and Evaluation Plan and related logic models (found at www.breathend.com/about/) currently in place:

The Surveillance and Evaluation Plan outlines how the new comprehensive statewide tobacco prevention and control program created by the initiated measure will be evaluated from July 1, 2011 through June 30, 2013, the third and fourth years of this new program. North Dakota Century Code §23-42-07 requires a biennial evaluation of the comprehensive program. The plan draws on best practices determined by two decades of evidenced-based analysis of scientific literature and outcomes of comprehensive state tobacco control programs and interventions. The analysis resulted in the recommendations in *Best Practices for Comprehensive Tobacco Control Programs*, published by the Centers for Disease Control and Prevention in October 2007. CDC recommends that states implement evidence-based tobacco control programs that are cost effective, comprehensive, sustainable, and accountable. Surveillance and evaluation are part of a comprehensive program and also contribute to a program's effectiveness and accountability.

> **Surveillance** is the process of monitoring tobacco-related attitudes, behaviors, and health outcomes at regular intervals over extended time periods. Surveillance helps determine progress toward achieving short-term, intermediate, and long-term outcomes. Surveillance data are analyzed and interpreted as part of the evaluation process.
>
> **Evaluation** activities are used to assess the process used and outcomes achieved by individual programs and major program activities. Evaluation activities help determine if needs and short-term program goals and objectives are met, and are met in an efficient and cost-effective way. Evaluation guides program improvement.

The Surveillance and Evaluation Plan builds on the North Dakota five-year state plan, *Saving Lives – Saving Money: North Dakota's Comprehensive State Plan to Prevent and Reduce Tobacco Use 2009-2014*. The Plan was developed by members and staff from the Tobacco Prevention and Control Executive Committee, the Center for Tobacco Prevention and Control Policy, the North Dakota Department of Health Tobacco Prevention and Control Program, and Local Public Health Units (LPHUs). Staff from the Office on Smoking and Health at CDC provided technical assistance.

The current Surveillance and Evaluation Plan, excerpt below, outlines how the objective from the five-year state plan will be implemented through June 30, 2011. This RFP does not require services to evaluate the first two years of the new program (July 1, 2009 through June 30, 2011), as a separate contract provides this evaluation. A final report of the 2009-2011 evaluation is available at

www.breathend.com, located at http://www.breathend.com/uploads%5Cresources%5C636%5Ctobacco-assessment-report-09012011.pdf. The current Surveillance and Evaluation Plan will be updated with the Center and the Vendor selected through this RFP process as part of the contract deliverables for evaluating the program from July 1, 2011 through June 30, 2013. However, the Center anticipates the update will not change the current plan significantly. The plan assumes that surveillance systems currently in place in North Dakota will be continued.

The 2009-2011 plan outline is organized around each of the four goals in *Saving Lives – Saving Money*:

Goal 1: Prevent the initiation of tobacco use among youth and young adults

1. Has the percentage of youth and young adults protected by tobacco-free campus policies at K-12 schools and institutions of higher education changed?

Goal 2: Eliminate exposure to secondhand smoke

1. Has the percentage of North Dakota residents protected by comprehensive smoke-free ordinances changed from July 1, 2009 to June 30, 2011? (All dates will be updated for the 2011-2013 evaluation.)
2. Developmental: Has the number of Altru emergency room admissions for acute cardiac events changed since the Grand Forks comprehensive smoke-free ordinance took effect on August 15, 2010? (Note: Since the Surveillance and Evaluation Plan was written, this study has begun.)
3. Developmental: Has the number of Sanford Medical Center and Essentia Health emergency room admissions for acute cardiac events changed since the Fargo and West Fargo comprehensive smoke-free ordinances took effect July 1, 2008?
4. Developmental: What are the annual healthcare costs of secondhand smoke exposure in North Dakota?
   (Note: Objectives 2, 3, and 4 of this goal are not included as deliverables or tasks in this contract, but data may be available for comprehensive evaluation. The evaluation question is considered "developmental" if baseline data are not available.)

Goal 3: Promote quitting tobacco use

1. Has the percentage of North Dakota residents making a quit attempt since July 1, 2009 changed? (NOTE: QuitNet became available beginning February 2010.)
2. Did Quitline call volume change following the 62 cent increase of the federal cigarette excise tax, which became effective April 1, 2009? If so, how long was any change in call volume sustained?

Goal 4: Build capacity and infrastructure to implement a comprehensive program

1. Is there sufficient operational capacity and infrastructure to implement North Dakota's comprehensive tobacco prevention and control program in fidelity to CDC's *Best Practices?*
2. Has the program met the goals and requirements set out in the initiated (N.D.C.C. 23-42, N.D.C.C. 54-27-25)?

Statewide and local surveillance and evaluation sources currently available through the State of North Dakota

Statewide and local surveillance sources include, but are not limited to:

1. Behavioral Risk Factor Surveillance System (BRFSS) – adult behaviors including use, quit attempts (also available for 15 counties)
2. Adult Tobacco Survey (ATS) – adult behaviors; knowledge, attitudes, support for policies (state available from the National ATS as well as state ATS, data also available by region)
3. Youth Risk Behavior Survey (YRBS) – youth behaviors including use, quit attempts, age of initiation (also available by region)
4. Youth Tobacco Survey (YTS) – youth behaviors; knowledge, attitudes, support for polices (data also available by region)
5. Pregnancy Nutrition Survey – behaviors by pregnant mothers
6. CORE Alcohol and Drug Use Survey – behaviors of college students
7. Vital statistics – tobacco use as cause of death, tobacco use by pregnant mothers
8. Federal Trade Commission report – tobacco industry marketing in North Dakota
9. Food and Drug Administration reports – compliance with FDA law
10. Smoking-Attributable Morbidity, Mortality and Economic Costs (SAMMEC) including lost productivity

11. Tax Department – tobacco consumption, tobacco tax revenues
12. State Treasurer – distribution of cigarette taxes to municipalities
13. Secretary of State – number of registered lobbyists lobbying for tobacco company interests
14. Center for Tobacco Prevention and Control Policy -- local policy and systems change databases – number/type of local tobacco control policies, dates enacted, policy language
15. Statewide public opinion poll on tobacco policies, December 2010

(NOTE: The Department of Health is the source of information for 1-5, 7, 10, and 15.)

Statewide and local evaluation sources currently available include, but are not limited to:

1. Local program and special initiative progress reports – work plan process outcomes
2. Statewide and local public opinion surveys – knowledge of, attitudes about, support for tobacco-control policies, reducing tobacco industry influence in North Dakota
3. Air quality surveys – exposure to secondhand smoke particulate matter, impact of policies or lack of policies on indoor air quality
4. Policy impact assessments – health and economic impact of policies, compliance with and support for policies
5. Evaluation of earned and paid media activities – number of favorable impressions, reach/frequency of paid media, recall of messages, support for program policies
6. Quitline/QuitNet reports – use of services statewide and by county, plus their evaluation report.

(Note: 1 – 5 are products of the Center. The Department of Health produces the reports in 6.)

2.02
Budget
The estimated budget for completion of this project is approximately $600,000. Contract period will run through September 30, 2013.

SECTION THREE
SCOPE OF WORK

3.01
Scope of Work

Overview
The Center for Tobacco Prevention and Control Policy seeks to identify a Contractor to implement the Surveillance and Evaluation Plan as approved by the Tobacco Prevention and Control Executive Committee. Evaluation shall meet the requirements of Chapter 23-42-07 of North Dakota Century Code, which calls for an independent review of the comprehensive statewide tobacco prevention and control program once each biennium to assure the plan is consistent with the Centers for Disease Control best practices. The Center is looking for comprehensive and flexible evaluation protocols and reports that will determine the effectiveness of program components and inform future program directions and interventions.

Definitions

A. "Agency", "Purchasing Agency" is the Center for Tobacco Prevention and Control Policy.
B. "CDC" means Centers for Disease Control and Prevention.
C. "Center" means Center for Tobacco Prevention and Control Policy.
D. "Contractor/Vendor/Bidder/Offeror" terms are interchangeable.
E. "Must" means that the function, feature, service, or capability is required.
F. "N.D.A.C." means North Dakota Administrative Code.
G. "N.D.C.C." means North Dakota Century Code.
H. "PHS Guidelines" means guidelines set by the Public Health Service.
I. "Shall" means that the function, feature, service, duty, or capability must be performed.
J. "Should" means that the function, feature, service, or capability is desired, but not mandatory.
K. "State" means the state of North Dakota and its agencies.

State-Furnished Property/Services

The Center will provide information, knowledge, and expertise it possesses which will be helpful to the Contractor toward successful completion on this project and will work closely with the Contractor to ensure a seamless working relationship between the Contractor, staff, and partners. All records are to be maintained by the Contractor. The State will not provide workspace for the Contractor.

Contractor-Furnished Property

Contractor will provide office space, supplies, telecommunications equipment, computer, and any necessary software or other supplies to carry out the scope of work in this RFP.

Description of Specific, Results-Oriented Tasks

The Vendor will complete the following major tasks as part of the evaluation process for the work in this contract:

1. Develop and implement approved comprehensive evaluation protocols to measure outcomes of the goals and objectives of the Surveillance and Evaluation Plan, the 5-year State Plan, and the Health Communications Plan.
2. Assess current surveillance and evaluation systems, tools, and available data for their applicability to this evaluation.
3. Identify additional data needed, and recommend protocols to collect and report these data.
4. Develop and implement approved protocols to track opposition (i.e., tobacco industry) activity, assess state decision-makers' attitudes, and identify opportunities and barriers in policymaking.
5. Collect, conduct analyses (comparison, trend, aggregate, etc. analyses as appropriate), and report existing and new surveillance data. Make comparisons to national and other states' data as appropriate.
6. Produce an annual evaluation report on the impact of the comprehensive program including an annual report of available data (i.e., key indicator values).
7. Produce a biennial evaluation report on the impact of the comprehensive program including a report of available data (i.e., key indicator values to be identified).
8. Conduct trainings for program managers on collecting and using local, state, and national data to demonstrate program impact.
9. Present data in-person in North Dakota as needed via formal and informal presentations.
10. Coordinate development, implementation, analysis, and reporting of all program evaluation projects with the Center staff.
11. Ensure timely completion of surveillance, evaluation, and analysis of research to evaluate the statewide tobacco prevention and control program.
12. In coordination with Center staff, collaborate with external evaluation contractors, and with ongoing tobacco surveillance programs currently conducted by other state agencies and contractors.
13. Use qualitative as well as quantitative methods as part of process, outcome and health outcome analyses.
14. Produce all reports in an electronic format.
15. Develop strategic recommendations for continuous improvement of evaluation efforts that lead to evidence-based approaches to comprehensive tobacco prevention and cessation.
16. Provide guidance to the Center on monitoring local program activity and outcomes and how best to use available data to demonstrate program needs and accomplishments.

Program Funding and Organization

North Dakota's comprehensive program is funded and implemented by two separate agencies: the Center for Tobacco Prevention and Control Policy, and the North Dakota Department of Health, through its Tobacco Prevention and Control Program. The Center provides approximately two-thirds of the funding to the comprehensive program. The Center concentrates efforts on state and community policy interventions and health system changes through all local public health units and their service area and nongovernmental statewide organizations, health communications and evaluation.

The Department of Health concentrates on operating and marketing the statewide quitline/QuitNet, state and community interventions and surveillance.

By law, the Center, through the Tobacco Prevention and Control Executive Committee, is required to conduct an independent review of the comprehensive plan:

> N.D.C.C. 23-42-07. Audit. At least once a biennium, the executive committee shall provide for an independent review of the comprehensive plan to assure that the comprehensive plan is consistent with the centers for disease control best practices. The executive committee shall report the results of that review to the governor and to the state health officer on or before September first in each odd-numbered year.

Best Practices for Comprehensive Tobacco Control Programs, October 2007, can be found at: http://www.breathend.com/uploads/resources/333/bestpractices_complete.pdf

The Center is the agency charged with full authority over the complete execution of this comprehensive evaluation. However, the evaluation requested through this process must include the entire comprehensive program and therefore will require contact with both the Center and the Department of Health Tobacco Prevention and Control Program. Both the Center and the department are State agencies, and local public health units that receive Center grants are also public entities. The State open records law (N.D.C.C. 44-04-18) applies to public entities that will be sources for some of the information needed for this evaluation.

Evaluation Protocols by Best Practice Components

As part of the comprehensive evaluation protocols, the Contractor must develop specific protocols that can reasonably be expected to show how the five major components of comprehensive program (identified by percentage of total program as recommended by the CDC) are or are not creating synergies that could reasonably be associated with the overall impact of the comprehensive program. The protocols should be able to identify the level to which the program is or is not comprehensive and synergistic and how the level of comprehensiveness and synergy is associated with the overall program impact and outcomes. (For example, is there synergy between state and community interventions and health communications and if so, can this synergy reasonably be associated with improved program impact and outcomes?)

I. administration and management – 5%
II. state and community interventions – 50%
III. health communications interventions – 13%
IV. cessation interventions – 24%
V. surveillance and evaluation – 8%

Protocols should describe the plans to accomplish the following steps for each of the five major components of the comprehensive program:

- Collect existing data about the component and describe how connections between components will be identified.

- Determine the status of the implementation of each component and determine if that status is in compliance with CDC Best Practices for North Dakota and CDC funding recommendations for that component.
- Determine the already achieved short, intermediate, and long-term outcomes of the implementation of each component, including, where possible, the effects on tobacco sales, quitline/Quitnet use, exposure to secondhand smoke, air quality related to secondhand smoke, overall tobacco use rates, reductions in adverse health outcomes and related healthcare costs.
- Provide recommendations for improving the component, including the management of the component.
- Include information about the component in reports as requested by the Center.

The following outline further describes the five major components of the comprehensive program:

I. Administration and management (funded by all sources included in the budget for the comprehensive program, which is approximately 5% of the CDC-recommended budget of $9.3 million/year)

- State human resources infrastructure at state agencies (the Center for Tobacco Prevention and Control Policy and the Department of Health Tobacco Prevention and Control Program) and statewide partner organizations whose missions include tobacco use prevention.
- Local human resources infrastructure at 28 local public health units and partners.
- State planning processes and documents.

II. State and community interventions (funded by all sources included in the budget for the comprehensive program, which is approximately 50% of the CDC-recommended budget of $9.3 million/year)

- Special Initiative Grants for Policy and Statewide Organization and other Special Initiative Grants to be developed.
- Other grants and contracts to Vendors providing technical assistance, training, and other services related to general state and community interventions.
- Local grants providing general policy and environmental change and local infrastructure funding to all local public health units directly or through multiple-unit cooperative grants.
- Comprehensive smoke-free policies in communities, resulting from education and grassroots efforts undertaken by local public health units and statewide organizations receiving local grants and/or Special Initiative Grants.
- Comprehensive tobacco-free policy implementation in K-12 schools and higher education, promoted by information, model policies, training, technical assistance, and funding provided by local public health units to schools in their service area.
- Other state and community interventions.
- Existing statewide and local public polls, surveys, economic impact studies, and air quality monitoring studies conducted and funded with both public and private funding.

III. Health communications interventions (funded by all sources included in the budget for the comprehensive program, which is approximately 13% of the CDC-recommended budget of $9.3 million/year)

- Annual media and marketing plan that includes: statewide marketing, advertising, public relations, social and viral media, research, surveillance, and related evaluation (provided through an existing contract with the Center).
- Public information including newspaper earned media tracking.
- Local health communications.
- Other health communications interventions.

IV. **Cessation interventions (funded by all sources included in the budget for the comprehensive program, which is approximately 24% of the CDC-recommended budget of $9.3 million/year)**

- Statewide population-based services (quitline and QuitNet) (Independent evaluation currently completed by a Department of Health Vendor.)
- Tobacco Settlement State Aid Grants to all 28 local public health units requiring implementation in health units of the Public Health Service (PHS) Guidelines, *Treating Tobacco Use and Independence, 2008 Update.*
- Use of PHS Guidelines *Treating Tobacco Use and Independence, 2008 Update*, in private healthcare settings, and promoted by State agencies and local public health units.
- Marketing and promotion of population-based cessation services.

V. **Surveillance and evaluation (funded by all sources included in the budget for the comprehensive program, which is approximately 8% of the CDC-recommended budget of $9.3 million/year)**

- Assessment of the completeness and effectiveness of current surveillance systems used to track short-, intermediate, and long-term outcomes.
- Identification of sources of additional existing critical data. NOTE: A current critical data analysis need is actual tobacco-related healthcare cost data.
- Provide a plan for the collection and analysis of additional critical data.

The following provides a partial list of current surveillance and evaluation systems, tools and data related to short-term, intermediate, or long-term outcomes.

Short-term and Intermediate Outcomes:

- public opinion polling and surveys, state and local
- grant program expenditures and activities
- general policy databases (primarily lists of policies)
- air quality monitoring surveys in communities
- policy impact assessments from Fargo and West Fargo (and previous studies conducted before the comprehensive program began)
- health communications program research, surveillance, and evaluation
- paid and earned media tracking
- statewide quitline/Quitnet reports and evaluation
- tobacco industry activities (lobbyist lists, Federal Trade Commission reports)
- tobacco tax collection and distribution (including Reservation sales data)
- health behavior data available for the state and a limited number of counties

Long-term Outcomes:

- trend data on statewide tobacco use rates
- vital health statistics
- tobacco-related healthcare costs

Quality Assurance

All materials will meet the Center's standards and must be produced by deadlines established by the Center. All materials must receive final approval by the Center prior to being printed or disseminated. Contractor must provide monthly reports/invoices for the work accomplished. A timetable for projects will be laid out with the Contractor. Contractor must keep the agency's project manager informed of any

projects that are not on schedule, must indicate the barriers to that progress, and negotiate adjusted timelines with the Center. Lack of quality or progress on projects can result in termination of the contract.

3.02
Location of Work

The State will not provide workspace for the Contractor.

The Contractor should include in its price proposal: transportation, lodging, and per diem costs sufficient to pay for travel to other locations as required.

3.03
Prior Experience

In order for offers to be considered responsive, Contractors must meet the minimum prior experience requirement. A Contractor's failure to meet this minimum prior experience requirement will cause its proposal to be considered non-responsive and its proposal will be rejected. The minimum experience requirement is five years of experience in developing and implementing comprehensive evaluation methods on public health issues. Contractors with a relationship to tobacco companies or tobacco firms in the business of promoting tobacco are not eligible to submit a proposal.

3.04
Required Licenses

At the time specified by the deadline for submission of proposals, Contractors must have and keep current any professional licenses and permits required by federal, state, and local laws for performance of this contract. Contractors that do not possess required licenses at the time proposals are due will be determined non-responsive.

3.05
Deliverables

The Contractor will work closely with the Center and its project manager to provide the following deliverables. Dates listed below are approximate. Final deliverable dates will be mutually agreed upon by the Center and the Contractor.

1. Within four weeks of the contract being fully executed provide the Center with a written plan on how the Contractor will conduct an independent review of the comprehensive plan and determine the impact of the comprehensive program.
2. Review current surveillance and evaluation plan, systems, tools and data, and determine if they are applicable to this evaluation.
3. Identify additional data needed, and recommend protocols to collect and report these data.
4. Review approved systems, collection tools, databases and reports as needed for existing and new data.
5. Review approved protocols to track opposition (i.e., tobacco industry) activity.
6. Review approved protocols to assess state decision-makers' opinions, and identify opportunities and barriers in policymaking.
7. At the end of each of the next two State fiscal years (June 30, 2012 and June 30, 2013), provide to the Center an annual written report of the impact of the comprehensive tobacco prevention and control program.
8. By approximately August 1, 2013, provide the Center with written results of an independent review of the comprehensive plan and the impact of the comprehensive program since its beginning in 2009. (N.D.C.C. 23-42-07 requires that the report must state how the comprehensive plan and its

implementation is or is not consistent with the Centers for Disease Control and Prevention's best practices for comprehensive tobacco control programs.)

9. Quarterly, provide the Center with written reports on the accomplishments and impact resulting from the local grants program, the special initiative grants program, the tobacco settlement state aid grants program and the implementation and impact of the state aid program's health system change deliverables (PHS Guidelines implementation).
10. Assist the project manager as needed in collecting and reporting quarterly progress made toward completing the annual statewide work plan.
11. Annually provide input into the development of the annual statewide work plan, Surveillance and Evaluation Plan and related standards for grantees, the 5-year State Plan, the Health Communications Plan and related standards for grantees.
12. Annually assist the Advisory Committee in conducting an evaluation of the effectiveness of the implementation of the State Plan.
13. Annually review and provide technical assistance and recommendations on local grant guidance, work plans, and progress reporting systems.
14. Annually review and provide technical assistance and recommendations on Special Initiative Grant guidance, work plans, and progress reporting systems.
15. Annually review and provide technical assistance and recommendations on Tobacco Settlement State Aid Grant guidance, implementation plans, tracking, and progress reporting systems.
16. Annually provide recommendations for continuous quality improvement of these evaluation efforts to better demonstrate program needs, accomplishments, and outcomes.
17. Provide formal and informal presentations of evaluation data to the Center in person or through the use of teleconferencing technology. A minimum of one face-to-face, in person, presentation will be conducted in North Dakota at the Center's request.
18. Provide and implement an approved training module for Center grant and contract recipients on data collection, interpretation, and communications to demonstrate program impact and unmet program needs.
19. Monthly, provide the Center with invoices listing work accomplished.

Center documents referenced above can be found on the agency website at: www.breathend.com/about/ . Some surveillance systems and reports can be found on the Department of Health website at www.ndhealth.gov and additional information can be found in the department's Tobacco Prevention and Control Program data section of that website at: www.ndhealth.gov/tobacco/data.htm .

SECTION FOUR
GENERAL CONTRACT INFORMATION

4.01
Contract Term, Extension, and Renewal Options

The State intends to enter into a contract with the awarded Vendor as a result of this solicitation. Contract start date will be upon full execution of the contract by both parties and will expire on September 30, 2013.

Renewal Option

The contract, upon satisfactory completion of the initial contract term, will have up to two options to renew this contract for twenty-four (24) months each, which would be executed by amendment to the contract upon mutual agreement of both parties. The State reserves the right to extend the contract period for an additional period of time, not to exceed 12 months, beyond the normal expiration date of the contract,

upon mutual written agreement by both parties. The State reserves the right to terminate the contract at any time because of funding or the successful Contractor not meeting the Center's goals.

The State will provide notice to the Contractor of its intent to review performance and renew this contract at least 60 days before the scheduled contract expiration date.

4.02
Contract Type

This contract is a Firm Fixed Price contract.

4.03
Standard Contract Provisions

The successful Contractor will be required to sign and submit the contract requirements and the purchase of service agreement requirements attached to this RFP (Attachments D and E). The Contractor must comply with the contract provisions set out in these attachments. Any objections to the contract provisions must be set out in the Contractor's proposal. No alteration of these provisions will be permitted without prior written approval from the purchasing agency.

Contractors are instructed to contact the procurement officer in writing by the deadline set for questions with any concerns regarding the contract provisions.

4.04
Proposal as a Part of the Contract

Part or all of this RFP and the successful proposal may be incorporated into the contract.

4.05
Additional Terms and Conditions

The State reserves the right to add, delete, or modify terms and conditions during contract negotiations. These terms and conditions will be within the scope of the RFP and will not affect the proposal evaluations.

4.06
Supplemental Terms and Conditions

Proposals including supplemental terms and conditions will be accepted, but supplemental conditions that conflict with those contained in this RFP or that diminish the State's rights under any contract resulting from the RFP will be considered null and void. The State is not responsible for identifying conflicting supplemental terms and conditions before issuing a contract award. After award of contract:

(a) if conflict arises between a supplemental term or condition included in the proposal and a term or condition of the RFP, the term or condition of the RFP will prevail; and
(b) if the State's rights would be diminished as a result of application of a supplemental term or condition included in the proposal, the supplemental term or condition will be considered null and void.

4.07
Contract Approval

This RFP does not, by itself, obligate the State. The State's obligation will commence when the purchasing agency approves the contract. Upon written notice to the Contractor, the State may set a different starting date for the contract. The State will not be responsible for any work done by the Contractor, even work done in good faith, if it occurs prior to the contract start date set by the State.

4.08
Contract Changes - Unanticipated Amendments

During the course of this contract, the Contractor may be required to perform additional work. That work will be within the general scope of the initial contract. When additional work is required, the project manager designated by the State will provide the Contractor a written description of the additional work and request the Contractor to submit a firm time schedule for accomplishing the additional work and a firm price for the additional work. Cost and pricing data must be provided to justify the cost of amendments.

The Contractor will not commence additional work until the project director has secured any required State approvals necessary for the amendment and issued a written contract amendment, approved by the purchasing agency.

4.09
Indemnification and Insurance Requirements

Contractors must review the attached contract for indemnification and insurance requirements. The indemnification and insurance provisions will be incorporated into the final contract.

Objections to any of the provisions of the Indemnification and Insurance Requirements must be made in writing to the attention of the procurement officer by the time and date set for receipt of questions. No alteration of these provisions will be permitted without prior written approval from the purchasing agency in consultation with the North Dakota Risk Management Division.

Upon receipt of the Notice of Intent to Award, the successful Contractor must obtain the required insurance coverage and provide the procurement officer with proof of coverage prior to contract approval. The coverage must be satisfactory to the purchasing agency, in consultation with the North Dakota Risk Management Division. A Contractor's failure to provide evidence of insurance coverage is a material breach and grounds for withdrawal of the award or termination of the contract.

4.10
Taxes and Taxpayer Identification

The Contractor must provide a valid Vendor Tax Identification Number as a provision of the contract.

The State is not responsible for and will not pay local, state, or federal taxes. The State sales tax exemption number is E-2001, and certificates will be furnished upon request by the purchasing agency.

A Contractor performing any contract, including service contracts, for the United States Government, State of North Dakota, counties, cities, school districts, park board or any other political subdivisions within North Dakota is not exempt from payment of sales or use tax on material and supplies used or consumed in carrying out contracts. In these cases, the Contractor is required to file returns and pay sales and use tax just as required for contracts with private parties. Contact the North Dakota Tax Department at 701-328-3470 or visit its website at www.nd.gov/tax/ for more information.

A Contractor performing any contract, including a service contract, within North Dakota is also subject to the corporation income tax, individual income tax, and withholding tax reporting requirements, whether the contract is performed by a corporation, partnership, or other business entity, or as an employee of the Contractor. In the case of employees performing the services in the state, the Contractor is required to withhold state income tax from the employees' compensation and remit to the state as required by law. Contact the North Dakota Tax Department at 701-328-3125 or visit its web site for more information.

4.11
Proposed Payment Procedures

The State will make payments based on a negotiated payment schedule. Each billing must consist of an invoice and progress report. No payment will be made until the progress report is received and the Center has approved invoice.

The State will not make any advanced payments before performance by the Contractor under this contract.

4.12
Contract Funding

Approval or continuation of a contract resulting from this solicitation is contingent upon continuing appropriation. The contract may be terminated by the state or modified by agreement of both parties in the event funding from federal, state, or other sources is not obtained and continued at sufficient levels.

STATE may terminate contract funding if federal or state laws or rules are modified or interpreted in a way that the services are no longer allowable or appropriate for purchase under contract or are no longer eligible for the funding proposed for payments authorized by contract.

4.13
Payment Terms

No payment will be made until the purchasing agency approves the contract.

Payment for commodities and services received under contracts will normally be made within 30 calendar days after receipt and acceptance by the purchasing agency or after receipt of a correct invoice, whichever is later. Payment inquiries must be directed to the purchasing agency.

Prompt Payment Discount Terms offered by the Contractor may be taken by the purchasing agency if payment is made within the specified terms.

4.14
Inspection & Modification - Reimbursement for Unacceptable Deliverables

The Contractor is responsible for the completion of all work set out in the contract. All work is subject to inspection, evaluation, and approval by the project manager designated by the State. The State may employ all reasonable means to ensure that the work is progressing and being performed in compliance with the contract. Should the project manager determine that corrections or modifications are necessary in order to accomplish its intent, the project manager may direct the Contractor to make changes. The Contractor will not unreasonably withhold changes.

Substantial failure of the Contractor to perform the contract may cause the State to terminate the contract. In this event, the State may require the Contractor to reimburse monies paid (based on the identified portion of unacceptable work received) and may seek associated damages.

4.15
Termination for Default

If the project manager designated by the purchasing agency determines that the Contractor has refused to perform the work or has failed to perform the work with diligence as to ensure its timely and accurate completion, the State may, by providing written notice to the Contractor, terminate the Contractor's right to proceed with part or all of the remaining work.

This clause does not restrict the State's right to termination under the contract provisions of the Service Contract, attached.

4.16
Open Records Laws - Confidentiality

Any records that are obtained or generated by the Contractor under this contract are subject to North Dakota open records law regarding public records and handling of confidential information. The State must comply with any legal obligation imposed by federal or state law, and requires its contractors to do the same.

4.17
Work Product, Equipment, and Material

All work product, equipment, or materials created or purchased under this contract belong to the State and must be delivered to State at State's request upon termination of this contract, unless otherwise agreed in writing by the purchasing agency.

4.18
Independent Entity

The Contractor is an independent entity under this contract and is not a State employee for any purpose. The Contractor retains sole and absolute discretion in the manner and means of carrying out the Contractor's activities and responsibilities under the contract, except to the extent specified in the contract.

4.19
Assignment

Contractor may not assign or otherwise transfer or delegate any right or duty without the State's express written consent. However, the Contractor may enter into subcontracts provided that the subcontract acknowledges the binding nature of this contract and incorporates this contract, including any attachments.

4.20
Disputes - Applicable Law and Venue

Any dispute arising out of this agreement will be resolved under the laws of the State of North Dakota.

SECTION FIVE
EVALUATION CRITERIA AND CONTRACTOR SELECTION

THE TOTAL NUMBER OF POINTS USED
TO SCORE THIS CONTRACT IS 100

5.01
Company Background and Management
Five Percent (5%) of the total possible evaluation points will be assigned to this criterion.

1. Provide company name, phone, physical address, and URL.
2. Provide a brief company history.
3. Provide information on personnel: number employees, employees by department
4. Provide subsidiary offices
5. Detail who will be the primary contact person and principles on contract, with special attention to the skills of management on the contract, including the project manager and evaluation team.

Add information on whether the team will include or have access to expertise in business management analysis and cost-benefit analysis.

6. Provide three client references.
7. Provide detailed information for any sub-contractors that would be used, their company background, and how they would be utilized.

5.02
Understanding of the Project

Thirty Percent (30%) of the total possible evaluation points will be assigned to this criterion.

1. Provide no more than three (3) pages of Contractor's understanding of the Center's evaluation needs.
2. Identify any need for additional surveillance or evaluation data.
3. Identify any potential problems related to the project.
4. Provide three (3) examples of comprehensive evaluation reports for previous clients, describing evaluation processes and analyses used. Two of these examples must be in the field of tobacco control.
5. Describe your working knowledge of tobacco control.
6. Describe how the respondent will keep the Center up to date on changes that may need to take place in the evaluation plan or approach in order to gather the best science-based data available.
7. Demonstrate understanding of deliverables in the RFP.

5.03
Experience and Qualifications

Thirty Percent (30%) of the total possible evaluation points will be assigned to this criterion.

1. Briefly outline scope of work for three major clients; describe how your evaluation methods have contributed to the enhancement of their programs. Include an example of a tobacco control project.
2. Provide two (2) examples of evaluation methods which the Contractor believes meets or exceeds evaluation specifications for this RFP.
3. Demonstrate the ability to provide committed, experienced members that will be assigned to the Center's evaluation and surveillance efforts.
4. Describe the expertise of your team in the following areas: evaluation methodology; qualitative and quantitative analyses; evaluation of management structures; evaluation of costs/benefits, return on investment or social return on investment; process and outcome evaluation of public health programs and specifically policy-based tobacco prevention programs; evaluation of media, marketing or communications programs; association of changes in health behaviors and public health policies to healthcare costs; and process and outcome evaluation of community programs.

5.04
Methodology Used for the Project

Fifteen Percent (15%) of the total possible points will be assigned to this criterion.

1. Provide a succinct summary of your two-year evaluation proposal, including collection of data from State sources, grantees, and new resources.
2. Briefly describe the evaluation methodologies to be used to determine if the implementation of the comprehensive plan is meeting program and health outcomes. Methodologies may include, but not be limited to: qualitative and quantitative analysis; costs/benefit analysis;

return on investment; or social return on investment; state and local program process and outcome evaluation; program and policy evaluation associated with health impact and healthcare costs.

3. Briefly describe methodologies used in evaluating a media/marketing plan as part of a comprehensive program.
4. Provide evidence of expertise in these methodologies by key staff assigned to this project.
5. Describe how methodologies balance and support each other to provide quality assurance.
6. Describe how your organization will work with Center staff, grantees and partners in coordinating existing and new surveillance and evaluation processes, systems, tools and data.

5.05
Contract Cost

Twenty Percent (20%) of the total possible evaluation points will be assigned to cost.

Any prompt payment discounts terms proposed by the Contractor will not be considered in evaluating cost. The cost amount used for evaluation may be affected by the application of North Dakota preference laws (N.D.C.C. § 44-08-01). The lowest cost proposal will receive the maximum number of points allocated to cost. The point allocations for cost on the other proposals will be evaluated according to the method set forth in the Proposal Evaluation form attached to this RFP.

SECTION SIX
PROPOSAL FORMAT AND CONTENT

6.01
Proposal Format and Content

The State discourages overly lengthy and costly proposals; however, in order for the State to evaluate proposals fairly and completely, Contractors must follow the format set out in this RFP and provide all information requested.

6.02
Company Background and Management

Proposals must include company background, along with the complete name and address of Contractor's firm and the name, mailing address, and telephone number of the person the State should contact regarding the proposal.

Proposals must confirm that the Contractor will comply with all provisions in this RFP. The proposal must disclose any instances where the firm or any individuals working on the contract has a possible conflict of interest and, if so, the nature of that conflict (e.g. employed by the State of North Dakota).

Proposals must be signed by a company officer empowered to bind the company. A Contractor's failure to include these items in the proposals may cause the proposal to be determined non-responsive and the proposal may be rejected.

If a Contractor intends to use subcontractors, the Contractor must identify in the proposal the names of the subcontractors and the portions of the work the subcontractors will perform.

Contractors must provide **three** (3) professional reference names and phone numbers for similar projects the Contractor's firm has completed. Proposals identifying the State agency issuing the RFP or its employee(s) as a reference will be considered non-responsive. The State reserves the right to contact any references provided by the Contractor or investigate the Contractor in the best interest of the state for

responsiveness to the requirements in the RFP. Contractors are invited to provide letters of reference from previous clients

6.03
Understanding of the Project

Contractors must provide comprehensive narrative statements that illustrate their understanding of the requirements of the project, deliverables, project schedule, and contract terms and conditions. Contractors must also identify any pertinent issues and potential problems related to the project.

6.04
Experience and Qualifications

Contractors must describe the experience of their firm in completing similar projects. Additionally, Contractors must provide information specific to the personnel assigned to accomplish the work called for in this RFP. Contractors must provide a narrative description of the organization of the project team and a personnel roster that identifies each person who will actually work on the contract and provide the following information about each person listed:

(a) title;

(b) resume;

(c) description of the type of work the individual will perform; and

(d) the number of estimated hours for each individual named above.

6.05
Methodology Used for the Project

Contractors must provide comprehensive narrative statements that set out the methodology it intends to employ. Contractors must illustrate how the methodology will serve to accomplish the work and provide the deliverables described in the scope of work within the State's project schedule.

6.06
Cost Proposal

Cost proposals must include an itemized list of all direct and indirect costs associated with the performance of the contract, including total number of hours at hourly rates by department, materials, and incidentals, and costs for subcontractors. Must have experience in working with state billing procedures. (See requirements on Attachment B – Cost Proposal Worksheet.)

The Contractor should include in the cost proposal rates to cover out of pocket expenses incurred for on-site work. Reimbursement rates for lodging and meals will not exceed rates established by the North Dakota Office of Management and Budget rates. To learn more go to Policy 505 Reimbursement for Meals and Lodging located at:
http://www.nd.gov/fiscal/docs/fiscaladmin2009.pdf

All costs associated with the contract must be stated in U.S. currency.

If additional work is determined to be necessary, the contract may be amended by mutual agreement of the parties. Any additional work will be performed at the billing rate(s) quoted in the firm's proposal, and incorporated into the contract.

Contractors should describe any discount terms for prompt payment. Discounts for prompt payment will not be considered an evaluating cost.

Contractors must complete cost proposal attached to the RFP (Attachment B) or prepare a cost proposal following the same format and include a detailed worksheet to indicate how costs were determined along with a justification of these costs.

6.07
Financial Requirements and Litigation

The Offeror shall provide financial information in such a manner that the State can reasonably formulate a determination about the stability and financial strength of the organization. This must include company size, organization, date of incorporation, ownership, number of employees, revenues for the last fiscal year, and, if available, audited financial statements for the most recent 3 years. A current Dun and Bradstreet Report that includes a financial analysis of the firm would fulfill this requirement. A Vendor can use an Annual Report as verification of financial status provided it contains at a minimum a Compiled Income Statement and Balance Sheet verified by a Certified Public Accounting firm. The State reserves the right to contact the accounting firm if questions arise. As an alternative, for those Vendors unable to provide audited financial statements or Dun and Bradstreet report, the vendor shall provide tax returns and financial statements including income statements and balance sheets for the most recent 3 years, and any available credit reports.

Provide a statement as to whether there is any pending litigation against the Offeror and if such litigation exists, attach an opinion of counsel as to whether the pending litigation will impair the Offeror's performance in a contract under this RFP. Disclose any and all judgments, pending or expected litigation, or other real potential financial reversals, which might materially affect the viability or stability of the Offeror's organization; or certify that no such condition is known to exist.

A confidentiality statement may be included if this portion is considered non-public information. The State may request reports on financial stability from independent financial rating services in order to further substantiate stability. The determination whether this information is confidential commercial or financial information under law will be made by the State in consultation with the Attorney General.

6.08
Required Enclosures

Contractors must provide all documents, samples, or other information specifically required in this RFP.

SECTION SEVEN
STANDARD PROPOSAL INFORMATION

7.01
Authorized Signature

An individual authorized to bind the Contractor to the provisions of the RFP must sign all proposals.

7.02
State Not Responsible for Preparation Costs

The State will not pay any cost associated with the preparation, submittal, presentation, or evaluation of any proposal.

7.03
Conflict of Interest

Contractors must disclose any instances where the firm or any individuals working on the contract has a possible conflict of interest and, if so, the nature of that conflict (e.g. employed by the State of North Dakota). The State reserves the right to cancel the award if any interest disclosed from any source could

either give the appearance of a conflict or cause speculation as to the objectivity of the Contractor's proposal. The State's determination regarding any questions of conflict of interest is final. Vendors contracting with tobacco companies or other firms in the business of promoting tobacco are not eligible to submit a proposal.

7.04
Contractor's Certification

By signature on the proposal, a Contractor certifies that it complies with:

1. the laws of the State of North Dakota;
2. North Dakota Administrative Code;
3. all applicable local, state, and federal laws, code, and regulations;
4. the applicable portion of the Federal Civil Rights Act of 1964;
5. the Equal Employment Opportunity Act and the regulations issued by the federal government;
6. the Americans with Disabilities Act of 1990 and the regulations issued by the federal government;
7. all terms, conditions, and requirements set forth in this RFP;
8. a condition that the proposal submitted was independently arrived at, without collusion;
9. a condition that the offer will remain open and valid for the period indicated in this solicitation; and
10. a condition that the firm and any individuals working on the contract do not have a possible conflict of interest (e.g. employed by the State of North Dakota).

If any Contractor fails to comply with the provisions stated in this paragraph, the State reserves the right to reject the proposal, terminate the contract, or consider the Contractor in default.

7.05
Offer Held Firm

Proposals must remain open and valid for at least 60 days from the deadline specified for submission of proposals. In the event award is not made within 60 days, the State will send a written request to all Contractors deemed susceptible for award asking Contractors to hold their price firm for a longer specified period of time.

7.06
Amendments to Proposals and Withdrawal of Proposals

Contractors may amend or withdraw proposals prior to the deadline set for receipt of proposals. No amendments will be accepted after the deadline unless they are in response to the State's request. After the deadline, Contractors may make a written request to withdraw proposals and provide evidence that a substantial mistake has been made. The procurement officer may permit withdrawal of the proposal upon verifying that a substantial mistake has been made, and the State may retain the Contractor's bid bond or other bid type of bid security, if one was required.

7.07
Alternate Proposals

Contractors may submit only one proposal for evaluation. Alternate proposals will be rejected.

7.08
Subcontractors

Subcontractors may be used to perform work under this contract. If a Contractor intends to use subcontractors, the Contractor must identify in the proposal the names of the subcontractors and the portions of the work the subcontractors will perform.

If a proposal with subcontractors is selected, the Contractor must provide the following information concerning each prospective subcontractor within *five working days* from the date of the State's request:

(a) complete name of the subcontractor;
(b) complete address of the subcontractor;
(c) type of work the subcontractor will be performing;
(d) percentage of work the subcontractor will be providing;
(e) evidence, as set out in the relevant section of this RFP, that the subcontractor is registered and, if applicable, holds a valid North Dakota business license; and
(f) written statement, signed by each proposed subcontractor, that clearly verifies that the subcontractor is committed to render the services required by the contract.

A Contractor's failure to provide this information, within the time set, may cause the State to consider its proposal non-responsive and reject it. The substitution of one subcontractor for another may be made only at the discretion and prior written approval of the State's procurement officer or project manager designated by the State.

7.09
Joint Ventures

Joint ventures will not be allowed.

7.10
Disclosure of Proposal Contents and Compliance with North Dakota Open Records Laws

All proposals and other material submitted become the property of the State and may be returned only at the State's option. All proposals and related information, including detailed cost information, are exempt records and will be held in confidence until an award is made, in accordance with N.D.C.C.§ 54-44.4-10(2).

Offerors may make a written request that trade secrets and other proprietary data contained in proposals be held confidential. Offerors are required to include in their proposal a statement that clearly identifies specific page numbers and sections of the proposal considered confidential, or are copyrighted and may not be duplicated, or are exempt under N.D.C.C. § 44-04-18.4 for trade secret, proprietary, commercial, and financial information, and a brief statement that sets out the reasons for the confidentiality request. In addition to the confidential statement, each identified page must be marked "Confidential" in the proposal.

See the North Dakota Office of the Attorney General website for additional information. http://www.ag.state.nd.us/OpenRecords/ORM.htm Cost proposals, including unit prices, are "a cost of doing business with the state or a political subdivision", and are not confidential under N.D.C.C. § 44-04-18.4.

After award, proposals will be subject to the North Dakota open records law. Records are closed or confidential only if specifically stated in law. If a request for public information is received, the procurement officer, in consultation with the Office of the Attorney General, will determine whether the information is an exception to the North Dakota open records law, and the information will be processed appropriately.

7.11
Evaluation of Proposals

All proposals will be reviewed to determine if they are responsive to the requirements of this solicitation. The procurement officer or an evaluation committee will evaluate responsive proposals. The evaluation will be based solely on the evaluation factors set forth in this RFP. The evaluation will consider information obtained subsequent to any discussions with Contractors determined to be reasonable for award and any demonstrations, oral presentations, or site inspections, if required in this RFP.

7.12
Right of Rejection

The State reserves the right to reject any proposals, in whole or in part. Proposals received from debarred or suspended vendors will be rejected. The procurement officer may reject any proposal that is not responsive to all of the material and substantial terms, conditions, and performance requirements of the RFP.

Contractors may not qualify the proposal nor restrict the rights of the State. If a Contractor does so, the procurement officer may determine the proposal to be a non-responsive counter-offer and the proposal may be rejected.

The procurement officer may waive minor informalities that:

- do not affect responsiveness;
- are merely a matter of form or format;
- do not change the relative standing or otherwise prejudice other offers;
- do not change the meaning or scope of the RFP;
- are insignificant, negligible, or immaterial in nature;
- do not reflect a material change in the work; or
- do not constitute a substantial reservation against a requirement or provision,

The State reserves the right to reject any proposal determined to be not responsive, and to reject the proposal of a Contractor determined to be not responsible. The State also reserves the right to refrain from making an award if it determines it to be in its best interest.

7.13
Clarification of Offers

In order to determine if a proposal is reasonably susceptible for award, communications by the procurement officer or the proposal evaluation committee are permitted with a Contractor to clarify uncertainties or eliminate confusion concerning the contents of a proposal and determine responsiveness to the RFP requirements. Clarifications may not result in a material or substantive change to the proposal. The initial evaluation may be adjusted because of a clarification under this section.

After receipt of proposals, if there is a need for any substantial clarification or material change in the RFP, an amendment will be issued. The amendment will incorporate the clarification or change, and a new date and time established for new or amended proposals. Evaluations may be adjusted as a result of receiving new or amended proposals.

7.14
Discussions and Best and Final Offers

The State may conduct discussions or request best and final offers with Contractors that have submitted proposals determined to be reasonably susceptible for award. The State is not obligated to do so, therefore, Contractors should submit their best terms (cost and technical). The purpose of these discussions is to ensure full understanding of the requirements of the RFP and the Contractor's proposal. Discussions will be limited to specific sections of the RFP or proposal identified by the procurement officer. Discussions, if held, will be after initial evaluation of proposals by the proposal evaluation committee. If modifications to the proposal are made as a result of these discussions, the modifications must be put in writing.

Contractors with a disability needing accommodation should contact the procurement officer prior to the date set for discussions so that reasonable accommodation can be made.

7.15
Preference Laws

The preference given to a resident North Dakota Contractor will be equal to the preference given or required by the state of the nonresident Contractor. A "resident" North Dakota bidder, Contractor, or seller is one that has maintained a bona fide place of business within this State for at least one year prior to the date on which a contract was awarded. For a listing of state preference laws, visit the following website: http://www.oregon.gov/DAS/SSD/SPO/reciprocal_detail.shtml or contact the North Dakota State Procurement Office at 701-328-2740.

7.16
Contract Negotiation

After final evaluation, the procurement officer may negotiate with the Contractor of the highest-ranked proposal. Negotiations, if held, will be within the scope of the request for proposals and limited to those items that would not have an effect on the ranking of proposals. If the highest-ranked Contractor fails to provide necessary information for negotiations in a timely manner, or fails to negotiate in good faith, the State may terminate negotiations and negotiate with the Contractor of the next highest-ranked proposal.

If contract negotiations are commenced, they will be held at:

Center for Tobacco Prevention and Control Policy
4023 State Street, Suite 65
Bismarck, ND 58503-0638

If contract negotiations commence, negotiations can be held via teleconferencing or web conferencing. If these options are not suitable and a face-to-face meeting is necessary, contractor will be responsible for all costs including travel and per diem expenses.

7.17
Failure to Negotiate

If the selected Contractor:

- fails to provide the information required to begin negotiations in a timely manner;
- fails to negotiate in good faith;
- indicates it cannot perform the contract within the budgeted funds available for the project; or
- if the Contractor and the State, after a good faith effort, cannot come to terms,

The State may terminate negotiations with the Contractor initially selected and commence negotiations with the next highest ranked Contractor.

7.18
Notice of Intent to Award - Contractor Notification of Selection

After the completion of contract negotiation the procurement officer will issue a written Notice of Intent to Award and send copies to all Contractors. The Notice of Intent Award will set out the names and addresses of all Contractors and identify the proposal selected for award. The scores and placement of other Contractors will not be part of the Notice of Intent to Award.

The successful Contractor named in the Notice of Intent to Award is advised not to begin work, purchase materials, or enter into subcontracts relating to the project until both the successful Contractor and the State sign the contract.

7.19
Protest and Appeal

North Dakota law provides that an interested party may protest a solicitation.
If an interested party wishes to protest the content of this RFP, the protest must be received, in writing, by the procurement officer at least seven calendar days before the deadline for receipt of proposals.

An interested party may protest the award or proposed award of a contract. If a Contractor wishes to protest the award of a contract or proposed award of a contract, the protest must be received, in writing, by the procurement officer within seven calendar days after the date the Notice of Intent to Award was issued.

SECTION EIGHT
ATTACHMENTS

8.01

Attachment A – Evaluation Criteria and Scoring
Attachment B – Cost Proposal Worksheet
Attachment C – Request for Proposal Scoring Summary Worksheet
Attachment D – Sample Contract Requirements
Attachment E – Sample Purchase of Service Agreement
Attachment F – Notice of Intent to Award

ATTACHMENT A
EVALUATION CRITERIA AND SCORING

Company Background and Management (NOTE: Refers to Section Six, Proposal Format and Content, 6.02 Company Background and Management.)

Weight ***5 Percent***. Maximum Point Value for this Section
100 Points x ***5 Percent = 5 Points***

Rating Scale (***5 POINT*** Maximum)	
Point Value	Explanation
0	None. Not addressed or response of no value
1	Fair. Limited applicability
2	Good. Some applicability
3	Very Good. Substantial applicability
4-5	Excellent. Total applicability

Proposals will be evaluated against the questions set out below. Do not assign points to individual questions; instead, award a total score for each evaluation criterion.

1. Has the Contractor provided company name, phone, physical address and URL?

EVALUATOR'S NOTES _____

_____

2. Has the Contractor provided a brief company history?

EVALUATOR'S NOTES _____

_____

3. Has the Contractor provided information on personnel: number of employees, employees by department?

EVALUATOR'S NOTES _____

_____

4. Has the Contractor provided subsidiary offices?

EVALUATOR'S NOTES _____

_____

5. Has the Contractor detailed the primary contact person and principles on contract, with special attention to the skills of management on the project, including the project manager and evaluation team? Does the team include or have access to expertise in business management analysis and cost-benefit analysis?

EVALUATOR'S NOTES _____

_____

6. Has the Contractor provided three client references?

EVALUATOR'S NOTES _____

_____

7. Has the Contractor provided detailed information for any subcontractors that would be used, their company background and how they would be utilized?

EVALUATOR'S NOTES _____

_____

EVALUATOR'S POINT TOTAL _____of 5

Understanding the Project (6.03)

Weight ***30 Percent***. Maximum Point Value for this Section
100 Points x ***30 Percent = 30 Points***

Rating Scale (***30 POINT*** Maximum)	
Point Value	Explanation
0	None. Not addressed or response of no value
1-7	Fair. Limited applicability
8-14	Good. Some applicability
15-22	Very Good. Substantial applicability
23-30	Excellent. Total applicability

Proposals will be evaluated against the questions set out below. Do not assign points to individual questions; instead, award a total score for each evaluation criterion.

1. Has the Contractor provided no more than three (3) pages of narrative that present a clear understanding of the Center's evaluation needs?

EVALUATOR'S NOTES _____

_____

2. Does the Contractor identify if there is any need for additional surveillance or evaluation data?

EVALUATOR'S NOTES _____

_____

3. Does the Contractor identify any potential problems related to the project?

EVALUATOR'S NOTES _____

_____

4. Has the Contractor provided three (3) examples of comprehensive evaluation reports from previous clients, with descriptions of the evaluation processes and analyses used, and are two (2) of these examples in the field of tobacco control?

EVALUATOR'S NOTES _____

_____

5. Has the Contractor described their working knowledge of tobacco control?

EVALUATOR'S NOTES _____

_____

6. Has the Contractor described how they will communicate with the Center on recommended

changes in the evaluation plan or approach in order to gather the best science-based data available?

EVALUATOR'S NOTES _____

_____

7. Has the Contractor demonstrated an understanding of the deliverables in the RFP?

EVALUATOR'S NOTES _____

_____

EVALUATOR'S POINT TOTAL _____of 30

Experience and Qualifications (6.04)

Weight ***30 Percent***. Maximum Point Value for this Section
100 Points x ***30 Percent*** = ***30 Points***

Rating Scale (***30 POINT*** Maximum)	
Point Value	Explanation
0	None. Not addressed or response of no value
1-7	Fair. Limited applicability
8-14	Good. Some applicability
15-22	Very Good. Substantial applicability
23-30	Excellent. Total applicability

Proposals will be evaluated against the questions set out below. Do not assign points to individual questions; instead, award a total score for each evaluation criterion

1. Has the Contractor described the scope of work and evaluation methods for three major clients, and how the evaluation enhanced each program? Is one example the evaluation of a tobacco control program?

EVALUATOR'S NOTES _____

_____

2. Has the Contractor provided two (2) examples of evaluation methods which the Contractor believes meets or exceeds evaluation specifications for this RFP?

EVALUATOR'S NOTES _____

_____

3. Has the Contractor demonstrated an ability to provide a team of committed, experienced members who will be assigned to evaluate the Center's efforts?

EVALUATOR'S NOTES _____

_____

4. Has the Contractor described the expertise of its team in the following areas: evaluation methodology; qualitative and quantitative analyses; evaluation of management structures; evaluation of costs/benefits, return on investment or social return on investment; process and outcome evaluation of public health programs and specifically policy-based tobacco prevention programs; evaluation of media, marketing or communications programs; association of changes in health behaviors and public health policies to healthcare costs; and process and outcome evaluation of community programs.

EVALUATOR'S NOTES _____

_____

EVALUATOR'S POINT TOTAL _____of 30

Methodology Used for the Project (6.05)

Weight ***15 Percent***. Maximum Point Value for this Section
100 Points x ***15 Percent*** = ***15 Points***

Rating Scale (***15 POINT*** Maximum)	
Point Value	Explanation
0	None. Not addressed or response of no value
1-3	Fair. Limited applicability
4-7	Good. Some applicability
8-11	Very Good. Substantial applicability
12-15	Excellent. Total applicability

Proposals will be evaluated against the questions set out below. Do not assign points to individual questions; instead, award a total score for each evaluation criterion.

1. Has the Contractor provided a succinct summary of a two-year evaluation proposal, including collecting data from State sources, grantees and new resources?

EVALUATOR'S NOTES _____

_____

2. Has the Contractor described the evaluation methodologies to be used to determine if the implementation of the comprehensive plan is meeting program and health outcomes? Methodologies may include, but not be limited to: qualitative and quantitative analysis; costs/benefit analysis; return on investment; or social return on investment; state and local program process and outcome evaluation; program and policy evaluation associated with health impact and healthcare costs.

EVALUATOR'S NOTES _____

_____

3. Has the Contractor described the evaluation methodologies to be used to evaluate the media and marketing plan as part of the comprehensive program?

EVALUATOR'S NOTES _____

_____

4. Has the Contractor provided evidence of the expertise in these methodologies by key staff assigned to this project?

EVALUATOR'S NOTES _____

_____

5. Has the Contractor described how methodologies balance and support each other to provide quality assurance?

EVALUATOR'S NOTES _____

_____

6. Has the Contractor described how they will work with the Center staff, grantees and partners in coordinating existing and new surveillance and evaluation processes, systems, tools and data?

EVALUATOR'S NOTES _____

_____

EVALUATOR'S POINT TOTAL _____of 15

Cost Proposal (6.06)

Weight ***20 Percent***. Maximum Point Value for this Section
100 Points x ***20 Percent = 20 Points***

Cost Evaluation:

a) Make adjustments for reciprocal preference, if necessary. (Section 7.15 Preference Laws)
b) Calculate points awarded for price.

$$\frac{\text{Price of Lowest Cost Proposal}}{\text{Price of Proposal Being Rated}} \times 20 \text{ points} = \text{Awarded Points}$$

COST PROPOSAL EVALUATION

EVALUATOR'S POINT TOTAL _____of 20

ATTACHMENT B
COST PROPOSAL WORKSHEET

DIRECT COSTS

Section 1- PERSONNEL COSTS			
POSITION	HOURLY RATE (must include fringe benefits, if billed to this contract)	HOURS ON PROJECT (ANNUALLY)	TOTAL $ (ANNUALLY)
TOTAL PERSONNEL COST			

DIRECT COSTS

Section 2- SUBCONTRACTORS/COSTS		
CONTRACTOR	PROJECT	TOTAL $ (ANNUALLY)
TOTAL SUBCONTRACTOR COST		

DIRECT COSTS

Section 3- TRAVEL/LODGING/MEALS COSTS		
CONTRACTOR	PROJECT	TOTAL $ (ANNUALLY)
TOTAL TRAVEL/LODGING/MEALS COST		

INDIRECT COSTS *

Section 4- OPERATING EXPENSES/EQUIPMENT (ALL OTHER PROJECT COSTS, NOT COVERED BY DIRECT)		
* INDIRECT COSTS MUST NOT EXCEED 9% OF TOTAL DIRECT COSTS		
DESCRIPTION	COST	TOTAL $ (ANNUALLY)
TOTAL OPERATING COST		

TOTAL ANNUAL COST PROPOSAL OF DIRECT COSTS (Sections 1,2, 3)	
TOTAL ANNUAL COST PROPOSAL OF INDIRECT COSTS (Section 4)	
GRAND TOTAL ANNUAL COST PROPOSAL- (Total of all sections)	

*Indirect costs represent the expenses of doing business that are not readily identified with a specific billable function or activity, but are a necessary billing activity for the general operation of the organization. Indirect expenses most often apply to government agencies. Indirect costs include items like rent, utilities, accounting and miscellaneous personnel. Indirect costs are those costs that are not classified as direct.

THE TOTAL NUMBER OF POINTS USED TO SCORE THIS COMPONENT IS 20, or 20 PERCENT of 100 POINTS TOTAL for the proposal.

TOTAL 20

The Contractor should include in the cost proposal rates to cover out of pocket expenses incurred for on-site work. Reimbursement rates for lodging and meals will not exceed rates established by the North Dakota Office of Management and Budget rates. To learn more go to Policy 505 Reimbursement for Meals and Lodging located at:
http://www.nd.gov/fiscal/docs/fiscaladmin2009.pdf

ATTACHMENT C
Request for Proposal
Scoring Summary Worksheet

Name of RFP: **Evaluation of the Comprehensive Statewide Tobacco Prevention and Control Program**		
RFP Number **RFP Number: 305.12.002**		
Vendor Being Evaluated:		
Evaluator Name:		
Date:		
Technical Scoring *(Maximum **80 Points**)*	Maximum Points by Category	Score
1. Company Background and Management	***5***	
2. Understanding of the Project	***30***	
3. Experience and Qualifications	***30***	
4. Methodology Used for the Project	***15***	
Cost Scoring (Maximum ***20 Points***) 1. Make adjustments for reciprocal preference, if necessary. See list of States Preference Laws: http://www.oregon.gov/DAS/SSD/SPO/reciprocal_detail.shtml 1. Calculated points awarded for price. Price of Lowest Cost Proposal / Price of Proposal Being Rated X **20 points =** Awarded Points		
5. Cost	***20***	
Total		

ATTACHMENT D
SAMPLE CONTRACT REQUIREMENTS

CONTRACT REQUIREMENTS ADDENDUM FOR ALL AGREEMENTS BETWEEN NORTH DAKOTA TOBACCO PREVENTION AND CONTROL EXECUTIVE COMMITTEE (STATE) AND _____ (CONTRACTOR) FOR NOTICE OF GRANT AWARD AND PURCHASE OF SERVICE AGREEMENTS.

1. EVALUATION

STATE shall, throughout the effective dates on the contract, conduct an ongoing evaluation of CONTRACTOR'S performance in carrying out the Scope of Service in the contract. Compliance with Contract Requirements will also be monitored. Such evaluation may include periodic site visits by STATE representatives to review progress made by CONTRACTOR in accomplishing stated goals and objectives.

2. MERGER AND MODIFICATION

This Contract, including the following documents, constitutes the entire agreement between the parties. There are no understandings, agreements, or representations, oral or written, not specified within this Contract. This contract may not be modified, supplemented or amended, in any manner, except by written agreement signed by both parties. Notwithstanding anything herein to the contrary, in the event of any inconsistency or conflict among the documents making up this Contract, the documents must control in this order of precedence:

a) The terms of this Contract as may be amended;
b) Solicitation Amendment #__ to Request for Proposal ("RFP") number 305.12.002 dated _____;
c) Request for Proposal ("RFP") number 305.12.002 dated_____;
d) CONTRACTOR's proposal dated _____ in response to RFP number 305.12.002.

3. ASSIGNMENT AND SUBCONTRACTS

CONTRACTOR may not assign or otherwise transfer or delegate any right or duty without STATE'S express written consent. CONTRACTOR may enter into subcontracts provided that written approval from the STATE has been obtained and that any subcontract acknowledges the binding nature of this contract and incorporates this contract, including any attachments. CONTRACTOR is solely responsible for the performance of any subcontractor. CONTRACTOR has no authority to contract for or incur obligations on behalf of STATE.

4. INDEPENDENT ENTITY

CONTRACTOR is an independent entity under this contract and is not a STATE employee for any purpose, including the application of the Social Security Act, the Fair Labor Standards Act, the Federal Insurance Contribution Act, the North Dakota Unemployment Compensation Law and the North Dakota Workers' Compensation Act. CONTRACTOR retains sole and absolute discretion in the manner and means of carrying out CONTRACTOR'S activities and responsibilities under this contract, except to the extent specified in this contract.

5. INDEMNITY AND INSURANCE

Indemnification and Insurance Requirements for Private Entity

Indemnification Requirements as Checked

☐ On-Site Services

CONTRACTOR agrees to defend, indemnify, and hold harmless the state of North Dakota, its agencies, officers and employees (STATE), from and against claims based on

the vicarious liability of the STATE or its agents, but not against claims based on the STATE'S contributory negligence, comparative and/or contributory negligence or fault, sole negligence, or intentional misconduct. The legal defense provided by CONTRACTOR to the STATE under this provision must be free of any conflicts of interest, even if retention of separate legal counsel for the State is necessary. CONTRACTOR also agrees to defend, indemnify, and hold the STATE harmless for all costs, expenses and attorneys' fees incurred if the STATE prevails in an action against CONTRACTOR in establishing and litigating the indemnification coverage provided herein. This obligation shall continue after the termination of this agreement.

☐ Off-Site Services
The STATE and CONTRACTOR each agrees to assume its own liability for any and all claims of any nature including all costs, expenses and attorneys' fees which may in any manner result from or arise out of this agreement.

Insurance Requirements for Private Entity On-Site Services (Additional requirements apply if checked)

CONTRACTOR shall secure and keep in force during the term of this agreement and CONTRACTOR shall require all subcontractors, prior to commencement of an agreement between CONTRACTOR and the subcontractor, to secure and keep in force during the term of this agreement, from insurance companies, government self-insurance pools or government self-retention funds, authorized to do business in North Dakota, the following insurance coverages:

1) Commercial general liability, including premises or operations, contractual, and products or completed operations coverages (if applicable), with minimum liability limits of $250,000 per person and $1,000,000 per occurrence.
2) Automobile liability, including Owned (if any), Hired, and Non-Owned automobiles, with minimum liability limits of $250,000 per person and $1,000,000 per occurrence.
3) Workers compensation coverage meeting all statutory requirements. The policy shall provide coverage for all states of operation that apply to the performance of this contract if checked.
4) ☐ Employer's liability or "stop gap" insurance of not less than $1,000,000 as an endorsement on the workers compensation or commercial general liability insurance if checked.
5) ☐ Professional errors and omissions, including a three year "tail coverage endorsement," with minimum liability limits of $1,000,000 per occurrence and in the aggregate if checked.

The insurance coverages listed above must meet the following additional requirements:

1) Any deductible or self insured retention amount or other similar obligation under the policies is the sole responsibility of Contractor.
2) This insurance may be in policy or policies of insurance, primary and excess, including the so-called umbrella or catastrophe form and must be placed with insurers rated "A-" or better by A.M. Best Company, Inc., provided any excess policy follows form for coverage. Less than an "A-" rating must be approved by State. The policies shall be in form and terms approved by State.
3) The duty to defend, indemnify, and hold harmless the State under this agreement shall not be limited by the insurance required in this agreement.
4) The State of North Dakota and its agencies, officers, and employees (State) must be endorsed on the commercial general liability policy, including any excess policies (to the extent applicable), as additional insured. State must have all the rights and coverages as Contractor under the policies.
5) The insurance required in this agreement, through a policy or endorsement, shall include:

a) "Waiver of Subrogation" waiving any right to recovery the insurance company may have against State;
b) a provision that the policy and endorsements may not be canceled or modified without thirty days' prior written notice to the undersigned State representative;
c) a provision that any attorney who represents State under this policy must first qualify as, and be appointed by, the North Dakota Attorney General as a special assistant attorney general as required under N.D.C.C. § 54-12-08;
d) a provision that Contractor's insurance coverage will be primary (i.e., pay first) as respects any insurance, self-insurance or self-retention maintained by the State and that any insurance, self-insurance or self-retention maintained by State must be in excess of Contractor's insurance and must not contribute with it;
e) cross liability/severability of interest for all policies and endorsements;
f) The legal defense provided to State under the policy and any endorsements must be free of any conflicts of interest, even if retention of separate legal counsel for State is necessary.
g) The insolvency or bankruptcy of the insured Contractor shall not release the insurer from payment under the policy, even when such insolvency or bankruptcy prevents the insured Contractor from meeting the retention limit under the policy.

6) The Contractor shall furnish a certificate of insurance to the undersigned State representative prior to commencement of this agreement. All endorsements shall be provided as soon as practicable.
7) Failure to provide insurance as required in this agreement is a material breach of contract entitling State to terminate this agreement immediately.

Insurance Requirements for Private Entity Off-Site Services (Additional requirements apply if checked)

CONTRACTOR shall secure and keep in force during the term of this agreement, from insurance companies, government self-insurance pools or government self-retention funds, authorized to do business in North Dakota, the following insurance coverages:

1) Commercial general liability, including premises or operations, contractual, and products or completed operations coverages (if applicable), with minimum liability limits of $250,000 per person and $1,000,000 per occurrence.
2) Automobile liability, including Owned (if any), Hired, and Non-Owned automobiles, with minimum liability limits of $250,000 per person and $500,000 per occurrence.
3) Workers compensation coverage meeting all statutory requirements.
4) ☐ Professional errors and omissions, including a three year "tail coverage endorsement," with minimum liability limits of $1,000,000 per occurrence and in the aggregate if checked.

The insurance coverages listed above must meet the following additional requirements:

1) Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor. The amount of any deductible or self retention is subject to approval by the State.
2) This insurance may be in policy or policies of insurance, primary and excess, including the so-called umbrella or catastrophe form and must be placed with insurers rated "A-" or better by A.M. Best Company, Inc., provided any excess policy follows form for coverage. Less than an "A-" rating must be approved by the State. The policies shall be in form and terms approved by the State.
3) The insurance required in this agreement, through a policy or endorsement, shall include a provision that the policy and endorsements may not be canceled or

modified without thirty (30) days' prior written notice to the undersigned State representative.

4) The Contractor shall furnish a certificate of insurance to the undersigned State representative prior to commencement of this agreement. All endorsements shall be provided as soon as practicable.
5) Failure to provide insurance as required in this agreement is a material breach of contract entitling State to terminate this agreement immediately

Indemnification and Insurance Requirements for State Agency

Indemnification Requirements for State Agency

The STATE and CONTRACTOR each agrees to assume its own liability for any and all claims of any nature including all costs, expenses and attorneys' fees which may in any manner result from or arise out of this agreement.

Insurance Requirements for State Agency

The STATE and CONTRACTOR each shall secure and keep in force during the term of this agreement, from an insurance company, government self-insurance pool or government self-retention fund authorized to do business in North Dakota, commercial general liability with minimum limits of liability of $250,000 per person and $1,000,000 per occurrence.

Indemnification and Insurance Requirements for Political Subdivision

Indemnification Requirements for Political Subdivision

The STATE and Political Subdivision (CONTRACTOR) each agrees to assume its own liability for any and all claims of any nature including all costs, expenses and attorneys' fees which may in any manner result from or arise out of this agreement.

Insurance Requirements for Political Subdivision

CONTRACTOR shall secure and keep in force during the term of this agreement, from North Dakota Insurance Reserve Fund, insurance companies, government self-insurance pools or government self-retention funds, authorized to do business in North Dakota, the following insurance coverages:

1) Commercial general liability, including premises or operations, contractual, and products or completed operations coverages (if applicable), with minimum liability limits of $250,000 per person and $500,000 per occurrence.
2) Automobile liability, including Owned (if any), Hired, and Non-Owned automobiles, with minimum liability limits of $250,000 per person and $500,000 per occurrence.
3) Workers compensation coverage meeting all statutory requirements.

The insurance coverages listed above must meet the following additional requirements:

1) Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the CONTRACTOR. The amount of any deductible or self retention is subject to approval by the STATE.
2) This insurance may be in policy or policies of insurance, primary and excess, including the so-called umbrella or catastrophe form and must be placed with insurers rated "A-" or better by A.M. Best Company, Inc., provided any excess policy follows form for coverage. Less than an "A-" rating must be approved by the STATE. The policies shall be in form and terms approved by the STATE.
3) The insurance required in this agreement, through a policy or endorsement, shall include a provision that the policy and endorsements may not be canceled or modified without thirty (30) days' prior written notice to the undersigned STATE representative.
4) The CONTRACTOR shall furnish a certificate of insurance to the undersigned STATE representative prior to commencement of this agreement.

5) Failure to provide insurance as required in this agreement is a material breach of contract entitling STATE to terminate this agreement immediately.

6. WORK PRODUCT, EQUIPMENT AND MATERIALS

All work product, equipment or materials created or purchased under this contract belong to STATE and must be delivered to STATE at STATE'S request upon termination of this contract. CONTRACTOR agrees that all materials prepared under this contract are "works for hire" within the meaning of the copyright laws of the United States and assigns to STATE all rights and interests CONTRACTOR may have in the materials it prepares under this contract, including any right to derivative use of the material. CONTRACTOR shall execute all necessary documents to enable STATE to protect its rights under this section.

7. TERMINATION OF CONTRACT

a. **Termination without cause.** This contract may be terminated by mutual consent of both parties, or by either party upon 30-days written notice.

b. **Termination for lack of funding or authority.** STATE may terminate this contract effective upon delivery of written notice to CONTRACTOR, or on any later date stated in the notice, under any of the following conditions:

(1) If funding from federal, state, or other sources is not obtained and continued at levels sufficient to allow for purchase of the services or supplies in the indicated quantities or term. The contract may be modified by agreement of the parties in writing to accommodate a reduction in funds.

(2) If federal or state laws or rules are modified or interpreted in a way that the services are no longer allowable or appropriate for purchase under this contract or are no longer eligible for the funding proposed for payments authorized by this contract.

(3) If any license, permit or certificate required by law or rule, or by the terms of this contract, is for any reason denied, revoked, suspended or not renewed.

Termination of this contract under this subsection is without prejudice to any obligations or liabilities of either party already accrued prior to termination.

c. **Termination for cause.** STATE by written notice of default to CONTRACTOR may terminate the whole or any part of this contract:

(1) If CONTRACTOR fails to provide services required by this contract within the time specified or any extension agreed to by STATE; or

(2) If CONTRACTOR fails to perform any of the other provisions of this contract, or so fails to pursue the work as to endanger performance of this contract in accordance with its terms.

(3) The rights and remedies of STATE provided in the above clause related to defaults by CONTRACTOR are not exclusive and are in addition to any other rights and remedies provided by law or under this contract.

8. SPECIAL CONDITIONS

CONTRACTOR shall meet all other applicable special conditions as specified in the contract.

9. APPLICABLE LAW AND VENUE

This contract is governed by and construed in accordance with the laws of the State of North Dakota. Any action to enforce this contract must be brought in the District Court of Burleigh County, North Dakota.

10. SEVERABILITY

If any term of this contract is declared by a court having jurisdiction to be illegal or unenforceable, the validity of the remaining terms must not be affected, and, if possible, the rights and obligations of the parties are to be construed and enforced as if the contract did not contain that term.

11. NOTICE

All notices or other communications required under this contract must be given by registered or certified mail and are complete on the date mailed when addressed to the parties at the following addresses:

_____		Tobacco Prevention and Control Executive Committee
_____		Center for Tobacco Prevention and Control Policy
_____		Attn: Jeanne Prom, Executive Director
_____	or	4023 State Street, Suite 65
_____		Bismarck, ND 58503

Notice provided under this provision does not meet the notice requirements for monetary claims against the STATE found at N.D.C.C. § 33-12.2-04.

12. CONFIDENTIALITY AND OPEN RECORD LAWS

CONTRACTOR agrees not to use or disclose any information it receives from STATE under this contract that STATE has previously identified as confidential or exempt from mandatory public disclosure except as necessary to carry out the purposes of this contract, or as authorized by state or federal laws, or as authorized in advance by STATE. STATE agrees not to disclose any information it receives from CONTRACTOR that CONTRACTOR has previously identified as confidential and that STATE determines in its sole discretion is protected from mandatory public disclosure under a specific exception to the North Dakota open records law, N.D.C.C. § 44-04-18. Any protected health information subject to N.D.C.C. ch. 23-01.3 or personal health information subject to federal HIPAA regulations may only be released as authorized by those laws. The duty of STATE and CONTRACTOR to maintain confidentiality of information under this section continues beyond the term of this contract, or any extensions or renewals of it.

Private Entity:

CONTRACTOR understands that, except for information that is confidential under state or federal law or otherwise exempt from the North Dakota open records law, STATE must disclose to the public upon request any records it receives from CONTRACTOR. CONTRACTOR further understands that any records that are obtained or generated by CONTRACTOR under this contract, except for records that are confidential or exempt may, under certain circumstances, be open to the public upon request under the North Dakota open records law. CONTRACTOR agrees to contact STATE immediately upon receiving a request for information under the open records law and to comply with STATE'S instructions on how to respond to the request.

Political Subdivisions and State Agencies:

CONTRACTOR and STATE are both independently responsible under the North Dakota open

records law. Except for information that is confidential under state or federal law or otherwise exempt from the North Dakota open records law, STATE and CONTRACTOR must disclose to the public upon request any records received from each other. CONTRACTOR and STATE agree to contact the other immediately upon receiving a request for such information under state or federal law.

13. FORCE MAJEURE

CONTRACTOR will not be held responsible for delay or default caused by fire, riot, acts of God or war if the event is beyond CONTRACTOR'S reasonable control and CONTRACTOR gives notice to STATE immediately upon occurrence of the event causing the delay or default or that is reasonably expected to cause a delay or default:

14. TERM OF CONTRACT

The term of this contract commences upon full execution of the contract by both parties and will expire on September 30, 2013.

15. RENEWAL

This contract may be renewed upon satisfactory completion of the initial contract term. The state reserves the right to execute up to two options to renew this contract for a period of twenty-four (24) months each. This means the full term of this contract, if successfully renewed will be effective from full execution of the contract by both parties through December 31, 2016. The State will provide notice to the Contractor of its intent to review performance and renew this contract at least 60 days before the scheduled contract expiration date.

16. SPOLIATION – NOTICE OF POTENTIAL CLAIMS

CONTRACTOR agrees to promptly notify STATE of all potential claims that arise or result from this contract. CONTRACTOR shall also take all reasonable steps to preserve all physical evidence and information that may be relevant to the circumstances surrounding a potential claim, while maintaining public safety, and grants to STATE the opportunity to review and inspect the evidence, including the scene of an accident.

17. ATTORNEY FEES

In the event a lawsuit is instituted by STATE to obtain performance due of any kind under this contract, and STATE is the prevailing party, CONTRACTOR shall, except when prohibited by N.D.C.C. § 28-26-04, pay STATE'S reasonable attorney fees and costs in connection with the lawsuit.

18. ALTERNATIVE DISPUTE RESOLUTION – JURY TRIAL

STATE does not agree to any form of binding arbitration, mediation, or other forms of mandatory alternative dispute resolution. The parties have the right to enforce their rights and remedies in judicial proceedings. STATE does not waive any right to a jury trial.

19. NONDISCRIMINATION AND COMPLIANCE WITH LAWS

CONTRACTOR agrees to comply with all applicable laws, rules, regulations and policies, including those relating to nondiscrimination, accessibility and civil rights. CONTRACTOR agrees to file all required reports, make required payroll deductions, and pay all taxes and premiums owed, including sales and use taxes and unemployment compensation and workers' compensation premiums in a timely manner. CONTRACTOR shall have and keep current at all

times during the term of this contract all licenses and permits required by law.

20. ADVANCE PAYMENT

STATE will not make any advance payments before performance by CONTRACTOR under this contract.

21. LIMITATIONS ON APPROPRIATIONS AND SPENDING AUTHORITY

Continuation of this Contract beyond June 30 of any odd-numbered year is contingent on continued legislative appropriation of funds for the purposes of this Contract. If those appropriations are not forthcoming, STATE will notify CONTRACTOR as soon as possible and the Contract will terminate on June 30 of that year. STATE will neither be penalized nor incur any liability because of termination of the Contract as provided above.

22. TAXPAYER ID

CONTRACTOR'S federal employer ID number or social security number is: _____

23. EFFECTIVENESS OF CONTRACT

Contracts are not effective until fully executed by all parties.

24. STATE AUDIT REQUIREMENTS:

All records, regardless of physical form, and the accounting practices and procedures of CONTRACTOR relevant to this contract are subject to examination by Tobacco Prevention and Control Executive Committee, North Dakota State Auditor or the Auditor's designee. CONTRACTOR will maintain all such records for at least three years following completion of this contract.

25. SMOKE FREE

The CONTRACTOR shall provide a smoke-free workplace and promote the nonuse of tobacco products in areas including office space, conference or meeting rooms, corridors, stairways, lobbies, rest rooms, cafeterias and other public space.

I hereby certify that our agency has agreed upon the above conditions applicable to funding received through all contracts issued by the STATE and will ensure all program managers are aware of and will comply with the requirements.

CONTRACTOR

_____

BY: _____

TITLE: _____

DATE: _____

ATTACHMENT E
PURCHASE OF SERVICE AGREEMENT

PURCHASE OF SERVICE AGREEMENT

NORTH DAKOTA TOBACCO PREVENTION AND CONTROL EXECUTIVE COMMITTEE

SFN 59164 (7-2009)

Contract Number	Contract Period From Through
This contract is not effective and expenditures related to this contract should not be incurred until all parties have signed this document.	
Title of Project/Program	Tobacco Committee Grant Code
Contractor Name	Agency Name
Address	Address
City, State, Zip	City, State, Zip
Contact Name	Contact Name
Telephone Number	Telephone Number

Financial information	Ex Committee Cost Share	Contractor Cost Share	Total Project/Program Costs
Amount of Financial Assistance	$0	$0	$0
Previous Funds Awarded	$0	$0	$0
Total Funds Awarded to Date	$0	$0	$0

Scope of Service

Reporting Requirements

Special Conditions

1) The terms of this Contract, as may be amended;
2) STATE's RFP Document XXX, dated XXX;
3) CONTRACTOR's Technical Proposal, dated XXXX
4) CONTRACTOR's Cost Proposal – ATTACHMENT B

This contract is subject to the terms and conditions incorporated either directly or by reference in the following:
(1) Requirements for Contracts issued by the North Dakota Tobacco Prevention and Control Executive Committee as signed by Contractor for the period XXXX to XXXX. [Accounting Use Only ☐ Requirements Received] (2) applicable Federal and State regulations.

Evidence of Contractor's Acceptance		Evidence of Departmental Acceptance	
Signature	Date	Signature	Date
Typed Name and Title of Authorized Representative		Typed Name and Title of Authorized Representative	
Signature	Date	Signature	Date
Typed Name and Title of Authorized Representative		Typed Name and Title of Authorized Representative	

Contractor. All attachments if referenced in the scope of service must be returned with the signed contract. If you did not receive attachments as indicated in the scope of service, please contact the Executive Committee individual identified above.

ATTACHMENT F

STATE OF NORTH DAKOTA
Tobacco Prevention and Control Executive Committee
Center for Tobacco Prevention and Control Policy

4023 State Street, Suite 65
Bismarck, ND 58503-0638
Phone: 701-328-5131
Fax: 701-328-5135

NOTICE OF INTENT TO AWARD

DATE

SOLICITATION NUMBER AND TITLE: Evaluation of the Comprehensive Statewide Tobacco Prevention and Control Program: RFP NUMBER 305.12.002

OPENING DATE AND TIME: INSERT

The following vendors submitted responses to the above solicitation:

- INSERT VENDOR NAME, CITY, STATE

Responses were evaluated according to the criteria stated in the solicitation. We announce our intent to award a contract to:

- INSERT NAME OF SUCCESSFUL BIDDER(S)

We would like to thank each vendor for your time and efforts in preparing a response to this solicitation.

We invite you to contact the Procurement Officer if you would like additional information or have any questions about the evaluation process. Vendors are reminded that any protests of this decision must be submitted to the Procurement Officer within seven days after the issuance of this notice. The protest must be in writing, clearly identify the solicitation, and detail the nature of the protest.

The successful vendor is instructed not to begin work, purchase materials, or enter into subcontracts relating to the project until both the recipient and the State sign the contract.

We appreciate your interest in doing business with the State of North Dakota.

Sincerely,

Donna Thronson
Procurement Officer
PHONE: 701-328-5131
FAX: 701-328-5135
E-MAIL: dothronson@nd.gov

BIENNIUM: 2009 - 2011

DEPT NAME: Tobacco Prevention & Control Executive Committee

PROJECT NAME: Tobacco State Aid

PURPOSE OF GRANT: Tobacco State Aid Grants provide funding to all local public health units on a population-based, noncompetitive formula reaching all counties so health units can connect all tobacco users in their client-based programs to cessation services.

Contract Period			Contract
Beginning	Ending	Subrecipient Name, Location	Amount
7/1/2009	6/30/2011	Bismarck Burleigh Public Health, Bismarck	63,595.00
7/1/2009	6/30/2011	Cavalier County Health District, Langdon	12,045.00
7/1/2009	6/30/2011	Central Valley Health District, Jamestown	34,184.00
7/1/2009	6/30/2011	City County Health Department, Valley City	16,757.00
7/1/2009	6/30/2011	Custer District Health Unit, Mandan	76,236.00
7/1/2009	6/30/2011	Dickey County District Health Unit, Ellendale	13,007.00
7/1/2009	6/30/2011	Emmons County Public Health, Linton	11,726.00
7/1/2009	6/30/2011	Fargo Cass Public Health, Fargo	105,763.00
7/1/2009	6/30/2011	First District Health Unit, Minot	121,696.00
7/1/2009	6/30/2011	Foster County Health Department, Carrington	11,774.00
7/1/2009	6/30/2011	Grand Forks Public Health Department, Grand Forks	55,258.00
7/1/2009	6/30/2011	Kidder County District Health Unit, Steele	10,977.00
7/1/2009	6/30/2011	Lake Region District Health Unit, Devils Lake	54,589.00
7/1/2009	6/30/2011	LaMoure County Public Health Unit, LaMoure	12,145.00
7/1/2009	6/30/2011	McIntosh District Health Unit, Ashley	11,218.00
7/1/2009	6/30/2011	Nelson Griggs District Health, McVille	22,605.00
7/1/2009	6/30/2011	Pembina County Health Department, Cavalier	14,510.00
7/1/2009	6/30/2011	Ransom County Public Health Department, Lisbon	13,276.00
7/1/2009	6/30/2011	Richland County Health Department, Wahpeton	20,650.00
7/1/2009	6/30/2011	Rolette County Public Health District, Rolla	18,806.00
7/1/2009	6/30/2011	Sargent County District Health Unit, Forman	12,188.00
7/1/2009	6/30/2011	Southwestern District Health Unit, Dickinson	100,448.00
7/1/2009	6/30/2011	Steele County Public Health Department, Finley	10,637.00
7/1/2009	6/30/2011	Towner County Public Health District, Cando	10,917.00
7/1/2009	6/30/2011	Traill District Health Unit, Hillsboro	14,786.00
7/1/2009	6/30/2011	Upper Missouri District Health Unit, Williston	61,028.00
7/1/2009	6/30/2011	Walsh County Health Department, Grafton	16,893.00
7/1/2009	6/30/2011	Wells County District Health Unit, Fessenden	12,286.00
		Total Tobacco State Aid:	**940,000.00**

BIENNIUM: 2009 - 2011

DEPT NAME: Tobacco Prevention & Control Executive Committee

PROJECT NAME: Tobacco Grants to Local Public Health Units

PURPOSE OF GRANT: Tobacco Grants to Local Public Health Units provide significant funding to all local public health units/cooperating health units on a population-based, noncompetitive formula to pay staff and operating expenses required to deliver effective and comprehensive tobacco prevention and control programs in every county reaching all population groups.

Contract Period			Contract
Beginning	Ending	Subrecipient Name, Location	Amount
7/1/2009	6/30/2010	Bismarck-Burleigh Public Health, Bismarck	290,412.00
7/1/2009	6/30/2010	Cavalier County Health District, Langdon	43,444.00
7/1/2009	6/30/2010	Central Valley Health District, Jamestown	256,203.00
7/1/2009	6/30/2010	City County Health Department, Valley City	67,387.00
7/1/2009	6/30/2010	Custer District Health Unit, Mandan	177,978.00
7/1/2009	6/30/2010	Dickey County District Health Unit, Ellendale	48,330.00
7/1/2009	6/30/2010	Fargo Cass Public Health, Fargo	489,701.00
7/1/2009	6/30/2010	First District Health Unit, Minot	309,060.00
7/1/2009	6/30/2010	Foster County Health Department, Carrington	24,962.00
7/1/2009	6/30/2010	Grand Forks Public Health Department, Grand Forks	248,048.00
7/1/2009	6/30/2010	Lake Region District Health Unit, Devils Lake	126,295.00
7/1/2009	6/30/2010	Nelson Griggs District Health, McVille	59,338.00
7/1/2009	6/30/2010	Pembina County Health Department, Cavalier	28,257.00
7/1/2009	6/30/2010	Ransom County Public Health Department, Lisbon	49,013.00
7/1/2009	6/30/2010	Richland County Health Department, Wahpeton	87,169.00
7/1/2009	6/30/2010	Rolette County Public Health District, Rolla	77,800.00
7/1/2009	6/30/2010	Sargent County District Health Unit, Forman	44,168.00
7/1/2009	6/30/2010	Southwestern District Health Unit, Dickinson	163,310.00
7/1/2009	6/30/2010	Towner County Public Health District, Cando	37,707.00
7/1/2009	6/30/2010	Traill District Health Unit, Hillsboro	66,199.00
7/1/2009	6/30/2010	Upper Missouri District Health Unit, Williston	154,060.00
7/1/2009	6/30/2010	Walsh County Health Department, Grafton	68,080.00
7/1/2009	6/30/2010	Wells County District Health Unit, Fessenden	44,628.00
7/1/2010	6/30/2011	Bismarck-Burleigh Public Health, Bismarck	290,412.00
7/1/2010	6/30/2011	Cavalier County Health District, Langdon	43,444.00
7/1/2010	6/30/2011	Central Valley Health District, Jamestown	256,203.00
7/1/2010	6/30/2011	City County Health Department, Valley City	67,387.00
7/1/2010	6/30/2011	Custer District Health Unit, Mandan	178,494.27
7/1/2010	6/30/2011	Dickey County District Health Unit, Ellendale	48,330.00
7/1/2010	6/30/2011	Fargo Cass Public Health, Fargo	487,622.00
7/1/2010	6/30/2011	First District Health Unit, Minot	309,060.00
7/1/2010	6/30/2011	Foster County Health Department, Carrington	41,570.58

BIENNIUM: 2009 - 2011

DEPT NAME: Tobacco Prevention & Control Executive Committee

PROJECT NAME: Tobacco Grants to Local Public Health Units

PURPOSE OF GRANT: Tobacco Grants to Local Public Health Units provide significant funding to all local public health units/cooperating health units on a population-based, noncompetitive formula to pay staff and operating expenses required to deliver effective and comprehensive tobacco prevention and control programs in every county reaching all population groups.

Contract Period			Contract
Beginning	Ending	Subrecipient Name, Location	Amount
7/1/2010	6/30/2011	Grand Forks Public Health Department, Grand Forks	248,048.00
7/1/2010	6/30/2011	Lake Region District Health Unit, Devils Lake	126,329.90
7/1/2010	6/30/2011	Nelson Griggs District Health, McVille	59,338.00
7/1/2010	6/30/2011	Pembina County Health Department, Cavalier	27,846.60
7/1/2010	6/30/2011	Ransom County Public Health Department, Lisbon	47,094.86
7/1/2010	6/30/2011	Richland County Health Department, Wahpeton	87,169.00
7/1/2010	6/30/2011	Rolette County Public Health District, Rolla	77,800.00
7/1/2010	6/30/2011	Sargent County District Health Unit, Forman	44,168.00
7/1/2010	6/30/2011	Southwestern District Health Unit, Dickinson	163,310.00
7/1/2010	6/30/2011	Towner County Public Health District, Cando	37,707.00
7/1/2010	6/30/2011	Traill District Health Unit, Hillsboro	82,841.75
7/1/2010	6/30/2011	Upper Missouri District Health Unit, Williston	154,060.00
7/1/2010	6/30/2011	Walsh County Health Department, Grafton	68,080.00
7/1/2010	6/30/2011	Wells County District Health Unit, Fessenden	44,669.00
		Total Tobacco Grants to Local Public Health Units:	**5,952,533.96**

BIENNIUM: 2009 - 2011

DEPT NAME: Tobacco Prevention & Control Executive Committee

PROJECT NAME: Special Initiative Grants - Policy

PURPOSE OF GRANT: Special Initiative Grants - Policy provide competitive funding to local public health units and partner organizations to build the capacity of communities to provide public education necessary for community groups to address evidence-based policy change effective in eliminating exposure to secondhand smoke & reducing tobacco use among youth/young adults.

Contract Period			Contract
Beginning	Ending	Subrecipient Name, Location	Amount
3/25/2010	6/30/2011	American Nonsmokers' Rights Foundation, Berkeley CA	25,000.00
3/25/2010	6/30/2011	First District Health Unit, Minot ND	25,000.00
		Subtotal	50,000.00

BIENNIUM: 2009 - 2011

DEPT NAME: Tobacco Prevention & Control Executive Committee

PROJECT NAME: Special Initiative Grants - Statewide Organization

PURPOSE OF GRANT: Special Initiative Grants - Statewide Organization provide competitive funding to nongovernmental statewide organizations to educate and engage their members & networks on evidence-based policy change effective in significantly reducing tobacco use.

Contract Period			Contract
Beginning	Ending	Subrecipient Name, Location	Amount
10/20/2010	6/30/2011	American Lung Association, Bismarck ND	70,000.37
10/20/2010	6/30/2011	Tobacco Free North Dakota, Bismarck ND	72,398.00
		Subtotal	142,398.37

BIENNIUM: 2009 - 2011

DEPT NAME: Tobacco Prevention & Control Executive Committee

PROJECT NAME: Health Communication Campaign

PURPOSE OF GRANT: Health Communication Campaign provides funding to Upper Missouri District Health Unit acting as the fiscal agent for the Public Education Task Force (PETF) for placement of flights of tobacco prevention paid media, creative development of media, public relations and social media costs per the Health Communication Plan.

Contract Period			Contract
Beginning	Ending	Subrecipient Name, Location	Amount
1/1/2010	6/30/2010	Upper Missouri District Health Unit, Williston ND	169,604.00
10/1/2010	6/30/2011	Upper Missouri District Health Unit, Williston ND	657,815.00
		Subtotal	**827,419.00**

BIENNIUM: 2009 - 2011

DEPT NAME: Tobacco Prevention & Control Executive Committee

PROJECT NAME: Minot State University - Policy & Environmental Change Collaborative

PURPOSE OF GRANT: Minot State University - Policy & Environmental Change Collaborative grant provides funding to MSU to deliver ongoing technical assistance & coordination of training to state & local tobacco prevention programs to implement the most effective evidence-based policies that eliminate public exposure to secondhand smoke & significantly reduce tobacco use.

Contract Period			Contract
Beginning	Ending	Subrecipient Name, Location	Amount
8/16/2010	6/30/2011	Minot State University, Minot ND	143,597.00
		Subtotal	**143,597.00**

TOBACCO GRANTS RECAP (2009 - 2011)

Tobacco State Aid - 28 Grants	940,000.00
Tobacco Grants to Local Public Health Units - 46 Grants	5,952,533.96
Special Initiative Grants - Policy - 2 Grants	50,000.00
Special Initiative Grants - Statewide Organization - 2 Grants	142,398.37
Health Communication Campaign - 2 Grants	827,419.00
Minot State University - Policy & Environmental Change Collaborative - 1 Grant	143,597.00
TOTAL TOBACCO GRANT FUNDING:	**8,055,948.33**

BIENNIUM: 2009 - 2011

DEPT NAME: Tobacco Prevention & Control Executive Committee

PROJECT NAME: TPCEC Fiscal Agent

PURPOSE: Contract for Fiscal Agent services to the ND Department of Health provides accounting and human resource management services not available with current agency staffing.

Contract Period			Contract
Beginning	Ending	Subrecipient Name, Location	Amount
7/1/2009	6/30/010	ND Department of Health, Bismarck ND	19,179.00
7/1/2010	6/30/2011	ND Department of Health, Bismarck ND	19,179.00
		Total Fiscal Agent Fees	**38,358.00**

BIENNIUM: 2009 - 2011

DEPARTMENT NAME: Tobacco Prevention & Control Executive Committee

PROJECT NAME: TPCEC IT Contracts

PURPOSE: Contracts for information technology services to two vendors provide desktop support and time-sensitive technology systems development which are not available through the ND Information Technology Department or with current agency staffing.

Contract Period			Contract
Beginning	Ending	Subrecipient Name, Location	Amount
2/2/2010	6/30/2011	Nexus Innovations, Bismarck ND (90 hours)	7,315.00
1/27/2010	6/30/2011	Fireside Office Solutions, Bismarck ND (35 hours)	2,380.00
		Total IT Contracts	**9,695.00**

BIENNIUM: 2009 - 2011

DEPARTMENT NAME: Tobacco Prevention & Control Executive Committee

PROJECT NAME: TPCEC Service Agreements

PURPOSE: Service agreements to vendors with expertise in specialized training, technical assistance, planning and programming services provide these services not available with current agency staffing.

Contract Period			Contract
Beginning	Ending	Subrecipient Name, Location	Amount
3/30/2010	6/30/2010	Directors of Health Promotion and Education, Washington DC	8,500.00
1/11/2010	6/30/2010	Judith Stephany dba Tobacco Control Strategies Group, Burlington VT	1,250.00
1/11/2010	6/30/2010	Judith Stephany dba Tobacco Control Strategies Group, Burlington VT	1,250.00
8/27/2010		Odney Advertising (transfer BreatheND to Center), Bismarck ND	2,499.99
Non-Contract Fees			
7/1/2009	1/11/2011	Attorney General's Office (Legal Fees), Bismarck ND	3,774.98
7/1/2009	1/11/2011	Odney Advertising (Logo & Letterhead), Bismarck ND	1,251.25
		Total Service Agreements	**18,526.22**

Testimony 5, SB 2024, 03-14-13

MSA (or tax) Funded Agencies
For Tobacco Use Prevention and Control
Updated October 2012

Group Name: Funders Alliance for State-based Tobacco Control

HAWAII

Agency:	**Hawaii Community Foundation** **www.hawaiicommunityfoundation.org**
Contact:	**Lola Irvin, M. Ed** 1164 Bishop Street Ste. 800 (multiple offices on other islands) Honolulu, HI 96813
Phone:	808-586-4488 – direct, 808-537-6333 (main number)
Email:	lola.irvin@doh.hawaii.gov
Contact:	Cindy Goto
Phone:	(808) 292-0456 (cell)
Email:	cgoto@hawaiitobaccocontrol.org

KANSAS

Agency:	**Kansas Foundation for Health** **www.khf.org**
Contact:	Jeff Willett, Vice President for Programs 309 East Douglas Wichita, KS 67202
Phone:	316-491-8421
Email:	jwillett@khf.org

LOUISIANA

Agency:	**Campaign for Tobacco Free Living, Louisiana Public Health Institute www.tobaccofreeliving.org/**
Contact:	Tonia Moore, Associate Director 1515 Poydras Street, Suite 1200 New Orleans, LA 70112
Phone:	(504) 301-9830
Fax:	(504) 301-9801
Email:	tmoore@lphi.org

MINNESOTA

Agency:	**Clearway Minnesota** **www.clearwaymn.org**
Contact:	David Willoughby, CEO Two Appletree Square 8011 34th Ave. South Ste. 400 Minneapolis, MN 55425
Phone:	(952) 767-1413
Email:	DWilloughby@clearwaymn.org

MISSOURI

Agency:	**Missouri Foundation for Health** **www.mffh.org**
Contact:	Matthew Kuhlenbeck, Program Officer 1000 Saint Louis Union Station Suite 400 St. Louis, MO 63103
Phone:	(314) 345-5541
Email:	mkuhlenbeck@mffh.org

North Dakota

Agency:	**Breathe ND, The Center for Tobacco Prevention and Control Policy** **www.breathend.com**
Contact:	Jeanne Prom, Executive Director Center for Tobacco Prevention and Control Policy 4023 State Street, Suite 65 Bismarck, ND 58503
Phone:	701-328-5130 (main)
Email:	jprom@nd.gov

OKLAHOMA

Agency:	**Oklahoma Tobacco Settlement Endowment Trust** **www.tset.ok.gov**
Contact:	Tracey Strader, Executive Director 3700 N. Classen Boulevard, Suite 215 Oklahoma City, OK 73118
Phone:	(405) 525-8738 x23
Email:	traceys@tset.ok.gov

VIRGINIA

Agency:	**Virginia Tobacco Settlement Foundation** **www.vtsf.org**
Contact:	Marty H. Kilgore, Executive Director 701 East Franklin Street, Suite 501 Richmond, VA 23219
Phone:	(804) 786-2523
Email:	mkilgore@tsf.state.va.us
Contact:	Marge White, Deputy Director
Phone:	(804) 225-3637
Email:	mwhite@vtsf.org

Testimony 6, SB 2024, 02.14.13

Statewide Comprehensive Evaluation Manager
Job Description
ND Center for Tobacco Prevention and Control Policy

POSITION NUMBER: 305-28084
CLASS/LEVEL: Temporary (long-term), full-time, not classified
AGENCY: ND Center for Tobacco Prevention and Control Policy
HOURLY RATE: $26.38-$35.16/hour, plus employer-paid health insurance
LOCATION: Bismarck, ND
EMPLOYEE: Open until filled
REPORTS TO: Executive Director
DATE: 7.01.2011

SUMMARY: The Statewide Comprehensive Evaluation Manager will plan, develop and implement all aspects of the statewide comprehensive tobacco control and prevention program evaluation. The position will manage a program budget and contracts, work with professional-level staff and contractors, provide training and technical assistance to grantees in evaluating their evidence-based comprehensive tobacco prevention grants, and will actively monitor and report their progress. The Manager will provide assistance to and coordinate surveillance and evaluation for health communications, cessation and local and state policy programs in this. Additional dutes include working with other state agencies, partner groups and community organizations, and participating in and leading work groups and committees.

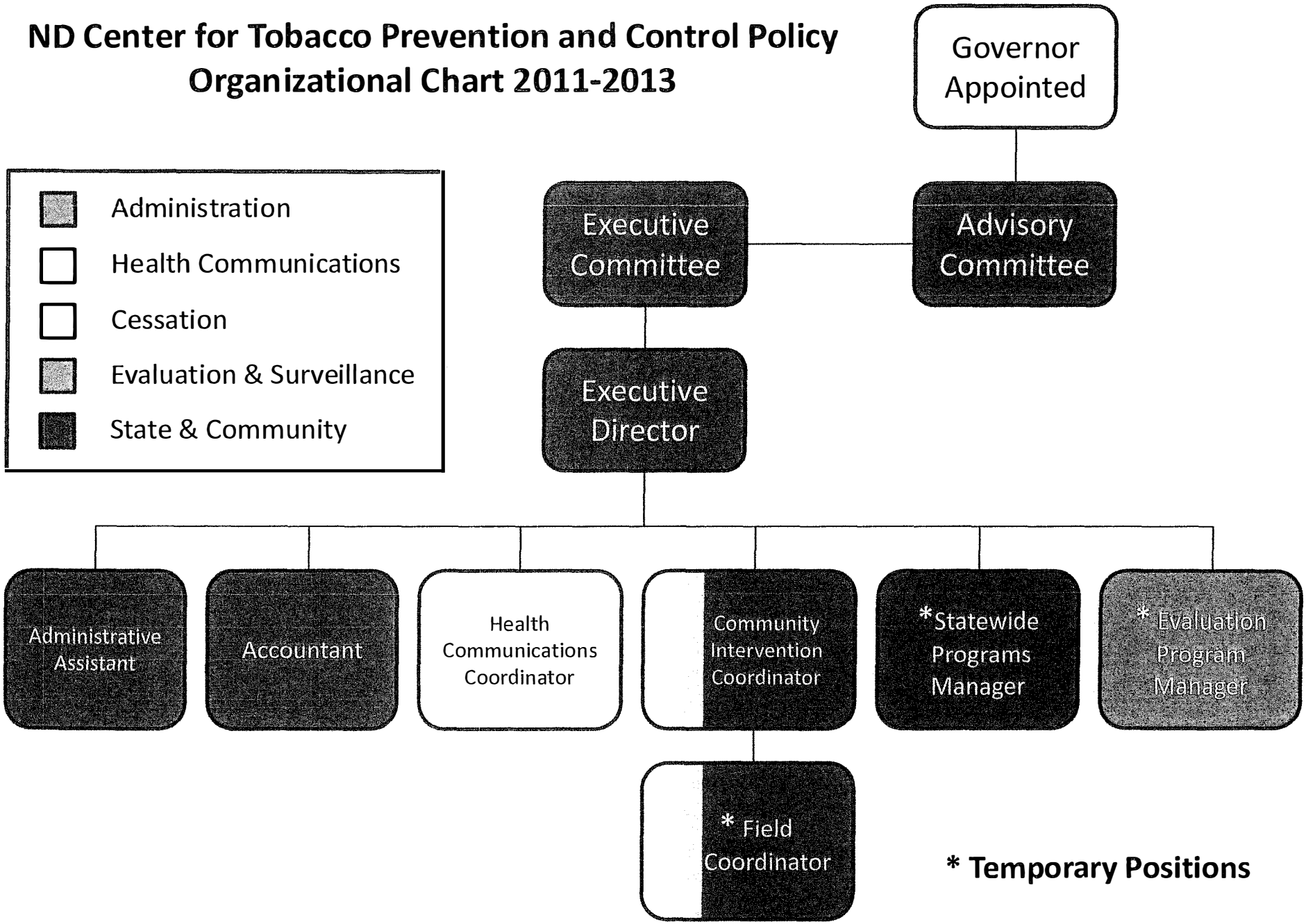
The Center anticipates this position being long-term.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following.

- Plan, develop, implement and administer a statewide evaluation program with minimal oversight by Executive Director.
- Develop, administer and monitor evaluation budget; prepare fiscal records and reports.
- Plan and coordinate contracts of significant size and scope to demonstrate state progress toward objectives and goals. Assure contract work contributes to implementation of the state plan and complements the work of other agency programs.
- Assist in developing and revising evaluation instruments for programs and policy initiatives.
- Collect data and coordinate transfer from program vendors.
- Analyze reports on process and outcome evaluation questions for each program individually and comparatively across programs.
- Produce reports on process and outcome evaluation questions for tobacco prevention policy initiatives, sometimes under short timeframes.
- Provide training and technical assistance for the Center for Tobacco Prevention and Control staff and grantees.
    - Advise state and local program staff on data collection and methodology for surveillance and evaluation.

    - Provide technical assistance to state and local program staff on health policy, communications, cessation, system change and management evaluation and surveillance.
- Provide additional analysis upon request for publications and presentations.
- Conduct additional evaluation activities as requested.
- Manage program records, information, data and reporting in compliance with internal agency and state policies, procedures and state laws.
- Provide daily outreach and consultation, ongoing education, and regularly scheduled training and meetings with funded organizations and other partners.
- Work closely as a leader and team member with multiple agencies and groups involved with the program or whose programs benefit from tobacco use prevention policy and shared data.
- Represent the agency with partners and stakeholder groups at meetings and on committees and coalitions.
- Serve as a member of the agency management team and as needed, fulfill administration duties for the Executive Director in director's absence.

ND Center for Tobacco Prevention and Control Policy
Organizational Chart 2011-2013



*** Temporary Positions**

Statewide Programs Manager
Job Description
ND Center for Tobacco Prevention and Control Policy

POSITION NUMBER: 305-28084
CLASS/LEVEL: Temporary (long-term), full-time, not classified
AGENCY: ND Center for Tobacco Prevention and Control Policy
HOURLY RATE: $26.38 - $35.16/hour, plus employer-paid health insurance
LOCATION: Bismarck, ND
EMPLOYEE: Barbara Andrist, MPH, RN
REPORTS TO: Executive Director
DATE: 7.13.12 updated

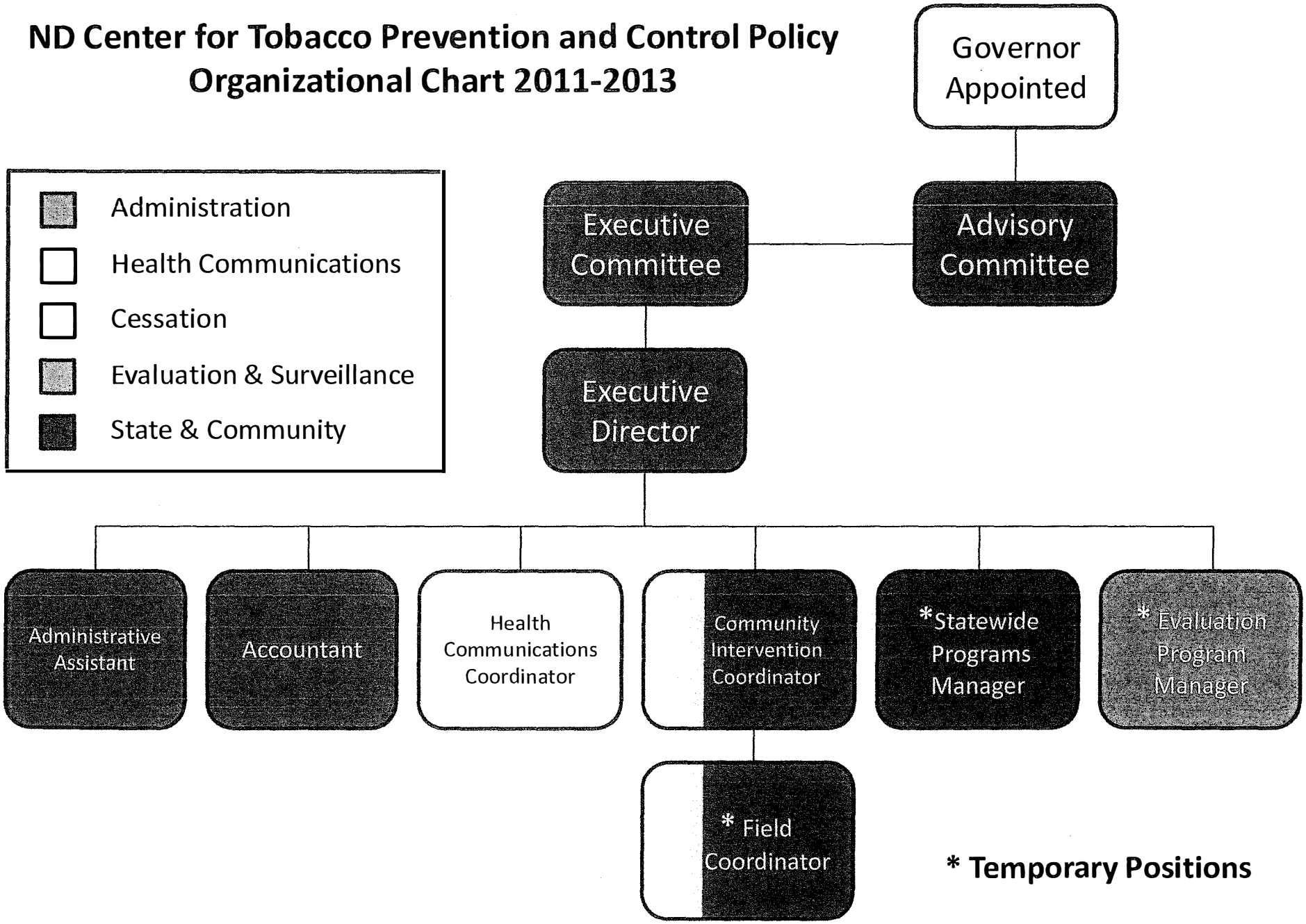
SUMMARY: The Statewide Programs Manager will plan, develop, implement, administer, evaluate all aspects of the statewide comprehensive tobacco control and prevention policy grant programs. The position will manage a program budget and contracts, work with professional-level staff, provide training and technical assistance to grantees in implementing an evidence-based comprehensive tobacco prevention program, and will actively monitor and report their progress. The Manager will provide assistance to and coordinate with surveillance, evaluation, health communications, and local policy prevention programs. Additional dutes include working with partner groups and community organizations, and participating in and leading State Plan and work plan work groups and committees.

The North Dakota Center for Tobacco Prevention and Control Policy offers fast-paced challenging work opportunities, a competitive salary and an employer-paid comprehensive health plan for this position. The Center anticipates this position being long-term.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following.

- Plan, develop, implement, administer and evaluate the statewide intervention program with minimal oversight by Executive Director.
- Develop, administer and monitor program budget; prepare fiscal records and reports.
- Develop and assure compliance with detailed grant guidance, including developing and implementing related processes, internal policies, procedures and rules for the program. Assure guidance complies with state laws.
- Manage multiple and varied program Center-funded grants and contracts and assure the program aligns with agency budget and other agency programs, and complies with state laws and rules.
- Manage program records, information, data and reporting in compliance with internal agency and state policies, procedures and state laws.
- Plan and coordinate grant and contract work to meet significant process and outcome objectives and goals. Assure grant and contract work contributes to implementation of the state plan and complements the work of other agency programs.

ND Center for Tobacco Prevention and Control Policy
Organizational Chart 2011-2013



*** Temporary Positions**

Field Coordinator
Job Description
ND Center for Tobacco Prevention and Control Policy

POSITION NUMBER: 305-28084
SALARY LEVEL: $21.84 - $36.40/hour, plus employer-paid health insurance
LOCATION: North Dakota
REPORTS TO: Community Program Manager
CLASS: Temporary (long-term), full-time, not classified
AGENCY: ND Center for Tobacco Prevention and Control Policy
EMPLOYEE: Bev Benda
DATE: 8.16.10

SUMMARY: The position is responsible for providing grant training and technical assistance to local public health units and communities in implementing an evidence-based comprehensive tobacco prevention and control program. Additional duties include grant review and approval, progress tracking and reporting, and assistance with program implementation at the local level. Other duties may be assigned by the Community Program Manager or Executive Director.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following.
Provide training and technical assistance coordination for local tobacco grantees:

- Assist local tobacco programs in building and maintaining local tobacco programs and coalitions by teleconference or on-site visits
- Assist in assessing training needs of local grantees
- Assist with planning and facilitating quarterly local tobacco sites meetings
- Assist with planning and facilitating state trainings for tobacco control grantees and partners
- Assist local public health units with grant writing
- Provide technical assistance to local public health unit staff in developing and implementing work plans to meet state and local objectives
- Review, critique, develop and distribute state of the art resource materials for tobacco prevention as needed
- Review, interpret and disseminate scientific information and resources for local tobacco programs as needed
- Conduct on-site technical assistance visits and prepare summary reports of findings and technical assistance provided
- Serve as a resource to all grantees for day-to-day questions related to grant programs.

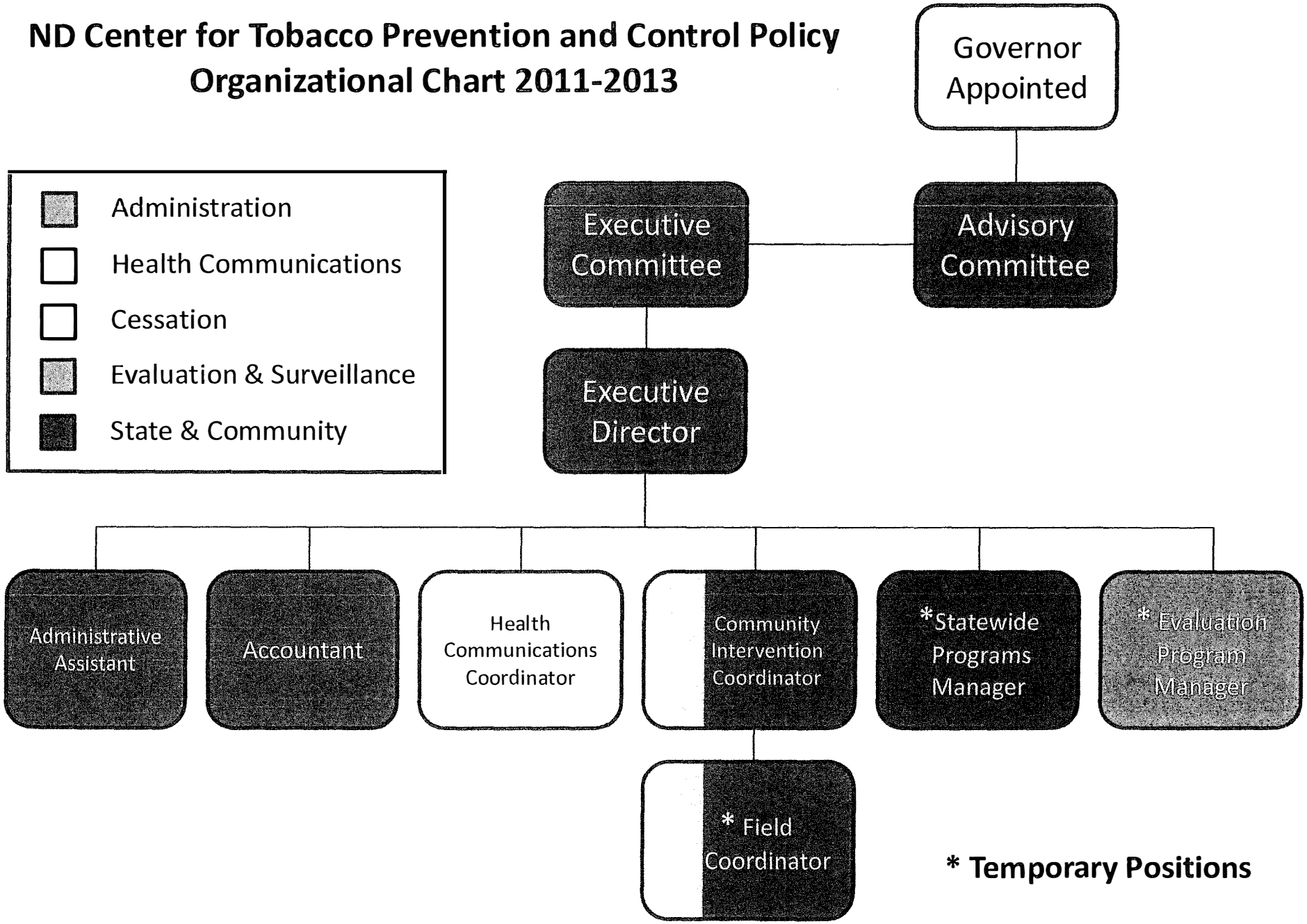
Build and maintain public/private partnerships:

- Partner with representatives from other agencies and organizations to promote Best Practice tobacco control interventions
- Participate in/lead tobacco control meetings, workgroups and partnerships
- Deliver public presentations as assigned by Community Program Manager

Grant Management:

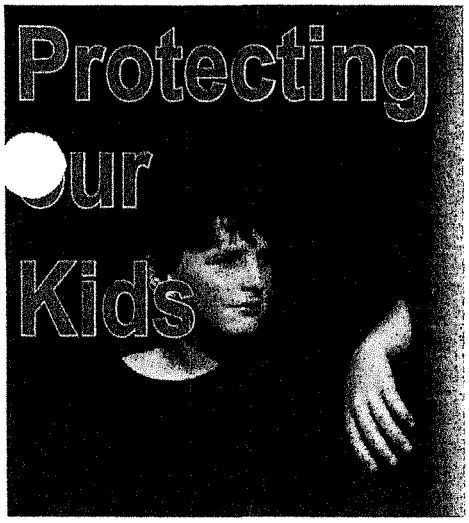
- Assist grantees with grant writing through a variety of methods: presentations, workshops, one-on-one conferences, written tools, etc.
- Assist with grant guidance development and training
- Conduct technical reviews of local grantee applications
- Monitor local grantee progress and expenditures
- Participate in local grantee site reviews to assess progress and compliance with grant requirements
- Review progress quarterly with each grantee and summarize progress
- Provide quarterly grant progress summary reports to supervisor.

ND Center for Tobacco Prevention and Control Policy
Organizational Chart 2011-2013



*** Temporary Positions**

Testimony 7, SB2024, 03-14-13



120 North Dakota Comprehensive Tobacco-free Schools

BreatheND
Saving lives, saving money. The voice of the people.

Since North Dakota's comprehensive program was put into place the number of North Dakota school districts that have adopted comprehensive tobacco-free policies has increased from 60 to 120. This impacts over half (58%) of North Dakota students. These policies eliminate not only cigarette use but also all other types of tobacco use on school grounds and at school events, which protect students, faculty, staff and visitors from exposure to all tobacco use.

Research shows the Center's partnered efforts are working. According to the Youth Risk Behavior Survey, high school smoking rates have dropped from 22.4 percent in 2009 to 19.4 percent in 2011.

Adams Elementary School
Anamoose Public Schools
Apple Creek School (Bismarck)
Beach Public Schools
Beulah Public Schools
Bismarck Public Schools
Bottineau Public Schools
Bowbells Public School
Brentwood Adventist Christian School (Bismarck)
Carrington Public Schools
Cathedral of Holy Spirit Elementary School (Bismarck)
Cavalier Public School
C Stanton Public School
C Elementary School (Amidon)
Dakota Adventist Academy (Bismarck)
Dakota Prairie Public Schools (McVille/Petersburg)
Divide County Public Schools (Crosby)
Drake Public School
Drayton Public School
Dunseith Day Elementary School
Dunseith Public Schools
East Fairview Elementary (McKenzie County)
Edmore Public School
Eight Mile Public School (Trenton)
Ellendale Public Schools
Enderlin Area Public School
Fessenden-Bowdon Public School
Flasher Public School
Fordville-Lankin Public School
Fort Ransom Elementary School (Lisbon)
Grace Lutheran (Fargo)
Grafton Public Schools
Grand Forks Public Schools
Grant County Public School (Elgin/Carson)
Grenora Public School District
Griggs County Central (Cooperstown)
Hankinson Public School
Ha Public Schools
H ublic School
Hazen Public Schools
Hebron Public School District 13
Hillsboro Public Schools
Hope Public School
Horse Creek School District 32 (Cartwright)
Jamestown Public Schools
Kenmare Public Schools
Kidder County/Steele-Tappen Public Schools
Killdeer Public School
Lakota Public Schools
LaMoure Public Schools
Langdon Area Public Schools
Linton Public School
Lisbon Public Schools
Litchville-Marion Public Schools
Little Heart (St. Anthony)
Little Flower Elementary School (Rugby)
Lone Tree 6/Golva Elementary School (Golva)
Mandan Public Schools
Manning Public School (Bismarck)
Maple Valley Public Schools (Tower City)
Marmarth Elementary School
Martin Luther Elementary School (Bismarck)
May-Port CG Public Schools
McClusky Public Schools
McKenzie County Public Schools (Watford City)
Midkota Public Schools (Binford, Glenfield)
Milnor Public Schools
Minot Public Schools
Minto Public School
Mohall-Lansford-Sherwood Public Schools
Mott-Regent Public School
Mt. Pleasant Public School (Rolla)
Napoleon Public School
Naughton Public School (Bismarck)
Nedrose Public School (Minot)
New England Public School
New School District #8 (Williston)
New Town Public Schools
Newburg-United Public School
North Border Public Schools (Walhalla)
North Sargent Public School (Gwinner)
North Star Public School (Cando)
Oak Grove Lutheran Schools (Fargo)
Oakes Public Schools
Ojibwa Indian School (Belcourt)
Page Elementary School
Park River Public School
Pleasant Valley Elementary School (Hurdsfield)
Richardton-Taylor Public Schools
Richland 44 Public Schools (Abercrombie/Colfax)
Robinson Elementary School
Rolette Public School
Saint Joseph's Elementary School (Williston)
Sargent Central Public School (Forman)
Shiloh Christian School (Bismarck)
South Heart Public School
St. Alphonsus Elementary School (Langdon)
St. Catherine Elementary School (Valley City)
St. Mary's Central High School (Bismarck)
St. Mary's Elementary School (Bismarck)
St. Thomas Public School
Sterling Elementary School
Strasburg Public Schools
Surrey Public School
Towner-Granville-Upham Public Schools
Trinity Christian School (Williston)
Turtle Lake-Mercer
Twin Buttes Elementary School (Halliday)
United Public Schools (Burlington/Des Lacs)
Valley City Public Schools
Valley-Edinburg Public Schools
Velva Public School
Wahpeton Public Schools
Warwick Public School
Washburn Public School
Westhope Public School
Williston Public Schools
Wing Public School
Wishek Public School
Zeeland Public School

Brought to you by the Center for Tobacco Prevention and Control Policy and your local public health partners.

School listing updated March 2013, as reported to the Center for Tobacco Prevention and Control Policy from local public health partners.

Comprehensive Tobacco-Free College Campuses

	College/University	2012 Fall Enrollment	TF/SF	Policy Adopted	Type	Enrollment is determined by head count
1	Mayville	1020	TF	Jan-09	NDUS	
2	Minot	3560	TF	1/1/2009	NDUS	
3	Bismarck State College	4109	TF	1/1/2006	NDUS	
4	University of North Dakota	15250	TF	10/5/2007	NDUS	
5	Lake Region	1974	TF	Jan-10	NDUS	
6	Dakota College (Bottineau)	774	TF	1/9/2011	NDUS	
7	Valley City	1362	TF	1/1/2008	NDUS	
8	State College of Science (Wahpeton)	3066	TF	2/11/2011	NDUS	
9	Dickinson State	1837	TF	6/7/2011	NDUS	
10	University of Mary (Bismarck campus plus add'l locations)	2983	TF	1/1/2012	private	*does not inclue dual credit enrollees*
11	Trinity Bible College (Ellendale)	227	TF	1972	private	
12	Jamestown College	946	TF	8/1/2007	private	
	Total students covered by comp TF policy: 68%	**37108**	TF			

Comprehensive Smoke-Free Campuses

13	North Dakota State University	14443	SF	3/1/2010	NDUS	
14	Rasmussen College (Bismarck & Fargo Campuses)	*unavailable*	SF	Dec-09	private	
15	Sanford College of Nursing (Bismarck)	109	SF	2006	private	
	Total students covered by comp SF policy: 27%	**14552**				

Neither Tobacco-Free or Smoke-Free Campuses

16	Williston	808	No policy	in process	NDUS	policy in process
17	Sitting Bull College (Standing Rock)	275	No policy		tribal	
18	Fort Berthold Community College	205	No policy		tribal	
19	Cankdeska Cikana (Little Hoop) Community College	251	No policy		tribal	
20	Turtle Mountain Community College	532	No policy		tribal	progress toward
21	United Tribes Technical College	528	No policy		tribal	progress toward
	Total students NOT covered by TF or SF policy: 5%	**2599**				

Total # of students in all colleges/universities **54259** **71% (15/21) of campuses have TF or SF policy; 29% (6/21) do not**

95% (51, 669) of students are covered by comp TF or SF policy; 5% n

BreatheND

Testimony 8, SB 2024, 03.14.13

Testimony 9, SB 2024, 03-14.13

Schools Not Comprehensive Tobacco-Free	CD	Enrollment 2012-13
		PK-12
Fargo 1	09-001	11,007
West Fargo 6	09-006	8063
Dickinson 1	45-001	2869
Belcourt 7	40-007	1784
Devils Lake 1	36-001	1674
Blessed John Paul II Catholic Schools Network LEA	09-401	1021
Central Cass 17	09-017	794
Kindred 2	09-002	684
Standing Rock Comm LEA	43-900	633
Rugby 5	35-005	543
Northern Cass 97	09-097	561
Stanley 2	31-002	602
Dickinson Catholic Schools LEA	45-410	559
Tate Topa Tribal LEA	03-900	526
Bowman Co 1	06-001	466
Thompson 61	18-061	431
Larimore 44	18-044	417
Lewis and Clark 161 (Berthold)	51-161	399

St John 3	40-003	382
Garrison 51	28-051	378
New Rockford-Sheyenne 2	14-002	358
Minot Catholic Schools LEA	51-409	329
New Salem-Almont 49	30-049	333
Tioga 15	53-015	398
Barnes County North 7	02-007	310
Parshall 3	31-003	270
Glenburn 26	38-026	270
Minnewaukan 5	03-005	279
Hettinger 13	01-013	286
Northwood 129	18-129	250
Nesson 2 (Ray)	53-002	277
Our Redeemers Christian School LEA	51-425	243
Edgeley 3	23-003	217
Belfield 13	45-013	227
Central Valley 3	49-003	235
Wyndmere 42	39-042	215

Underwood 8	28-008	239
Midway 128	18-128	211
St Anne Elem School LEA	08-411	212
Wilton 1	28-001	206
St Johns Academy LEA	47-409	205
Max 50	28-050	213
Solen 3	43-003	169
Mandaree 36	27-036	212
Lidgerwood 28	39-028	177
South Prairie 70	51-070	199
Theodore Jamerson Elem LEA	08-900	151
Ft Yates 4	43-004	178
Leeds 6	03-006	153
Maddock 9	03-009	157
Pingree-Buchanan 10	47-010	155
Glen Ullin 48	30-048	154
St Joseph Elem School LEA	30-410	136
Ft Totten 30	03-030	151
Manvel 125	18-125	143
Medina 3	47-003	162
Finley-Sharon 19	46-019	128
Ashley 9	26-009	128
Kulm 7	23-007	131
Sawyer 16	51-016	131
St Joseph Elem School LEA	36-409	138
White Shield 85	28-085	121
Circle of Nations LEA	39-900	130

Elgin-New Leipzig 49	19-049	135
Christ the King Elem School LEA	30-409	162
Powers Lake 27	07-027	139
Roosevelt 18	19-018	109
Scranton 33	06-033	132
Fairmount 18	39-018	116
Montpelier 14	47-014	109
St Johns Elem School LEA	39-409	97
Emerado 127	18-127	82
Munich 19	10-019	89
Alexander 2	27-002	123
Burke Central 36	07-036	120
Hazelton-Moffit-Braddock 6	15-006	89
Missouri Valley Montessori LEA	08-422	92
Gackle-Streeter 56	24-056	100
Mapleton 7	09-007	86
St Michaels Elem School LEA	18-412	131
Hope Christian Academy LEA	45-421	90
Starkweather 44	36-044	67
St Bernard Mission School LEA	43-409	78
Selfridge 8	43-008	78
Holy Family Elem School LEA	18-409	76
Marmot Schools LEA	30-800	79
Billings Co 1 (Medora)	04-001	72
Dakota Memorial School LEA	51-401	95
Little Flower Elem School LEA	35-409	68
Oberon 16	03-016	52
Anne Carlsen Center LEA	47-405	56
Wolford 1	35-001	42

Dakota Montessori School LEA	09-423	37	
Childrens Montessori Center LEA	09-431	11	
St Anns Catholic School LEA	40-410	42	2011-12
Halliday 19	13-019	47	
Kensal 19	47-019	34	
Prairie Learning Center LEA	19-401	35	
Menoken 33	08-033	26	
Hillcrest SDA School LEA	47-410	26	
Johnson Corners Christian Academy LEA	27-415	19	
New Testament Baptist Christian LEA	18-428	20	
Victory Christian School LEA	47-428	26	
Goodrich 16	42-016	28	
A Childs World LEA	09-429	16	2011-12
School for Deaf LEA	36-800	16	
Marmarth 12	44-012	13	
Forest River School LEA	18-407	14	
Sweet Briar 17	30-017	13	
Bakker 10	15-010	4	
Academy for Children LEA	09-422	8	
Prairie Voyager Adventist School LEA	18-413	8	
Montessori of Minot LEA	51-421	10	
		45,997	

% of student population NOT covered (P-12) **42.00% (45,997/109,501)**

ANALYSIS OF THE COMMON SCHOOLS TRUST FUND FOR THE 2011-13 AND 2013-15 BIENNIUMS (REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)

ASSETS, DISTRIBUTIONS, AND INVESTMENT RETURNS FOR THE COMMON SCHOOLS TRUST FUND

The following is a summary of actual and estimated assets, distributions, and investment returns for the common schools trust fund for the 1997-99 through 2013-15 bienniums:

Biennium	Fiscal Year	Beginning Assets (Excluding Land and Minerals Values)	Distributions	Interest, Dividends, and Surface and Mineral Rental Income (Net of Expenses)	Total Average Investment Return (Interest Income and Capital Gains)
1997-99	1998	$400,689,879	$23,200,000	$24,965,697	13.57%
	1999	$444,823,559	$23,200,000	$24,644,625	7.50%
1999-2001	2000	$467,059,293	$23,775,000	$25,650,676	11.05%
	2001	$521,509,978	$23,775,000	$27,382,227	2.03%
2001-03	2002	$533,360,593	$28,896,500	$26,548,262	(1.34%)
	2003	$522,905,814	$28,896,500	$26,620,380	4.57%
2003-05	2004	$547,047,877	$30,000,000	$24,849,254	12.60%
	2005	$614,738,548	$30,000,000	$26,137,010	8.58%
2005-07	2006	$686,273,875	$31,100,000	$27,118,113	7.51%
	2007	$761,901,287	$31,100,000	$31,378,257	12.82%
2007-09	2008	$887,092,909	$33,400,000	$36,497,403	(4.22%)
	2009	$908,928,685	$33,400,000	$36,184,299	(13.75%)
2009-11	2010	$846,314,086	$38,589,000	$37,674,582	14.48%
	2011	$1,221,501,801[1]	$38,589,000	$46,044,054	17.99%
2011-13	2012	$1,622,412,984[2]	$46,257,000	$50,839,459	2.42%
	2013	$1,917,110,586	$46,257,000	[3]	[3]
2013-15	2014	[3]	$65,163,000	[3]	[3]
	2015	[3]	$65,163,000	[3]	[3]

[1]The increase in assets during fiscal year 2010 included income from mineral royalties and lease bonuses of $249 million and oil extraction tax allocations of $28 million.

[2]The increase in assets during fiscal year 2011 included income from mineral royalties and lease bonuses of $148.9 million, oil extraction tax allocations of $49.3 million, and $190.9 million of investment income and capital gains.

[3]Article IX, Section 2, of the Constitution of North Dakota, was amended in November 2006 through voter approval of measure No. 1 (House Concurrent Resolution No. 3037 (2005)). The measure changed the way distributions from the common schools trust fund and other permanent educational trust funds are determined. The amendment became effective July 1, 2009, and distributions from the common schools trust fund are now based on a percentage of the five-year average value of trust assets, excluding the value of lands and minerals. Therefore, the Board of University and School Lands does not project asset values, income, or investment return because it is no longer relevant to the calculation of distribution amounts.

MONEY DEPOSITED IN THE COMMON SCHOOLS TRUST FUND

Select Constitutional Provisions

Article IX, Section 1

This section provides that the following money must be deposited in a permanent trust fund, known as the common schools trust fund, and used to support the common schools of the state:

Testimony 10, SB 2024, 03.14.13

- All proceeds relating to public lands granted to the state by the federal government for the support of the common schools.
- All proceeds relating to property acquired by the state through escheat (property reverting to the state in the absence of legal heirs).
- All gifts, donations, and other property acquired by the state for the support of the common schools.
- The proceeds of all bonuses relating to the leasing of coal, gas, oil, or other mineral interests relating to common schools lands.

This section was included in the original Constitution of North Dakota enacted in 1889. In 1982 the section was amended to provide that bonuses relating to the leasing of coal, gas, oil, or other mineral interests relating to common schools lands were to be deposited in the common schools trust fund. In 2006 measure No. 1 approved by voters removed the reference to bonuses related to leasing and provided that revenues earned by a perpetual trust fund must be deposited in the fund.

Article IX, Section 5

This section provides that in all sales of common schools lands, the state must retain the mineral interests. Leases may be executed for the extraction and sale of the minerals.

This section was included in the original Constitution of North Dakota enacted in 1889. As originally enacted, the section prohibited the sale of common schools lands that were "coal lands" and did not address other minerals. In 1960 the section was amended to its current form which allows the sale of lands containing minerals but requires that the state retain the mineral interests. Minerals are defined to include oil, gas, coal, cement materials, sodium sulphate, sand and gravel, road material, building stone, chemical substances, metallic ores, uranium ores, and colloidal or other clays.

Article X, Section 24

This section provides that 10 percent of oil extraction tax revenue must be deposited in the common schools trust fund.

This section was enacted in 1994 through voter approval of measure No. 1 (Senate Concurrent Resolution No. 4011 (1993)). The section has not been changed since enactment.

Select North Dakota Century Code Provisions

Section 47-30.1-23

This section provides that all funds received by the state under the Uniform Unclaimed Property Act, except amounts deducted for the payment of claims and certain administrative costs, must be deposited in the common schools trust fund.

Section 54-27-25

This section, which was enacted by the Legislative Assembly in 1999, creates a tobacco settlement trust fund to be used to deposit tobacco settlement money received by the state. Forty-five percent of the tobacco settlement money received under subsection IX(c)(1) of the Master Settlement Agreement and deposited in the tobacco settlement trust fund must be transferred to the common schools trust fund and become a part of the principal of the fund.

To date, $143,482,884 of tobacco settlement money received by the state has been transferred to the common schools trust fund. The following is a summary of transfers to the common schools trust fund from the tobacco settlement trust fund:

1999-2001	$23,805,353 (actual)
2001-03	$23,998,745 (actual)
2003-05	$20,977,123 (actual)
2005-07	$19,722,653 (actual)
2007-09	$27,672,929 (actual)
2009-11	$18,248,834 (actual)
2011-13	$18,057,247 (estimate)
2013-15	$18,000,000 (estimate)
2015-17	$20,741,314 (estimate)
2017-25 ($23,626,724 per biennium)	$94,506,896 (estimate)

DISTRIBUTIONS FROM THE COMMON SCHOOLS TRUST FUND

Select Constitutional Provisions

Article IX, Section 1

This section provides that revenues earned by the perpetual trust fund must be deposited in the fund, the costs of administering the fund may be paid out of the fund, and the perpetual trust funds must be managed to preserve their purchasing power and to maintain stable distributions to fund beneficiaries.

Article IX, Section 2

This section provides that payments to the common schools of the state include:

- Biennial distributions from each educational trust fund must be 10 percent of the five-year average value of the trust assets, excluding the value of land and minerals. This section was amended in November 2006 through voter approval of measure No. 1 (House Concurrent Resolution No. 3037 (2005)). The measure changed the way distributions from the common schools trust fund and other permanent educational trust funds are determined. Previously, distributions were based on the amount of interest and income earned by each trust during a fiscal year. The amendment became effective July 1, 2009, and distributions from the common schools trust fund for the 2009-11 and 2011-13 bienniums are based on the distribution formula.
- All fines for violation of state laws. (This money is not added to the trust fund but is added to the distributions from the common schools trust fund and distributed to schools.)
- All other amounts provided by law.

This section was included in the original Constitution of North Dakota enacted in 1889. The original law contained the following two provisions that were removed through voter approval of measure No. 3 in June 1982:

- Payments to the common schools must be distributed in proportion to the number of school-age children in each district.
- Any portion of the interest or income of the common schools trust fund not distributed during a fiscal year must be added to the permanent balance of the trust fund.

Select North Dakota Century Code Provisions

Section 15-01-02

This section provides that the Board of University and School Lands has full control of:

- The selection, appraisement, rental, sale, disposal, and management of common schools lands.
- The investment of any funds derived from the sale of common schools lands.
- The proceeds of any other property required by law to be used for the support of the common schools.

INVESTMENT OF THE COMMON SCHOOLS TRUST FUND

Section 15-03-04 provides that the Board of University and School Lands is to apply the prudent investor rule in investing the permanent funds under its control, including the common schools trust fund. The prudent investor rule means that in making investments, the board is to exercise the same judgment and care that an institutional investor of ordinary prudence, discretion, and intelligence exercises in the management of large investments entrusted to it.

ANALYSIS OF THE COMMUNITY HEALTH TRUST FUND FOR THE 2011-13 AND 2013-15 BIENNIUMS (REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)

	2011-13 Biennium		2013-15 Biennium	
Beginning balance		$0		$0
Add estimated revenues and general fund transfers				
Transfers to date from the tobacco settlement trust fund	$2,012,722[1]		$0	
Projected remaining transfers from the tobacco settlement trust fund	2,000,000[2]		$4,000,000[2]	
Total estimated revenues		4,012,722[3]		4,000,000[3]
Total available		$4,012,722		$4,000,000
Less estimated expenditures and transfers				
State Department of Health (2011 HB 1004, 2013 SB 2004)				
Tobacco prevention and control, including the Tobacco Quitline and the tobacco cessation coordinator and operating expenses	$3,210,178[4]		$3,220,354[4]	
Dentists' loan program	200,000[5]		340,000[5]	
Physician and medical loan repayment program	0[6]		0[6]	
Veterinarian loan repayment program	300,000[7]		0[7]	
Women's Way program	302,544[8]		400,500[8]	
Dental grant program	0[9]		25,000[9]	
Total estimated expenditures and transfers		4,012,722		3,985,854
Estimated ending balance		$0		$14,146

[1]As of November 2012, $2,012,722 has been transferred from the tobacco settlement trust fund for the 2011-13 biennium. Total transfers of $31,885,085 have been made from the tobacco settlement trust fund to the community health trust fund.

[2]Revenues - Interest earned on the community health trust fund is deposited in the state general fund. Community health trust fund revenues have been estimated based on the average of actual revenues received into the community health trust fund in fiscal years 2011 and 2012.

[3]Initiated measure No. 3 (2008) resulted in the following estimated allocation of the revised estimated collections for tobacco settlement payments through 2025:

	Actual and Estimated Total Tobacco Settlement Proceeds	Actual and Estimated Payments Under Master Settlement Agreement Subsection IX(c)(2) Deposited in the Tobacco Prevention and Control Trust Fund	Allocation of Actual and Estimated Payments Under Master Settlement Agreement Subsection IX(c)(1)		
			Common Schools Trust Fund	Water Development Trust Fund	Community Health Trust Fund
Actual payment April 2008	$36.4 million	N/A	$16.4 million	$16.4 million	$3.6 million
Actual payment April 2009	39.2 million	$14.1 million	11.3 million	11.3 million	2.5 million
Actual payments 2009-11 biennium	64.0 million	23.5 million	18.2 million	18.2 million	4.1 million
Estimated 2011-13 biennium	62.8 million	22.6 million	18.1 million	18.1 million	4.0 million
Estimated 2013-15 biennium	62.6 million	22.6 million	18.0 million	18.0 million	4.0 million
Estimated 2015-17 biennium	73.7 million	27.6 million	20.8 million	20.8 million	4.5 million
Estimated 2017-19 biennium	52.5 million	N/A	23.6 million	23.6 million	5.3 million
Estimated 2019-21 biennium	52.5 million	N/A	23.6 million	23.6 million	5.3 million
Estimated 2021-23 biennium	52.5 million	N/A	23.6 million	23.6 million	5.3 million
Estimated 2023-25 biennium	52.5 million	N/A	23.6 million	23.6 million	5.3 million
Total	$548.7 million	$110.4 million	$197.2 million	$197.2 million	$43.9 million

In 2006 certain tobacco companies began reducing their tobacco settlement payments to North Dakota contending the Master Settlement Agreement allows for the payments to be reduced if they lose sales to small cigarette makers that did not participate in the agreement and if states do not enforce laws intended to make smaller tobacco companies set aside money for legal claims. The Attorney General's office has filed a lawsuit against the tobacco companies to collect full payment.

[4]North Dakota Century Code Section 54-27-25 provides money in the community health trust fund may be used by the State Department of Health, subject to legislative appropriation, for community-based public health programs and other public health programs, including programs with an emphasis on preventing or reducing tobacco usage. The Legislative Assembly in 2003 authorized the establishment of a telephone "Tobacco Quitline." The Legislative Assembly in 2007 increased the funding for the quitline to provide nicotine replacement therapy and cessation counseling. The Legislative Assembly in 2007 authorized 1 full-time equivalent (FTE) tobacco prevention coordinator position and related funding for salaries and wages and operating expenses for the position. The Legislative Assembly in 2011 did not approve direct funding for the quitline or the tobacco prevention coordinator position, but appropriated $3,510,496 from the community health trust fund to the State Department of Health for tobacco prevention and control programs for the 2011-13 biennium. The department anticipates expending $3,210,178 from the fund for the 2011-13 biennium. The 2013-15 executive budget recommendation provides $3,220,354 from the community health trust fund to the department for tobacco prevention and control programs for the 2013-15 biennium.

In the November 2008 general election, voters approved initiated measure No. 3 that amended Section 54-27-25 to establish a tobacco prevention and control trust fund. The measure also provides that 80 percent of the funds allocated to the community health trust fund from the tobacco settlement trust fund be used for tobacco prevention and control. Based on estimated tobacco settlement trust fund transfers during the 2013-15 biennium, tobacco prevention and control expenditures from the community health trust fund are required to total $3.2 million.

[5]The dentists' loan repayment program, which is administered by the Health Council, was established in 2001 Senate Bill No. 2276 (Chapter 43-28.1). Each year the Health Council is to select up to three dentists who agree to provide dental services in the state. The dentists are eligible to receive funds, not to exceed a total of $80,000 per applicant, for the repayment of their educational loans. The funds are payable over a four-year period ($20,000 per year). The dental loan repayment program is to provide the highest priority for acceptance into the program to dentists willing to serve the smallest and most underserved communities in North Dakota. Senate Bill No. 2152 (2007) provides a dentist practicing in Bismarck, Fargo, or Grand Forks must have received dental medical payments of at least $20,000 in the form of medical assistance reimbursement or practiced at least two full workdays per week at a public health clinic or nonprofit dental clinic in order to qualify for the dentists' loan repayment program. The Legislative Assembly in 2011 appropriated $440,000, of which $180,000 is from the general fund and $260,000 is from the community health trust fund, for the dentists' loan repayment program. The department anticipates expending $200,000 from the fund for the dentists' loan repayment program for the 2011-13 biennium. The 2013-15 executive budget recommendation includes $520,000, of which $180,000 is from the general fund and $340,000 is from the community health trust fund, for the dentists' loan repayment program, $80,000 more than the 2011-13 biennium legislative appropriation. Dentists accepted into the program per biennium include:

Biennium (Number of Dentists Accepted Into Program)	Communities Served
2001-03 biennium (3)	Minot (2) Larimore
2003-05 biennium (6)	Fargo Community Health Center New Rockford Grand Forks Fargo Bismarck West Fargo
2005-07 biennium (4)	Fargo Community Health Center Bismarck (serving special populations) Mott Minot

Biennium (Number of Dentists Accepted Into Program)	Communities Served
2007-09 biennium (6)	Park River Bismarck Grand Forks Cando/Devils Lake Rugby Wishek
2009-11 biennium (6)	Bismarck Fargo Jamestown Larimore Valley City Williston
2011-13 biennium (6 to date)	Bowman Hazen Langdon/Walhalla Carrington Cavalier Williston

[6]Chapter 43-17.2 provides for the state community matching physician loan repayment program. A qualifying physician may receive up to $22,500 per year for up to two years for a total of $45,000. Section 43-12.2-01 provides for qualifying mid-level practitioners to receive loan repayments totaling up to $30,000 over two years, of which $15,000 is provided by the state. Communities must contribute an amount at least equal to the amount of the state contribution for the physicians and mid-level practitioners. The Legislative Assembly in 2009 Senate Bill No. 2227 removed the limit on the number of recipients and increased the limit on the maximum loan repayment from $10,000 to $30,000 for the medical personnel loan repayment program relating to mid-level practitioners. The Legislative Assembly in 2011 approved $420,000, of which $345,000 is from the general fund and $75,000 is from the community health trust fund, for the medical personnel loan repayment program for the 2011-13 biennium. The department does not anticipate using funding from the community health trust fund for the physician and medical loan repayment program; however, the department anticipates $299,289 will be provided from the general fund during the 2011-13 biennium. The 2013-15 executive budget recommendation does not include funding from the community health trust fund for the physician and medical loan repayment program; however, $576,788 has been provided from the general fund, $156,788 more than the 2011-13 biennium. Physicians and mid-level practitioners accepted into the program per biennium include:

Biennium (Number of Physicians Accepted Into Program)	Communities Served
2007-09 biennium (4)	Dickinson (2) Devils Lake Wishek
2009-11 biennium (5)	Dickinson (2) Jamestown Wahpeton Williston
2011-13 biennium (6 to date)	Williston (2) Fargo Linton Valley City Mayville

Biennium (Number of Mid-Level Practitioners Accepted Into Program)	Communities Served
2007-09 biennium (3)	Grafton Turtle Lake/McClusky Williston/Bowman
2009-11 biennium (2)	Oakes (2)
2011-13 biennium (3 to date)	Oakes (2) Mayville

[7]The Legislative Assembly in 2011 appropriated $445,000, of which $135,000 is from the general fund and $310,000 is from the community health trust fund, for the veterinarian loan repayment program during the 2011-13 biennium. The department anticipates expending $300,000 from the community health trust fund for the veterinarian loan repayment program for the 2011-13 biennium. The 2013-15 executive budget recommends $485,000 from the general fund for the veterinarian loan repayment program, $40,000 more than the legislative appropriation for the 2011-13 biennium.

[8]The Legislative Assembly in 2011 provided $400,500 from the community health trust fund for the Women's Way program. The department anticipates expending $302,544 from the fund for the Women's Way program for the 2011-13 biennium. The 2013-15 executive budget recommendation includes $400,500 from the community health trust fund for the Women's Way program, the same as the legislative appropriation for the 2011-13 biennium.

[9]Senate Bill No. 2152 (2007) provided for a dental grant program. A dentist who has graduated from an accredited dental school within the previous five years and is licensed to practice in North Dakota may submit an application to the Health Council for a grant for the purpose of establishing a dental practice in North Dakota cities with a population of 7,500 or less. The Health Council may award a maximum of two grants per year with a maximum grant award of $50,000 per applicant to be used for buildings, equipment, and operating expenses. The community in which the dentist is located must provide a 50 percent match. The grant must be distributed in equal amounts over a five-year period, and the dentist must commit to practice in the community for five years. The Legislative Assembly in 2011 appropriated $30,000, of which $20,000 is from the general fund and $10,000 is from the community health trust fund, for the dental grant program during the 2011-13 biennium. The State Department of Health continues to make payments related to one grant awarded to a dentist in Larimore during the 2009-11 biennium and has not had any applicants during the 2011-13 biennium. The 2013-15 executive budget recommends $25,000 from the community health trust fund for the dental grant program, $5,000 less than the legislative appropriation for the 2011-13 biennium.

FUND HISTORY

Section 54-27-25 created by 1999 House Bill No. 1475 established the community health trust fund. This section creates a tobacco settlement trust fund for the deposit of all tobacco settlement money obtained by the state. Money in the fund must be transferred within 30 days of its deposit in the fund as follows:

- 10 percent to the community health trust fund.
- 45 percent to the common schools trust fund.
- 45 percent to the water development trust fund.

In the November 2008 general election, voters approved initiated measure No. 3 that amended Section 54-27-25 to establish a tobacco prevention and control trust fund. The measure provides for a portion of tobacco settlement funds received by the state to be deposited in this new fund rather than the entire amount in the tobacco settlement trust fund. Tobacco settlement money received under subsection IX(c)(1) of the Master Settlement Agreement, which continues in perpetuity, will continue to be deposited into the tobacco settlement trust fund and allocated 10 percent to the community health trust fund, 45 percent to the common schools trust fund, and 45 percent to the water development trust fund. Tobacco settlement money received under subsection IX(c)(2) of the Master Settlement Agreement relating to strategic contribution payments, which began in 2008 and continues through 2017, will be deposited beginning in 2009 into the newly created tobacco prevention and control trust fund. The measure also provides 80 percent of the funds allocated to the community health trust fund from the tobacco settlement trust fund be used for tobacco prevention and control.

The tobacco settlement payment received by the state in April 2008 was the first payment that included funds relating to subsection IX(c)(2) of the agreement. This payment was received prior to the approval of the measure and was deposited in the tobacco settlement trust fund and disbursed as provided for in Section 54-27-25 prior to amendment by the measure. Future tobacco settlement payments will be deposited in the tobacco settlement trust fund and the tobacco prevention and control trust fund pursuant to Section 54-27-25, as amended by the measure.

ANALYSIS OF THE TOBACCO PREVENTION AND CONTROL TRUST FUND FOR THE 2011-13 AND 2013-15 BIENNIUMS (REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)

	2011-13 Biennium		2013-15 Biennium	
Beginning balance		$29,556,426		$39,381,797
Add estimated revenues				
Tobacco settlement revenues collected to date	$11,392,521[1]		$0	
Projected tobacco settlement revenues	11,289,380[2]		22,578,760[2]	
Investment income	66,084		112,894	
Total estimated revenues		22,747,985[3]		22,691,654[3]
Total available		$52,304,411		$62,073,451
Less estimated expenditures and transfers				
Tobacco Prevention and Control Executive Committee expenditures (2011 HB 1025, 2013 SB 2024)	$12,922,614[4]		$19,436,746[4]	
State Department of Health - Stroke system of care (2013 SB 2004)			383,000	
Total estimated expenditures and transfers		12,922,614		19,819,746
Estimated ending balance		$39,381,797		$42,253,705

[1]As of November 2012, the state has received tobacco settlement payments totaling $31,519,737 for the 2011-13 biennium, of which $20,127,216 was deposited in the tobacco settlement trust fund and $11,392,521 was deposited in the tobacco prevention and control trust fund. To date, the state has received total tobacco settlement collections of $367,842,018, including $305,053,125 under subsection IX(c)(1) of the Master Settlement Agreement and $62,788,893 under subsection IX(c)(2) of the Master Settlement Agreement. Of the $367,842,018, $318,850,854 has been deposited into the tobacco settlement trust fund and $48,991,164 has been deposited into the tobacco prevention and control trust fund.

[2]Tobacco prevention and control trust fund revenues have been estimated based on the average of actual revenues received into the tobacco prevention and control trust fund in fiscal years 2011 and 2012.

[3]Initiated measure No. 3 approved in the November 2008 general election provides if in any biennium the tobacco prevention and control trust fund does not have adequate funding for the comprehensive plan, money may be transferred from the water development trust fund to the tobacco prevention and control trust fund in an amount determined necessary by the executive committee to adequately provide for the comprehensive plan. The Legislative Assembly in Section 39 of 2009 House Bill No. 1015 provided any money deposited in the water development trust fund under North Dakota Century Code Section 54-27-25 may only be spent pursuant to legislative appropriations.

The measure will result in the following estimated allocation of the revised estimated collections of the tobacco settlement payments through 2025:

	Actual and Estimated Total Tobacco Settlement Proceeds	Actual and Estimated Payments Under Master Settlement Agreement Subsection IX(c)(2) Deposited in the Tobacco Prevention and Control Trust Fund	Allocation of Actual and Estimated Payments Under Master Settlement Agreement Subsection IX(c)(1)		
			Common Schools Trust Fund	Water Development Trust Fund	Community Health Trust Fund
Actual payment April 2008	$36.4 million	N/A	$16.4 million	$16.4 million	$3.6 million
Actual payment April 2009	39.2 million	$14.1 million	11.3 million	11.3 million	2.5 million
Actual payments 2009-11 biennium	64.0 million	23.5 million	18.2 million	18.2 million	4.1 million
Estimated 2011-13 biennium	62.8 million	22.6 million	18.1 million	18.1 million	4.0 million
Estimated 2013-15 biennium	62.6 million	22.6 million	18.0 million	18.0 million	4.0 million
Estimated 2015-17 biennium	73.7 million	27.6 million	20.8 million	20.8 million	4.5 million
Estimated 2017-19 biennium	52.5 million	N/A	23.6 million	23.6 million	5.3 million
Estimated 2019-21 biennium	52.5 million	N/A	23.6 million	23.6 million	5.3 million

Estimated 2021-23 biennium	52.5 million	N/A	23.6 million	23.6 million	5.3 million
Estimated 2023-25 biennium	52.5 million	N/A	23.6 million	23.6 million	5.3 million
Total	$548.7 million	$110.4 million	$197.2 million	$197.2 million	$43.9 million

[4]The Legislative Assembly in 2011 appropriated $12,922,614 from the tobacco prevention and control trust fund to the Tobacco Prevention and Control Executive Committee for the purpose of providing a level of funding that will meet the annual level recommended by the Centers for Disease Control and Prevention for North Dakota as published in its *Best Practices for Comprehensive Tobacco Control* for the 2011-13 biennium. The 2013-15 executive budget recommendation provides $13,016,197 from the tobacco prevention and control trust fund to the Tobacco Prevention and Control Executive Committee. The Senate increased the appropriation to the Tobacco Prevention and Control Executive Committee included in the executive budget recommendation by $6,416,078 to provide funding at the Centers for Disease Control and Prevention-recommended level, as adjusted for inflation and estimated population increases.

FUND HISTORY

The tobacco prevention and control trust fund was created as a result of voter approval of initiated measure No. 3 in the November 2008 general election. The measure added seven new sections to the North Dakota Century Code and amended Section 54-27-25 to establish the Tobacco Prevention and Control Advisory Committee and an executive committee, develop and fund a comprehensive statewide tobacco prevention and control plan, and create a tobacco prevention and control trust fund to receive tobacco settlement dollars to be administered by the executive committee. The measure provides for the advisory committee, appointed by the Governor, to develop the initial comprehensive plan and select an executive committee responsible for the implementation and administration of the comprehensive plan. The initiated measure became effective 30 days after the election (December 4, 2008).

Tobacco settlement payments received by the state under the Master Settlement Agreement are derived from two subsections of the Master Settlement Agreement. Subsection IX(c)(1) of the Master Settlement Agreement provides payments on April 15, 2000, and on April 15 of each year thereafter in perpetuity, while subsection IX(c)(2) of the Master Settlement Agreement provides for additional strategic contribution payments that began on April 15, 2008, and continue each April 15 thereafter through 2017. Section 54-27-25, created by 1999 House Bill No. 1475, did not distinguish between payments received under the separate subsections of the Master Settlement Agreement and provided for the deposit of all tobacco settlement money received by the state into the tobacco settlement trust fund. Money in the fund, including interest, is transferred within 30 days of deposit in the fund as follows:

- 10 percent to the community health trust fund.
- 45 percent to the common schools trust fund.
- 45 percent to the water development trust fund.

The measure provides for a portion of tobacco settlement dollars received by the state to be deposited in the newly created tobacco prevention and control trust fund rather than the entire amount in the tobacco settlement trust fund. Tobacco settlement money received under subsection IX(c)(1) of the Master Settlement Agreement will continue to be deposited in the tobacco settlement trust fund and allocated 10 percent to the community health trust fund (with 80 percent used for tobacco prevention and control), 45 percent to the common schools trust fund, and 45 percent to the water development trust fund. Tobacco settlement money received under subsection IX(c)(2) of the Master Settlement Agreement will be deposited into the tobacco prevention and control trust fund. Interest earned on the balance in this fund will be deposited in the fund. The fund will be administered by the executive committee created by the measure for the purpose of creating and implementing the comprehensive plan.

The measure also provides if in any biennium the tobacco prevention and control trust fund does not have adequate funding for the comprehensive plan, money may be transferred from the water development trust fund to the tobacco prevention and control trust fund in an amount determined necessary by the executive committee to adequately provide for the comprehensive plan. The Legislative Assembly in Section 39 of 2009 House Bill No. 1015 provided any money deposited in the water development trust fund under Section 54-27-25 may only be spent pursuant to legislative appropriation.

The tobacco settlement payment received by the state in April 2008 was the first payment that included funds relating to subsection IX(c)(2) of the Master Settlement Agreement. This payment was received prior to the approval of the measure and was deposited in the tobacco settlement trust fund and disbursed as provided for in Section 54-27-25 prior to amendment by the measure. In 2009 tobacco settlement payments began to be deposited in the tobacco settlement trust fund and the tobacco prevention and control trust fund pursuant to Section 54-27-25 as amended by the measure.

ANALYSIS OF THE WATER DEVELOPMENT TRUST FUND FOR THE 2011-13 AND 2013-15 BIENNIUMS (REFLECTING LEGISLATIVE ACTION THROUGH CROSSOVER)

	2011-13 Biennium		2013-15 Biennium	
Beginning balance		$25,209,356		$26,326,869
Add estimated revenues				
Transfers to date from tobacco settlement trust fund	$9,057,247[1]		$0	
Projected remaining transfers from tobacco settlement trust fund	9,000,000[2]		18,000,000[2]	
Total estimated revenues		18,057,247[3]		18,000,000[3]
Total available		$43,266,603		$44,326,869
Less estimated expenditures and transfers				
State Water Commission (2011 SB 2020; 2013 HB 1020)				
Water projects	$0[4]		$27,368,500[5]	
Bond payments	16,939,734[4]		16,881,500[5]	
Total estimated expenditures and transfers		16,939,734		44,250,000
Estimated ending balance		$26,326,869		$76,869

[1]As of November 2012, $9,057,247 has been transferred from the tobacco settlement trust fund for the 2011-13 biennium. Total transfers of $143,482,884 have been made from the tobacco settlement trust fund to the water development trust fund.

[2]Revenues - Interest earned on the water development trust fund is deposited in the state general fund. Water development trust fund revenues have been estimated based on the average of actual revenues received into the water development trust fund in fiscal years 2011 and 2012.

[3]Initiated measure No. 3 (2008) resulted in the following estimated allocation of the revised estimated collections for tobacco settlement payments through 2025:

	Actual and Estimated Total Tobacco Settlement Proceeds	Actual and Estimated Payments Under Master Settlement Agreement Subsection IX(c)(2) Deposited in the Tobacco Prevention and Control Trust Fund	Allocation of Actual and Estimated Payments Under Master Settlement Agreement Subsection IX(c)(1)		
			Common Schools Trust Fund	Water Development Trust Fund	Community Health Trust Fund
Actual payment April 2008	$36.4 million	N/A	$16.4 million	$16.4 million	$3.6 million
Actual payment April 2009	39.2 million	$14.1 million	11.3 million	11.3 million	2.5 million
Actual payments 2009-11 biennium	64.0 million	23.5 million	18.2 million	18.2 million	4.1 million
Estimated 2011-13 biennium	62.8 million	22.6 million	18.1 million	18.1 million	4.0 million
Estimated 2013-15 biennium	62.6 million	22.6 million	18.0 million	18.0 million	4.0 million
Estimated 2015-17 biennium	73.7 million	27.6 million	20.8 million	20.8 million	4.5 million
Estimated 2017-19 biennium	52.5 million	N/A	23.6 million	23.6 million	5.3 million
Estimated 2019-21 biennium	52.5 million	N/A	23.6 million	23.6 million	5.3 million
Estimated 2021-23 biennium	52.5 million	N/A	23.6 million	23.6 million	5.3 million
Estimated 2023-25 biennium	52.5 million	N/A	23.6 million	23.6 million	5.3 million
Total	$548.7 million	$110.4 million	$197.2 million	$197.2 million	$43.9 million

In 2006 certain tobacco companies began reducing their tobacco settlement payments to North Dakota contending that the Master Settlement Agreement allows for the payments to be reduced if they lose sales to small cigarette makers that did not participate in the agreement and if states do not enforce laws intended to make smaller tobacco companies set aside money for legal claims. The Attorney General's office has filed a lawsuit against the tobacco companies to collect full payment.

[4]The Legislative Assembly in 2011 provided a total of $37,189,734, or any additional funding that becomes available, from the water development trust fund for the purpose of defraying the expenses of the State Water Commission for the 2011-13 biennium. However, the expenditure of any funds in excess of the funding appropriated in the water and atmospheric resources line item in Section 1 of Senate Bill No. 2020 requires Budget Section approval. Bond payments for the 2011-13 biennium are estimated to total $16,939,734. The remaining balance is available for State Water Commission projects; however, the State Water Commission does not anticipate expenditures for water projects from the water development trust fund during the 2011-13 biennium.

[5]Sections 1 and 4 of 2013 House Bill No. 1020 appropriate $44,250,000, or any additional funding that becomes available subject to Budget Section approval, from the water development trust fund for the purpose of defraying the expenses of the State Water Commission for the 2013-15 biennium, including bond payments. Bond payments for the 2013-15 biennium are estimated to total $16,881,500. The remainder of the funds appropriated totaling $27.4 million is available for water projects. However, if funding available from the resources trust fund for water projects for the 2013-15 biennium exceeds $515 million, Section 11 of House Bill No. 1020 provides legislative intent that, of the funds appropriated to the State Water Commission in the water and atmospheric resources line item, $60 million from the resources trust fund is provided to the State Water Commission for the purpose of paying off or defeasing the commission's outstanding bond issues. Funding from the water development trust fund provided for bond payments ($16.9 million) and contingent funding from the resources trust fund ($60 million) totaling $76.9 million would be available to defease State Water Commission outstanding bond issues of $75,250,000 and pay related fees.

FUND HISTORY

North Dakota Century Code Section 54-27-25, created by 1999 House Bill No. 1475, establishes a water development trust fund to be used for the long-term water development and management needs of the state. This section creates a tobacco settlement trust fund for the deposit of all tobacco settlement money obtained by the state. Money in the fund must be transferred within 30 days of its deposit in the fund:

- 10 percent to the community health trust fund.
- 45 percent to the common schools trust fund.
- 45 percent to the water development trust fund.

In the November 2008 general election, voters approved initiated measure No. 3 that amended Section 54-27-25 to establish a tobacco prevention and control trust fund. The measure provides for a portion of tobacco settlement funds received by the state to be deposited in this new fund rather than the entire amount in the tobacco settlement trust fund. Tobacco settlement money received under subsection IX(c)(1) of the Master Settlement Agreement, which continue in perpetuity, will continue to be deposited into the tobacco settlement trust fund and allocated 10 percent to the community health trust fund, 45 percent to the common schools trust fund, and 45 percent to the water development trust fund. Tobacco settlement money received under subsection IX(c)(2) of the Master Settlement Agreement relating to strategic contribution payments, which began in 2008 and continue through 2017, will beginning in 2009 be deposited into the newly created tobacco prevention and control trust fund. The measure also provides that if in any biennium the tobacco prevention and control trust fund does not have adequate funding for the comprehensive plan, money may be transferred from the water development trust fund to the tobacco prevention and control trust fund in an amount determined necessary by the Tobacco Prevention and Control Executive Committee to adequately provide for the comprehensive plan. The Legislative Assembly in Section 39 of 2009 House Bill No. 1015 provided any money deposited in the water development trust fund under Section 54-27-25 may only be spent pursuant to legislative appropriation.

The tobacco settlement payment received by the state in April 2008 was the first payment that included funds relating to subsection IX(c)(2) of the agreement. This payment was received prior to the approval of the measure and was deposited in the tobacco settlement trust fund and disbursed as provided for in Section 54-27-25 prior to amendment by the measure. In 2009 tobacco settlement payments began to be deposited in the tobacco settlement trust fund and the tobacco prevention and control trust fund pursuant to Section 54-27-25 as amended by the measure.

Section 61-02.1-04, created by 1999 Senate Bill No. 2188, provides the principal and interest on bonds issued for flood control projects, the Southwest Pipeline Project, and an outlet to Devils Lake must be repaid with money appropriated from the water development trust fund.

13.8174.02003
Title.
Fiscal No. 3

Prepared by the Legislative Council staff for
Representative Bellew
April 1, 2013

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2024

Page 1, replace lines 11 through 13 with:

"Comprehensive tobacco control	$12,922,614	$57,513	$12,980,127
Accrued leave	0	8,391	8,391
Total special funds	$12,922,614	$65,904	$12,988,518
Full-time equivalent positions	5.00	0.00	5.00"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2024 - Tobacco Prevention & Control Exec Comm - House Action

	Executive Budget	Senate Version	House Changes	House Version
Comprehensive tobacco control	$13,016,197	$19,436,746	($6,456,619)	$12,980,127
Accrued leave payments			8,391	8,391
Total all funds	$13,016,197	$19,436,746	($6,448,228)	$12,988,518
Less estimated income	13,016,197	19,436,746	(6,448,228)	12,988,518
General fund	$0	$0	$0	$0
FTE	5.00	8.00	(3.00)	5.00

Department No. 305 - Tobacco Prevention & Control Exec Comm - Detail of House Changes

	Adjusts State Employee Compensation and Benefits Package[1]	Provides Separate Line Item for Accrued Leave Payments[2]	Removes 3 FTE Positions[3]	Decreases Funding for Comprehensive Tobacco Control[4]	Total House Changes
Comprehensive tobacco control	($32,150)	($8,391)		($6,416,078)	($6,456,619)
Accrued leave payments		8,391			8,391
Total all funds	($32,150)	$0	$0	($6,416,078)	($6,448,228)
Less estimated income	(32,150)	0	0	(6,416,078)	(6,448,228)
General fund	$0	$0	$0	$0	$0
FTE	0.00	0.00	(3.00)	0.00	(3.00)

[1] This amendment adjusts the state employee compensation and benefits package as follows:

- Reduces the performance component from 3 to 5 percent per year to 2 to 4 percent per year.
- Reduces the market component from 2 to 4 percent per year for employees below the midpoint of their salary range up to 2 percent for employees in the first quartile of their salary range for the first year of the biennium only.
- Removes funding for additional retirement contribution increases.

[2] A portion of comprehensive tobacco control funding from other funds for permanent employees' compensation and benefits is reallocated to an accrued leave payments line item for paying annual leave and sick leave for eligible employees.

[3] This amendment removes 1 FTE field coordinator position, 1 FTE statewide programs manager position, and 1 FTE evaluation program manager position added by the Senate. These positions were included as temporary positions in the executive recommendation.

[4] This amendment removes funding added by the Senate to provide the Centers for Disease Control and Prevention (CDC) recommended level, as adjusted for inflation and estimated population increases.

#1
SB 2024
4-18-13
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STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2024 - Funding Summary

	Executive Budget	Senate Version	House Changes	House Version
Tobacco Prevention & Control Exec Comm				
Comprehensive tobacco control	$13,016,197	$19,436,746	($6,456,619)	$12,980,127
Accrued leave payments			8,391	8,391
Total all funds	$13,016,197	$19,436,746	($6,448,228)	$12,988,518
Less estimated income	13,016,197	19,436,746	(6,448,228)	12,988,518
General fund	$0	$0	$0	$0
FTE	5.00	8.00	(3.00)	5.00
Bill Total				
Total all funds	$13,016,197	$19,436,746	($6,448,228)	$12,988,518
Less estimated income	13,016,197	19,436,746	(6,448,228)	12,988,518
General fund	$0	$0	$0	$0
FTE	5.00	8.00	(3.00)	5.00

Senate Bill No. 2024 - Tobacco Prevention & Control Exec Comm - Senate Action

	Executive Budget	Senate Changes	Senate Version
Comprehensive tobacco control	$13,016,197	$6,420,549	$19,436,746
Total all funds	$13,016,197	$6,420,549	$19,436,746
Less estimated income	13,016,197	6,420,549	19,436,746
General fund	$0	$0	$0
FTE	5.00	3.00	8.00

Department 305 - Tobacco Prevention & Control Exec Comm - Detail of Senate Changes

	Corrects Executive Compensation Package[1]	Increases Funding to CDC Level[2]	Adds 3 FTE[3]	Total Senate Changes
Comprehensive tobacco control	4,471	6,416,078		6,420,549
Total all funds	$4,471	$6,416,078	$0	$6,420,549
Less estimated income	4,471	6,416,078	0	6,420,549
General fund	$0	$0	$0	$0
FTE	0.00	0.00	3.00	3.00

[1] Funding is added due to a calculation error in the executive compensation package.

[2] This amendment increases funding to the Centers for Disease Control and Prevention (CDC) recommended level as adjusted for inflation and estimated population increases.

[3] This amendment adds 1 FTE field coordinator position, 1 FTE statewide programs manager position, and 1 FTE evaluation program manager position. These positions are currently temporary positions.

Senate Bill No. 2024 - Tobacco Prevention & Control Exec Comm - House Action

	Executive Budget	Senate Version	House Changes	House Version
Comprehensive tobacco control	$13,016,197	$19,436,746	($6,456,619)	$12,980,127
Accrued leave payments			8,391	8,391
Total all funds	$13,016,197	$19,436,746	($6,448,228)	$12,988,518
Less estimated income	13,016,197	19,436,746	(6,448,228)	12,988,518
General fund	$0	$0	$0	$0
FTE	5.00	8.00	(3.00)	5.00

Department 305 - Tobacco Prevention & Control Exec Comm - Detail of House Changes

	Adjusts State Employee Compensation and Benefits Package[1]	Provides Separate Line Item for Accrued Leave Payments[2]	Removes 3 FTE Positions[3]	Decreases Funding for Comprehensive Tobacco Control[4]	Total House Changes
Comprehensive tobacco control	(32,150)	(8,391)		(6,416,078)	(6,456,619)
Accrued leave payments		8,391			8,391
Total all funds	($32,150)	$0	$0	($6,416,078)	($6,448,228)
Less estimated income	(32,150)	0	0	(6,416,078)	(6,448,228)
General fund	$0	$0	$0	$0	$0
FTE	0.00	0.00	(3.00)	0.00	(3.00)

[1] This amendment adjusts the state employee compensation and benefits package as follows:

- Reduces the performance component from 3 to 5 percent per year to 2 to 4 percent per year.
- Reduces the market component from 2 to 4 percent per year for employees below the midpoint of their salary range up to 2 percent for employees in the first quartile of their salary range for the first year of the biennium only.
- Removes funding for additional retirement contribution increases.

[2] A portion of comprehensive tobacco control funding from other funds for permanent employees' compensation and benefits is reallocated to an accrued leave payments line item for paying annual leave and sick leave for eligible employees.

[3] This amendment removes 1 FTE field coordinator position, 1 FTE statewide programs manager position, and 1 FTE evaluation program manager position added by the Senate. These positions were included as temporary positions in the executive recommendation.

[4] This amendment removes funding added by the Senate to provide the Centers for Disease Control and Prevention (CDC) recommended level, as adjusted for inflation and estimated population increases.

Proposed Senate Budget

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	Current Budget 2011-2013	Executive Budget 2013-2015	Total Executive Budget with Optional	2013-2015 Senate Proposed Budget	Senate Proposed + or - Difference from Current Budget	Senate Proposed Percent % Increase + Decrease - from Current Budget	Percent of 5% $6,514,132 Total Increase
TOTAL FTE	**5.00**	**5.00**	**8**	**8.00**	3.00	60%	
SALARIES AND WAGES							
SALARIES - PERMANENT	530,812	655,381	700,381	1,086,452	555,640	105%	9%
TEMPORARY SALARIES	284,394	450,300	450,300	390,876	106,482	37%	2%
FRINGE BENEFITS	317,288	390,254	390,254	523,246	205,958	65%	3%
TOTAL	**1,132,494**	**1,495,935**	**1,540,935**	**2,000,574**	868,080	77%	13%
SPECIAL FUNDS	1,132,494	1,495,935	1,540,935	2,000,574	868,080	77%	13%
OPERATING EXPENSES							
TRAVEL	53,000	53,000	53,000	60,000	7,000	13%	0%
SUPPLIES - IT SOFTWARE	6,000	6,000	6,000	10,000	4,000	67%	0%
SUPPLY/MATERIAL -PROFESSIONAL	5,354	5,354	5,354	5,354	0	0%	0%
BUILDING/VEHICLE MAINTENANCE	1,500	1,500	1,500	1,500	0	0%	0%
MISCELLANEOUS SUPPLIES	0	0	-	0	0	0%	0%
OFFICE SUPPLIES	27,345	27,345	27,345	27,345	0	0%	0%
POSTAGE	4,320	4,320	4,320	7,000	2,680	62%	0%
PRINTING	5,000	5,000	5,000	15,000	10,000	200%	0%
IT EQUIPMENT UNDER $5,000	10,220	10,220	10,220	15,220	5,000	49%	0%
OFFICE EQUIP AND FURNITURE SUPPLIES	38,600	10,000	10,000	20,000	(18,600)	-48%	0%
INSURANCE	400	400	400	2,000	1,600	400%	0%
RENTALS/EQUIPMENT	1,200	1,200	1,200	1,500	300	25%	0%
RENTALS/LEASES-BLDG/LAND	55,874	84,000	84,000	90,000	34,126	61%	1%
REPAIRS	5,000	5,000	5,000	5,000	0	0%	0%
IT-DATA PROCESSING	10,863	18,000	18,000	18,000	7,137	66%	0%
IT-COMMUNICATIONS	35,919	35,919	35,919	35,919	0	0%	0%
IT-CONTRACTUAL SERVICES AND REPAIR	200,000	200,000	200,000	600,000	400,000	200%	6%
PROFESSIONAL DEVELOPMENT	12,000	10,000	10,000	10,000	(2,000)	-17%	0%
OPERATING FEES	9,700	9,700	9,700	12,000	2,300	24%	0%
PROFESSIONAL FEES AND SERVICES	2,485,314	2,878,535	3,178,535	3,753,707	1,268,393	51%	19%
TOTAL	**2,967,609**	**3,365,493**	3,665,493	**4,689,545**	1,721,936	58%	26%
SPECIAL FUNDS	2,967,609	3,365,493	3,665,493	4,689,545	1,721,936	58%	26%

Proposed Senate Budget

	Expended to date 3/10/2013	Current Budget 2011-2013	Executive Budget 2013-2015	Total Executive Budget with Optional	2013-2015 Senate Proposed Budget	Senate Proposed + or - Difference from Current Budget	Senate Proposed Percent % Increase + Decrease - from Current Budget	Percent of $6,514,132 Total Increase
EQUIPMENT >$5,000								
Equipment Over $5,000	0	0	6,500	6,500	10,000	10,000	100%	0%
IT Equipment/Software Over $5,000	0	0	0	-	0			
TOTAL	**0**	**0**	**6,500**	6,500	**10,000**	**10,000**	**100%**	0%
SPECIAL FUNDS	0	0	6,500	6,500	10,000	10,000	100%	0%
GRANTS								
TOBACCO STATE AID	822,514	940,000	940,000	940,000	1,269,000	329,000	35%	5%
LOCAL PUBLIC HEALTH	4,748,828	6,120,368	5,885,358	6,683,138	7,688,522	1,568,154	26%	24%
SPECIAL INITIATIVE GRANTS	867,912	1,762,143	1,322,911	1,522,911	3,779,105	2,016,962	114%	31%
TOTAL	**6,439,254**	**8,822,511**	**8,148,269**	**9,146,049**	**12,736,627**	**3,914,116**	**44%**	60%
SPECIAL FUNDS	6,439,254	8,822,511	8,148,269	9,146,049	12,736,627	3,914,116	44%	60%
GRAND TOTAL								
SPECIAL FUNDS*	**8,884,108**	**12,922,614**	**13,016,197**		**19,436,746**	**6,514,132**	**50%**	100%

*Source of Special Funds:
Tobacco Master Settlement Agreement-Strategic Contribution Fund Payments
Fund 369 - Tobacco Prevention & Control Trust Fund

Senator Kilzer
SB 2024
4-22-13

(1)

CDC Funding and Expenditures per year

	2006	2007	2008	2009	2010	2011	2012	2013	2014
Population	649,422	652,822	657,569	664,968	674,629	683,932	699,628	716,426	733,224
CPI Rate Change		2.80%	3.80%	-0.40%	1.60%	3.20%	2.10%	2.10%	2.50%

*CDC estimated 2006 population 636,000
** 2013 and 2014 CPI rate change is from Moody's Analytics most recent forecast
*** 2013 and 2014 population is not an actual estimate. 2015 estimated population is 750,023. Assumed proportional growth was used for 2013 and 2014.

	07 Dollars/06 population	08 Dollars/07 population	09 Dollars/08 population	10 Dollars/09 population	11 Dollars/10 population	12 Dollars/11 population	13 Dollars/12 population	14 Dollars/13 population	15 Dollars/14 population
Administrative and Management	$ 0.64	$ 0.66	$ 0.68	$ 0.68	$ 0.69	$ 0.71	$ 0.73	$ 0.75	$ 0.77
Surveillance and Evaluation	$ 1.28	$ 1.32	$ 1.37	$ 1.36	$ 1.38	$ 1.42	$ 1.45	$ 1.48	$ 1.52
Cessation Interventions	$ 3.52	$ 3.62	$ 3.76	$ 3.74	$ 3.80	$ 3.92	$ 4.00	$ 4.08	$ 4.18
Health Communications Interventions	$ 1.86	$ 1.91	$ 1.98	$ 1.97	$ 2.00	$ 2.07	$ 2.11	$ 2.15	$ 2.20
State and Community Interventions	$ 7.37	$ 7.58	$ 7.86	$ 7.83	$ 7.96	$ 8.21	$ 8.38	$ 8.56	$ 8.77
Recommended Annual Investment	$ 14.67	$ 15.09	$ 15.65	$ 15.58	$ 15.83	$ 16.33	$ 16.67	$ 17.02	$ 17.44

	07 Dollars/06 population	08 Dollars/07 population	09 Dollars/08 population	10 Dollars/09 population	11 Dollars/10 population	12 Dollars/11 population	13 Dollars/12 population	14 Dollars/13 population	15 Dollars/14 population
Administrative and Management	$ 415,630.08	$ 430,862.52	$ 447,146.92	$ 452,178.24	$ 465,494.01	$ 485,591.72	$ 510,728.44	$ 537,319.50	$ 564,582.48
Surveillance and Evaluation	$ 831,260.16	$ 861,725.04	$ 900,869.53	$ 904,356.48	$ 930,988.02	$ 971,183.44	$ 1,014,460.60	$ 1,060,310.48	$ 1,114,500.48
Cessation Interventions	$ 2,285,965.44	$ 2,363,215.64	$ 2,472,459.44	$ 2,486,980.32	$ 2,563,590.20	$ 2,681,013.44	$ 2,798,512.00	$ 2,923,018.08	$ 3,064,876.32
Health Communications Interventions	$ 1,207,924.92	$ 1,246,890.02	$ 1,301,986.62	$ 1,309,986.96	$ 1,349,258.00	$ 1,415,739.24	$ 1,476,215.08	$ 1,540,315.90	$ 1,613,092.80
State and Community Interventions	$ 4,786,240.14	$ 4,948,390.76	$ 5,168,492.34	$ 5,206,699.44	$ 5,370,046.84	$ 5,615,081.72	$ 5,862,882.64	$ 6,132,606.56	$ 6,430,374.48
Recommended Annual Investment	$ 9,527,020.74	$ 9,851,083.98	$ 10,290,954.85	$ 10,360,201.44	$ 10,679,377.07	$ 11,168,609.56	$ 11,662,798.76	$ 12,193,570.52	$ 12,787,426.56

Spending amounts

	Center	NDDOH Budget	Total	CDC Budget 2009
FY 2010 (7/1/2009 - 6/30/2010)	This budget would have been prepared in 2009			
Administrative and Management	$ 125,108.73	$ 185,673.00	$ 310,781.73	$ 447,146.92
Surveillance and Evaluation	$ 138,931.68	$ 216,619.00	$ 355,550.68	$ 900,869.53
Cessation Interventions	$ 249,179.26	$ 2,166,189.00	$ 2,415,368.26	$ 2,472,459.44
Health Communications Interventions	$ 507,077.03		$ 507,077.03	$ 1,301,986.62
State and Community Interventions	$ 2,510,780.58	$ 526,074.00	$ 3,036,854.58	$ 5,168,492.34
Total	$ 3,531,077.28	$ 3,094,555.00	$ 6,625,632.28	$ 10,290,954.85

FY 2011 (07/01/2010 - 6/30/2011)	This budget would have been prepared in 2009			CDC Budget 2009
Administrative and Management	$ 189,394.43	$ 185,673.00	$ 375,067.43	$ 447,146.92
Surveillance and Evaluation	$ 154,095.47	$ 216,619.00	$ 370,714.47	$ 900,869.53
Cessation Interventions	$ 445,828.18	$ 2,166,189.00	$ 2,612,017.18	$ 2,472,459.44
Health Communications Interventions	$ 871,183.36		$ 871,183.36	$ 1,301,986.62
State and Community Interventions	$ 2,924,026.74	$ 526,074.00	$ 3,450,100.74	$ 5,168,492.34
Total	$ 4,584,528.18	$ 3,094,555.00	$ 7,679,083.18	$ 10,290,954.85

FY 2012 (07/01/2011 - 6/30/2012)	This budget would have been prepared in 2010			CDC Budget 2010
Administrative and Management	$ 218,106.77	$ 182,826.00	$ 400,932.77	$ 452,178.24
Surveillance and Evaluation	$ 82,485.13	$ 181,595.00	$ 264,080.13	$ 904,356.48
Cessation Interventions	$ 926,579.10	$ 1,933,269.00	$ 2,859,848.10	$ 2,486,980.32
Health Communications Interventions	$ 1,000,841.11	$ -	$ 1,000,841.11	$ 1,309,986.96
State and Community Interventions	$ 3,483,495.91	$ 466,836.50	$ 3,950,332.41	$ 5,206,699.44
Total	$ 5,711,508.02	$ 2,764,526.50	$ 8,476,034.52	$ 10,360,201.44

FY 2013 (07/01/2012 - 6/30/2013) - Estimated				CDC Budget 2010
Administrative and Management	$ 266,839.66	$ 182,826.00	$ 449,665.66	$ 452,178.24
Surveillance and Evaluation	$ 469,724.68	$ 181,595.00	$ 651,319.68	$ 904,356.48
Cessation Interventions	$ 837,775.63	$ 1,933,269.00	$ 2,771,044.63	$ 2,486,980.32
Health Communications Interventions	$ 1,274,984.35	$ -	$ 1,274,984.35	$ 1,309,986.96
State and Community Interventions	$ 3,943,351.04	$ 466,836.50	$ 4,410,187.54	$ 5,206,699.44
Total	$ 6,792,675.36	$ 2,764,526.50	$ 9,557,201.86	$ 10,360,201.44

2013 - 2015 Biennium Budget	FY 2014	FY 2015	Total	Health Dept. Budget	Budget for the Center
Administrative and Management	$ 537,319.50	$ 564,582.48	$ 1,101,901.98	$ 332,655.00	$ 769,246.98
Surveillance and Evaluation	$ 1,060,310.48	$ 1,114,500.48	$ 2,174,810.96	$ 388,098.00	$ 1,786,712.96
Cessation Interventions	$ 2,923,018.08	$ 3,064,876.32	$ 5,987,894.40	$ 3,880,975.00	$ 2,106,919.40
Health Communications Interventions	$ 1,540,315.90	$ 1,613,092.80	$ 3,153,408.70	$ -	$ 3,153,408.70
State and Community Interventions	$ 6,132,606.56	$ 6,430,374.48	$ 12,562,981.04	$ 942,523.00	$ 11,620,458.04
Total	$ 12,193,570.52	$ 12,787,426.56	$ 24,980,997.08	$ 5,544,251.00	$ 19,436,746.08

Note - Department of Health amounts are appropriated funds divided equally between the two years of the biennium. The Department of Health does not record expenditures by CDC Best Practices categories.

13.8174.02004
Title.

Prepared by the Legislative Council staff for
Representative J. Nelson
April 22, 2013

#1

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2024

That the House recede from its amendments as printed on pages 1254-1253 of the Senate Journal and pages 1337-1338 of the House Journal and that Engrossed Senate Bill No. 2024 be amended as follows:

Page 1, line 2, after "committee" insert "; and to require a legislative management study"

Page 1, replace lines 11 through 13 with:

"Comprehensive tobacco control	$12,922,614	$57,513	$12,980,127
Accrued leave	0	8,391	8,391
Total special funds	$12,922,614	$65,904	$12,988,518
Full-time equivalent positions	5.00	0.00	5.00

SECTION 2. LEGISLATIVE MANAGEMENT STUDY - TOBACCO CESSATION AND CONTROL PROGRAMS.

1. During the 2013-14 interim, the legislative management shall study tobacco cessation and control programs provided in this state.

2. As part of the study, the tobacco prevention and control advisory committee and state department of health shall work together to create a single inventory of government sponsored tobacco cessation and control programs provided in the state which includes data regarding the funding sources for the programs, the service providers, the areas and populations served by the programs, and the effectiveness of the programs in addressing tobacco cessation and control. The tobacco prevention and control advisory committee and state department of health shall present this inventory to the legislative management.

3. The study may include:

   a. An overview of the service delivery system for government-sponsored tobacco cessation and control programs provided in the state, including whether the delivery system is fiscally efficient and how the delivery system compares to the centers for disease control's best practices for comprehensive tobacco control programs;

   b. A review of the effectiveness of the government-sponsored tobacco cessation and control programs provided in the state and steps that could be taken to improve the health and policy outcomes of the programs; and

   c. Consideration of whether the government-sponsored tobacco cessation and control programs provided in the state adequately address tobacco cessation and control needs of the Native American population and the needs on the Indian reservations.

4. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fourth legislative assembly."

Prepared by the Legislative Council staff for
Conference Committee
April 23, 2013

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2024

That the House recede from its amendments as printed on pages 1254 and 1255 of the Senate Journal and pages 1337 and 1338 of the House Journal and that Engrossed Senate Bill No. 2024 be amended as follows:

Page 1, line 2, after "committee" insert "; and to provide for a legislative management study"

Page 1, replace lines 11 through 13 with:

"Comprehensive tobacco control	$12,922,614	$2,884,823	$15,807,437
Accrued leave	0	8,391	8,391
Total special funds	$12,922,614	$2,893,214	$15,815,828
Full-time equivalent positions	5.00	3.00	8.00

SECTION 2. LEGISLATIVE MANAGEMENT STUDY - COMPREHENSIVE STATEWIDE TOBACCO PREVENTION AND CONTROL PLAN.

1. During the 2013-14 interim, the legislative management shall consider studying the comprehensive statewide tobacco prevention and control plan used in this state.

2. As part of the study, the tobacco prevention and control executive committee and state department of health shall work together to create a single assessment of programs in both agencies including funding sources for the programs, service providers, areas and populations served by the programs, and effectiveness of the programs on improving the health and policy environment in the state. The tobacco prevention and control executive committee and state department of health shall present this assessment to the legislative management.

3. The study may include:

   a. A review of the service delivery system for the comprehensive statewide tobacco prevention and control programs provided by the two agencies, whether the delivery system is fiscally efficient, and how the delivery system is consistent with the centers for disease control's best practices for comprehensive tobacco control programs;

   b. A review of the effectiveness of the comprehensive statewide tobacco prevention and control programs provided in the state and ways to improve the health and policy outcomes of the programs; and

   c. A review of how the comprehensive statewide tobacco prevention and control programs provided by the two agencies address the Native American population on the Indian reservations.

4. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fourth legislative assembly."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Senate Bill No. 2024 - Tobacco Prevention & Control Exec Comm - Conference Committee Action

	Executive Budget	Senate Version	Conference Committee Changes	Conference Committee Version	House Version	Comparison to House
Comprehensive tobacco control	$13,016,197	$19,436,746	($3,629,309)	$15,807,437	$12,980,127	$2,827,310
Accrued leave payments			8,391	8,391	8,391	
Total all funds	$13,016,197	$19,436,746	($3,620,918)	$15,815,828	$12,988,518	$2,827,310
Less estimated income	13,016,197	19,436,746	(3,620,918)	15,815,828	12,988,518	2,827,310
General fund	$0	$0	$0	$0	$0	$0
FTE	5.00	8.00	0.00	8.00	5.00	3.00

Department No. 305 - Tobacco Prevention & Control Exec Comm - Detail of Conference Committee Changes

	Adjusts State Employee Compensation and Benefits Package[1]	Provides Separate Line Item for Accrued Leave Payments[2]	Decreases Funding for Comprehensive Tobacco Control[3]	Decreases Funding for Temporary Salaries[4]	Total Conference Committee Changes
Comprehensive tobacco control	($13,964)	($8,391)	($3,416,078)	($190,876)	($3,629,309)
Accrued leave payments		8,391			8,391
Total all funds	($13,964)	$0	($3,416,078)	($190,876)	($3,620,918)
Less estimated income	(13,964)	0	(3,416,078)	(190,876)	(3,620,918)
General fund	$0	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00	0.00

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[1] This amendment adjusts the state employee compensation and benefits package as follows:

- Reduces the performance component from 3 to 5 percent per year to 3 to 5 percent for the first year of the biennium and 2 to 4 percent for the second year of the biennium.
- Reduces the market component from 2 to 4 percent per year to 1 to 2 percent per year for employees below the midpoint of their salary range.
- Reduces funding for retirement contribution increases to provide for a 1 percent state and 1 percent employee increase beginning in January 2014 and no increase in January 2015.

[2] A portion of comprehensive tobacco control funding from other funds for permanent employees' compensation and benefits is reallocated to an accrued leave payments line item for paying annual leave and sick leave for eligible employees.

[3] This amendment reduces funding for comprehensive tobacco control added by the Senate by $3,416,078 to provide an increase of $3 million over the executive recommendation. The additional funding is to be used for signage ($250,000) and grants ($2,750,000).

[4] The conference committee did not remove the 3 FTE positions added by the Senate but reduced temporary salaries to provide a total of $200,000.

In addition, this amendment adds a section to provide Legislative Management consider studying the comprehensive statewide tobacco prevention and control plan used in the state. This section was not included in the executive recommendation nor in the House or Senate versions of the bill.