

Nebraska Colon Cancer Program

***Contractual Opportunity for Nebraska District,
County, and City/County Health Departments
and existing cancer coalitions
with a 501c3 non-profit status***



**Nebraska Department of Health and Human Services
Office of Women's and Men's Health**

September 2011

***Colon Cancer Community Based Awareness/Education/Screening
Response to Opportunity September 26, 2011***

Department of Health & Human Services



Contents

Summary	1
Contract Requirements and Purpose	3
Review Process	4
Appendix A	5
Form A: Cover Sheet	6
Form B: Sample template for written report.....	7
B-1: Workplan examples only.....	8
Form C: Community Based Awareness Campaign Project Plan.....	9
Form D: Community Based Screening Description	10
Form E: CRC Campaign Awareness Evaluation Form	12
NCP Match Form.....	13

Nebraska Colon Cancer Program Contractual Opportunity Services Summary

The information contained in this summary highlights items of immediate importance to all potential contractors.

Organization: Nebraska Department of Health and Human Services

Program: Nebraska Colon Cancer Screening Program (NCP)

Funding Source for Contracts: Centers for Disease Control and Prevention # 5U58/DP002043-03

Total Funds Available: To be distributed among coalitions awarded funding.

1. Community Coalition Development/Maintenance/Community Based Awareness Campaigns – up to \$4,000 per coalition.
2. Community Based fecal occult blood testing (FOBT) Screening Program – up to \$50,000 at a cost of \$5 per kit distributed to be divided among those that receive contract funding.

Services to Be Delivered:

A written plan to include:

Community Based Awareness Education Campaigns:

- ✦ Formation/maintenance of a colorectal cancer screening coalition to include at least the following: Local Health Department, clinical providers, cancer center or local hospital, consumers, American Cancer Society, any existing colorectal cancer community coalition
- ✦ Timeline for developing and convening coalition, developing strategic plan to meet the objectives of this contractual opportunity, and implementation of the plan. (Form B or own template)
- ✦ Resources/budget needed to complete the above activities. (Form B or own template)
- ✦ Provide community based education campaign promoting the Nebraska Colon Cancer Screening Program (NCP) and the importance of colon cancer screening and healthy lifestyle management for the prevention of colon cancer. Can only use NCP approved materials. Items are downloadable at <http://www.dhhs.ne.gov/womenshealth> (Form C)
- ✦ Completion of CRC Awareness Campaign Evaluation Form. (Form E)
- ✦ Colon Cancer Awareness and Education Campaign. Activities must focus on men/women 50 years of age.
- ✦ Assist with overall program evaluation and conduct 25 pre and post-campaign intercept surveys to a random sample of the targeted population. The survey will be provided by DHHS.
- ✦ Participate in the Coffee Cup Campaign. Optional participation in the Make It Your Own (MIYO) project. See Form C.
- ✦ A photo documentation of the project to be presented at the Coalition Meeting in the fall of 2012, date and place to be determined.

Community Based FOBT Screening:

- ✦ Implement community based FOBT screening during the contract year.
- ✦ Must have an approved Community Based FOBT Screening Plan prior to distribution. (Form D)
- ✦ Resources/budget needed to complete the above activities.
- ✦ Nebraska Colon Cancer Program will provide the FOBT kits or the coalition can use their own NCP approved kit (See website, pdf file located under this funding opportunity). Lab processing will be provided by NCP or the coalition can use their own lab.
- ✦ Must include requirements on FOBT kit enrollment form (Date of birth, Gender, Phone number, Mailing address, Primary doctor with address, Household income, Health insurance, and Medical release).
- ✦ Must use the FOBT statewide registry for tracking non-returned and positive tests and providing aggregate data. Enrollments must be entered in the registry within 7 days of kit distribution and data entry must follow NCP’s data entry procedures.
- ✦ It is expected that 80% of kits ordered are distributed to age appropriate individuals within communities. Reimbursement is based on the ability to distribute FOBT kits. See payment table below –

Percentage of kits ordered that are distributed	Reimbursement rate per kit distributed
80 – 100%	\$5.00
70 – 79%	\$4.00
<70%	\$3.00

- ✦ A photo documentation of the project to be presented at the Coalition meeting in the fall of 2012, date and place to be determined.

*****New Coalitions awarded funding for the first time will be expected to attend the Coalition Meeting in the fall of 2011 but will not present photo documentation. Coalitions awarded funding in the last contractual opportunity (August 2010 – June 2011) will present a photo documentation.**

Contract Requirements and Purpose

Eligibility for Contracts: Nebraska District, County, and City/County Health Departments and existing cancer coalitions with a 501c3 non-profit status.

Goals: The coalition's goals must include, but not be limited to, increasing community education and awareness regarding the need for colorectal cancer screening and recruitment and enrollment into the Nebraska Colon Cancer Program.

Contract Requirements:

- ✧ **September 26, 2011** - Completion of Form A.
- ✧ **January 1, 2012** - Completion of Form B or own template that encompasses services to be delivered including coalition membership roster, resources needed, timeline, budget and evaluation with submission. Completion of Form C or own template that encompasses the community based awareness campaign project plan. Completion of Form D that encompasses the fecal occult blood test distribution plan.
- ✧ **June 30, 2012** – Updated Form B or own template. Completion of Form E, CRC Awareness Campaign Evaluation Form. Project invoice upon completion of contract deliverable(s).
- ✧ Photo documentation of project to be presented at the Coalition meeting in the fall of 2012, date and place to be determined. Attendance at the Coalition meeting in the fall of 2012, date and place to be determined.
- ✧ Failure to comply with the above dates will be documented and may affect future funding opportunities.

Response to Opportunity to Contract Due: No later than September 26, 2011

Anticipated Date of Contract Notification: No later than October 3, 2011

All projects must be completed by June 30, 2012

Description of Review Criteria: Each response will be reviewed for responsiveness to this invitation: receipt of Contract Invitation Cover Sheet.

Purpose of Nebraska Colon Cancer Coalition Building Contract:

This Contractual Opportunity (CO) is issued by the Nebraska Department of Health and Human Services, Nebraska Colon Cancer Program (the Department) with funds from the Centers for Disease Control and Prevention to increase education and awareness of the need for colorectal cancer screening in men and women 50 years of age and older. The purpose of the CO is to assist local health departments and existing cancer coalitions with a 501c3 non-profit status in development, recruitment or enhancement of a coalition to develop plans to increase screening for colon cancer in all populations, especially those at greatest need because of low income or lack of adequate insurance coverage. The contract seeks to enhance the capacity across the state to increase the number of men and women 50 years of age and older who are appropriately screened for colon cancer. The Nebraska Colon Cancer Program intends to contract with local health departments in future funding cycles to develop and implement coalition plans and to assist in recruiting eligible persons into the Program. NCP goal is to increase the number of men and women 50-75 years of age who receive appropriate colorectal cancer screening from 60.2% to 80% as measured through the state's BRFSS by 2014.

Review Process

Submit all documents to:

Sarah Shaw
Nebraska Colon Cancer Program
sarah.shaw@nebraska.gov
402-471-0805 Phone
402-471-0913 Fax

Questions:

Nebraska Department of Health and Human Services
Nebraska Colon Cancer Program
Attn: Melissa Leypoldt, RN
P.O. Box 94817
301 Centennial Mall South
Lincoln, NE 68509-4817
melissa.leypoldt@nebraska.gov
402-471-0314 Phone
402-471-0913 Fax

Nebraska Department of Health and Human Services
Nebraska Colon Cancer Program
Attn: Michelle Heffelfinger
P.O. Box 94817
301 Centennial Mall South
Lincoln, NE 68509-4817
michelle.heffelfinger@nebraska.gov
402-471-0595 Phone
402-471-0913 Fax

Review Process

Each submission will be reviewed for receipt of required documentation. Submission of documentation can be accepted by mail, fax, or e-mail.

Notification

Notification of contract award will be made via e-mail on or before October 3, 2011. Notification will be made available to the authorized individual named in the submitted response to this notice.

Appendix A

Required Forms

Cover Sheet
Nebraska Colon Cancer Program
Contract Invitation
September 2011-June 30, 2012

Contractor Name: _____

Federal Tax ID Number: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Project Director: _____	Financial Officer: _____
Title: _____	Title: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____
Project Leader : _____ City/State/Zip : _____	
Title : _____	Phone : _____
Address : _____	Fax : _____
Email : _____	

By signing and submitting this form, the potential contractor agrees that if a contract is awarded, it will operate the project as described and in accordance with the contract's Terms and Assurances.

- Community Based Awareness/Education – Funds requested \$ _____
- Community Based FOBT Screening – Estimated kits to be distributed ___ X \$5 = Funds requested \$ _____

Would you like a Q&A call? yes no

Signature of Authorized Official: _____

Title: _____ Date: _____

**Attach proof of 501c3 non-profit status*

Template for Written Plan (use is optional, contractor may develop their own)
 Updated Form B due January 1, 2012 and June 30, 2012

FORM B

Name of Applicant/Contractor _____ Date _____

Title/name of Application/Contractor/Project _____

Coalition Membership:

Note: Please be reminded that coalition membership must include local health departments, consumers, American Cancer Society representatives, providers, hospitals, and existing coalition members if applicable.

Organization/Individual	Contact Information	Date of Contact	Acceptance

Timeline: (Activities included are meant to be used as examples only and are not all inclusive. Contractor may be as detailed as they would like.)

Activity	Anticipated completion date	Resources Needed	Budget needed	Responsible staff	Status
Community Coalition Development/Maintenance					
Planning Meeting					
Community Based Awareness Campaign					
Community Based FOBT Screening					
Evaluation of each Activity					

Total Budget Anticipated \$ _____

Allowable Cost

- Staffing associated cost appropriate for activities
- Postage
- Promotional items
- Telecommunications
- Attendance at National Dialogue in Baltimore – March 21-23, 2012 (Estimated registration cost is \$225.00)
- Coalition Meeting expenses (Estimated registration cost is \$75.00)
- Camera (new contractors only)
- Printing/Copying
- Media Costs
- Meeting Logistics
- Travel

Not Allowable

- FOBT kits or kits processing
- Equipment Cost

WORKPLAN EXAMPLES ONLY

Activity Objective	Anticipated Completion Date	Resources Needed	Budget Needed	Responsible Staff	Activity Status
COMMUNITY BASED AWARENESS CAMPAIGN					
Participate in Coalition Meeting in the fall of 2011.	Fall 2011		Travel/Hotel Expenses	Person responsible for carrying out campaign within coalition region	FILL OUT AT END OF CAMPAIGN (JUNE 2012)
Complete and Submit Media/Education Community Based Awareness Campaign Workplan prior to implementation for approval	January 2012	Community Based Media/Education Awareness Campaign Workplan (FORM C)			FILL OUT AT END OF CAMPAIGN (JUNE 2012)
Implement Media/Education Community Based Awareness Campaign focused on men and women 50 and older who are never or rarely screened for colon cancer	March 2012 - June 2012	Internal and External Partners, materials provided by NCP	\$ for media related expenses (television, radio, billboard, print) to be decided by coalition	Person responsible for carrying out media/education campaign within coalition region	FILL OUT AT END OF CAMPAIGN (JUNE 2012)
Participate in Statewide Make It Your Own (MIYO) project	January 2012 – June 2012			Person responsible for carrying out media/education campaign within coalition region	FILL OUT AT END OF CAMPAIGN (JUNE 2012)
Evaluate effectiveness of the Media/Education Community Based Awareness Campaign	June 2012	Survey, campaign data		Person responsible for carrying out media/education campaign within coalition region	FILL OUT AT END OF CAMPAIGN (JUNE 2012)
Collect 50 intercept surveys within the region or community(ies) in which the coalition resides.	December 2011	Survey developed by NCP Venue or community activity/event	Staff time	Person responsible for carrying out media/education campaign within coalition region	FILL OUT AT END OF CAMPAIGN (JUNE 2012)

COLON CANCER SCREENING COMMUNITY BASED AWARENESS CAMPAIGN PROJECT PLAN

Planning the who, what, when, where and why of a community based campaign is critical to the success of any marketing effort. **Projects will need to be completed by June 30, 2012. Activities must be specific, strategic, targeted, and have measurable results.** Please use the table below as a guide to creating your campaign project work plan and indicate in your plan whether your campaign is for awareness and education, distribution only or a combination of both. Please feel free to modify the table or use your own template.

The media resources listed below are all acceptable to use for community campaign materials. If there are other materials that you would like to use, please send a copy and we will review it prior to implementation. Any time that advertising is donated for your campaign, fill out and submit the NCP Match Form.

- **General Materials** found at www.cancer.org
 - ACS Booklet “They Know How to Prevent Colon Cancer” (English and Spanish)
 - ACS Reminder Postcard (English and Spanish)
- **NCP “Stay In The Game” Television and Radio Spots** found at www.StayInTheGameNE.com
- **Centers for Disease Control and Prevention’s (CDC) “SCREEN FOR LIFE” Materials** found at: www.cdc.gov/cancer/colorectal/sfl
- **Make It Your Own (MIYO)** website: <http://miyoworks.org/newuser.php?project=103> (register your information and use the site to create customized health materials. All messages and images have been tested and approved and are culturally appropriate materials targeted to your audiences so you don’t have to develop them from scratch.

Overall Community Campaign Objectives: <i>Describe mission, purpose, audience (language/age/gender/ethnicity), key messages, etc.</i>			Overall Campaign Goals: <i>Describe goals, identify specifically what you want to accomplish through the plan and how the objectives provide value to what you are doing and to your audience</i>		
Project	Tools/Tactics	Requirements	Timeline	Roles/Partners	Evaluation
<i>Example: XXX will reach XX businesses in each county in service area with the Coffee Cup Campaign.</i>	<i>Identify tools, tactics or channels that you will use, explain why these are the best selection for your purpose and audience</i>	<i>Identify any requirements that you will need to set up and manage the campaign (i.e. database of who you contacted, number of materials distributed will be essential)</i>	<i>Determine what you need to do pre/post campaign, etc. Start and end of campaign, and any activities related to campaign</i>	<i>Determine who is on your team, who is responsible for what and any other people you will need to begin the work and maintain the work</i>	<i>Identify how you will determine if your efforts are successful and what level and frequency of reporting will allow you to track progress and make improvements (i.e. follow up surveys with businesses, etc. will be essential)</i>

PLEASE NOTE: In March 2012, NCP will be implementing a statewide Coffee Cup Campaign. Materials will be distributed to all CRC contractors. Coffee sleeves, posters, table tents and bags will be made available. The same theme of the 2011 campaign: “It’s Time: If you’re 50, ask your doctor about screening for colon cancer” will be utilized for the 2012 campaign. It will be up to coalitions to distribute these materials within their coverage area in order to raise awareness of colon cancer screening.

First Come First Served: NCP currently has 2000 coffee cups and lids remaining from the 2011 campaign. If your entity could utilize the cups and lids, please let us know.

Community Based FOBT Screening Plan

Name of Coalition:	Name of Local Health Department/Existing cancer coalition with a 501c3 Non-profit status:
Contact Name:	Contact Name:
Address:	Address:
Phone:	Phone:
E-mail:	E-mail:
Fax:	Fax:
Type and Brand of FOBT Kit:	FOBT Kits Provided By:
Projected Number of Kits that will be distributed:	
Description of Coalition's Distribution Process:	
Description of Coalition's Process for Follow Up of Non-Returned FOBT Kits:	
Please provide a copy of Enrollment/Intake/Demographic Form Collected from FOBT Recipients Provided	
Description of Coalition's Coordination with Processing Lab:	
Name of Lab or Labs processing FOBTs:	
Description of Coalition's Follow up for Positive FOBT:	

Process for referring potential eligible Nebraska clients to NCP for colonoscopy:		
Designated Person for FOBT Registry Data Entry:	Address:	Phone:
		Fax:
		E-mail
Plan Feedback:		Date:
Response:		Date:
Plan Approval / Signatures:		
American Cancer Society Representative:		
Nebraska Colon Cancer Representative:		
Nebraska Comprehensive Cancer Control Program Representative:		

List of In Kind Activities/Services and Estimated Value

Colon Cancer Screening Community Based Awareness Campaign Project Evaluation

As a recipient of funds for the development and implementation of a Colon Cancer Awareness and Education Campaign, an evaluation component MUST be completed at the end of the campaign.

The campaign was to increase awareness on the importance of colon cancer screening while driving the target audiences through proper screening channels that are in place within the community. Materials and guidance were provided through the Nebraska Colon Cancer Screening Program. Please answer the following questions:

1. **Was the available funding adequate for campaign development and implementation?**
Yes No Other _____
2. **Was the timeframe given for implementation of the campaign adequate?**
Yes No Other _____
3. **Of the materials that were made available, what do you feel was the most effective message?**
4. **Were the materials easy to use?**
Yes No Other _____
5. **Were the materials helpful to the campaign?**
Yes No Other _____
6. **What would you suggest to make the materials more valuable?**
7. **Were local community media venues open to playing/printing information for the campaign?**
Yes No Other _____
8. **What amount of free advertising did your project compile throughout the duration of the campaign, please include the location, frequency of ads and number of ads? (Note: It is required that if any donated advertising takes place that a Match Form be filled out and sent to NCP for evaluation purposes.)**
9. **The funding opportunities were made available on our website, do you feel that this was an appropriate location for this information?**
Yes No Other _____
10. **Did NCP staff provide you with all the necessary information in order to apply for the funding opportunities?**
Yes No Other _____

COMMENTS:

Thank You!

(Please fill out and complete this evaluation no later than July 15, 2012.)

Nebraska Colon Cancer Screening Program

PUBLIC SERVICE MATCH FORM



Submit this form monthly if your contributions are on-going. If the contribution is one-time, send this form at the completion of the activity. If television or radio commercials are being played, please submit an affidavit with this form.

Name: _____ Credentials/Title: _____

Agency/Organization: _____

Address: _____

City/State/Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Signature: _____ Date: ____/____/____

Circle One	Date	Column Inches	Estimated Dollar Value (please specify)
<i>published / will publish played / will play</i>			
<i>published / will publish played / will play</i>			
<i>published / will publish played / will play</i>			
<i>published / will publish played / will play</i>			
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<i>published / will publish played / will play</i>			
<i>published / will publish played / will play</i>			
<i>published / will publish played / will play</i>			
Total Contribution:			\$ _____

Return this form to:
 Nebraska Health and Human Services System
 Office of Women's & Men's Health
 Nebraska Colon Cancer Screening Program
 301 Centennial Mall South, P.O. Box 94817
 Lincoln, NE 68509-4817

<p>FOR OFFICE USE ONLY</p> <p>Date Posted: ____/____/____</p> <p>Posted By: _____</p>
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Questions? Call 1-800-532-2227. You do not have to use this form to report match. You may send us a copy of any form you use to track public service space, which includes the date published, column inches and value of the public service space.