

REQUEST FOR PROPOSAL

ISSUED BY

**PATHWAYS/NORTHCARE NETWORK COORDINATING AGENCY
200 WEST SPRING STREET
MARQUETTE, MI 49855
FY2012**

PROJECT TITLE: Request for Proposals (RFP)
Primary Substance Abuse Prevention Programming

Pathways/NorthCare Network Substance Abuse Coordinating Agency
Region:
**Alger, Chippewa, Delta, Luce, Mackinac, Marquette, Menominee,
Schoolcraft Counties**

RFP ISSUE DATE: June 28, 2011

PROPOSAL DUE DATE: **Monday, August 1, 2011 by 4:00 p.m.**

CONTACT PERSON: Judi Brugman, Supervisor
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Marquette, MI 49855
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PART I - GENERAL INFORMATION FOR THE CONTRACTOR

I-1. PURPOSE

Pathways/NorthCare Network Coordinating Agency hereafter called NorthCare CA is letting out for a fair and competitive bid of prevention programming throughout its eight county region for Fiscal Year October 1, 2011 - September 30, 2012 (FY12). This RFP is to solicit proposals from licensed, prevention organizations which have the expertise to provide substance abuse prevention services as outlined below.

I-2. ISSUING OFFICE

This RFP is issued by the Pathways/NorthCare Network Substance Abuse Coordinating Agency.
The Issuing Office is the sole point of contact for this RFP.

I-3. REQUESTED SERVICES TO BE DELIVERED

The focus of this RFP is the provision of Substance Abuse prevention services to the NorthCare CA Region. Services delivered will include primary prevention programming that is comprehensive and represents prevention strategies directed to populations described in this request.

During the implementation of the Strategic Prevention Framework State Incentive Grant (SPF/SIG), the process of building and developing Prevention Prepared Communities (PPCs) began. During FY12 and beyond, the Michigan Department of Community Health will look for evidence that Coordinating Agencies are continuing to promote and require Prevention Prepared Communities within their regions.

The following priorities are the focus for the FY12 proposals: 1) Reduce childhood and underage drinking; 2) Reduce prescription and over-the-counter drug abuse/misuse; 3) Youth Access to Tobacco Products/SYNAR Compliance.

Further, MDCH is interested in seeing evidence that providers are investing in wellness and disease prevention by having the reduction of the following included in planned strategies: Obesity, tobacco, and infant mortality.

FEDERAL PREVENTION STRATEGIES identified by Center for Substance Abuse Prevention (CSAP) are: Information Dissemination; Education alternatives; Alternatives; Problem Identification and Referral; Community Based Processes; and Environmental.

All prevention services must be based on formal, local needs information. Based on local needs data, prevention activities must be targeted to high-risk groups and must be directed to those at greatest risk of substance abuse and/or most in need of services within these high-risk groups. CA's and sub-contractors are required to implement prevention programming for all high-risk groups and may also provide targeted prevention services to the general population

High risk subgroups include but are not limited to:

- **Children of substance abusers**
- **Pregnant women/teens**
- **Drop-outs**
- **Violent and delinquent youth**
- **Persons with mental health problems**
- **Economically disadvantaged citizens**
- **Persons who are disabled**
- **Victims of abuse**
- **Persons already using substances**
- **Homeless and/or runaway youth**
- **Children exposed prenatally to ATOD**

State allocations may be used for information dissemination *only* when part of a multi-faceted regional prevention strategy, however, not for independent, stand-alone activity. State allocations may also be used for mentoring programs which would utilize the Alternative strategy.

Prevention programming is intended to reduce the consequences of substance abuse in communities and to prevent the onset and reduce the progression of substance abuse in individuals. It is conceptualized as an ordered set of steps along a continuum to promote individual, family and community health, prevent mental and behavioral disorders, support resilience and recovery and prevent relapse. Prevention programming also encompasses youth access to alcohol and tobacco and compliance with Synar requirements.

The Coordinating Agency is required to insure integrity to prevention best practice models including those related to planning prevention interventions such as risk/protective factor assessment, community assets/resource assessment, levels of community support, and evaluation.

Additionally, the Coordinating Agency is required to conduct regional, formal Synar Inspections at the time specified by MDCH/BSAAS during the month of July, each year. All formal Synar inspections must be conducted in accordance with the protocol provided by BSAAS. **The state recommends that**

each CA conduct **non-Synar tobacco compliance checks**, either through law enforcement or civilian entities to at least 10% of regional retailers. For CA's with a sales rate of 20% or more for the last two years are required to conduct compliance checks to 25% of the tobacco retailers within their region. Diligence in this area is necessary with education initiatives as well as non-Synar compliance checks in order to continue to avoid mandates that have no state dollars attached to them.

Plan Review Criteria: The agency/program plan will be reviewed for evidence as to the use of a consequence-based, data driven process that considers the community, as well as individual change over the course of the multiple year planning process. Particular consideration will be given to furthering the development of a regional prevention services system that is directed toward the consequences of substance use and abuse and that enhances community well-being. Additionally, our review will look for evidence as to the selection of strategies and evidence-based interventions, in relation to the problems and the intended populations that have been identified.

I.4 CONTRACT PERIOD

Any contracts which may be issued as a result of this RFP will be for the period of October 1, 2011 through September 30, 2012.

1.5 MINIMUM CONTRACTOR REQUIREMENTS

Interested agencies must meet the following minimum requirements to be considered for funding:

A. The agency must currently possess MDCH/DSAQP substance abuse Prevention (CAIT) license. The agency will be expected to follow all licensing requirements.

All program staff that performs multiple prevention strategies will need to have a prevention credential or a registered development plan with MCBAP. In addition, the agency/program must have a written staff development plan for prevention workers and dedicate resources towards these plans.

B. The agency may be a private, public or private non-profit agency. Public or private non-profit agencies must have a governing board that is representative of the community and clients served, and meet on a regularly scheduled basis.

C. Any potential contractor must be an established agency or provider who has been in operation for at least one year and hold a CAIT (Prevention) license.

D. The agency must dedicate the necessary systems in the area of administration and clerical support to the prevention program. This includes the necessary computer equipment and compatible software to have the ability to electronically submit data.

E. The agency must have an established financial system in operation which meets generally accepted accounting principles and systems.

F. The agency must be able to demonstrate the ability to attract or allocate other sources of funding to enhance programming.

G. The agency must demonstrate an ability to understand, relate to, and operate

within an ethnic, racial, age, and economically diversified population. In addition, the services will be provided in settings accessible and acceptable to the individual and communities intended to be served.

H. The agency must agree to federal, state and local Affirmative Action guidelines as they relate to personnel and services.

I. The agency must agree to report statistical and financial data on the forms, format and schedule developed by NorthCare CA and/or MDCH/BSAAS. All data relating to this budget must be reflected even if it is another source of funding.

I-6. REPORTING REQUIREMENTS

A. Data

SUDPDS Reporting capabilities: The selected agency/program will be required to participate in CA's automated prevention data collection system. There will be monthly reporting requirements with due dates. All contract activity must be submitted on a monthly basis by the 10th of the following month unless otherwise noted. Current components of this system include electronic exports of prevention data to the CA and MDCH/BSAAS. The agency must be equipped with a computer system that is able to facilitate this data submission. The NorthCare Network CA reserves the right to require a narrative progress report submission should data input prove to be inadequate.

NOMS REQUIREMENTS: The following list is the federally mandated Core Measurements for Prevention Services:

- #1 Use of substances in the last 30 days**
- #2 Perceived Risk or Harm of substance use**
- #3 Disapproval of substance use**
- #4 Intentions to use substances**

Within your plan for services delivery, please indicate how you will collect and report this information to the CA.

B. Financial Reporting

The selected contract agency/program will enter into a performance based unit rate reimbursement contract with the CA. Reimbursement will be rendered on a monthly basis, on a monthly Financial Status Report (FSR) provided associated data, representing the activity that is being billed for, has been entered into the SUDPDS Data System. Other financial requirements include yearly budget submissions and periodic budget amendments. **ALL EXPENDITURES AND TOTAL BUDGET RESOURCES related to the budget must be planned for and reported on in the SUDPDS data collection system. IN OTHER WORDS, PLEASE IDENTIFY ALL BUDGET RESOURCES RELATED TO THIS PROPOSAL WHEN ENTERING DATA AND WHEN SUBMITTING THE FSR.**

I-7. Evaluation Period & Process

Respondents are expected to have in place an internal evaluation system to monitor program activities and results. In addition, the agency/program must participate in and provide documentation of client satisfaction. **Respondents are encouraged to submit plans that include Impact, Process and Outcome Based evaluation.** The CA will look more favorably on those proposals that have strong evaluation plans with emphasis on Outcome/Behavioral evaluations and which have provide an avenue to collect NOMS. In addition the CA will look more favorably on those proposals that include Evidence Based Programs, one or more of CSAP's best practice programs, or programs that are promising practices. The respondent must agree to participate in any additional evaluation that the CA and/or MDCH/BSAAS may mandate as necessary.

I-8. Contract Negotiations

Negotiations may be undertaken with those potential contractors whose proposals as to price and other factors prove them to be qualified, responsible and capable of performing the work. The contract that may be entered into will be that which is most advantageous to the CA, which will consider price and other factors. The CA reserves the right to consider proposals or negotiate modifications at any time before the award is made, if such action is determined to be in the best interest of the CA.

I-9. Rejection of the Proposal

NorthCare CA reserves the right to reject any and all proposals received as a result of this RFP, or to negotiate separately with any source whatsoever in any manner necessary to serve the best interests of NorthCare CA. This RFP is made for information and planning purposes only.

NorthCare CA does not intend to award a contract solely on the basis of any response made to this request, or otherwise pay for the information solicited or obtained.

I-10. Incurring Costs

NorthCare CA is not liable for any cost incurred by the potential contractors prior to the issuance of a contract.

I-11. Inquiries

Questions that arise must be submitted in writing to the Issuing Office. Questions and answers will be provided to all potential contractors who confirm interest with Issuing Office; however, the names of potential contractors submitting questions will not be disclosed outside the NorthCare CA. **To confirm interest in submitting a response to the RFP, email jbrugman@up-pathways.org by 7/11/11 by 5:00 p.m.** Questions received by 5:00 p.m. on 7/11/11 will be posted with answer/response by 7/15/11 at Noon.

Those agencies expressing interest will receive the chart templates electronically in Word format.

I-12. Addenda for the RFP

In the event it becomes necessary to revise any part of this RFP, Addenda will be provided to all potential contractors who received the basic RFP.

I-13. Response Date

To be considered, proposals must arrive at the Issuing Office on or before the time and date specified.

Potential contractors mailing proposals should allow normal delivery time to ensure timely receipt of their proposals. Late proposals will not be accepted or reviewed.

I-14. Proposals

To be considered, potential contractors must submit a complete response to this RFP. Each proposal must be submitted in **four (4) copies** to the Issuing Office. No other distribution of proposals will be made by the potential contractor. Proposals must be signed by an official authorized to bind the potential contractor to its provisions. For this RFP, the proposal will remain valid for at least ninety (90) days, and if accepted will become part of the final contract. The RFP, the information it contains, and the agency proposal will also become part of the final contract.

I-15. Acceptance of Proposal Content

The contents of the proposal of the successful bidder will become contractual obligations, if a contract ensues. Failure of the successful bidder to accept these obligations may result in cancellation of the award. NorthCare CA reserves the right to interview key personnel assigned to this project and to negotiate continuation funding with contractors on an annual basis. NorthCare CA further reserves the right to approve subcontractors for this project and to replace subcontractors found to be unacceptable.

I-16. Pre-bid Meeting- None scheduled, see I-11.

I-17. Economy of Proposal Preparation

Proposals should be prepared simply, economically and according to the format delineated elsewhere in this RFP. The bidding organization is expected to provide a straightforward, concise description of the potential contractor's ability to meet the requirements of the RFP. Fancy bindings, colored displays, promotional materials, etc., are not desired.

Emphasis should be on the completeness and clarity of content. The CA is seeking proposals that can clearly conceptualize the delivery of effective primary prevention practices that are directed to populations in need, are comprehensive in nature, demonstrate supportive administrative structures, identify strong community collaborative planning, and are based on formal identified needs.

I-18. Oral Presentation

Potential contractors who submit a proposal may be required to make an oral presentation of their proposal. These presentations provide an opportunity for the potential contractor to clarify his/her proposal to ensure thorough mutual understanding. The Issuing Office will schedule these presentations. An Addendum may be required as the result of the oral presentations.

I-19. PRIME CONTRACTOR RESPONSIBILITIES

The selected contractor will be required to assume responsibility for all services offered in his/her proposal, whether or not they are produced by the contractor. Further, the CA will consider the selected contractor to be the sole point of contact with regard to contractual matters, including payment of any and

all charges resulting from the contract.

I-20. LIABILITY

The contractor will be responsible to protect NorthCare CA from any liability for actions or claims accruing or resulting from his/her activities performed under the terms of a contract resulting from this RFP. This responsibility includes securing and providing NorthCare CA with all necessary copyright releases and other permissions regarding materials and products protected under Public Law 94-553 that are used.

I-21. CONTRACT PAYMENT SCHEDULE

Payment for any contract entered into as the result of this RFP will be made monthly upon receipt of the contractor's Financial Status Report (FSR). The CA reserves the right to make changes in its billing process and system.

I-22. MEDIA & NEWS RELEASES

News releases pertaining to the RFP or the services, study or project to which it relates will not be made without prior NorthCare CA approval, and then only in coordination with the Issuing Office. Further, it should be noted that as a contractual requirement all media products, such as PSA's or videos, written acknowledgement for services rendered, news releases etc, both Pathways/NorthCare Network and the MDCH/Bureau of Substance Abuse and Addiction Services must be acknowledged in writing for funding the effort. The CA must first approve any and all of the above before release to the public. Any and all publications, PSA's, videos or any written article, pamphlet or booklet must use the following language to identify fund resources: **"Funding for this project was provided by Pathways/NorthCare Network and MDCH/ Bureau of Substance Abuse and Addiction Services."**

I-23. DISCLOSURE OF PROPOSAL CONTENTS

If a proposal contains any information that the contractor does not want disclosed to the public or used by NorthCare CA for any purpose other than evaluation of his/her offer, each sheet of such information must be marked with the following legend:

"This information shall not be disclosed outside NorthCare CA or be duplicated, used or disclosed in whole or in part for any purpose other than to evaluate the proposal; provided, that if a contract is awarded to this entity, or as a result of, or in connection with the submission of such information, NorthCare CA shall have the right to duplicate, use, or disclose this information to the extent provided in the contract. This restriction does not limit CA's right to use information contained herein if obtained from another source."

I-24. INDEPENDENT PRICE DETERMINATION

1. By submission of a proposal, the organization certifies, and in the case of joint proposal, each party thereto certifies as to its own organization, that in connection with this proposal:
 - a. The prices in the proposals have been arrived at independently, without consultation, communication or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other provider or with any competitor;
 - b. Unless otherwise required by law, the prices which have been quoted in the proposal have not been knowingly disclosed by the provider to award directly or indirectly to any other provider or to any competitor; and
 - c. No attempt has been made, or will be made by the provider, to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.

2. Each person signing the proposal certifies that:
 - a. He/she is the person in the provider's organization responsible within that organization for the decisions as to the prices being offered in the proposal, and that he/she has not participated, and will not participate in, any action contrary to 1-a, b, and c above, or
 - b. He/she is not the person in the provider's organization responsible within that organization for the decision as to prices being offered in the proposal, but that he/she has been authorized in writing to act as agent for the persons responsible for such decisions in certifying that such persons have not participated, and will not participate in, any action contrary to 1-2, b and c above, and as their agent does hereby so certify; and that he/she has not participated, and will not participate in, any action contrary to 1-a, b and c above; and
 - c. A proposal will not be considered for award if the sense of the statement required in the Line Item Budget Detail portion of the proposal has been altered so as to delete or modify 1-a and c, or 2 above. If 1-b has been modified or deleted, the proposal will not be considered for award unless the provider furnishes with the proposal a signed statement which sets forth in detail the circumstances of the disclosure, and the Issuing Office determines that such disclosure was not made for the purpose of restricting competition.

PART II - CONTENT

II-1. RFP CONTENT

In recognition of federal prevention NOMS (National Outcome Measures as listed above in this document) agencies/programs are expected to implement and maintain a planning process and service delivery system which will show evidence of working toward community involvement and NOMS related change. However, a role for prevention services directed toward individual behavior change remains, in particular for specific local high-risk populations. CAs are required to submit separate descriptions of planned prevention services organized by consequence area. Agencies/programs will be required to do the same. A state designed chart has been included for this purpose.

Proposals must describe in narrative form, the process used to develop the proposed prevention services in **no more than three (3) pages**. This should be considered the **summary or an abstract**. If a program has completed a Strategic Planning Process and have identified goals and objectives, that description may be used. Programs that have identified local priority problems can build their plan using that information. The service delivery geographical area for service delivery should be identified. Briefly described the tools or written procedure used in identifying appropriate programming your program would deliver.

In addition to the summary, proposals must submit a chart that describes their prevention services plan. In this area, identify the evidenced-based program or process from which the proposed program is indicated. This chart should represent a Logic Model thought process in that there is an expected progression from the identification of a consequence or problem, the identification of the intended population and service area, identification of strategies and partner agencies, etc.

The prospective bidder should place a premium on "Economy of Preparation" (be as concise and relevant as possible). The content of the RFP should describe in narrative form the technical plan for accomplishing the services to be delivered found in Part I of this RFP.

1. **COVER SHEET FOR PROPOSAL** - State the full name and address of business organization and federal identification number.
2. **SUMMARY OF THE PLAN** - Describe in narrative form a summary of your plan for the delivery of prevention services. This should be no longer than **three (3) pages**.
3. **PREVENTION PLANNING CHART** – For each of the focus topics selected (except Synar). The chart is designed to elicit a logical sequence of information.

The completion of this chart is a two-step process. **First, the proposal must identify the focus priorities that services will be planned around. NO MORE THAN THREE GENERAL FOCUS PRIORITIES MAY BE USED** to describe the planned services unless special permission is granted from Northcare Network Substance Abuse Services. It is expected that each of the general categories identified by the proposal will be a consequence (i.e. alcohol related traffic crashes).

Second, for each category selected, the proposal must provide the following information:

1. Consequences/Primary problem
2. Consequence Support Data
3. Data Sources
4. Associated Intervening Variables to be Targeted

5. Primary Federal Strategies & Associated Evidence-Based Interventions
6. Geographic Area
7. Population Type
8. Activity Related-Immediate Outcomes
9. Performance Indicated – Intended Long-term Outcomes
10. Agency/Program/Partner or Coalition Responsible for Activity

Youth Access to Tobacco Plan – SYNAR COMPLIANCE & EDUCATION

All Health Department proposals must develop and implement a plan that is expected to meet the SYNAR Compliance requirement to reduce tobacco use by minors as part of their prevention plan.

Each CA region must comply with this requirement; therefore, any proposal submitted by a Health Department must also incorporate these services.

CAs must develop and implement a plan that is expected to meet Synar compliance requirements and reduce access to tobacco products by minors. Each CA must work toward maintaining a catchment area **sales rate of less than 20% for the Formal Synar Survey** and must direct resources as necessary to meet this rate.

CAs are encouraged to work toward the lowest sales rate possible for their region. CAs are not precluded from selecting tobacco use reduction as an area of focus provided the primary intent of the focus is to reduce youth access to tobacco..

Plan Review Criteria: Plans will be reviewed for evidence of the use of local data in planning youth access to tobacco services, for use of best practice approaches and in the context of the CA official Synar survey results.

Miscellaneous

The bidder must submit the following information with your proposal at the time of the bid submission:

1. A current staff list, along with job titles and phone numbers of each staff person associated with the proposal.
2. A list of organizations, contact names, and phone numbers of the organizations for which the bidder has provided prevention services (limit 1 page).

PART III - CRITERIA FOR SELECTION

III. PLAN REVIEW CRITERIA

All proposals received will be reviewed in detail by the Issuing Office for the purpose of selecting the bidder with whom a contract will be signed. All components of the NorthCare Procurement Process will be followed. The Agency/Program plan will be reviewed for evidence as to the use of a consequence-based, data driven process that considers the community, as well as individual change over the course of the multiple year planning process. Particular consideration will be given to furthering the development of a regional prevention services system that is directed toward the consequences of substance use and abuse and to community well-being. Additionally, review will look for evidence as to the selection of strategies and evidence-based interventions, in relation to the problems and the intended populations.

PREVENTION SERVICES CHART FY2011/2012

Prevention Priority: _____

Who are your partners in this area of prevention focus, and what specific role(s) do they play?

Consequence(s)/ Primary Problem	Consequence Support Data	Data Sources	Associated Intervening Variable(s) to Be Targeted	Primary Federal Strategies (specific) and Evidence- based interventions (specific) for each strategy	Geographic Area Served	Population Type/ Service Population (Specify based on CSAP Priority Populations)	Activity Related - Immediate Outcomes	Performance Indicator – Intended Long- term Outcome, including link to National Outcome Measures (NOMS)	Provider Agency or Coalition Responsible for Activity
1.									
2.									
3.									
4.									

ANNUAL YOUTH ACCESS TO TOBACCO SERVICES PLANNING CHART/ NARRATIVE INSTRUCTIONS

Completion of the Annual Youth Access to Tobacco (YAT) Services Planning Chart and Narrative is **required on a yearly basis**, regardless of repetitiveness. The federal Annual Synar Report requires documentation of the use of previous yearly results to design current year activities, with easy reference to sources. The primary areas of planned youth access to tobacco prevention activity include compliance checks, vendor education, community mobilization, law enforcement participation, other collaboration and data analysis.

YAT Planning Chart/Narrative

In Spaces Provided at Top of Form

Note **Total Outlets** (from latest master retailer list)

Insert name and contact information for person who can answer questions regarding the form completion.

Indicate the **Compliance Synar Rates**, rather than Non-Compliance Rates, of last three years in percentages.

Complete the Chart by filling in **all** un-shaded areas as directed. Use N/A if the cell is determined to be non-applicable. Separate entries by the headings provided: “Vendor Education”, “Non-Synar Compliance Checks”. The “Comments” column is to be used for any clarifying information determined necessary.

A-1 – A-3. Activity Type/Conducted By: Entries should indicate specific numbers planned in each column and for each row. If the compliance rates for two of the last three years were less than 80%, the minimum totals for Vendor Education and Non-Synar Compliance Checks must equal at least 25% of total outlets. The participation of youth is assumed. “Other” is normally used to note special deputy circumstances. Do not include formal Synar Checks expected from the random sample drawn by the state.

B-1 – B-5. Activity Will Occur: Entries may be either an “x” or a specific number. The timing may be clarified further to a specific month(s) within the range provided. This information is used to plan printing and dissemination of materials and the timing of Synar meetings.

C-1 – C-5. Targeting Criteria Used: The type of entries vary per C-1 through C-5 and are denoted within the brackets on each line. Entries may be a list (1, 2), a percentage (3), or an “x“(4, 5). Using N/A as an entry in these cells is NOT an option.

C-6. By Retailer Type: Sort the master retailer list by the “PEV Code” column to reveal the specific entries required for each row in both “Totals per Type” columns, entering the same numbers in each column. In the “Targets per Type” columns enter the number targeted in each row under “Vendor Education:” and under “non-Synar Compliance Checks”.

C-6a – C-6f. By retailer type: Entries should be made using whole numbers in both columns

and in each row of this section.

NARRATIVE: Limit to no more than 3 pages.

C-7: USE OF LAST YEAR'S SYNAR DATA FOR PLANNING: The federal Annual Synar Report looks for very specific information in this regard. Provide details which are distinct for each year in a comprehensive, yet concise, manner.

C-8: OTHER PLANNED TOBACCO INITIATIVES/ACTIVITIES: Include any adjustments/additions to the plan in response to outcomes realized in previous year. Note collaborations anticipated, especially that of law enforcement and prosecuting attorneys.

C-9: HURDLES AND PLANS TO OVERCOME THEM: Provide a brief description. This is also an appropriate place to request Training and Technical Assistance.

**ANNUAL YOUTH ACCESS TO TOBACCO (YAT) SERVICES PLANNING CHART and
NARRATIVE – FY 11/12**

Complete in entirety on yearly basis. The federal Annual Synar Report requires this information.

TOTAL RETAILERS: _____

CONTACT PERSON / email: _____

SYNAR COMPLIANCE RATES OF LAST THREE (3) YEARS: _____% _____% _____%

VENDOR EDUCATION AND NON-SYNAR COMPLIANCE CHECK TOTALS MUST MEET MINIMUM OF 25% OF TOTAL RETAILERS, IF LESS THAN 80% COMPLIANCE IN 2 OF LAST 3 YEARS.

ENTER CA LEVEL DATA ONLY.

PLANNED ACTIVITIES	VENDOR EDUCATION		NON-SYNAR COMPLIANCE CHECKS		COMMENTS
A. ACTIVITY TYPE/CONDUCTED BY:	-		-		
A-1 # BY LAW ENFORCEMENT					
A-2 # BY CIVILIANS					
A-3 # BY OTHER (DESCRIBE)					
TOTALS:					
B. ACTIVITY WILL OCCUR :	-		-		
B-1 OCTOBER - DECEMBER					
B-2 JANUARY - MARCH					
B-3 APRIL - JUNE					
B-4 JULY	-		-		
B-5 AUGUST - SEPTEMBER					
C. TARGETING CRITERIA USED:	-		-		
C-1 BY GEOGRAPHIC AREA (LIST)					
C-2 BY ZIP CODE (LIST)					
C-3 BY RANDOM SAMPLE (%)					
C-4 BY PREVIOUS FAILED CHECKS(X)					
C-5 BY SALES COMPLAINT REC'D (X)					
C-6 BY RETAILER TYPE:	TOTAL RETAILERS	TARGETS PER TYPE	TOTAL RETAILERS	TARGETS PER TYPE	
C-6a Restaurants (#)					
C-6b Gas Stations (#)					
C-6c Convenience Stores (#)					
C-6d Grocery Stores (#)					
C-6e Bar/Lounge (#)					
C-6f Description of Other (#)					