**Tobacco Cessation Services  
Request for Proposals**

**Responses due February 28, 2023   
For services provided February 1, 2023 through June 15, 2023**

Tobacco use is a risk factor for premature mortality in Kane County. According to the 2018 Community Health Needs Assessment Report, 13.7% of Kane County adults were current smokers, 8.1% of adults used vaping products, and 2.4% used smokeless tobacco. The Kane County Health Department is dedicated to supporting healthcare providers in their efforts to help their patients quit.

The Kane County Health Department (KCHD) is awarding Kane County health care providers up to $4000 in support of smoking and vaping cessation promotion, referrals, and services taking place March 1, 2023 to June 15, 2023.

**Deliverables for Smoking Cessation Funding**

1. Initiate or enhance current tobacco cessation services to include:
   1. Organization will become an Illinois Tobacco Quitline Referral Partner by completing a [one-page registration form](https://www.kanehealth.com/Documents/Tobacco/ITQL%20Fillable%20Referral%20Partners%20Enrollment%20Form.pdf) electronically and submitting it to the Kane County Health Department with this application via email to: kanequits@kanecountyil.gov
   2. Those in your organization who have direct patient contact will participate in the American Lung Association’s [Ask, Advise Refer to Quit Don’t Switch online training](https://lung.training/courses/ask-advise-refer-to-quit-dont-switch.html). This one hour, on-demand online training is based on the CDC’s Ask–Advise–Refer model and utilizes updated tools and strategies for conducting an effective brief tobacco intervention with patients identified as tobacco users, including e-cigarettes.
   3. Refer patients to Illinois Quitline for one-on-one counseling and/or Nicotine Replacement Therapy, available at no charge to Illinois residents.
   4. Order free handouts from the Illinois Tobacco Quitline for patient distribution.
2. Communication
   1. Distribute monthly reminders to those in your organization with direct patient care to share cessation resources and the Illinois Tobacco Quitline with patients who use tobacco.
   2. Promote your organization’s cessation program and Illinois Tobacco Quitline to public and among community partners.
3. Outcomes/Evaluation
   1. Submit monthly data on number of patients referred to Illinois Tobacco Quitline.
   2. Submit program summary including evidence of communications described above by June 15, 2023.

**Proposal Timeline**

|  |  |
| --- | --- |
| Proposals open | December 12, 2022 |
| Proposals close | February 28, 2023 |
| Applicants notified of decision and awardees are sent Project Agreement and New Vendor Form | March 3, 2023 |
| Awardees return Project Agreement, New Vendor Form, and invoice | March 10, 2023 |
| KCHD payout to awardees | April 1, 2023 (approximate date) |
| Progress update due | June 15, 2023 |

**Electronic Proposal Submission**  
Email completed proposal along with the [Illinois Tobacco Quitline Referral Partner registration form](https://www.kanehealth.com/Documents/Tobacco/ITQL%20Fillable%20Referral%20Partners%20Enrollment%20Form.pdf) to [kanequits@kanecountyil.gov](mailto:kanequits@kanecountyil.gov) by February 28, 2023 with the subject line: “Smoking Cessation Proposal”

For further information contact The Kane County Tobacco Control & Prevention Program by email at: [kanequits@kanecountyil.gov](mailto:kanequits@kanecountyil.gov)

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**Tobacco Cessation Services Proposal**

Contact Information

Organization Click or tap here to enter text.

Contact name Click or tap here to enter text.

Title Click or tap here to enter text.

Phone Click or tap here to enter text.

Email Click or tap here to enter text.

Postal address Click or tap here to enter text.

1. Is the individual named above the person to lead the program in your organization?

Yes

No

2. Does your organization currently offer smoking/vaping cessation services? If yes, please describe.   
 Yes

No

Click or tap here to enter text.

3. Who will be providing direct patient contact, conducting brief tobacco interventions, and referring to the Illinois Tobacco Quitline?

Click or tap here to enter text.

4. How will you communicate the availability of tobacco cessation resources to those who provide direct patient contact in your organization?

Click or tap here to enter text.

5. How will you promote the availability of tobacco cessation resources and the Illinois Tobacco Quitline to your community partners and the public?

Click or tap here to enter text.

**Signatures**

Applicant

Name: Click or tap here to enter text.

Signature: 

Role: Click or tap here to enter text.

Date: Click or tap here to enter text.

Organizational Leadership (if different from applicant)

Name: Click or tap here to enter text.

Signature: 

Role: Click or tap here to enter text.

Date: Click or tap here to enter text.