

## Q&A

Under Proposal Response Format, Proposed Budget, you require we use the CDC federal budget template at <http://www.cdc.gov/hiv/pdf/ps15-1509-budget-preparation-guidelines.pdf> however that link takes us to an error page.

Please use the following link:

[https://www.cdc.gov/healthyyouth/fundedpartners/pdf/budget\\_guidelines.pdf](https://www.cdc.gov/healthyyouth/fundedpartners/pdf/budget_guidelines.pdf)

### Hours of Operation

Required hours of operation are listed as 6am-midnight Monday through Sunday. To better determine staffing estimates, what is average call volume by hour (if available)?

**We do not have this information available.**

### Volume

Anticipated volume is listed as 1500 calls and 200 Web registrations per month. Does the anticipated call volume reflect unique tobacco users or all calls into the quitline per month? If the anticipated call volume reflects all calls, what is the estimated number of unique tobacco users served per month?

**This number reflects the unique tobacco users**

### Staffing

Live call answer rate requirements are listed at 90% of all direct calls must be answered in 30 seconds. Is there flexibility in this requirement during national media campaigns (i.e., CDC Tips)?

**YES**

### Fax Referral-initiated Counseling

What is the anticipated number of fax referrals received by the quitline per month? Is the anticipated number of referrals included in the 1500 call estimate in section 4. Volume?

**YES**

## Nicotine Replacement Therapy

The RFA states that the Quitline provider will provide a two week supply of NRT to eligible users. The RFA then states that the eligible users may receive up to eight weeks of NRT within a one-year period. Are eligible users defined as those who are enrolled in the multi-call counseling program or are callers who opt for a one-time intervention also eligible for a two week supply of NRT?

**See Nicotine Replacement Therapy (#9) in the RFA: ADPH will provide funding to provider up to \$146,000 for NRT patches to eligible users are those who are enrolled in the multi-call counseling**

## Support Material Development

Does the State require separate quit kits for the priority populations included in the RFA or is one quit kit with tailored messages to various priority populations acceptable?

**See Support Material Development (#10) in the RFA: There can be one quit kit that should be tailored for priority populations.**