



South Dakota Tobacco Control Program
Capacity Building
Mini Grant Application
2013

(Please type)

Coalition Name: _____

Agency: _____

Grant Facilitator Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: () - _____

Fax Number: () - _____

Email: _____

APPLICATION DEADLINE: January 18, 2013 @ 5 PM CENTRAL

Coalitions that are awarded the *Capacity Building* mini grant funding will be asked to participate in a series of training webinars, technical assistance calls, and a half-day training event that will be held in Pierre, SD on Tuesday, March 5th, 2013. Applicants are expected to agree to the items below in order to be considered eligible for the mini grant funding. Please verify understanding by initialing beside each item (initials of personnel authorized to submit application) and sign below. ***Funding is available on a first come first serve basis.***

- _____ Ensure grant funds will be used for costs related to grant facilitator stipend, community education, and community engagement, as indicated above.

- _____ Agree to participate in five training webinars, as well as three technical assistance calls, throughout the duration of the mini grant period. Training will focus on identifying and implementing evidence-based strategies to address local tobacco prevention and control needs, as well as building and maintaining strong community alliances.

- _____ Agree to participate in the half-day technical assistance and training event that will take place in Pierre, SD on Tuesday, March 5, 2013, from 8:00-12:00. This hands-on workshop will provide attendees with the tools needed to assist their local coalitions in reaching its fullest potential. Reimbursement to cover the cost of attending will be available to attendees and will be provided separately from this grant.

- _____ Agree to participate in surveys to determine participant training needs, goals, and successes.

- _____ Agree to complete a brief report at the end of the grant period demonstrating how funds were spent.

- _____ Agree to collaborate with Regional Tobacco Prevention Coordinator to develop a timely plan to engage key stakeholders and community groups in your efforts.

- _____ Ensure mini grant funds will be expended by October 31, 2013.

Grant Facilitator: (please print) _____ Phone: _____

Facilitator Signature: _____ Date: _____

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