



**2012-2013
South Dakota Tobacco Control Program
Community/School Partnership Grant
Grant Application Worksheet
September 17, 2012**

(Please type)

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APPLICATION DEADLINE: OCTOBER 15, 2012 @ 5 PM CENTRAL TIME

Submit completed application to DOH.info@state.sd.us

II. Application Narrative

- a. Need** Describe the need in your community for proposed activities. Include supporting data as appropriate (limit one page).

In this section include information about why your community and school need the grant funds. Include data if it is available. The county health rankings website included in on the resource sheet has county level data for most South Dakota counties. If your school district or community collects data regarding tobacco use, include it here as well.

b. Objectives and Activities

Using the checklist below, indicate which strategy/strategies you propose to implement in your 2012-2013 workplan.

Goal Area 1: Implement evidence-based strategies to prevent tobacco use.						
Strategies:	Proposed Supporting Activity/Activities	Lead Person(s) Responsible	Timeframe			
			Q1	Q2	Q3	Q4
<input checked="" type="checkbox"/> 1. A Implement and/or promote one or more tobacco-free policies. <input checked="" type="checkbox"/> Implement and/or promote comprehensive tobacco-free k-12 school policies. <input type="checkbox"/> Implement and/or promote tobacco-free post-secondary campus policies. <input type="checkbox"/> Implement and/or promote tobacco-free policies for youth-serving organizations. REQUIRED STRATEGY	Review current school policy. Revise and update school tobacco free policy Send out notices in newspaper of the changes in the policy. Purchase and post signage.	Dr. Smith	x	x	x	
<input type="checkbox"/> 1. B Implement school and community based youth prevention activities. OPTIONAL STRATEGY						

<input type="checkbox"/> 1. C Implement evidence-based tobacco prevention curriculum. <input type="checkbox"/> Implement evidence-based tobacco prevention curriculum in schools. <input type="checkbox"/> Implement evidence-based tobacco prevention curriculum in other youth-orientated settings. OPTIONAL STRATEGY						
<input checked="" type="checkbox"/> 1. D Involve youth in planning and implementation of partnership activities. REQUIRED STRATEGY	Contact student leaders and find students interested in being on our coalition. Ensure youth is involved with all planning and implementation of activities	Mr. Williams	x			
<input type="checkbox"/> 1. E Reduce the number of exposures to tobacco use, tobacco advertising, and second hand smoke depictions by increasing the number of parent organizations, schools, health groups and others, that promote, adopt, and implement comprehensive tobacco free policies. OPTIONAL STRATEGY						
<input type="checkbox"/> 1. F Other evidence-based youth initiation strategy: OPTIONAL STRATEGY						

Goal Area 2: Implement evidence-based strategies to promote cessation.						
Strategies:	Proposed Supporting Activity/Activities	Lead Person(s) Responsible	Timeframe			
			Q1	Q2	Q3	Q4
<input checked="" type="checkbox"/> 2. A Partner with businesses, community groups, and other organizations to educate populations about the South Dakota QuitLine and the availability of other cessation resources. REQUIRED STRATEGY	Purchase materials for Quit Kits. Assemble Quit Kits and provide at coordinated Great American Smokeout event. Implement Not On Tobacco youth cessation curriculum within local school district.	Mrs. Jones	x			x
<input type="checkbox"/> 2. B Advocate for the adoption of the <i>US Public Health Service's Clinical Practice Guidelines For Treating Tobacco Use And Dependence</i> with local providers and health systems. OPTIONAL STRATEGY						
<input type="checkbox"/> 2. C Increase the proportion of schools or school districts that support evidence-based cessation interventions for students and staff who use tobacco. If already implemented please explain what cessation intervention you are currently using. OPTIONAL STRATEGY						

<input type="checkbox"/> 2. D Increase the proportion of independent and chain pharmacy stores with a voluntary policy not to sell tobacco products. OPTIONAL STRATEGY						
<input type="checkbox"/> 2. E Other evidence-based cessation strategy: OPTIONAL STRATEGY						

Goal Area 3: Implement evidence-based strategies to reduce exposure to secondhand smoke.						
Strategies:	Proposed Supporting Activity/Activities	Lead Person(s) Responsible	Timeframe			
			Q1	Q2	Q3	Q4
<input type="checkbox"/> 3. A Increase the number of worksites with a comprehensive tobacco-free buildings and grounds policy. OPTIONAL STRATEGY						
<input checked="" type="checkbox"/> 3. B Increase one or more types of outdoor venues where tobacco use is prohibited. <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Promote and implement tobacco-free parks. <input type="checkbox"/> Promote and implement tobacco-free schools and campuses. <input type="checkbox"/> Promote and implement tobacco free 	Assess tobacco policy with local parks. Work with local officials to pass tobacco-free parks policy. Post signage.	Mr. Bear		x	x	

<p>policies for other outdoor entertainment (sporting events, rodeo, concerts, etc.)</p> <p>REQUIRED STRATEGY</p>						
<p><input type="checkbox"/> 3. C Promote and implement smoke-free multi-unit housing.</p> <p>OPTIONAL STRATEGY</p>						
<p><input type="checkbox"/> 3. D Other evidence-based secondhand smoke strategy.</p> <p>OPTIONAL STRATEGY</p>						

Goal Area 4: Build community public health infrastructure						
Strategies:	Proposed Supporting Activity/Activities	Lead Person(s) Responsible	Timeframe			
			Q1	Q2	Q3	Q4
<p><input type="checkbox"/> 4. A Conduct a community health needs assessment.</p> <p>OPTIONAL STRATEGY</p>						

c. Capacity

Describe your organization's ability to carry out activities. Include a list of your local group's active membership and/or current community partners. Applicants must demonstrate ability to bring together stakeholders to support proposed activities (limit two pages).

Submit policies, budget and letters of support separately using the appropriate format.

III. Policy

IV. Budget

V. Letter of Support

Acknowledgement:

By signing below parties declare and affirm that they agree to the grant requirements and that the information submitted in this application is to the best of their knowledge true and correct.

Grant Facilitator Signature

Fiscal Agent

Date:_____

Date:_____