



**2014-2015
South Dakota Tobacco Control Program
Community/School Partnership Grant
Grant Application Worksheet
September 15, 2014**

(Please type)

Grant Facilitator: Jo Ann Sample

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Fiscal Agent: Anytown Community School District

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APPLICATION DEADLINE: OCTOBER 10, 2014 @ 5 PM CENTRAL TIME

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

II. Application Narrative

a. Need

Describe the need in your community. Include supporting data as appropriate. Explain reasons for proposed activities (limit 2 pages).

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. Capacity

Describe your organization's ability to carry out activities. Include a list of your local group's active members. Include their rolls in the coalition. Include a list of your current community partners. Applicants must demonstrate ability to bring together stakeholders to support proposed activities (limit 2 pages).

Be sure to describe your coalition, the members and their roles. Describe your experience in Tobacco Prevention work and experience the coalition has in work with policy change.

c. Objectives and Activities

Using the checklist below, indicate which strategy/strategies you propose to implement in your 2013-2014 workplan.

Goal Area 1: Prevent initiation among youth and young adults.						
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"/> Support an increase in the number of K-12 institutions, including tribal Institutions with 24/7 building and grounds policies. <input type="checkbox"/> Support an increase in the number of post-secondary institutions, including tribal institutions with 24/7 tobacco-free buildings and grounds policies. 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 Mrs. Jones Mr. Bear	X	X	X	
<input type="checkbox"/> 1. B Implement school and community based youth prevention activities. OPTIONAL STRATEGY						
<input checked="" type="checkbox"/> 1. C Implement evidence-based tobacco prevention curriculum. OPTIONAL STRATEGY	Implement LifeSkills curriculum in grades 6-8 in "Anytown" School District.	Mrs. Jones	X	X		X

Goal Area 2: Promote quitting among adults and youth.						
Strategies:	Proposed Supporting Activity/Activities	Lead Person(s) Responsible	Timeframe			
			Q1	Q2	Q3	Q4
<input checked="" type="checkbox"/> 2. A Encourage delivery of evidence-based cessation advice by health care providers. OPTIONAL STRATEGY	Send out a mailing to healthcare systems and dental offices to encourage the use of the SD QuitLine and educate on the free resources that are available for their use.	Dr. Jones	X			
<input checked="" type="checkbox"/> 2. B Implement strategies to increase awareness of the dangers of tobacco use, promote quitting and change social norms related to tobacco use. REQUIRED STRATEGY	Partner with schools and local organizations to promote the South Dakota QuitLine. Implement Not On Tobacco youth cessation curriculum within local school district.	Dr. Smith Mr. Bear			X	X

Goal Area 3: Eliminate Exposure to Secondhand Smoke						
Strategies:	Proposed Supporting Activity/Activities	Lead Person(s) Responsible	Timeframe			
			Q1	Q2	Q3	Q4
<input type="checkbox"/> 3. A Promote the implementation of Multi Unit housing policies. OPTIONAL STRATEGY						
<input type="checkbox"/> 3. B Support an increase in the number of commercial tobacco free tribal government properties. OPTIONAL STRATEGY						
<input checked="" type="checkbox"/> 3. C Advocate for tobacco-free environments. REQUIRED STRATEGY	<p>Assess tobacco policy with local parks.</p> <p>Work with local officials to pass tobacco-free parks policy.</p> <p>Post signage.</p>	<p>Mr. Bear</p> <p>Mrs. Jones</p> <p>Mrs. Smith</p>		x	x	
<input type="checkbox"/> 3. D Support the implementation of tobacco free parks and outdoor areas ordinances. OPTIONAL STRATEGY						

Goal Area 4: Identify and eliminate tobacco-related disparities among population groups.

REQUIRED: Select at least one strategy below and include at least one activity to work on that is specific to a Priority Population which include: Youth and Young Adults, American Indians, Pregnant Women, Medicaid Clients, Spit Tobacco Users, and Mental Health and Substance Abuse.

Strategies:	Proposed Supporting Activity/Activities	Lead Person(s) Responsible	Timeframe			
			Q1	Q2	Q3	Q4
<input type="checkbox"/> 4. A Implement strategies to increase awareness of the dangers of tobacco use, promote quitting and change social norms related to tobacco use.						
<input type="checkbox"/> 4. B Encourage delivery of evidence-based cessation advice by health care providers.						
<input checked="" type="checkbox"/> 4. C Advocate for tobacco free environments.	Work closely with tribal partners, utilizing the SD Community Tribal Tobacco Policy Toolkit, to advocate for tobacco-free environments	Mr. Bear				

Please check here, if your coalition is interested in conducting a *South Dakota Good & Healthy Community Health Needs Assessment*.

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

III. Policy

IV. Budget

V. Letters 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 Signature

Date: _____

Date: _____