

Kent County Health Department

Comprehensive Tobacco Use Prevention & Cessation Program



Fiscal Year 2009

Cigarette Restitution Fund

Tobacco Grant Application

Guidelines For CRFP Tobacco Grants

The Kent County Health Department's Tobacco Use Prevention and Cessation Program is currently accepting applications for our Cigarette Restitution Fund Tobacco Grant. The purpose of the grant program is to encourage community involvement in tobacco cessation and prevention in Kent County. All local community groups, churches, civic organizations or other organizations are encouraged to apply.

The following list offers a few examples of activities that your group can undertake. You can choose to build on the examples or develop your own activities. For the purpose of this grant, choose activities that will have an impact in the community by helping to reduce tobacco use, initiation, or exposure to secondhand smoke.

Example Activities:

- ✓ Distribute anti-tobacco material at a school, community, or sporting event.
- ✓ Have an anti-tobacco poster, poem or rap song contest.
- ✓ Hold a Tobacco Free Dance or Activity and have a DJ make anti-tobacco announcements.
- ✓ Provide youth with an activity that does not include tobacco, alcohol or drugs: Hold an ice cream social or some other youth oriented event. Advertise it as a tobacco free event.
- ✓ Set up a table at a highly publicized local event, like a health fair or community yard sale, to display anti-tobacco literature and material.

If you are interested in helping to decrease the problems related to tobacco in the community, and are willing to submit a short written grant application, please contact the Kent County Health Department Tobacco Prevention Program at 410 -778-1350, extension 2238. Assistance in writing the grant can be provided by the Kent County Health Department staff.

Grant applications will be considered based on the effectiveness of the grant activities outlined as determined by the grant activities, number of people reached by those activities, etc... This is a competitive grant opportunity. Grant applications will also be awarded on a rolling basis until all available funds have been expended.

Sincerely,

Robin Newnam, RN
CRF Tobacco Coordinator

**Kent County Health Department
CRF Tobacco Grant**

Program Requirements:

A) Submit Cover page (See Attachment A) which should include name of organization, contact person(s), contact information including address, phone number, cell phone number, email address, Federal Tax ID number, and Program name.

B) Application goals and objectives should target specific minority groups such as: African Americans, Hispanic/ Latino Americans, Asian Americans, Native Americans, Women and children, where various health disparities exist within these target populations. (See attachment B).

C) Submit a Tobacco Action Plan containing program goals/objectives, staff, and proposed activities that target specific groups (minorities, youth, adult women, etc...) Please provide a description of the plan in narrative format and submit the objectives in a table format. (See attachment C.)

D) Applicants must include in the program narrative the following:

- ✓ Need for the program
- ✓ Program activities
- ✓ Target participants and number of participants
- ✓ Location(s) of activities
- ✓ Describe your organization's history of providing direct services to high-risk populations
- ✓ Staff to carry out activities
- ✓ Capability of the organization: Briefly describe your organization and explain the organization's ability to carry out the program, handle grant funds, and report regularly on progress.

E) Implement the Tobacco Action Plan completing all proposed activities to meet the program objectives and maintain documentation of all activities and results.

F) Submit a Tobacco Budget and narrative (see attachment D).

G) Complete and submit progress reports that describes activities conducted during the period of the report. (See Attachment F).

H) Complete the Budget Narrative and Justification.

I.) Submit copies of receipts with the Progress report within 30 days after the program/event is complete.

CRF Tobacco Grant Evaluation Criteria

Applications will be reviewed and evaluated using the criteria below. Kent County Health Department reserves the right to reject any and all bids. Following the review process, all applicants will be notified of their application status.

Review Criteria

Complete Application	10 points
Project goals and objectives -Objectives/goals support purpose of funding -Reflects what target population will gain from activity	20 points
Scope of project/activity -Number of population to be reached -Detailed plans to reach target population	20 points
Outcome and Evaluation measures -Attainable performance measures -Evaluation strategies	20 points
Project Budget -Detailed budget forms and narrative -Reasonable and organized fiscal plan	20 points
Organizational capacity -Capacity of organization to achieve objectives in required timeframes -Ability to promote action	10 points

Total equals a possible 100 points.

**Kent County Health Department
CRFP TOBACCO
GRANT APPLICATION PROPOSAL**

(A) COVER SHEET

Name of Organization: _____

Contact Person: _____

Address: _____

Telephone Number: _____

Cell Phone Number: _____

Email Address: _____

Federal Tax ID Number: _____

Name of Proposed Program: _____

Proposer's Signature

Date

Submit To:

Kent County Health Department
Health Promotion & Wellness Program
C/O Robin Newnam, RN
125 South Lynchburg Street
Chestertown, MD 21620

**CRFP TOBACCO
GRANT APPLICATION**

(B) PROGRAM NARRATIVE

1. **NEED FOR THE PROGRAM:** Describe why your community needs this program. Use data if available to support your program.

2. **PROGRAM DESIGN:** Describe the program for which you want funding.

A. Activities:

B. Target participants:

C. Date program will begin and end:

D. Location activities to be held:

E. Describe your organization's history of providing direct services to high-risk populations:

3. **STAFF:** Who will carry out the program?

4. **CAPABILITY OF THE ORGANIZATION:** Briefly describe your organization and explain the organization's ability to carry out the program, handle grant funds, and report regularly on progress.

**Kent County Health Department
C) Sample Action Plan**

Objectives	Assigned Staff	Activities to Meet objectives	Target Population	Performance Measures
<i>Sample: To educate youth on tobacco prevention</i>	<i>Judy Smith Jane Miller Howard Jones</i>	<i>Provide each youth with a printed flyer with tobacco prevention information</i>	<i>Youth</i>	<i>Number of youth educated on not using tobacco</i>

**Cigarette Restitution Fund Tobacco Budget
D) FY 2009**

Vendor Name _____ Proposed Award Amount \$ _____
 Vendor Address _____ Phone Number _____
 City/State/ZIP _____
 Signature of Vendor _____

Line Item	Amount Requested	Narrative Justification
Salary/Special Payments		
Rental		
Consultant		
Equipment		
Food		
Rent		
Incentives		
Office Supplies		
Transportation/Travel		
Repairs		
Postage		
Printing/Duplication		
Staff Development		
Training		
Client Activities		
Advertising		
Other		

 Signature of Approval by Grantor
 (explanation of line items-next page)

 Date

Narrative Budget
Explanation of Line items

Line item

Salary/Special Payments

Personnel costs (salaries) requested from CRFP funds. Must be listed specifically by person including hourly rate charged and expected hours charged to grant. To include:

Job title or classification	Hours per week/total hours
Name of person filling position	CRFP funded salary
Type of service	Total salary

Rental fees

Facility fees can be charged to use another's space (for example: Holiday Inn). Cannot charge rental of own space. If a program is held in your business or facility, place of business is considered in-kind funding and should not be requested as part of your grant money.

Consultant fees

Personnel costs (salaries) for consultant fees, speaker fees, etc... requested from CRFP funds.

Equipment

Equipment rentals, equipment, computer equipment and office equipment costs.

Food

Costs of food, drink and supplies may be requested from CRFP funds.

Rent

Facility fees can be charged to use another's space (for example Holiday Inn). Cannot charge for rental of own space.

Incentives

Any costs of imprinted incentives, supplies, etc... may be requested through this line item. Costs of incentives cannot account for 100% of amount awarded.

Office Supplies

Any office supplies needed (copier paper, printer cartridges, etc...) for the CRFP Grant activities may be requested.

Transportation/Travel

Any transportation costs/travel required may be requested from CRFP grant funds.

Narrative Budget
Explanation of Line items (continued)

Line Item

Repairs

Any type of repairs necessary. Please be specific when requesting funds.

Postage

Any postage costs of mailings for CRF Grant activities may be requested from CRFP Grant funds.

Printing/Duplication

Any printing or duplication of flyers, literature, etc... may be requested from CRFP Grant funds.

Staff Development

Any education required for staff to complete in order to meet the Grant requirements.

Trainings

Costs of trainings, etc...

Client Activities

Any costs of activities, supplies for games, educational requirements, etc...

Advertising

Any costs of advertising program or event information through local media.

Other

Any costs of supplies, etc... may be requested through this line item. Must be specific in listing what other is and how much there will be. Only to be used if request do not fit into already existing line items.

CRFP Tobacco Grant Budget Narrative and Justification

Please provide specific details for each budget line item that has funds listed in that line.
(This should include how and what the funds will be used for.)

**Kent County Health Department
CRF TOBACCO PREVENTION
GRANT APPLICATION**

(E) MEMORANDUM OF UNDERSTANDING

This agreement is entered into on _____, between the Kent County Health Department (Grantor) and _____ (Grantee). The grant award of \$_____ is to implement the proposed CRF Tobacco Prevention Program.

The Grantor Agrees To:

- 1) Periodically monitor the Grantee to assure that services are being provided to the target population and that funds are being spent for the prescribed purpose.
- 2) Provide technical assistance for evaluating the program.

The Grantee Agrees To:

- 1) Cooperate with monitoring visits from the Grantor.
- 2) Maintain books, records, documents and other evidence and shall adopt accounting procedures and practices that sufficiently and properly reflect all direct and indirect costs of any nature expended in the course of this agreement. These books, records, documents and other evidence shall be available for inspection. If review reveals that funds are not expended within the limits of the approved budget or modifications, it is understood that restitution of monies found to be in violation of this agreement shall be made to the Department of Health and Mental Hygiene (DHMH).
- 3) Submit all required financial forms and reports to the Grantor in a timely fashion.
- 4) Assist the Grantor in the evaluation process.

The Grantor and the Grantee Mutually Agree:

- 1) That this award is subject to the requirements and conditions set forth in the DHMH Human Services Agreements Manual.
- 2) That this award is based upon estimated levels of State and/or Federal funding. If the actual allocations differ significantly from the current estimates, the grant award will be adjusted accordingly, and services may be curtailed accordingly.

ATTEST:

For the Grantor:

For the Grantee:

Date

**CRFP TOBACCO GRANT PROGRAM
(F) PROGRAM EVALUATION FORM**

In this section, evaluate and describe the program. Limit your program narrative to one page and return to KCHD along with completed 440 and copies of receipts.

1. Response to the program. Describe your community response to this program. You may use comments or a form completed by the participants.

2. Program implemented. Describe the following components of your program.

A. Activities:

B. Participants (number of youth, number of adults, etc...):

C. Date(s) program began and ended:

D. Location of Program(s):

3. Staff. List your organization's staff who carried out the program.

3. Comments of the Organization. Briefly describe your organization comments concerning their participation in the Tobacco Prevention Mini Grant Programs.
