

**GRANT GUIDELINES  
FOR ALL  
REQUESTS FOR PROPOSALS (RFPS)  
AND  
MEMORANDUMS OF UNDERSTANDING (MOU'S)**

**TOBACCO SECTION - HCCTCC**  
**HARFORD COUNTY HEALTH DEPARTMENT**

*The Harford County Cancer & Tobacco Community Coalition (HCCTCC) and the Harford County Health Department (HCHD) are seeking proposals for the provision of services described herein. This request is part of a competitive bidding process in accordance with HCHD procurement procedures and is subject to all rules, regulations, and provisions thereof. Women and minority business enterprises are encouraged to respond to this solicitation notice.*

**Purpose of Document**

This document is provided to assist organizations in preparing their applications for funding of Cigarette Restitution Fund (CRF) projects to be completed in FY2005 (7/1/04 - 6/30/05).

**Background of Program**

Senate Bill 896 and House Bill 1425<sup>1</sup> were signed into law on April 25, 2000, creating the CRF to oversee and implement the goals of conquering cancer and ending smoking. The funding of \$1 billion to be allocated over ten years, was the result of a 48 state settlement with the tobacco industry. The program is coordinated by the Cigarette Restitution Fund Program at the Maryland Department of Health and Mental Hygiene (DHMH).

At the local health department level, funding is provided for programs to be conducted in four components: community based, school based, enforcement, and cessation. A prescribed percentage of the funding is allocated to be spent in each component.<sup>2</sup> Since CRF funding began in 2000, annual awards have decreased every year; the program has never been fully funded at recommended levels of \$30 million a year. For example, in Harford County the FY04 grant award was \$70,000 less than FY03. In FY05, Harford County's award will be an additional \$55,000 less than in FY04. The reduction in awards makes program decisions even more critical than ever.

The bills also mandated that a local coalition representing the community be established. In the fall of 2000, the HCCTCC was formed by the Health Officer to serve as the planning and advisory board for the CRF programming of the HCHD. The Coalition has two sections, Cancer and Tobacco, both of which are facilitated by Coalition Coordinators. Ruth

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<sup>1</sup> Senate Bill 896 and House Bill 1425, Maryland State Legislature, April 25, 2000.

<sup>2</sup> Maryland General Health Article 13-1001 - 13-1014

Maiorana, Director of Health Education & Planning, is Program Manager for Tobacco Section initiatives and will administer the projects outlined in this package.

### **Purpose of Funding**

The purpose of the funding is to reduce, eliminate, and prevent tobacco use and the morbidity and mortality caused by tobacco use in Harford County. Programs must address the needs of minorities living in the county in an effort to reduce health disparities caused by tobacco use. The minorities, or priority populations, specifically targeted by CRF programs are women, medically underserved, pregnant women, rural populations, African Americans, Asian Americans, Hispanics/Latinos, and Native Americans.

Long-term objectives of this ten year program were outlined in FY 2001 (Appendix A). The objectives guide the project towards achieving the overarching goal of reducing both youth and adult tobacco use in Harford County by 50% by 2010.

In FY2005, the Health Department is seeking to fund organizations in three separate funding categories:

1. Community Based Grants
2. Special Opportunity Mini-Grants
3. Tobacco Education Training Fund

### **Scope of Tobacco Use In Harford County**

According to the 2001 Baseline Tobacco Study<sup>3</sup>, 26% of Harford County youth and 23% of adults use tobacco products. For youth, 21% smoke cigarettes and 5% use smokeless tobacco compared to 18% of adults that smoke cigarettes and 1.5% who use smokeless tobacco products. The report also indicated that in 2000, 13% of the women who gave birth reported that they smoked while pregnant. Also in Harford County, 45% of youth in grades 6 - 12 live in households in which one or more other individuals smoke cigarettes.

A follow-up study was done in 2003<sup>4</sup> to compare the baseline results from 2001 with the current survey findings. The study showed that tobacco use by both youth and adults in Harford County had decreased. The 2003 study found that 19% of county youth and 21% of adults use tobacco products. For youth, 13% smoke cigarettes and 3% use smokeless tobacco compared to 14% of adults that smoke cigarettes and 1.4% who use smokeless tobacco products. The 2003 report also showed that 12% of pregnant women reported smoking while they were pregnant. Also in Harford County, 30% of youth in grades 6-12 live in households in which one or more individuals smoke cigarettes. Harford County has made some significant reductions in smoking rates in the past three years but programming still needs to be done in order to achieve our 2010 goal of reducing smoking in adults and youth by 50% of the baseline data.

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<sup>3</sup> Baseline Tobacco Study, Maryland Department of Health and Mental Hygiene, February 8, 2001.

<sup>4</sup> Monitoring Changing Tobacco Use Behaviors in Maryland, September 2003.

## **Tobacco Resources**

There are many credible tobacco resources available for statistics and other tobacco information related to both youth and adults. Here is a just a short list of available resources:

Monitoring Changing Tobacco Use Behaviors in Maryland: A Report on the Fiscal Year 2001 and 2003 Maryland Tobacco Surveys: <http://www.fha.state.md/crfp/html/stats.cfm>

Health Disparities Website: <http://www.dhmh.state.md.us/hd/>

Maryland Comprehensive Cancer Control Plan, 2004-2008, CDC and DHMH:  
[www.marylandcancerplan.org](http://www.marylandcancerplan.org)

Payment Inquiry System: <http://compnet.comp.state.md.us/gad> and click on One Stop Vendor Payment Inquiry

smokefreemd.org

smokingstopshere.com

tobaccofreekids.org

## **Selection of RFP Projects**

HCCTCC members meet throughout the grant year to discuss current projects and plan for future programs. In a typical grant year, HCCTCC members work in three subcommittees, School Based, Community Based, and Enforcement/Cessation, to outline project ideas for the upcoming grant year. However, with the reported results from the most current Tobacco Survey distributed, the HCCTCC members were able to reflect on the data from the Baseline Survey and compare it to the most recent data. Because of the availability of this data, the subcommittees were not utilized for the FY04 grant year.

HCCTCC members received feedback forms which asked them to look at the past and current data and suggest areas and programs that the coalition should focus on for FY05. The resulting list of projects was shared with the coalition as a whole for final comment. These projects were then written into the Harford County CRF grant and submitted and approved by the Health Officer and then DHMH.

The projects released for RFP are by no means the only projects that will be conducted by Harford County under the CRF program. Additional projects are being conducted in other areas such as the Harford County Public School System and Harford Community College. In addition, the Health Department is responsible for all administrative functions as well as administration of the enforcement and cessation projects and the HCCTCC.

Overall, the CRFP received a reduction in funding. In addition, funds were re-allocated from larger metropolitan counties in order to better fund smaller counties. As a result, Harford

County will receive a reduction of funding for FY2005 of \$55,000. The county has strived to maintain maximum amount of funding possible for grants to the community while still meeting other performance requirements from the state.

### **Period of Grant Award**

Successful grantees will be awarded funds for the fiscal year 2005 which begins July 1, 2004 and ends June 30, 2005. All projects must be implemented and completed during this period and all funds either spent or returned. Any funds not spent will be returned to DHMH and the CRF Program.

### **Grant Submission & Review Process**

*For Community Based Grants ONLY:*

All grants are due to the Health Education & Planning Division on **Monday, August 2, 2004 by 4p.m.** All grants must be received by the Health Education and Planning office by that date and time. Grant applications will not be accepted after 4 p.m. on August 2nd. *No exceptions will be made.* No telegraphic or facsimile proposals will be accepted. It is the full responsibility of the applicant to ensure that the proposal is received on time. The HCHD is not responsible for failure of a public or private carrier to promptly deliver proposal documents.

Submit original and six (6) copies of all materials. Narrative and Budget must be kept separate in the submission package. Place original and all copies of Narrative in one envelope, seal, and label "Narrative" and place the original and all copies of the Budget Section in a separate envelope, seal, and label "Budget". Submit any attachments with Narrative. Submit entire application in one package (no binders please) that is clearly marked "CRF Application" with all contact information, title of project, and RFP category ("Community Based") you are applying for. Upon receipt of your application, you will be sent or given a letter of confirmation. If you plan to hand deliver your application, for your protection, please deliver it directly to the Health Education office. Applications left with the front desk will not be accepted. You will sign for your application and be given a receipt in return. Address all applications to:

Ruth Maiorana, Director  
Health Education & Planning Division  
Program Manager, Tobacco Section  
Harford County Health Department  
119 Hays Street  
Bel Air, MD 21014

All Community Based grants will be reviewed by the Grant Review Committee in August. This Committee includes Health Department staff and other Coalition members. Coalition members with organizations who are also applying for funds, or who have a conflict of

interest with one or more of the applicants, will not be permitted to serve on the Review Committee.

Each section of the grant will be reviewed for completeness using a rating system and points. *See Appendix G for Evaluation Criteria.* Grants that do not meet the minimum requirements of the review process will not be considered. The Health Department reserves the right to reject any and all bids. All applicants will be notified in writing of their status. *Please do not call the office to check on the status of your grant during this time.*

Following the review process, meetings will take place with potential vendors to review grant contracts and reporting documents.

*For Special Opportunity Mini-Grants ONLY:*

Applications for funding of Special Opportunity Mini-Grants may be submitted to the Health Department at any time between 7/01/04 and 4/1/05 or until funding runs out. Grant applications will not be accepted after April 1, 2005.

Submit the application at least one month prior to the event or activity start date to allow for adequate review and processing time.

It is the full responsibility of the applicant to ensure that the proposal is received on time. The Health Department is not responsible for failure of a public or private carrier to deliver proposal documents.

Applications may be delivered or mailed to the Health Education and Planning Division. Address all applications to:

Andrea Rush  
Tobacco Section Coalition Coordinator  
Harford County Health Department  
119 Hays Street  
Bel Air, MD 21014

Submit original and three (3) copies of all materials. Label envelope “Special Opportunity Mini-Grant”. Upon receipt of your application, you will be given a letter of confirmation. If you plan to deliver your application, for your protection please deliver it directly to the Health Education office. Applications left at the front desk will not be accepted. You will sign for your application and be given a receipt in return.

Grants will be reviewed by the Health Department and be evaluated using the criteria outlined in Appendix G. Grants that do not meet the minimum requirements for the review process will not be considered. The Health Department reserves the right to reject any and all bids.

Following the review process, all applicants will be notified of their grant status. *Please do not call the office to check on the status of your grant.* Every effort will be made to review your application as quickly as possible to expedite funding awards for eligible programs.

*For School Based Grants, see Appendix E for Guidelines.*

### **Awarding of Funds**

Each successful applicant will enter into a contractual agreement with the Harford County Health Department for the grant period. All paperwork must be completed and approved before any disbursement of funds. Immediately following the approval, the paperwork will be processed for distribution of funds, generally taking 10 days.

Vendors who do not demonstrate the ability to complete the approved projects or to efficiently manage the funds, may not be eligible for future funding. In addition, a previous award does not automatically qualify or disqualify an applicant for the current or future grant periods.

#### *Community Based Grants:*

Awardees will receive a portion or half of their funds to begin work. Upon submission and favorable review of mid-cycle report (per guidelines provided with contracts), awardees will submit to draw down the remainder of the funds. Timing of funding disbursements will be determined by the project activities and organization performance.

In late winter or early spring, awardees will be asked to submit a brief budgetary report to HCHD, outlining ability and plans to spend the entire allocation or if an adjustment will be needed. This will enable the HCHD to know in advance if additional funds will be available for further allocation well before the end of the fiscal year.

#### *Special Opportunity Mini-Grants:*

Awardees will be given the full funding disbursement at the beginning of the project, also within a 10 day time period for processing of the required paper work.

### **General Requirements of Funded Groups and Organizations**

All Grant Recipients should:

- participate in the HCCTCC Tobacco Section meetings,
- participate, wherever possible, in CRF or HCCTCC supported events, such as workshops, trainings, and events such as the Great American Smokeout, Kick Butts Day, World No Tobacco Day, etc.,
- refer patients, clients, participants, or other community members, to other county resources related to this project,
- Include reference to HCCTCC, HCHD, and CRF on any and all materials produced or distributed related to this project and give credit for funding in other appropriate materials to increase public awareness of CRF projects in the community and the source of those funds,
- be available for a scheduled site visit by HCHD staff or any unannounced site visits,

- complete the required paperwork and comply with all deadlines unless alternative terms have been worked out with the Program Manager of this project, and
- provide a presentation on the project to the Coalition upon completion or at other opportunities.

### **Health Department Assistance**

The Program Manager will:

- assign a contact for each of the selected grant recipients for technical assistance related to the project, tobacco issues, or educational materials,
- share information about training and educational opportunities,
- provide assistance to the vendors regarding the grant requirements and budget,
- complete paperwork as timely as reasonably possible, and
- provide networking opportunities, membership in the Coalition, public recognition of funding awards, and support the grant recipients wherever possible.

### **General Grant-writing Guidelines and Conditions**

Narrative:

- All grant applications must describe how the project will reach one or more of the minority groups described in the “Purpose of Funding” section. (Page 1-2)
- Partnering with other groups or organizations is encouraged.
- If the grant applicant is partnering with another organization/group a letter of support for the project must be included with the grant application from the supporting organization.
- Identify any current or potential conflicts of interest related to this project.
- Document sources, date(s) and materials you include in your application in a bibliography following an accepted format. Cross reference all appendices in the application text.
- Utilize the most recent statistics available for Maryland and Harford County such as the 2003 Maryland Adult and Adolescent Tobacco Surveys as well as collected from current or continuing programs. Statistics must demonstrate and describe need and population to be served.
- Anything developed for this project becomes the property of HCHD without further compensation. Copies of any and all materials produced for the project must be submitted with the required reports; originals may be maintained by the organization.
- All services must be provided within Harford County.
- Complete all sections on the worksheet carefully and completely. This will help the reviewers find what they need in order to review the grant. Provide enough detail so that the reviewer will understand what you plan to do. Be candid in your narrative about ability and plans.
- Demographic information must be collected and reported. (Form to be provided to grant recipients with contract).
- Evaluation of program must be included in all projects.

Budget:

- All Tobacco Prevention and Cessation services provided under this grant must be offered with no charge. Per DHMH, these services are non-chargeable. No provider or vendor may deviate from this without an approved waiver for each specific service.
- Donations may be accepted but must be documented and offset on budget forms. Any income received reduces the award.
- Grant funds may not be used to supplant or replace currently funded activities and will be strictly prohibited. This requirement is subject to audit.
- Funds may not be used to purchase or improve land, or purchase, construct or make any permanent improvements to any building.
- *New in FY05:* In FY05, vendors will not be permitted any indirect charges. Administrative costs in the CRF are defined as costs for accounting and auditing services, financial reporting, procurement, personnel and payroll administration, and building services. Indirect costs are included as a component of administrative costs and are defined as administrative and operational costs shared across programs. These types of charges, if requested, must be direct charges and be clearly supported and explained in budget narrative section.
- Itemize everything that you plan to buy or fund (educational materials, office supplies, services, salaries, equipment, etc.).
- RE: Equipment: purchase of equipment such as computers, will be evaluated on a case-by-case basis by the Review Committee and HCHD. The final decision will be made based on the determination of how integral the equipment requested is in completing the project and whether it is fiscally responsible to the program and to the state. Preference will be given to applicants that show that these kinds of purchases are provided as in-kind services.
- Illustrate what will be paid for by the grant and any in-kind service (include dollar value) or funding paid for by the organization.
- All grant funds must be spent by 6/30/05. This will be strictly adhered to. If there is a balance remaining, all funds must be returned to HCHD, by check made payable to the State of Maryland, by July 1, 2005.
- All applicants will be required to submit the following reports: mid and end-cycle reports with copies of all receipts or invoices, brief statement of status of spending (spring), and any budget modification requests (as needed and before April 1, 2005). **Special Opportunity Mini-Grant Award Recipients will be required to submit a final report only with copies of all receipts and invoices.**
- RE: Budget Modifications: all requests to adjust line items must be made in writing to Program Manager before any changes can be made. A justification of the changes must be included in a letter from the organization on organization letterhead, with a new DHMH form outlining the request. If approved, the awardee will receive written confirmation with the adjusted budget and proposal.
- Staff involved in the delivery of services for the grant may be reimbursed for mileage for the purposes outlined in the grant at the State rate of \$.34 a mile. Documentation of travel and work status must be provided.

- Meal Reimbursement must follow the State rate/person of Breakfast \$8.00, Lunch \$10.00, Dinner \$21.00, or a total of \$39.00/person per day.
- Time sheets and other payroll documentation will be required if the project includes a salary line item.
- All grantees must agree to abide by the terms and conditions of the DHMH Human Services Agreement Manual. [Copy available upon request to the Health Department]. All grantee will receive a copy with their Grant Award.

Target or Priority Populations:

- Cultural Minorities (African-American, Native American, Hispanic & Latino)
- Family
- Faith Based Groups
- Healthcare Providers
- Medically Underserved
- Rural Populations
- Women, Pregnant Women
- Youth/Pre-K

Target Learning Initiatives (including but not limited to):

- Cessation
- Clean Indoor Air
- Secondhand Smoke
- Faith-Based
- Lifeskills/Project TNT
- Provider Education/Training
- Tobacco Prevention/Education/Training
- Outreach
- Provider Education/Training
- Policy change
- Home schoolers, alternative and private schools

**RFP and MOU Project Descriptions**

The Health Department is seeking to fund organizations in four (4) separate funding categories: 1) Community Based Grants, 2) Special Opportunity Grants, 3) Tobacco Education Training Fund, and 4) School Based Grant (Only HCPS and HCC agencies eligible to apply). More than one (1) application may be submitted by an organization and in more than one category. Programs will be selected that best serve the target or priority populations outlined in the Grant Guidelines, demonstrate organizational capacity for the project and ability to reach the goals outlined, have attainable and detailed work plans, and have efficient, and well-thought out budgets.

Each category described below includes a description of the type of project requested, basic performance measures as outlined in the county's approved CRF application, amount of funding available, and number of awards. Please use this information in writing your grant proposal.

The Health Department and Grant Review Committee are looking for innovative and creative proposals that use up-to-date commonly accepted practices in tobacco control to reach the intended audience and goals. The programs must be attainable in this grant period, be measurable, and include a way to evaluate the program.

### 1. Community Based Grants

Seeking projects that address community needs in tobacco prevention and cessation. Examples of possible projects:

- Youth Initiatives: Programs that involve youth in tobacco advocacy, educating youth about the risks of tobacco use, cessation, and changing the norm of tobacco use by Harford County youth.
- Provider Education and Training: Programs that reach medical providers and their office staff about providing education to their clients on tobacco prevention, secondhand smoke, and smoking cessation.
- Clean Indoor Air: Programs that provide education and/or training on secondhand smoke and smoke free establishments. Possible target populations: community at-large, restaurant workers, businesses.
- Worksite Initiatives: Programs that provide cessation and prevention services for employees.
- Family Programs: Programs that promote smoke free pledges, tobacco free family activities, education, and programs for pregnant women.
- Culturally Specific Programs: Anti-tobacco programs that bridge language and custom barriers.
- Outreach and Technical Assistance: Programs that promote the CRF program and the HCCTCC and its mission to the community, recruit new Coalition members, seek to train people in cessation and tobacco prevention, and to gain technical assistance in setting up tobacco prevention related programs in their organizations.

Generally, the projects are expected to take place over an extended period of time, be more intensive and involve organizations more experienced in the field of tobacco control. Past recipients of funding may be eligible for funding in this category.

*Application:* Complete the application using the instructions in Appendix B.

*Funding Awards:* Multiple awards are being sought in this grant category. Funding awards will tend to be larger and range from a few thousand dollars to more substantial awards (such as \$5,000 to \$15,000 or more). Total amount in Community Category: \$50,000.

***Application Deadline: 4 p.m. Monday, August 2, 2004***

## 2. Special Opportunity Mini-Grants

Seeking projects that address short-term or startup needs of organizations in the area of tobacco control that benefit communities or specific populations.

Examples of possible projects:

- Tobacco Prohibited signs
- Educational brochures, materials, displays
- Training in tobacco education
- Clean Indoor Air policy development
- Health Fairs
- Presentations
- Tobacco cessation classes
- Quit kits
- Faith based tobacco education programs
- T-shirts and other promotional items with tobacco free messages.

All projects must include a tobacco education or cessation component in order to be considered for funding.

Organizations may be new to tobacco prevention or more familiar with providing tobacco prevention or cessation services. Projects should be one-time projects or for a specific event such as a health fair. The funding may be used to support the entire project such as in the purchase of educational materials or be used for one component of a larger project.

It will be important to demonstrate in the application how the project is supported by the organization and how it lays the foundation for future tobacco prevention projects.

*Application:* Complete the application using the instructions in Appendix C.

*Funding Awards:* Multiple awards are being sought in this grant category. Funding awards will be smaller and range from \$100 to a few thousand dollars. Total amount in Special Opportunity Category: \$10,000.

***Application Deadline:* Applications for funding will be accepted beginning August 2, 2004 until funding runs out. No applications will be accepted after April 1, 2005. Application will be non-competitive, meaning they will be evaluated individually, not in competition with other applications. Apply early to ensure funding.**

## 3. Tobacco Education Training Fund

This fund will provide funding for HCCTCC members to participate in tobacco education training sessions, i.e. cessation education, or prevention. Partial or full funding will be available depending upon funds and type of training. Support of organization for which the training is to benefit must be demonstrated as well as how it will be used.

*Application:* Complete the application using the instructions in Appendix D.

***Application Deadline: Applications for funding will be accepted beginning August 2, 2004 until funding runs out. No applications will be accepted after April 1, 2005. Applications will be non-competitive, meaning they will be evaluated individually, not in competition with other applications. Apply early to ensure funding.***

1. School-Based Grants (ONLY HCPS and HCC agencies eligible to apply)  
Seeking proposals from the HCPS and HCC to address K-12 and college populations, respectively.

*Application:* Grant application guidelines for both agencies can be found in Appendix E.

*Funding Awards:* HCPS: \$24,232.50  
HCC: \$24,232.50

***Application Deadline: Applications for funding will be accepted beginning July 1, 2004 but not later than August 2, 2004. Applications are non-competitive.***

### **Attachments**

In addition to the CRF Grant Application, please provide any additional supporting documents that will be helpful in supporting the application. Suggested items to include but not limited to:  
*For Community Based Grants and School Based Grants*

- List of all attachments.
- Copy of current IRS determination letter indicating 501(c) (3) tax exempt status, or an explanation of application status.
- Letter(s) of support from partners or other organizations or from organizational board re: specific project. [Required for applicants working with other organizations for purpose of this grant.]
- Research articles or publications, relevant to initiative if they are not one of the sources of references listed under "Tobacco Resources" beginning on page 2. Otherwise, correctly referencing or citing is sufficient.
- Bibliography of sources included in report.
- Sample of materials (educational materials, program information, evaluation tools, etc.).
- Resumes and new position announcements.
- Organizational chart.

### *For Special Opportunity Grants*

- Copy of current IRS determination letter indicating 501(c) (3) tax exempt status, or an explanation of application status.
- Letter(s) of support from partners or other organizations or from organizational board re: specific project. [Required if partnering with another organization on grant project.]
- Sample of materials, if available (such as education materials, program information, potential sources, etc.).
- Any other supporting materials you feel are necessary for supporting your grant.

*For Tobacco Training Fund*

- Copies of training materials and registration forms.
- Support letter (s)
- See Attachment D for more information.

Good Luck!

Andrea Rush  
 Tobacco Section Coalition Coordinator  
 Health Education & Planning Division  
 119 Hays Street  
 Bel Air, MD 21014  
 (410) 638-8440

**Appendices**

Appendix A	Long term Objectives
Appendix B	Community Based Grant Application
Appendix C	Special Opportunity Grant Application
Appendix D	Tobacco Training Fund Application
Appendix E	School Based MOU Application *HCPS and HCC only*

Appendix F	DHMH 440 Form
Appendix G	Evaluation Criteria
Appendix H	Grant Submission Checklist
Appendix I	Workplan Template

## Appendix A

### FY2001 – FY2011 Long-Term Objectives HCCTCC Tobacco Section

<u>Long-Term Objectives</u>	<u>Baseline</u>	<u>FY2010 Goal</u>
1. Reduce proportion of youth that smoke cigarettes by 50%	21.2%	10.6%
2. Reduce proportion of youth that use smokeless tobacco products by 50%	5.3%	2.6%
3. Reduce proportion of youth that smoke other tobacco products by 50%	14.8%	7.4%

4.	Reduce proportion of youth that use tobacco of any kind by 50%	26.0%	13.0%
5.	Reduce the proportion of adults who smoke cigarettes by 50%	18.4%	9.2%
6.	Reduce the proportion of adults who use smokeless tobacco products by 50%	1.5%	.75%
7.	Reduce the proportion of adults who smoke other tobacco products by 50%	9.3%	4.6%
8.	Reduce the proportion of adults that use tobacco of any kind by 50%	23.4%	11.7%
9.	Reduce the proportion of pregnant women who smoke by 50%	13.0%	6.5%
10.	Reduce youth exposure to secondhand smoke in the home by 50%	42.9% M.S. 46.6% H.S.	21.8% M.S. 23.3% H.S.
11.	Increase the proportion of smokefree restaurants by 50%	45.9%	68.8%

## Appendix B

### Community Based Grant Application

The Community Based Grant category is to be used for longer term, more intensive projects.

All questions **must** be completed. It is recommended that you review your application for completeness and accuracy before submission to ensure that it has the best possible chance for consideration. Use the Grant Submission Checklist (Appendix H). Do not assume that the reviewers will know about the program you want to do or the audience you want to reach. Your application must speak for itself.

The application may be single or double spaced. Provide appropriate documentation of all sources used. There is no minimum or maximum number of pages required; utilize the minimum number of pages needed to describe your project completely. Portions of the application may be submitted in chart form if desired as long as the information requested is included.

#### *Grant Guidelines*

#### **Section I: Narrative**

- A. Cover Page
  1. Name of project
  2. Organization name
  3. Organization address and mailing address, if different
  4. Name of primary contact person and contact information (phone, fax, email, best times to reach)
  5. Funding amount requested
  6. Minimum amount of funding needed to complete project.
  7. Project category: "Community Based Grant"
  8. Target population(s)
  9. Grant period: "FY2005"
  10. "Submitted to the Harford County Health Department"
  11. Signature and printed name of CEO/date
  
- B. Organization Information
  1. Purpose of organization (vision/mission)
  2. Previous and/or current experience working with the target populations, tobacco control or CRF funded programs.
  3. Statement substantiating the organization's ability to complete the project in its entirety.
  4. Organizational chart that includes staff working on the project.
    - a. Statement of assurance from CEO of organization that the funds will not be used to supplant existing funds or programs but will be used for expansion projects only. Must be signed and dated by CEO.

C. Project Information

1. Project name
2. Statement of project purpose which describes in detail the need for the program and the tobacco related problems to be addressed (Please use most recent data available and/or past grant program results and outcomes. This section should include outcomes of similar projects not just numbers).
3. Description of which target population(s) will be reached and how they will benefit from the project.
4. Geographic area in which project will be completed (i.e. town(s), communities, congregations, etc.)
3. Number of people to be served by project
4. Detailed workplan (i.e. chart/table) of activities to be completed during the grant period that includes measurable goals and objectives, staff responsible, and timetable for completion.
5. Name, title, bio/job description for each staff person involved in the project, the role of each and the percentage of time each person will spend on the project. If requesting salary compensation, time spent should be commensurate with funding request. If a new person is being hired for the project, provide the same information, or job announcement.
6. If the organization is a past Harford County CRF grant recipient and re-applying for the same program, describe how will that program be improved or expanded from the previous year.

D. Partner Organizations

1. List partner organization(s) and provide description of organization, address, contact name and information, and the role of the organization(s) in this project.
2. Identify any program(s) in the county that provide a similar or the same service that you are proposing.
3. Describe how you will avoid duplication of services.
4. Describe how you will partner or refer participants to these other organizations.
5. Attachment:
  - a. Provide a support letter that includes how they will be involved in the project from each partnering organization.

E. Evaluation Strategies

1. Describe how you will measure the success of your program, including when the program will be evaluated and the types of tools that will be used.
2. List how the evaluation results will be used and distributed.
3. Attachment:
  - a. Include copies of evaluation tools if they are already developed.

**Section II: Budget**

A. Budget Information

1. Complete the DHMH 440 Form (Appendix F) identifying all expenditures for

this project.

2. Provide a written justification for each line item for which you are requesting funds. For example:

Line Item: Educational Materials: 100 ABC's of Smoking, \$.99/ea. = \$99

3. List all other funding amounts requested, or to be requested, from other foundations, corporations, counties or other funding sources, for this initiative or other CRF program. Include date of application and anticipated date of award, if known. An example of other funding would be receiving money from another county to do the same or similar project.
4. Provide Federal Identification Number (FID#, 9 digits) or SSN for your organization
5. Describe your strategies for continuing funding for the project once the grant year has expired.

**Deadline: 4 p.m., Monday, August 2, 2004. Original and six (6) copies must be submitted. See page 4 for complete instructions for submission of application.**

## Appendix C

### Special Opportunity Mini-Grant Application

The Special Opportunity Mini-Grant category is to be used by organizations wishing to start working in tobacco prevention but might first want to manage a small project or by organizations wishing to fund a one-time event or program. See page 10-11 for a full description of potential projects.

**Deadline for application is flexible; grant proposals may be submitted beginning 08/02/04 and then throughout the grant year until funding is exhausted. However, no applications will be submitted after 4/01/05.**

All sections must be completed. Please provide enough information so that someone unfamiliar with your organization or project will be able to understand its purpose. Your application must speak for itself.

You may use this application to write your grant proposal or prepare a separate submission utilizing this format. Attach any additional documents that you feel would be helpful in supporting your application.

#### Organization Information

1. Name of Organization: \_\_\_\_\_  
\_\_\_\_\_

2. Mailing Address:  
Street: \_\_\_\_\_  
\_\_\_\_\_  
Town/City/Zip: \_\_\_\_\_

Physical Address, if different:  
Street: \_\_\_\_\_  
\_\_\_\_\_  
Town/City/Zip: \_\_\_\_\_

3. Name of Primary Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Best time(s) to reach: \_\_\_\_\_

\_\_\_\_\_

4. Purpose of Organization: (Vision/Mission) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Previous tobacco-related experience, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

Signature of CEO

\_\_\_\_\_

Printed name of CEO

\_\_\_\_\_

Date

\*Statement of assurance from CEO of organization that the funds will not be used to supplant existing funds or programs but will be used for expansion projects only. Must be signed and dated by CEO.

Project Information

1. Name of Project: \_\_\_\_\_

\_\_\_\_\_

2. Funding amount requested: \$ \_\_\_\_\_

3. Purpose of the project (describing needs and problems to be addressed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Check target population(s) to be reached:

\_\_\_\_\_ Women \_\_\_\_\_ Youth \_\_\_\_\_ Medically Underserved \_\_\_\_\_ Rural

\_\_\_\_\_ African-American \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Asian American

\_\_\_\_\_ Native American      \_\_\_\_\_ Pregnant Women

5. Describe how each target population selected will benefit from the proposed project (i.e. reduce smoking prevalence, etc.): \_\_\_\_\_

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6. Number of people in target population(s) to be served: \_\_\_\_\_

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7. Provide detailed description of planned activities with timeline. [Copy of workplan template can be found in Appendix I.]

8. Describe plans for how the program’s success will be defined and/or measured and how you will evaluate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Budget Information**

1. Complete the DHMH 440 Form (Appendix F) identifying all expenditures for this project.
2. Provide a written justification for each line item for which you are requesting funds. For example:

Educational Materials:100 ABC’s of Smoking @ .99/copy = \$99

<u>Line Item</u>	<u>Explanation</u>
Food	_____
Transportation/Travel	_____
Postage	_____
Copying	_____
Staff Development/Training	_____
Educational Materials	_____
Advertising	_____
Telephone	_____
Office Supplies	_____

3. List all other funding amounts requested or to be requested, from other entities for this initiative or other CRF program.

<u>Name of Organization</u>	<u>Funding Request</u>	<u>Date of Award</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Federal Identification Number (FID#) or SSN of organization: \_ \_ \_ \_ \_

**Deadline: Applications may be submitted throughout the grant year (08/02/04 – 4/01/05) or until funding runs out. Three (3) copies and original must be submitted of application. See page 5 for complete instructions for submission of application.**

**Appendix D**

**Tobacco Education Training Fund Application**



2. Provide a letter of support from your Supervisor or organization that supports your attendance at this conference or training that lists dates of travel.

*Attach training materials and travel materials to the completed application. Return to Andrea Rush, Coalition Coordinator, Health Education & Planning Division, 119 Hays Street, Bel Air, Maryland, 21014.*

**Deadline: Applications may be submitted throughout the grant year (08/02/04-04/01/05) or until funds run out.**

**& PROCEDURES**  
**Tobacco Section**  
**Harford County Cancer & Tobacco Community Coalition**

*Note: The following procedure for requesting CRF monies should be used only for the: “K – 12 Prevention & Cessation of Tobacco Project” (Harford County Public Schools) and the “College Tobacco Free For Life Project” (Harford Community College).*

Please provide one application (2 copies) for your project that includes the information and materials described below. **Applications are due by Monday, August 2, 2004 at 4 p.m. and should be addressed to Andrea Rush, Tobacco Section Coalition Coordinator to the Health Education & Planning Division, Harford County Health Department, 119 Hays Street, Bel Air, Maryland 21014.**

Your application must include:

1. Organization Name
2. Project Name
3. Contact Person Name
4. Contact Person Address
5. Contact Person Phone #
6. Contact Person Email Address
7. Purpose of project (see below)
8. Detailed description of planned activities and strategies. (Can be combined with #7)
9. Monthly time line for completion of tasks. Include person responsible, if known. (Can be combined with #6)
10. Target audience for activities (see below)
11. Staff to be involved in project. List names, titles, duties, and % of time to be allocated to project(s).
12. Goals and objectives of project that include those listed below.
13. Completed DHMH 440 Form for the estimated expenditures (see below for \$ amounts)

**Purpose of Projects**

K-12 Prevention & Cessation of Tobacco Use Project – HCPS

To conduct the following projects: Tobacco Prevention Project, School Based Tobacco Prevention and Education Program, Cessation Support for both Students and Faculty, and the Tobacco Truth Tour.

College Tobacco Free For Life Project – HCC

To conduct the following projects: Tobacco Free Campus Project, Social Norming Campaign Activities, and Cessation Support for Students.

**Target Audience**

K-12 Prevention & Cessation of Tobacco Use Project – HCPS

All students in K – 12 grades, faculty, staff, and employees of HCPS, Alternative, and Private Schools in Harford County.

College Tobacco Free For Life Project – HCC

All current and incoming HCC students, particularly the 18 – 30 age group as well as HCC faculty and staff.

**Goals and Objectives**

*These goals are outlined in the Harford County CRF grant award for FY 2005. You may be more specific in developing goals and objectives for your project. All goals and objectives should bring Harford County closer to reducing the incidence of tobacco use in your particular area. See attached list of Long Term Objectives in Appendix A.*

K-12 Prevention & Cessation of Tobacco Use Project – HCPS

Conduct 100 tobacco awareness and education programs in public and non public school classrooms.

Plan and implement 3 major tobacco awareness events for public and private schools.

Provide mini-grants for middle school and high school tobacco education activities. (1-5 grants)

Continue the Tobacco Truth Tour program for non public schools. (Include evaluation component)

Conduct follow-up and evaluations to measure impact and outcomes.

Implement Tobacco Prevention Project activities.

Expand programs, services, and grant opportunities to alternative and private schools in Harford County.

Conduct 1-3 youth cessation classes.

Conduct cessation interventions for adult faculty and staff at K-12 level.

Support HCPS Jump Start to Success for middle school youth. (4-6 programs)

Educate non public schools and home schools about Project TNT curriculum.

Participate in HCPS health fairs as needed.

In addition to the above, collect and report the following data and statistics:

- Number of student contact hours in the classroom
- Number of students reached and number of programs implemented that are funded by mini-grants for middle school after-school activities
- For cessation support:
  - number of youth classes held (# of total classes, and # of total class series)
  - number of students attended
  - number of faculty/staff reached
  - number of classes for faculty/staff
  - number of one-on-one sessions for faculty/staff
  - number of adults, number of youth who quit smoking
  - number of adults, number of youth who reduce smoking
  - number of boxes of patches distributed
- Number of new schools/groups contacted
- Number of schools/groups that apply and receive grants
- Number in priority populations reached (utilizing demographic table begun in

- Year 3. A copy of table will be provided with MOU.)
- Number of brochures provided

College Tobacco Free For Life Project – HCC

Conduct Tobacco Free Campus Projects. (at least 3 events, 5000 students)

Continue the Social Norming Campaign activities with student input.

Evaluate smoking prevalence on campus.

Provide cessation services for college students.

Conduct evaluation of programs to measure impact and outcome.

Train staff and students in counseling and cessation.

Continue moving towards a goal of 100% smoke-free campus wide.

Collect the following data:

- For Cessation Support
  - number of students attending cessation classes
  - number of cessation classes conducted
  - number of students who quit smoking
  - number of students who reduce smoking
  - demographic information (table to be provided with MOU.)

**Project Grant Award**

K-12 Prevention & Cessation of Tobacco Project – HCPS – \$24,232.50

College Tobacco Free For Life Project – HCC –\$24,232.50

**Deadline: 4 p.m., Monday, August 2, 2004. Original and three (3) copies must be submitted to Andrea Rush, Coalition Coordinator, Health Education & Planning Division, 119 Hays Street, Bel Air, Maryland, 21014.**

**Appendix G**

**Evaluation Criteria  
Requests for Proposals (RFPs)**

For Community Based and Special Opportunity Mini-Grants:

*Out of 100 possible points:*

**Completeness of Proposal – 10 points**

**Organization, Project, Evaluation Information – 50 points**

- Description of target population and ability to reach intended audience**
- Objectives support of CRF Long-Term Objectives**
- Capacity of the organization to achieve objectives in grant period**
- Attainable and measurable goals**
- Evaluation strategies**

**Fiscal and Accounting Procedures – 40 points**

- Strong fiscal plan**
- Detailed budget forms**
- Detailed budget narrative**
- Funding provides for program expansion, not supplementation**
- Includes in-kind services and/or funding, where possible**

**Appendix H****Grant Submission Checklist***For Community Based Grant Applications*

- Cover Page
  - Components
  - Signed and dated by CEO
- Narrative
- Narrative Attachments

- Organizational Chart
- Assurance Statement
- Support letter(s) from partner organizations, if used
- Evaluation Methods/tools
- Budget
  - DHMH 440 Form
  - Justification of Line Items
  - FID#
- Supporting materials, if used
- Original plus 6 copies of entire application

*For Special Opportunity Mini-Grant Applications*

- Completed application
- CEO Signature
- Workplan (if template used)
- DHMH 440 Form
- FID#
- Original plus 3 copies of entire application

## Appendix I

### Workplan Template

Date	Task/Objective	Person Responsible	Funding	Notes/Status