

# Montana Tobacco Use Prevention Program reACT Against Corporate Tobacco

## FY 2020 Mini-Grant Application

Please fill this form  
out **completely!**  
Leaving items blank  
may result in  
disqualification.



### Name of Sponsor Group/Organization

Name	
Street Address	
City ST ZIP Code	
Phone	
Email	
Website (if applicable)	

### Primary Youth Contact Information (if applicable)

Name	
Street Address	
City ST ZIP Code	
Phone	
Email	
Organization	

### Primary Adult/ Advisor Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Email	
Organization	

### Topic Choice

<b>Select at Least 1</b> (for ideas and further direction, see guidance document)	<input type="checkbox"/> Tobacco-free Schools	<input type="checkbox"/> Point of Sale Advocacy
	<input type="checkbox"/> Tobacco-free Parks	<input type="checkbox"/> E-cigarettes
	<input type="checkbox"/> Tobacco-free Events	<input type="checkbox"/> Social Media (Facebook, Instagram, snapchat, memes, etc.)

### CERTIFICATION

We, the undersigned, certify that the statements contained herein are true and complete to the best of our knowledge and, if awarded funding, agree to and accept the mandatory requirements of the Montana Tobacco Use Prevention Program.

\_\_\_\_\_  
Signature of Adult/Advisor

\_\_\_\_\_  
Date

\*Sections of this application were adapted from: Mass Youth Against Tobacco Proposal Application (2007-2008), Massachusetts, USA; Montana Tobacco Use Prevention Program Mini-Grant Application (2006-2007), Helena, Montana, USA; Utah Tobacco Prevention Program Grant Application (2006-2007), Salt Lake City, UT, USA; Not On Tobacco Financial Award (2007-2008), Wisconsin, USA, to better serve tobacco initiatives and Montanans.

## Project Narrative

Montana Tobacco Use Prevention Program Mini-Grant applications should be developed in collaboration by teens and adults. Please answer the following questions for the narrative section on a Word document. DO NOT leave any questions unanswered.

### Background on Organization

About 250 Words

- Provide a brief description of the steps you will take to involve youth. Where will you find youth to work on this project(s)?
- Describe any past tobacco work your coalition/youth have worked on or any future tobacco work you are planning that is separate from this application.

### Proposed Budget

- Please include a detailed budget outline describing how you will delegate funds to meet your goals.
- See attached example for guidance.
- Please round to the nearest dollar.

### Game Plan

About 350 Words: Please answer each question in a few words.

- *Audience:*
  - What specific community, or group of youth, do you hope to reach with your project? How many youth or community members do you plan to recruit to your organization?
- *Goals:*
  - What is the goal of your activities? What do you hope your community will get out of the project? How is it related to your topic choice?
- *Process:*
  - How are you going to accomplish these goals? What activities and projects are you planning?
- *Youth Focus:*
  - Describe how teens and youth are directly involved in the events/activities. Include numbers if applicable.

### Results

About 400 Words

- How will this project specifically support reACT goals?
  - For help with this question please read the reACT goals located on the Mini Grant Guidance Document.
- What evaluation tool will you use to evaluate the impact of your program (see evaluation toolkit)?

### Verification Signature

Signature of Youth Applicant(s):	
Signature of Adult Advisor(s):	
Date:	

## Criteria for Proposal Review

Applications will be evaluated based on the following criteria:

Cover Sheet and Verification Signature	<ul style="list-style-type: none"> <li>All areas are filled out and legible.</li> </ul>
Project Narrative: Background	<ul style="list-style-type: none"> <li>Outlines a brief description of youth group with a clear mission statement.</li> <li>Demonstrates previous organizational achievements in community action and education to improve health or policy in the community.</li> <li>Ensures that there is a commitment by all partners prior to submission.</li> </ul>
Project Narrative: Budget	<ul style="list-style-type: none"> <li>Budget is clear and reasonable.</li> <li>Clearly shows how funds will be allocated and is adequate for the project.</li> </ul>
Project Narrative: Game Plan	<ul style="list-style-type: none"> <li>Project goals are clearly stated and are realistic.</li> <li>Project goals and activities are clearly related to topic choice.</li> <li>Activities and events are described in sufficient detail.</li> <li>There is a clear process or plan to engage youth/students in proposed activities and events.</li> <li>The number of youth to be targeted is identified.</li> </ul>
Project Narrative: Results	<ul style="list-style-type: none"> <li>Established integration of reACT goals and mission.</li> <li>Concise strategy for influencing the decrease in initiation and use of tobacco by Montana youth.</li> <li>Evaluation plan- clearly describes which tool will be used to evaluate the project</li> </ul>
Support	<ul style="list-style-type: none"> <li>Please provide contact information (email and phone number) for community members involved in the project.</li> </ul>
Youth Driven	<ul style="list-style-type: none"> <li>The project is authentically engaging youth and there is evidence that they are involved in all stages of program planning and implementation.</li> </ul>
Professionalism	<ul style="list-style-type: none"> <li>The grant is submitted on time, electronically, and in an organized and professional manner.</li> </ul>
Health Equity	<ul style="list-style-type: none"> <li>Addresses inclusion, health equity and health disparities.</li> </ul>
Topic Choice	<ul style="list-style-type: none"> <li>The goals and activities are clearly related to the topic choice.</li> </ul>

## How to Apply:

Youth and adult advisors should complete all aspects of the application, including the cover page, project narrative, proposed budget and W-9 if appropriate. **Grant Applications are due by 5:00PM on October 2<sup>nd</sup>, 2018.** Please **submit them electronically** to:

[Ashley.RollinBurke@mt.gov](mailto:Ashley.RollinBurke@mt.gov)

## Additional Questions:

Call Ashley Burke at 406-444-1288 or email at [Ashley.RollinBurke@mt.gov](mailto:Ashley.RollinBurke@mt.gov) . We are willing to answer questions and provide support however possible and look forward to hearing from you.

## Additional Resources:

See **Mini Grant Guidance** document for frequently asked questions, example budgets, reACT mission and goals, and suggestions on what activities and event to plan by focus area. See Evaluation Toolkit document for support in identifying an evaluation tool.