

# E-Cigarette, Marijuana, & Other Drug Prevention Grant Application



| Applicant Information:                        |  |            |  |                      |                |             |            |                                      |              |
|---|--|------------|--|----------------------|----------------|-------------|------------|--------------------------------------|--------------|
| <b>Timeline</b>                               | <ul style="list-style-type: none"> <li>• <u>Application Due Date</u>: Monday, September 28, 2020 by 11:59 pm.</li> <li>• <u>Funding Status Notification</u>: On or before Thursday, October 8, 2020.</li> <li>• <u>Project Period</u>: Through the remainder of the fiscal year (10/8/2020 to 6/30/2021).</li> </ul>   |            |  |                      |                |             |            |                                      |              |
| <b>Organization Name:</b>                     |  |            |  |                      |                |             |            |                                      |              |
| <b>Organization Address:</b>                  | <table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><i>Address</i></td> <td style="text-align: center;"><i>City</i></td> <td style="text-align: center;"><i>Zip</i></td> </tr> </table>   |            |  |                      | <i>Address</i> | <i>City</i> | <i>Zip</i> |                                      |              |
|   |  |            |  |                      |                |             |            |                                      |              |
| <i>Address</i>                                | <i>City</i>  | <i>Zip</i> |  |                      |                |             |            |                                      |              |
| <b>Contact Information:</b>                   | <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><i>Email Address</i></td> <td style="text-align: center;"><i>Phone</i></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><i>Organizational Representative</i></td> <td style="text-align: center;"><i>Title</i></td> </tr> </table>  |            |  | <i>Email Address</i> | <i>Phone</i>   |             |            | <i>Organizational Representative</i> | <i>Title</i> |
|   |  |            |  |                      |                |             |            |                                      |              |
| <i>Email Address</i>                          | <i>Phone</i>   |            |  |                      |                |             |            |                                      |              |
|   |  |            |  |                      |                |             |            |                                      |              |
| <i>Organizational Representative</i>          | <i>Title</i>   |            |  |                      |                |             |            |                                      |              |
| <b>Organizational Type:</b>                   | <ul style="list-style-type: none"> <li><input type="checkbox"/> <u>Coalition</u>: a coalition of community organizations this is focused on substance abuse and prevention</li> <li><input type="checkbox"/> <u>Local Government Agency</u>: a local government agency, including a law enforcement agency, for a program that is focused on substance abuse and prevention</li> <li><input type="checkbox"/> <u>Education</u>: a local education agency as defined in Section 53J-1-301</li> <li><input type="checkbox"/> <u>Other</u>: other organization focused or able to provide evidence-based program(s) that are focused on substance abuse prevention</li> </ul> |            |  |                      |                |             |            |                                      |              |
| <b>Organizational Description</b>             | <p><i>Provide a brief description of the agency applying for funding. Include any experience or expertise the agency has with the population they intend to serve.</i></p>   |            |  |                      |                |             |            |                                      |              |
| <b>Amount Requested No more than \$80,000</b> | \$   |            |  |                      |                |             |            |                                      |              |

## **Introduction**

Thank you for considering the Electronic Cigarette, Marijuana, and Other Drug Prevention Grant Program. The San Juan County Public Health Department is accepting applications for Fiscal Year 2021. The purpose of this grant is to “address root causes and factors associated with the use of electronic cigarettes, marijuana, and other drugs.”

Please send your completed application to Mike Moulton via email at [mmoulton@sanjuancounty.org](mailto:mmoulton@sanjuancounty.org) and call 435-359-0038 ext.1010 if you have any questions. We will be accepting applications until September 14th at midnight.

Applicants are expected to complete all information requested in this application.

## **INFORMATION TO INCLUDE IN APPLICATION**

### Define the community you will serve:

Please define the communities you propose to serve. Recipients may use various geographic boundaries including neighborhoods, census tracts, zip codes, and school districts, as well as townships, and counties to define their community. Applicants should be realistic about the size and population of the area in which you have the ability to create change. For example, choosing a community that is too large may be problematic due to inclusion of neighborhoods that have significantly different problems to be addressed.

### Statement of the problem:

Please describe the following:

- What are the current youth substance use problems in your community that you plan to address? Include local data from the [Student Health and Risk Prevention \(SHARP\)](#) survey to justify your choice.
- What are the risk/protective factors you plan to address that contribute to this problem? Include local data from the [Student Health and Risk Prevention \(SHARP\)](#) survey on the risk/protective factors you plan to address.

### **Your Plan**

Recipients need to develop and implement a comprehensive 12-Month Action Plan. A comprehensive 12-Month Action Plan will include an appropriate mixture of all [Seven Strategies for Community Level Change](#) listed below.

Provide a detailed 12-Month Action Plan using Table below. The Action Plan should foster community level change by including a combination of goals, objectives, strategies and activities. Include measurable goals and outline activities using this form. See Appendix A for more info on how to develop this action plan.

### **Intervention, Evidenced Based, or a Promising Practice**

Statute requires your intervention to be evidence based or a promising practice as defined by the [CDC](#). Please describe how the activities listed in your action plan are evidenced based or a promising practice.

Risk and Protective Factors: List Risk and Protective Factor(s) that will be addressed.

Goal: Describe the strategy you plan to use that will impact the identified risk and protective factor.

Objective: Provide measurable objective to achieve the identified goal.

Strategies, Activities, or Aims: Indicate the specific strategies, activities, or aims you will use to accomplish the objective.

- Disseminate information/education
- Enhance individual life skills
- Provide activities that reduce risk factors or enhance protective factors
- Enhance community/participant access or reducing barriers to programs and strategies
- Changing consequences by addressing incentives or disincentives
- Implement environmental strategies to reduce risk factors and increase protective factors
- Support modification to policies or the implementation of new policies

| Strategy/Activity | Who is responsible? | By When? | What outcome will result from your activity? |  |
|-------------------|---------------------|----------|--|--|
|                   |                     |          | <b>Process Objective:</b>                    | (Example: Happy Middle School will implement Botvins Life Skills to all 7th and 8th Grade students in school year 2020-2021) |
|                   |                     |          | <b>Short-term Objective</b>                  | (Example - Favorable attitudes towards drug use will decrease by 2% from 2019 to 2021)                                       |
|                   |                     |          | <b>Long-term Objective</b>                   | (Example - 30 day alcohol use among students in grades 8-12 will decrease by 2%)   |

### Your Budget

In this section, applicants must provide an 8-month Budget Narrative to include budget details and justification for grant expenditures.

The Budget Narrative is used to determine reasonableness and allowability of costs. All of the proposed costs listed must be reasonable, and necessary to accomplish project objectives, allowable in accordance with applicable Federal Cost Principles, auditable, and incurred during the project period.

Proposed budgets must not exceed \$80,000 in total costs in any year of the proposed project. Annual continuation awards will depend on the availability of funds, recipient progress in meeting project goals and objectives, timely submission of the required data and reports, and compliance with all grant award Terms and Conditions. Failure to comply with the Terms and Conditions of the award may result in suspension or termination of the award.

## Budget Form

Please complete the following budget form.

| Category of Funding           | Justification | Funding Amount |
|-------------------------------|---------------|----------------|
| Personnel Salary              |               | \$             |
| Fringe Benefits               |               | \$             |
| Travel (in/out of state)      |               | \$             |
| Supplies                      |               | \$             |
| Equipment                     |               | \$             |
| Subcontractors                |               | \$             |
| Media Outreach                |               | \$             |
| Other                         |               | \$             |
| <b>Total Amount Requested</b> |               | \$             |

## Reporting Project Progress

Grant recipients will report to the local health department four times over the year of funding. Reports are due the 15th of each month (October, January, April, and July). The grant recipient shall report the following:

1. List quarterly activities accomplished
2. Provide accounting for the expenditure of grant funds
3. Describe measurable outcomes as a result of the expenditures
4. Describe the impact and effectiveness of programs and activities funded through the grant
5. Indicate the amount of grant funds remaining on the date that the report is submitted

After a grant recipient expends all funds awarded to the recipient under the grant program, the grant recipient shall submit a final report to the local health department.

On or before September 1 of each year, each local health department shall submit the reports to the Association of Local Health Departments, who in collaboration with the Department of Health, submit a report to the Health and Utah State Legislature Human Services Interim Committee.

## Appendix A – Developing Measurable Objectives

To be able to effectively evaluate your project, it is critical that you develop measurable objectives. This appendix provides information on developing objectives. It also provides examples of well-written measurable objectives.

### OBJECTIVES

*Definition* – Objectives describe the results to be achieved and the manner in which they will be achieved. Multiple objectives are generally needed to address a single goal. Well-written objectives help set program priorities and targets for progress and accountability. It is recommended that you avoid verbs that may have vague meanings to describe the

intended outcomes, like “understand” or “know” because it may prove difficult to measure them. Instead, use verbs that document action, such as: “By the end of 2018, 75 percent of program participants will be placed in permanent housing.” In order to be effective, objectives should be clear and leave no room for interpretation. SMART is a helpful acronym for developing objectives that are specific, measurable, achievable, realistic, and timebound.

*Specific* – Includes the “who” and “what” of program activities. Use only one action verb to avoid issues with measuring success. For example, “Outreach workers will administer the HIV risk assessment tool to at least 100 injection drug users in the population of focus” is a more specific objective than “Outreach workers will use their skills to reach out to drug users on the street.”

*Measurable* – How much change is expected. It must be possible to count or otherwise quantify an activity or its results. It also means that the source of and mechanism for collecting measurement data can be identified and that collection of the data is feasible for your program. A baseline measurement is required to document change (e.g., to measure the percentage of increase or decrease). If you plan to use a specific measurement instrument, it is recommended that you incorporate its use into the objective. Example: By 9/18 increase by 10 percent the number of 8th, 9th, and 10th-grade students who disapprove of marijuana use as measured by the annual school youth survey.

*Achievable* – Objectives should be attainable within a given time frame and with available program resources. For example, “The new part-time nutritionist will meet with seven teenage mothers each week to design a complete dietary plan” is a more achievable objective than “Teenage mothers will learn about proper nutrition.”

*Realistic* – Objectives should be within the scope of the project and propose reasonable programmatic steps that can be implemented within a specific time frame. For example, “Two ex-gang members will make one school presentation each week for two months to raise community awareness about the presence of gangs” is a more realistic objective than “Gang-related violence in the community will be eliminated.”

*Time-bound* – Provide a time frame indicating when the objective will be measured or time by when the objective will be met. For example, “Five new peer educators will be recruited by the second quarter of the first funding year” is a better objective than “New peer educators will be hired.”

**\*This form does not save anywhere on this website. Please copy or print your completed application and then attach it to your email or mail submission to [mmoulton@sanjuancounty.org](mailto:mmoulton@sanjuancounty.org) 735 S. 200 W. STE 2, Blanding, Utah 84511.**